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DATE: Tuesday 7 May 2013

## **JOINT MEETING OF CARE SERVICES AND EDUCATION PDS COMMITTEES INFORMATION BRIEFING**

**Meeting to be held on Tuesday 7 May 2013**

### **THE BRIEFING COMPRISES:**

**1 BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB) NEW STRUCTURE  
FROM JANUARY 2013 (Pages 3 - 4)**

**2 TERMS OF REFERENCE**

**a BROMLEY SAFEGUARDING CHILDREN BOARD (Pages 5 - 8)**

**b QUALITY ASSURANCE AND PERFORMANCE MONITORING  
COMMITTEE (Pages 9 - 12)**

**c TRAINING COMMITTEE (Pages 13 - 14)**

**3 MEMBERSHIP LIST (Pages 15 - 20)**

- a) Bromley Safeguarding Children's Board
- b) Quality Assurance and Performance Monitoring Committee
- c) Training Committee

**4 BSCB POLICIES AND PROCEDURES**

(the list below is a selection of some of the most recent BSCB Policies and Procedures – all BSCB policies and procedures are available on the BSCB website – <http://www.bromleysafeguarding.org/>)

**a THE CHILD'S JOURNEY IN BROMLEY - A PARTNERSHIP MODEL FOR  
PROVIDING SERVICE TO SUPPORT CHILDREN AND FAMILIES IN  
BROMLEY INCLUDING THE SAFEGUARDING THRESHOLDS  
GUIDANCE (JULY 2011) (Pages 21 - 42)**

**b A STRATEGY FOR SAFEGUARDING DISABLED CHILDREN (JUNE  
2011) (Pages 43 - 54)**

- c **WORKING WITH NEGLECTFUL FAMILIES - GUIDANCE FOR PRACTITIONERS (OCTOBER 2012)** (Pages 55 - 82)
- d **A STRATEGY TO SAFEGUARDING CHILDREN AND YOUNG PEOPLE AT RISK OF EXPERIENCING SEXUAL EXPLOITATION IN BROMLEY (MARCH 2012)** (Pages 83 - 98)
- 5 **BSCB BUSINESS PLAN 2013/14** (Pages 99 - 114)
- 6 **BSCB TRAINING BROCHURE 2013/14** (Pages 115 - 146)
- 7 **BSCB ANNUAL REPORT 2011/12** (Pages 147 - 184)
- 8 **RECENT MEETING MINUTES**
  - a **BOARD MINUTES OF THE MEETING HELD ON 12TH FEBRUARY 2013** (Pages 185 - 190)
  - b **BOARD MINUTES (PREVIOUSLY CALLED EXECUTIVE) OF MEETING HELD ON 20TH NOVEMBER 2012** (Pages 191 - 196)
- 9 **BSCB NEWSLETTERS**
  - a **SPRING 2013 EDITION** (Pages 197 - 202)
  - b **SPRING 2012 EDITION** (Pages 203 - 208)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

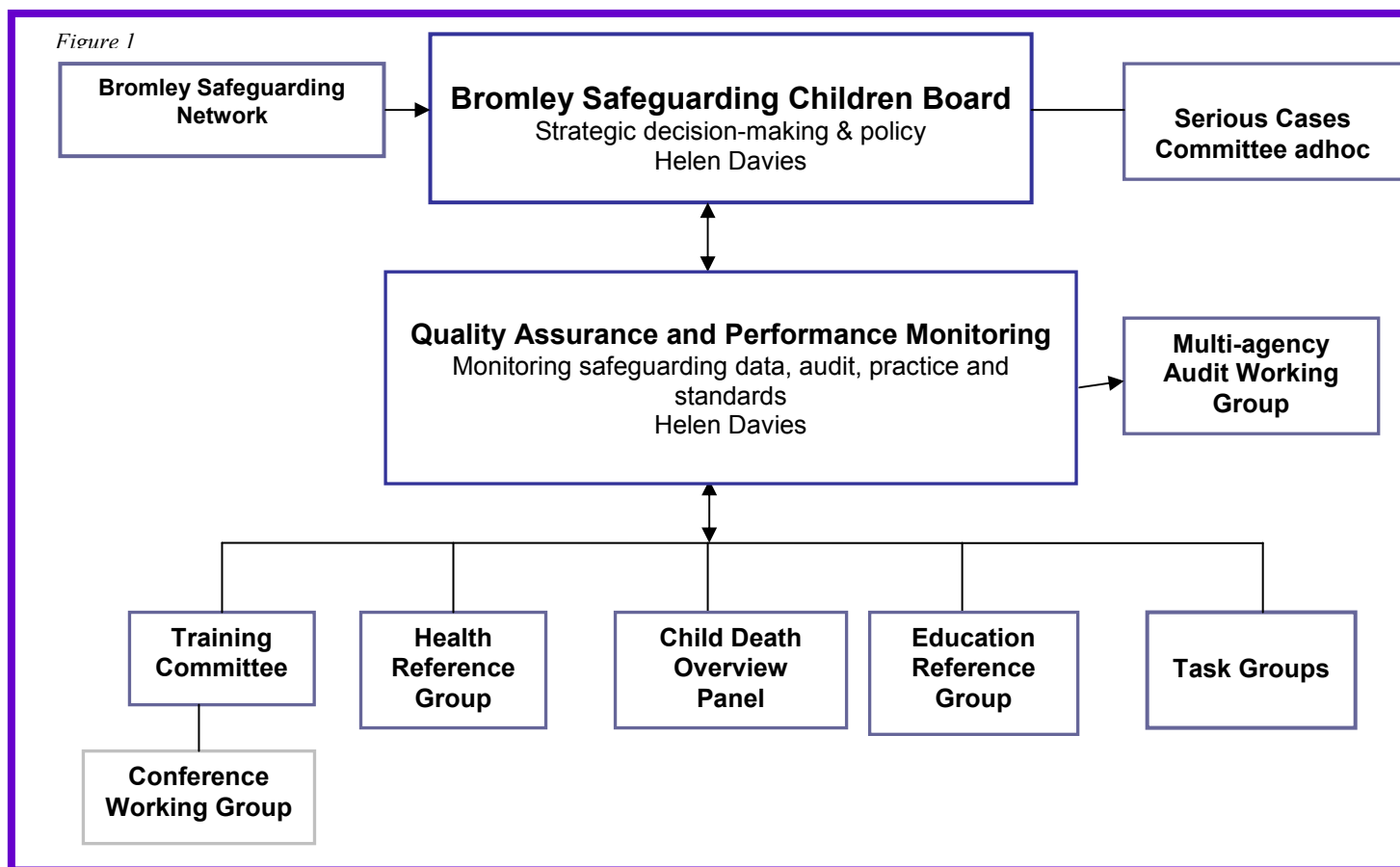
<http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559>

Printed copies of the briefing are available upon request by contacting Kerry Nicholls on 020 8313 4602 or by e-mail at [kerry.nicholls@bromley.gov.uk](mailto:kerry.nicholls@bromley.gov.uk).

***Copies of the Part 1 (Public) documents referred to above can be obtained from***  
***[www.bromley.gov.uk/meetings](http://www.bromley.gov.uk/meetings)***

## BROMLEY SAFEGUARDING CHILDREN BOARD

### STRUCTURE JANUARY 2013



### **The Board**

This will comprise approximately 18 members from the key statutory partners and include lay member and council member representation ( the latter as a participant observer). Representation will be at Director and Assistant Director level. Professional Advisers will be available as required. Four meetings a year.

### **Quality Assurance and Performance Monitoring Committee**

This will be chaired by the Board's Independent Chairperson and will comprise approximately 18 members. It's focus will be on quality and improvement in safeguarding, with a particular focus on analysing the outcomes for children and young people. Members will include key service heads from partner agencies and Named and Designated safeguarding professionals. This group will be supported by a Multi-agency audit group which will conduct and report on audits and case reviews on its behalf. Six meetings a year.

### **The Training Committee**

Comprising approximately 12 members, this committee will continue to have oversight of the interagency training programme, establishing training needs, monitoring single agency safeguarding training plans, evaluating training and analysing its impact. Two meetings per annum.

### **Health & Education Safeguarding Reference Groups**

These two separate groups are facilitated by their constituent agencies and will continue to provide a forum for the sectors to share good practice, co-ordinate policy and procedure and to work coherently on the issues affecting the sector.

### **Bromley Safeguarding Network**

The composition of this group will be akin to that of the Main Board, however its status will change and it will not be formally constituted. Having served its original purpose of establishing a safeguarding network and procedure within Bromley, the focus now will be to maintain the network through sharing key messages, learning and good practice. The Board will facilitate seminars, briefings and forums to ensure that this excellent network continues.



## **BROMLEY SAFEGUARDING CHILDREN BOARD**

### **THE BOARD**

#### **Terms of Reference**

##### **1. Aim**

- 1.1. Establish the strategic direction and provide leadership to ensure the effective co-ordination of multi-agency work on child protection and safeguarding within London Borough of Bromley.
- 1.2. Monitor and report on local safeguarding and child protection arrangements, holding agencies to account for the effectiveness of their arrangements and practice and the outcome for children and young people.
- 1.3. Determine, progress and monitor the work of the Board and its sub-committees.

##### **2. Objectives**

- 2.1. Make decisions to support effective multi-agency work to promote the safety and protection of children, young people and their families and to prevent them from further significant harm or abuse.
- 2.2. Determine, agree and monitor the Annual Business Plan (which includes an annual report on progress made with the previous Business Plan objectives and their impact on children's lives);
- 2.3. Monitor the Business Plan at each meeting and take such steps as required to ensure that the plan is carried out;
- 2.4. Agree and monitor the Board's Budget and approving funding requests and plans for expenditure as and when needed, with the Chair and Vice Chair who are responsible for sanctioning any payments which may be required in between meetings;
- 2.5. Explore the need for, develop and review multi-agency policies, procedures, protocols and publicity, and agree same;
- 2.6. Establish sub-committees and task groups as necessary to progress the work of the Board
- 2.7. Monitor sub-committee and task group progress, consider recommendations and proposal and agree as appropriate.
- 2.8. Review Board membership and sub-committee chairmanship on an annual basis (at the November meeting);

- 2.9. Ratify decisions of the Quality Assurance and Performance Monitoring Sub Committee with regard to appeals and complaints in relation to child protection; of the Training Committee, Child Death Overview Panel and Serious Case Review Committee

### **3. Chairmanship and Membership**

- 3.1. The Board is to be independently chaired - currently Helen Davies.
- 3.2. The Vice Chair of the Board is the Director of Education and Care Services - currently Terry Parkin.
- 3.3. The Board is responsible for the appointment of the Chair of the Quality Assurance and Performance Sub-Monitoring, Child Death Overview Panel, Training and Serious Case Review Sub-Committee.
- 3.4. Membership will be defined and members must have sufficient seniority and the authority within their organisations to make decisions on behalf of the agency represented.
- 3.5. Membership will be at strategic level and needs to consist of the following multi-agency representatives from local agencies.
- LBB Director for Education and Care Services (Vice Chair)
  - LBB Head of Service Safeguarding & Quality Assurance, & Principal Social Worker
  - LBB Assistant Director for Adult Care Services
  - LBB Assistant Director of Children's Social Services'
  - LBB Assistant Director, Education
  - Local Authority Designated Officer (Education)
  - Designated Doctor
  - Designated Nurse
  - MPS Child Abuse Investigation Team, Detective Chief Inspector
  - MPS Borough Police, Chief Officer
  - Children and Families Voluntary Sector Forum, Director
  - CAFCASS
  - Bromley Healthcare Trust, Director of Quality
  - Oxleas NHS Foundation trust, Director of Nursing & Governance
  - South London Health Care, Director
  - Local Clinical Commissioning Group, Director of Quality, Governance and Patient Safety
  - NHS Commissioning Board
  - Child Death Overview Panel, Chair Consultant Public Health Medicine
  - Quality Assurance & Performance Monitoring Sub Committee Chair (Board Chair)
  - Training Sub-Committee Chair (HoS)
  - Lay member
  - BSCB Business Manager (ex-officio)
  - BSCB Performance & Improvement Officer (ex –officio)

#### **Participant Observer**

- Cabinet Member for Care Services

#### **Professional Advisers**

The work of the Board and its members will be supported by ad hoc attendance of professional advisers<sup>1</sup>. Professional advice includes supporting the Board's decision-making process through the provision of advice on operational aspects of safeguarding and the provision of services to children young people and their families.

Advisers to the Board may include the following professionals:

- Named Doctors for each trust
- Named Nurses for each trust
- Named GP
- Education & Care Services' Lawyer
- BSCB Accountant

#### **4. Accountability**

<sup>2</sup>The Director of Education and Care will be held accountable for the effective working of the LSCB by their Chief Executive and challenged where appropriate by their Lead Member. The Lead member. The Quality Assurance & Performance Sub-Committee, Training Sub-Committee and Child Death Overview Panel are accountable to the Board.

#### **5. Information Sharing**

The Board will update the partnership as appropriate on key issues, risks and its strategic direction and progress through its membership networks, through maintaining and publishing an updated Business Plan, an Annual Report and Newsletter.

#### **6. Confidentiality**

All case details discussed at the meeting are to be viewed as highly confidential. Confidentiality is adhered to in terms of children's identities and case information. Confidential information that is presented, will be respected as such and confidential documents will be securely stored or destroyed appropriately.

Board minutes will be published. However, where confidential material is discussed this may be withheld from the public in order to protect children's identities and case material.

#### **7. Administration**

The Board will meet at least four times per year<sup>3</sup>. An annual schedule of meeting will be issued and made publically available.

Meeting will be considered quorate when representatives from at least four agencies or separate organizations are present.

The Board is facilitated by the BSCB Office. The BSCB Business Support Officer will organise the venue for the meetings, circulate the agenda and papers and take and circulate the minutes. The BSCB Business Manager assists the Chair with setting the Board's work programme, meeting agenda and requesting or writing papers and reports, compiles the terms of reference and monitors attendance.

Any member of the committee is entitled to propose items for the agenda, which should be sent to the Business Manager, who will raise them with the chairperson prior to the meeting. Additional late arriving papers will be discussed at the discretion of the chairperson.

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<sup>1</sup> See *membership agreement* for professional advisers for further information regarding the role and its responsibilities.

<sup>2</sup> Working Together to Safeguard Children consultation draft 2012 para 75 p16

<sup>3</sup> From January 2013 onwards

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## BSCB QUALITY ASSURANCE AND PERFORMANCE MONITORING COMMITTEE

### Terms of Reference

#### 1. Aim

- 1.1. Ensure that a safe, effective and accountable safeguarding children system operates in Bromley.
- 1.2. Promote the demonstration of improved outcomes for children through effective interagency safeguarding practice.
- 1.3. Promote good practice in safeguarding children
- 1.4. Monitor and evaluate the effectiveness of what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve' as set out in the anticipated publication of Working Together to Safeguarding Children in 2013).

#### 2. Objectives

- 2.1. Develop and maintain a BSCB Multi Agency Performance Framework and Audit and monitoring schedule which informs the BSCB about the effectiveness and quality of safeguarding practice.
- 2.2. To identify and agree outcomes for children which demonstrate improvements for children and young people who are (or have potential to be) children in need or requiring protection.
- 2.3. Monitor and analyse child protection and safeguarding indicators and performance measures across agencies , in order to:
  - evaluate whether safeguarding practice and arrangements have lead to improved outcomes for children and young people.
  - identify areas for service improvement to improve the welfare of children
  - evaluate under section 11 of the Children Act 2004); and b) whether safeguarding services in Bromley are proving more or less effective;
- 2.4. Conduct multi-agency audits to evaluate inter-agency safeguarding practice and understand the impact on outcomes for children and young people. Recommendations for service improvement should be made where necessary. Learning is to be shared.
- 2.5. Monitor and review the implementation of any Serious Care Review Action Plans produced by the Serious Case Review Panel, SUDI, Child Death Overview Panel or other appropriate group.
- 2.6. Review Bromley practice in light of the London Safeguarding Children Board, DFE, and other nationally high profile cases overview reports<sup>1</sup>
- 2.7. Consideration of cases referred to the committee due to concerns about inter-agency practice, in order to identify lessons to be learnt and in turn recommendations to be implemented.
- 2.8. Monitor the BSCB escalations where cases give cause for concern. Where the line manager of an agency decides the interagency working is flawed and cannot be

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<sup>1</sup> To entail sending to agency leads within standing committee with a standard letter asking them to consider whether the review has any implications for Bromley practice. If it does then it will be discussed at the next meeting and an action plan will be drawn up and implemented.

resolved between managers appeals and any other child protection complaint, will be presented as appropriate<sup>2</sup>

2.9. Promote good practice in safeguarding children through sharing lessons from individual agency audits, inspections and case reviews as well as data.

2.10 Keep under review agency datasets to support an analysis of safeguarding practice and the effectiveness of the LSCB and its partner's work.

## **Chairmanship and Membership**

The committee is to be chaired by the Independent BSCB Chairperson.

Membership will be defined and members must have sufficient seniority and the authority within their organisations to make decisions on behalf of the agency represented.

Members should be in a position to fully participate in the committee and attend regularly.

The membership of this group needs to consist of appropriate senior people from partner agencies and include:

- § Education and Care Services (including adult and children's care service representation)
- § Education Representation –Head of Service Education
- § Local Authority Designated Officer (including LADO for Education Safeguarding)
- § Health Services (NHS Trusts, NHS Local Clinical Commissioning Group in Bromley)
- § Designated Nurse and Designated Doctor
- § All Named Professionals (Health incl GP)
- § Special Educational Needs Head of Service
- § Early Years Head of Service
- § Police Services (CAIT and Borough)
- § Domestic Violence Forum representative
- § Voluntary & Community Sector
- § Business Manager
- § Quality & Improvement Officer

## **Accountability**

This group should report to and seek approval from the Board.

A risk and Issues log should be maintained and risks escalated to the Board.

Annual Review: Both the chairmanship and membership will be reviewed by the Board on an annual basis, at the January meeting.

## **Information Sharing**

All case details discussed at the meeting are to be viewed as confidential, with members only sharing info on a need-to-know basis. The Chair of the committee is responsible for updating the Board on the progress made with QA & PM BSCB Work Plan.

## **Administration**

Bromley SCB Business Support Officer will provide the administration for the committee.

The agenda will be agreed with the chairperson by the BSCB Business Manager,.

Additional late arriving papers will be discussed at the discretion of the chairperson.

Any member of the sub committee is entitled to put forward items for the agenda, which should be sent to the Business Manager who will raise them with the chairperson prior to the meeting.

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<sup>2</sup> To be carried out by a multi-agency appeals panel of the standing committee and in line with the London Child Protection Procedures.

The meetings will take place four times per year. Members will commit to attending all meetings.

Meetings of the sub-committee will only be considered quorate when representatives from at least four agencies or separate organisations are present.

### **Logistics**

The standing committee will be facilitated by the BSCB Office. It will be the responsibility of the BSCB Administrator to organise the venue for the meetings, circulate the agenda and papers and take and circulate the minutes; whilst it will be responsibility of the BSCB Development Officer to assist the Chair with compiling the TOR, workplan, agendas and papers, and checking and amending the minutes and papers accordingly.

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**BSCB TRAINING SUB-COMMITTEE**

**Terms of Reference**

**Aim and Objectives**

The overall aim of the BSCB's Training Sub-Committee is to ensure that high quality single-agency and multi-agency child protection training is in place and for assuring the quality of multi-agency provision, so that staff are equipped with the necessary skills for safeguarding and promoting the welfare of children. This includes being able to recognise the signs and symptoms of abuse/neglect, knowing what to do in response and being able to work effectively with others within one's agency as well as across organisational boundaries.

On this basis the Sub-committee is therefore responsible for meeting the following objectives:

1. Ensure that training needs are:
  - a. identified within the context of local (including Serious Case Reviews)
  - b. national policy/practice and research developments/findings: and
  - c. met by both single-agency and inter-agency training;
2. Develop and maintain structures and processes for an organised and coordinated approach to single-agency and multi-agency training;
3. Develop and maintain a valid and reliable system of reviewing and evaluating multi-agency training, and ensure that future training is improved on this basis;
4. Produce an informed Training Strategy and report on training achievements and outcomes annually;
5. Produce a policy/procedure on training people who work with children or in services affecting the safety and welfare of children<sup>1</sup>;
6. Plan and manage the multi-agency Safeguarding Training Programme and review the locus of responsibility for managing multi-agency safeguarding training.
7. Plan and manage the Annual Conference (this is accommodated through an elected sub-group of the sub-committee);

**Chairmanship and Membership**

The sub-committee is to be chaired by the member of the Board with lead responsibility for training, who is currently Julie Daly, Head of Service Safeguarding and Quality Assurance, CYP Services, LB Bromley.

Vice Chair for is the Lead officer for Education Safeguarding, currently Denise Partridge.

Membership of the sub-committee needs to include representatives from the main relevant services areas:

- § Children's Social Care Services
- § Health Services (NHS Bromley, South London Hospitals Trust, Oxleas NHS Trust)
- § Learning and Achievement Services
- § Early Years Services
- § Police Services (CAIT and Borough Police)
- § Leisure Services
- § Community Services (Voluntary Sector)
- § Youth Services
- § Adult and Community Services (including Housing Services, Community Safety)

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<sup>1</sup> Working together 2010

Representatives must have sufficient knowledge of training needs and processes to enable them to make informed contributions to the development and evaluation of the training strategy.

### **Responsibilities**

Members are expected to support the Training Sub-committee through:

1. Ensuring that their agency provides single-agency training which complies with Working Together 2010 and the BSCB Training Strategy;
2. Helping to develop and deliver the multi-agency programme and in turn improve it's accessibility through advertising the courses and encouraging/monitoring staff attendance;
3. Providing or locating venues;
4. Suggesting or identifying good trainers.

### **Annual Review:**

Both the chairmanship and membership will be reviewed by the Executive Committee on an annual basis, at the January meeting.

### **Accountability**

This group should report to and seek approval from the Quality Assurance and Performance Monitoring Committee.

### **Information Sharing**

Members are welcome to forward any documentation in connection with this group, unless otherwise stated. The Chair of the Sub-committee is responsible for updating the Executive Committee on the progress made with that set out in the respective workplan section of the Business Plan.

### **Schedule**

The meetings will take place for 2 hours on a bi-annual basis<sup>2</sup>. Sub-Committee members will commit to attending all meetings, and will delegate when unable to attend.

### **Logistics**

The Sub-committee will be facilitated by the BSCB Office. In other words, it is the responsibility of the BSCB Administrator to organise the venue for the meetings, circulate the agenda and papers and take and circulate the minutes; whilst it is the responsibility of the BSCB Development Officer to assist the Chair with compiling the TOR, workplan, agendas and papers, and checking and amending the minutes and papers accordingly.

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<sup>2</sup> From January 2010 onwards.

## Bromley Safeguarding Children Board

Nike Adeoye	Designated Dr	Bromley CCG
Mary Beckingham	Lay Member	
Kerry Bott	Director Of Quality	Bromley Healthcare
Kevin Clarke	DCI Borough Police	Metropolitan Police Service
Sonia Colwill	Director of Quality, Governance and Patient Safety	Bromley CCG
Julie Daly	Head of Service Quality Assurance	London Borough of Bromley
Helen Davies	Chairperson	Independent Consultant
Iain Dimond	Director of Complex Needs, Recovery & Learning Disability	Oxleas NHS
Cllr Robert Evans	Portfolio Holder, Care Services	Council Member
Selene Grandison	Assistant Chief Officer	London Probation Service
Jennie Hall	Executive Lead Safeguarding	South London Healthcare Trust
Sally James	Quality Improvement Service Manager	CAFCASS
Andrea Kilvington	Bromley CFVSF Chair	Bromley Women's Aid
Tessa Moore	Assistant Director of Education	London Borough of Bromley
Yvonne Onyeka	BSCB Performance & Improvement Officer	London Borough of Bromley
Terry Parkin	Executive Director of Education & Care Services	London Borough of Bromley
Simon Plummer	BSCB Business Manager	London Borough of Bromley
David Roberts	Director Adult Care Services	London Borough of Bromley
Jenny Selway	Consultant Public Health Medicine	NHS Bromley
Chris Smart	DCI Child Abuse Investigation Team	Metropolitan Police Service
Vicky Swinchatt	Lay Member	
Sarah Turner	Designated Nurse	Bromley CCG
Kay Weiss	Assistant Director Children's Social Care	London Borough of Bromley

## PROFESSIONAL ADVISERS

Matt Beavis	Named Nurse	South London & Maudsley Trust
Sara Bowrey	Head of Housing Needs Service	London Borough of Bromley
Joy Connor	Assistant Director Legal & Support Services	London Borough of Bromley
Kate Dyer	Named GP	Bromley CCG
Nicholas Mesure	Borough Crown Prosecutor	South London Prosecution Service
Nina Newell	Head of Service Early Years	London Borough of Bromley
Denise Partridge	Lead Officer Education Safeguarding	London Borough of Bromley
Carolyn Pilkington	Safeguarding Named Nurse	Oxleas NHS Trust
Sandra Richards	Named Nurse	Bromley Healthcare Trust
Sujata Sharma	Named Dr	Bromley Healthcare
Lyn Torpey	Named Nurse	South London Healthcare Trust
Shaun Walter	Named Dr	South London Healthcare Trust
Marion Westropp	Named Nurse	Bromley Healthcare Trust



## QA & PM Committee

Helen Davies	Chairperson	Independent Consultant
Nike Adeoye	Designated Dr	Bromley CCG
Matt Beavis	Named Nurse	South London & Maudsley Trust
Kerry Bott	Director Of Quality	Bromley Healthcare
Mary Cava	Head of SEN and Disability	London Borough of Bromley
Julie Daly	Head of Service Quality Assurance	London Borough of Bromley
Kate Dyer	Named GP	Bromley CCG
Clare Elcombe	Domestic Violence Co-ordinator	London Borough of Bromley
Selene Grandison	Assistant Chief Officer	London Probation Service
Paul King	Head of Youth Support Programme	London Borough of Bromley
Chris Mayle	DI CAIT	Metropolitan Police Service
Nina Newell	Head of Service Early Years	London Borough of Bromley
Yvonne Onyeka	BSCB Performance & Improvement Officer	London Borough of Bromley
Denise Partridge	Lead Officer Education Safeguarding	London Borough of Bromley
Carolyn Pilkington	Safeguarding Named Nurse	Oxleas NHS Trust
Simon Plummer	BSCB Business Manager	London Borough of Bromley
Sandra Richards	Named Nurse	Bromley Healthcare Trust
Dave Smith	DI Borough Police	Metropolitan Police Service
Lyn Torpey	Named Nurse	South London Healthcare Trust
Sarah Turner	Designated Nurse	Bromley CCG
Susan Webb	Group Manager Performance	London Borough of Bromley
Kay Weiss	Assistant Director Children's Social Care	London Borough of Bromley
Marion Westropp	Named Nurse	Bromley Healthcare Trust

## Training Committee

Julie Daly	Head of Service Quality Assurance	London Borough of Bromley
Gill Downton	CAF Manager	London Borough of Bromley
Kate Dyer	Named GP	Bromley CCG
Clare Elcombe	Domestic Violence Co-ordinator	London Borough of Bromley
Barbara Godfrey	Head of Social Care	Oxleas NHS Trust
Tracy Lewis	Business Support Assistant	London Borough of Bromley
Yvonne Onyeka	BSCB Performance & Improvement Officer	London Borough of Bromley
Denise Partridge	Lead Officer Education Safeguarding	London Borough of Bromley
Simon Plummer	BSCB Business Manager	London Borough of Bromley
Sandra Richards	Named Nurse	Bromley Healthcare Trust
Claire Roberts	Senior Probation Officer	London Probation Service
Sujata Sharma	Named Dr	Bromley Healthcare
Calvin Taylor	DS Borough Police	Metropolitan Police Service
Antoinette Thorne	Learning and Development Manager	London Borough of Bromley
Lyn Torpey	Named Nurse	South London Healthcare Trust
Samantha Townsend	CAIT	Metropolitan Police Service
Sarah Turner	Designated Nurse	Bromley CCG
Sandra Walters	Learning & Development Co-ordinator	London Borough of Bromley
Susan Webb	Group Manager Performance	London Borough of Bromley
Marion Westropp	Named Nurse	Bromley Healthcare Trust

## Serious Case Review Panel

Helen Davies

Nike Adeoye

Joy Connor

Julie Daly

Denise Partridge

Jenny Selway

Chris Smart

Sarah Turner

Chairperson

Designated Dr

Assistant Director Legal & Support Services

Head of Service Quality Assurance

Lead Officer Education Safeguarding

Consultant Public Health Medicine

DCI Child Abuse Investigation Team

Designated Nurse

Independent Consultant

Bromley CCG

London Borough of Bromley

London Borough of Bromley

London Borough of Bromley

NHS Bromley

Metropolitan Police Service

Bromley CCG

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## The Child's Journey in Bromley

A partnership model for providing services to support children and families in Bromley including the safeguarding thresholds guidance

July 2011

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**Jenny Dibsdall, Chairman  
Bromley Safeguarding Children Board**



## FOREWORD

The Bromley Safeguarding Children Board (BSCB) is a statutory body with aims and objectives set out in the Children Act 2004. Its duty is to ensure that all agencies operating in Bromley work together to safeguard children and young people from harm.

*The Child's Journey in Bromley* is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. It will assist practitioners in identifying a child's level of need (using the Bromley Continuum of Need) and what type of services/ resources may meet those needs. It also contains the Bromley threshold criteria for referrals to children's social care, to aid practitioners to identify those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.

All the evidence suggests that one of the effective ways to protect children from harm is through early intervention and prevention services. Professor Eileen Munro in her Review of Child Protection in England (2011) emphasises the importance of early intervention. By ensuring earlier identification and support we can help to prevent an escalation of concerns.

In Bromley we want to ensure that all those working with children are able to identify the early help that is needed by a particular child and their family. Using their professional judgement along with this guide, practitioners will feel better equipped to direct families to appropriate resources or to refer them to appropriate specialist services.

The Safeguarding Board endorses and actively promotes the use of the Common Assessment Framework (CAF) as means of assessing a child and their family where their needs are greater. It is difficult for one agency alone to complete a CAF assessment effectively. The assessment is a process that facilitates joint working, placing a team around the child where appropriate.

Taking a partnership approach from the start should mean that fewer children in Bromley are at risk of serious harm from abuse or neglect and in need of protection. Of course working together in partnership is at the heart of what all practitioners do when they work with children. However, we recognise how day to day pressures can get in the way. *The Child's Journey in Bromley* helps every practitioner to focus on identifying the child's needs and sets out next steps. We hope that the guide will be a useful tool for all practitioners.

## 1. INTRODUCTION

This document outlines the partnership model for agencies in Bromley working with children, young people and their families. It includes the Bromley continuum of need and the threshold criteria for referrals to Children's Social Care.

The model will help everyone in Bromley to work together to provide the most effective support and clearer pathways for children and their families. This guidance is a tool for professionals to help ensure that all the needs of children, young people and their families are met from those who need very low levels of support to those who are at risk of significant harm. It will assist practitioners in identifying a child's level of need and what type of services/resources may meet those needs.

The partnership model to support children and families in Bromley has been developed:

- To establish use of the Common Assessment Framework (CAF) in Bromley to more effectively meet the needs of children and young people;
- To provide early intervention and preventative services to children with additional needs;
- Because of increasing volumes of contacts and referrals to Children's Social Care, many of which are not meeting the threshold.

The Working Together to Safeguard Children (2010) guidance emphasises that protecting children from harm and promoting their welfare depends on a shared responsibility and effective joint working between different agencies, and it is these principles which the partnership model is based on.



## 2. BROMLEY CONTINUUM OF NEED AND INTERVENTION

This is Bromley's continuum of need and intervention triangle (Bromley Safeguarding Continuum of Need and Intervention) similar to those found in other local authorities. For some children/young people it is clear where they fall on the continuum; for other children/young people a practitioner may need to use the Indicators of Need contained in this document to try to decide whether or not the child/young person has additional needs, and where they might fall on the continuum; this process can help decide whether a CAF would be appropriate, to help further clarify need and appropriate response.

Sometimes it is only by completing a CAF that practitioners can gain a clear understanding of the child or young person's level of need and what would be the appropriate service response.

Examples of some of the services which work at each of the levels of need are:

### **Level 1 Universal**

- maternity services at birth,
- health visiting,
- GP's,
- schools,
- voluntary and community service,
- Bromley children and family centres etc.

### **Level 2 (a) & (b) Targeted**

- CAMHS Tier 2/3,
- voluntary sector services,
- Bromley children and family centres,
- health,
- education

### **Level 3 Targeted and co-ordinated multi-agency –**

- CAMHS Tier 3,
- Youth Offending Team (YOT),
- Education Welfare,
- Behaviour service,
- drug and alcohol services,
- domestic violence services

### **Level 4 Specialist**

- Children's Social Care

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, make a referral directly to Children's Social Care straightaway.

**BROMLEY SAFEGUARDING CONTINUUM OF NEED & INTERVENTION**

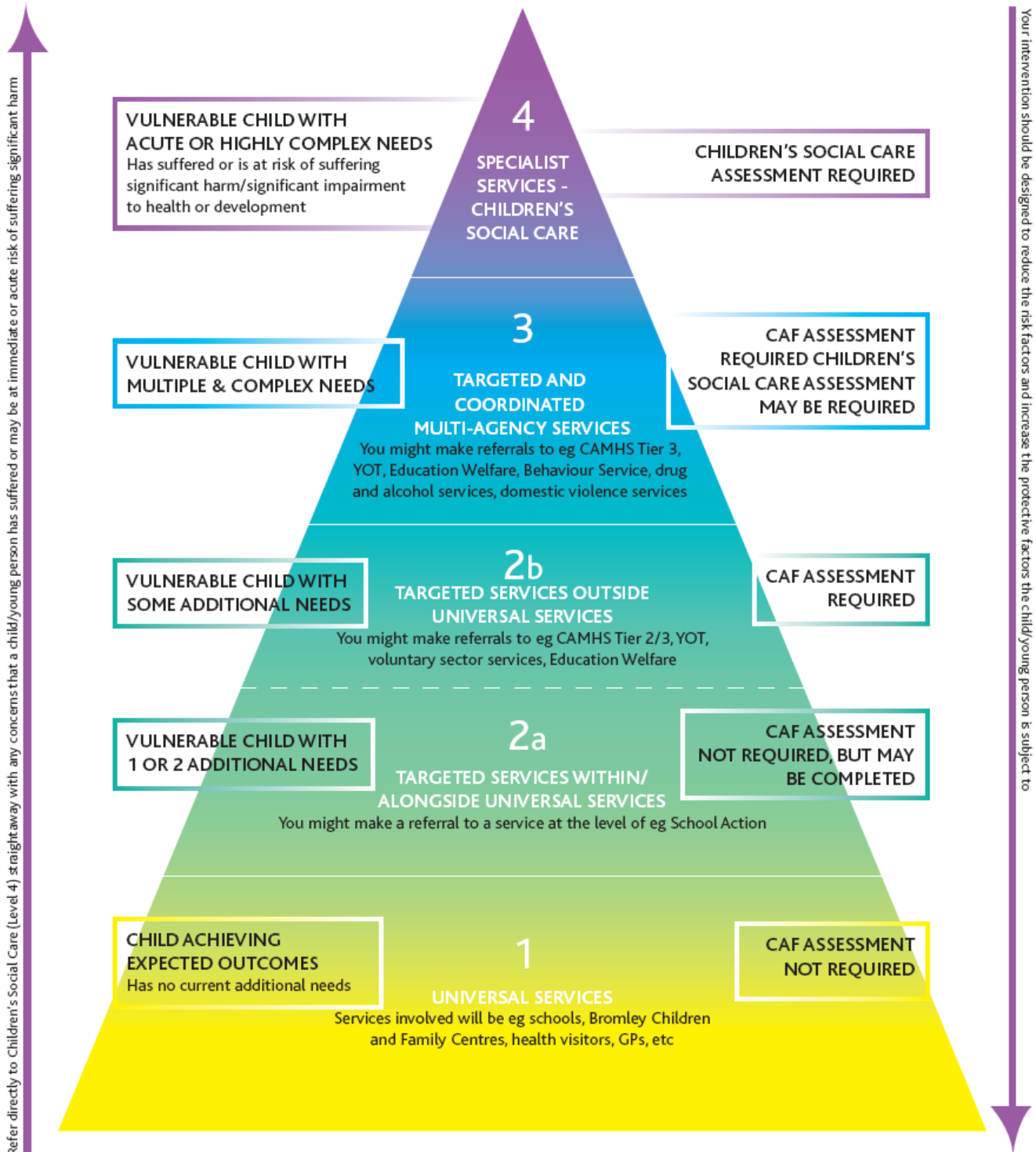
<p><b>VULNERABLE CHILD WITH ACUTE OR HIGHLY COMPLEX NEEDS</b> Has suffered or is at risk of suffering significant harm/significant impairment to health or development</p>	<p><b>4. SPECIALIST SERVICES – CHILDREN'S SOCIAL CARE</b> <i>Children's Social Care assessment required</i></p> <ul style="list-style-type: none"> <li>• If there is already a "Team Around the Child" (TAC) in place, they will continue to work with the family.</li> <li>• The "Lead Professional" will be replaced by the allocated social worker from Children's Social Care.</li> </ul>
<p><b>VULNERABLE CHILD WITH MULTIPLE AND COMPLEX NEEDS</b></p>	<p><b>3. TARGETED AND COORDINATED MULTI-AGENCY SERVICES</b> You might make referrals to eg CAMHS Tier 3, YOT, Education Welfare, Behaviour Service, drug and alcohol services, domestic violence services. <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made); Children's Social Care Assessment may be required</i></p> <ul style="list-style-type: none"> <li>• You will need to convene a "Team Around the Child" (TAC) Meeting with all agencies involved.</li> <li>• Best practice should identify a "Lead Professional" from one of the key agencies involved.</li> <li>• Families at this level may, but not necessarily, be eligible for a referral to Children's Social Care.</li> <li>• Before deciding whether to make a referral to Children's Social Care, first complete the CAF and TAC mtg.</li> <li>• Before referring to Children's Social Care, ask yourself what their involvement would add to the intervention.</li> </ul>
<p><b>VULNERABLE CHILD WITH SOME ADDITIONAL NEEDS</b></p>	<p><b>2. (b) TARGETED SERVICES OUTSIDE UNIVERSAL SERVICES</b> You might make referrals to eg CAMHS Tier 2/3, voluntary sector services, Education Welfare <i>CAF assessment required (unless another multi-agency Bromley specialist referral has been or will be made)</i></p> <ul style="list-style-type: none"> <li>• You or someone in your agency will need to complete a CAF – to analyse strengths and needs and to identify necessary targeted services.</li> <li>• The "Bromley Families" website can help identify agencies to provide the necessary targeted services.</li> <li>• Practitioners will need to identify with the family who should act as the "Lead Professional" - possibly through holding a "Team Around the Child" (TAC) meeting.</li> </ul>
<p><b>VULNERABLE CHILD WITH ONE OR TWO ADDITIONAL NEEDS</b></p>	<p><b>2. (a) TARGETED SERVICES WITHIN/ALONGSIDE UNIVERSAL SERVICES</b> You might make a referral to a service at the level of eg School Action <i>CAF assessment not required, but may be completed</i></p> <ul style="list-style-type: none"> <li>• You or someone in your agency should address the child/YP's additional needs directly as long as they fall within the remit of your agency and possibly one other.</li> <li>• You will not need to complete a CAF, unless the child/YP's needs are not clear or you and the family believe the family would benefit from further exploration of their strengths and needs.</li> </ul>
<p><b>CHILD ACHIEVING EXPECTED OUTCOMES</b> Has no current additional needs</p>	<p><b>1. UNIVERSAL SERVICES</b> Services involved will be eg schools, Bromley children and family centres, health visitors, GPs, etc. <i>CAF assessment not required</i></p> <ul style="list-style-type: none"> <li>• Most children/YP's needs are adequately met by these Universal Services alone.</li> <li>• If you develop concerns that a particular child/YP is not achieving his or her potential in any of the five outcome areas, consider what additional needs the child/YP may have and at what level to address them (perhaps through using the CAF Checklist).</li> </ul>

## What do I do if I am concerned that a child or young person has additional needs?

The expectation is that most children and young people's additional needs will be identified at an early stage by workers in Universal Services; however, you must always be prepared to assess the complexity of a child or young person's needs and intervene at the appropriate level.



### Bromley Safeguarding Continuum of Need and Intervention



CAF stands for 'Common Assessment Framework'.  
 To be used in conjunction with BSCB document "A Partnership model for providing services to support children and families in Bromley". CAF assessment not normally required if another multi-agency Bromley specialist referral has been or will be made (eg. Early Support, Sensory Support for children with disabilities).



### 3. LEVELS OF NEED

The Partnership model is based on the four levels of need in the Bromley continuum of need and intervention:

- Universal Services – Level 1
- Targeted Services – Level 2 (a) and (b)
- Targeted and Co-ordinated Multi-Agency Services – Level 3
- Specialist Services – Children's Social Care – Level 4

#### 3.1 Universal Services

Most children and young people's needs will be met through universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship, and community networks. A relatively very small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4), usually led by children's social care. All who come into contact with families have a part to play in identifying those children whose needs are not being adequately met. Some of these needs can be helped by universal and early intervention services, while others may need referral to more specialist services, including children's social care.

#### 3.2 Additional Needs

In between Levels 1 and 4 are the vulnerable children/young people who have additional needs and are in need of targeted support. Information on how to find out about the range of services available between Level 1 and 3, universal services and targeted and co-ordinated multi-agency services is available in the services to support children, young people and their families section below.

Bromley children's social care uses thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is targeted at those children who are most vulnerable, and that any decisions made about services are consistent.

#### 3.3 Targeted & Co-ordinated Services – Common Assessment Framework (CAF)

Under the partnership model, the CAF will be used for all children and families who need targeted services and targeted and co-ordinated multi-agency services. The CAF for children and young people is a shared assessment tool to help develop a shared understanding of a child's need, so they can be met more effectively. It will help avoid children and families having to tell and re-tell their story. The CAF will act as the key assessment tool before any referral. This is to make sure that we are assessing families needs properly and have a whole picture of the services they need and are being offered. The principle is therefore that a CAF should always be completed (and consent received from the child/young person and/or their parent or carer, unless the case is so serious that consent can be waived) before any referral.

### **A Holistic Assessment Process**

The CAF is a holistic assessment of a child's needs for services. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet. It is also a process for identifying and involving other agencies who may be able to support the child and/or undertake specialist assessment. Central to its development is the principle that it is child/young person centred, holistic and can be shared across professionals as appropriate.

The CAF provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.

### **When to use a CAF?**

The CAF is designed to be used at Levels 2a, 2b, and the lower part of Level 3, primarily as a holistic assessment of need to support multi-agency work. It should be used whenever there is a concern about a child or young person's wellbeing (a child/young person appears not to be progressing towards one or more of the five outcomes) and the cause and appropriate response are not clear. You might use a CAF when for example:

- You are concerned about how the child/young person is progressing, in terms of their health, welfare, behaviour, learning, or any other aspect of their wellbeing;
- You receive a request from the child/young person or parent/carer for more support;
- You are concerned about the child/young person's appearance or behaviour, but their needs are unclear or are broader than your service can address;
- You want to use the CAF to help you identify the needs of the child/young person and/or to pool knowledge and expertise with other agencies to support the child/young person better.

The holistic picture of needs identified by the CAF might then underpin either a single-agency response (Level 2a), a joint-agency response (Level 2a or Level 2b), a coordinated multi-agency response organised by a Lead Professional and a Team Around the Child (Level 2b or Level 3), or a referral to Children's Social Care (Level 3 or Level 4).

### **Complexity – Level 3**

The CAF has the potential to support some multi-agency work with families with fairly complex needs at Level 3. Families at this level may, but not necessarily, be eligible for a referral to Children's Social Care – but only if a CAF and Team Around the Child Meeting has been completed first, or if the family or young person refuses to participate in the CAF process. The process of completing a CAF will help to identify whether Children's Social Care thresholds have been met, and might then trigger their involvement. Before considering a referral to Children's Social Care, practitioners should also ask themselves what the involvement of Children's Social Care would add to the intervention.

### **Consent - a partnership with parents**

The CAF process is designed to be empowering for families. You should discuss your concerns with the child/young person and their parent/carer before deciding on a CAF. You might also use the pre-assessment checklist. A CAF assessment is first and foremost about *having a conversation* with the family; the CAF form is just a

structured way of recording the conversation. If the family does not agree to undergo a CAF assessment, their wishes must be respected.

If a family has not agreed to a proposed CAF assessment, the practitioner should try to identify why the family might be reluctant to engage. Some families will have had a negative experience of accessing services and it may take some time to build their trust. If the practitioner does not gain the family's consent and in the future has ongoing concerns, the practitioner should consider a referral to Children's Social Care.

If the child or young person gives consent and the parents do not, the practitioner should consider whether the child or young person is of an age and understanding where their consent can override their parents' lack of consent.

## 4. SERVICES TO SUPPORT CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES

Further information about services to support children, young people and families between Levels 1 and 4 is available on the Information for Bromley Families website. The website provides a directory of organisations working in the borough, from voluntary groups to health services, Bromley Council services to activity groups, with information ranging from after school activities to agencies offering advice on abuse, bullying and drugs. [www.bromleyfamilies.info/BromleyFamilies/](http://www.bromleyfamilies.info/BromleyFamilies/)

You will find details of the services agencies provide, opening hours and information on how to access a service.

### 4.1 Children with Special Educational Needs And Disabilities

Bromley's Special Educational Needs (SEN) and Disabilities Services aim to meet the needs of children and young people with additional needs and disabilities through early intervention and working with service users to develop and provide the support services needed.

Bromley's SEN and Disabilities Service is organised through three teams offering a wider range of support and services. These are:

- Special Educational Needs Service
- Specialist Support and Disability Services
- Inclusion Support Services

Information for parents, carers and professionals of children and young people with additional needs and disabilities in Bromley can be found in the following booklets:

- Special Educational Needs and Disabilities – A guide to Specialist Support and Provision for Children and Young People in Bromley (March 2011)
- Resource Guide – Services and Support for Parents/ Carers and Families of Children and Young People with additional needs or disabilities in Bromley (March 2011)
- Resource Guide for Early Support available to parents and carers of babies and young children with additional needs or disabilities in Bromley (March 2011)

The booklets can be downloaded from here ([www.bromley.gov.uk](http://www.bromley.gov.uk)) or hard copies are available through the Specialist Information Officer, tel: 020 8315 6697.

## 5. INDICATORS OF NEED

The indicators provide practitioners with examples and an overarching view on what tier of support and intervention a child/ young person might need. They are a tool to assist planning, assessment and decision making when considering the needs of children.



**INDICATORS OF NEED**



Level 1. Child Achieving Expected Outcomes: has no current additional needs	
<p><b>Developmental needs of child or young person</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Achieving key stages</li> <li>• Good attendance at school/ college/ training</li> <li>• No barriers to learning</li> <li>• Planned progression beyond statutory school age</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Good physical health with age appropriate developmental milestones including speech and language</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Good mental health and psychological well-being</li> <li>• Good quality early attachments, confident in social situations</li> <li>• Knowledgeable about the effects of crime and antisocial behaviour</li> <li>• Knowledgeable about sex and relationships and consistent use of contraception if sexually active</li> </ul> <p><b>Family and Social Relationships</b></p> <ul style="list-style-type: none"> <li>• Stable families where parents are able to meet the child's needs</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Age appropriate independent living skills</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parents able to provide care for child's needs</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parents provide secure and caring parenting</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parents provide appropriate guidance and boundaries to help child develop appropriate values</li> </ul> <hr/> <p><b>Family &amp; Environment Factors</b></p> <p><b>Family History and Well-Being</b></p> <ul style="list-style-type: none"> <li>• Supportive family relationships</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Child fully supported financially</li> <li>• Good quality stable housing</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Good social and friendship networks exist</li> <li>• Safe and secure environment</li> <li>• Access to consistent and positive activities</li> </ul>



**INDICATORS OF NEED**



**Level 2. Vulnerable Child with Some Additional Needs**

<p><b>Developmental needs of child or young person</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Occasional truanting or non attendance</li> <li>• School action or school action plus</li> <li>• Identifies language and communication difficulties</li> <li>• Reduced access to books, toys or educational materials</li> <li>• Few or no qualifications</li> <li>• NEET</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Slow in reaching developmental milestones</li> <li>• Missing immunisations or checks</li> <li>• Minor health problems which can be maintained in a mainstream school</li> </ul> <p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Low level mental health or emotional issues requiring intervention</li> <li>• Pro offending behaviour and attitudes</li> <li>• Early onset of offending behaviour or activity (10-14)</li> <li>• Coming to notice of police through low level offending</li> <li>• Expressing wish to become pregnant at young age</li> <li>• Early onset of sexual activity (13-14)</li> <li>• Sexual active (15+) with inconsistent use of contraception</li> <li>• Low level substance misuse (current or historical)</li> <li>• Poor self esteem</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Inconsistent care e.g. inappropriate child care arrangements or young inexperienced parent</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting, but development not significantly impaired</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Lack of response to concerns raised regarding child</li> </ul> <hr/> <p><b>Family &amp; Environment Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Parents/carers have relationship difficulties which may affect the child</li> <li>• Parents request advice to manage their child's behaviour</li> <li>• Children affected by difficult family relationships or bullying</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Overcrowding</li> <li>• Families affected by low income or unemployment</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Insufficient facilities to meet needs e.g. transport or access issues</li> <li>• Family require advice regarding social exclusion e.g. hate crimes</li> <li>• Associating with anti social or criminally active peers</li> <li>• Limited access to contraceptive and sexual health advice, information and services</li> </ul>
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**INDICATORS OF NEED**



**Level 3. Vulnerable Child with Multiple and Complex Needs**

<p><b>Developmental needs of infant/child/ young person</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Short term exclusions or at risk of permanent exclusion, persistent truanting</li> <li>• Statement of special educational needs</li> <li>• No access to books, toys or educational materials</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• Disability requiring specialist support to be maintained in mainstream setting</li> <li>• Physical and emotional development raising significant concerns</li> <li>• Chronic/recurring health problems</li> <li>• Missed appointments - routine and non-routine</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Physical care or supervision of child is inadequate</li> <li>• Parental learning disability, parental substance misuse or mental health impacting on parent's ability to meet the needs of the child</li> <li>• Parental non compliance</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Inconsistent parenting impairing emotional or behavioural development</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent provides inconsistent boundaries or responses</li> </ul>
<p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage</li> <li>• 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent</li> <li>• Under 18 and pregnant</li> <li>• Coming to notice of police on a regular basis but not progressed</li> <li>• Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention</li> <li>• Evidence of regular/frequent drug use which may be combined with other risk factors</li> <li>• Evidence of escalation of substance use</li> <li>• Evidence of changing attitudes and more disregard to risk</li> <li>• Mental health issues requiring specialist intervention in the community</li> <li>• Significant low self esteem</li> <li>• Victim of crime including discrimination</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Lack of age appropriate behaviour and independent living skills, likely to impair development</li> </ul>	<p><b>Family &amp; Environment Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• History of domestic violence</li> <li>• Risk of relationship breakdown with parent or carer and the child</li> <li>• Young carers , Privately fostered, children of prisoners, periods of LAC</li> <li>• Child appears to have undifferentiated attachments</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• Severe overcrowding, temporary accommodation, homeless, unemployment</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Family require support services as a result of social exclusion</li> <li>• Parents socially excluded, no access to local facilities</li> </ul>

**INDICATORS OF NEED**



**Level 4. Vulnerable Child with Acute or Highly Complex Needs**

<p><b>Developmental needs of infant/child/ young person</b></p> <p><b>Learning / Education</b></p> <ul style="list-style-type: none"> <li>• Chronic non-attendance, truanting</li> <li>• Permanently excluded, frequent exclusions or no education. Provision</li> <li>• No parental support for education</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>• High level disability which cannot be maintained in a mainstream setting</li> <li>• Serious physical and emotional health problems</li> </ul>	<p><b>Parent &amp; Carer Factors</b></p> <p><b>Basic Care, Safety and Protection</b></p> <ul style="list-style-type: none"> <li>• Parent is unable to meet child's needs without support</li> </ul> <p><b>Emotional Warmth and Stability</b></p> <ul style="list-style-type: none"> <li>• Parents unable to manage and risk of family breakdown</li> </ul> <p><b>Guidance Boundaries and Stimulation</b></p> <ul style="list-style-type: none"> <li>• Parent does not offer good role model e.g. condones antisocial behaviour</li> </ul>
<p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>• Challenging behaviour resulting in serious risk to the child and others</li> <li>• Failure or rejection to address serious (re)offending behaviour. Likely to be in Deter cohort of youth offending management</li> <li>• Known to be part of gang or post code derived collective</li> <li>• Complex mental health issues requiring specialist interventions</li> <li>• In sexually exploitative relationship</li> <li>• Teenage parent under 16</li> <li>• Under 13 engaged in sexual activity</li> <li>• Frequently go missing from home for long periods</li> <li>• Distorted self image</li> <li>• Young people experiencing current harm through their use of substances</li> <li>• Young people with complicated substance problems requiring specific interventions and/or child protection</li> <li>• Young people with complex needs whose issues are exacerbated by substance use</li> </ul> <p><b>Self-Care and Independence</b></p> <ul style="list-style-type: none"> <li>• Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation</li> </ul>	<p><b>Family &amp; Environment Factors</b></p> <p><b>Family and Social Relationships and Family Well-Being</b></p> <ul style="list-style-type: none"> <li>• Suspicion of physical, emotional, sexual abuse or neglect</li> <li>• High levels of domestic violence that put the child at risk</li> <li>• Parents are unable to care for the child</li> <li>• Children who need to be looked after outside of their own family</li> </ul> <p><b>Housing, Employment and Finance</b></p> <ul style="list-style-type: none"> <li>• No fixed abode or homeless.</li> <li>• Family unable to gain employment or extreme poverty</li> </ul> <p><b>Social and Community Resources</b></p> <ul style="list-style-type: none"> <li>• Child or family need immediate support and protection due to harassment /discrimination and No access to community resources</li> </ul>

## 6. WHEN TO REFER TO CHILDREN'S SOCIAL CARE

Children's Social Care provide support for children and their families, where children have complex needs and where children are at risk of significant harm (indicator Level 3 and 4).

They also provide support for children who need to be accommodated or looked after by the local authority, through fostering or residential care and children who are placed for adoption.

### 6.1 Risks to a child/young person's health or development

The risks can be broadly of two kinds:

#### 1. *Abuse or ill-treatment causing an immediate and acute risk of significant harm to the child/young person's health or development*

If at any time you have reasonable concern that a child or young person may be at immediate or acute risk of suffering significant harm or has already suffered significant harm, make a referral to children's social care straightaway. Do not consider arranging a CAF assessment or organising a multi-agency response.

#### Examples of when to refer directly to children's social care:

- Allegations/ reasonable suspicions about physical abuse: e.g., a series of apparently accidental injuries or a minor non-accidental incident, allegations of serious verbal threats, person who poses a risk to children moving into a household with under eighteen-year-olds, suspicion that the child is at risk of significant harm due to fabricated/ induced illness, child subject of parental delusions which imply risk.
- Allegations/ reasonable suspicions of sexual abuse: e.g., a referral by a concerned neighbour or friend, sexualised behaviour on the part of the child, allegation of sexual abuse made by a child, confession by an adult of sexual abuse of a child, any allegation suggesting connections between sexually abused children in different families or more than one abuser.
- Allegations/ reasonable suspicions of emotional abuse: e.g., witnessing domestic violence, repeated allegations of emotional abuse.
- Allegations/ reasonable suspicions of serious neglect: e.g., medical referral of non-organic failure to thrive in under-fives, child left insufficiently supervised, child chronically having inappropriate clothing, poor hygiene, failing to attend appointments.
- Allegations/ reasonable suspicions that the child has been injured (even if inadvertently) during an incident of domestic violence.
- Allegations/ reasonable suspicions a child has witnessed one serious or three minor domestic violence incidents. If in doubt about seriousness of incident, seek advice.

## 2. A chronic and long-term risk of harm to the child's health or development

Some situations represent a more *chronic, long-term risk of harm* to the child's health or development. These situations may be best addressed through a coordinated multi-agency response organised by a Lead Professional around a Common Assessment and a Team Around the Child.

However, if the Team Around the Child has been working with the family and feels they are not having an impact on the situation, the team should then have a discussion with Children's Social Care or make a referral to Children's Social Care.

### Significant Harm

Significant harm can typically fall into the following categories:

<b>PHYSICAL ABUSE</b>	Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
<b>SEXUAL ABUSE</b>	Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.
<b>EMOTIONAL ABUSE</b>	Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
<b>NEGLECT</b>	<p>Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> <li>• provide adequate food, clothing and shelter (including exclusion from home or abandonment);</li> <li>• protect a child from physical and emotional harm or danger;</li> <li>• ensure adequate supervision (including the use of inadequate care-givers); or</li> <li>• ensure access to appropriate medical care or treatment.</li> </ul> <p>It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.</p>

## 6.2 How to make the referral

Referrals to children's social care should be made using the children's social care referral form. The referral form and guidance can be downloaded from [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org).

If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate or acute risk of suffering significant harm, telephone children's social care immediately and then complete the referral form.

### Bromley Children's Social Care Contact Details

Referral & Assessment Team London Borough of Bromley Old Town Hall Tweedy Road Bromley BR1 3FE	Phone:  Fax:	020 8461 7373 / 7379 / 7404  01689 897475
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Emergency Duty Team (at weekends and outside normal working hours)  
Phone: 020 8464 4848

## 6.3 Closing cases - a step-down process

During children's social care involvement with a child/ young person, the social worker assumes the role of the Lead Professional. Once these concerns have been addressed and/or resolved but there are ongoing needs which don't require children's social care involvement, the social worker will give consideration to who will carry out the role of the Lead Professional and seek the views of the young person and/or parent(s). The social worker will contact the preferred Lead Professional and discuss this with them. Usually, the Lead Professional will already be a practitioner who is familiar with the family and has supported the child or young person during children's social care intervention. If the family give consent, the social worker can share a copy of their recent assessment report with the Lead Professional. The ongoing needs must be clearly identified and a proposed action plan put in place. The Lead Professional should then register a copy of the shared assessment and agreed action plan with the CAF team.

If the child has complex multiple needs, good practice should mean that the social worker arranges a final case closure/ Team Around the Child (TAC) meeting and invites the lead professional to the meeting as well as other practitioners. The young person (where age appropriate) and/or parent/carer(s) must also be present.

## 7. INFORMATION SHARING

Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

Information should normally only be shared with explicit and informed consent **except** where to seek consent will put a vulnerable person at risk (Children Act 1989 and Data Protection Act 1998) to prevent a crime or as directed by a court (Data Protection Act 1998).

The Government has issued guidance in respect of information sharing entitled 'Information Sharing: Practitioners' Guide' and is available from [www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing](http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing)



## 8. USEFUL RESOURCES

### **Guide to services for children and families in Bromley -**

[www.bromleyfamilies.info/BromleyFamilies/](http://www.bromleyfamilies.info/BromleyFamilies/)

The Information for Bromley Families website provides a directory of groups and services available for children, young people and their families, including details of the services they provide, opening hours and information on how to make referrals to services.

### **Bromley Safeguarding Children Board (BSCB) Website -**

[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

### **London Child Protection Procedures - [www.londonscb.gov.uk/procedures/](http://www.londonscb.gov.uk/procedures/)**

### **BSCB - A Safeguarding Guide for Anyone in contact or working with Children and Young People -**

[www.bromleysafeguarding.org/pdfs/Safeguarding%20Children%20Briefing%20Pack.doc](http://www.bromleysafeguarding.org/pdfs/Safeguarding%20Children%20Briefing%20Pack.doc)

### **Special Educational Needs and Disabilities – A guide to Specialist Support and Provision for Children and Young People in Bromley (March 2011)**

[www.bromley.gov.uk/downloads/file/557/special\\_educational\\_needs\\_and\\_disabilities\\_-\\_guide\\_to\\_specialist\\_support](http://www.bromley.gov.uk/downloads/file/557/special_educational_needs_and_disabilities_-_guide_to_specialist_support)

### **Resource Guide – Services and Support for Parents/ Carers and Families of Children and Young People with additional needs or disabilities in Bromley (March 2011)**

[www.bromley.gov.uk/downloads/file/182/disability\\_services\\_for\\_parents\\_carers\\_and\\_families](http://www.bromley.gov.uk/downloads/file/182/disability_services_for_parents_carers_and_families)

### **Resource Guide for Early Support available to parents and carers of babies and young children with additional needs or disabilities in Bromley (March 2011)**

[www.bromley.gov.uk/downloads/file/532/guide\\_to\\_services\\_and\\_support\\_for\\_parents\\_of\\_babies\\_and\\_young\\_children\\_with\\_additional\\_needs\\_or\\_disabilities\\_birth\\_to\\_5\\_years](http://www.bromley.gov.uk/downloads/file/532/guide_to_services_and_support_for_parents_of_babies_and_young_children_with_additional_needs_or_disabilities_birth_to_5_years)

### **Information Sharing – Practitioners Guide**

[www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing](http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing)

### **Bromley Children and Young People Partnership**

[www.bromley.gov.uk/childrenstrust](http://www.bromley.gov.uk/childrenstrust)





**Bromley Safeguarding Children Board  
St. Blaise  
Room B40a  
Civic Centre  
Stockwell Close  
Bromley BR1 3UH**

**Telephone: 020 8461 7816**

**Fax: 020 8313 4324**

**Web: [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)**

**Email: [BSCB@bromley.gov.uk](mailto:BSCB@bromley.gov.uk)**

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# **A Strategy for Safeguarding Disabled Children**

June 2011

## **Bromley Safeguarding Children Board**

**Room B40A, St Blaise Building, Civic Centre, Stockwell Close, Bromley, Kent, BR1 3UH**

**[bscb@bromley.gov.uk](mailto:bscb@bromley.gov.uk)**

**[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)**

**020 8461 7816**

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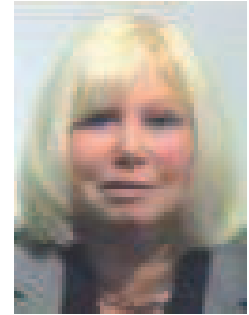
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## **BSCB Safeguarding Disabled Children Strategy Group**

Head of Service	Special Educational Needs and Disability,)Children and Young People's Services (CYP) London Borough of Bromley (LBB
Group Manager,	Children's Disabilities Team, CYP, London Borough of Bromley
Named Nurse Safeguarding,	Oxleas Mental Health Trust
Head of Service,	Care & Resources, CYP, London Borough of Bromley
Head of Service	Specialist Support & Disability Services, CYP, London Borough of Bromley
Lead Officer Education Safeguarding,	Quality Assurance, CYP, London Borough of Bromley
Consultant	Public Health Medicine, Bromley Primary Care Trust
Community Paediatrician,	Bromley Primary Care Trust
Deputy Manager,	Children's Disability Team, London Borough or Bromley

## Foreword

This multi-agency strategy has been developed to encourage all agencies in Bromley to meet the challenge of delivering their responsibilities to safeguard and promote the well-being of disabled children and young people. Bromley Safeguarding Children Board endorsed the government's practice guidance for safeguarding disabled children 2009, and a working group to develop the strategy drew substantially on the guidance to set out the priorities in this area for Bromley.



Our vision is for every child in Bromley to be safe from harm or to know that if they are harmed, those they turn to for support know what to do to protect them. Our aim is to assist agencies to ensure that disabled children have the same protection from harm as those without a disability.

Despite government's attempts to develop definitive statistical analysis of children and young people in general and the services they access, there remains a lack of consistent definition of disability. This is complicated by further categorisations and age limits for service provision.

We know from research that in general disabled children face an increased risk of abuse or neglect. Working Together to Safeguard Children states that; "The available evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase risk of abuse and neglect." (WT 2010 para 6.44)

There are many day to day actions that support the well being of most children which may be denied to a child with profound disabilities. Such children arguably are more in need of:

- regular communication between carers
- close monitoring of the effect of various sorts of provision on the emotional well being of the child
- being able to enjoy the same activities as their non-disabled peers
- individualised provision

Risks such as bullying and physical assault cannot be ignored, however the BSCB challenges the partnership to consider how to address developing a balance between fostering independence of a disabled child and ensuring they are safe not only from abuse, but also bullying from their peers.

The strategy provides a blue print for workers and agencies in meeting their responsibilities to protect and promote the well-being of disabled children. Ensuring the strategy is operationally successful will be the responsibility of the Partnership Board's Disability Strategy Group, who will support the commitment to safeguard disabled children of the representative agencies. We hope that the strategy will be useful to all professionals who work with disabled children and young people

A handwritten signature in black ink that reads "Jenny Dibsall". The signature is written in a cursive, flowing style.

Jenny Dibsall  
Chair, Bromley Safeguarding Children Board

# 1 Introduction

## 1.1 Context

This multi-agency strategy for safeguarding disabled children in Bromley draws on the government's non-statutory *Safeguarding Disabled Children Practice Guidance*, July 2009, DCSF. The practice guidance provides a framework within which local safeguarding children boards, agencies and professionals from all agencies at local level, individually and jointly, develop and agree detailed ways of working together to safeguard disabled children. It is addressed to all agencies providing universal, targeted and specialist services to children.

## 1.2 Vision

Bromley Safeguarding Children Board believes that disabled children have the same rights to be safe from abuse and neglect and to be protected from harm as non-disabled children. This means that professionals have to do a little more because disabled children experience greater vulnerability as a result of attitudes, access to resources or their additional needs. We expect all agencies working with disabled children to make reference to the national practice guidance in their work and to recognise the need for sharing information and for collaboration.

## 1.3 Disabled Children in Bromley

In Bromley there is no disability register that would enable partners to be sure of the numbers of disabled children resident in the borough. We can only therefore apply several estimates to use as a basis for identifying the number of disabled children.

- Projections based on the child population of Bromley can be used to establish the number of disabled children. If 7% of children are disabled and the population is 69,000 then we would expect there to be 4830 disabled children in Bromley.
- The short break service was used by 507 children in 2010-2011. The disability team approximate 30% of children who attend one of the Borough's special schools do not access short breaks. This could be used to estimate that, of the disabled children population, some 70% of children have significant disabilities, which suggests that approximately 725 children in Bromley would have significant disabilities.
- Schools' special educational needs data indicates that the number of children in Bromley schools with a statement of educational need or at school action plus is 5330 (7.7% of the child population). However, not all these children would be considered disabled.



In Bromley a multi-agency disability strategy group has been established to ensure that the needs of children and young people are addressed. Its focus is on service planning and provision. It has developed a multi-agency strategy entitled *Improving Lives Supporting Families*, which aims to deliver services for disabled children and young people and their families and carers. The recently reconfigured Specialist Support and Disability Service within the Access and Inclusion Division of the Children and Young People's Directorate has also confirmed an integrated approach to assessment, family support and service planning and delivery for disabled children in the borough.

#### 1.4 Roles and Responsibilities

It is the responsibility of all agencies, not only Local Authorities, Primary Care Trusts (PCTs) and NHS trusts to ensure that:

*"LSCBs have a system in place to ensure that all disabled children are safeguarded from emotional, physical and sexual abuse and neglect and the specific needs of disabled children are addressed in safeguarding children protocols in line with Working Together to Safeguard Children and their families."*<sup>1</sup>

#### Risks

*"The available evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risks of both abuse and neglect."*<sup>2</sup>

In addition, disabled children experience greater vulnerability as a result of:

- negative attitudes and unequal access to services and resources;
- additional needs relating to physical, sensory, cognitive and/ or communication impairments;
- reliance on a large number of service providers;
- time away from families during short breaks, including overnight care in family based or residential settings;
- additional demands on parents/carers due to the extra needs of disabled children.

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<sup>1</sup> Standard 8 of the National Service Framework for Children and Young People and Maternity Services

<sup>2</sup> Working together to Safeguard Children, 2010

## 1.5 Definition

For the purposes of this strategy, a disabled child is someone who has:

*“a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”<sup>3</sup>*

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<sup>3</sup> The Disability Discrimination Act 2005 (DDA)

## 2 Priorities for Improving the Safeguarding of Disabled Children in Bromley

The priorities for safeguarding disabled children in Bromley draw directly on the Government's *Safeguarding Disabled Children Practice Guidance* and are set out below. This strategy focuses on the areas where continued or further work could be undertaken to strengthen safeguarding arrangements across all agencies.

It is apparent that there is insufficient information about the definitive number of disabled children in Bromley and the population for whom there is a safeguarding concern. This should be addressed in taking forward the following priorities.

As a minimum standard, **all agencies** should:

- Ensure all policies and procedures of service providers reflect best practice in safeguarding disabled children. This includes provision in universal settings as well as specialist settings for children with disabilities.

**Accountability structures** should be reviewed, in particular:

- The safeguarding of disabled children across services, which should be subject to regular review.,
- Clarifying the responsibilities and systems and bring processes up to an agreed structure:
  - i. as disabled children transfer to adulthood
  - ii. for disabled children living away from home

**Training needs** should be kept under review.

- The BSCB should ensure that the local Safeguarding Training Strategy and its own training provision appropriately address the safeguarding of disabled children and young people and their particular vulnerability and is applicable to universal as well as specialist services.
- Agencies should consider training/resources to increase the skills of professionals who work directly with disabled children and young people who are non-verbal.

**Commissioners** should ensure that:

- Commissioning arrangements should conform to agreed safeguarding standards and ensure that provision provides safe and appropriate care. This will include placements, direct payments and short break services for disabled children but this list is not exhaustive.

All agencies should prioritise **communication and engagement**, in particular:

- Communication and awareness-raising around the particular need to safeguard disabled children and young people.
- Consultation with and engagement of disabled children and young people and their families in service planning, commissioning and evaluation, to minimise risks of abuse and to ensure services meet their additional needs.
- Communication with disabled children by staff working with them, or for staff to be able to access appropriate support to communicate with them. This may include interpreting services and specialist communication services.
- To highlight bullying of disabled children in schools as a priority area to address in each schools' anti-bullying strategy.

### **3 Evaluation and Accountability**

As set out in *Working Together to Safeguard Children DCSF 2010*, safeguarding boards have a duty to monitor and evaluate safeguarding arrangements.

BSCB will keep the implementation of the strategy by agencies under review including through the Section 11 arrangements audit process, where specific reference is to be made to this area of safeguarding.

All agencies have a responsibility to address inclusion and diversity issues in their safeguarding practice and to audit their practice. The BSCB will from time to time, wish to review agency policies, procedures and training plans to ensure that this aspect of safeguarding is being addressed.

The strategy will be reviewed in 3 years. The action plan will be developed and monitored by the Disability Strategy Group on a regular basis..

.

## **4 Appendix 1 - Contacts**

### **Referral & Assessment Team (East & West Districts)**

Old Town Hall  
30 Tweedy Road  
Bromley  
BR1 3FE

Duty Desks  
020 8461 7379 / 7404 / 7373

### **Disabled Children's Social Work and Short Break Team**

Joseph Lancaster Hall  
Civic Centre  
Stockwell Close  
Bromley  
BR1 3UH

Fax: 020 8313 4400

Tel: 020 8313 4511

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## **WORKING with NEGLECTFUL FAMILIES**

Guidance for Practitioners

Version 1  
October 2012

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## ACKNOWLEDGEMENT

This guidance has been developed using the Camden Safeguarding Children Board guidance – Working with neglectful families – Multi-Agency Guidance (2007).

The Bromley Safeguarding Children Board (BSCB) thanks Camden Safeguarding Children Board for allowing use of their guidance.

## 1 WHAT IS NEGLECT?

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- 1.1 Bromley Safeguarding Children Board (BSCB) has adopted the definition of neglect as outlined in *'Working Together to Safeguard Children'*, a guide to inter-agency working to safeguard and promote the welfare of children (DfE 2010):

*Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse.*

*Once a child is born, neglect may involve a parent or carer failing to:*

- *provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *protect a child from physical and emotional harm or danger;*
- *ensure adequate supervision (including the use of inadequate care-givers);*
- *ensure access to appropriate medical care or treatment.*

*It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.*

- 1.2 This is the definition of neglect that has to be satisfied for a child's name to be subject to a child protection plan. However, in practice there is likely to be a continuum of neglect from the reactive and short term to the chronic and severe. It is important that families who may be showing early indicators of neglect are carefully assessed and provided with appropriate services to prevent the difficulties becoming entrenched and accumulative.

## 2 WHY DOES CHILD NEGLECT MATTER?

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- 2.1 Unfortunately there is frequently a perception that neglect is 'less serious' than other forms of child maltreatment and secondary to these 'more serious' forms of abuse such as physical and sexual abuse. However research demonstrates that neglect, in its own right, damages children's development and diminishes their opportunities in life.
- 2.2 *The Framework for the Assessment of Children in Need and their Families (DoH 2000)* identifies seven elements of child development: health, education, emotional and behavioural development, identity, family and social relationships, social presentation and self-care skills. Neglect can adversely affect any or all of them and includes the following:
- Persistent neglect has significant neuro-developmental consequences with the potential to affect all areas of cognitive, social and emotional functioning.
  - The insensitive parenting that does not respond to a baby's cues and which is often found in neglectful families has been linked to non-organic failure to thrive in babies and young children and to injuries, even fatalities, resulting from lack of supervision.

- Neglected children tend not only to do less well in terms of academic outcomes but also have more discipline problems, school exclusions and likelihood of repeating years. These difficulties are likely to begin in primary school and both continue and deteriorate in secondary school.
- The lack of parental engagement and stimulation can result in children developing a lack of self esteem and accompanying lack of belief in themselves.
- Children who experience neglect are likely to develop insecure attachments and lack effective social skills.
- Neglected children can become socially isolated due to their presentation and hygiene as it can make them less likeable and attract ostracism. This in turn can further undermine the social skills required for social inclusion.
- Neglect is likely to undermine the development of a secure base, good self esteem and a sense of self- efficacy. This leaves a child less resilient and more vulnerable to adversity.

“... Some children are especially vulnerable to neglect. Amongst them are children born prematurely or with very low birth weight, children with disabilities, adolescents, runaways, children in care, asylum seeking children and refugee children...”

NSPCC (August 2012), Neglect Guidance

### **3 WHAT ARE THE TRIGGERS THAT SHOULD LEAD PROFESSIONALS TO CONSIDER USING THE COMMON ASSESSMENT FRAMEWORK (CAF)**

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- Evidence that the child’s basic needs for food, warmth, shelter, safety etc. are not being met.
- Parents who are presenting themselves as needing help.
- Awareness that the family may need a multi-agency team around the child to address the issues.

### **4 WHAT ARE THE TRIGGERS THAT SHOULD LEAD PROFESSIONALS TO CONSIDER MAKING A REFERRAL TO CHILDREN’S SOCIAL CARE?**

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- Evidence that the child’s basic needs for food, warmth, shelter, safety etc., are not being met. e.g. inappropriate clothing in winter; left unsupervised in potentially dangerous circumstances; very young or inappropriate babysitters; children asking neighbours for food; presenting as hungry in nursery or school or stealing food /money on a regular basis.
- Dirty unhygienic environment – house over- run with pets, faeces not cleaned up, etc.
- Babies or toddlers left alone or inadequately supervised.
- Primary school age children frequently left alone or unsupervised in the house for periods of several hours.
- History of unexplained injuries to children, or a series of injuries with

unconnected explanations, which may indicate a lack of adequate supervision.

- Depressed, lethargic parents observed not to be offering adequate supervision.
- Evidence of adults in the household misusing alcohol/ drugs.
- Previous concerns about the care of other children in that family, or in another household where these adults have lived before.
- Parents with mental ill- health, chronic ill-health, physical disability, and / or learning disability who are struggling to care adequately for their children.
- Children whose non- attendance for medical treatment causes serious concern.
- Repeat episodes of being homeless or frequent moves of house.
- Long term non school attendance or not being registered with a school.
- Children involved in anti- social behaviour and beyond the control of their parents.

“... Research shows that practitioners frequently have different understandings of what constitutes neglect and find it difficult to decide at what point a referral should be made (Howarth 2005). Neglect is a notoriously complex issue to deal with: practitioners can feel overwhelmed by the enormity of a neglectful family’s needs. The Munro Review (2011) called for more effective inter agency working and for empowering social workers with the skills and confidence to act in the best interests of the child...” (NSPCC, Neglect Briefing August 2012)

NSPCC (August 2012), Neglect Guidance

## 5 WHAT IT WILL BE HELPFUL FOR CHILDREN’S SOCIAL CARE TO KNOW

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- What evidence is there of an impact on the health and safety of the children? (facts and observations are important but it is equally important to talk through gut feelings and worries about children).
- What has happened that makes a referral necessary now?
- Why do you think this has come about, what might the causes be?
- What has been done to try and improve the situation?
- What other agencies know the family?
- Does the parent know they are being referred and what sort of help do they want or expect?

## 6 WORKING OUT A RESPONSE: THE ISSUE OF THRESHOLDS

---

- 6.1 On receiving a referral, Children's Social Care must work out its response which involves considering the child's circumstances to see whether it has met certain thresholds.

Thresholds are a key concept in all child protection cases and determine the following key "**when**" questions:

- When to define a case as family support or child abuse.
  - When to convene a Child Protection conference.
  - When to have a Child In Need plan or a Child Protection plan.
  - When to remove a child from his /her family.
- 6.2 The child protection as opposed to the Children In Need threshold is the point beyond which it becomes necessary for the local authority to take action because of concerns that a child may be at risk of being significantly harmed. However, apart from extreme cases, child abuse is not an absolute concept and thresholds are a socially constructed line which continues to move up or down depending on a variety of influences, for example new legislation, research on what is bad/good for children and local influences, such as findings from Serious Case Reviews. Most behaviour has to be seen in context before it can be considered to be abusive.

## 7 WHAT HELPS IN DECIDING THRESHOLDS?

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- Legislation and guidance.
  - Working Together to Safeguard Children (2010).
  - London Child Protection Procedures, 4<sup>th</sup> Edition (2011).
  - The Child's Journey in Bromley – A partnership model for providing services to support children and families in Bromley including the safeguarding thresholds guidance.
- Consultation and advice from managers and specialists.
- Knowledge about what is bad for children.
- Views of parents and children.

*The Child's Journey in Bromley* is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. It will assist practitioners in identifying a child's level of need (using the Bromley Continuum of Need) and what type of services/ resources may meet those needs. It also contains the Bromley threshold criteria for referrals to children's social care, to aid practitioners to identify those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.

## 8 SHOULD THE CASE BE IDENTIFIED AS A CHILD PROTECTION CASE UNDER SECTION 47 PROCEDURES?

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- 8.1 Decisions about Children's Social Care Child Protection thresholds regarding neglect share similar features to general Child Protection thresholds, but there are differences, given that neglect rarely has a precipitating critical incident. Whilst generally one incident would not provide evidence of neglect, it could if associated with minor physical abuse which does not in itself meet the threshold. All parents are imperfect at times in their standard of care. It is the chronic nature and /or the severity that justifies calling it abuse. Neglect often presents as a series of minor incidents or mounting concerns regarding the physical, emotional or behavioural presentation of the child. In such circumstances neglect should be a hypothesis which should be tested to determine if the threshold has been crossed. Evidence of neglect is built up over a period of time. The point at which the threshold is crossed in a particular family is a matter of professional judgement.
- 8.2 Following the initial assessment, and to determine if Section 47 enquiries should be carried out, the social worker needs to consider if there are allegations or reasonable suspicions of **serious** neglect? These may include:
- an accumulation of concerns that separately do not require Section 47 enquiries;
  - **persistent** failure to meet the child's basic physical needs (poor hygiene, clothing, nutrition);
  - **persistent** failure to protect a child from physical harm or danger (incl. teenagers who are at risk through a lack of boundaries);
  - **persistent** failure to ensure adequate supervision (incl. the use of inappropriate carers);
  - the parenting has resulted in, or is likely to result in the serious impairment of the child's health or development;
  - **persistent** failure to ensure the child's access to appropriate medical care or treatment;
  - the carer is **persistently** unresponsive to a child's basic emotional needs.

## 9 THE INVESTIGATION AND ASSESSMENT OF NEGLECT

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- 9.1 To understand why parents are neglecting their children a thorough investigation and assessment of the specific circumstances of each family is needed. This establishes the nature of the difficulties that underpin the neglect. The focus of the assessment is an analysis of the causes of neglect and identification of the intervention required to address these causes and not simply a response to the symptoms of neglect.
- 9.2 The failure to appropriately care for children is likely to be the outcome of complex interacting factors related to the individual parents, the way the family functions together and the wider social/community environment.
- 9.3 *The Framework for the Assessment of Children and their Families (DoH 2000)* helpfully provides a framework within which these issues can be addressed. However, care must be taken to keep all three 'sides' of the triangle in balance – that is, assessment needs to consider strengths and concerns within each of the domains and then how they interact. If equal attention is not given to all the domains of the triangle, the assessment will be lop-sided and distorted.

9.4 Additionally, Jan Horwath has developed a framework of prompts specifically focusing on neglect that link onto the Assessment Framework (please see below).

**Table 1 Horwath framework for assessing child neglect**

<b>Area of Concern</b>	<b>The child</b> <i>Consider:</i>	<b>The parent/carer</b> <i>Consider:</i>	<b>The outside world</b> <i>Consider:</i>
<b>Intellectual stimulation</b>	Level of school/ playschool attendance	Importance attached to educational activities and social opportunities	Engagement in learning at school/ pre-school
	Freedom to play with toys Time for play	Provision of toys and books and opportunities to use them	Access to activities outside home
	Interaction with adults and other children	Interaction and stimulation from carer Ability to listen and communicate with child	Relationships with peers
	Type of activities undertaken, for example, watch TV all day	Encouragement for intellectual development	Opportunities for extra-curricular school and social activities
	Particular educational needs of child	Recognition and ability to meet special needs	Provision of service to meet special needs
<b>Basic care- food, clothing, warmth and hygiene</b>	Appearance and quality of clothing, seasonal, fit and level of cleanliness and repair	Provision of clean fitting clothes appropriate for season Ability to recognise when child needs help with basic care, for example, dressing	Attitude of school and peers to the appearance of the child
	Physical presentation including level of cleanliness, condition of hair, body odour, skin infections, dental and optical care	Encouragement to or commitment to wash/bath child regularly Attitude to changing nappies regularly Treatment of infections	Condition of home, for example, human/ animal excrement, soiled bathroom, broken toilet, old/decaying food on floor, evidence of infestation
	Child's development using centile charts	Attendance at clinics, dentists, opticians etc	Child's development and ability to meet basic care needs in relation to peers
	Child's attitude to food	Attitude and ability to provide regular and balanced meals	Provision of food for school Attitude to food outside the home
	Whether child is warm/cool as appropriate	Ability to keep child warm/cool according to season	Warmth of house, for example, damp, source of heating, broken windows, bedding, financial ability to provide heating



**Table 1 Horwath framework for assessing child neglect (cont)**

<b>Area of Concern</b>	<b>The child</b>	<b>The parent/carer</b>	<b>The outside world</b>
	<i>Consider:</i>	<i>Consider:</i>	<i>Consider:</i>
<b>Medical care</b>	<p>Child immunised if appropriate</p> <p>Receiving necessary medical checks</p> <p>Child receiving any medical care as considered necessary by health professionals</p>	<p>Parents' attitude to immunisation</p> <p>Response to medical, dental and optical appointments, use of medication, treatments and therapies</p> <p>Commitment to meeting child's specific medical requirements</p>	<p>Ability to keep appointments through lack of transport, finance, child care commitments</p>
<b>Supervision</b>	<p>Child given appropriate amount of freedom dependent on age and ability, for example, left at home alone, playing in streets unsupervised, time of day when out playing</p> <p>Child's physical safety in the home</p> <p>Child protected from inappropriate behaviours, for example, domestic violence</p> <p>Child able to demonstrate appropriate behaviours according to age and ability, for example, anger management</p>	<p>Carer's ability to meet the child's needs for dependence/ independence and establish appropriate boundaries</p> <p>Carer's level of awareness of child's whereabouts</p> <p>Ability to recognise and provide protection against hazards in the home</p> <p>Ability and commitment of parents to demonstrate and model appropriate behaviours</p> <p>Ability to protect children from harm and danger</p> <p>Recognition and commitment to protecting child from unsafe adults/children, including siblings</p>	<p>Norm in the area for playing out, being left unattended etc.</p> <p>Home environment, for example, dangerous electric sockets, broken windows, no fireguard, hazards in garden, medication and alcohol kept out of reach of children</p> <p>Support network for child outside home in situations of domestic violence etc.</p>
<b>Attachment and affection</b>	<p>Child's feelings about themselves, for example, self-esteem, self-worth</p> <p>Sense of own identity taking into account culture and disability</p> <p>Attitude to parents/carers and significant others</p> <p>Response to others</p>	<p>Attitude of parents to child</p> <p>Value placed on the child</p> <p>Parents' ability to consistently demonstrate warmth, love and affection verbally, cognitively and physically</p>	<p>Child's positive relationships outside home</p> <p>Attitude of teachers to the child</p> <p>Attitude of significant others to child's identity</p> <p>Significant people in the child's life</p>

**Table 1 Horwath framework for assessing child neglect (cont)**

<i>Area of Concern</i>	<i>The child</i> <i>Consider:</i>	<i>The parent/carer</i> <i>Consider:</i>	<i>The outside world</i> <i>Consider:</i>
<b>Attachment and affection (cont)</b>	<p>Sense of belonging to family and other relevant groups</p> <p>Feelings of security</p> <p>Ability to praise and reward</p>	<p>Parents' emotional availability</p> <p>Appropriate physical contact, ability to make child feel important member of the family</p> <p>Ability to feed back on negative behaviour in a manner that encourages growth</p>	<p>Identity in out-of-home settings</p> <p>Activities that increase child's sense of self-worth</p>

The Horwath framework for assessing child neglect, from Horwath, J (2005), "Is this Child Neglect? The Influence of Differences in Perception of Child Neglect in Social Work Practice" in J.Taylor and B.Daniels (eds), "Child Neglect: practice issues for health and social care", reprinted with kind permission from Jessica Kingsley Publishers.

## 10 ASSESSMENTS: GOOD PRACTICE SUGGESTIONS

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### 10.1 *Pro-active assessment*

Concerns about the quality of care that a child is receiving need to be responded to in their own right. Neglect cannot be marginalised whilst waiting for a clear cut trigger – for example, an accident or incident of physical abuse - before intervening.

### 10.2 *Multi-disciplinary assessment*

Neglect cuts across children's lives in so many ways and has the potential to compromise most aspects of their development. Reder and Duncan (1999) identified the danger of professionals failing to share discrete pieces of information. The knowledge held by an individual agency may not, on its own, appear worrying but when collated, the overall picture may indicate a more significant level of concern and risk. Effective intervention therefore needs to draw on a range of professional perspectives. This is particularly so when parents have mental health difficulties, learning disabilities or misuse drugs or alcohol. The needs of such parents can fall between two services and professional dialogue about the parent's difficulties and the impact of these difficulties on the children does not take place.

### 10.3 *The value of chronologies and genograms*

It is important for all professionals to locate assessments within the context of the family's history. Given that chronic neglect is not a single event but a process or way of life that often spans generations it is necessary to establish a clear picture of the family's functioning, patterns of relationships and quality of childcare over time. Chronologies and genograms contribute to a baseline from which the seriousness of the problem, objectives for change and the plan of intervention can be established.

### 10.4 *Observation*

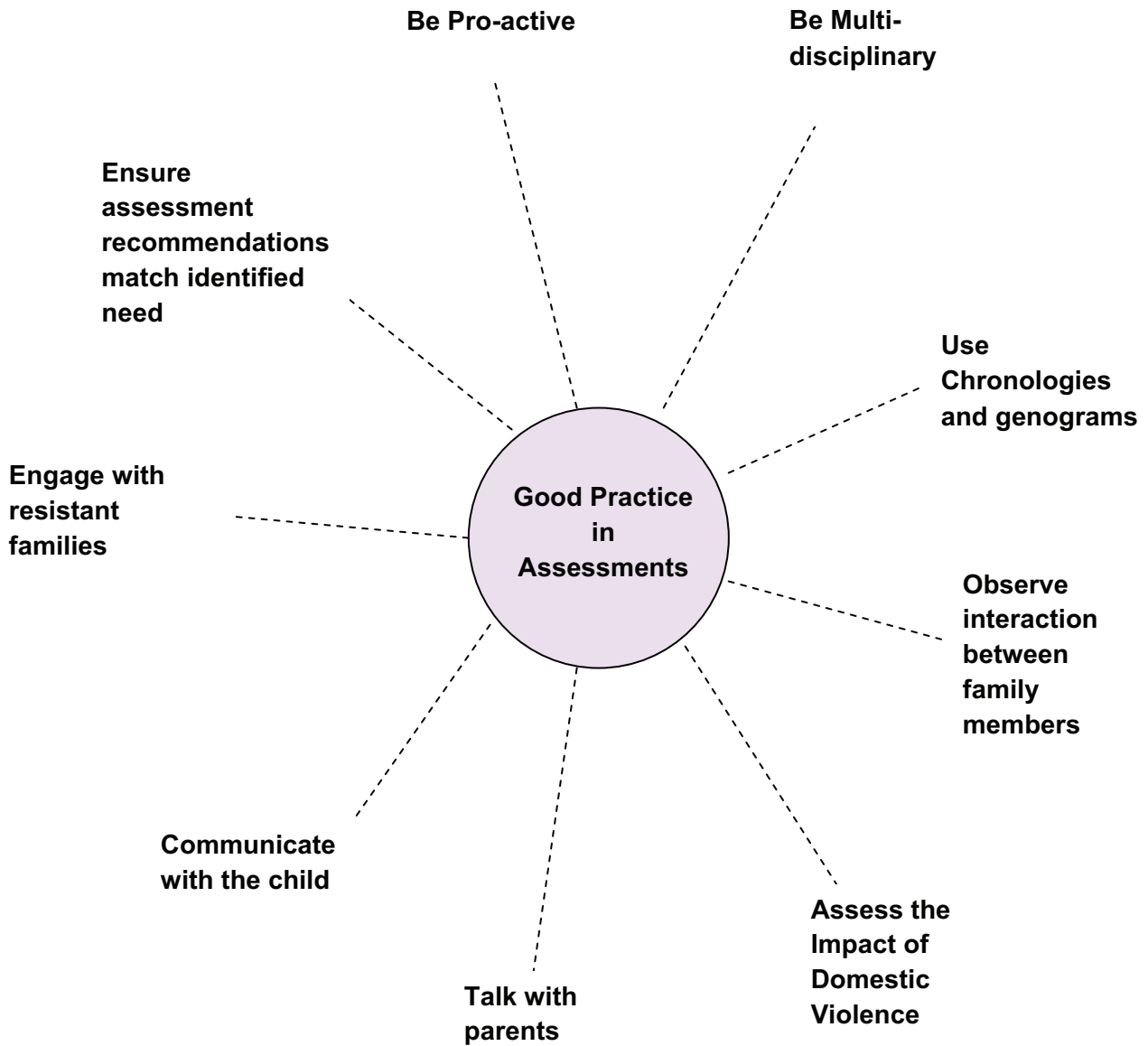
Direct observation of interactions between family members can generate valuable information about the actual care being offered to each child, which may not match with the parent's own perception and self-report. Observation can also help to understand family dynamics and develop a picture of the overall emotional tone of the home.

### 10.5 *Domestic Violence*

It is important when working with neglectful families that the impact of domestic violence upon the care given to the children is carefully assessed. In situations of domestic violence the child can often be neglected because the mother is 'not allowed' by her partner to spend sufficient time with them. Neglect may also be a consequence of the mother being incapacitated due to injuries she has sustained. Financial abuse and isolation may also be contributory factors. Here it is beyond her control all these factors need to be carefully assessed when developing a formulation for the cause of the neglect and an intervention plan that enables the appropriate support and action to be given.

## Good Practice in Assessments

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## 10.6 *Talking with parents*

Parents may find it difficult to talk about neglect and family life. It may be helpful to use tools which can prompt the conversation and reduce the focus entirely on the spoken word. Parents with learning disabilities particularly benefit from an approach that is practical, involves repetition or reinforcement and uses pictorial materials (see appendix). However in order to appropriately pitch your intervention it will necessary to consult with colleagues who know the parents or are located in the adult learning disability field.

## 10.7 *Engaging with resistance*

Resistance can be encountered when attempting to engage with parents about concerns for their children and this can be particularly so with parents who misuse substances; this group of parents form a significant proportion of all neglect cases (Forrester and Harwin, 2006). The biggest problem social workers identify in working with parents who misuse alcohol or drugs is the tendency by many parents to deny or minimise their misuse. Denial and minimisation are in part understandable responses to the situation parents find themselves in. Parents who misuse drugs or alcohol often feel ashamed by their behaviour and their inability to control their substance use and are likely to be very anxious about professionals becoming involved with their family. In particular they may also have the experience of social work intervention in their own histories, which creates an ambivalence towards, and anxiety about social workers. It is necessary in the early stage of working with parents to honestly and unequivocally discuss the risks their drug misuse poses to their children and the potential consequences of maintaining their current lifestyle. However there is strong evidence that resistance can be increased or reduced by the way in which professionals talk to people with substance misuse problems (see Miller and Rollnick, 2002). It is important social workers are aware of research evidence on how to do this.

Behaviours likely to **increase** resistance are:

- arguing or persuading;
- giving advice or suggestions when not asked for;
- appearing uncaring or more interested in procedures than people;
- not listening to the person's point of view or taking it seriously;
- raising concerns or problems.

Behaviours likely to **reduce** resistance are:

- recognising positives – workers who recognise positives as well as concerns are likely to be considered fair by parents.
- using reflective listening – particularly complex and summary reflections. It is very helpful if after listening to the parents for a while the worker tries to summarise what the parent has been saying. This is important because it demonstrates that the worker has been listening carefully to what the parent has been saying. It also provides an opportunity to check that the worker's understanding is correct.
- demonstrating empathy. There is substantial evidence that trying to understand the client's point of view and showing you care is central to good practice. In difficult situations, such as interviews where child protection issues need to be raised, it is more not less important that the worker demonstrates empathy. (Forrester 2006, personal communication).

However it needs to be acknowledged that in some situations despite skilled attempts to establish cooperation with parents they remain highly resistant. Here it will be necessary to be open and honest with parents but to be clear about one's personal and statutory authority including the implications of non-cooperation and continued lack of change in the children's circumstances. Given the chronic nature of neglect and the possibilities of staff changes it is important that there is a consistency in the approach to the family so that they are given the constant and reliable message that irrespective of the person in the professional role the expectation is that the children's circumstances must improve. It can be easy for workers to be beguiled by parents into thinking that the problems in the relationship were the responsibility of the previous worker and that the new worker is different. This may be so but it needs to be firmly tested in the context of the parent's ability to cooperate to meet the needs of their children.

#### 10.8 ***Communicating with the child***

Finding out about the child's experience in the home will involve spending time with the child in addition to observations. How you communicate with the child will depend on their stage of development and consideration should be given to age appropriate prompts, tools and toys that will help the child tell their story. See appendix for ideas and tools for working with children. In order to build a picture of the child's experience the following need to be addressed:

- Children should be seen within their family unit and on their own.
- The child's views should be sought in relation to where they would be comfortable to meet with you.
- Children should be spoken to and observed to determine the level of attachment they have to their parents and siblings and other members of the family.
- Consideration should be given to each child within the family. How are they different or similar?
- Are any of the children in this family more resilient than others to the care they are receiving and if so how? And why?
- Describe each child in terms of appearance and personality.
- List the strengths and positives of the relationships within the family.
- List any injuries the child has had chronologically including injuries that have been explained by the parent or carer.
- Remember that children may be reluctant to speak about their home life out of loyalty to their parents or anxiety about repercussions particularly in the early stages of the work and you are an unknown quantity. Developing rapport is essential. Your observations may be as crucial as anything the child may say to you.
- It is important to explain, in ways the child can understand, that you cannot guarantee confidentiality, and why this is necessary.

#### 10.9 ***Ensure assessment recommendations match identified need***

Each child and family requires a plan of intervention which reflects their particular needs. The plan must aim at tackling the causes and not simply the symptoms of the neglect and so formulaic responses must be avoided.

## 11 HAS THE THRESHOLD FOR CONVENING A CHILD PROTECTION CONFERENCE BEEN REACHED?

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- 11.1 Following all section 47 enquiries the social worker and their manager need to consider if a Child Protection conference should be convened. The reason for convening an initial conference is that concerns are substantiated and the child is judged to be at risk of continuing significant harm. To make the decision the social worker would need to look at:

### ***The nature of the harm***

- What has happened to the child?
- How severe is it?
- What is the history and pattern of the harm?
- Is it continuing?
- Is it improving/ getting worse?
- What are the views of the parent and child?

### ***Impact on the child***

- What aspects of the child's health and development have been affected?
- Is it significant?
- Is it continuing?
- What is the child's view?
- What is the nature of the child's attachment to the parent?
- What are the protective factors? For example, does the child have a good relationship in school or with a grandparent?
- What are the risk factors?
- Is the child particularly vulnerable to harm because of their age and special needs?

### ***The adequacy of parental care***

- Do parents have specific needs that interfere with parenting, for example substance misuse or learning difficulties?
- Do parents recognise the harm?
- Are parents willing to engage with the professional network?

### ***Capacity for change***

- What needs to change?
- What intervention has been tried in the past and what was the outcome?
- What does the personal/family history tell us about the capacity for change?
- Can change be achieved within a realistic timescale for the child?
- Is there a shared perception between the family and the professionals about what needs to change?
- If the family were provided with resources would it make a difference?
- Consider what will happen to the child if nothing changes.



## 12 INTERVENTION IN CASES OF CHILD NEGLECT

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### 12.1 *Co-ordination*

Given that neglect is likely to be the consequence of a number of interacting factors no one strategy of intervention will be adequate on its own. However the difficulties experienced by neglectful families can result in their becoming overwhelmed by the introduction of too many services and professionals. Intervention will therefore require careful coordination of services, delivered by as small a number of individuals as possible.

### 12.2 *Understanding crises*

Neglectful parents may experience frequent crises, whilst the crises will require a response it is important that intervention does not become crisis driven. Crises can become a means of avoiding the underpinning issues. It will be necessary to stand back and use supervision to think about what is being avoided in the work and address this in the work with the family.

### 12.3 *Using the relationship as a means of bringing about change*

The relationship between the practitioner and the family is at the heart of the process of change and can, and should, be central to the work with neglectful families. The requirement to work in partnership is an opportunity to develop a relationship with parents that they can use to learn about their parenting behaviour and discover new and different ways of bringing up their children. Many neglectful parents will have had difficult childhoods and will not therefore be able to draw upon their own experience to helpfully inform their own parenting. The relationship with a reliable professional is a chance to work through their own experiences and understand how they shape their parenting and support the development of different ways of responding to their children.

### 12.4 *Hands on work*

The entrenched nature of the difficulties and/or lack of confidence experienced by some parents will mean that advice and talking is not enough. This will be particularly relevant when parents have learning difficulties. Practitioners may need to model the changes required, visit regularly and follow up with supportive telephone calls. Video can be particularly effective when working on the parent-child relationship. Parents are able to see for themselves how they are experienced by others and the impact they have upon their child. The power of seeing themselves 'live' can be used to help parents get in touch with their own and the child's feelings and recognise the need for change. Self learning manuals may also be helpful in developing child care and child safety skills as they enable parents to retain a sense of control and self help but again will require regular follow up and if necessary practical modelling in reviewing progress.

### 12.5 *Objectives and reviews*

It can be very easy to be sucked into the way of life of a neglectful parent and unacceptable situations for children become accepted as normal. Here cases can drift without any real change taking place allowing the accumulative effects of neglect to undermine a child's developmental outcomes. Changes in staffing can result in decisions being delayed whilst new workers come to grips with a case. In this circumstance decisions become delayed and the child again drifts. It is essential that during the vulnerable period of a handover in social worker that



careful attention is given to briefing in full the new worker, including the provision of a detailed summary. In cases of neglect it is essential that clear objectives are set, that parents and professional share an understanding of what these changes will look like and timescales are established. In cases of chronic neglect it will take time to bring about change so it is important to establish realistic timescales but equally important to ensure that progress, or lack of it, are continually and openly reviewed. Consistently ask the question 'what will happen to the child if nothing changes?' if you are feeling stuck or uncertain review a chronology in supervision and consider a consultation with Quality Assurance.

## 12.6 **Supervision**

Supervisors should be acquainted with their agency Staff Supervision and Appraisal Policy. In the context of agency policy on supervision particular attention needs to be given by supervisors on the impact of chronic neglect on families which can result in practitioners become caught up in the family's way of life and failing to recognise the accumulative and insidious erosion of a child's well being. In these circumstances the supervisor needs to keep the worker's thinking about the family alive. They will need to ask practitioners to report in detail on visits and be prepared to robustly challenge the practitioner's perception of the situation. It is advisable for supervisors to undertake joint visits with the practitioner every six months to ensure that there is the opportunity for a fresh pair of eyes to review the children's circumstances.

## 13 **HAS THE THRESHOLD FOR CARE PROCEEDINGS BEEN REACHED?**

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- 13.1 If, following a comprehensive assessment and subsequent intervention, the child is continuing to suffer significant harm and the carer is responsible for the harm, legal proceedings should be instigated following legal advice. Remember that if you have followed this guidance you are likely to have a substantial body of evidence for proceedings. For the threshold to be reached there must be sufficient evidence to show that the child is suffering, or is likely to suffer significant harm as a result of the care provided by his/her parents. In neglect court cases it is common for difficulties to arise when trying to establish the detrimental effects of poor parenting, as many children develop strategies for coping. It is therefore crucial that professionals provide a real 'snapshot' of the child's daily life, in order to establish the grounds of significant harm. To do this, there must be a detailed chronology which gives the court a 'warts and all' picture, but this will only be achieved if the network concerned with the child provides the social worker with regular updates that can be included in the chronology.

## 14 **WHAT MAKES WORKING WITH CASES OF CHILD NEGLECT DIFFICULT?**

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### 14.1 ***An emphasis on 'incidents'***

Child protection work can often become focused on incidents and to operate with a narrow focus on the abusive episode and the assessment of the risk of significant harm. But neglect frequently manifests over time and may fail to provide a suitable 'trigger' incident, it is possible therefore that an incident based approach will not be responsive to the nature of child neglect. Also individual incidents may not reach the threshold for enquiries or intervention in their own right and the potential accumulative concern of a pattern of 'non-serious' referrals

may be overlooked.

#### 14.2 ***Becoming caught up in the family's way of life***

As said above the long-term and chronic nature of neglect can result in being drawn into the family's way of life and the worker no longer 'seeing' what is happening to the child and becoming quite 'stuck' resulting in drift. A consequence can be an unintentional and unconscious increase in the threshold of concern and formulaic response which do not really tackle the underpinning difficulties.

#### 14.3 ***Values and threshold***

Defining neglect can be problematic. Definitions exist but it remains a matter of personal and professional judgement whether a particular circumstance meets the threshold of neglect. This is a complex affair because judgements about neglect typically are value laden in terms of standards about adequate care and professionals can become hesitant about naming neglect.

#### 14.4 ***Rule of optimism***

In the desire to see change in cases of chronic neglect it is possible to become too optimistic too soon about small changes. It is necessary to ensure that any changes are significant, enduring and making a difference to the child's experience. Unwarranted optimism can result in the premature closure of cases or withdrawal of services which can undermine the family's capacity to make and sustain change.

## APPENDICES

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Below are listed some tools/ ideas which practitioners may find useful. In addition to these, Bromley Children's Social Care are also piloting PAMS (Parent Assessment Manual Software), a complete parent assessment application and the Assessment of Disorganised Attachment and Maltreatment (ADAM).

### Tools for Working with Parents

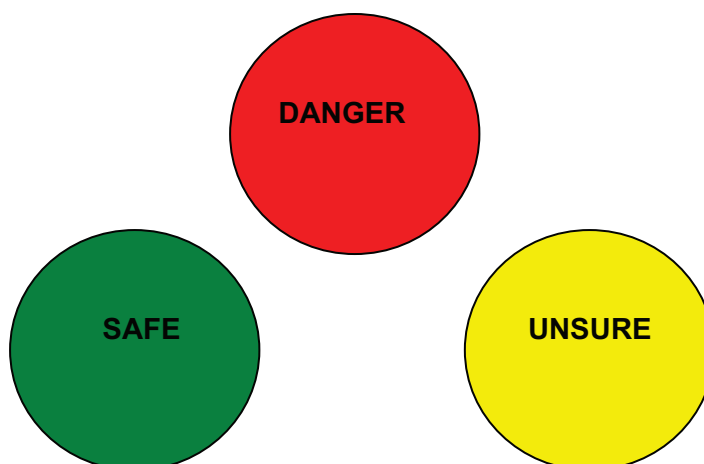
#### ***Assessing Parenting Capacity in respect of Ensuring Safety, Guidance and Boundaries***

Three circles cut out of different coloured paper / card:

- **One Red** - (on this one write Danger)
- **One Yellow** - (on this one write Unsure)
- **One Green** - (on this one write Safe)

Write on some small cards a set of scenarios (7-8) relating to the case, for example: "You have just moved house, your neighbour says they will baby-sit" Or "Your 7 year old son wants to go and play on a local park with 2 of his friends".

**Method:** Read out to ensure understanding, then ask the parent to identify which category they feel they should belong i.e. Red (danger) and place it on the circle. Encourage the parent / carer to discuss their reasoning and challenge any concerns their comments may raise.

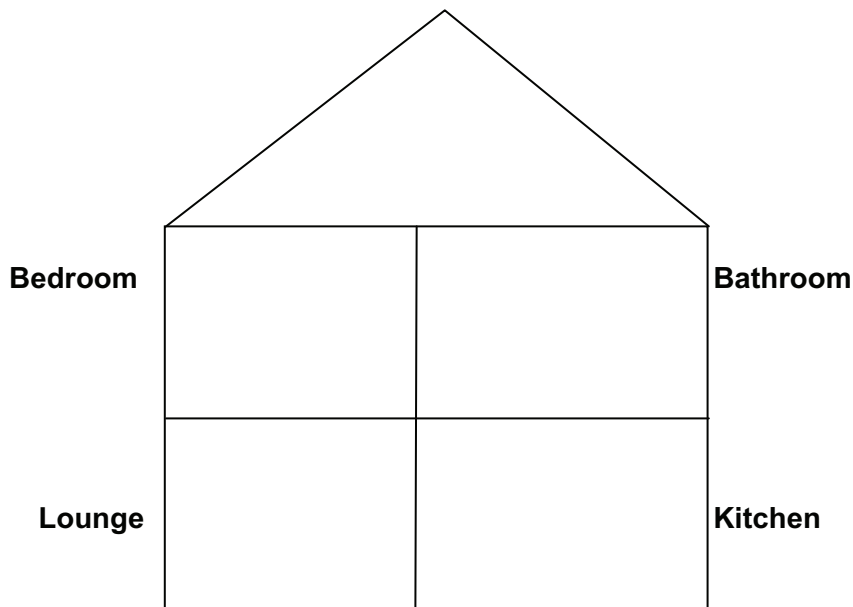


### ***Assessing Parenting Capacity in respect of Ensuring Safety***

This activity will enable workers to build up a perception of the parent / carers understanding of safety within the house. It also provides an opportunity to discuss any accident /injuries the child may have had and how they may be avoided in the future.

**Tools / Material Required:** large sheet of paper with the simple framework of a house / flat drawn on it. Mark on it the individual rooms known to be in the family home.

**Method:** Along with the parent / carer draw on or stick furniture representative of their home. By using the diagram, it will enable parents / cares to visualise the rooms in their house. The worker, through careful questioning can get the parent to talk about their awareness of safety in each room, plus storage of dangerous/risky equipment. This is especially helpful for parents / cares with learning difficulties who find free recall difficult and benefit from the use of visual prompts.



### ***Assessing Child Developmental Needs***

This tool will enable the worker to obtain a picture of the parent's / carer's perceptions of child development in relation to their child, for example, do they expect too much? Do they baby the child? Do they have an understanding of their child's developmental stages and what is within "normal" limits?

**N.B. This can successfully cover emotional development as well as physical**

#### **Tools/ Materials Required:**

- Copy of Mary Sheridan development checklist from birth to 5 years.
- Small cards onto which you can record extracts from the development records to represent expected achievements at a certain age. For example:
  - dry during the day
  - can drink from beaker
  - sits unsupported
  - can dress self

Plus a large sheet of paper divided into age sections i.e. 0-3 months, 4-6 months etc.

**Method:** make up achievement cards to cover a varying age range (some typically reflective of subject children's age). Read the card out for the parent and ask them to place in the section they see as age appropriate. Discuss with them why they feel they should be in that particular section.

### ***Assessing Parenting Capacity in respect of Ensuring Safety, Emotional Warmth, Stimulation, Guidance and Boundaries and Stability***

The "Needs Game" is a pictorial tool. It is intended as an aid in the assessment of a parent/carer's understanding of the needs of his/her child. The game provides a basis upon which to define the help that is needed and can be useful in identifying gaps in parenting capacity. It can also be used as a tool for monitoring the progress which is being made.

**Tools/ Materials Required:** the Needs Game

**Method:** choose the cards most appropriate from the pack that meet the needs of the child/ family. Get the parent/ carer to place them in priority – most important first. When all the cards have been placed get the parent / care to talk about why the child needs what is identified on the card, how they provided it. It also provides the opportunity to double check understanding, highlight with parents / carers any positives or concerns.

### ***Assessing Parenting Capacity in respect of Play, Stimulation and Education***

This activity encourages the parent/ carer to talk about what toys the children have now and what they like to play with, when they play, how, when and if they play with them. It is also a good way to discuss appropriate supervision.

**Tools/ Materials Required:** old catalogues such as Argos, Early Learning etc.

**Method:** present to the parents/ carers that they have:

- (a) a certain amount of money to spend, or
- (b) they can choose 2 toys for each child. Get the parent/ carer to look through the catalogues and identify what they would buy and why, plus what do they think the child would gain from it. Discuss finance and cheap alternatives to entertain children. From their comments it will be easy to determine if they provide any, or have an understanding of a child's need to play.

**N.B.** As previously stated, parents / carers with learning difficulties respond well to visual stimulation. If appropriate, you or they can whilst having the discussion, cut out the chosen toys and stick them on sheets of A4 paper with each child's name on.

### ***Identifying concerns/assessing all 3 domains***

The aim of this activity is to make sure the parent/s understand what the concerns are of the professional network/Child Protection Case Conference and to determine the potential for change.

**Tools:** make up some cards labelled with identified concerns relating to the case

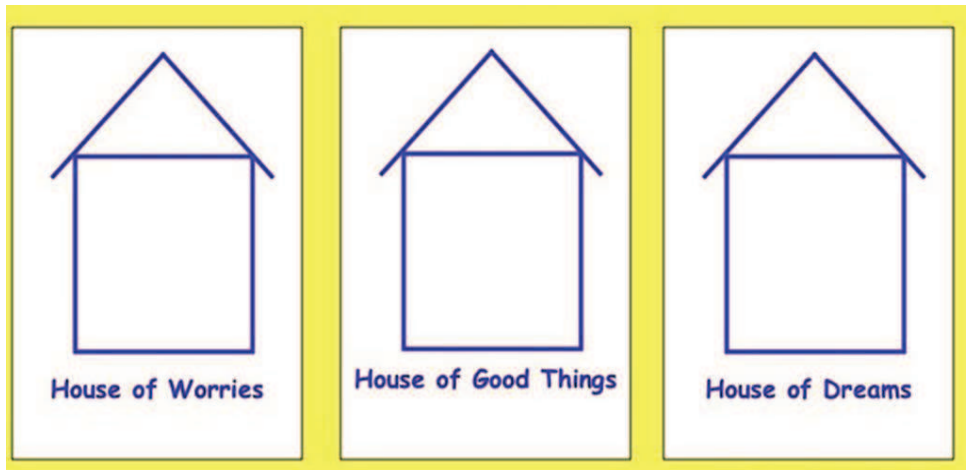
**Method:** read the recommendations of the Child Protection Case Conference, go over each point, and get the parent/carer to talk about their opinions. To use the cards, get the parents/carers, either singly or together, to place the cards with the concerns on in 2 piles – "high" concerns or "low" concerns. Encourage them to say why they feel this way and explore disagreements.

(Child Neglect: Practice Guidance for all agencies produced by Nottinghamshire and Nottingham City ACPCs.)

## Tools for Working with Children

### Three Houses

The Three Houses tool for interviewing children was first created by Nicki Weld and colleagues in New Zealand and recommended in the Munro Review of Child Protection: Final Report – A child-centred system (2011). This tool focuses on interviewing children through their own words and drawings focused on a 'house of worries', 'a house of good things' and 'house of dreams'.



### Family Tree

Drawing a family tree is a useful technique for illustrating relationships and attachments within the family. Paper and writing materials are made available and the child is asked to draw his family tree. The tree may be as simple or as complex as the child wishes. The worker can then use the tree as a starting point for discussion about what has happened to the family and what the child thinks about individuals and relationships within it. The worker may consider asking the following questions:

- Who did you draw first?
- Who is included or excluded from the tree?
- Who would you like to include? (perhaps relatives lost due to divorce, death, miscarriage, adoption etc)
- Who would you like to exclude? (perhaps rival siblings, step parents, hostile or abusing relatives etc)
- How would you change the tree if you could?
- Can you change it? If so, how?

The child's feelings, thoughts and perceptions about his family and individual relationships can be explored. Similarly the relationships existing within the family at the current time and in the past can be discussed giving the child an opportunity to say how he would like the family to be in the future. Ambiguities, uncertainties and anxieties stemming from his relationship with his family can be explored, discussed, and worked through.

## Eco Maps

The eco map is a useful tool for helping a child express their feelings about their circumstances, particularly in situations where the child's circumstances have changed including removal to foster carers. By concentrating on the "here and now" eco maps open the way for communication between the worker and the child and are thus useful as an initial interviewing tool.

The eco map should include symbols or drawings to represent important areas in the child's life – these can be accompanied by blank spaces and questions or incomplete sentences intended to act as a trigger for discussion between the worker and the child. A copy of the map is given to the child together with colouring materials. The child is asked to colour in the map and to complete the sentences in the spaces provided. The worker can encourage the child to talk about issues of current concern and his thoughts, feelings and wishes; the worker can also take this opportunity to provide information and reassurance concerning the foster home, his new school, and other important matters such as the whereabouts and welfare of other siblings and other relatives to whom he is attached.

The eco map should include a section on the child himself – his name, age, description etc. Other sections might include:

- The role of the worker
- The role of other agencies and procedures involved (such as magistrates and care proceedings)
- Siblings
- Friends
- Play-group, nursery or school
- Dreams and nightmares
- Likes and dislikes
- His feelings (particularly how he feels at the moment)
- The role of the foster parents and their relationship with the child's birth family (if applicable)





### **Space Chart**

Large sheets of paper and colouring materials are required. A large circle is drawn while the worker explains that no baby is born good or bad but has an empty space inside waiting to be filled up as a person goes through life. This strengthens the child's self image by reinforcing the view that s/he was not born "bad". The child is asked to think about the important people in their life – this can include friends, teachers, the worker etc. Areas of the circle are coloured in with the child's favourite colour denoting the warm feelings and positive experiences given by some individuals, and the least favourite colour denoting cold feelings and negative experiences. The size of each area indicates the relative importance of each individual to the child.

Over a series of sessions a space chart can be drawn to represent each significant period in his life. Usually charts will cover the years from 0-2, 2-5, 5-8, 8-10, 10-14, and 14-18. This will help the child to understand and validate their feeling about what has happened to him and the people who have played an importance role in his life. The worker can use the charts to discuss with the child their feelings about people now and how those feelings have developed.

While discussing the charts is it often helpful to have objects representing cold and warm feelings for the child to hold and manipulate. This provides a non-verbal outlet for the child's emotions and gives expression to deep-seated feelings. A ball of soft wool or cuddly toy may represent warm feelings while a sharp, prickly object, such as a ball of wool spiked with wooden straws, can denote cold feelings.

### **Children's Needs Game**

This tool consists of picture cards with a variety of images ranging from baby-feeding bottles, places of worship, money, friends, television, etc. the carer/carers are asked to consider the needs of their child/children and then to select ten cards that best represented their children's needs. They are then asked to prioritise the cards and explain why they thought it was important for the child/children to have this need met, the possible effect on the child/children if the needs were not met and how they met or intended to meet this need. It can be repeated by asking the carer to predict how the child/children need's change over time or in the context of special needs. It is a tool that can also be used with couples to identify roles in providing care, ability to prioritise, agree needs, work together etc. Similarly it can also be used with children, asking then to identify their needs and how they were met or not met by their carers.

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**A Strategy to Safeguard Children &  
Young People at Risk of or Experiencing  
Sexual Exploitation in Bromley**

March 2012

## **1 Introduction**

- 1.1 This multi-agency strategy for safeguarding children who are abused or at risk of abuse through child sexual exploitation (CSE) draws on government's supplementary guidance Working Together to Safeguard Children, *Safeguarding Children and Young People from Sexual exploitation*" (DCSF, HMSO 2009) and a government action plan *Tackling Child Sexual Exploitation* (DfE HMSO, November 2011).
- 1.2 The purpose of the strategy is to support the application and use of the *London Child Protection Procedure on Safeguarding Children at Risk of Sexual Exploitation*. The strategy supports a shared understanding of CSE, improved identification of CSE, and preventing harm through improved awareness of young people and their carers; and prevention through better intelligence.
- 1.3 In Bromley, a multi-agency child sexual exploitation working group has been established to address the needs of children and young people who are at risk of or currently experiencing sexual exploitation. Its focus is prevention and protection.

## **2 Local Context**

- 2.1 The prevalence of cases of exploitation in Bromley is largely unknown. Until now, there has been no local strategy in place across agencies to tackle the problem. This strategy proposes a multi-agency approach to promote awareness of sexual exploitation of children and to improve identification of cases.
- 2.2 To achieve this all professionals who come into contact with children and their carers need to be able to recognise child sexual exploitation and know what to do when they identify it.
- 2.3 This strategy's release is timely as Bromley takes advantage of a specialist sexual exploitation service provided by Barnardo's and jointly funded by Barnardos and London Councils. The recovery service will be available for a year between April 2012 - March 2013, providing direct work with children and young people aged 11-17 for a 6 month period for each. It includes group work and practical support such as access to sexual health services. The service is available to 8 young people and outcomes will be monitored.
- 2.4 To maximise the provision of this service, it is important that professionals recognise the signs of exploitation. The definitions and indicators described below are taken from national guidance and work undertaken by Barnardo's.

### 3 Definition

- 3.1 The sexual exploitation of children and young people can take many forms and occurs throughout the UK and in all parts of the world. This strategy uses the definition set out in government guidance and is set out in the supplementary guidance as follows:

*'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive something (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing and/or others performing on them sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. . Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social /economic and/or emotional vulnerability.'*

(DCSF, HMSO 2009)

- 3.2 The strategy is also informed by other key national reviews and reports including Barnardo's report *Puppet on a String: The urgent need to cut children free from sexual exploitation* (Barnardos January 2011), defined three board categories of child sexual exploitation:
- Inappropriate relationships
  - 'Boyfriend' model of exploitation and peer exploitation; and
  - Organised or networked sexual exploitation or trafficking
- 3.3 It is important for professionals to recognise that the exploitation of children can involve both boys and girls. The exploitation of boys is not fully reported or recognised (*Out of Sight, Out of Mind*. CEOP, 2011).
- 3.4 Victims of exploitation may be used as agents to recruit other children and young people and in some cases a young person may be both a perpetrator of sexual exploitation and also a victim of exploitation.
- 3.5 Sexual exploitation can be group and gang associated. Group associated sexual exploitation refers specifically to the number of perpetrators involved in the violence and abuse and is described as follows:

*'Sexual exploitation carried out by multiple perpetrators who are connected through formal or informal associations or networks between themselves or between victims. It can involve individual, repeat or multiple victims.'*  
Office of the Children's Commissioner, February 2012.

3.6 Gang associated sexual exploitation refers specifically to the motive of the violence and/or gang association of the perpetrator and/or victims, rather than the number of perpetrators involved. It is recognised that some young women who are associated with a gang can be sexually exploited as part of the gang culture such as initiation, paying debts etc. It is described as:

3.7 *'Sexual exploitation that involves one or multiple perpetrators who are themselves gang associated and where the CSE takes place as a form of introduction or inter-gang related violence.'*

Office of the Children's Commissioner, February 2012.

#### **4 Vulnerability Factors**

4.1 Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of signs that can indicate that a child may be being groomed for sexual exploitation. These indicators include:

##### **Telltale Signs**

- Going missing for periods of time or staying out very late
- Missing school regularly / truanting from school
- Association with older peers or adults older boyfriends or girlfriends
- Associations with gangs
- Appearing with unexplained gifts, new possessions or money
- Sexually transmitted infections or pregnancy
- Associating with other young people involved in exploitation
- Experience of domestic violence or family breakdown
- Substance or alcohol misuse
- Mood swings or changes in emotional wellbeing e.g. low self-esteem, self harming
- Disclosures made and withdrawn
- Experience of neglect, physical, sexual or emotional abuse
- Displaying inappropriate sexualised behaviour

- 4.2 There is a strong link between child sexual exploitation and children who go missing. Approximately 140,000 children go missing from home or care each year in the UK<sup>1</sup>. It is estimated that, as a result, a quarter of these young people are at risk of serious harm. For some young people it is one of the 'push' factors in them running away.
- 4.3 Children who are already deemed vulnerable and particularly those looked after by the local authority are at disproportionate risk of being sexually exploited. Those in residential care were particularly vulnerable to exploitation.
- 4.4 The link between trafficked children and child sexual exploitation is a recognised factor.

## 5 Roles and Responsibilities

- 5.1 It is the responsibility of all agencies, not only the Police, Local Authorities and Health Trusts to safeguard and promote the welfare of children and young people who are sexually exploited or at risk of exploitation.
- 5.2 Bromley Safeguarding Children Board's responsibilities are set out as for all LSCBs in the government action plan.

*“LSCBs have the key responsibility for ensuring that the relevant organisations in each local area co-operate effectively to safeguard and promote the welfare of children. The [statutory guidance] emphasised the importance of LSCBs ensuring that the needs of children and young people who have been or maybe sexually exploited and their families are considered as they:*

- *Plan and commission services*
- *Develop policies and procedures*
- *Ensure that appropriate training is in place*
- *Communicate and raise awareness; and*
- *Monitor and evaluate the work that is being done*

- 5.3 Expectations of key partners in taking forward the strategy are:

The Metropolitan Police Service in London at borough level and through the Child Abuse Investigation Command and Sapphire Unit play a central in gathering and acting on intelligence, conducting investigations and actively preventing abuse through apprehension of offenders. Within Bromley the Public Protection Desk will continue to monitor repeat missing children and bring them to the attention of social care and other partners. CAIT will consider a strategic response across boroughs in SE London as well as within.

Children's Social Care responsibilities include the identification of children in need and appropriate child protection referral where appropriate offering access to specialist support and recovery where needed.

Education staff can raise awareness among professionals and also children and young people in secondary schools. Child protection lead officers have an important prevention and identification role to play, in conjunction with other

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<sup>1</sup> Missing People 2009  
May 2012

agencies such as health and the police, to raise awareness among staff and young people.

Health service staff particularly those working in mental health services, sexual health clinics and in schools, can support identification of cases of CSE and become involved in prevention through raising awareness of the issue and education. In addition, they can aid the recovery of a young person through the regular checks and dialogue they have with young people.

Voluntary and community groups working with young people often provide therapeutic and practical support over a long term that is not provided by NHS services.

## **6 PRIORITIES**

6.1 There are several emerging priorities in Bromley regarding safeguarding young people at risk of CSE. It is clear that it will take the joint effort of agencies working together and sharing information to ensure that these are achieved. The priorities, which are described in more detail below, are as follows:

6.2

### **Bromley CSE Priorities 2012-13**

- Data collection to develop a profile of CSE in Bromley
- Raising awareness through training among professionals to aid prevention and support identification
- Raising awareness among young people general through universal services.
- Raising awareness among targeted groups of children and young people at an early age where relevant as a prevention strategy and to aid recovery
- Develop services/ agency responses to CSE to support young people's recovery in Bromley
- Establishing an effective accountability structure within the borough to review cases, services and the overall approach to tackling the issue.
- To train relevant professionals in key agencies on CSE.
- To ensure the issue is reflected in how agencies work together through procedures and protocols.

### **Developing a Profile of CSE in Bromley**

6.3 It is apparent that there is insufficient information about the number of young people affected by CSE across Bromley and the population for whom there is a safeguarding concern. Whilst it may be difficult to claim to know definitively the number of cases, a sense of the prevalence of CSE in Bromley is a key outcome for this strategy.

6.4 In 2012- 14 the BSCB will ask agencies to gather data on numbers of young people affected by CSE. The data profile should include age, gender, ward and whether known to social care. BSCB will support this exercise by providing a data return sheet.



- 6.5 The BSCB will also monitor indicators of CSE such as repeat teenage / young pregnancies, repeat missing from home/care, repeat young victims of domestic violence, repeat presentation at GUM and A&E. This should be presented to the BSCB Executive as part of the Safeguarding quarterly report.
- 6.6 The BSCB anticipates numbers of reported cases will increase as a result of its awareness raising campaign among professionals. Longer term, the numbers of cases are expected to reduce as a result of earlier intervention and better awareness.

**Awareness Raising and Prevention**

***Professional's knowledge and understanding of the issues and impact on children lead to improved identification and intervention.***

- 6.7 The BSCB wants to raise awareness about the issue and its impact on young people with professionals and through these means highlighting the issue to young people. Professionals being specifically targeted in this strategy include the youth service, youth workers, sexual health clinic staff, school nurses, voluntary groups working with young people, school designated child protection leads, the police schools safety and safer neighbourhood officers and public protection, social workers. This will ensure that professionals are aware of the issue and the signs of exploitation, know where to go for support and recognise their role in providing support to the young person.
- 6.8 Multi-Agency training will form a part of the communication plan. In addition, briefings with key teams will be undertaken.
- 6.9 CSE is currently addressed as part of basic safeguarding training provided to schools by the BSCB, and awareness of CP leads will be further raised through information on the schools circular system, the BSCB Newsletter, the Education Safeguarding Reference Group and meetings with Designated Leads.
- 6.10 CSE will be addressed as part of safeguarding training provided to health agencies and awareness will be raised through the Health Safeguarding Reference Group.

***Improved identification and awareness of the issue by young people. (Barnardos B Wise 2 sexual exploitation resources).***

- 6.11 Through raising awareness among professionals, the BSCB expect key agencies to enhance the confidence of their frontline staff to address CSE and healthy relationships with young people they work with.
- 6.12 Resources for young people should be made available. The BSCB will fund the provision of Barnardo's leaflets for young people in 2012-14. These will be targeted to specific services. BSCB will provide information on where to obtain leaflets and other resources.

### **Recovery Programme**

- 6.13 A multi-agency operational group to be established to screen cases and monitor progress. Membership should include:
- Social Care – Referral and Assessment Team, Teenage Support Programme, Quality Assurance and Safeguarding
  - The Children in Care team
  - Voluntary sector - Bromley Y
  - Oxleas - CAMHS service
  - Education – Local Authority Designated Officer
  - Metropolitan Police Service Child Abuse Investigation Team, Borough Police
  - Health - Designated Nurse For safeguarding, NHS Bromley
  - Youth Offending Team

### **The development of agency provision to underpin a recovery service for children and young people affected by CSE.**

- 6.14 It also involves the effective utilisation of Barnardos' targeted support for 8 young people locally who are identified as sexually exploited or at risk of CSE. The recovery programme is tailored to the young person's needs and can include intensive counselling and support for the young person and the family. The project commences on 1 April 2012 concluding 31 March 2013. Monitoring and evaluation of outcomes should inform training and inter-agency practice.

### **Accountability structures – multi-agency planning meetings**

- 6.15 The safeguarding of young people affected by CSE across services should be subject to regular review. Agencies need to agree how CSE can be monitored and reviewed on a regular basis. A CSE named lead within the borough has been identified as Virginia Read, GM Quality Assurance Unit, CYP and there is a lead and champion for the Borough, DCI Chris Smart MPS Child Abuse Investigation Team.
- 6.16 A regular multi-agency forum for the discussion of CSE cases will be established to review the management of cases and support multi-agency planning for the young person. Referrals to specialist CSE services will be reviewed and considered.

### **Training needs should be kept under review.**

- 6.17 The BSCB should ensure that the local safeguarding training strategy and its own training provision appropriately address the safeguarding of young persons at risk of CSE through improved recognition and knowledge of support services.

### **Policies and procedures**

- 6.18 Agencies should keep their policies and procedures under review and ensure that within this process where appropriate factors related to CSE are addressed. It is particularly important to consider this issue when reviewing children missing from home/ care; substance misuse, domestic violence, gang involvement or association.

## **7 Evaluation**

- 7.1 As set out in Working Together to Safeguard Children DCSF 2010, safeguarding boards have a duty to monitor and evaluate safeguarding arrangements. As such the BSCB will keep the implementation of the strategy by agencies under review through regular reports on progress on the action plan (see section 9). The safeguarding dataset and audits will also provide an opportunity to review aspects of the impact of the strategy through the BSCB Quality Assurance and performance Monitoring Group.
- 7.2 The BSCB will evaluate its training and the impact it is assessed to have on multi-agency practice, agencies are expected to evaluate their own training.

## Bromley LSCB CSE Action Plan

Work-stream/ action	Outcomes	Owner	Milestones	Delivery date	Update/ Comment
<b>Intelligence</b>					
1. Encourage and support partner agencies to develop methods of collection, analysis and use of data and intelligence in relation to Child Sexual Exploitation.	<p>a) Research models of information sharing and data capture – what and how to capture data on CSE</p> <p>b) A menu of data sources - police and partner (sexual health services; youth services; education etc)</p> <p>c) Identification of good practice problem profiling models/techniques to maintain ongoing assessment of and action to address CSE</p> <p>d) LSCB data collection tool.</p>	DCI Chris Smart MPS CAIT	BSCB issues brief guidance on data collection	Dec 2012	Source: ACPO d) - Can we produce a relatively few additional questions that agencies can slip into existing current data collection? November 2012
<b>Awareness and Prevention</b>					
2. Messaging and the Continuum of CSE	<p>a) A common definition and understanding of the continuum of CSE offending ,</p> <p>b) An explicit statement that CSE is Child Abuse</p>	DCI Chris Smart MPS CAIT	6. 3. 12 BSCB Strategy to BSCB Cttee	6. 11. 12 BSCB approve final Strategy - BSCB Cttee	Use existing descriptions in action plan to develop common language around CSE offending and its impact on cyp.
3. Library of materials	a) An accessible virtual library of CSE	DCI Chris Smart MPS CAIT	National programme		Draw on national/ regional resources for awareness raising.

Work-stream/ action	Outcomes	Owner	Milestones	Delivery date	Update/ Comment
	awareness materials comprising agile options for delivery (e-learning/ interaction; POLKA; videobox etc) b) Directory of key CSE research				Where unavailable develop local temporary material
4. Identify existing delivery mechanisms and materials to raise awareness to potential victims	a) A repository of resources for local policing teams and partners to utilise in community and schools to raise awareness b) identify resource/ video to be made available for schools / young people	DCI Chris Smart MPS CAIT		April 2012	Source: CEOP Locally training materials drawing on existing CSC material and materials including video from the police to be developed into a pack.
Risk Assessment					
5. Risk assessment tools	a) Identify available risk assessment tools b) identify appropriate risk assessment tools to be used within agencies within Bromley.	Sarah Turner (PCT)	Distribute/ share at awareness raising briefing sessions	April 2012	Using the London Supplementary procedures as a guide, adapt the Partnership document's assessment of need tool to illustrate its application in the case of CSE. Use this in briefings
Performance					
6. Monitor / assess performance	a) Identify and promote the use of monitoring tools to support the ongoing review of the	BSCB QA & PM Chair Dave Smith MPS Borough		April 2012- 2013	Local tracking of data until a national tool is proposed.

Work-stream/ action	Outcomes	Owner	Milestones	Delivery date	Update/ Comment
	prevalence of and response to CSE b) Identify and promote mechanisms/ reporting processes which aid the management and tracking of cases and promote shared accountability for outcomes				
<b>Supporting Victims</b>					
7. Indicators	a) Develop a menu of early indicators/ signs symptoms of CSE to inform identification and early intervention practices	NPIA	To support Barnardos Project March 2012	April 2012	LCPP signs and symptoms provides support for identification of impact on children and young people. Bromley can adapt to a easy-access menu.
8. Models of effective multi-agency practice	a) Identify models of effective practice on referral and multi-agency case management arrangements. b) Develop/ research models of effective intervention and exit strategies	BSCB Chair	2013		Effective local practice identified during year and disseminated along side any national findings. Appreciative study and seminar.
9. Case management	Multi-Agency Planning meeting run as part of MASH	R&A CSC MT & DS	MASH up and running April 2012	2012	Cases referred to and monitored by the regular MASH multi agency meeting.
10. Support agencies	Establish a directory of		December 2012	March 2013	

Work-stream/ action	Outcomes	Owner	Milestones	Delivery date	Update/ Comment
	support networks/ agencies which support intervention, debrief, preparation for court and long term support and exit strategies for victims/ potential victims and their parents		Barnardos Project final quarter and evaluation		
<b>Investigation</b>					
11. Journal of operational and investigative experience of child abuse and child sexual exploitation	a) E based journal of child abuse/ CSE policing activity, tactics and investigations to facilitate the signposting and exchange of professional practice  b) A toolkit of for investigators to assist in identifying tactical options to secure successful disruption and prosecution outcomes	CAIT ACPO			

# 1 Appendix 1 –

## Services & referrals

Children’s Safeguarding and Social care Referral & Assessment Team (East & West Districts) Old Town Hall, 30 Tweedy Road, Bromley BR1 3FE Duty Desks <b>020 8461 7379 / 7404 / 7373</b>
Child and Adolescent Mental Health Services Oxleas Tier 2, Phoenix Children’s Resource Centre (CRC), 40 Masons Hill, Bromley BR2 9JG <b>Tel: 020 8466 9988</b> <a href="http://www.oxleas.nhs.uk/site-media/cms-downloads/CAMHS_Bromley_parent_Apri_2011.pdf">http://www.oxleas.nhs.uk/site-media/cms-downloads/CAMHS_Bromley_parent_Apri_2011.pdf</a>
Metropolitan Police Bromley and Lewisham Child Abuse Investigation Team Third Floor, Marlowe House, 109 Station Road, Sidcup, Kent, DA15 7ES <b>020 8733 3692</b>
Metropolitan Police Bromley Public Protection Desk, Police Station, High Street, Bromley, BR1 1ER Non-emergency - dial 101 textphone 18001 101
Sexual Health Clinic, Beckenham Beacon 379 Croydon Road, Beckenham, Kent BR3 3QL Tuesday 11:00 - 13:30 15:00 - 17:00 (Young Person Clinic, ages 13 to 20 years only) <b>Telephone 01689 866622 (reception), 01689 866623 (clinic times recorded message)</b>
To locate your nearest child sexual exploitation service: <a href="http://www.nationalworkinggroup.org/services">http://www.nationalworkinggroup.org/services</a>
For advice and support for parents of sexually exploited children: <a href="http://www.cropuk.org.uk">http://www.cropuk.org.uk</a>
For support following sexual violence or assault: <a href="http://www.rapecrisis.org.uk/">http://www.rapecrisis.org.uk/</a> 0808 802 9999 (12 - 2.30pm and 7 - 9.30pm)
Support group for 16-25 year olds who have experienced a violent relationship <a href="http://www.oneinfour.org.uk">Contact us and locating us « One In Four UK</a> <a href="http://www.oneinfour.org.uk">www.oneinfour.org.uk</a>
Missing People a 24 hour helpline call: 0800 700 740
For confidential advice contact ChildLine: 0800 1111



## Resources

Safeguarding Children and Young People from Sexual Exploitation: Supplementary guidance to Working Together to Safeguarding Children DCSF 2009

*Cut them Free* Barnardos

*Be Wyse 2 Sexual Exploitation* – leaflets for young people

*Out of sight out of Mind: Breaking down the barriers to understanding child sexual exploitation* ( Child Exploitation and Online protection Centre (CEOP) June 2011)

*What's Going On: to safeguard children and young people from sexual exploitation: How local partnership respond to sexual exploitation.* S. Jago, L Arocha, I. Brodie, M. Melrose, J. Pearce, C. Warrington. University of Bedford October 2011.

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# Bromley Safeguarding Children Board Business Plan 2013-2014 Version 2 – March 2013

## Introduction

Bromley Safeguarding Children Board set out a 3 year business plan in 2011 to capture all key aspects of its work to improve multi-agency working to safeguard children and young people and to track its implementation and outcomes. Much has been achieved since then including:

- Delivery of an online learning portal for safeguarding children training
- Establishing strategies for safeguarding disabled children and young people who are at risk or who have been sexually exploited.
- A protocol to support the safe re-housing of young people who are affected by gang activity
- Raising the profile of neglect in Bromley

In November 2012, The Board agreed that a more detailed Annual Business Plan should be presented. Further work on the expression of outcomes within the plan was desirable in keeping with national developments in child protection. A revised Business Plan has been created to reflect this position.

The new plan takes account of the Professor Eileen Munro review of child protection and in particular how LSCB expedite their work to understand the impact of their work on outcomes for children. Bromley SCB welcomes this focus and the need to strengthen challenge within the local network of agencies and the need for on going in depth monitoring and evaluation.

This Business Plan is written in anticipation of revisions to government statutory guidance on Learning and Improvement within Working Together to Safeguarding Children and Young People. The consultation document set out an enhanced role for LSCBs in monitoring quality and effectiveness of safeguarding and child protection. LSCBs are expected to have accurate knowledge of the quality of safeguarding practice in their area. They are responsible for conducting and ensuring that the partnership understand, learn lessons from reviews and audits and that it oversees the implementation of improvements. Boards must have management oversight of child deaths reviews, management and case reviews, single and multi-agency audits, as well as serious case reviews. Learning should be published and disseminated by LSCBs and the impact assessed. Together with a training analysis and a comprehensive core training offer; regular monitoring of service performance; an understanding of organisational impact on individual professional performance; and sharing best practice the Board must drive improvement.

The Business Plan is divided into 5 work area themes.

- Leadership & Accountability - holding agencies to account and the Board having a strong strategic leadership on safeguarding
- Improve Safeguarding through Effective Communication – the role of promoting safeguarding and also good interagency working
- Monitoring & Quality Assurance
- Improving Outcomes for Children and Young People who have been Harmed or Abused or at Risk of Harm
- Listening to Children and Young People & improving outcomes

Area 1		Strategic leadership and accountability			
Description					
The main function of the Board is to hold agencies to account, scrutinising their arrangements and services to protect children from harm or abuse and prevent further harm/abuse. This requires a Board structure to facilitate this approach, supported by a multi-agency performance framework providing transparent information and feedback to agencies about the effectiveness of their individual and joint safeguarding practice.					
Ref	Action Summary	Outcomes	Milestones	Lead & Completion Date	Current Status (RAG)
1.1	Section 11 agency self assessments of safeguarding undertaken on a rolling basis and risk and issues addressed by Board.	Board provides effective scrutiny and challenge to ensure agency safeguarding arrangements are in place and work effectively to safeguarding children.	<ul style="list-style-type: none"> <li>Section 11 Audit Schedule agreed by QA&amp;PM – Mar 2013</li> <li>Agencies complete Section 11 Audits – every QA &amp; PM Ctte</li> <li>QA&amp;PM scrutinise audits at bi-monthly meetings - various</li> </ul>	BSCB Business Manager QA & PM Ctte  Throughout 2013-14	
1.2	Board to receive, comment and evaluate as appropriate Annual Reports from statutory agencies and from voluntary sector	Board members show strategic leadership through reviewing key statutory reports and plans and ensuring agencies are held to account for activities and outcomes. Strong partnership with voluntary sector in Bromley.	<ul style="list-style-type: none"> <li>Schedule of Agency Annual Reports agreed at QA&amp;PM – Mar 2013</li> <li>Board to scrutinise agencies Annual Reports – by Sept 2013</li> </ul>	All agencies  Ongoing 2013-14	
1.3	Develop BSCB Annual Report 2012-13	The Board is transparent and held to account by agencies and publically through publication of an annual report which reports on the joint work undertaken, its implementation and the impact on outcomes for children young people and what is to happen next.	<ul style="list-style-type: none"> <li>First draft of annual report completed – May 2013</li> <li>Annual Report considered by Board – Jun 2013</li> <li>Publication of Annual Report – Jul 2013</li> </ul>	Business Manager  July 2013	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

1.4	The Board reviews Inspection Report Action Plans/ Partnership Plans to ensure management oversight of agency safeguarding practice.	Board show strategic leadership and engagement through reviewing inspection reports, actions plans and partnership plans and ensuring agencies are held to account for activities and outcomes in relation to children's safeguarding.	<ul style="list-style-type: none"> <li>Schedule of agency inspection reports agreed at QA&amp;PM - Mar 2013</li> <li>Inspection Reports/ Action Plans considered by Board/ QA&amp;PM as appropriate</li> </ul>	All agencies  Throughout 2013-4	
1.5	Review Board structure to ensure it is fit for purpose for effective safeguarding leadership and to drive improvements in practice and outcomes.	Partner agencies work together to safeguard children and young people at a fuller range of levels. Safeguarding risks and issues are minimised through regular monitoring and managing risk and issues jointly across the partnership.	<ul style="list-style-type: none"> <li>Structure discussed at Awayday – Nov 2012</li> <li>Partners informed of new structure – Jan 2013</li> <li>Revised structure in place and functioning effectively – Mar 2013</li> </ul>	Business Manager  March 2013	Agreed by Executive. Due January 2013
1.6	Lay Membership of BSCB reviewed taking into account requirements in new Working Together to Safeguard Children 2013.	Key community & voluntary groups and its leaders are engaged fully in the work of the BSCB and play a part in the strategic direction and promotion of safeguarding in Bromley. Children attending voluntary /community groups are appropriately safeguarded because arrangements are in place.	<ul style="list-style-type: none"> <li>QA&amp; PM to review requirements of lay members – May 2013</li> <li>Review of lay membership completed – July 2013</li> <li>Ensure lay members are supported to discharge their duties – Aug 2013</li> </ul>	Business Manager  Aug 2013	
1.7	Develop a training strategy for 2013-14 focusing on training priorities.	Children & Young people who present with a safeguarding concern are protected by professionals, who know what to do to safeguard them. This is achieved through Board setting the parameters of training to support local priorities, improve practice and joint working. This is delivered through a core multi agency core training programme.	<ul style="list-style-type: none"> <li>Draft training strategy – Mar 2013</li> <li>Training strategy to be considered by Training Committee – Mar 2013</li> </ul>	Business Manager L&D Manager  April 2013	
1.8	Single Agency Safeguarding Training Plans considered by Board	Enhanced staff confidence and awareness of safeguarding leading to better protection of children through robust Single Agency Training. Training addresses any issues raised in	<ul style="list-style-type: none"> <li>Agency training plans collated – March 2013</li> </ul>	All agencies	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

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		SCRs/Case Reviews, audits, national or local concerns.		March 2013	
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Area 2 Improve safeguarding through effective communication					
Description					
The Board has a statutory duty under Working Together 2010 to promote safeguarding and child protection locally to prevent harm and abuse to children and young people. It has a responsibility to share key safeguarding and child protection messages with local partners and the public harm or abuse and prevent further harm/abuse.					
Ref	Action Summary	Outcomes	Milestones	Lead & Completion Date	Current Status (RAG)
2.1	Ensure BSCB website is an effective safeguarding information hub to share key safeguarding messages & learning with agencies in Bromley	Local agencies know about local safeguarding practice issues, training, where to obtain policies and procedures, information and key messages.	<ul style="list-style-type: none"> <li>Research other websites – Apr 2013</li> <li>Review content of BSCB website – May 2013</li> <li>Update &amp; re-design BSCB website – July 2013</li> </ul>	Business Manager  July 2013	
2.2	Safeguarding information and messages communicated regularly to partnership including promotion of BSCB protocols and guidance.	Local agencies safeguarding practice is improved through being kept up to date with safeguarding information and key messages from the BSCB.	<ul style="list-style-type: none"> <li>Regular newsletter developed and disseminated through Safeguarding Network – Mar 2013 / Jun 2013 / Sep 2013 / Dec 2013</li> </ul>	Business Manager March 2013 June 2013 September 2013 December 2013	
2.3	Scheduled communication events run by the BSCB to promote safeguarding and disseminate safeguarding messages locally	More children are safeguarded through improved awareness and through better multi agency working. Networking between agencies is enhanced through briefings. Practitioners informed of improvements.		Business Manager  Agreed dates throughout year	



BROMLEY SAFEGUARDING CHILDREN BOARD

2.4	Annual Safeguarding Conference will be held on a key local/regional/national safeguarding issue.	Evaluation indicates enhanced awareness and practice among professionals on the key safeguarding message addressed by the conference.	<ul style="list-style-type: none"> <li>Conference Key issue agreed – Mar 2013</li> <li>Conference Working Group set up – Mar 2013</li> <li>Conference arrangements put in place – Mar – Oct 2013</li> <li>Conference Held – Nov 2013</li> </ul>	Business Manager  November 2013	
2.5	Safeguarding Network will assist in communicating safeguarding priorities to frontline staff and will have improved contact with other agencies	Section 11 agency assessment shows that agencies are aware of local safeguarding priorities and demonstrate improved contact with other agencies.		Business Manager  December 2013	
2.6	Arrange briefings on Working Together 2013 and revised London Child Protection Procedures.	Professionals from across the multi-agency partnership are fully aware of the revised procedures to protect children from further harm or abuse and know how to apply the procedures within Bromley and in London.		HOS – Quality Assurance & Safeguarding  Business Manager  May 2013	Awaiting revised guidance
2.7	Ensure all agencies are aware of information sharing guidelines to enable information between partners to be shared effectively and securely in a timely and robust manner	All professional who work with children know how and when to share information with other professionals to keep children safe. There is effective sharing of information between partners in a timely and robust way.	<ul style="list-style-type: none"> <li>Ensure information sharing guidelines are incorporated into core multi-agency training – Apr 2013</li> <li>Review information sharing guidelines in light of Caldicott Review – May 2013</li> </ul>	Business Manager  July 2013	

Area 3		Monitoring & Quality Assurance			
Description					
<p>The Munro review of Child Protection challenged LSCBs to demonstrate how their work improved outcomes for children and young people and to ensure that LSCBs know how their work impacts on the outcomes for children. Changes to the Ofsted Inspection Framework and to statutory guidance Working Together (due in 2013) support this. In order to hold agencies to account fully for their safeguarding and child protection activities, all boards must have a robust performance management and quality assurance framework.</p>					
Ref	Action Summary	Outcomes	Milestones	Lead & Completion Date	Current Status (RAG)
3.1	Develop a Performance Management Framework for Bromley Safeguarding Children Board (BSCB).	Board members are assured of safeguarding practice within key agencies and across the safeguarding network through a programme of multi-agency case audits, regular review of data, single agency section 11 audits and evaluations, case reviews and management reviews undertaken to share learning from multi-agency safeguarding near misses ( i.e. where a case did not meet criteria for a SCR).	<ul style="list-style-type: none"> <li>Draft Framework considered by QA&amp;PM – Mar 2013</li> <li>Annual programme of multi-agency audits agreed – Mar 2013</li> <li>Single agency audit schedule developed – May 2013</li> </ul>	Performance & Improvement Officer Audit Group  April 2013	
3.2.	Review quarterly safeguarding dataset to include more multi agency data and to reflect outcomes.	Board uses analysis of trends to determine local safeguarding priorities, set policy and procedure among agencies and promote good practice.	<ul style="list-style-type: none"> <li>Review safeguarding dataset – Mar 2013</li> <li>Quarterly dataset produced and considered by Board – Apr 2013 / Jul 2013 / Oct 2013</li> </ul>	Performance & Improvement Officer  April 2013 September 2013 November 2013	
3.3	Establish a group with the appropriate expertise to conduct case reviews and multi –agency thematic or case audits. Multi Agency Audit Group will report to the QA &PM Committee	Learning from case reviews and audits shared with agencies and improvements in practice and services are made.	<ul style="list-style-type: none"> <li>Multi agency group set up – Jan 2013</li> <li>Performance Management Framework developed – Mar 2013</li> <li>Develop schedule of multi-agency audits – Mar 2013</li> </ul>	QA & PM  ongoing 2013-14	For further details see Performance Management Framework
3.4	Monitor and evaluate BSCB training to ensure it leads to improvements in safeguarding practice and outcomes	Children are appropriately protected by professionals who know and understand their respective roles and responsibilities in relation	<ul style="list-style-type: none"> <li>Evaluation forms for training developed – Mar 2013</li> </ul>	Business Manager L&D Manager	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

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	for children and family	to working together to protect children.	<ul style="list-style-type: none"> <li>• Pilot evaluation forms for training sessions and 3 months post training – Apr 2013</li> <li>• Develop quarterly training evaluation reports focusing on impact of training and outcomes for children and families -</li> </ul>	September 2014	
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Area 4		Improving Outcomes for Children and Young People			
Description					
Specific multi-agency policies, procedures, projects and interventions aimed at improving the outcomes for children and young people through effective multi agency safeguarding work.					
Ref	Action Summary	Outcomes	Milestones	Lead & Completion Date	Current Status (RAG)
4.1	Domestic Violence perpetrators programme to be evaluated and Board to support its continuation, if intervention is assessed to be effective	Fewer MERLINS, MARAC referrals and fewer incident notifications for families involved in programme. Reduced length of time children are subject to a CP Plan. Better engagement from fathers in CP Process. Fewer care proceedings relating to domestic abuse	<ul style="list-style-type: none"> <li>Evaluation of programme completed – Oct 2013</li> <li>Board to consider evaluation and future support of programme – Nov 2013</li> </ul>	Domestic Abuse Strategy Coordinator  November 2013	
4.2	Better identification and early intervention for children living with domestic violence.	Greater level of professional awareness of DV. Increased referrals for DV notified to Early Intervention and CSC over two year period. After three year period fewer notifications of children living with domestic violence by police leading to reduction of children with a child protection plan due to DV.	<ul style="list-style-type: none"> <li>Domestic Violence Training included as part of multi agency training – Apr 2013</li> <li>Fully operational MASH – July 2013</li> <li>After 18 months – lower numbers of children subject to domestic violence – Oct 2014</li> </ul>	Head of Service – Quality Assurance & Safeguarding  Oct 2014	
4.3	Implementation of Child Sexual Exploitation (CSE) Strategy and Action Plan by CSE Group	Young people experiencing SE are identified by professionals leading to initial increase in reported SE cases, referrals to CSC and a support service is available to them.	<ul style="list-style-type: none"> <li>Action plan developed by strategy group – Oct 2012</li> <li>Awareness raising of signs and symptoms amongst professionals – Feb 2013</li> <li>Develop monitoring on number of young people at risk of and victims of sexual exploitation – Sep</li> </ul>	Chair of CSE Strategy Group  December 2013	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

			<ul style="list-style-type: none"> <li>• Six monthly reports on progress to Board – Feb 2013 / Sep 2013</li> </ul>		
4.4	Establish Multi Agency Sexual Exploitation (MASE) panel to manage and review cases of SE.	Young people at risk of or experiencing SE are offered interventions early. Board has Multi agency oversight of SE. leads to early effective intervention with young people and their families where young people are at risk of SE or are experiencing SE. Board is assured of effective multi-agency working arrangements.	<ul style="list-style-type: none"> <li>• MASE Panel established – May 2013</li> <li>• Training and awareness raising within BHC by named nurse and YOT nurse -</li> <li>• Establish multi-agency intervention project with Barnardos to work with identified children – Sep 2013</li> </ul>	Chair of CSE Strategy Group  September 2013	
4.5	Develop a multi-agency plan around safeguarding Older Young People.	The Board is assured that safeguarding arrangements for older young people are robust and protects them from harm during the period of transition to adulthood and adult services.		HOS – Bromley Youth Support Programme  May 2013	
4.6	Continued roll out and dissemination of best practice on working with neglectful families	Children are not left in neglectful circumstance longer than need be as professional identify cases more readily and know how to work with such cases and are aware of when to refer to social care.	<ul style="list-style-type: none"> <li>• Multi-agency training on working with neglectful families commissioned – Apr 2013</li> <li>• Promote guidance and disseminate best practice working with early years providers – May 2013</li> <li>• BHC to commission further ADAM training for HVs and school nurses</li> </ul>	Business Manager L&D Manager Early Years Manager  May 2013	
4.7	Review report summarising number and outcomes for black and minority ethnic children and young people	BME children have equal access to early intervention safeguarding. BME are not left in harmful circumstances longer than necessary	<ul style="list-style-type: none"> <li>• Multi-agency re-audit of BME children subject to CP Plan – Feb 2014</li> </ul>	Head of Service – Safeguarding & Quality	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

	with a plan.	because professionals can identify safeguarding issues in communities and are confident in addressing them.	<ul style="list-style-type: none"> <li>Analysis to go to QA group – Feb 2014</li> </ul>	Assurance July 2013	
4.8	Board will review the changes to remand system through the introduction of the Legal Aid Sentencing and Punishment of Offenders Act 2012	Board will consider the potential implications for safeguarding children who are within youth justice system in Bromley.	<ul style="list-style-type: none"> <li>Report considered by Board – Feb 2013</li> </ul>	AD – Children's Social Care February 2013	
4.9	Strengthening Families approach to Child protection pilot is evaluated and rolled out more widely if deemed effective	Children, young people and their families report having a greater sense of ownership of child protection plans, leading to improved understanding of how they can effect changes, reduced time on a plan and fewer repeat plans.	<ul style="list-style-type: none"> <li>Strengthening Families Conferences fully implemented – April 2013</li> <li>Independent evaluation commissioned – Sept 2013</li> <li>Evaluation report to be considered by Board and lessons learnt implemented into practice – Nov 2013</li> </ul>	HOS – Safeguarding & Quality Assurance Nov 2013	
4.10	Full implementation and roll out of MASH	A fuller range of partners will be involved in early intervention work which will be better informed by shared information.	<ul style="list-style-type: none"> <li>MASH team established with full range of partners involved – Jul 2013</li> <li>Six monthly update reports on MASH implementation to Board – Jun 2013 / Nov 2013</li> </ul>	HOS – Referral, Assessment & Early Intervention July 2013	<ul style="list-style-type: none"> <li>Full time HV post established</li> <li>BHC looking at improving IT to improve joint working</li> </ul>
4.11	Review multi-agency protocol on children missing from home and care	There will be an effective collaborative safeguarding response from all agencies involved when a child goes missing.	<ul style="list-style-type: none"> <li>Multi-agency working group on missing children set up – Mar 2013</li> <li>Protocol update and agreed – May 2013</li> <li>Dissemination and promotion of Protocol – June 2013</li> </ul>	Business Manager June 2013	
4.12	Implementation of Tackling Troubled Families programme	Targeted resources across a range of services will be focused on the most vulnerable families	<ul style="list-style-type: none"> <li>Tackling Troubled Families Annual</li> </ul>	TTF Co-ordinator	

**BROMLEY SAFEGUARDING CHILDREN BOARD**

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		in Bromley and improved outcomes will be measured across a range of indicators.	Evaluation to be considered by Board	July 2013	
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Area 5		Listen to children and young people and their families			
Description					
Some groups of children & young people are particularly at risk of harm or abuse such as those with a disability, those living with domestic violence. Their lives are directly affected by the decisions of the Board and actions taken by multi agency staff. The voice of young people should inform policy, procedure, strategy and service improvements.					
Ref	Action Summary	Outcomes	Milestones	Lead & Completion Date	Current Status (RAG)
5.1	Mapping of partner agency tools and processes which obtain children's views on child protection services they receive and their involvement in them.	Board determines relevant sources of information to ascertain the views of children and young people from the across the multi agency network on the safeguarding and child protection services they receive.	<ul style="list-style-type: none"> <li>Map how views of young people are collated in Bromley – April 2013</li> </ul>	Business Manager Performance & Improvement Officer  April 2013	
5.2	Develop report on known views and experiences of children and young people and parents who come in contact with child protection/ safeguarding services and action plan for future engagement	Children and young people and parents experiences of safeguarding and child protection services as relates to specific issues influence BSCB decision making, policy and procedure.	<ul style="list-style-type: none"> <li>Collate views and experiences of children and young people – Apr 2013</li> <li>Draft report and develop action plan for future engagement – May 2013</li> <li>Board to consider report and action plan – Jun 2013</li> </ul>	Business Manager  Sept 2013	
5.3	Single Agency reports on views of children and young people and parents in relation to their safeguarding services.	Views of children and young people and parents from the across the multi agency network will be heard by Board members	<ul style="list-style-type: none"> <li>Schedule Agency reports to go to QA&amp;PM / Board – Mar 2013</li> <li>Agency reports considered by BSCB</li> </ul>	All  July 2013	
5.4	Multi agency working group to develop a framework for young people to participate in child	Young people will have the opportunity to contribute to decision making and see how decisions are made to increase their	<ul style="list-style-type: none"> <li>Multi-agency Working Group set up – Nov 2012</li> </ul>	GM – Quality Assurance, CSC	



**BROMLEY SAFEGUARDING CHILDREN BOARD**

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	protection conferences	understanding of safeguarding concerns. Professionals' will be able to understand the situation from the young person's perspective	<ul style="list-style-type: none"> <li>• Research views of young people – Jan 2013</li> <li>• Policy and information leaflets approved – Feb 2013</li> <li>• Report to Board – Feb 2013</li> </ul>	February 2013	
5.5	Develop links with Youth Council, Living in Care Council and other young people forums for engagement around safeguarding and set up mechanisms for young people to feed back views to Board	Views of children and young people heard	<ul style="list-style-type: none"> <li>• Identify key young people forums in Bromley – Mar 2013</li> <li>• Work with forums to identify ways they could work with BSCB – Sep 2013</li> </ul>	Business Manager  September 2013	

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April 2013 – March 2014

# **Inter-Agency Training Brochure**

## **Bromley Safeguarding Children Board**

March 2013



## Bromley Safeguarding Children Board

Room B40A, St Blaise Building, Civic Centre, Stockwell Close, Bromley, Kent, BR1 3UH  
[bscb@bromley.gov.uk](mailto:bscb@bromley.gov.uk)  
[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)  
020 8461 7816



## **Introduction**

Bromley Safeguarding Children Board (BSCB) is a statutory body with objectives and responsibilities set out in the Children Act 2004. It has a duty to ensure that all agencies in Bromley work together to safeguard children and young people from harm. The Board determines priorities that reflect local needs and regional and national safeguarding requirements. These priorities are set out in a Business Plan which is reviewed and updated annually and is available at [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org).

Local safeguarding children boards have a responsibility to monitor and evaluate the effectiveness of single agency and multi agency training to safeguard children, which is stated in *Working Together to Safeguard Children and Young People 2010* and which the Training Committee is responsible for undertaking.

In Bromley, the BSCB is responsible for drawing up and delivering an annual training programme in child protection. The programme is devised by the BSCB Training Committee which reports to BSCB's executive.

Each agency is responsible for ensuring that their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare. This includes ensuring staff have access to appropriate training and that the training is regularly updated at least every three years.

The Training Committee monitors the uptake of training and regularly evaluates its usefulness to ensure that it addresses the needs of staff, best practice and addresses local issues. At some stage you may be asked to comment in detail on the training you have received and its impact on your safeguarding practice. This helps improve future courses and arrangements.



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## Information for Course Participants

### Before you book a BSCB course!

A **prerequisite** for attending any of our training is that participants have received basic single-agency child protection training through their own agencies/or previous employment. If you have not received basic training you need to contact the following:

Education	LBB Bromley Education Welfare Service	020 8313 4152
	Lead Officer for Education BSCB – Denise Partridge (whole school training)	020 8461 7669
Health	Sarah Turner – Designated Nurse for Safeguarding	01689 880655 (x 2655)
Children’s Safeguarding and Social Care	Mary Nash Workforce Development L B Bromley	020 8461 4255
Community & Voluntary Sector	Judy Kimmins, Bromley Children and Families Voluntary Sector Forum	07917 221475
Early Years & Childcare	To be advised on separately at later date	020 8461 8911
Adult Safeguarding and Social Care	Sandra Walters Workforce Development L B Bromley	020 8461 7596
Bromley Mytime		01689 883804
E-Learning	BSCB website link	020 8461 7799

If you are an individual or are not a member of a larger agency, basic training is available through the London Borough of Bromley e-learning programme. To gain access to this training you need to email go to the BSCB website or copy this link into your browser  
[http://www.integratedworking.co.uk/melearning\\_login/Bromley.html](http://www.integratedworking.co.uk/melearning_login/Bromley.html)

### Applying for BSCB Courses

Before applying for a course you need to ensure that you have checked the course aim, learning outcome, target audience, and entrance requirements, in order to ascertain whether the course is appropriate for you.

You also need to talk it through with your manager and if agreed, complete and return the course booking form to LB Bromley Workforce Development (Safeguarding)  
[safeguarding.training@bromley.gov.uk](mailto:safeguarding.training@bromley.gov.uk).

Our courses are filled on a first-come-first serve basis, whilst ensuring that there is a good mixture of agencies.

If you have secured a place and given us your email address you will receive a confirmation letter and information about pre-course reading 2 weeks beforehand. If you are unsure, please call Workforce Development on 020 8461 7799 or email on [safeguarding.training@bromley.gov.uk](mailto:safeguarding.training@bromley.gov.uk)



### Accessibility

Training is provided at the Widmore Centre, Nightingale Lane, Bromley BR1 2SQ (unless otherwise stated) which is NOT wheel chair accessible. Please notify Workforce Development 020 8461 7799 if you have a disability or have any special requirements.

Attendees with communication needs or a disability will need to ensure that their agency makes provision for support during training. Please make Workforce Development aware if additional equipment or a person may be accompanying you.

### Charges

Courses are **free** to the voluntary sector, and to agencies that have contributed to the BSCB:

- London Borough of Bromley Staff
- Oxleas NHS Foundation Trust,
- Bromley Healthcare,
- NHS Bromley,
- South London Healthcare Trust,
- Metropolitan Police,
- London Probation
- CAFCASS
- Bromley Mytime<sup>1</sup> (pay the course charge as well as contributing to BSCB).

### Who pays for courses?

For all other agencies including, private organisations, companies, consultancies, schools and colleges the cost for training is £250.00 per two day course, £150.00 per day course and £90 for a half day course.

- There is a 10% discount for Bromley local authority maintained schools and voluntary aided primary schools.
- Significant discounts are available to registered early years providers such as nurseries, pre schools and childminders. Courses cost £50 for a half-day/day course, £100 for a two day course.

CAF courses are **not** subject to a charge.

### Cancellations

Please note **a cancellation fee applies to all of our courses**. It is essential that you inform Workforce Development if you are unable to attend. **Two working days notice** is required in order to avoid a cancellation charge. Cancellations **must** be confirmed by you in writing (eg email). This enables us to offer a place to someone on the waiting list.

**If you fail to attend without giving two days notification, your agency will be charged £150 for a half-day or one day course and £250 for a two day course. This also applies to individual applicants.**

### Certification

Certificate of Attendance will only be issued to participants who are present for the entire course. Candidates must sign the register, as without this, the certificate cannot be issued.

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<sup>1</sup> Except for Bromley Mytime, who have agreed to pay the course charge as well as contributing to BSCB.





Send booking forms to:  
Workforce Development Safeguarding.  
E91 East Wing  
Civic Centre  
Stockwell Close  
Bromley BR1 3UH  
**020 8461 7799 email: [safeguarding.training@bromley.gov.uk](mailto:safeguarding.training@bromley.gov.uk)**

**Training is targeted at practitioners:**

- Who have infrequent contact with children, young people and/or parents or carers who may become aware of possible abuse or neglect, such as librarians, GP receptionists, community advice centre staff, groundsmen, leisure assistants. *Group 1*
- Who are in regular contact or have intense but irregular contact with children, young people and/or parents/carer who may be in a position to identify concerns about maltreatment, including those that may arise from the use of the Common Assessment Form (CAF). *Group 2*
- Who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns to identify when there is a concern about the welfare of a child. *Group 3*
- With particular responsibilities in relation to undertaking Section 47 enquiries including professionals from health, education police and children's social care; those who work with complex cases and social work staff responsible for co-ordinating assessments of children in need. *Group 4*
- With professional advisers, designated, named and lead professionals and those with managerial responsibility at an operational level such as recruitment of staff, team management and decision making. *Group 5*
- Who have strategic management responsibility for commissioning and delivering services. *Group 6*

The London Safeguarding Children Board has produced guidance for agencies on safeguarding training for employees and volunteers setting out responsibilities for all organisations in [Competence Still Matters: safeguarding training for all employees & volunteers a guide to the responsibilities of all agencies London SCB 2011](#).

Look at the group categories below to help you when selecting training.



## Training Levels

<b>GROUP 1</b>	<b>GROUP 2</b>	<b>GROUP 3</b>	<b>GROUP 4</b>	<b>GROUP 5 &amp; 6</b>
<p>Staff in infrequent contact with children, young people and/or parents/carers who may become aware of possible abuse or neglect.</p> <p><i>Examples:</i> librarians, GP receptionists, community advice centre staff, parks &amp; premises staff, recreation assistants, environmental health officers.</p> <p><i>Training Content:</i> Basic Child Protection: Child abuse and neglect Signs and indicators of abuse and neglect Normal child development A child focus If you have concerns. BSCB e-Learning see pg 9</p>	<p>Staff in regular contact or have a period of intense but irregular contact, with children, young people and/or parents/carers who may be in a position to identify concerns about maltreatment.</p> <p><i>Examples:</i> housing officers, staff in hospitals, YOT, secure settings. Police (not in specialist child protection roles), sports &amp; leisure development officers, disability specialists, faith groups, community youth groups, play scheme volunteers.</p> <p><i>Training Content</i> Basic Child Protection Information Sharing Framework of Assessment Multi-agency working BSCB e-Learning see pg 9</p>	<p>Staff working predominantly with children, young people and/or their parents/carers and who could contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns.</p> <p><i>Examples:</i> paediatricians, GPs, youth workers, early years staff, residential staff, midwives, school nurses, health visitors, sexual health staff, teachers, probation staff, sports welfare officers, adult workers learning disability, mental health, alcohol and drug misuse services, community play schemes.</p> <p><i>Training Content</i> Group 1 and 2 plus: Multi-agency Working Impact of parenting issues Importance of family history functioning Working with Families; difficulty engaging and superficial compliance</p>	<p>Members of the workforce who have particular responsibilities in relation to undertaking section 47 enquiries.</p> <p><i>Examples:</i> professionals from health, education, police and children's social care; those who work with complex cases and social work staff responsible for co-ordinating assessments of children in need.</p> <p><i>Training Content</i> Group 3 plus: Section 47 enquiries &amp; collaborative practice Using professional judgement Taking emergency action Working with complexity Communicating with children.</p>	<p>Professional with responsibility for leading on safeguarding and providing advice and those running operational units</p> <p><i>Example:</i> professional advisers, named and designated lead professionals. Operational managers, practice supervisors</p> <p><i>Training Content:</i> As Group 4 plus: Promoting effective professional practice Supervision and advice Managing performance Other specialist training.</p>



## Safeguarding Children & Adults at Risk E-Learning Courses



### Great news!

You can now access 21 key safeguarding training courses on Me Learning's easy-to-use website – ideal as a refresher or as an induction for new staff and as a supplement to other types of learning.

These courses are aimed at professionals and volunteers who work or have contact with children, young people and their families and/or adults at risk.

Most courses take between 60 to 90 minutes to complete – but if time is tight, you can dip in and out multiple times and it will remember where you left off. You can log in at work or at home, whenever you want.

Successfully complete the simple quiz at the end of a course to gain your certificate, (you can have more than one go to try to get a higher score!).

The best bit is..... these courses are available **FREE** to all within Bromley.



### **Safeguarding Children**

If you have a Concern  
Child Abuse Introduction  
Emotional Abuse  
Neglect  
Physical Abuse  
Sexual Abuse  
Child in Need & Child Protection  
Background to Safeguarding Children  
Safeguarding Disabled Children  
Framework of Assessment  
Supporting Transitions

### **Safeguarding Adults**

Adult Safeguarding  
Mental Capacity Act  
Deprivation of Liberty Safeguards

### **General**

Domestic Abuse  
Assessment and Planning  
Responding to a Disclosure  
Information Sharing  
Data Protection and Human Rights  
Difficult Relationships and Conflict  
Conflict Styles and Resolution

#### How to register:-

- 1) Go on line and make sure you have access to your email account to register.
- 2) Type in the address:  
[http://www.integratedworking.co.uk/melearning\\_login/Bromley.html](http://www.integratedworking.co.uk/melearning_login/Bromley.html)
- 3) Click on the link at the bottom of the page and enter your email address.
- 4) Me Learning will e-mail a link to the self registration site, where you can create your own username and password. Enter the correct information in the following fields:-

Sector: use the drop down arrow to select the organisation  
Area: use the drop down arrow to select either **Adults** or **Children**  
Your registration key: enter **bromley**  
Company/Employer: enter **organisation, department and full work address**  
Once registration is complete you will be able to log on to complete courses in future with your User ID and Password.

If you have any general queries or problems accessing the site please e-mail:  
[helpdesk@melearning.co.uk](mailto:helpdesk@melearning.co.uk) providing your name, contact phone number and username.  
For details on face to face training contact [safeguarding.training@bromley.gov.uk](mailto:safeguarding.training@bromley.gov.uk)



## Safeguarding Courses

### Group 3 Safeguarding Children and Young People: A Shared Responsibility

**DURATION:** One-day

**AIM:** To develop knowledge, skills and the ability to work together on the processes for safeguarding and promoting the welfare of children, including those who are suffering, or at risk of suffering, significant harm.

**TARGET GROUP 3:** Those who work regularly with children and young people and adults who are parents/carers or have a period of intense but irregular contact. Staff members within this group have considerable professional and organisational responsibility for safeguarding and promoting children's well-being.

This training aligns with: Level 3 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document, 2010).

**OUTCOMES:** By the end of the training session training participants will be able to:

- demonstrates knowledge of patterns and indicators of child maltreatment and able to identify indicators of risk and need.
- describe, and contribute to, the processes outlined in *What To Do If You're Worried A Child Is Being Abused*, including the purpose of inter-agency activities and the decisions required at each stage;
- demonstrate skills in effective collaboration between agencies;
- detail the protocols and procedures to be followed, including the ways in which information will be shared across professional boundaries, within and between agencies, and be recorded;
- specify the precise roles and responsibilities of interagency professionals involved, including the way in which children and other family members will be involved;
- outline the timescales set down in the regulations and guidance that govern the completion of assessments, making plans and timing of reviews;
- be able to respond appropriately if they are unhappy with the response given by agencies following a referral or if they have further worries about a child.

**PREREQUISITES:** Attendees must have undertaken basic training before booking onto this course. The BSCB E-Learning is available see page 9 for access instructions.

**Refresher Training:** at least every 3 years

#### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
23 April 2012	9.30 – 4.30	Widmore Centre	Fola Ogunshola & Jackie Middleditch
11 June 2013	9.30 – 4.30	Widmore Centre	Jackie Middleditch &
12 September 2013	9.30 – 4.30	Widmore Centre	Jackie Middleditch & Yve Douglas
November 2013	9.30 – 4.30	Widmore Centre	
January 2014	9.30 – 4.30	Widmore Centre	
March 2014	9.30 – 4.30	Widmore Centre	



## Group 3 Refresher: Safeguarding Children and Young People: A Shared Responsibility

**DURATION:** One-day

**AIM:** To update knowledge and skills in how to work together on the processes for safeguarding and promoting the welfare of children, including those who are suffering, or at risk of suffering, significant harm.

**TARGET GROUP 3:** Those who work regularly with children and young people and adults who are parents/carers or have a period of intense but irregular contact. Staff members within this group have considerable professional and organisational responsibility for safeguarding and promoting children's well-being. They are likely to have been involved in contributing to assessments in the past 3 years.

This training aligns with: Level 3 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document, 2010).

**OUTCOMES:** By the end of the training session training participants will:

- Confidently contribute to the processes outlined in *What To Do If You're Worried A Child Is Being Abused*,
- Understand purpose of inter-agency activities and the decisions required at each stage;
- demonstrate skills in effective collaboration between agencies;
- confident in the application of the protocols and procedures to be followed, including the ways in which information will be shared across professional boundaries, within and between agencies, and be recorded;
- understand the roles and responsibilities of interagency professionals involved, including the way in which children and other family members will be involved;
- outline the timescales set down in the regulations and guidance that govern the completion of assessments, making plans and timing of reviews;
- be able to respond appropriately if they are unhappy with the response given by agencies following a referral or if they have further worries about a child.
- Confidently be able to maintain effective working relationships with professionals and families involved in CP processes.

**PREREQUISITES:** Attendees must have undertaken the full Group 3 course within the past three years.

**Refresher Training:** at least every 3 years

**DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
16 July 2013	9.30 - 4.30	Widmore Centre	Sarah Turner & Lorraine Latteman
December 2013	9.30 - 4.30	Widmore Centre	
February 2014	9.30 - 4.30	Widmore Centre	





## Group 4/5: Safeguarding Children and Young People: A Shared Responsibility (Advanced)

**DURATION:** Two-days

**AIM:** To enhance knowledge and skills and the ability to work together on the processes for safeguarding and promoting the welfare of children in complex and challenging situations.

**TARGET GROUP 4 & 5:** Those with a particular responsibility for safeguarding children. Staff within this group hold overall professional/organisational authority and a substantial degree of personal responsibility and autonomy to act on child welfare concerns.

This training aligns with : Level 4 & 5 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document , 2010).

**OUTCOMES:** By the end of the training session training participants will be able to:

- demonstrate a highly developed awareness of their own roles and responsibilities, and those of others, in safeguarding and promoting the welfare of children during the assessment, planning, intervention and review processes;
- describe, and be able to advise others on, when and how to share information on a child about whom they have concerns, with due regard to consent and confidentiality;
- describe the factors that may inhibit the recognition of concerns;
- recognise the impact of anxiety on effective inter-agency working
- demonstrate skills in inter-agency communication and consultation to promote positive outcomes for children and their families in all circumstances, including those where there is a difference of opinion.
- understand any timescales set down in guidance that govern completion of actions pertaining to children;
- demonstrate capacity for analysis and professional judgment through explaining the purpose and rationale for decision making and helping others to analyse and evaluate concerns, information and assessments when contributing to inter-agency judgments and decision making.

**PREREQUISITES:** Basic Child Protection Training. E-Learning is available via the BSCB see page 9.

**Refresher Training** at least every 2 Years for Education Establishments Designated Child Protection and Safeguarding staff - 3 years for other Agencies

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
7 & 8 May 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
3 & 4 July 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
9 & 10 September 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
6 & 7 November 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
15 & 16 January 2014	9.30 – 4.30	Widmore Centre	Rahana Hussain
4 & 5 March 2014	9.30 – 4.30	Widmore Centre	Rahana Hussain



## Group 4/5 Refresher: Safeguarding Children and Young People (Advanced)

**DURATION:** One-day

**AIM:** To enhance and update knowledge and skills required to work with complex safeguarding issues.

**TARGET GROUP 4 & 5:** Those who have completed the 2 Day Advanced or equivalent course within the past 2/3 years and who have a particular responsibility for safeguarding children. Staff within this group will hold overall professional/organisational authority and a substantial degree of personal responsibility and autonomy to act on child welfare concerns, including those where a child is or may be suffering significant harm.

This training aligns with: Level 4 & 5 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document, 2010).

**OUTCOMES:** By the end of the training session training participants will be able to:

- demonstrate an awareness of roles and responsibilities as they apply to safeguarding issues;
- understand the application of children protection procedures to safeguarding issues and
- update on systems needed for good practice.

**PREREQUISITES:** Has attended the Group 4, 2-day course within the last 2/3 years.

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
6 June 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
8 October 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
4 December 2013	9.30 – 4.30	Widmore Centre	Rahana Hussain
10 March 2014	9.30 – 4.30	Widmore Centre	Rahana Hussain



## Common Assessment Framework and Lead Professional Training (CAF)

**DURATION:** Half day

**AIM:** To understand the CAF and the role of the Lead Professional.

**TARGET GROUP 3 & 4:** Multi-agency training – for all staff who may need to complete common assessments or who need to have a working knowledge of the CAF.

CAF corresponds with Level 3, 4 and 5 (Safeguarding Children & Young People: Roles & Competences for health Care Staff – Intercollegiate Document, September 2010).

**OUTCOMES:** By the end of the training session training participants will be:

- able to understand the CAF and the role of the Lead Professional;
- able to complete an assessment and know how to seek consent from a family/young person;
- familiar with the CAF and relevant legislation;
- familiar with the role of the Lead Professional;
- aware of the process for undertaking a CAF within Bromley;
- able to confidently explain to a family the benefits of a CAF and
- familiar with the domains of the Common Assessment;
- able to understand where the CAF sits in relation to Bromley's Safeguarding Continuum of Need and Intervention

**PRE-REQUISITES:** Basic CP Training. E-learning is available from the BSCB see page 9 for access instructions.

**DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
22 April 2013	9.30 – 12.30	Widmore Centre	Gill Downton
2 July 2013	9.30 – 12.30	Widmore Centre	Gill Downton
26 September 2013	9.30 – 12.30	Widmore Centre	Gill Downton
3 December 2013	9.30 – 12.30	Widmore Centre	Gill Downton
7 February 2014	9.30 – 12.30	Widmore Centre	Gill Downton





## Refresher Common Assessment Framework and Lead Professional Training (CAF)

**DURATION:** 2 hours

**AIM:** To support those undertaking CAF assessments and acting in the role of Lead Professional to make the CAF process work for them and the families with whom they are engaged.

**TARGET GROUP 3, 4 & 5:** Those who work regularly with children and young people and adults who are parents/carers and those with a particular responsibility for safeguarding children.

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People: Roles & Competences for health Care Staff – Intercollegiate Document, 2010)

**OUTCOMES:** By the end of the training session training participants will:

- have an enhanced knowledge of the CAF process and how it is working in Bromley
- will have a better understanding of what makes a good assessment
- will have a clear understanding of CAF thresholds

**PREREQUISITES:** To have attended CAF & Lead Professional course within the last 3 years.

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
30 April 2013	9.30 – 11.30	Widmore Centre	Gill Downton
16 October 2013	9.30 – 11.30	Widmore Centre	Gill Downton
16 January 2014	9.30 – 11.30	Widmore Centre	Gill Downton
12 March 2014	9.30 – 11.30	Widmore Centre	Gill Downton



## Working with the Common Assessment Framework: How to Chair Effective Team Around the Child Meetings

**DURATION:** Half-day

**AIM:** To enable participants to feel confident about Chairing Effective Team Around the Child Meetings as part of the CAF process.

**TARGET GROUP 3, 4 & 5:** Those who work regularly with children and young people and adults who are parents/carers and those with a particular responsibility for safeguarding children.

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People: Roles & Competences for health Care Staff – Intercollegiate Document, 2010)

**OUTCOMES:** By the end of the training session training participants will:

- be confident about when to initiate a TAC
- be confident about the aims and purpose of the meeting
- be able to set the agenda for the meeting
- be confident in chairing the meeting

**PREREQUISITES:** To have attended CAF & Lead Professional course within the last 3 years.

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
9 May 2013	9.30 – 12.30	Widmore Centre	Gill Downton
12 November 2013	9.30 – 12.30	Widmore Centre	Gill Downton



## Group 2/3/4/5: Domestic Abuse & Safeguarding Children

**DURATION:** One-day

**AIM:** To develop the knowledge and skill to work with children and families at risk of domestic abuse, to make use of safeguarding frameworks and be confident in multi-agency work around domestic abuse.

**TARGET GROUP 2/3/4/5:** Those who are in regular contact or have intense but irregular contact with children, young people and/or parents/carer who may be in a position to identify concerns about maltreatment, including those that may arise from the use of the Common Assessment Framework (CAF). (Group 2)

Those who work predominantly with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns to identify when there is a concern about the welfare of a child. (Group 3)

Those with particular responsibilities in relation to undertaking Section 47 enquiries including professionals from health, education, police and children's social care; those who work with complex cases and social work staff responsible for co-ordinating assessments of children in need. (Group 4)

Professional advisers, designated, named and lead professionals and those with managerial responsibility at an operational level such as recruitment of staff, team management and decision making. (Group 5)

The main focus of the training will be for those working directly with children or families, or for those supervising front-line staff.

This training aligns with: Level 3 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document, 2010).

**OUTCOMES:** By the end of the training session training participants will:

- Be aware of the situation in Bromley regarding domestic abuse and child protection
- Understand and be confident in applying the London procedures on domestic abuse
- Assess risk of harm to children using the Barnardos Risk assessment matrix which has been adopted by the BSCB and therefore by all agencies in Bromley
- Know how to raise concerns if they are worried about a child
- Know how to protect children through awareness of safety planning with a child, young person or their family.
- Be able to escalate concerns if they are unhappy with a response from another agency
- Know about services available in relation to domestic abuse.

**PREREQUISITES:** Attendees must have completed a general domestic abuse awareness training within the previous three years, or have completed the domestic abuse e-learning module see page 9

**Refresher Training:** at least every three years

**DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
22 May 2013	9.30 – 4.30	Widmore Centre	Clare Elcombe
27 February 2014	9:30 – 4:30	Widmore Centre	Clare Elcombe



## Strengthening Families: Signs of Safety

**DURATION:** Two days

**AIM:** To understand the origins, principles and key component features of Signs of Safety and how it will be used in Bromley to introduce the 'Strengthening Families' model of child protection conferences.

**TARGET GROUP ALL:**

**OUTCOMES;** By the end of the training session participants will have:

- To reflect on, recognize and celebrate existing best practice and see how Solutions-Focus and signs of safety approaches will build on, not replace it;
- To understand what a solution-focused approach is, its origins, key principles and link to signs of safety principles and practice;
- To understand the key tools of solution-focused practice and have an opportunity to practice them in a safe environment
- to support staff in changing the way they work to incorporate the new model

**PREREQUISITES:** To have undertaken Group 3 training.

**DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
25 & 26 June 2013	9.30 - 4.30	Widmore Centre	Damien Griffiths
12 & 13 February 2014	9.30 - 4.30	Widmore Centre	Damien Griffiths



## Safeguarding Young People from Sexual Exploitation

**DURATION:** One Day

**AIM:** To develop knowledge, awareness of the sexual exploitation of children and young people in relation to safeguarding.

**TARGET GROUP 3, 4 & 5:** This course is aimed at those who work predominantly with children young people, their parents/carers, including health clinical staff, voluntary and community workers, those in housing, probation, education, who may be in a position to identify concerns about abuse.

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document, 2010)

**OUTCOMES:** By the end of the training session training participants will have:

- Developed an understanding of the nature of sexual exploitation by identifying the vulnerability factors and risk indicators.
- Understand key terminology in relation to work on sexual exploitation and gain awareness that sexual exploitation can affect boys and girls and young people from all social and ethnic groups.
- Explore the main themes that cover the grooming process, power and control in abusive relationships, keeping safe and the law with young people regarding sex and relationships.
- Develop strategies to increase confidence in direct work with young people regarding sexual exploitation.
- Gain a basic knowledge about assessing risk in children and young people who are suspected of being at risk of child sexual exploitation
  
- Developed a basic understanding of the Bromley Strategy on Safeguarding Children and Young People at Risk of Harm through Child Sexual Exploitation

**PREREQUISITES:** Basic CP Training and acquainted with 'What to Do' and Assessment Framework.

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
14 May 2013	9:30 to 4:30	Widmore Centre	Barnardos
24 September 2013	9:30 to 4:30	Widmore Centre	Barnardos
4 February 2014	9:30 to 4:30	Widmore Centre	Barnardos



## The Impact of Parental Mental Health on Children and Young People

**DURATION:** Half-day

**AIM:** To develop knowledge and skills for safeguarding children whose parents have mental illness.

**TARGET GROUP 3, 4 & 5:** This course is aimed at those who work predominantly with children young people, their parents/carer, including health clinical staff, who may be in a position to identify concerns about maltreatment, including those that arise from the use of the CAF.

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People : Roles & Competences for Health Care Staff – Intercollegiate Document , 2010)

**OUTCOMES:** By the end of the training session training participants would have:

- explored how mental illness can affect parenting capacity and children’s development;
- examined their own practice of assessing risk to children whose parents experience mental ill-health and
- discussed how professionals from adult and children’s services can work together to ensure the best outcomes for children affected by parental mental ill health.

**PREREQUISITES:** Basic CP Training and acquainted with ‘What to Do’ and Assessment Framework.

### **DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
18 April 2013	9.30 – 12.30	Widmore Centre	Susan Webb
12 November 2013	1.30 – 4.30	Widmore Centre	Susan Webb



## Parental Substance Misuse and Safeguarding Children

**DURATION:** One day

**AIM:** To develop knowledge and skills for safeguarding children whose parents misuse alcohol and drugs.

**TARGET GROUP 3, 4 & 5:** This course is aimed at those who work predominantly with children young people and their parents/carer, including health clinical staff, community providers, police and probation, who may be in a position to identify concerns about child maltreatment,

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People: Roles & Competences for Health Care Staff – Intercollegiate Document , 2010)

**OUTCOMES:** By the end of the training session training participants would have:

- examined how substance misuse can affect parenting capacity and key stages of a child's development;
- considered trends from research and learning from Serious Case Reviews;
- explored the process of assessing risk and examine thresholds for intervention
- awareness of local services and referral pathways

**PREREQUISITES:** Basic CP Training and acquainted with 'What to Do' and Assessment Framework. E- Learning available via BSCB see page 9 for access instructions.

### DATES, TIME & VENUE:

Date	Time	Venue	Trainers
9 July 2013	9.30 – 4.30	Widmore Centre	Jane Walker
9 December 2013	9.30 – 4.30	Widmore Centre	Jane Walker



## Safeguarding Children in whom Illness is Fabricated or Induced

**DURATION:** One-day

**AIM:** To increase participants' understanding of fabricated or induced illness and recognition of good practice in this area.

**TARGET GROUP 3, 4 & 5:** This course is aimed at those who work predominantly with children young people, their parents/carer, including health clinical staff, who may be in a position to identify concerns about maltreatment. Those with responsibility for section 47 enquiries, those who work with complex cases and social work staff co-ordinating assessments. Lead, named and designated professionals.

This training corresponds with: Level 3, 4 & 5 (Safeguarding Children & Young People : Roles & Competences for Health Care Staff – Intercollegiate Document , 2010)

**OUTCOMES:** By the end of the training session training participants will be aware of:

- what constitutes fabricated or induced illness;
- their responsibilities regarding fabricated or induced illness;
- the challenges and complexities of working with families where there is suspected fabricated or induced illness and
- what to do when there is a case of fabricated or induced illness.

**PREREQUISITES:** To have attended Group 3 / Group 4 (Safeguarding Children: A Shared Responsibility)

### DATE, TIME & VENUE

Date	Time	Venue	Trainers
9 January 2014	9.30 – 4.30	Widmore Centre	Dr Adeoye





## Black and Minority Ethnic Families and Child Protection

**DURATION:** One-day

**AIM:** To increase the level of knowledge and confidence of practitioners when working with children and their families from black and minority ethnic backgrounds when there are child concerns about a child's welfare

**TARGET GROUP 3, 4 & 5:** All those who work predominantly with children young people, their parents/carer, including health clinical staff, who may be in a position to identify concerns around maltreatment or harm. Those with particular responsibility for undertaking section 47 enquiries, and those who work with complex cases and social work staff in the co-ordination of assessments of children in need. For named and lead professionals in safeguarding

This training corresponds with Level 3, 4, &5 (Safeguarding Children & Young People : Roles & Competences for health Care Staff – Intercollegiate Document 2010)

**OUTCOMES:** The training session will cover

- The extent and ways in which culture and issues of language, religion and ethnicity need to be considered when there are concerns about a child or young person
- An exploration of the meaning of different “cultural practices” in parenting and their relevance when assessing whether there is risk of harm to a child
- The extent and reasons why children from Black and minority ethnic groups are over-represented in the child protection system
- The meaning of “culturally competent “ practice in child protection work
- The implications for practitioners of working cross culturally (and with “sameness”) in child protection
- Features of good partnership practice with families, including the use of interpreters in children protection

**PREREQUISITES:** Have attended Group 3 or 4 (Safeguarding Children: A Shared Responsibility) training within past 3 years.

**DATES, TIME & VENUE:**

Date	Time	Venue	Trainers
19 November 2013	9.30 – 4..30	Widmore Centre	James Blewett



## Working with Perpetrators of Domestic Abuse

**DURATION:** Half-day

**Aim:** This half day workshop would seek to develop both the knowledge of and skills of practitioners when working with perpetrators of domestic abuse

**TARGET GROUP 3, 4 and 5:** This course is aimed at all those who work predominantly with children and young people and perpetrators of domestic abuse, including police; probation, youth justice; education staff, housing officers, voluntary and community workers, professionals working in the judiciary and court services and faith communities and their members:

This training corresponds with: Level 3, 4 &, 5 (Safeguarding Children & Young People : Roles & Competences for health Care Staff – Intercollegiate Document, September 2010)

**OUTCOMES:** The training session will cover:

- Assessment issues that need to be considered when working with perpetrators of domestic abuse, in particular the impact on children and young people of domestic abuse
- While recognising that not all perpetrators are men the majority are and therefore the workshop will consider fathering in the context of domestic abuse
- Safety factors for women and their children when working with perpetrators of domestic abuse
- Some of the strategies that perpetrators use to deflect professionals and how these can be managed
- Effective Interventions that can be used with perpetrators of domestic abuse, including how multi agency working
- Equalities issues, including working with same sex relationships and female perpetrators in situations of domestic abuse

**PREREQUISITES:** to have undertaken the BSCB e-learning course see page 9, or to have attended at least Group 3 (Safeguarding Children: A Shared Responsibility) or an equivalent multi-agency course in another Borough.

### DATE, TIME & VENUE

Date	Time	Venue	Trainers
7 October 2013	9.30 – 12.30	Widmore Centre	James Blewett



## Safeguarding Disabled Children: Protecting our most Vulnerable Children

**DURATION:** One day

**AIM:** To provide knowledge and improve confidence in protecting disabled children from harm or abuse. To explore working together effectively to promote their welfare and safety

**TARGET GROUP 3, 4, & 5:** Those who work regularly with children and young people and those with a particular responsibility for safeguarding children. In particular, health professionals, social workers, borough police and CAIT, voluntary and community organisation staff, education staff.

This training aligns with Level 3, 4, & 5 (Safeguarding Children & Young People : Roles & Competences for Health Care Staff – Intercollegiate Document, September 2010)

### OUTCOMES:

- Identify the barriers to safeguarding disabled children
- What makes disabled children and young people more vulnerable to abuse;
- Recognise the impact of abuse on the disabled child's and young person's development;
- Understand the specific difficulties that children and young people with disabilities may have in communicating what they are experiencing.
- Assessing risk when protecting disabled children and young people from harm.

**PREREQUISITES:** Basic Child Protection Training. Available via BSCB e-learning course see page 9 for access instructions.

### DATE, TIME & VENUE

Date	Time	Venue	Trainers
7 June 2013	9.30 – 4.30	Widmore Centre	Sujata Sharma Dawn Haughton
6 December 2013	9.30 - 4.30	Widmore Centre	Sujata Sharma Dawn Haughton



## Engaging Hard to Reach Families

**Duration:** Half-day

**AIM:** To explore some of the issues that present for professionals working together with a difficult to engage family and identify practices that will enable and support the relationships with both families and other professionals.

**TARGET GROUP 3, 4 and 5:** Those who work regularly with children and young people and those with a particular responsibility for safeguarding children. In particular, social workers from referral and assessment teams, borough police and CAIT, health professionals, voluntary and community organisation staff, education staff.

This training aligns with Level 3, 4 & 5 (Safeguarding Children & Young People: Roles & Competences for health Care Staff – Intercollegiate Document , 2010)

**OUTCOMES:** By the end of the training session training participants will:

- Be able to identify difficult to engage families;
- Learn how to communicate effectively with other professionals when dealing with concerns raised by these families;
- Identify joint working practices which will safeguard children in these families.

**PREREQUISITES:** To have attended Safeguarding Children: A Shared Responsibility Advanced or an equivalent multi-agency course in another Borough.

### DATE, TIME & VENUE

Date	Time	Venue	Trainers
22 October 2013	9.30 – 12.30	Widmore Centre	Susan Webb



# Safeguarding Course Application Form

## April 2013 - March 2014



To be completed by the Applicant

**PLEASE USE BLOCK CAPITALS**

<b>Please select sector type:</b>	
<b>Course Name:</b>	
<b>Preferred Date:</b>	
<b>Applicant Personal Details</b>	
<b>Surname:</b>	<b>Title:</b>
<b>First Name(s)</b>	<b>Sex:</b> Please select
<b>Disability and details of any special requirements:</b>	
<b>Applicant's Contact Address (Work or Home):</b>	
<b>Applicant's Contact Details:</b>	<b>Mobile Number:</b> <b>Home/Office Number</b> <b>E-mail Address</b>

<b>Name of Organisation:</b>	
<b>Job Title:</b>	
<b>Division:</b>	<b>Team:</b>
<b>Child Protection Lead:</b> Please select	
Please tick to confirm you have completed your agency's Child Protection Training and include date of your training if known. (Please note - you must complete this training before applying for a place on a BSCB Course.)	<b>Date Training Completed:</b>
<b>Name of Line Manager:</b>	<b>Cost Code:</b>
<b>Contact Details for Line Manager</b> (phone, e-mail and address of organisation):	



<b>Sector (please note - this information is essential):</b>	
<b>Education:</b>	Please select sector type:
<b>Early Years Community:</b>	Please select sector type:
<b>London Borough of Bromley: Employee No:</b>	Please select sector type:
<b>Private/ Commercial Providers:</b>	Please select sector type:
<b>Voluntary/Community Sector:</b>	Please select sector type:
<b>Health:</b>	Please select sector type:
<b>Justice:</b>	Please select sector type:
<b>Other (please state):</b>	

**IMPORTANT INFORMATION – please read before signing and returning this form:**

- **If you are allocated a place on the course of your choice, you will receive a letter of confirmation sent to the address you have specified above.**
- **If there are no places available, you will be notified accordingly and placed on a waiting list.**
- **Most of our courses are oversubscribed and therefore if you need to cancel your place, please ensure that you give us 2 working days' notice in writing (letter or e-mail) so that we can allocate your place to someone else. If you fail to do this, your setting will be charged £100 per day.**
- **Delegates need to be aware that they should arrive 15 minutes before the start time for registration and that there will be no admittance after 15 minutes of the start time.**
- **You agree to complete any pre-course work before attending this course if required.**
- **You agree to complete pre and post evaluation reports as requested for this course.**
- **Your Manager has agreed that you can attend this training course.**

**Applicant's Signature**

**Date:**

**Please return the completed application form to:**  
Workforce Development (Safeguarding), E91 East Wing, Civic Centre,  
Stockwell Close, Bromley, BR1 3UH  
Fax: 020 8313 4241 Tel: 020 8461 7799  
Email: [safeguarding.training@bromley.gov.uk](mailto:safeguarding.training@bromley.gov.uk)



## **Child Protection Courses Provided by Other Agencies**

**These are not BSCB courses.  
See individual course details for booking  
information**



## NSCL SAFER RECRUITMENT WORKSHOP

As soon as more information is available, you will be notified.

### NSCL Safer Recruitment Workshop

Booking Form: April 2013 – March 2014			
<b>TO BE COMPLETED BY APPLICANT</b> (all sections must be completed fully or the form will not be processed)			
<b>Course Code</b>		<b>Course Date</b>	TBC
<b>Title: Mr/Mrs/Ms/Miss/Dr</b>	<b>First Name:</b>	<b>Surname:</b>	
<b>Gender: (male/female)</b>	<b>Job Title:</b>	<b>Child Protection Lead:</b>	
		Yes/No	
<b>Organisation:</b>		<b>Sector:</b>	
		INDEP/STAT/VOL	
<b>Address for Invoice:</b>		<b>Department and / or Team</b>	
<b>Town:</b>	<b>Postcode:</b>	<b>Telephone Number:</b>	
<b>Email Address:</b>		<b>Fax Number:</b>	
<b>Do you have a Disability? If YES please explain</b>			

<b>TO BE COMPLETED BY APPLICANT'S LINE MANAGER</b>	
<b>Manager's Name</b>	<b>Manager's Signature</b>
<b>Telephone No./EXT:</b>	<b>Date:</b>

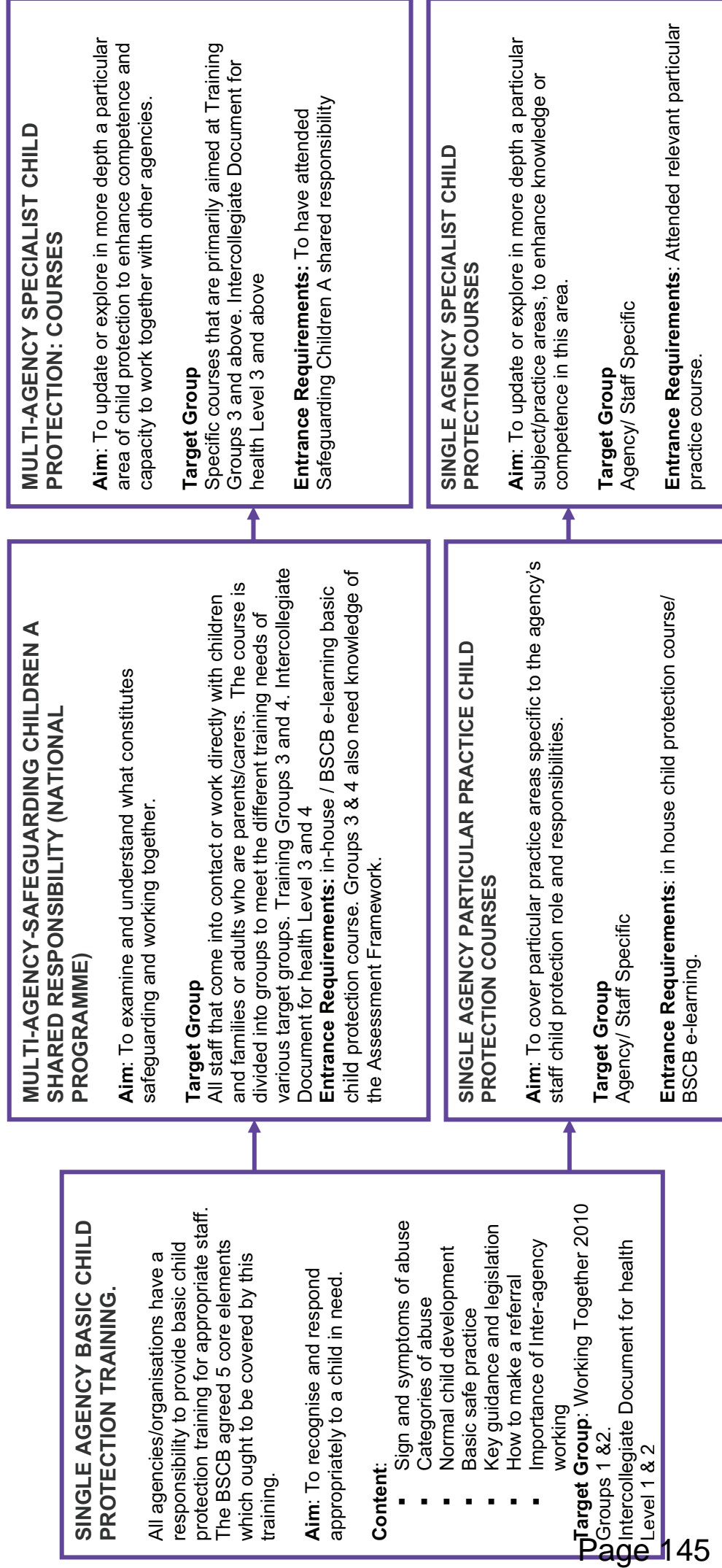
<b>LM203-208</b>	<b>NSCL Safer Recruitment Workshop</b>	<b>Multi-agency training for all staff who are involved in recruitment</b>
<b>Description:</b> This one-day multi agency workshop focuses on the good practices that should be adopted when recruiting and selecting adults to work with children.  This workshop is offered as an alternative to the NCSL online training.  A questionnaire assessment is included and successful participants receive a certificate.		<b>Objectives:</b> You will: <ul style="list-style-type: none"> <li>▪ develop procedures and strategies to help those involved in the recruitment process to deter, identify and reject applicants who are unsuitable to work with children;</li> <li>▪ strengthen safeguards for children by helping to deter and prevent abuse;</li> <li>▪ create an environment where everyone is able to raise concerns about poor or unsafe practice and share and compare current approaches to safer recruitment leading to a safer culture.</li> </ul>
<b>Costs:</b> £150 per delegate (except delegates from schools which subscribe to the EDC entitlement package – no charge)		





# CHILD PROTECTION TRAINING PATHWAY

Bromley Safeguarding Children Board Training Programme  
September 2013- March 2014



## STEP 1 BASIC LEVEL      STEP 2 INTERMEDIATE LEVEL      STEP 3 SPECIALIST LEVEL

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# 2011- 2012 Annual Report

July 2012

## **Bromley Safeguarding Children Board**

Room B40A, St Blaise Building, Civic Centre, Stockwell Close, Bromley, Kent, BR1 3UH  
bscb@bromley.gov.uk  
www.bromleysafeguarding.org  
020 8461 7816

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## Foreword

The Bromley Safeguarding Children Board (BSCB) is pleased to publish its fifth annual report which describes the work carried out to ensure that children and young people are safe and their general wellbeing secured. This report documents in detail the achievements, changes and specific work that has been carried out by dedicated staff across all agencies concerned with children, young people and families in Bromley. As the newly appointed Chair of the Board, I am pleased to see how much has been achieved in the past year through the commitment and hard work of all agencies. It is particularly pleasing to note the developments in safeguarding disabled children and children at risk of sexual exploitation. The improvements in partnership working, notably in early intervention with children and their families and through the multi agency service hub, are welcome, while the improvements to the social care referral and assessment service are also to be commended.

The coming year will be characterised by many changes as the Board responds to new national guidance on safeguarding, to the structural changes underway within the NHS, to the reduction of funding to the Council and other statutory agencies and to the establishment of academies locally. The Board's focus will remain on monitoring the changes to agencies and any impact on vulnerable children.

Key challenges for the Board include ensuring that the voices of children and young people are heard and inform our policies and work plan and maintaining a relentless focus on the impact of safeguarding services and the difference they make to children's lives. I am confident that the agencies that comprise BSCB are eager to learn and improve and will implement any necessary changes to strengthen the safeguarding of Bromley's children.

Please do read this report and, if you have not done so, visit the BSCB website for further information about the work in Bromley to ensure that children are safe and their wellbeing is promoted.



*Helen Davies*

**Helen Davies**  
Chair, Bromley Safeguarding Children Board

# 1 Summary

- 1.1 Bromley has not been immune to the national pressures, changes and developments. Whilst last year appeared dominated by the rate of change economically and organisationally across many sectors; this year's picture appears firmly shaped by questions of practice, standards and ethics. Professor Eileen Munro published her report *A child-centred system*, which supported working together and placed a focus on enhancing frontline professional practice. Accompanying this work has been the development of the College of Social Work, to improve social worker training and continuing professional development and to facilitate career progression through frontline work. Two months later, in July 2011 Graham Allen published his report on *Early Intervention: Smart Investment, Massive Savings* showing how re-prioritisation of resources to support children at an early age could reap significant social and economic benefits in the future.
- 1.2 The focus on practice has included, in November 2011 the Secretary of State for Children and Families publishing his action plan for tackling Child Sexual Exploitation challenging all LSCBs to make this a central plank of their work. The Children's Commissioner has also commenced work to discover the national picture on group and gang associated child sexual exploitation.
- 1.3 Ofsted has reminded us of the particular vulnerability of babies under one in their report *Ages of Concern* which summarised the findings of serious case reviews which had been undertaken between 2007– 2011. It had important lessons for practice and assessment for both preventing and recognising abuse and harm.
- 1.4 There has been limited time to settle into the revised 2010 version of *Working Together to Safeguard Children Statutory Guidance* before the government announced its intention to review it. This year professionals have been eagerly anticipating the arrival of the revised guidance. A slimmed-down version, which aims to support a focus on professional practice through limited regulation, was proposed in the Munro Review and is expected to be published in Autumn 2012.
- 1.5 Significant structural shifts have been taking place in health arrangements. Changes in health commissioning arrangements continue to progress at a considerable pace in accordance with the government's national timeframe. Bromley is now part of a South East London Clinical Commissioning Consortium, which is preparing to take on aspects of the primary care trust role and as the commissioning arm of GPs.
- 1.6 Public health has been placed under the wing of the local authority, as government aims to streamline arrangements for commissioning services. This brings together under the local authority arrangements for the appointment of the Director of Public Health, and the role of the Health and Wellbeing Board, Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies.

## Focus on Bromley

- 1.7 The Academies Act has led to considerable changes in Bromley where all secondary schools have become academies either alone or federated and a number of primary schools have been included on a cluster basis. Bromley Safeguarding Children Board (BSCB) has continued to provide key safeguarding advice to all schools, and some additional services can be bought as part of a package of support and guidance from the authority. The Education Safeguarding Reference Group still



meets on a regular basis developing protocols, procedures and other guidance as necessary which is available to all schools.

- 1.8 Care services for adults and children alongside education provision will sit under a single directorate from 1 April 2012. A new service structure including the new Department of Education and Care Services was agreed in December by elected members as part of its review of council operations. Yet to be appointed, the director of this department will be expected to continue the strategic vision for the services.
- 1.9 Some familiar faces on the Board have left this year including Gillian Pearson, the Director of Children and Young People's Services who retired after 38 years service in Bromley as both a head teacher, assistant director of Education, then Director of Children and Young People's Services. The Chair of the Education Safeguarding Committee, Karen Fletcher Wright retired in the summer and we welcomed Bob Garnett in this role on an interim basis.
- 1.10 Since our last report the BSCB has welcomed a new chairperson independent consultant Helen Davies, who with many years in a leadership role within social work is well placed to take the Board and its partners forward in their safeguarding arrangements.
- 1.11 Outgoing chairperson, Jenny Dibsall, stepped down in November. Her dedication to safeguarding children in Bromley, her vision for the Board and its safe steerage over the past 2 years was warmly recognised by Board members. We wish Jenny well in a deserved and active retirement.





### Safeguarding in Bromley

- 1.12 Safeguarding arrangements of agencies in Bromley have been kept under review through monitoring progress of serious case review action plans, single agency audit reports and multi-agency audit reports. The process for self assessment of safeguarding in line with Section 11 of the Children Act 2004 began at the start of 2012 and will continue through a rolling programme over a period of 2 years.
- 1.13 Safeguarding Bromley's disabled children became the focus on a Ofsted national review in early 2012, where inspectors were able to draw on the Board's strategy and the Children and Young People's Partnership Board's Joint Disability Strategy Group's implementation plan as a basis for charting the progress and impact of work undertaken in safeguarding disabled children.
- 1.14 The Board has regularly monitored the stability of staffing in front line teams in health and social care as those agencies face significant organisational changes. Recruitment and retention packages and support and supervision appear to have had a positive impact. It is worth noting that during this period of stability it is has not been necessary to carry out a serious case review, although one was concluded and the evaluation received.

### Strategic Vision

- 1.15 The BSCB continues to work towards achievement of its agreed three-year Business Plan, which was published last year and the priorities set out in its Annual Report 2010-11 on page 31. Activities undertaken during the year included:
- Maintaining a focus on early intervention, in publishing and promoting the Child's Journey through Bromley, which is a partnership document helping to sign post professionals to early intervention services.
  - Promoting changes to the referral system into Children's Social Care through the partnership document A Child's Journey in Bromley, with further clarity around the threshold. Additionally, the BSCB launched the Multi-Agency Support Hub (MASH) as the referral borough's route to social care for police - at least initially.
  - Reviewing arrangements for safeguarding young people affected by gang involvement or activity, by adopting the London procedure, developing a multi agency task group and local protocol.
  - Improving access to training, through the provision of online basic training on Child Protection, the Common Assessment Framework (CAF) and Information Sharing. Negotiations for a more comprehensive package commenced in early 2012.
  - Working in partnership with health agencies to increase numbers obtaining level 3 training and to monitor organisation changes in health.
  - Facilitating closer working between the voluntary sector and social care to explore to improve support to families troubled by domestic abuse.



Other achievements this year included:

- Establishing a multi-agency task group to respond to child sexual exploitation.
- In addition a review of the BSCB parental substance misuse safeguarding policy was undertaken with better signposting to services to support earlier intervention and reduce harm to young people.
- Monitoring the implementation of the safeguarding disabled children strategy.



## 2 Governance and Accountability

- 2.1 BSCB provides a safeguarding update to the Children and Young People Partnership Board bi-annually.
- 2.2 Through the Health and Social Care Act 2012, local authorities have a duty to create a Health and Wellbeing Board (HWB) for their local areas. Its purpose is to agree how to improve the health and wellbeing of its local population. In Bromley this board has operated for a year and developed a draft strategy to cover a 5 year period. Key members of the BSCB sat on the HWB including the vice chair and consultant in public health who also chairs the child death panel.
- 2.3 Our links with the Safer Bromley Partnership were maintained through cross-over in membership at both Executive and Board level.

### Committees

- 2.4 The BSCB committee structure remained unchanged this year. Structure, membership and effectiveness were reviewed in light of our priorities and business plan by members in November 2011. The committee identified a number of areas for development.

### Main Board

- 2.5 The partners' Board meets twice a year and comprises 45 members representing many interests and agencies locally. Section 7 lists the representatives on the Main Board. The meetings are open to the public who can table questions and can be invited to attend to hear the Board's response. The link below indicates the necessary process.  
<http://www.bromleysafeguarding.org/pdfs/Procedure%20for%20questions%20from%20the%20public2010.pdf>
- 2.6 The Children and Young People's Portfolio Holder, was Councillor Ernest Noad, changing in spring 2012 to The Portfolio Holder for Care Services Councillor Robert Evans. There is an expectation that the Portfolio Holder will attend Board meetings. The Board continues to strengthen the link between the BSCB and the Children and Young People's Partnership Board.
- 2.7 Lay members continue to add value to the BSCB. They challenge thinking through active contribution at the partner's meeting. This year they were involved in the planning and running of the Annual Conference.
- 2.8 Through a mixture of discussion and presentation, the Board provides an opportunity for agencies to share information about their services and provide an insight into the issues of safeguarding children from their agency's perspective. This year the issues covered at the Board included providing guidance and advice on female genital mutilation(FGM) through a multi-agency working group; implementing a revised referral form into social care; monitoring safeguarding arrangements at the borough's only private secure mental health facility particularly in light of the changing management arrangements. The Board also heard about the progress undertaken by the domestic violence forum including provision for perpetrators; plans



to implement the Strengthening Families model of child protection conferences; and the developing a strategy and action plan to safeguard young people at risk of sexual exploitation. The Board also undertook a self-assessment using government guidance, exploring the quality of partnership working, engaging young people, transparency of its business planning and clarity on progress towards priorities. Areas for development included working through agencies to engage young people; communicating progress against priorities with greater clarity throughout the year; and measuring the impact of training.

## Executive Committee

2.9 The Executive Committee represents statutory agencies at Director and Assistant Director level. Designated professionals such as those from health and legal services provide professional advice. It meets quarterly and provides the strategic direction for the BSCB. The Executive also sits as the Serious Case Review Sub-Committee when required.

2.10 In 2011-2012 the Executive's work included:

- approval of the final report for one serious case review in respect of two children suffering neglect;
- development and agreement of guidance on partnership working locally, including development of a multi-agency support hub, and the thresholds into social care.
- monitoring of and setting the BSCB budget for 2012-13;
- review of the government commissioned report 'Child Protection in England, A Child's Journey' by Professor Eileen Munro, which explores issues of the systems of child care and partnership arrangements and how they can better protect children and young people from harm;
- involvement in the London Board's development of a Pan -London Section 11 audit tool, to support agencies which provide services in multiple boroughs.

## Quality Assurance and Performance Monitoring Sub-Committee (QAPM)

2.11 The Quality Assurance and Performance Monitoring Sub-Committee is central to the effective functioning of the BSCB. It meets four times a year and takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single-agency safeguarding arrangements are working.

2.12 This year QAPM sub-committee's work included:

- Upgrading the Section 11 process locally, including piloting and then implementing the revised Pan London Section 11 self assessment tool.
- Regularly receiving single agency audits on key areas of safeguarding practice such as supervision, referrals and record keeping;



- Exploring the dataset to better understand issues of safeguarding such as sexual exploitation and child sexual abuse.
- Reviewing and approving procedures and protocols such as parental substance misuse, police and social service notifications to families where domestic abuse is a concern, and information sharing on gang involved or active young people who come to the borough.
- reviewing the learning from referred cases and outstanding issues raised in serious case reviews. These were the results of audits, which were reported and reviewed by the committee.

The decision to explore in detail the child protection category of sexual abuse led to further exploration of forms of sexual abuse and exploitation of children and young people, the adoption of the London Board's procedure and a project which has put further safeguards in place for 17 young people identified as suffering or being at risk of sexual exploitation.

## Training Sub-Committee

2.13 The BSCB Training Sub-Committee meets twice a year to evaluate the BSCB training provided in the previous six months and to agree the training programme for the following year. This year it achieved the following:

- training 4 local professionals to undertake training for the BSCB, providing mentoring;
- developing a core set of training material for Group 3 course through a multi-agency training development group;
- agreeing the training programme for 2012-13, and commissioning training;
- organised briefings beyond the set programme in order to share progress on achieving the priorities of our work programme.



## Child Death Overview Panel

2.14 This statutory multi-agency panel has a core membership of police, social care, health professionals. The panel meets at least four times to discuss the circumstances of all child deaths in Bromley and to identify any issues or trends. This year the panel pooled resources with Greenwich and Bexley to analyse neonatal deaths more effectively using a larger dataset than would be possible otherwise. They provided an annual report to the BSCB Executive Committee. The advice and guidance that results from this panel has led to improvements in care practices around vulnerable disabled children and maintained a focus on advice to parents and pregnant women.

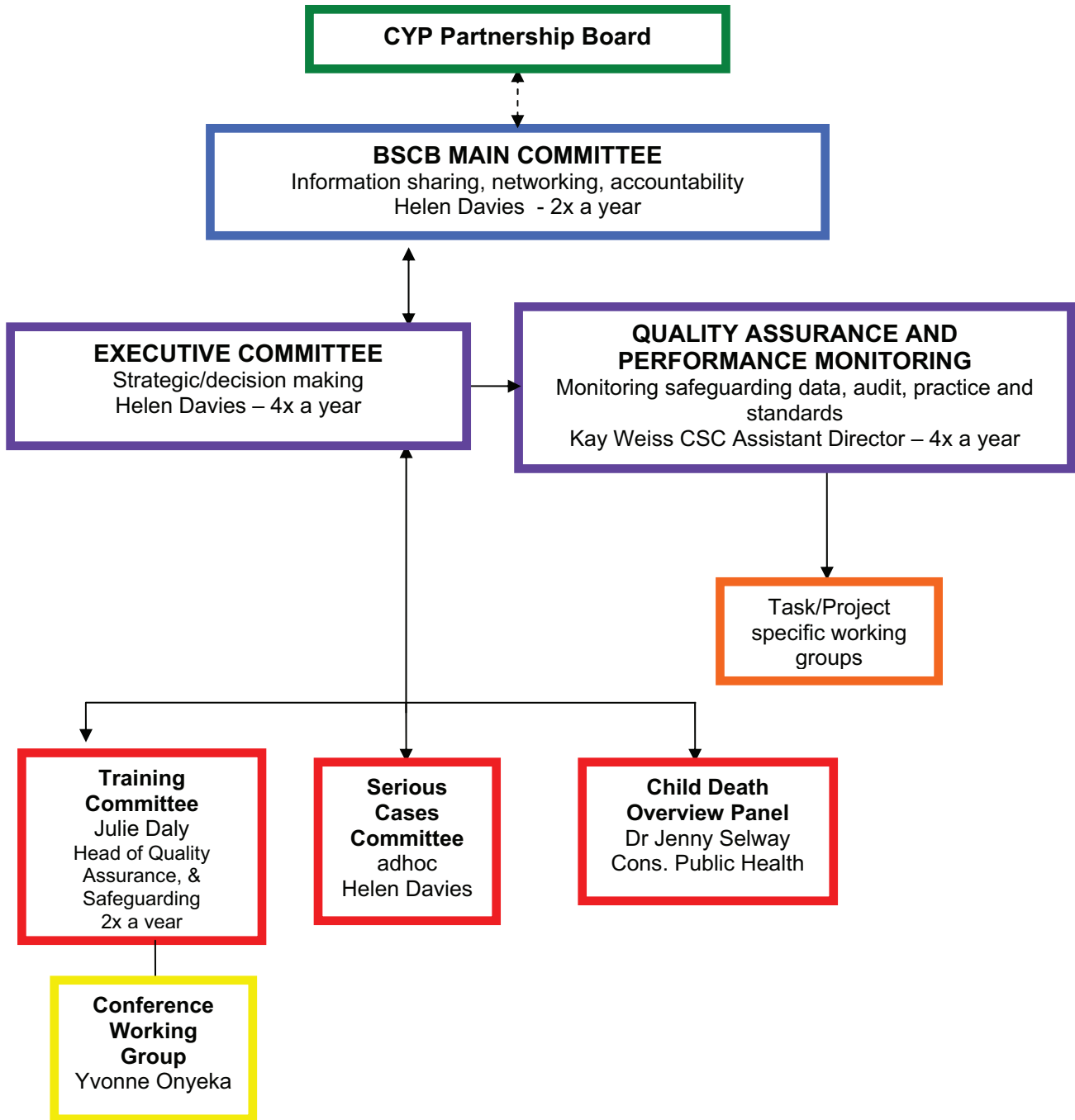


## **Serious Case Review Committee**

- 2.15 This committee, which is formed of the Executive Committee, meets ad hoc to consider cases where a serious child protection incident has occurred. The committee may determine that either an Individual Management Review (IMR) is obtained from an agency or, in a case involving several agencies and that meet the criteria in Working Together 2010, that a Serious Case Review (SCR) is commissioned. The Serious Case Review Committee has oversight of the process and outcomes. The committee met in March 2012 to consider one case involving a baby and determined the case should subject to a multi-agency management review. There were no outstanding issues from previous SCRs to review.



## BROMLEY SAFEGUARDING CHILDREN BOARD 2012-13







### 3. Achievement and Progress

- 3.1 A summary of the Board's achievements against priorities are set out at para.1.15. Achievements spanned a range of multi-agency activity including importantly the review and revision of Threshold Guidance for a referral to children's social care. The guidance promotes effective partnership as the revised guidance signposts to appropriate universal and specialist support services available in the borough.
- 3.2 Whilst changes to schools, local authority structures, health service and the effects of changes to funding and financial support take shape, the BSCB has been concerned to maintain the standard of care to children and young people and their families and for the efficiencies to promote improvements in service.
- 3.3 The close monitoring of the quarterly dataset reports and audits takes place through the Quality Assurance & Performance Monitoring Committee and continues to be an important element of the Board's work. Monitoring updates are provided to the Executive and Main Board. A key challenge in 2011-12 has been to raise professional standards through improvements in learning opportunities, provision of guidance and learning lessons from audits and inspections. Other notable areas of achievement and progress are set out below.

#### Safeguarding Disabled Children

- 3.4 The Board continues to build on the strong links forged with the Disability Strategy Group (DSG) in 2010. Two members of the Board are represented on the DSG. This year the Group developed and implemented its action plan on safeguarding disabled children.
- 3.5 The Board also contributed to an Ofsted review of practice in safeguarding disabled children in early 2012. The team of inspectors interviewed Board members and staff, as well as receiving papers. Bromley's action plan from the thematic review will be monitored by the Board's Quality Assurance committee. The findings from the review will be addressed when published.
- 3.6 As set out in its priorities the BSCB delivered a training programme which provided specific training on safeguarding disabled children as well as further embedding the issues within its wider training. In its policy and protocol developments the needs of disabled children are considered and promoted by the Board.
- 3.7 Numbers of disabled children with a child protection plan are regularly reviewed as part of the Board's quarterly dataset. Whilst the numbers are small varying between 4-7, the Board's focus raised awareness about how these cases are managed across the social care and specialist disability teams leading to improvements in the assessment of safeguarding needs of the children.
- 3.8 The DSG is working on service level changes to improve services to young people and their families. Significant changes were put in place last year to reviews, short breaks and funding to families.
- 3.9 A review of the strategy's implementation is due in May 2012 a year after the strategy was approved by the Executive Board.





## Annual Conference

3.10 *Child Protection in a Changing Context* was the theme of this year's annual conference, held in October 2011. The Secretary of State for Children and Families opened the conference with a keynote address. The focus of his address helped partners reflect on past achievements in managing change and also to look ahead to government priorities and how we might respond locally.



Tim Loughton, Secretary of State Children & Families

3.11 Speakers included the Director of Children and Young People's Services, Gillian Pearson, who highlighted partnership plans for service changes and the Director of Community Service Volunteers (CSV), Sue Gwaspari. CSV supports and champions the Volunteers in Child Protection Scheme which Bromley pioneered.

3.12 A member of the Children in Care Council shared his personal experiences of being in the child protection system in Bromley in a frank and moving presentation to delegates.

3.13 Over 100 delegates attended the Annual Conference which had wide sector representation, which included Councillor Ernest Noad the then Portfolio Holder for Children and Young People, local MPs Bob Stewart and Jo Johnson.



Workshop participants

3.14 Young people from the children in care council helped bring the issues into focus through a video presentation on their experience of the care system and the impact of living in care on their lives. This was shared with delegates at the conference.

3.15 The success of the conference is in its ability to bring together professionals from different agencies to share practice and foster close working networks. As with safeguarding, the success of the conference is dependent on good multi-agency working.



## Young People who are affected by Gang activity

- 3.16 This year the Board undertook a multi-agency project to address the issues of the impact of gang activity in Bromley. Thankfully, Bromley is deemed a relatively safe borough for young people to grow up in (Tell Us 4 survey). Sadly, this is not the case for many young people living in London. Although there are no firm statistics, there are a significant minority of young people who are gang involved or affected by serious youth violence and who want to escape.
- 3.17 The police, with local authorities and specialist services, operate a scheme which enables young people who wish to escape gang activity to move to a safe area. However, informal arrangements also exist where young people present to be rehoused, often without the knowledge or support of the police, children's social care and youth services and education. Approximately 10 such young people presented last year. To ensure that young people are properly supported and protected, Bromley tightened up its processes when young people present claiming to escape gang activity. Other local authorities and young people will now be informed that this information will be shared with partners in Bromley and home authorities will be expected to conduct an initial assessment on the young person. Bromley will conduct its own assessment and expects full co-operation in order to prove the young person is genuinely attempting to flee gang violence.



- 3.18 In March a protocol outlining the information to be shared and with who was published alongside a leaflet to support professionals when working with gang involved young people. This was the culmination of work over many months by a multi-agency group include police, health, child and youth services and youth justice.
- 3.19 A half day briefing helped to disseminate the protocol and leaflet targeted at professionals working in community safety, housing, youth services and youth offending, the schools, and social care services. XLP an organisation that helps young people to escape gang involvement gave a presentation, which explored effective interventions when working with young people.
- 3.20 Through this work the Board addressed requirements of the supplementary London Child Protection Procedure on safeguarding children affected by gang activity. The youth service lead on this area of work in Bromley. Since the introduction of the protocol in March one young person in this category was identified and the multi-agency protocol was applied.

## Review of Parental Substance Misuse Protocol

- 3.21 Alcohol and drug misuse feature in many cases presented at child protection conference. The BSCB's multi-agency protocol on parental substance misuse was due for review in Spring 2011. This review took place in autumn 2011, with significant changes to the document to address changes to policy and service, clarify expectations of professionals and to provide up to date information on referral routes. A consultation was undertaken in November – December and the document was



approved by the BSCB in February. It is available to view or download on the BSCB website and agencies are encouraged to disseminate the procedure within their own services. The BSCB training programme for 2012-13 was revised to include substance misuse and raise awareness of the revisions to the protocol.

## Tackling Child Sexual Exploitation

- 3.22 Tim Loughton, Secretary of State for Children and Families has championed tackling child sexual exploitation (CSE). A series of reports from agencies including the NSPCC and Barnardos were published last year, followed by a government action plan in November 2011. Mr Loughton challenged the Board, at its conference in the autumn to consider whether it could be doing more on CSE.
- 3.23 A multi-agency task group was established with the aim of developing a strategy and local action plan. It commenced by profiling and scoping the issue for Bromley as a starting point to identifying whether development to procedures or service changes were necessary. Child Abuse Investigation Command (CAIC) lead for London south and Board member, DCI Chris Smart, became the borough's champion of the issue and chairs the multi-agency strategy group. Virginia Read the local authority designated officer (LADO) is the borough's operational lead ensuring that services can respond to and support young women and men who are at risk of or who are being exploited.
- 3.24 A draft strategy and action plan is with key partners for consultation and is to be presented to the BSCB for approval in the autumn. The borough has also been able to access direct support for a limited number of young people through a Barnardos and London Council's funded project for 2012-13.

## Partnership and Thresholds Guidance

- 3.25 The Child's Journey in Bromley was launched in July 2011. It is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. Following feedback from agencies the previous thresholds guidance for referral into social care was further developed to assist practitioners in identifying a child's level of need (using the Bromley Continuum of Need) and now provides signposts to the type of services/ resources that may meet those needs. The Board also aimed to support agencies and children's services to make appropriate referrals to alternative services. This in part recognised of the increased level of referrals into social care, over a period of two years. It also contains the Bromley guidance for those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.





## Multi Agency Support Hub (Bromley MASH)

- 3.26 Professor Eileen Munro's review into Child Protection acknowledged the potential of multi -agency safeguarding hubs to provide an effective and efficient appropriate first response to safeguarding concerns about a child. The idea of a co-located multi agency service had already been subject to discussion by the Board since 2010. In July 2011 the Borough's Children and Young People's Service launched the Multi-Agency Support Hub as an initial step in the direction of the vision expressed in a Child's Journey.
- 3.27 With a focus on handling police referrals which make up some 60% of referrals to social care and with support from health, the service launched in July 2011 as a trial. Since July, regional developments have occurred, encouraged by the Metropolitan Police Service which aims to support London authorities to develop multi-agency safeguarding hubs staffed by professionals from education, health, social care and the police. The MASH unit is due to update the Board on its progress in July 2012.

## Monitoring Local Safeguarding Arrangements Section 11

- 3.28 The Children Act 2004 established Local Safeguarding Children Boards and set out who should be part of them and what they should do. In section 11 the arrangements for monitoring these agencies and a benchmark for what constitutes good local arrangements was set out. Every LSCB is obliged to keep local arrangements under review. However when the BSCB last conducted its Section 11 audit it gave an undertaking to review the process and the tool.
- 3.29 Bromley formed part of a Pan London development group which included Metropolitan Police, SLAM which provides services into many London Boroughs and various local boards. The aim of this group was to develop a template to be used by all LSCBs in London in order to support consistency and efficiency.
- 3.30 The tool was piloted by Bromley in winter 2011 and further adapted and introduced late this year, alongside a change in the way the section 11 process is run. Agency are required to complete the self-assessment tool, stating compliance to each of the eight standards with evidence to demonstrate how this is being achieved and how well. The BSCB agreed to run its self assessment process on a rolling programme, which began in January 2012. In a further change to current practice representatives of the agency are invited to present their Section 11 assessments to the Quality Assurance Committee with a clear articulation of how progress and achievements have linked to Board priorities and the identification of any challenges and issues. The key questions that the Executive asked to have addressed are as follows:
- Key developments and achievements in relation to safeguarding over the previous year.
  - The identification and explanation of gaps in meeting safeguarding arrangements.
  - The priorities of the agency in safeguarding arrangements over the forthcoming year, including setting out the relationship to the BSCBs priorities (such as children with disabilities, living with domestic violence,





gang involvement, parental mental health, parental substance misuse, child sexual exploitation)

- The agency's independent assessment, as a member of the BSCB, as to how well the agency meets the challenges of safeguarding – what are the weaknesses of and challenges to the agency of meeting its priorities.

## Community Safety and Policing

- 3.31 Policing, as with many public service areas, has been impacted by the need to make savings and use resources creatively including through improved partnership work. The Board's strategic and operational relationship with the Safer Bromley Partnership continues to strengthen with increased representation at the Partnership.
- 3.32 Concerns around missing children are being continuously addressed by police and social care. Monthly data is sent to social care to help to track young people at risk and this is reviewed quarterly through the Board's safeguarding dataset. Missing persons unit staff are beginning to cultivate positive relationships with young people who run away frequently. This begins with the important interview with young people when they reappear after a period of being missing, as required in the London protocol on missing children. This has helped the police to identify young people who are potentially at risk of harm or abuse. Joint work between the police and the staff at the Bethlem Hospital (South London and Maudsley NHS Trust) has been particularly helpful in reducing the number of young patients who abscond from the secure unit. Solutions explored by the teams included the design of window locks, to minimise the risk of absconding, thereby increasing young people's safety.
- 3.33 The Community Safety Unit (CSU) played a significant role in a multi-agency task group on gangs. This involved negotiations with the south east London housing partnership on their protocol, writing a local information sharing protocol, and presenting issues at a briefing in March. The partnership explored the safety issues around children who are gang involved or fleeing gang activity. Working in line with guidance in the London Child Protection Procedure, the borough identified a lead on this area of safeguarding in the borough. Single points of contact for sharing information for key Bromley agencies were agreed and disseminated.
- 3.34 The Child Abuse Investigation Team have taken a lead on a multi-agency project to tackle sexually exploited young people and linking missing children and those who are vulnerable and in care. Seventeen young people potentially at risk of sexual exploitation are now known to key services in Bromley. Appropriately planned interventions have now been offered to these young people or are being planned.
- 3.35 Borough police have worked with social care and health reducing risk to young people resident in mental health establishments on the Borough. For example at the Bethlem Hospital the MPS now have a dedicated team of detectives managing allegations of crime at the establishment, such as assaults, whether on staff or patients. Where this includes young people there are links with the relevant social worker.



### **Integrated Offender Management**

- 3.36 Bromley MPS are now working towards the full implementation of Integrated Offender Management (IOM), with the aim of reducing crime and re-offending, improving public confidence in the criminal justice system, tackling the social exclusion of offenders and their families. Considering cases across MAPPA, MARAC and Children's Social Care processes has helped to protect more young people from harm through co-ordinated multi agency work.
- 3.37 With regard to the Multi Agency Risk Assessment Conference MARAC (which considers domestic violence cases), on a rolling year basis, as of early March 2012, 148 (113 at similar point in time in 2011) cases had been referred to MARAC, of which 19 (9 in 2011) were repeats. There were 232 (166 in 2011) children within the families referred.
- 3.38 Multi Agency Public Protection Arrangements (MAPPA) manages Registered Sex Offenders (RSO) and Potentially Dangerous Persons. A partnership of the Police, Prison Service and Probation are responsible for managing MAPPA with other agencies required to co-operate. Social care representation at monthly meetings has improved this year and this has been welcomed. Updates to the Executive are given quarterly. At the time of writing, the figures for 2011- 12 were not yet ratified, however, it is anticipated that they will be similar to 2010-11 when there were 135 RSOs.

### **Licensing Reviews**

- 3.39 Local Safeguarding Children Boards are one of the responsible authorities notified for license variations and applications. As such, the Board can call for reviews of existing licenses in matters relating to the protection of children from harm. One of the ways we do this is to raise concerns about existing licensed premises and make representations at the council's Licensing Sub-Committee.
- 3.40 Last year, the BSCB raised concerns about six applications involving the sale of alcohol and/or cigarettes to minors identified through test purchases. In all cases the BSCB asks licence holders to be aware of the BSCB [safeguarding protocol](#) and to raise staff awareness of their duty to protect children from harm. Several have had conditions added to their licence, which requires them to adopt the London protocol for licensed premises, requiring them to protect children from harm.
- 3.41 The work of the licensing team in identifying the problem through its rigorous approach is commended. The team have also introduced safeguarding within its training programme for prospective and existing license holders. In addition the Board provides advice and guidance where appropriate to the licensing team.
- 3.42 It is difficult to quantify the impact of Bromley's licensing policy on children and young people. Trading standards campaigns of test sales are often followed by a reduction in the underage sales of cigarettes and alcohol in particular areas.

### **Safeguarding in Schools**

- 3.43 Many schools in the borough have now achieved Academy status and the relationship between schools and the local authority remains strong.



- 3.44 Key achievements in schools safeguarding this year include:
- guidance to schools on Children who Sexually Abuse which included an assessment of children who abuse. Staff are now better prepared and supported with a check list to support their assessment of risk of harm to pupils and consider appropriate support when a child has sexually abused another child.
  - updated guidance on children left behind after school, which makes clear responsibilities and actions to be taken.
  - and a risk assessment to be used by the head, human resources and the Local Authority Designated Officer for Education Safeguarding when there are safeguarding concerns about staff in schools
- 3.45 There has been an increase in the number of schools sourcing basic safeguarding training from the BSCB.
- 3.46 The Safeguarding Education Committee continues to monitor the number of allegations against professionals.

### **Safeguarding in Health**

- 3.47 Safeguarding children is a high priority for all NHS organisations in Bromley. At present there are a number of structural changes underway within the NHS both nationally and locally and changes are being monitored to ensure there is no adverse impact on safeguarding children. From April 2013 the NHS Commissioning Board (CB) will hold accountability for safeguarding children. The NHS CB will implement a national Children and Young People's Outcome Framework, which will be published later this year. The outcome framework will include safeguarding outcomes and will drive work to continue to improve safeguarding practice within health. The NHS CB will have a London sector office which will coordinate the London wide safeguarding assurance system. Cluster wide (South London) Commissioning Support Organisations (CSO) will coordinate safeguarding systems and host networks of Designated Professionals, who will continue to performance manage safeguarding within specialist and primary care services commissioned by the NHS CB. CSOs will support the newly authorised Local Clinical Commissioning Groups (LCCG) whose structures will include the Designated Professionals as Clinical Experts working with locally commissioned services. Across Bromley the LCCG is already operating with the support of the PCT (NHS South East London Cluster). THE Bromley CCG is co-terminus with the Local Authority and from April 2013 will work closely with the BSCB and the Health and Wellbeing Board. Public Health is now working within the Local Authority on a secondment basis but from April 2013 the functions will transfer to the Local Authority, this will present increasing opportunity for joint working to improve the health and well being of children and young people in the borough.
- 3.48 Safeguarding arrangements are in place in all local NHS agencies, assurance data is monitored via the Safeguarding Children Commissioning Group which is chaired by the PCT accountable officer for safeguarding children Angela Bhan. Designated Professionals meet regularly with Named Professionals and Exec leads for safeguarding children within provider organisations and attend the Safeguarding



Committees of the main NHS providers to provide challenge and support development.

- 3.49 This year the programme of GP practice visits for updating on child protection was again accompanied by a well-attended academic half day on safeguarding children. The Local Enhanced Service (additional contract requirements) for safeguarding children has again been taken up by many of the GP practices across Bromley helping to further embed good safeguarding arrangements within primary care. The contract supports the development of extended knowledge of the nominated practice lead for safeguarding children and supports good practice with recording, communication and policy etc. Safeguarding arrangements for other primary care providers are also in place. Pharmacists received training in May 2012 on safeguarding alongside Chlamydia training. The programme for training Dentists is continuing and has again been extended to meet the high level of demand.
- 3.50 Strategic links to the BSCB are well developed with designated and named staff for safeguarding children regularly forming part of development and audit groups as well as sitting on relevant committees. Structural changes from April 2013 will necessitate a review of some director level health representation to ensure that this continues to reflect new organisational responsibility.
- 3.51 Health agencies across Bromley meet quarterly at the Local Safeguarding Children Health Forum. The Forum is jointly chaired by the Designated Doctor and the Designated Nurse for Safeguarding Children in Bromley. The forum brings together work and developments in safeguarding children across the Borough. The Forum reports to the Safeguarding Children Commissioning Group as well as the Quality Assurance and Performance Monitoring meeting of the BSCB.
- 3.52 Health are continuing to lead a multi-agency group aimed at the development of work to ensure young girls at risk of Female Genital Mutilation (FGM) are safeguarded within Bromley. The group are nearing full completion of a detailed action plan which has facilitated; the roll out of training to front line staff including social care, health, Police and Education, development of school nurse year 9 education programme to include FGM, dissemination of resources and inclusion of local community groups in raising awareness etc. Health are now developing a work group on sexual exploitation to support the multi-agency project being led by the BSCB.
- 3.53 South London Healthcare Trust (SLHT) has continued to embed their team approach to safeguarding during this year and have made progress with developing safeguarding practice across the organisation. There have been significant challenges posed by the publication of the revised Intercollegiate Document on competency for safeguarding children within health, SLHT is continuing to roll out an enhanced training programme to increase the competence level of front line staff. Work is also ongoing to embed a system of delivering safeguarding supervision to key staff. The maternity cause for concern and psycho social meetings have continued to embed as effective multi-agency forums for sharing information in cases where children are vulnerable.
- 3.54 Oxleas have experienced challenges around the collection of assurance data and are working to resolve this issue. Similarly to SLHT Oxleas have had to respond to the challenge of increasing the training levels achieved by large numbers of their staff as a result of changes within the revised Intercollegiate Document, and are ahead of their planned trajectory for achieving the increased training competency levels. Oxleas are continuing to develop team based champions for safeguarding





children and have also continued their roll out of learning from practice sessions which have focussed on learning from local safeguarding cases.

- 3.55 The safeguarding team within Bromley Healthcare has continued to evolve during this year with the inclusion of a specialist Health Visitor to work within the Bromley MASH team. This post is delivering improvements in communication across BHC and social care. Bromley Healthcare has maintained high levels of safeguarding assurance including in training levels for front line staff. BHC has also made significant improvements in the numbers of staff trained in safer recruitment. Ofsted (regulator) inspected Hollybank, the local children's health respite centre, this year and judged safeguarding elements to be outstanding.



## Children's Social Care

- 3.56 Achievements within the division should be viewed against a challenging backcloth, which includes increased referrals to the service and difficulties in recruiting and retaining social workers in the London region. Furthermore, the financial climate for the Council means that all service developments must be closely scrutinised to ensure they are providing value for money. This is against new service pressures in CSC including the rising number of families with no recourse to public funds that become the responsibility of the service. Increases in the number of child protection contacts to the service are evident and the needs of looked after children are becoming ever more complex and meeting their placement needs is increasingly financially challenging.
- 3.57 Despite these external and internal pressures performance within the division has continued to improve. For example, there has been significant and sustained improvement in the timeliness of initial and core assessments, currently standing at 77.8% and 65.8% respectively (compared to end of year figures for 2009/10 of 29.1% and 43.5% respectively).
- 3.58 Successful implementation of the recruitment and retention strategy over a period of 2 years has seen a significant reduction in social work vacancies in front line teams to the 5% in February 2012 compared to 45% in February 2010.

### Inspections

- 3.59 The annual unannounced inspection of the contact and referral service took place in April 2011. The inspection found no priority areas for action and identified a strength in the highly effective leadership from senior managers and elected members that led to a number of well-targeted initiatives which had made substantial improvements to the referral and assessment service.
- The 3 yearly inspection of the Fostering Service took place in May 2011. The overall judgement of the service was 'good', with the service achieving 'good' in each category of inspection, including safeguarding.
  - The inspection of the Youth Offending Team (YOT) took place in November 2011. The YOT received the highest possible grade 'minimum improvement'.
  - The 2011 annual CYP performance rating found that Bromley 'performs well'. In relation to CSC it was noted that the relevant areas of development identified at the previous inspection of safeguarding and services for looked after children in April 2010 had been addressed with the exception of the quality of service provided by the out-of-hours service.

### Service development

- 3.60 Service development to support effective early intervention continues to be a key focus of the division's work and is demonstrated in the range of operational partnerships fostered this year.



- The referral and assessment service was unified under one manager in April 2011 to provide consistency across the service.
- A multi agency support hub (MASH) has been developed and implemented within the referral and assessment service to manage contacts and referrals from the police. This was operational from July 2011 and has led to more effective management of contacts with the police and where appropriate for those cases not meeting CSC thresholds to be referred onto lower threshold services.
- Improved working with substance misuse services including joint assessment processes, improved referral pathways and agreed multiagency protocol with training dates set for the near future.

3.61 From September 2011 a new children's social care improvement plan has been in place. The new improvement plan focuses particularly on the need to build a more skilled and professional workforce and improve multi agency working and picks up many themes from the Munro report. For example, a government grant of over 200k was secured to develop a Step Up to Social Work Partnership, with Bexley, Lewisham and Goldsmiths College to recruit high calibre trainee social workers. The programme commenced in February 2012.

### **Operational Partnership and Networks**

- 3.62 CSC has led on a number of initiatives to foster improved outcomes for children through improved partnership. For example, in October a workshop was held with partner agencies to start to develop more effective ways of working with adolescents and their families providing early intervention when young people are at risk of being accommodated.
- 3.63 In November a workshop was held with colleagues from community mental health teams to improve joint working between the services. In February 2012 a multi-agency briefing was held to inform partner's of the start of a training programme to introduce the 'Assessment of Disorganised Attachment and Maltreatment' model into front line child protection practice.
- 3.64 Further developments in response to Munro are anticipated and CSC prepared a number of work streams to take forward the required changes.



## 4. Quality Assurance and Performance Monitoring

### MONITORING

4.1 In Bromley, partners acknowledge the importance of regularly reviewing multi-agency information on safeguarding as an essential element of holding agencies to account. A quarterly dataset is produced to support this role. It focuses on the core areas of child protection and the information can identify the need for improvements in service or for enhanced joint work to minimise safeguarding risks. Explored in detail, the dataset enables the BSCB to provide a narrative about safeguarding arrangements locally. LSCB's monitoring function in respect of early intervention services is increasing since the publication of the Munro report and is reflected in what the Board has considered this year.

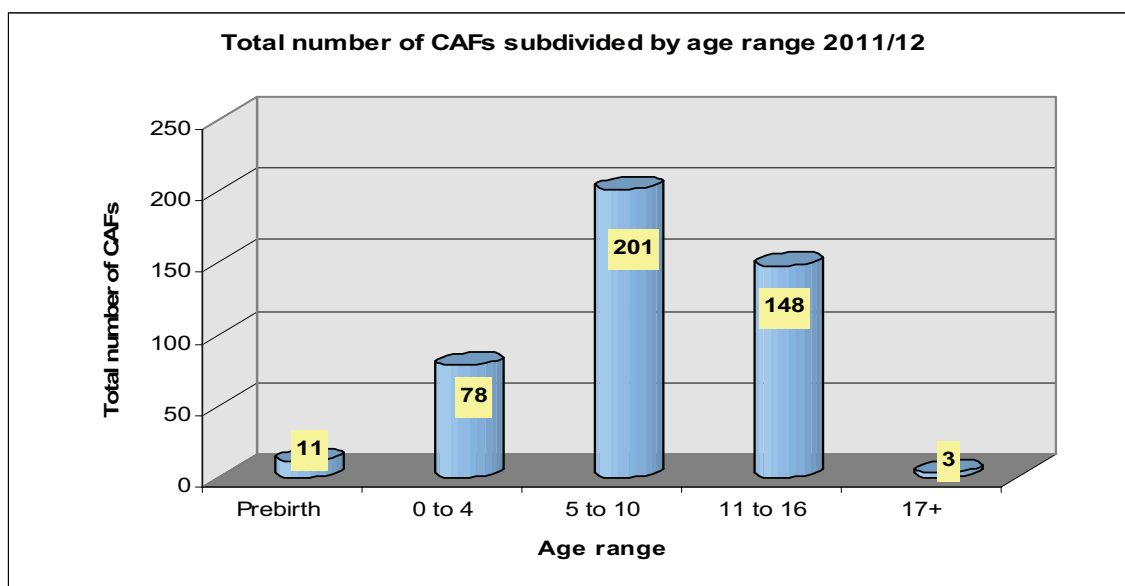
### Prevention and Early Intervention Services

4.2 The Common Assessment Framework (CAF) aims to improve early identification of need, ensuring multi-agency action to improve outcomes for vulnerable children. Numbers of completed CAFs and numbers escalated to Children's Social Care are reviewed regularly by the Board. Annually, the Board considers the overall pattern of performance on CAFs.

4.3 Within Bromley Children and Young People Partnership, the CAF is intended to be used as a holistic assessment of need, leading to co-ordinated provision of services, involving a lead professional and 'Team Around the Child' approach where appropriate, and the sharing of information to avoid the duplication of assessments.

4.4 Progress made embedding the CAF year on year until 2011-12 shows a period of steady growth from its implementation in 2008/9 194, to 2010-11 466, with a recent slight downturn to 441 in 2011/12.

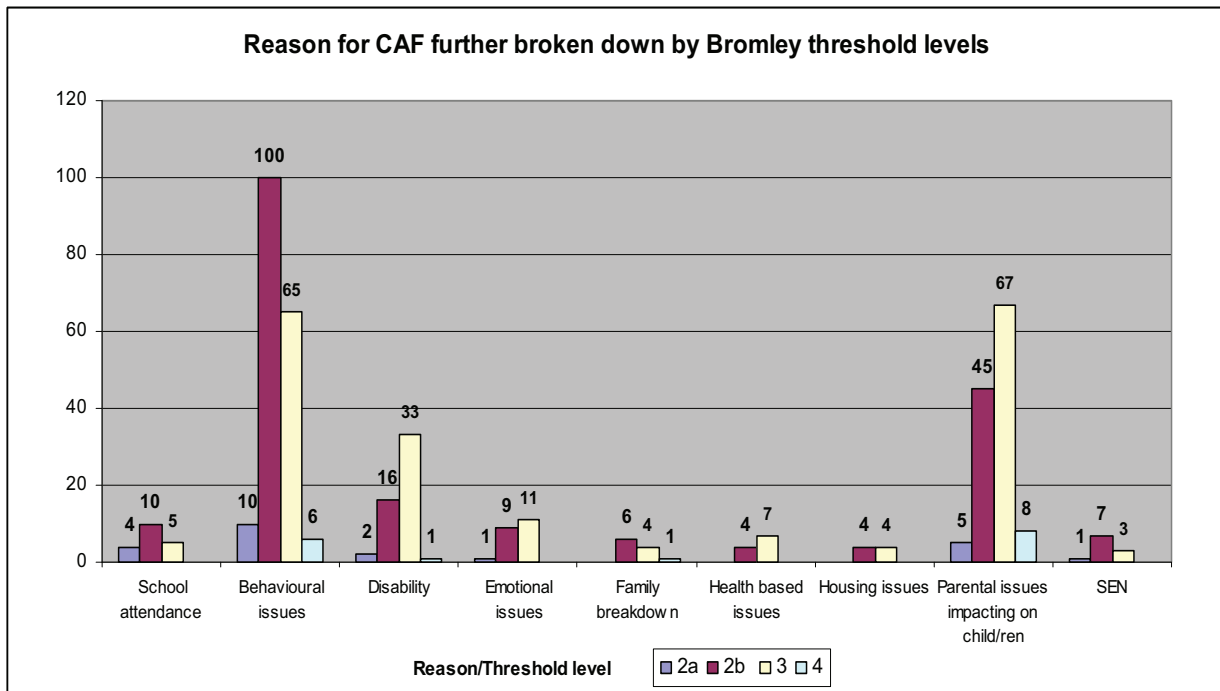
4.5 **The chart below represents the number of CAFs received via age range**



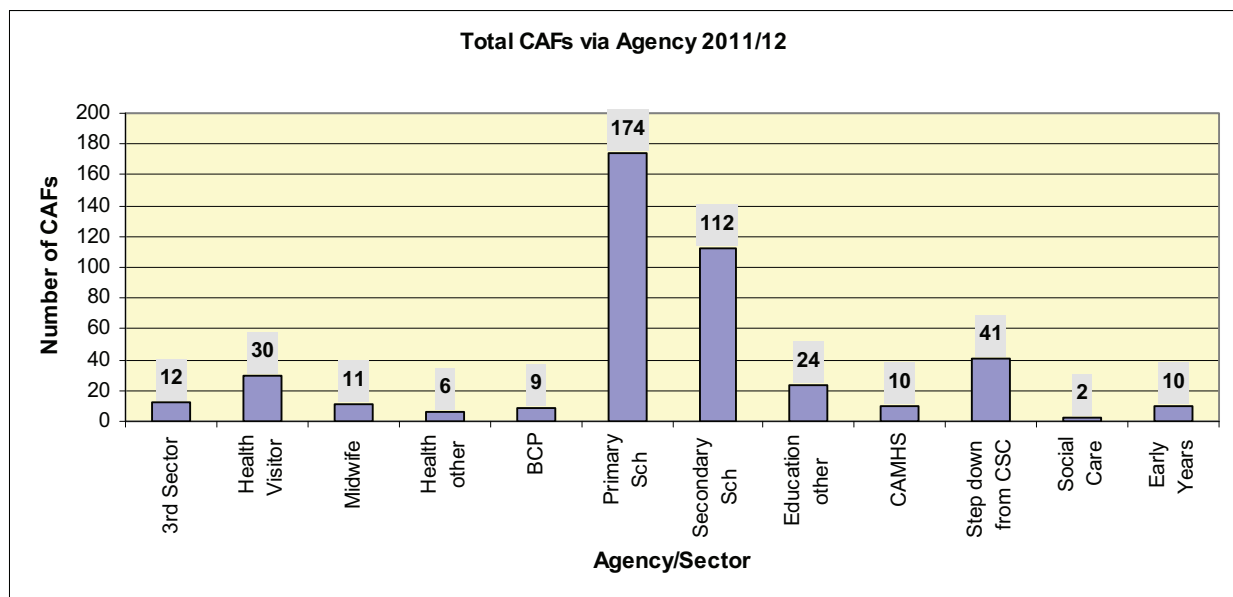


4.6 The demographics for Bromley indicate that males tend to outnumber females by a small degree across the age ranges of 0-24, but a projected population structure for 2013 shows a fairly balanced split for male to female. The CAF figures show a disproportionate numbers of males having CAFs 271 males versus 159 females.

4.7 As can be seen below the main category is due to the child/young person displaying behavioural issues for example, aggression, onset of criminal behaviour, etc. The second highest category is parental issues impacting on the child for example, neglect, mental health issues, etc.



4.8 Agencies/services completing a CAF are set out below. This does not reflect other agencies that may have been involved in each CAF and CAF processes or how effective information sharing across organisations has been.



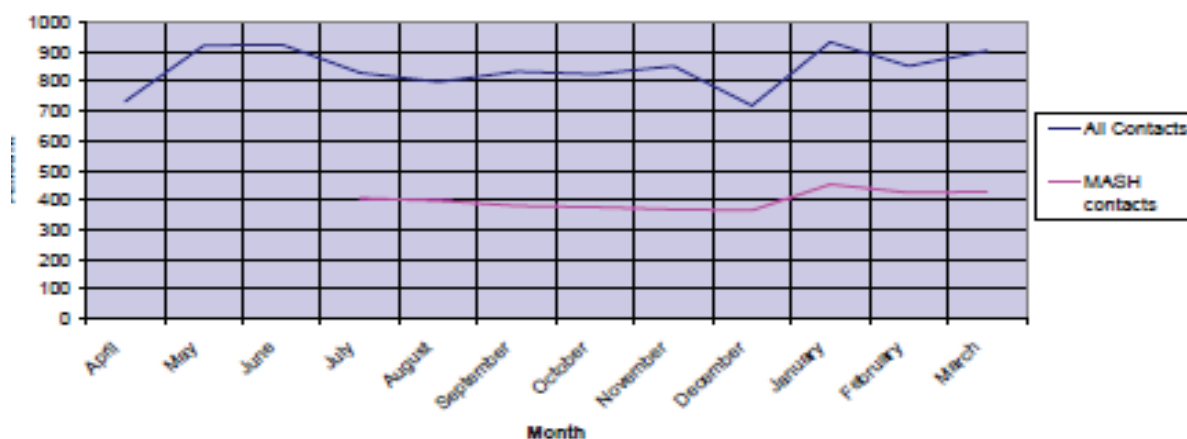


## Performance Patterns in Child Protection

- 4.9 Graph 1 below shows the contacts to Children’s Social Care in 2011- 12 and the proportion of contacts from the police handled through the council’s newly established MASH. Within Bromley, safeguarding referrals increased from around 1,441 in 2007/8 to 2,244 in 2011/12, falling back slightly on 2010/11. However, initial contacts continue to increase from 3,425 in 2007/8 to 10,132 in 2011/12. Despite this continued rise, the number of children subject to a Child Protection Plan has fallen recently having peaked in 2010. Numbers had increased from around 240 at the beginning of 2009 to 266 in May 2011, however, falling back to 188 in March 2012 after a steady downward trend over the year.
- 4.10 Comparative with national data and research, there is a significant proportion of children aged 0-5 who are subject to a child protection plan. The Board has this year noted that a high proportion of children with a plan are of black and minority ethnic origin, which contrasts with local population data. They have set out to address this issue in the future programme of work.
- 4.11 Graph 2 below shows the outcome of all initial contacts to Children and Young People’s service last year. Year on year the number of contacts rose.
- 4.12 There is a refocus on care planning following the introduction of the new care planning regulations in April 2011. Systems are now in place to effectively track timely care planning processes. This has led to a sharp increase in the numbers of children having adoption identified as in their best interest.

**Graph 1**

**All Initial Contacts and MASH Initial Contacts**

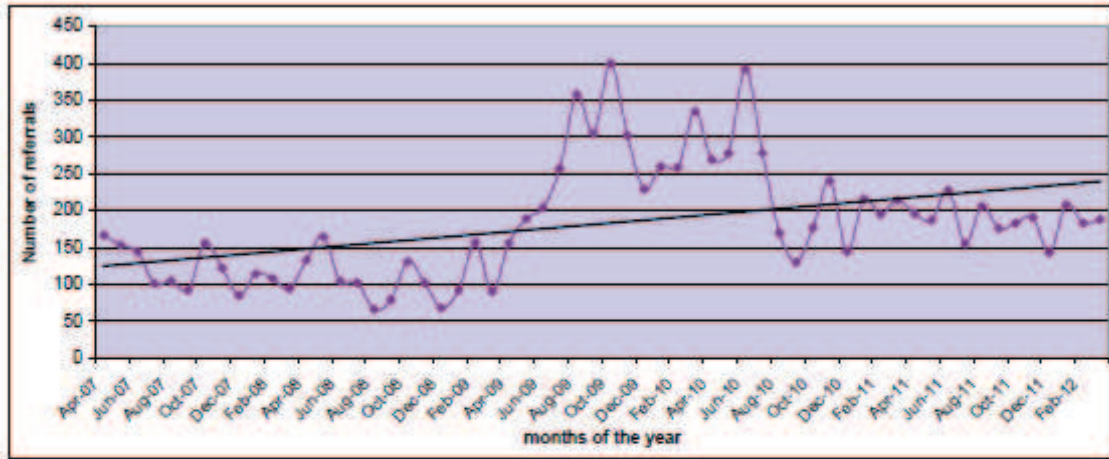




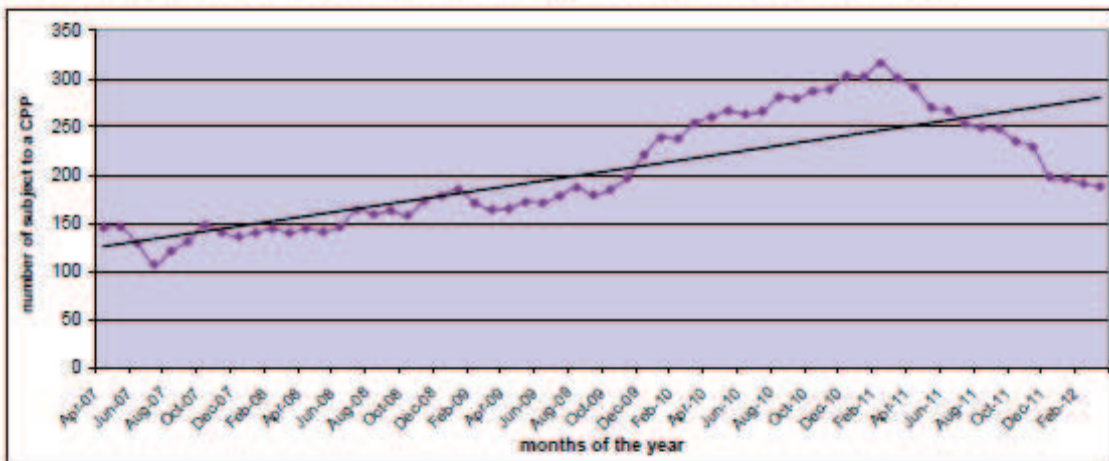


**Graphs, 2,3 and 4: Referrals, Child Protection Plans, looked after children**

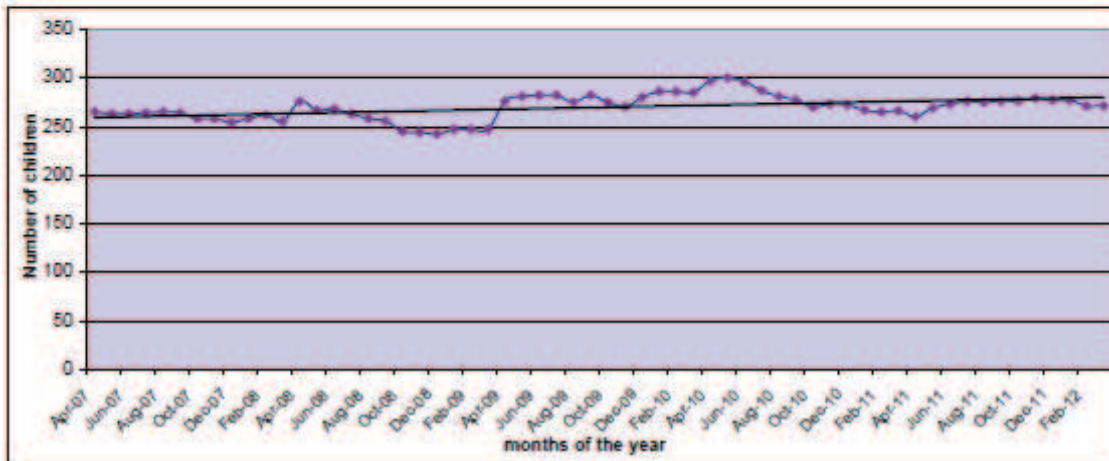
Graph showing the monthly number of referrals to CYP since April 2007



Graph showing the number of children subject to a child protection plan each month since April 2007



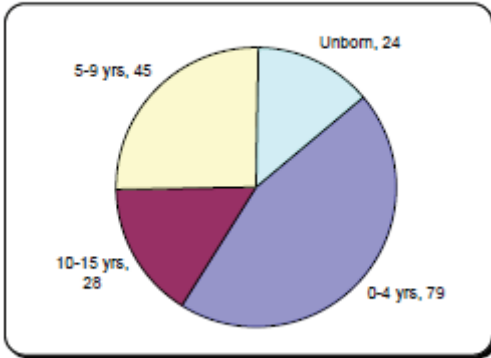
Graph showing the number of children looked after in each month since April 2007



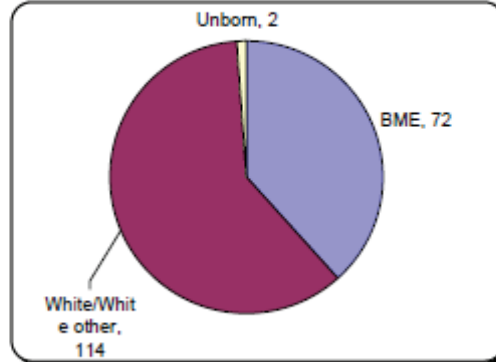


**Graphs 5 and 6: Child Protection Plans Profile**

Age range of all new CPP cases since 1/4/11



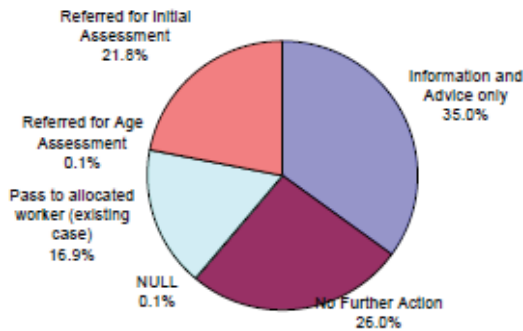
Current CP Ethnicity



**Graph 7: Outcomes of Contacts to Social Care**

Outcome	ICs
Information and Advice only	3546
No Further Action	2635
NULL	13
Pass to allocated worker (existing case)	1714
Referred for Age Assessment	12
Referred for Initial Assessment	2211

Percentage of each initial contact outcome type



4.13 The police continue to monitor the number of children who runaway from home or from care and those who go missing several times in a short period of time. Borough Police recognise the importance of this work in identifying children where there may be child protection concerns such as parental neglect or abuse as well as sexual exploitation.





## Allegations Against Professionals

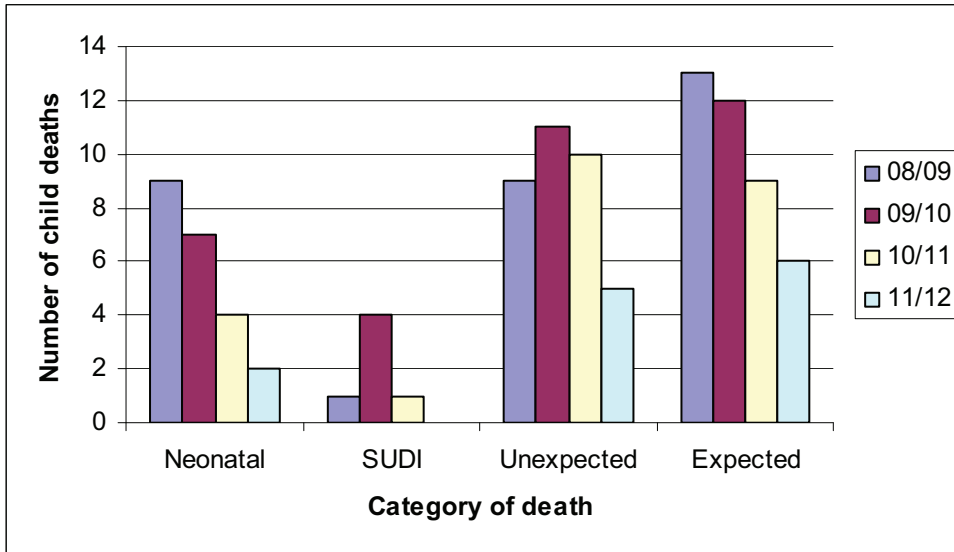
- 4.14 There are occasions when a child protection allegation is made against a professional. These allegations are treated seriously being investigated by a multi-agency group and the BSCB monitors this quarterly. There has been an increase in the number of referrals of allegations from 58 in 2009 to 97 in 2011. It is thought that this increase is due to an improved awareness amongst staff of the safeguarding procedures to be followed when an allegation is made due the training that has been delivered. It is difficult to quantify how many more children may have been protected as a result of the process of investigating allegations. Over 50 allegations were substantiated in the past year and so have been protected from further harm as a result of this work.
- 4.15 A total of 77 allegations against professionals were investigated and concluded in 2011. The continued trend is that the majority of allegations (50%) are made against education staff (which includes nursery and pre-school provision), which also reflects national findings. Again in line with national data, the majority of allegations are brought forward under the category of physical abuse. Of the children involved 26 had a disability and a significant proportion of these had emotional and behavioural difficulties.
- 4.16 Going forward, more consistent capture of children's profile data on ethnicity, age, gender and disability will help with the training of staff and identifying the most vulnerable children.

## Children who Died

- 4.17 The number of children who died in Bromley varies each year but is reducing overall. This year there were 11 Bromley children who died in the period April 2011 – March 2012, of which 5 were unexpected. The Child Death Overview Panel continues to analyse the information for each child and reports its findings to the BSCB Executive.
- 4.18 Each child's death is a tragedy for each family, which we cannot forget. BSCB partners use the learning from unexpected deaths to provide advice to parents and to identify whether any changes to service provision can improve life chances. This is difficult as the number of deaths in Bromley is small. However, the CDOP worked with a number of other neighbouring boroughs in early 2011 to analyse trends and patterns.
- 4.19 There has been a steady decrease in child deaths, 2009-10 with 23 deaths, 2010-2011 with 19 deaths. Of the reviews completed in 2011-12 the child death overview panel deemed four to be preventable or with modifiable factors. There were no Sudden Unexpected Deaths in Infancy (SUDIs).
- 4.20 Congenital condition was the most common cause of death. Other causes of death include extreme pre-maturity, sudden unexplained death in infancy (SUDI) and road traffic accidents. Thematic reviews, such as suicides and road traffic accidents were undertaken by the CDOP to identify if there are opportunities for learning.

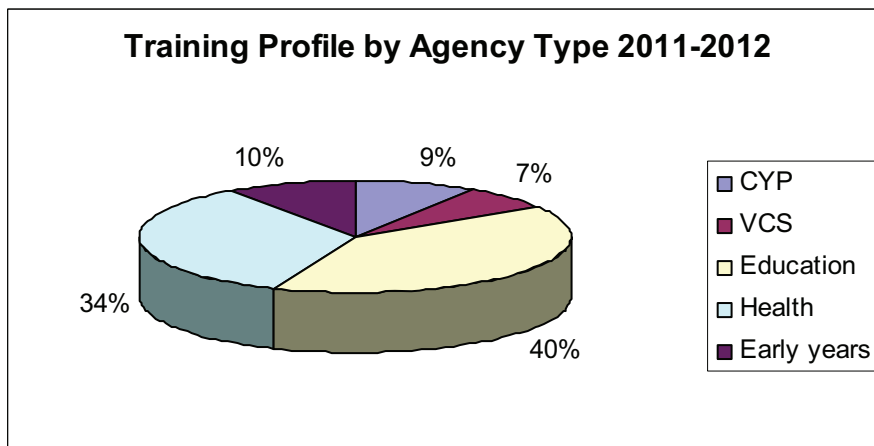


**Category of child deaths**



**Profile and take up of Interagency Training**

4.21 A significant change was made to the administration of the BSCB training programme this year with the introduction of charges to schools from September 2011. The Training Committee, which monitors and evaluates the training programme continues to monitor the impact of the changes.



4.22 The BSCB provides the local multi agency training in child protection. Training rates are variable and this year the impact of staff reductions and charging will have had an impact. This year the BSCB provided 44 training sessions covering 15 courses, 7 courses were cancelled. The core training was attended by 392 professionals. BSCB aims to have a multi-agency mix of professionals at every training course and a breakdown of agencies attending training up to April 2012 is shown above.

4.23 The Board delivers briefings either to share lessons from cases, present national or local developments and to share information about key priority areas. This year the Board ran four briefings, which included serious case reviews, the Assessment of Disorganised



Attachment and Maltreatment (ADAM), the launch of the new Partnership Document and Threshold Guidance and introduction of MASH in Bromley and finally a briefing on working with gang involved young people and implementing an information sharing protocol. The delegate numbers from briefings takes the overall number of those trained in Bromley to 753. The numbers indicate a slight reduction of 11% compared to numbers trained last year.

## AUDITING SAFEGUARDING ARRANGEMENTS

### Section 11

- 4.24 The Board assures itself of the safeguarding arrangements in place in its partner agencies through inviting agencies to complete a self assessment tool called a Section 11 after the section of the Children Act 2004 which stipulates the standards expected of agencies. Working with the London Board in the development of a Pan-London tool, the Board further developed the tool to meet local needs and more significantly changes the process for conducting the audit. The audit is now a ongoing audit of agency arrangements where agencies present their challenges and achievements to the Quality Committee.
- 4.25 Two agencies were audited by the committee in February 2012 - South London & Maudsley NHS Trust and Oxleas Mental Health Trust.
- 4.26 Plans to audit the Borough Police's safeguarding arrangements will take place for the first time through this process.

### Monitoring Single Agency Audits and Inspections

- 4.27 Each year the Quality Assurance and Performance Monitoring Committee establishes an audit plan. This includes multi-agency audits facilitated by the Board as well as a review of single agency audits. Inspections are also brought to the attention of the committee for discussion and monitoring safeguarding actions where appropriate. Some of these areas link to previous serious case reviews or management reviews or they are linked to work-plan actions to improve information sharing and service developments. This year the following agency audits and inspections were reviewed and actions discussed.
- London Borough of Bromley Drug Action Team self audit - this informed revisions to the Safeguarding Protocol on Parental Substance Misuse, and improved referrals pathways, supported joint assessments and enhanced engagement of the team in child protection processes leading to more holistic intervention for children and young people
  - Domestic Violence and Under Ones involved a re-audit of cases and the referral processes. The audit showed that appropriately times interventions were made in the majority of cases and in one case appropriate management actions was taken.
  - Audit of Health Visitors records looking at children with a protection plan – indicated that effective records were being maintained and used by staff
  - Bromley Healthcare Supervision – linked to a serious case review and showing engagement with safeguarding supervision. This indicated the value of supervision for the vast majority of staff, however, further work would be necessary to consider direct impact on outcomes for children.



- GP Contribution of Reports to Initial Child Protection Conferences – showing the increased number of GPs providing reports to CP conferences and the priority given.
- Police Child Abuse Investigation Team Inspection Report
- Oxleas audit of practice in the Child and Adolescent Mental Health Service (CAMHS) where children have a CP Plan
- South London Healthcare Trust – quality of referrals and an audit of records on obtaining the history/record of the father of child. Further work across systems would be necessary to make this a comprehensive safeguard.
- Private Fostering and exploration of returns and the profile of privately fostered children. Whilst the number overall is small, this identified a number of children from black and minority ethnic communities who are privately fostered.

- 4.28 The Board conducted a multi agency audit to understand the profile of concerns presented under the 'multiple' category of child protection plans. A significant number involved sexual abuse and a further investigation of actual cases under sexual abuse category was undertaken by a sub group of the committee. It became evident that young people at risk of sexual exploitation were not represented in CP Plans, and this was viewed against evidence that many young people at risk of sexual exploitation are looked after. From this work a multi-agency strategy group was formed and a draft strategy developed. The group began to establish a profile of the extent of the issue in the borough and to providing access to a further service intervention, identifying at least 17 young people being exploited or at risk of exploitation.
- 4.29 Features of concern that emerged from the audits are logged as issues and reviewed at each meeting of the sub committee with the agency. Where necessary issues that become risks to multi-agency working can be escalated to the Executive Committee.



## 5. Future Priorities and Developments

- 5.1 This period of time is marked by the implementation of significant changes in public and allied sectors, which is impacting on all agencies. The Board's priority is to remain focused on safeguarding children, which it delivers through offering training, monitor agency performance and the development of policies, guidance and strategies as required. The Board's workplan covers 2011-2013 and sets out the areas of work identified by the Executive to be addressed by partners in the forthcoming year.
- 5.2 The BSCB will work towards the following priorities for 2012-13:
- A continued focus on monitoring early intervention in protecting children in light of the reconfiguration of local services.
  - Developing further mechanisms to assure the quality of the child protection services in Bromley are effective in promoting positive outcomes for children.
  - In partnership with the Children and Families Voluntary Sector Forum to support voluntary and community groups to enhance their safeguarding practice through improved awareness and organisation.
  - Ensuring that agencies are in a position to respond effectively to safeguard young people at risk of or suffering sexual exploitation.
  - Implementation of an on-line basic and specialist child protection training, while retaining an emphasis on supporting networking between professionals through our core face- to - face training.
  - To work with agencies to capture information on outcomes and the impact of the Board's work on safeguarding children and their families. This should include gathering views of children and young people on safeguarding issues.
  - Address the difficulties of working with cases of neglect and enhance professional confidence through our Annual Conference.
  - Continued focus on monitoring the implementation of actions from serious case reviews and management reviews to improve outcomes for children and young people.



## 6 Accounts

A summary of the accounts of the BSCB for 2010-11

<b>INCOME</b>	
Contributions from partner agencies	78,870
Training	3203
Annual Conference	6850
Other Income	0
<b>TOTAL INCOME</b>	<b>£88,923</b>
<b>EXPENDITURE</b>	
Administration, staff, consultant, office, lay membership	69,470
Training & Annual Conference	14,685
Serious Case Review	0
Publications, guidance & resources	2517
<b>TOTAL EXPENDITURE</b>	<b>£86,672</b>
<b>BALANCE</b>	<b>£2251</b>



## 7. BSCB Main Board Membership 2011-12

Independent Chairman	Independent
Consultant Community Paediatrician	NHS Bromley (Primary Care Trust)
Director Public Health	NHS Bromley (Primary Care Trust)
Consultant in Public Health Medicine	NHS Bromley (Primary Care Trust)
Designated Nurse	NHS Bromley (Primary Care Trust)
Assistant Director, Clinical Services & Care Environment	Bromley Primary Care Trust (Bromley Healthcare)
Named General Practitioner	NHS Bromley Primary Care Trust
Manager of Child and Adolescent Mental Health Services	Oxleas NHS Foundation Trust
Service Director	Oxleas NHS Foundation Trust
Nurse Director	South London Hospitals NHS Trust
Director, Independent Mental Health Service	Adolescent Psychiatric Unit
Director, Children and Young People	London Borough of Bromley
Assistant Director, Adult & Community Services	London Borough of Bromley
Councillor, CYP Portfolio Holder	London Borough of Bromley
Asst Director Legal & Support Services	London Borough of Bromley
Head of Children's Safeguarding & Quality Assurance	London Borough of Bromley
Head of Housing Needs	London Borough of Bromley
Head of Integrated Youth Support Service	London Borough of Bromley
Head of Service Children's Social Care Referral & Assessment	London Borough of Bromley
Head of Bromley Youth Offending Team	London Borough of Bromley
Drug Action Team Co-ordinator	London Borough of Bromley
Early Years and Childcare Manager	London Borough of Bromley
Lead Officer for Education Safeguarding	London Borough of Bromley
Programme Manager, Black and Minority Ethnic Communities	London Borough of Bromley
Head of Service CSC Safeguarding & Care Planning	London Borough of Bromley
Drug Action Team Manager	London Borough of Bromley
Assistant Director, Children's Social Care	London Borough of Bromley
Group Manager, Quality Assurance	London Borough of Bromley
Assistant Director, Adult & Community Services	London Borough of Bromley
Head of Service, Bromley Children & Family Project	London Borough of Bromley
Manager	Bromley MyTime
Quality Improvement Service Manager	CAFCASS
Chairman	Children Families Voluntary Forum
School Governor	Governor Services
Lay Members	Independent
Assistant Chief Officer	National Probation Service
Student Services Manager	Bromley College
Safeguarding Lead National and Specialist CAMHS	Slam
Borough Crown Prosecutor	South London Prosecution Service
Head Teacher	Manor Oak Primary School
Detective Inspector	Metropolitan Police Service, Child Abuse Investigation Command
Detective Chief Inspector	Metropolitan Police Service, Borough



## 8. Appendix 1

### London Borough of Bromley

Bromley is the largest, geographically, of the 32 London Boroughs. It covers more than 58 square miles, encompassing both highly urbanised and rural areas. It has widely diverse communities and together with the geographic spread it can make the planning of services more complicated.

The latest detailed analysis of the London Borough of Bromley its demographic and economic profile as well as a description of the composition of children and young people in the Borough is based on census information 2001. The Department of Health issued a statement of Public Health in a 2007 analysis of boroughs, districts and counties. Among its measures for children and young people was physical activity among young people, obesity in children, tooth decay, teenage pregnancy and childhood poverty where Bromley was within the average for England.

Bromley's population is changing, with projections until 2031 indicating increases in new births, children and in the older population. Over the period the white population is expected to reduce matched by an increase in the black minority ethnic and 'other' population. The highest proportion is from white other than English background and Black African background. This is reflected in the school population where 24% of children in Bromley schools are from an ethnic background. However, it is worth noting that approximately 20% of the school population 11-14 lived outside the borough. The data showed that in 2005 there were approximately 37,000 children aged between 5 and 14 in Bromley comprising 12% of the borough's population.

The economic diversity of the Borough is notable, with levels of deprivation varying widely between wards. The borough overall is a relatively affluent, with some of its 22 wards ranked amongst the wealthiest in the country, whilst five are ranked amongst the 10% of most deprived areas. These areas are found in the North West, North and Central areas of the Borough. Risk factors emanating from inequalities in health, poverty and social conditions are also linked to increased likelihood of poor mental health.





## BROMLEY SAFEGUARDING CHILDREN BOARD COMMITTEE MINUTES OF THE MEETING HELD AT 2PM ON 12<sup>th</sup> February 2013

### PRESENT

Nike Adeoye	Designated Dr, Bromley CCG
Avey Bhatia	Deputy Chief Nurse, SLHT
Hazel Blackman	Business Support Officer
Kerry Bott	Director of Quality, Bromley Healthcare
Sonia Colwill	Director of Quality, Governance & Patient Safety, Bromley CCG
Julie Daly	Head of Quality Assurance & Safeguarding, LBB
Helen Davies	Independent Chair (Chair)
Robert Evans	Portfolio Holder, Care Services
Selene Grandison	Assistant Chief Officer, London Probation Service
Sally James	Quality Improvement Service Manager, CAFCASS
Andrea Kilvington	CFVSF
Tessa Moore	Assistant Director, Education
Terry Parkin	Executive Director of Education & Care Services (Statutory DCS)
Carolyn Pilkington	Safeguarding Named Nurse, Oxleas
Simon Plummer	Business Manager
Chris Smart	DCI, CAIT
Dave Smith	DI, Bromley Borough Police
Lynn Torpey	Named Nurse, SLHT
Sarah Turner	Designated Nurse, Bromley CCG
Kay Weiss	Assistant Director, Children's & Social Care
Marion Westropp	Named Nurse, Bromley Healthcare

### Guests

Asad Ashraf	NHS Bromley
Lorraine Duffus	Bromley YOT
Paul King	Head of Youth Support Programme, LBB
Ian Leadbetter	Head of Care & Resources, LBB
Virginia Read	Group Manager QA, LBB
Peter Sibley	Public Protection, LBB

ITEM	NOTES
1. Welcome, Introduction and Apologies	<p>Introductions were made.</p> <p><b>Apologies</b> Kevin Clarke, Jenny Selway, Kerry Bott, Jennie Hall and Colin Newman.</p>
2. Matters Arising from Previous Minutes – 20 <sup>th</sup> November	<p>The minutes were agreed.</p> <p>SG Management Review – Julie Daly went over the background of the review and explained that the Board had been waiting for the Police independent review. Helen Davies and Julie Daly said they had seen the police report and there are no major</p>

	<p>issues of concern. It reveals that SG had taken drugs previous to the incident and that there is evidence that she did not jump but was trying to escape the police. It was agreed in the light of the report the Safeguarding Board will not be undertaking a review.</p> <p>FGM – Chris Smart informed the group that there have been no successful prosecutions for FGM.</p> <p>Oakview – a report will be presented at the next meeting.</p> <p>Away Day minutes were agreed along with the new structure.</p>
<p>3. Strengthening Families Update</p>	<p>Virginia Read presented her report to the Board. She said that the pilot had been running for 6 months and that 100 conferences had taken place. The working group continues to meet on a regular basis. The feedback they have received about the new style conferences are that they are more focused and involve the parents more but some conferences have been lengthy. Conference reports from GP's had dropped and the Board had agreed for a shortened version of the template to be produced for them to make it easier for them to fill in. It was suggested that School Nurses also use the shortened version of the conference report form and Midwives would also use it for initial reviews. Sarah Turner said that an audit later in the year will look at GP's completion of conference reports.</p> <p>Virginia told the group that from 1<sup>st</sup> February young people aged 12 and over, will be invited to attend conferences and have the use of an advocate. Virginia asked the group about limiting one professional per agency attending the conferences as there can sometimes be quite a lot of professionals in a conference which is sometimes very daunting for the parents and for any young people who may attend. There was some discussion around this and it was agreed that it should ideally be limited but it should be looked at case by case as it may be sometimes necessary to have more than one professional from an agency.</p> <p>Risk management of the process has been undertaken by observations of conferences and there have been audits done on some conferences where the child/children were not made subject to a plan. The London Safeguarding Children Board is doing a survey on Strengthening Families and a report will be out in April.</p>
<p>4. Safeguarding Looked After Children</p>	<p><b>Children Social Care</b></p> <p>Ian Leadbetter spoke to his report and reported on the main points. When children are placed in the borough by other local authorities, Bromley Children's Social Care are informed but are not always updated when they move. The Board agreed that Children's Social Care should ask other boroughs if they have placed any children in Bromley. Kay Weiss said that this can be done with a standard letter every 6 months.</p> <p>The police have problems with data on missing children. Helen Davies said that the Board needs to agree how it gets the data, which can be taken forward along side the work on the procedure. A working group is to be set up to review the missing children procedures and report back at the next Board meeting.</p> <p>Ian said half of LAC are placed out of the borough and those placed far away may have trouble accessing services such as CAMHS. Julie Daly said that an audit was done on LAC looking at cases in and out of the borough and there was no apparent difference in them obtaining services. Independent Reviewing Officers also check this when they are carrying out their reviews.</p> <p>Terry Parkin said there is work being done which is looking at the Foster Carers contracts.</p>

	<p>More work needs to be done with missing children who are absent from placement.</p> <p>Kay Weiss said that when a placement finishes, Children’s Social Care do not speak to the child to find out what their experiences are, she said that this will be done in future.</p> <p>The numbers for BME is 26.7% which is higher than expected, Julie Daly said an audit was done on this in the past and it was difficult to pinpoint the cause as many of the cases examined had been LAC for a long period and practice has changed over that time. One theory was that BME families did not access Early Intervention services to the same extent but on examination this proved not to be the case.</p> <p><b>Health</b> Asad Ashraf presented the Health report, he said that the information had been obtained from a database which was over a 12 month period. In that period 30% had been placed out of borough and the previous year it had been 50%. Of 130 children placed out of borough, only 17 of them had their medical out of borough which shows the majority of them had continuity of care. Under 5’s have a medical every 6 months and most of them were having them done on time. Asad said they have a robust system in place. Terry Parkin raised a question about those who do not have their immunisations. Asad said looked after children have a Designated Dr and Nurse who monitor the records and make sure they are immunised.</p> <p><b>Youth Offending Team</b> Paul King presented his report and outlined that the quality of the information received from other authorities transferring children in is not always good enough for them to make a risk assessment. He said the numbers of transfers in are increasing and they bring with them gang affiliation. Lorraine Duffus said that YOT get referrals who are not LAC but are involved in gangs and before the YOT accept them they have to go through a transfer in process so the YOT know what they are dealing with. A large number of the transfers in are BME. Paul said that current practice needs to be assessed against the report by HMIP. Once this is done the results will come back to the Board.</p> <p><b>Action: Paul King to bring the results from the review back to the Board.</b></p>
<p>5. YJB Safeguarding Roles &amp; Responsibilities – Bromley Response</p>	<p>Paul King spoke to his paper and said the main issue is the time spent in custody, and that with the LASPOA act any child in custody will automatically become looked after. Julie Daly asked if they have numbers of those in custody who self harm. Paul said that over the last 3 years they have had 50 children on remand. Half of those were aged 15 years or above and some of those were at risk of self harm. An assessment would be done and the information would be given to the secure unit or prison so that they can act accordingly.</p> <p>Terry Parkin said it will cost around £½ million per year to cope with the changes.</p> <p>Lorraine Duffus said that the YOT would like to have more arranged meetings with Social Workers and Social Care Managers.</p> <p>Kay Weis said that Social Care will be carrying out some case work audits for LAC and the learning will be shared with QA &amp; PM.</p>
<p>6. A Multi agency Approach to Tackling Gangs in Bromley</p>	<p>Peter Sibley presented his paper; he focused on the 8 recommendations in the report and said that the first 4 are being done. Chris Smart said that sexual exploitation needs to be integrated into the recommendations. Helen Davies said that the work on CSE needs to be joined up with the work on gangs.</p> <p><b>Action: Chris Smart and Peter Sibley will meet outside the meeting to discuss the integration.</b></p>

<p>7. Recommendations from the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups</p>	<p>Chris Smart spoke to his paper and said that all the recommendations were in hand or had been done. The working group is moving forward and multi agency training is being arranged as well as awareness raising. Helen Davies asked how many children have been identified in Bromley. Chris said that originally it was 8 – 10 but since then others have come to light so there is approximately 20 – 25 but they have been told a truer figure would be ten times more. The question was raised about if the police were getting additional resources but Chris said that funds were just being moved around. Kay Weiss asked if all officers are trained on the signs of CSE. Chris said they were not currently, but they will be. Julie Daly told the Board that the additional resources from Banardos is coming to an end and steps are being taken to look at how this can be resourced. The Board is commissioning the awareness training.</p>
<p>8. Draft BSCB Business Plan 2013/14</p>	<p>Simon Plummer spoke to his paper and said that the 3 year plan had been converted into a 1 year plan and this was the first draft. There are 5 key areas, focusing on outcomes for young people. The draft went to the QA &amp; PM meeting where it was agreed to add milestones which will make it easier to keep a track of progress and keep agencies more outcome focused. Simon asked for each agency to take away the Business Plan and send any comment to him by 22<sup>nd</sup> February.</p> <p><b>Action: Comments on Business Plan to Simon by 22<sup>nd</sup> February</b></p> <p><b>Action: Business Plan back to 5<sup>th</sup> March QA &amp; PM, and back to Board in June.</b></p> <p>Helen Davies said the aim is to challenge and make the Business Plan more focused and concrete.</p> <p>Julie Daly asked agencies to think about what evidence they could produce for the outcomes. Terry Parkin said we need to look at JSNA and bring it together. He asked if the Board had the power to approve or does it receive other agencies Business Plans. After some discussion it was decided that it is somewhere in between. The Board holds to account, scrutinises and challenges. Nike Adeoye asked if any of the information from the Away Day had been incorporated into the Business plan.</p> <p><b>Action: Simon Plummer to look at the information from the Away Day and see if it can be incorporated into the Business Plan.</b></p> <p><b>Action: Simon to look at points 4.1 and 4.2 as they conflict each other.</b></p> <p>Terry Parkin asked the group to also focus on area 2 information sharing as some Boards have been failing in this area.</p>
<p>9. BSCB Budget 2013/14</p>	<p>Julie Daly presented the proposed budget to the Board and said that we were not asking for an increase for the second year running. She explained that the reason the board was not asking for an increase in contributions was because we had budgeted for a Serious Case Review and we have not had one for 2 years.</p> <p>Avey Bhatia told the Board that SLHT would pay for quarter 1 and 2 but could not commit to paying the full year as management will shift to KCH Trust.</p> <p><b>Action: The budget was agreed.</b></p>
<p>10. Multi Agency Action Plan on Private Fostering</p>	<p>Simon Plummer presented the action plan; he told the Board that numbers in Bromley are very low. He said that Yvonne Onyeka had put the action plan together and it was in draft format and asked the Board for any comments. He explained that one of the problems identified was that there was no lead on this in Social Care. The</p>

	<p>action plan will be held within Social Care and Kay Weiss will identify someone at operational level in Social Care who will be responsible to map out and do the thinking around this work. Helen Davies said that action on Private Fostering needs a multi agency commitment. Designated staff are doing assessments and reviews and some Health Visitors could do some work in this area. Kay Weiss told the group that most private fostering arrangements would not want Social Care involved so would not be willing to come forward.</p>
11. NHS Bromley Safeguarding Children Annual Report	<p>Sarah Turner told the group that the annual report had been completed in August and was produced by Nike Adeoye and herself. She said that they had made progress in gathering assurance data and tracking levels of training. Sarah said that softer information comes through and auditing will identify any gaps and most of the audits will be taken to QA &amp; PM.</p>
12. Chairs National Conference and London Board Update	<p>Helen Davies updated the Board and said that at the National Chairs Conference they had a presentation from a government minister for children services who was pushing the new performance management framework. There was also a presentation from Jackie Tiotto from Ofsted on what makes a good Safeguarding Board.</p> <p><b>Action: The slides from Jackie’s presentation to be circulated to the Board.</b></p> <p>At the London Chairs meeting they had a presentation on CSE and looked at the London wide document between London Boards and MAPPA and the joint work. She said the LCPP’s will be retained and re-written when Working Together is published. The proposed date for the new Working Together is March.</p>
13. AOB	<p>The Edlington Case – Julie Daly said the paper was for information for all agencies to look at as it will impact on the new information sharing guidance.</p> <p>Avey Bhatia said that SLHT will be dissolved by October but the exact date is not known. The PRUH is being taken over by Kings and face to face meetings have taken place. Resources will be protected and continue. The person taking over in Kings will attend the next meeting with Avey so the handover can be done and Board papers will be shared with them.</p> <p>Sarah Turner said CCG has been formally authorised and there is a Designated Nurse for Adult Safeguarding.</p> <p>Chris Smart said plans are changing all the time and that Safeguarding will sit with the borough and is likely to become the Public Protection and Sexual Exploitation team.</p> <p>Tessa Moore said that a third of schools have become academies and it is expected by September it will be 50%.</p> <p>Selene Grandison said that by 2015, 70% of their low risk work will be going to private providers, and that the consultation process is in place now.</p> <p>Terry Parkin commented on the Caldicott Review and said that there would be a report from the Secretary of State by the end of the month and we should share information with professionals.</p> <p><b>Action: Caldicott Review to come back to the next meeting.</b></p>

Approved by .....  
**CHAIR – Helen Davies**

Date.....

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## EXECUTIVE COMMITTEE MINUTES OF THE MEETING HELD AT 2PM ON 20<sup>th</sup> November 2012

### PRESENT

Hazel Blackman	Business Support Officer
Kerry Bott	Director of Quality, Bromley Healthcare
Joy Connor	LBB Legal and Support Services
Julie Daly	Head of Quality Assurance & Safeguarding, LBB
Helen Davies	Independent Chair (Chair)
Barbara Godfrey	Head of Social Care, Oxleas
Andrea Kilvington	CFVSF
Tessa Moore	Assistant Director, Access & Inclusion
Yvonne Onyeka	Business Manager
Denise Partridge	Safeguarding Lead for Education
Carolyn Pilkington	Safeguarding Named Nurse, Oxleas
Audrey Teodorini	MPS Bromley Borough Police
Sarah Turner	Designated Nurse, Clinical Commissioning Group
Kay Weiss	Assistant Director, Education and Care Children's & Social Care

### Guests

Clare Elcombe	Domestic Violence Co-ordinator, LBB (item 10)
Susan Webb	Quality Assurance Manager (item 6)
Ian Leadbetter	Head of Care & Resources, LBB

ITEM	NOTES
1. Welcome, Introduction and Apologies	<p>Introductions were made.</p> <p><b>Apologies</b>                      Nike Adeoye, David Roberts , Angela Bhan, Kevin Clarke , Cllr Robert Evans and Jenny Selway</p>
2. Matters Arising from Previous Minutes – 11 <sup>th</sup> September	<p>The minutes were agreed.</p> <p>SG Management Review – an update on this case and progress with IPCC to be provided to next committee.</p> <p>Ofsted Multi Agency Inspection Framework Consultation - Responses were received by the Business Manager, who collated them and submitted a written response.</p> <p>MASH - Mark Thorn has spoken to EWS regarding representation and involvement in the MASH.</p> <p>FGM prosecutions - Chris Smart to be asked to provide an update at the next meeting.</p>



<p>3. Ofsted Inspections Action Plan</p>	<p><i>Safeguarding Inspection</i>  Kay Weiss updated the Executive on the action plan; everything is on target or has been completed. The action plan will continue to come back to the Executive until everything is complete. The QA &amp; PM should focus on some of the actions.</p> <p><i>Disability Inspection</i>  Tessa Moore is to ask Mary Cava ( Head of Service) to present an update on progress at the Executive in May. The link to looked after children who are disabled to be made.</p> <p><b>Action: Disability Action Plan to come back to the May 2013 Executive.</b></p>
<p>4. Private Fostering Annual Report</p>	<p>Yvonne Onyeka spoke to her paper and told the Executive Committee that the report should be a Social Care report and not a Board report. The responsibility is shared between the LAC and RAT teams.. She explained that she had to gather information from each team to write the report. We have very small numbers in Bromley with some cases coming from language schools. We don't know what the children feel about the arrangements and whether they know what their rights are within the arrangement. She said that two different assessment tools are being used. Julie Daly said that there maybe a problem with awareness and recognition across agencies and there needs to be an operational lead in Children's Social Care.</p> <p>Kay Weiss asked what other authorities are doing in particular those who have been judged as excellent, we could see what we can learn from them. Julie Daly said Lambeth are doing very well with private fostering. We need to know what agencies are doing to promote private fostering. Denise Partridge said she always includes it in her training in schools and Sarah Turner said it is included in their training, and an audit shows that all GP's except two are asking about private fostering.</p> <p><b>Action: Yvonne/Simon to create a multi agency action plan between Schools, Health and Social Care and bring back to the next Executive.</b></p>
<p>5. Safeguarding Looked After Children (LAC)</p>	<p>Ian Leadbetter is the Head of Service with responsibility for the authority's Looked After Children (LAC). He informed members about the new style unannounced inspection which will take place over 2 weeks, identifying the area that inspectors will be looking at, which includes the experience of care leavers and the effectiveness of interventions on their experience. Fostering and Adoptions services will be inspected together. Inspectors will analyse and make judgements on practice through observation, accompany social workers on visits, interview practitioners and children and shadow Independent Reviewing Officers (IRO's). He said the Board should be able to assess the quality of care; know about the number of children missing from placement and those placed outside the borough; be aware of all allegations in relation to LAC; know how to prevent child sexual exploitation (CSE) and be able to challenge robustly.</p> <p>Kay Weiss enquired about the issues in relation to Health input for LAC. Sarah Turner said examinations for LAC, particularly when they are out of borough and CAMHS, were pressing issues. It was noted that the Board needs to be aware of the residential units within the borough and the number of out of borough children placed within them. The YOT take responsibility for out of borough children who are placed here. Oakview residents usually have mental health problems and they are in a secure environment.</p> <p>Members agreed that the Board must map the residential and secure units in Bromley and used by Bromley as out of borough and identify and access the sources of information about the young people within them.</p>



	<p><b>Action: Update of Oakview inspection to come to the next Executive.</b></p> <p><b>Action: Yvonne, Simon and Julie to do the mapping, which authorities, which agencies and sources of information about where LAC come from.</b></p> <p><b>Action: Ian Leadbetter to write a report to come back to the Executive to cover:</b></p> <ul style="list-style-type: none"> <li>• <b>Sufficiency of placements.</b></li> <li>• <b>Number of LAC in and out of borough</b></li> <li>• <b>Robustness of placements – criteria and oversight.</b></li> <li>• <b>Placement turnover per child/ young person.</b></li> <li>• <b>Quality of care of for those placed out of borough</b></li> <li>• <b>Numbers, nature of placement and quality of experience for disabled children who are LAC.</b></li> <li>• <b>Allegations against foster carers</b></li> <li>• <b>LAC experiencing CSE, Missing LAC</b></li> <li>• <b>Interventions and analysis of impact of services on outcomes for LAC</b></li> <li>• <b>Comparative data - statistical neighbours</b></li> <li>• <b>Strengths and limitations of procedures</b></li> <li>• <b>Access to specialist support, timeliness, quality etc.</b></li> </ul> <p><b>Separate reports from agencies to include:</b></p> <ul style="list-style-type: none"> <li>• <b>Health to provide a report from specialist nurse on LAC children’s access specialist services, timeliness, quality, outcomes for example CAMHS. Sarah Turner to lead.</b></li> <li>• <b>YOT to report on YO from other authorities placed within the borough.</b></li> </ul>
<p>6. Independent Reviewing Officers Annual Report</p>	<p>Susan Webb spoke to her paper she explained that Independent Reviewing Officers (IRO’s) chair the meetings, but they also challenge agencies which is what the Board requires. The report notes that 42% of LAC are placed out of borough, it addresses placement stability, young people on remand and advocacy arrangements.</p> <p>Members asked Susan to add a question into the next annual report which is ‘How this can help with the quality of care? In addition, the safeguarding of LAC should be covered in the report to address issues such as missing children and CSE.</p> <p>Some questions raised were what can the IRO service do to inform CSC, and what can we do to improve the experience of older young children, is there anything that can be done differently to keep them safe.</p> <p>Susan represents Bromley at a DFE national forum, where issues such as links with the court Guardian and court processes are high on the agenda and of which the Board should be cognisant.</p> <p><b>Action: Susan Webb to add the question on impact on quality of care and specific heading for safeguarding LAC children to her next annual report.</b></p>
<p>7. Children First, Report of the House of Commons Select Committee</p>	<p>Julie Daly spoke to her paper she told the Executive the report focused on neglect, child protection and older children and the thresholds for intervention. Members recognised the particular vulnerability of this group. Issues explored included timescale for school placements, access to CAMHS, training and the skillset of foster carers to work with older young people.</p> <p>Further issues to consider include safeguarding older young people on the edge of care and the experiences and outcomes for this group.</p> <p>She asked the Executive to consider the implications for Bromley. These items will be scheduled to come back to the Board in 2013.</p> <p><b>Action: Julie Daly - Audit of the quality of multi agency plans and impact on young people to come to Board in April/May 2013</b></p>

	<p><b>Action: Yvonne and Julie to schedule the items coming to the Executive.</b>  <b>Action: Yvonne to turn the appendix into an action plan.</b></p>
<p>8. BSCB Business Plan &amp; Progress on BSCB Priorities 2012-13</p>	<p>Yvonne spoke to her paper she said that we are slightly behind with the Section 11 audits, Denise Partridge is doing some work to pull together the schools section 11's. We did some work on gangs but the working group have not carried on meeting since the Board withdrew. The police is committed to gang work.</p> <p>The question was raised about how we get information from a young person who is on the receiving end of gang activity, It was suggested that we could get this information from their advocate or the IRO annual report. Julie Daly said we need to map where the information is. The business plan needs to be refocused and the items that have been completed need to be removed.</p> <p><b>Action: the police to send Yvonne the contact details of those working with the gangs and Yvonne will provide the police with the Bromley contacts.</b></p> <p><b>Action: Yvonne to tidy up the business plan, remove the items that have been completed and add the items that have been discussed.</b></p>
<p>9. YJB Safeguarding Roles &amp; Responsibilities – Bromley Response</p>	<p>Julie Daly told the Executive that she had received an email from Paul King in which he said</p> <p>The government is introducing some changes to the remand system through the introduction of the Legal Aid Sentencing and Punishment of Offenders Act 2012 which Children Social Care colleagues are presently considering.</p> <p>Key features of the changes, which are due to be implemented during December:</p> <ul style="list-style-type: none"> <li>1: reduced reliance on custody during remand in favour of community based alternatives</li> <li>2: introduction of a new legal test aimed at restricting the numbers eligible for remand to custody</li> <li>3: LAC status for <b>all</b> young people placed on remand</li> </ul> <p>With this in mind he asked if the item could be deferred to the next meeting.</p> <p><b>Action: This item to come to the next Executive February 2013.</b></p>
<p>10. Domestic Violence – Perpetrators Programme Update</p>	<p>Clare Elcombe spoke to her paper; she explained that the report was still in draft, they have received the first of four evaluations. The take up was disappointing and several administrative factors could account for this, particularly the short lead in time and the referral criteria. Options for taking project forward are under consideration including raising awareness in schools to address perpetrator behaviour at early stage. Kay Weiss asked about the impact of the interventions made to those involved in the programme. It was noted that there is limited provision for men and she did not want to lose the programme, when there is clearly a need for provision. Clare explained that she was looking for further funding to continue the programme. The programme will be evaluated at 6 months and then in a year, which will provide a foundation for analysing impact.</p> <p>The Police has data of all perpetrators so if it was to become a permanent service they could make referrals to it. Clare said that they intend to have a rolling programme rather than a rigid start and finish date. She should know by January if the bid has been successful and they would start in February/March.</p> <p>The Executive agreed that they would like the programme to continue but would like it to have a rigorous evaluation.</p>

	<p>Audrey Teodorini noted that the MPS had experienced a reduction in domestic abuse crime incidents. The following may account for this in part, arrest rate was higher at 82%, fewer perpetrators are bailed, more placed in custody and charged, reflecting some changes to CPS and tagging used more.</p> <p><b>Action: DV report to be brought to the Executive to include:</b>  <b>Overview of services</b>  <b>The progress on the DV strategy</b>  <b>The Multi-agency work being undertaken from prevention to intervention</b>  <b>Multi-agency audit should be undertaken. The Evaluation to be put in the work programme for 2013.</b></p>
11. CSE Strategy and Work Programme 2013	<p><b>Action Plan</b></p> <p><b>Rochdale Case Review</b></p> <p>Sarah Turner spoke to the paper and the main points were that there was nothing in the Rochdale report that we didn't already know or have not included into our action plan. The main findings from the report included multi agency strategy, awareness raising, specific services aimed at those at risk; police need to build cases when perpetrators are identified. Identifying types of CSE prevalent in areas.</p> <p>The CSE working group met last Friday and are working towards Social Care, Health and the police looking internally at how they can capture CSE data and start setting baseline data, training for Practitioners is planned for February, they are also looking at a training package for schools and presentations are to be arranged for 'Love or Lies' training programme. Multi Agency Sexual Exploitation panel (MASE) is to be set up and launched in April. The police are setting up pan London group including partner agencies to look at pathways and uniform ways of working ie MASE panels in each borough.</p>
12 Update on Health Agencies	<p>Sarah Turner spoke to her presentation and gave the Executive an update of the Health agencies.</p>
13. London Board Chairs Update	<p>Helen Davies told the Executive that at the Chairs meeting they discussed the new inspection framework, she shared Bromley's experience with them as we were the only Board who had gone through the new process. She said the Board needs to become more outcome focused and we need to be able to show we can hear the voices of young people.</p> <p>The first meeting of the National Association of Safeguarding Board Chairs will take place this week.</p> <p>Boards can hold academies to account through Section 11 audits.</p>
14. AOB	<p>Helen Davies told the Executive that the Board would be asking agencies for the same financial contribution as last year.</p>

Approved by .....  
**CHAIR – Helen Davies**

Date.....

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## SAFEGUARDING CHILDREN

### BSCB NEWS

April 2013

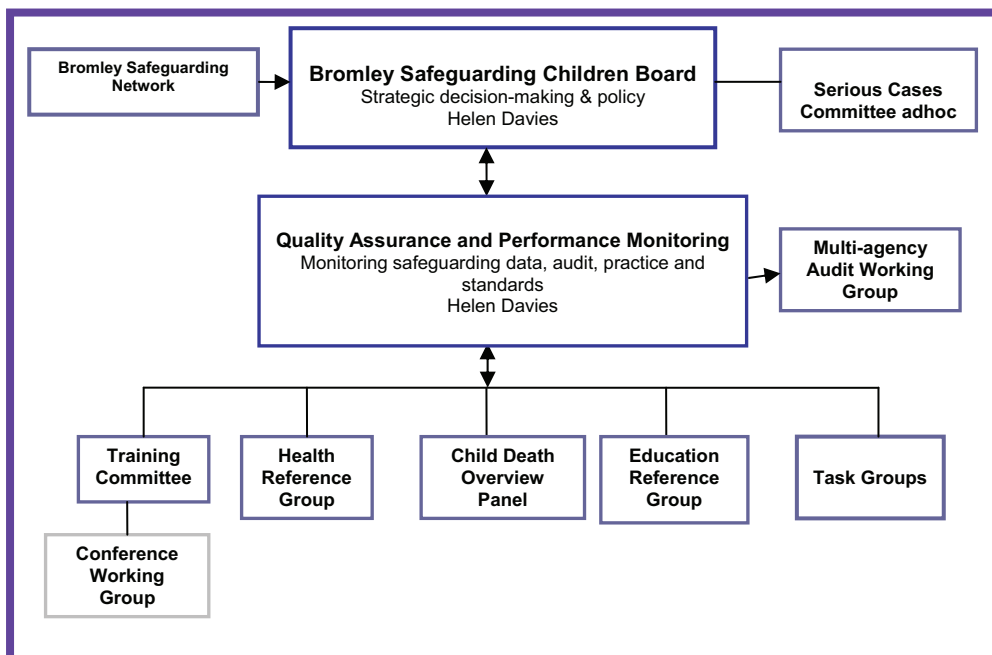
#### Changes to the Board

In January 2013, the Bromley Safeguarding Children Board Structure was reconfigured, this was following agreement by the Board in November 2012. The diagram below shows the new structure, but in summary:

- The Board has replaced what was the Executive and will be the key strategic decision making group, with representation at Director and Assistant Director level;
- The Quality Assurance and Performance Monitoring committee will continue to focus on monitoring safeguarding data, audit, practice and standards. Membership of the committee has been updated and it is now chaired by the Board's Independent Chair;
- The Bromley Safeguarding Network is a newly constituted group which has replaced the 'Main Board'. The Bromley Safeguarding Network will be the main route to share key messages, learning and good practice.

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These changes have been introduced to strengthen the Board and to ensure that there is partner agency buy-in at a high level on the Board as well a number of professional advisors to the Board.



## Farewell

Denise Partridge, Lead Officer for Education Safeguarding has retired. Denise worked for the Board for six years and during that time formed strong relations with schools in both the maintained and independent sector. Denise provided training for school staff at all levels including governors and helped schools to undertake safeguarding audits. She was a leading member of the Board contributing to training, the annual conference and strategies including around child sexual exploitation and E-safety. We wish Denise all the best in her retirement.

## Welcome to Lorrisa Webber

We welcome Lorrisa Webber as the new Lead Officer for Education Safeguarding. Lorrisa took up her new role on Monday 15<sup>th</sup> April and joins us with a great deal of experience from a similar role in another local authority. Lorrisa is looking forward to working with schools and partner agencies in Bromley to help safeguard and promote the wellbeing of children.

## New Working Together to Safeguard Children 2013 published

The much awaited Working Together to Safeguard Children has now been published and comes into force on 15<sup>th</sup> April 2013. The statutory guidance replaces:

- Working together to safeguard children (2010)
- Framework for the assessment of children in need and their families (2000), and
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (2007).



Most of the responsibilities and procedures in the new 2013 Working together remain the same as the 2010 guidance, but the length of the document has been reduced from more than 700 pages in the 2010 version to 95 pages including a glossary. The guidance is clear that “safeguarding is everyone’s responsibility”. Other headlines include:

- The reinstatement of statutory timescales for assessing the needs of vulnerable children, which had been removed from the consultation documents;
- A removal of the distinction between initial and core assessments, replaced by ongoing’ locally developed, assessments of need;
- A change in the governance arrangements for independent Chairs of local safeguarding children boards (LSCBs), who will now be appointed and held to account by the local authority Chief Executive rather than the Director of Children’s Services;
- The establishment of a national panel to hold LSCB Chairs to account on whether serious case reviews should be carried out, which independent reviewers should be commissioned to lead the review, and to challenge any decision that the report should not be published;
- A strong reiteration of the government’s intention that all serious case reviews should be published in full, and more detailed guidance on what this means in practice;
- A reversal of the consultation’s proposal for all future serious case reviews to be undertaken using so called “systems methodology”, with LSCBs instead free to use any model that is broadly in line with stated principles; and



- A requirement on LSCBs to develop a local framework for learning and improvement, including regular reviews of cases that may not meet the criteria for a full serious case review, as part of an ongoing process of learning and development.

## Child Protection Conferences

From 1<sup>st</sup> April 2013 all child protection conferences will be chaired using the Strengthening Families Framework. If you did not have the opportunity to attend one of the training or briefing sessions last year you may be interested in applying to attend the forthcoming two day training on 25 and 26 June 2013 and 12 and 13 February 2014. For further details see the BSCB training brochure. [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)



An important reminder – if you wish to bring somebody with you to observe a child protection conference, perhaps as part of their induction or training, please could you ensure that you notify the allocated social worker and also the Chair of the conference at least a week beforehand. This gives time to consider whether it is appropriate to have an observer present, ensure that not more than one observer attends a conference and most

importantly, gives the opportunity to discuss this request with the parents and seek their permission. **Without prior notification, an observer will not be permitted to attend the child protection conference.**

From 1<sup>st</sup> February 2013 a new procedure was introduced to encourage the participation of young people in child protection conferences. After obtaining parental permission, a young person aged 12 years and over, will be invited to participate in their child protection conference. They will be offered the choice of either attending the conference in person, with the support of an advocate if they wish, or having their views conveyed to the conference through the advocate. A group of young people who have been or still are the subject of a Child Protection Plan, were consulted and their views incorporated into the new Procedure.

Finally, a reminder that conferences can be very stressful meetings for families. In order to secure the best engagement of family members, we aim to make these meetings as user friendly as possible. Inevitably, if there are a number of professionals involved with the family the conference may be a big meeting. In order to make the meeting less daunting for families, it would assist if only one representative from each school attends the conference unless there is a very good reason why one person will not be able to share all the relevant information.

## Tackling Troubled Families



The Tackling Troubled Families programme (TTF) is designed to help those families characterised by there being an adult in the household not in employment and in receipt of benefits, children attending school less than 85% and family members being involved in crime and anti-social behaviour. It is estimated that Bromley have around 490 families facing multiple problems. The primary aim is to get children back into school, reduce youth crime and anti-social behaviour, put adults on a path back to work and reduce the high costs placed on public services.

To take this initiative forward, Bromley have recruited four additional Family Support Parenting Practitioners to work alongside existing Bromley Children Project (BCP) staff. They will look at the family from the inside out, understand the dynamics, and offer practical help and support in striving to achieve those positive outcomes.

### Identifying Families

The criteria for targeting families for the TTF programme will therefore reflect those issues (*at least one child must be aged 11- 19 years*). For the purposes of qualifying to be part of the TTF programme, the household must meet either 3 national criteria or 2 national & 1 local criteria.

#### National Criteria

- Are involved in crime and anti-social behaviour
- Have children not in school (less than 85%)
- Have an adult on out of work benefits
- Cause high costs to the public purse

#### Local Criteria

- Edge of care (child subject to a CP Plan/ risk of becoming LAC)
- Family at risk of eviction
- Domestic Violence Issues
- Substance Misuse Issues
- Mental Health Issues

Referrals can be made via the BCP referral form which can be downloaded from [www.bromley.gov.uk](http://www.bromley.gov.uk) (*TTF involvement with a family is consent based*).

Email any questions to the TTF Co-ordinator [neil.dilkes@bromley.gov.uk](mailto:neil.dilkes@bromley.gov.uk)

Further information can be found on the DCLG website [www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around](http://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around)

## **Forthcoming Events & Training!**

### **Annual Conference – Child Sexual Exploitation**

We are pleased to announce that the 2013 Bromley Safeguarding Children Board Annual Conference will focus on child sexual exploitation, raising awareness of the issue and looking at how we can help protect children in Bromley from child sexual exploitation.

There will be speakers from a range of national and local services and part of the day will include a theatre production.

Booking for the conference will begin in the summer, but for now, be sure to put the date in your diary, **Wednesday 23<sup>rd</sup> October 2013**.



## BSCB Training 2013-2014

The BSCB training brochure is now available to download from the BSCB website. [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org) This includes all the training courses for 2013-14. It also includes details of how to access our free e-learning courses.



Here are some details of upcoming training:

### Upcoming Courses

- |   |              |
|---|--------------|
| • Group 4/5 Safeguarding Children & Young People (Advanced) | 7-8 May 2013 |
| • Chairing Team Around the Child Meetings (TAC)             | 9 May 2013   |
| • Child Sexual Exploitation                                 | 14 May 2013  |
| • Domestic Abuse and Safeguarding Children                  | 22 May 2013  |
| • Safeguarding Disabled Children: Raising Awareness         | 7 June 2013  |

More detail on each course is available to download from the BSCB website: [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org). Email your form to: [Course.booking@bromley.gov.uk](mailto:Course.booking@bromley.gov.uk)

## Key Contacts

### COMMUNITY & VOLUNTARY

Children and Families Voluntary Sector Forum	Judy Kimmins <a href="mailto:cforum@btinternet.com">cforum@btinternet.com</a>	020 8315 1909
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### EDUCATION

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### HEALTH

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Designated Nurse for Safeguarding	Sarah Turner <a href="mailto:Sarah.Turner@bromleypct.nhs.uk">Sarah.Turner@bromleypct.nhs.uk</a>	0208 313 4819
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Designated Doctor Unexpected Deaths	Dr Sujata Sharma <a href="mailto:Sujata.sharma@bromleypct.nhs.uk">Sujata.sharma@bromleypct.nhs.uk</a>	
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Child Death Administrator	<a href="mailto:Gulshen.Fisher@bromley.gcsx.gov.uk">Gulshen.Fisher@bromley.gcsx.gov.uk</a>	Fax: 020 8313 4288
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Designated GP for Safeguarding	Dr Kate Dyer <a href="mailto:Kate.Dyer@nhs.net">Kate.Dyer@nhs.net</a>	
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Named Nurse (South London Hospital Trust)	Lynn Torpey <a href="mailto:lynn.torpey1@nhs.net">lynn.torpey1@nhs.net</a>	
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Named Nurse Safeguarding (Oxleas Mental Health NHS)	Carolyn Pilkington <a href="mailto:Carolyn.Pilkington@oxleas.nhs.uk">Carolyn.Pilkington@oxleas.nhs.uk</a>	01322 625 029
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### POLICE

Bromley Police Public Protection Desk	DI Dave Smith	020 8284 8766
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### SOCIAL CARE

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## SAFEGUARDING CHILDREN

### BSCB NEWS

April 2012

#### Welcoming the New BSCB Chairperson

Meet Helen Davies, who joins the Board as its new Chairperson from 1<sup>st</sup> April. Helen is already getting to know us in Bromley. She attended the Partnership Forum in February where she met briefly with the Portfolio Holder for Children and Young People and Director of Children Services. She has also met briefly with Executive members. Helen says: "I am very pleased to be appointed as the independent chair of Bromley Safeguarding Children Board. I have over 30 years' experience in children's social services. I started my career as a social worker in Lewisham and have worked in a number of local authorities. Between 1998 – 2011, I worked at assistant/deputy director level in Medway, Kent and East Sussex. In these posts I was an active member of area child protection committees and latterly safeguarding boards and I look forward to using this experience in my new role. I am excited by the prospect of leading the Board through many challenges during the next 3 years, notably implementation of the changes arising from the Munro review and from the Health and Social Care Act. I have been impressed by the commitment to high standards of safeguarding in Bromley and I look forward to working with all agencies, building on strong partnerships and striving to continue to improve outcomes for children. I am keen to enhance the Board's focus on outcomes and on hearing the voices of children and their families about their experience of services."



Helen Davies, Chairperson BSCB

Helen was appointed by a multi agency senior manager panel including representation from health, the police and children and young people's services. Her appointment is for three year and is reviewed annually.

#### Farewell

Gillian Pearson, Director of Children and Young People's Services has retired. She chaired the BSCB for 5 years and also served as its vice-chair for 2 years following the decision to select an Independent person to the role. She has plans for exciting new projects which draws on her formidable experience, including representation on a key government working group.



#### New Department - Education and Care Services

In a further change to the Council, a new department has been created bringing together functions of adult, children services within a single department Education & Care Services.

## Assessing Risk of Abuse

Social work practice is changing. The emphasis has returned to observing children and families. Whilst Professor Eileen Munro's report on the child's journey placed a spotlight on practice and professional judgement, others such as Professor David Shemmings, have worked over many years to enhance practice on the frontline. Professor David Shemmings PhD is professor of Social Work at the University of Kent and director of the ADAM programme. ADAM stands for the Assessment of Disorganised Attachment and Maltreatment, which Bromley Safeguarding and Children's Social Care is seeking to embed within its service, following in the footsteps of several other London Boroughs.



Professor David Shemmings

In February, Professor Shemmings briefed 170 multi-agency practitioners on the approach, raising awareness on what the model has to offer and how social workers will be working.

The model offers social workers a more observational-based toolkit for assessment and is based upon the theory of disorganised attachment where it is commonly known that 80-90% of maltreated children have a disorganised attachment to their abusers (where the abuser is one of their carers). Disorganised attachment, therefore, is regarded as a reliable predictor for abuse. Knowing about it supports earlier intervention by **all** practitioners.

The half-day multi-agency briefings focused on the meaning and significance of disorganised attachment, highlighting why some high risk parents go on to abuse children while others do not; and the mediating factors to lessen the risk of child abuse. With examples and video snapshots of practice with real families the briefings demonstrated how when identified interventions to address attachment can change children's lives.

If you missed our recent seminar on ADAM, you can find out about the model through the **ADAM website, [www.tiddlyspot.com](http://www.tiddlyspot.com)**.

## Strengthening Families: A New Approach to Child Protection Conference

If you attend child protection conferences from the August you may be involved in piloting a new model of child protection conferences to be introduced by Children's Safeguarding and Social Care. The Board have given approval for the pilot to take place, expressing interest in the model's potential for improving the engagement of families in the process and to enhance the focus on improved outcomes for children. Called Strengthening Families, the approach is based upon the 'Signs of Safety' partnership model of child protection developed by Andrew Turnell an Australian social worker. Underpinning the model is the belief that each situation can be viewed from a number of different perspectives. Professionals are encouraged to explore and be open to these multiple perspectives rather than simply accepting their own as the correct one. 'The 'Signs of Safety' approach seeks to find a firm footing between the two polarities of the 'professional is always right' or succumbing to the temptation to simply believe the service recipient. The approach says that greater success is achieved in child protection when all parties, professionals and parents/carers, agree to mutually understood goals. Subtle but significant changes will be evident, such as the room set up will be less adversarial and aim to set parents and ease so that they can fully engage in the process. The whole meeting is about understanding what can make a difference and developing a plan, rather than planning being at the end of the meeting.

Targeted training and a series of briefings for all agencies are being planned – so look out for further notices in the summer.

## Safeguarding Young People from Gang Activity - single points of contact

Steven is 18, he got into trouble a lot at school and then spent time hanging around, increasingly getting involved with a group that seemed to always be in trouble. He loved sport and this was a way out for him. With the support of XLP, a charity that works directly with young people across London, he chose a different path to his friends. Now he is a sports leader and role model to other young men.



Patrick Regan, the charity's CEO gave a compelling presentation on what is happening in terms of gang activity in London today. He shared key messages on how to engage with young people to prevent and minimise gang involvement. Each year a small number of young people present to Bromley in search of safe accommodation, stating that they are escaping gang involvement or violence.

A larger and more difficult to track number of young people come to the borough's housing needs department seeking accommodation and their gang involvement is not known until something happens. There leaves little opportunity to keep them safe by ensuring that they are not placed in areas where there are rival gang members or into accommodation bordering the areas they are trying to get away from.

To minimise the risk of this happening Bromley Safeguarding Children Board has been in dialogue with south east London boroughs through their housing partnership group to ensure that when young people are placed in Bromley if gang activity is known or suspected this is made clear to housing at the outset. Bromley has made it clear that it will share information with specific agencies in order to safeguard the young person involved to ensure that they are not placed inappropriately.

The BSCB has developed a protocol to support professionals to share information with key identified single points of contact within Bromley. It can be downloaded from the BSCB website:

More information and guidance to professionals on gangs is available through a leaflet *Gangs: know the facts*, also available to download from the BSCB website [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org).



## Parental Substance Misuse

A multi-agency Group has reviewed and revised the Protocol on safeguarding Children and Young People Living with Parental Substance Misuse. The revision provides clearer information on referral pathways. You can find the revised protocol on the bscb website <http://www.bromleysafeguarding.org/documents/ProtocolSubstanceMisusingParents>

## New Framework for Inspection

Ofsted have published the revised framework for the inspection of local authority arrangements to protect children, including the effectiveness of early identification and help for children, young people, their families and carers. These inspections will focus on the effectiveness of the local authority's child protection services, and the local authority's leadership of strategic partners in their shared work to help and protect children and young people. [Ofsted | Framework for the inspection of local authority arrangements for the protection of children](#)



## Forthcoming Events & Training!

### BSCB Training 2011-2012

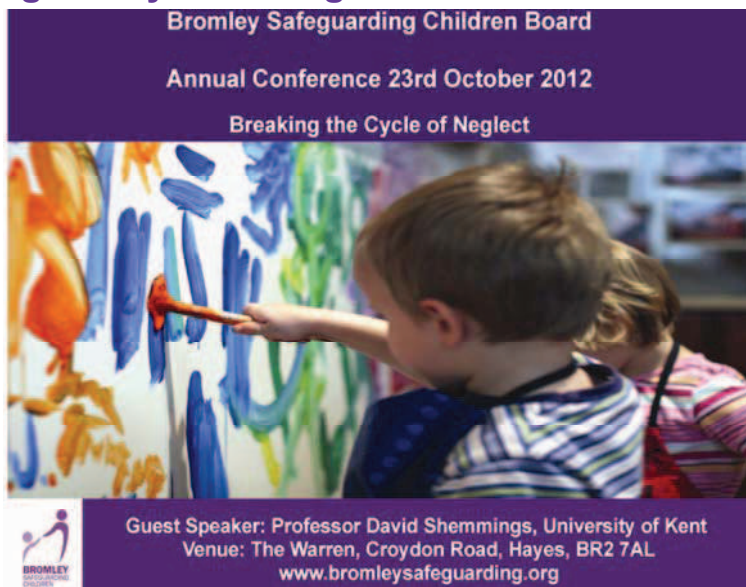
#### Summer Courses 2012 – Spaces!

- New! Impact of Parental Substance Misuse on Children – social workers, health workers and those working in addiction services and voluntary sector may find this course particularly helpful. 8 May 2012
- Safeguarding Disabled Children 15 May 2012
- Training Group 2 Safeguarding: A Shared Responsibility For those who work directly with children and young people 17 May 2012
- New! Group 3 Refresher Multi-agency Safeguarding – for those who need to update their training. 18 May 2012  
21 June 2012

More detail on each course is available to download from the BSCB website: [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org). Email your form to: [Course.booking@bromley.gov.uk](mailto:Course.booking@bromley.gov.uk)

### Annual Conference – Breaking the Cycle of Neglect

This year's Safeguarding Children Board Annual Conference 2012 will focus on issues of neglect and early intervention to prevent it. Professor David Shemmings will be our guest speaker and the key note address for the conference. There will be speakers from health, education and care services. Part of the day will include workshops where you can learn more about some of the key issues for professional practice. Booking forms will be issued in the summer, until then please put the date in your diary **Tuesday 23<sup>rd</sup> October 2012**.



The poster features a photograph of a young child painting a colorful abstract artwork on a wall. The child is wearing a blue and white striped shirt and is focused on their work. The background is a vibrant mix of colors including orange, blue, and green.

**Bromley Safeguarding Children Board**  
**Annual Conference 23rd October 2012**  
**Breaking the Cycle of Neglect**

Guest Speaker: Professor David Shemmings, University of Kent  
Venue: The Warren, Croydon Road, Hayes, BR2 7AL  
[www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

#### Welcome to new Board members – Safeguarding Partners

Tracy Pidgeon - Ambulance Operations Manager London Ambulance Service  
Andrea Kilvington, who is the relatively recently appointed new Chairperson of the Children and Families Community & Voluntary Sector Forum, joins the BSCB Executive Committee.

## Key Contacts

### COMMUNITY & VOLUNTARY

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### EDUCATION

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Child Death Administrator	<a href="mailto:Child.protection@bromley.gov.uk">Child.protection@bromley.gov.uk</a>	Fax: 020 8313 4324
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Designated GP for Safeguarding	Dr Kate Dyer <a href="mailto:Kate.Dyer@nhs.net">Kate.Dyer@nhs.net</a>	
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Named Nurse (South London Hospital Trust)	Lynn Torpey <a href="mailto:lynn.torpey1@nhs.net">lynn.torpey1@nhs.net</a>	
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Named Nurse Safeguarding (Oxleas Mental Health NHS)	Carolyn Pilkington <a href="mailto:Carolyn.Pilkington@oxleas.nhs.uk">Carolyn.Pilkington@oxleas.nhs.uk</a>	01322 625 029
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### POLICE

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### SOCIAL CARE

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