

## London Borough of Bromley

### PART 1 - PUBLIC

#### Briefing for Children and Young People Portfolio Holder 18 October 2011

# BROMLEY SAFEGUARDING CHILDREN BOARD 2010-2011 ANNUAL REPORT

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## 1. Summary

- 1.1 Lord Laming's report (*The Protection of Children in England: A Progress Report March 2009*) recommended that Local Safeguarding Children Boards should produce an annual report on the effectiveness of safeguarding in the local area, which should be a public document, and this was translated into statutory guidance in 2009.
- 1.2 Bromley Safeguarding Children Board's 2010-2011 Annual Report was published in June 2011 and is presented to Members for consideration and discussion.

## 2. **THE BRIEFING**

- 2.1 Bromley Safeguarding Children Board (BSCB) has been set up under the requirements of the Children Act 2004. BSCB is the key statutory mechanism for agreeing how the relevant organisations in Bromley will co-operate to safeguard and promote the welfare of children in Bromley and for ensuring the effectiveness of what they do. The aim of the BSCB is to ensure that all children within Bromley, in whatever setting, are kept safe from harm
- 2.2 The core functions of the BSCB are to:
  - develop local policies, procedures and thresholds for inter-agency safeguarding working;
  - monitor and evaluate how well services work together to safeguard children in order to inform planning and service development;
  - encourage effective working partnerships between professional groups, including sharing knowledge gained through national and local research;
  - undertake serious case reviews where a child has died or is seriously harmed and co-ordinate a response to unexpected child deaths;
  - ensure the functioning of the child death overview arrangements;

- communicate the shared responsibility for safeguarding children and young people;
- improve inter-agency work through agreeing training and development priorities;
- listen to and take children and young people's views into account when planning and delivering programmes to safeguard them and improve their welfare.

2.3 The 2010 – 2011 BSCB annual report sets out :

- The governance and accountability arrangements for the Board
- Key achievement and progress for the year 2010-2011
- Quality assurance and performance monitoring arrangements
- Future priorities and developments for the year 2011-2012
- Detailed accounts
- Main board membership.

2.4 The main board of the BSCB comprises 45 members across a broad range of statutory and voluntary sectors agencies. During 2010 -2011 Cllr Ernest Noad, the Portfolio Holder for Children and Young People became a member of the Board. Two lay members of the community were also appointed as members of the Board during the year. The main Board met twice in 2010. Issues covered included learning lessons from serious case reviews; understanding the issues of safeguarding within the gypsy and traveller community, considering strategies and operational means to improve the monitoring and early intervention for children who run away; trafficked children; safeguarding in early years education provision, child sex disclosure arrangements and the role being played by the Volunteers in Child Protection scheme in Bromley.

2.5 The Executive Committee is a smaller panel representing statutory agencies at Director and Assistant Director level with designated professionals providing professional advice. The Executive meets quarterly and provides the strategic direction for the BSCB and is the key decision making committee. It met five times last year. The Executive also sits as the Serious Case Review Sub-Committee when required.

2.6 In 2010-2011 the Executive's work included:

- approval of the final report for one serious case review in respect of a baby; commissioned a further a serious case review concerning two children;
- development and agreement of a strategy for safeguarding disabled children;
- monitoring of and setting the BSCB budget for 2011-12;
- review of safeguarding procedures and protocols;
- review of the Public Health report 'Happy and Healthy', which explores issues of mental health and obesity of children in Bromley following the highlighting of the these issues for the nation by UNICEF;
- involvement in the Strategic Health Authority's peer review by a Service Improvement Team of safeguarding by health agencies in Bromley.

- 2.7 Major achievements of the BSCB in 2010-2011 included a conference to promote the safeguarding of disabled children at which a draft strategy for safeguarding disabled children was launched for consultation. The strategy has now been agreed and is being taken forward by the Partnership Board. Other achievements include a safer workforce training strategy, continuing to promote strategies around working to protect children living with domestic violence.
- 2.8 A major plank of the BSCB's work is the provision of multi agency safeguarding training. In 2010-2011 38 courses and 5 briefings were attended by 845 delegates, a 12% increase on the previous year.
- 2.9 Priorities for 2011-2012 are:
- a focus on monitoring the impact of early intervention in protecting children and young people;
  - launch and promote changes to the referral system into children's social care and ensure that the multi-agency assessments are working well;
  - develop and promote guidance to help with protecting young people from gangs;
  - ensure that any government changes to the multi-agency framework for child protection are communicated by the BSCB to the wider partnership;
  - in partnership with London Borough of Bromley offer on-line child protection training for some groups;
  - working in partnership with Health to support their drive for all front line staff to be trained in safeguarding to Level 3;
  - develop more multi agency approaches to supporting children living in families where there is domestic abuse.
- 2.10 This report is written at a time of significant national reform to the children's services agenda including safeguarding and child protection. The challenge for BSCB and local agencies will be to ensure that the work of safeguarding children remains focused and effective.



# 2010-2011 Annual Report

June 2011

## **Bromley Safeguarding Children Board**

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**Jenny Dibsall, Chairman,  
Bromley Safeguarding Children Board (BSCB)**

## **Foreword**

The Bromley Safeguarding Children Board (BSCB) is pleased to publish its fourth annual report which describes the work carried out to ensure that children and young people are safe and their general well-being secured. Much has been achieved and this report documents in detail the changes and specific work that has been carried out by dedicated staff across all agencies concerned with children, young people and families in Bromley.

For BSCB as with other LSCBs across the country, 2010-2011 has been a year that has marked the beginning of radical nationally driven changes to services and the organisation, structure and funding of agencies. Whilst some changes will occur incrementally over the next two years, the moves to GP commissioning of health services for example, the response to other legislation locally, including the Academies Act and the reduction in funding to the Council and other statutory agencies in particular has led to more rapid developments.

Extensive change inevitably presents complexities and challenge when ensuring that multi-agency work to safeguard children remains secure and robust. To this end the Board has carefully monitored the changes to agencies and any impact upon vulnerable children. To date agencies have reported openly any changes and have given a high priority to reducing risks and protecting safeguarding services and processes. Since more extensive changes will be forthcoming next year and beyond, the Board is aware of the need to be constantly vigilant.

At the outset of the year, there was an inspection by OfSTED of safeguarding and looked after children, with health elements inspected by the Care Quality Commission (CQC). Whilst safeguarding services were considered to be adequate, a detailed, comprehensive and extensive action plan was devised largely directed at the Council and Health agencies. In addition NHS London carried out a Safeguarding Improvement Team peer review of safeguarding within Health agencies in Bromley in September. Whilst largely satisfied that safeguarding arrangements were good, the review led to additional actions to continue to develop arrangements across health agencies. A serious case review concerning serious injuries to a baby was completed at the end of 2009-2010 and a further review concerning two brothers aged 4 and 6 subject to neglect was undertaken during the year. Both reviews have led to detailed and specific action plans. The Board has expected that these action plans are afforded priority and the response from agencies has been good. As I write this, we await the Government's response to the Munro Review into child protection. This will lead to further significant changes for many agencies and professionals in order to impact upon the child's journey through the child protection process.

The annual conference this year focussed upon safeguarding children with a disability. A focal point of the day was a presentation by pupils from the Glebe and Marjorie McClure Schools when they articulated eloquently and very poignantly how it felt to be disabled and fearful of bullying and hostility. Work has begun to ensure that the voice of children and young people is heard and informs our policies and work plan.

To continue to improve and to be ready to assist agencies in this time of unprecedented change, the Board has reviewed and tightened its governance arrangements and accountability. Board meetings are now open to the public. Membership of the Board has been extended and two lay members have been appointed and now attend regularly. There are links to Bromley's shadow Health and Well-Being Board.

I believe that this annual report demonstrates that the agencies that comprise BSCB are willing to learn and improve and will consider how best to implement any required 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 children are safe and their well-being promoted.

*Jenny Dibsall*

Jenny Dibsall, Chairman, Bromley Safeguarding Children Board



## 1 Summary

- 1.1 Since May 2010, there has been an unprecedented rate of change nationally which has posed considerable challenges to Bromley Safeguarding Children Board (BSCB) during 2010-2011. The new version of Working Together was produced in March 2010 but additionally by 10 June we were informed that all serious case reviews commenced after that date would be published in full. On the same date a significant review of child protection was commissioned, the Munro Review, to make recommendations that would provide better frontline services to protect children. This was driven by the findings of the Social Work Review Board, which was established to enhance the profession's status in the wake of the Haringey Serious Case Review into the death of Baby Peter Connolly.
- 1.2 The Munro Review final report was published on 10 May 2011 and series of recommendations concern the strengthening of Local Safeguarding Children Boards and changes to the inspection regime. Professor Munro has sought to explore the whole child protection system from the context of the "child's journey".
- 1.3 On 27 July 2010, the Academies Bill received Royal Assent. The Act enables more schools to become academies and gives them the freedoms and flexibilities to continue to drive up standards. In October, the Government determined that local authorities were no longer required to have a Children's Trust or produce a Children's Plan. Local authorities were allowed greater flexibility to decide what partnership arrangements continued thereafter.
- 1.4 Further changes nationally have indicated radical changes in Bromley driven by reductions in funding or required changes to the structures of various statutory agencies. This is no different to other local authorities, though the extent and impact of changes upon frontline services can vary.
- 1.5 In July 2010 the Government White Paper Equity and Excellence: Liberating the NHS, set out a long term vision for the future of the NHS. As part of the planned developments the government's strategy Health Lives: Healthy People paves the way for public health functions to move into the local authorities to focus on local health improvements. Local health commissioning structures have moved to a South East London cluster approach with shared functions across local boroughs. Within Bromley a Business Support Unit has been established to support local arrangements for developing GP consortia for Bromley.
- 1.6 Reductions in funding to other agencies or the reduction in grants that had been previously ring fenced are resulting in considerable appraisal of existing functions and services. This is most apparent in the Local Authority where reductions of 27% over four years is required but the Police and health services are also managing financial changes which will impact upon service provision. Whilst some of these changes are a few years away from coming to fruition, it is already apparent that close monitoring is required during the implementation of the changes to ensure that children's interests and safeguarding remain high on the agenda.
- 1.7 Since our last report the BSCB contributed to an unannounced Ofsted inspection on local child protection and safeguarding arrangements.





## Safeguarding in Bromley

- 1.8 The changes nationally have had variable impact upon services and safeguarding in Bromley. Bromley has not needed to conduct a serious case review since June 2010 but we continue to be open about previous failings and summaries of serious case reviews are available on BSCB's website. There have been changes to the Children's Trust. (See paragraph 3.7)
- 1.9 The Academies Act has led to considerable changes in Bromley where it is anticipated that eventually all secondary schools will become academies either alone or federated and many primary schools will be included on a cluster basis. This will have implications for the way in which schools in the authority are supported and monitored but it is hoped that all will continue to work with the BSCB through the Education Committee as at present.
- 1.10 Reductions in local authority funding will reduce the number of planned children's centres and this may impact upon vulnerable families and early intervention to prevent problems escalating. This is of concern when there continue to be increased funding pressures upon children's social care as a result of placement costs for looked after children and difficulties in recruiting suitable qualified social workers. The closure of the maternity and A&E services at Queen Mary's Hospital have had an impact on other units, but to date there is no evidence that children are affected adversely and safeguarding standards are a priority for South London Healthcare Trust (SLHT). Changes to health commissioning in Bromley have yet to take effect though as Bexley is a pathfinder for the changes, the BSCB is watching with interest to see what issues arise.
- 1.11 The closure of the maternity and A&E services at Queen Mary's Hospital have had an impact on other units, but to date there is no evidence that children are affected adversely and safeguarding standards are a priority for South London Healthcare Trust (SLHT). Changes to health commissioning in Bromley have yet to take effect though as Bexley is a pathfinder for the changes, the BSCB is watching with interest to see what issues arise.

## Safeguarding in Bromley

- 1.12 Bromley's safeguarding and looked after children services were inspected in April 2010 but the final evaluation was not published until June. The judgement was that the overall effectiveness of safeguarding was adequate with some good areas. There were two requirements for immediate action in relation to safeguarding; one concerning the member approval and implementation of the social care improvement plan and the other regarding improving the quality and timeliness of social care assessments. There were other requirements for action within a three month period. A detailed action plan was drawn up and was monitored closely.
- 1.13 The inspection noted the pressure and high caseloads in the children's social care referral and assessment teams. The BSCB continues to monitor how children's social care responds to high level of contacts. The number of children who are subject to a child protection plan continues to be high and there are increased numbers of looked after children. However, a recent unannounced Ofsted inspection shows that the service is now being securely managed. The assessment teams are amalgamated into one creating a single point of entry to the service. The council's recruitment and



retention package has successfully brought in and retained suitably qualified and experienced social workers.

- 1.14 Safeguarding arrangements of statutory partners are reviewed every three years, typically through a questionnaire to agency directors or chief executives, the outcomes of which are presented to the BSCB Executive Committee. This year's review highlighted that agencies continue to take their safeguarding duties and responsibilities seriously. In the climate of change and restructuring the BSCB is pleased to have been kept up to date promptly with changes and developments within individual agencies. All partners recognise the importance of remaining focused on the needs of children, particularly at a time of significant organisation and service change.

### Strategic Vision

- 1.15 All local safeguarding children boards have a statutory responsibility, as set out in the Children Act 2004, to safeguard and promote the welfare of children through effective co-ordination between partners in their area. At the very least this requires shared goals and priorities. The BSCB agreed a three-year workplan this year, which shows agreed priority areas for safeguarding activity until 2014. The workplan, which is available on the BSCB website, includes the following priority work areas:

- Learning from serious case reviews
- Safeguarding disabled children
- Safeguarding children living with domestic violence
- Enhanced performance monitoring for safeguarding
- Safer Workforce through a revised training strategy





## 2 Governance and Accountability

- 2.1 Currently BSCB reports at least annually to the Local Strategic Partnership (LSP), which has representatives of the chief executives of Bromley's key agencies. At this stage it is not clear how the LSP will continue but, at present, if there is no change. BSCB's annual report and any other reports as necessary will be provided. Bromley has a shadow Health and Well-Being Board. During the forthcoming year the links between BSCB and that Board will be established and any reporting requirements clarified. This may be influenced by recommendations from the Munro Review and any subsequent government guidance.
- 2.2 In Bromley, as with many authorities, partner agencies concerned about children considered that a partnership provides the benefits of strategic planning whilst ensuring that children's best interests are met. The Children's Trust became the Bromley Partnership Board in line with government changes and will meet three times a year. The BSCB via the chair will continue to report on safeguarding arrangements to the Partnership Board at each meeting and will present the annual report.

### Committees

- 2.3 Last year, the BSCB overhauled its committee structure to address the shifting demands and expectations of local safeguarding children boards in general and Bromley specifically. The revised structure is now in place and will remain under review, particularly as the BSCB awaits the response to the Munro Review.

### Main Board

- 2.4 Membership of the BSCB Main Board has been strengthened this year and accountability improved. The meetings are open to the public who can table questions. The link below indicates the necessary process.  
<http://www.bromleysafeguarding.org/pdfs/Procedure%20for%20questions%20from%20the%20public2010.pdf>
- 2.5 The Children and Young People's Portfolio Holder, Councillor Ernest Noad attends the Board which also strengthens the link between the BSCB and the Partnership Board, which he chairs. Two lay members with experience of working with children, one a foster carer, the other a teaching assistant have been selected and are regular attendees of the Board. Independent and private providers are also now better represented on the Main Board. In particular the Director of a local independent adolescent in-patient psychiatric unit now attends.
- 2.6 The Main Board comprises 45 members representing many interests and agencies locally. Section 7 lists the representatives on the Main Board.
- 2.7 The BSCB Main Committee met twice in 2010 last year. Issues covered included learning lessons from serious case reviews; understanding the issues of safeguarding within the gypsy and traveller community, considering strategies and operational means to improve the monitoring and early intervention for children who run away; trafficked children; safeguarding in early years education provision, child sex disclosure arrangements and the role being played by the flagship Volunteers in Child Protection scheme in Bromley.



## Executive Committee

2.8 The Executive Committee is a smaller panel representing statutory agencies at Director and Assistant Director level with designated professionals e.g. health and legal providing professional advice. The Executive meets quarterly and provides the strategic direction for the BSCB and is the key decision making committee. It met five times last year. The Executive also sits as the Serious Case Review Sub-Committee when required.

2.9 In 2010-2011 the Executive's work included:

- approval of the final report for one serious case review in respect of a baby; commissioned a further a serious case review concerning two children;
- development and agreement of a strategy for safeguarding disabled children;
- monitoring of and setting the BSCB budget for 2011-12;
- review of safeguarding procedures and protocols;
- review of the Public Health report 'Happy and Healthy', which explores issues of mental health and obesity of children in Bromley following the highlighting of the these issues for the nation by UNICEF;
- involvement in the Strategic Health Authority's peer review by a Service Improvement Team of safeguarding by health agencies in Bromley.

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

2.10 The Quality Assurance and Performance Monitoring Sub-Committee meets four times a year and takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. Quality assurance and performance monitoring is increasingly central to the effective functioning of the BSCB. It helps to check how well single-agency safeguarding arrangements are working. This year QAPM sub-committee:

- revised the BSCB safeguarding dataset to specifically focus on areas of concern;
- reviewed the multi-agency audit framework and updated it to ensure that agreed and emerging safeguarding priorities are kept under review;
- undertook three multi-agency audits;
- reviewed the learning from referred cases.



### Training Sub-Committee

2.11 The BSCB Training Sub-Committee met twice in 2010 and carried out its usual functions to evaluate the BSCB training provided and to set the training programme for the following year. This year it achieved the following:

- conducted a quality assurance exercise of the training
- conducted a user survey of delegates
- continued to address increased demand through working to identify a larger pool of internal trainers
- organised training beyond the set programme in order to meet the requirements of serious case reviews.



### Child Death Overview Panel

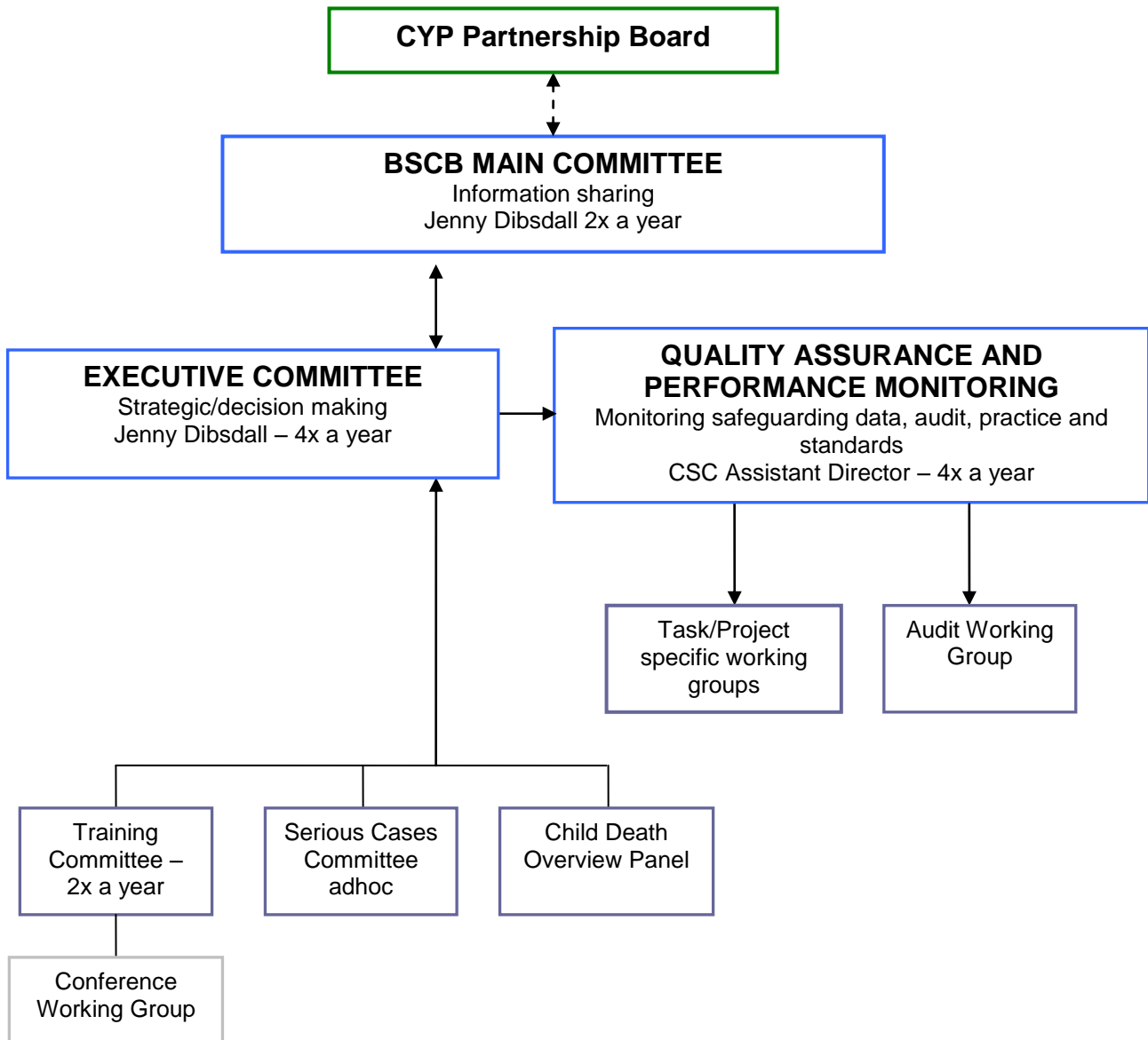
2.12 This multi-agency panel has a core membership of police, social care, health professionals. It is a statutory requirement. The Panel met four times in 2010 and 2011 to discuss the circumstances of all child deaths in Bromley and to identify any issues or trends. They provided an annual report to the BSCB Executive Committee, of summary of which is given in paragraphs 4.17- 4.22.

### Serious Case Review Committee

2.13 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. It met five times in 2010 to approve the final report of one review and to consider another of two children, which it proceeded to monitor through to the final report being submitted to Ofsted. The Committee also considered one serious incident of the suicide of a young person. The Mental Health Trust conducted an investigation into the incident comparable to an IMR, which was presented to the SCR Committee. Ofsted's evaluations of serious case reviews were also presented to the Committee and any response to Ofsted's analysis and comments agreed.



## BROMLEY SAFEGUARDING CHILDREN BOARD





### 3. Achievement and Progress

- 3.1 The strategic priorities identified by the Board for 10-11 are contained at 1.1. However this last year began with the findings of the OFSTED inspection into Safeguarding in Bromley, which was published in June. This is a broad inspection carried out over two weeks by OfSTED and the Care Quality Commission (CQC) which explores the multi-agency arrangements and processes that protect and safeguard children and promote the well-being of looked after children. The full inspection report can be found at [http://www.ofsted.gov.uk/oxcare\\_providers/la\\_download/\(id\)/5244/\(as\)/lac\\_2010\\_305.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/5244/(as)/lac_2010_305.pdf)
- 3.2 Whilst the report described the Board as providing “active leadership” in safeguarding, BSCB has not been complacent. As an immediate priority, BSCB was concerned to support agencies in delivering the comprehensive and detailed action plan that was drawn up in response to the inspectors’ findings. This primarily focussed upon children’s social care services and in particular their increased number of referrals. Figures in this report shows that numbers have begun to decline and the management of the system has been improved. All agencies have been concerned to ensure that the protection of children through the multi-agency process is accurate and effective.
- 3.3 Indications of improvements to services were supported by the peer review of Health services in September and the annual letter from OfSTED concerning the state of Children’s Services in December 2010 which considered that services are performing well. The OfSTED letter noted that improvements to children’s social care are still required and BSCB continues to monitor management action to address these issues.
- 3.4 As indicated earlier in this report the key challenge this year has been monitoring the process of change and restructure across all agencies. This has been unprecedented with changes to schools, local authority structures, health service re-organisation and the effects of changes to funding and financial support. BSCB is also concerned regarding proposed changes to youth provision and children’s centres that can impact upon vulnerable families requiring support to prevent children needing statutory intervention. Close monitoring of the quarterly dataset reports, audits and the provision of updates to the Executive and Main Board has been an important element of this year’s work that will continue into the next three years as the changes are implemented fully and reductions in services impact upon children and families.

#### Annual Conference

- 3.5 BSCB Annual Conference took place in October 2010 and played a central role in raising awareness about safeguarding among one of our most vulnerable groups of children – those with a disability. The success of the conference is always dependent on good multi-agency working. The BSCB worked with health, schools, children’s social care and disability and specialist service teams within the authority to organise and run the conference. As always the conference provides an opportunity to share practice and gather feedback – this time on the key safeguarding issues impacting on disabled children. This helped to shape further the strategy.



- 3.6 Over 110 delegates attended the Annual Conference, where consultant and trainer, Ann Patmore provided a national context for this aspect of safeguarding. Delegates also heard potent messages from young people themselves from Glebe and Marjorie McClure schools about their experience of being disabled and feeling safe in Bromley. Their shared experience led directly to the local safer transport police team improving their services to help vulnerable children feel safer as they travel to and from their schools. Workshops covered knowing when safe is good enough and child protection, looking at the emotional needs and mental health signs in parents, protecting sexually active disabled young people and safeguarding disabled children in school.

### **Safeguarding & the Children's Strategy**

- 3.7 In Bromley, local strategic partners agreed that the work of the Children's Trust was too important in service planning to abandon and therefore agreed to set up a Partnership Board to continue with agreed areas of work. One of these work strands was to draw up Bromley's Children's Strategy 2011-14. Members of BSCB contributed to the strategy which is due to be released for wider consultation. Within the strategy safeguarding children is a key priority and issues raised by BSCB are included in that section.

### **Regional Involvement**

- 3.8 The BSCB Business Manager and the Executive Representative from the Children and Young People's Voluntary Sector Forum together attended regional workshops on developing safer communities. The London Safeguarding Children Board (LLSCB)'s events brought together voluntary and community providers across London with their LSCB managers to share and develop practice. The learning and resulting tools and guidance have been shared with LSCBs and in Bromley with the Executive.
- 3.9 Bromley has also contributed to a workgroup to update the pan-London audit tools and guidance, for Child Protection, Early Intervention - Child in Need and Child in Care which had been originally developed by the now decommissioned Government Office for London. These are now available for all London safeguarding children boards to use.

### **Safeguarding Disabled Children**

- 3.10 Stronger links have been forged between the BSCB and the Disability Strategy Group this year. Collaboration between a time limited task group and members of the disability strategy group were instrumental in developing a Strategy for Safeguarding Disabled Children and for the successful annual conference.
- 3.11 Raising awareness about safeguarding for disabled children, particularly vulnerable children, has been key to the BSCB since 2009 following the publication of the government's practice guidance on safeguarding disabled children. The Executive wished to go further by setting out expectations in relation to multi-agency work and to challenge the then Children's Trust to put in place measures to improve safeguarding. A multi-agency time-limited task group, led by Consultant in Public Health Medicine Dr Jenny Selway, was established to drive forward a Strategy for Safeguarding Disabled Children. The group comprised representatives from health, two special schools, the council's social care team and children with disability team





as well as specialist support. The consultation paper was launched at the BSCB's Annual Conference on 21 October 2010 and was subject to consultation by multi-agency partners. The strategy has now been handed over to the Disability Strategy Group asking them to identify ways to implement the expectations set out in the strategy.

### **A Safer Workforce Training Strategy**

- 3.12 Training to protect children and young people from further abuse or harm is a central feature of the work of safeguarding boards and local children's partnerships.
- 3.13 Consistently the demand for safeguarding children training has outstripped supply locally. In order to plan better training, the BSCB conducted a training needs analysis this year. Each agency has forecast its training requirements over a three year period. Projections have been made on training take up by agency in previous years. Child protection training for those who work with children, their parents and/or carers has been designed on the basis of the on the degree of contact with children and the role & responsibility of an individual in the child protection process. The revised guidance Working Together to Safeguard Children and Young People 2010 refined this target audience into 8 groups with more detail on what training is required for each group and who and how it might be provided.
- 3.14 The overall analysis enabled the BSCB to improve its plans. The training programme is set within the Board's funding limits, the need to manage a multi-agency mix on core training courses, and the need to address the lessons from serious case reviews. The strategy sets out the BSCB expectations of multi-agency and single agency safeguarding children training.
- 3.15 With increasing demand for our courses, The BSCB has identified a pool of local agency trainers to deliver aspects of the programme. Many of the specialist courses delivered in 2010-2011 were delivered by professionals from partner agencies. All BSCB training evaluates well and further information about the evaluation and quality assurance of training can be found in section 4.

### **Serious Case Reviews**

- 3.16 Sadly, over the past year three children have been subject to two serious case reviews (SCR) commissioned by the BSCB. The first case involved a baby girl of 3 months who received a significant head injury which has left her needing substantial support. The review was subsequently evaluated by Ofsted as good.
- 3.17 In a further SCR commissioned by the BSCB, two young boys aged 5 and 6, were found to have suffered long term neglect despite the involvement of several agencies in their lives. Both are now in foster care and are responding to the intensive support provided. This review was evaluated as good by Ofsted.
- 3.18 The lessons for both cases are captured in action plans and both are near completion. Each is kept under review by the BSCB's Quality Assurance and Performance Monitoring Committee.



- 3.19 Both cases highlighted issues regarding conducting serious case reviews, in particular support for small, independent / non-statutory agencies. In future, maintained school Individual Management Reviews (IMRs) which contribute to the overall review will be prepared by the Lead Officer for Education Safeguarding to ensure independence and sufficient critical analysis.
- 3.20 There were a number of specific issues emanating from the reviews, which are being addressed through on going multi-agency training and internal agency auditing. These are:
- enhancing the quality of risk assessment through greater analysis (BSCB);
  - working with neglect cases to ensure sufficient challenge to families and other professionals and to recognise when improvements is not sustained (BSCB);
  - effective safeguarding supervision which supports reflective practice (individual agencies).

### **Safeguarding Children Living with Domestic Violence**

- 3.21 Domestic violence continues to be a priority for the BSCB. The main focus of its work has been to audit and monitor actions to improvement safeguarding arrangements across agencies including the management and supervision of cases.
- 3.22 BSCB run a multi-agency awareness raising training to ensure that staff working with children young people or their carers are aware of the safeguarding issues and can identify a child at risk of harm.
- 3.23 The BSCB continues to promote the Risk Identification and Assessment Matrix and the findings of the evaluation and audits have been shared with senior managers across agencies.

### **Challenging Neglect**

- 3.24 In the government's recent review of serious case reviews, research found that of the 268 cases reviewed, long standing neglect was a factor in a quarter of them, exceeded only by physical abuse which featured in over half of the cases. However physical abuse and neglect often co-exist. It quickly became clear during the serious case review into the harm caused to Children D and B that working with families in which neglect is prevalent is a significant challenge locally. The BSCB immediately implemented training to support multi-agency professionals and their supervisors to challenge and progress families where there is neglect. Two courses, targeted at team leaders, named and designated professionals ran in 2010-2011, with further courses planned as part of the BSCB's core training programme.

### **Community Safety**

- 3.25 Bromley Borough Police works closely with local partners on a range of issues to help to prevent young people coming to harm including: close monitoring of families where there are repeated incidents of domestic violence through the Multi Agency Risk Assessment Conference (MARAC); monitoring violent and sex offenders through an integrated offender management process, which helps to minimise their risk to families and Bromley children; Referring cases of children who are missing for more than 24 hours to children's social care and sharing and analysing this information with partners on a regular basis.



3.26 Since January 2011, the police have fitted 4 panic alarms within high risk premises. Furthermore, following on from the work that Bromley Police have been carrying out with South London and Maudsley hospital Trust, in relation to tagging certain patients at the Bethlem Hospital, a similar scheme is now being considered to benefit high risk domestic violence victims. The system would work on a purely voluntary basis, where the victim is given a unit about the size of a pager. When the activation button is pressed an alarm message is sent to the police via the tag and an open microphone is established. This allows the conversation from the victim to be heard and recorded. Bromley will be piloting the system and the protocols that are linked to operating this system.

### Multi Agency Risk Assessment Conference (MARAC)

3.27 On a rolling year basis, as of early March 2011, 113 cases had been referred to MARAC, of which 9 were repeats. There were 166 children within the families referred.

3.28 A breakdown of the source and volume of referrals is given in the table below. Whilst the majority of referrals are generated by the police, a significant number are made by domestic violence advocates and children's social care.

Agency	Number of referrals
Police	60
Domestic Violence Advocates	20
Children's Social Care	14
Primary Care Trusts	7
Education	3
Mental Health	1
Probation	5
Voluntary Sector	1

### Multi Agency Public Protection Arrangements (MAPPA)

3.29 The role of MAPPA is to manage Registered Sex Offenders (RSO) and Potentially Dangerous Persons. The Police, Prison Service and Probation are responsible for managing MAPPA with other agencies required to co-operate. Bromley borough police continue to report quarterly to the BSCB Executive. Whilst at the time of writing the figures for 2010-2011 were not yet ratified, it is anticipated that they will be similar to 2009-2011 when there were 141 RSOs [Government Mappa Report 2010](#). There are now five full-time offender manager staff in Bromley, which is at an appropriate ratio to the number of offenders and falls within national guidelines.

3.30 Monthly MAPPA meetings are well attended by partner agencies. Changes to the management of the meeting helped to improve agency attendance.

3.31 Numbers of offenders mapped at level 2 (a higher level of risk) is reducing through closer work with Probation and the use of screening meetings with relevant agencies to improve the risk assessment process. The police team are a well established unit with consistency of experience and well managed links with other agencies.



- 3.32 Bromley Police prepared for the introduction of “Sarah’s Law” in the months preceding the launch on 4 April 2011 of the Child Sex Offender Disclosure (CSOD) programme. The scheme allows members of the public to register their child protection interest in a named individual. Where the individual has convictions for child sexual offences and is considered to be a risk, this information will be disclosed to the relevant member of the public. In the lead up to its implementation, Bromley Police gave a presentation on the scheme to the BSCB Main Committee. The MPS system has been upgraded to manage effective sharing of information with Children’s Social Care and a similar arrangement is in place with the probation service.

### Licensing Reviews

- 3.33 The Board is one of a number of responsible authorities notified for license variations, applications and 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. Last year, the BSCB raised concerns about two applications involving the sale of alcohol to minors and about of children present in licensed premises. In all cases the BSCB asks licence holders to be aware of the [safeguarding protocol](#) and to raise staff awareness of their duty to protect children from harm.

### Safer Transport

- 3.34 Safer Transport Teams patrol on buses and at transport interchange points e.g. bus stations within Bromley Borough focusing on local problems. They also patrol local roads to tackle issues such as cycle theft, responding to local traffic incidents and the safe movement of traffic. The young people’s presentation at the BSCB Annual Conference in 2010 identified how disabled young people’s experiences on the bus network meant they felt unsafe. As a result patrols within the vicinity of special schools were made aware of the particular issue and visibility was increased at key times of day. The team continues to work with schools to offer advice and tips on personal safety for children and young people when travelling in Bromley.

### Safeguarding in Schools

- 3.35 Key achievements in safeguarding in schools include learning from Serious Case Reviews; Children Who Abuse Other Children and Children Who Self Harm. Lessons learnt from the Serious Case Review resulted in a Circular being sent to schools which included recommendations for schools to be more alert to signs of neglect and to tighten up on pulling together and the reporting of concerns. Reflections on the process for schools led to changes in the BSCB’s SCR procedure.
- 3.36 A working group looked at a protocol that included an assessment for children who abuse other children. The assessment assists schools in gauging whether the child, or other children, would be put at risk and how the situation is best managed. A pilot scheme is currently being trialled.
- 3.37 Another working group looked at research and findings of children who self harm and how schools can recognise the signs, and access support. The work of that group will be included in a wider remit of issues affecting adolescents.



- 3.38 The academic year 2009/10 saw an increase in requests and delivery of basic child protection/safeguarding training. It also saw the introduction of safeguarding checks/audits in schools.

### **Safeguarding in Health**

- 3.39 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 locally including: the development of a cluster approach to commissioning across South East London, the development of Business Support Unit in Bromley to support local commissioning and the development of the GP Commissioning Consortia, the transition of Public health into the Local Authority and the launch of Bromley Healthcare from 1 April 2011. Bromley Healthcare is a social enterprise delivering community health services across Bromley including health visiting, school nursing, community paediatrics and the local walk-in health services.
- 3.40 Robust safeguarding arrangements are in place in all local NHS agencies and they have posted declaration on their websites setting out compliance with standards monitored by the Care Quality Commission (CQC). These include arrangements for safe recruitment, policy, procedure and training. Safeguarding children arrangements across health services are being maintained and closely monitored through transition to new NHS structures.
- 3.41 This year the programme of GP practice visits for updating on child protection was accompanied by a well-attended academic day. A Local Enterprise Service for safeguarding children has been taken up by many of the GP practices across Bromley helping to further embed good safeguarding arrangements within primary care.
- 3.42 Safeguarding arrangements for other primary care providers are also in place. Pharmacists receive training on safeguarding alongside Chlamydia training. A programme for training Dentists is underway and has been extended to meet the high level of demand. An updated briefing for Optometrists was recently developed in March 2011.
- 3.43 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. The Director of Public Health sits on the BSCB Executive and also chairs the Safeguarding Children Commissioning Group of NHS Bromley. NHS Bromley received its Ofsted /CQC inspection in April 2010 and in September 2010 the NHS London Safeguarding Improvement Team undertook a peer review of safeguarding across local NHS services. Both were positive about the safeguarding arrangements in place and actions plans arising from these are being implemented according to an appropriate timescale.
- 3.44 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 reporting to NHS Bromley as well as the Quality Assurance and Performance Monitoring meeting of the BSCB.



## Bromley Safeguarding Board Annual Report 2010-2011

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- 3.45 Health are also leading 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. So far this led to changes within maternity services and additional training for front line staff within social care.
- 3.46 The closure of Queen Mary's emergency department services led to services transferring to Princes Royal University Hospital (PRUH) and Queen Elizabeth (QE) Hospitals in November 2010, and a new service in the Children and Young People's Assessment Unit. Maternity services underwent further change as their services transferred December 2010. Neonatal care transferred to the new sites with an expanded ability to care for 26 high dependency babies. Transferring services has had implications for safeguarding practice across sites. These include information sharing with different Children's Social Care and Provider Units, ensuring staff are aware of who to contact if there were concerns and standards safeguarding processes. There was a clear plan developed to ensure that all safeguarding issues were addressed.
- 3.47 In 2010 a total of 11,879 babies were delivered within SLHT, 32,578 children and young people accessed emergency departments and 47, 892 attended out patient departments. Finally 13,046 children or young people were admitted to hospital for further treatment. This is a significant amount of children and young people accessing services and requiring safeguarding risk assessment and it highlights the amount of possible safeguarding activity within the Trust.
- 3.48 Within mental health services the restructuring of Oxleas NHS Foundation Trust took place April 2010 moving from three Community Mental Health Teams to one Liaison and Intake Team (LIT) and Short Term Intervention Team (SIT). Cases requiring longer term intervention are held within the three Recovery Teams, the Assertive Community Treatment Team and the Rehabilitation Support Team. In April 2011 Oxleas restructured into functional directorates across the three boroughs of Greenwich, Bexley and Bromley. The three Heads of Social Care remain based in their boroughs and in Bromley continues to work across all teams in the borough and continues to lead on children's safeguarding issues in all parts of the Oxleas service. Restructuring of Oxleas services will not change the high focus and priority given to children's safeguarding.
- 3.49 Over the last year Oxleas continued to build strong working relationships with midwives and health visitors, holding regular meetings to discuss cases leading to enhanced understanding of each other's roles. Safeguarding leads have been identified for each team and they have received additional training.





## Children's Social Care

- 3.50 Following the Ofsted inspection, Children's Social Care continued to work on a detailed Safeguarding and Social Care Improvement Plan which incorporated the issues arising from the inspection. This plan contained detailed proposals to improve the front line child protection service in social care by, amongst other things, improving the recruitment of permanent child protection social workers and improving the Integrated Children's System – the electronic recording system for Children's Social Care. Most of the improvement plan is now completed. Of particular note is the improvement in recruitment. This was partly achieved by the introduction of the recruitment and retention package. The front line child protection teams now have over 80% permanent staff compared to about 50% a year ago.
- 3.51 Despite the workload pressures and recruitment challenges, performance within the service has been maintained.

Performance area	March 2010	February 2011
No. of initial assessments	2486	2316
No. completed in timescales	23%*	51.4%
No. of core assessments	867	903
No. completed in timescales	43.5%	51.9%
No. of Child Protection (CP) plans	250	322
No. reviewed within timescales	92.1%	95%
No. of CP visits in timescale (6 weekly)	92%	99%

\*timescale based on 7 day completion – this changed to 10 days for 2010/11.

- 3.52 Notwithstanding the change in timescales for initial assessments performance for this area has improved. This is a result of both the downturn in referrals to Children's Social Care and improved staffing levels. Other areas of child protection work have remained consistent with some slight improvement in performance.





## 4. Quality Assurance and Performance Monitoring

BROMLEY SAFEGUARDING CHILDREN BOARD DATASET 2010-2011					
	Description	10/11 1st Quarter	10/11 2nd Quarter	10/11 3rd Quarter	10/11 End of Year Figure
1	Number of children reported as missing overnight from				
	care	8	4	1	14
	home	31	39	31	140
	other (hospital/school)	-	-	-	0
2	Percentage of children missing from care				
	under 10 years	0%	0%	0%	0%
	10-16 years	100%	100%	100%	100%
	( Black minority ethnic) BME	41%	100%	0%	35%
	Gender: Female	83%	75%	100%	89%
	Male	37%	25%	0%	15%
	Have gone missing on 2 or more occasions	33%	20%		13%
3	Percentage of children missing home				
	under 10 years	0%	7%	0%	1%
	10-16 years	86%	92%	100%	94%
	( Black minority ethnic) BME	37%	29%	45%	38%
	Gender: Female	74%	59%	77%	72%
	Male	26%	41%	33%	28%
	Have gone missing on 2 or more occasions	11%	8%		
8	Number of Children Subject to a CP Plan	269	279	313	315
	under 10 years	70%	71%	69%	71%
	10-18 years	30%	29%	31%	28%
	Gender: Female	52%	52%	53%	53%
	Male	46%	44%	44%	44%
	Unborn	2%	4%	2%	3%
	( Black minority ethnic) BME	30%	34%	28%	31%
	Category of plan				
	Neglect		32%	32%	33%
	Physical Abuse		6%	7%	6%
	Emotional Abuse	Not available	46%	42%	43%
Sexual Abuse		1%	0.6%	0.6%	
Multiple		15%	19%	17%	
9	Number of initial contacts to children's social care (CSC)	2411	2130	2155	8422
10	Percentage initial contacts that go onto referrals	Not available	Not available	30%	30%
11	Number of referrals to CSC	913	557	512	2703





12	Percentage of Referrals to CSC going on to initial assessments	80%	85%	92%	93%
13	Percentage of Initial Assessments going on to core assessment	53%	56%	50%	51%
14	Number of completed assessment under Common Assessment Frameworks (CAF)	166	70	98	466
15	Number of CAFs escalated to CSC	27	4	4	10
16	Number of allegations against multi-agency staff referred to the Local Authority Designated Officer (LADO)	21		65	
	Referral by employment sector :				
	Social care	3		4	
	Health	1		7	
	Education	3		28	
	Foster carers	4		4	
	Connexions	0-		0	
	Police	1		1	
	Youth Offending Team	0		0	
	Secure Estate	0		0	
Voluntary Organisations	2		2		
Faith Groups	0		2		
Miscellaneous (Armed Forces / Probation /CAFCASS/ Immigration/Asylum support / Transport /NSPCC	0		0		
Other)	0		14		
15	Outcome of allegations				
	Substantiated	3		25	
	Unsubstantiated	4		17	
	No conclusion reached yet	14		27	
16	Number of privately fostered children registered with children's social services	1	2	2	5
17	Number of privately fostered children who have had an initial assessment	0	0	0	0
18	Number of child deaths	4	3	7	19
19	Vacancies in the CSC				
	Safeguarding & Care Planning	28%	18%	na	29.6%
	Referral & Assessment	39%	20%	na	24.3%
20	Vacancies: Health Visitors	2.3%	1%	4%	6.9%
21	Vacancies: Midwives	-	-	8.8%	7%



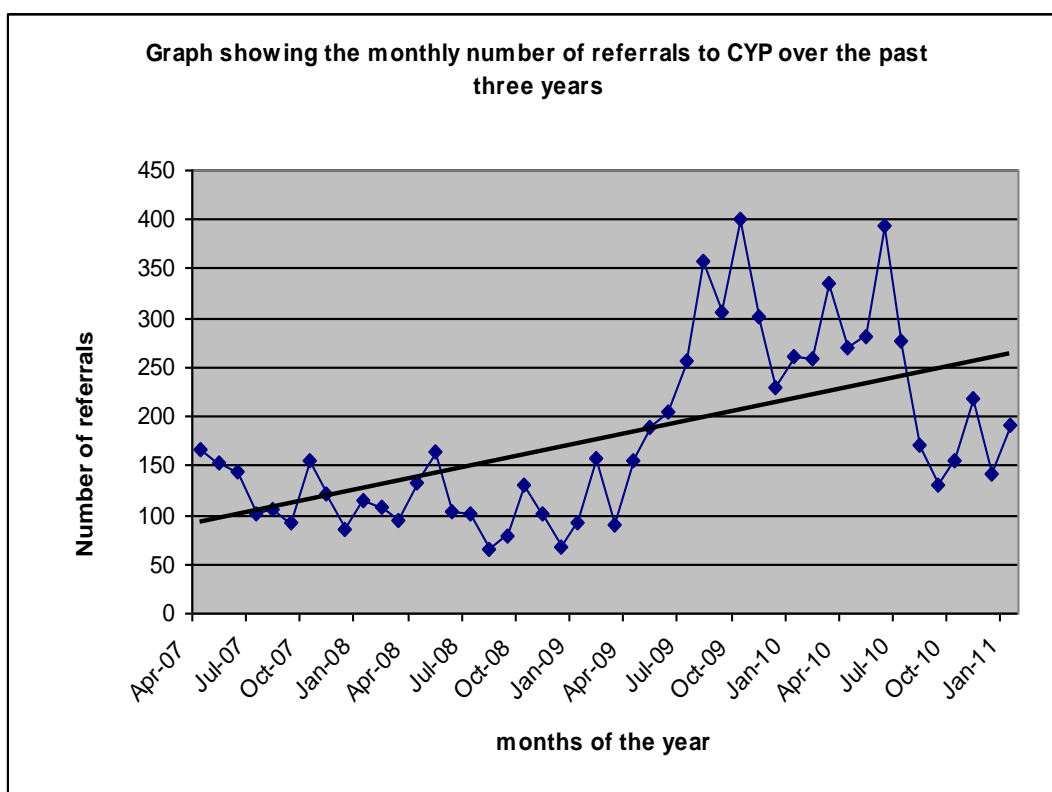
## MONITORING

4.1 Monitoring how well agencies perform their duty to safeguard child and young people from harm and how they work together is a central function of LSCBs. A key aspect of its role is the production of a safeguarding dataset, which focuses on the core areas of child protection and particular issues for other agencies. Partners acknowledge the importance of regularly reviewing multi-agency information on safeguarding as an essential element of holding agencies to account. The information can identify the need for service improvements or for enhanced joint work to minimise safeguarding risks. Explored in greater detail, the dataset enables the BSCB to provide a narrative about safeguarding arrangements locally.

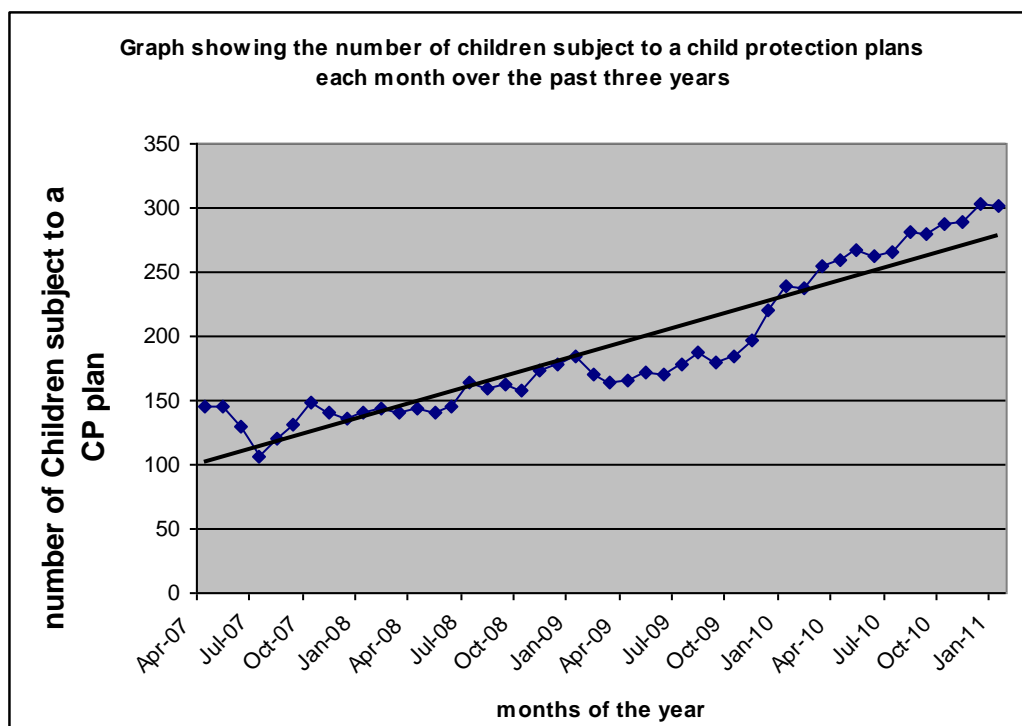
### Performance Patterns in Children Protection

4.2 Bromley has seen a significant increase in the number of referrals to Children’s Social Care and children subject to child protection plans over a three year period. From April 2008 to March 2010 increased activity includes: 143% increase in initial contacts, 143% increase in initial assessments, a 99% increase in core assessments, 100% increase in child protection investigations and a 69 % increase in children subject to a child protection plan.

4.3 Graph 1 below shows the sharp peak in referrals to Children’s Social Care in July 2010. Since that time there has been a falling back in the referral rate. However, Graph 2 below shows that this has not been accompanied by such a decline in the number of children subject to child protection plans. In April 2011 the number fell back for the first time dropping to 303, still a significant increase on previous years.



CSC Graph 1



CSC Graph 2

- 4.4 In response to this increase in demand and activity Bromley Council has agreed for an increase in establishment of front line social work service of 10 posts. The figures shown in the table above just relate to qualified posts and show the underlying vacancy figures excluding any agency staff who may have been in post at the time. This increase in referrals to children's social care has been mirrored in other local authorities, particularly across London, and is felt to be in part the aftermath of the baby Peter case but also an increase in the number of referrals coming from the police, particularly in relation to domestic violence. The table below shows the significant numbers of referrals coming from the police in Bromley.
- 4.5 In response to this concern about the increasing number of referrals from the police, Bromley Children's Social Care has worked in partnership with the Metropolitan Police to set up a 'triage' system for police and social care to work together at the point of referral to jointly review and assess the nature of contracts and referrals and ensure that where appropriate referrals are passed to lower threshold organisations than Children's Social Care. This will ensure that Children's Social Care continue to target the children at greatest risk and also help to identify sources of support for those families not meeting the Children's Social Care threshold. The triage will be operational from May 2011. As part of this work the BSCB 'threshold document' which outlines the threshold for referrals to Children's Social Care has been reviewed and is now incorporated in a 'Partnership' document which sets out more clearly the role of all agencies working with children in Bromley and their responsibilities towards safeguarding.
- 4.6 In addition to the concern about the number and appropriateness of referrals to Children's Social Care there is concern about the significantly high number of children subject to child protection plans and this will be the subject of an audit in May 2011 to try to identify the factors within Bromley leading to this rise.



- 4.7 Another area of concern for Children's Social Care has been the difficulty recruiting front line child protection social workers. This has been particularly acute in London and is attributed to the negative impact of the baby Peter Connelly case on the profession, but also the highly mobile nature of the London workforce. The impact of a highly mobile workforce on the quality of child protection work cannot be underestimated. A serious case review in Bromley in 2009 into serious injuries sustained by a 3 month old baby showed that in a five month period this highly vulnerable family had 5 different social workers and 4 different managers.
- 4.8 The mobility of the workforce has led not only to difficulties in effective workload management but also created budget pressures because of the need to employ locum staff at premium rates to fill vacancies to cover the statutory responsibilities of the service. The difficulties around the recruitment and retention of front line staff were the subject of a report to the Executive of the Council in February 2010. The Executive agreed a range of measures to address the difficulties including a recruitment and retention package for front line staff. This has led to significant improvements in performance.

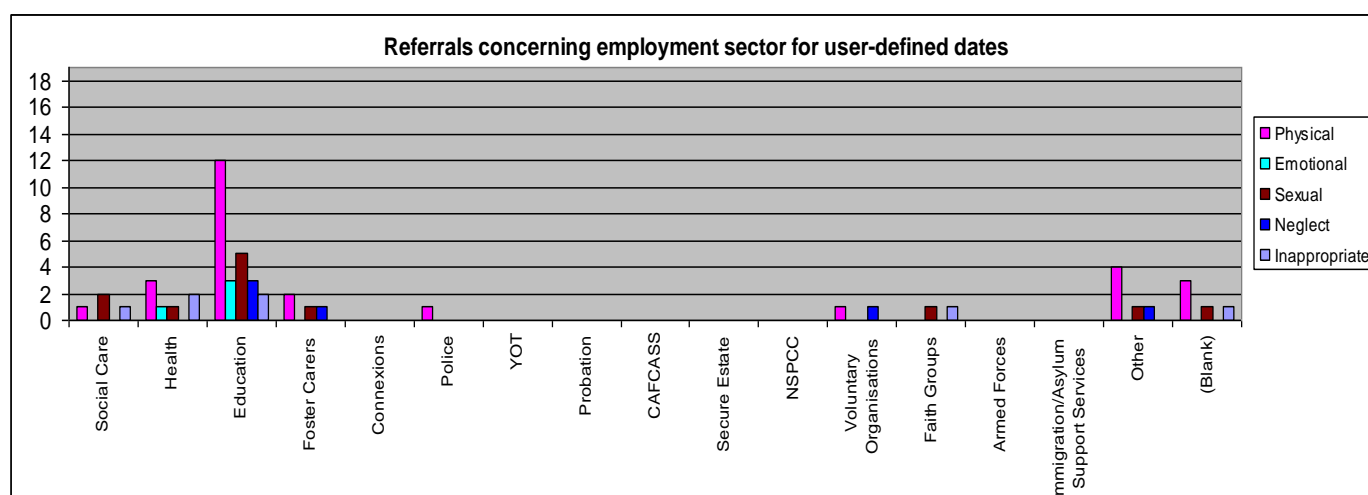
**All initial contacts between 01/09/10 and 1/12/10 by agency**

Agency	Number of Initial contacts	% of agency type Social care contacts	Number that go onto referrals
Police	1440	61.67%	170
Teacher	120	5.14%	70
A & E	115	4.93%	18
Family member/relative/carer	112	4.80%	33
Local Authority Services – External	71	3.04%	12
Local Auth Services - Internal, Social Care	70	3.00%	26
Other Primary Health Services	55	2.36%	26
Midwife	52	2.23%	21
Other	52	2.23%	16
Unknown/anonymous	46	1.97%	16
Probation	36	1.54%	10
Voluntary Organisations	26	1.11%	12
GP	24	1.03%	9
Health Visitor	20	0.86%	10
Legal/courts	19	0.81%	11
Acquaintance (inc. neighbours/child minders)	15	0.64%	10
CAFCASS	14	0.60%	3
Child and Adolescent Mental Health Services	9	0.39%	7
Housing	9	0.39%	5
Self	6	0.26%	3
Health Other	6	0.26%	2
Education Welfare Officer	5	0.21%	2
Adult Health Services	4	0.17%	0
Drugs and Alcohol Services	4	0.17%	0
Prison	4	0.17%	4
District Nurse	1	0.04%	0



## Allegations Against Professionals

4.9 There are occasions when a child protection allegation is made against a professional. In each case that meets the criteria, the allegation is treated seriously and thoroughly investigated by a multi-agency strategy group convened by the Council. Until recently local authorities were required to submit data on the number and nature of child protection allegations and the outcome of investigations to the government. These are reported twice yearly to the BSCB Executive to identify any trends and whether specific interventions, such as training, is required for a sector. The data presented is for the 6 month period from September 2010 to end March 2011 of ongoing and initiated allegations. A total of 65 allegations against professionals were investigated, of which 43 had concluded within a year. The strategy group typically agrees an outcome in half of the referrals within 3 months of the start of the investigation. Where no final outcome is reached about the allegations within a 6 month period (25 cases), this is usually due to the complexity of the case and whether any other legal proceedings are under way.



4.10 A single case may have multiple outcomes. The majority of allegation referrals result in no further action being taken or that the case against an individual is deemed to be unfounded (4), with no evidence to support the allegations. In a number of cases there is not sufficiently strong evidence for the allegation claim to be upheld (7). Of the allegations where action followed 7 resulted in some form of disciplinary action including dismissal and/or suspension. In the case of more serious allegations, five resulted in criminal procedures and two were referred to the Independent Safeguarding Authority. The majority of referrals (28) concerned staff working in the education sector.

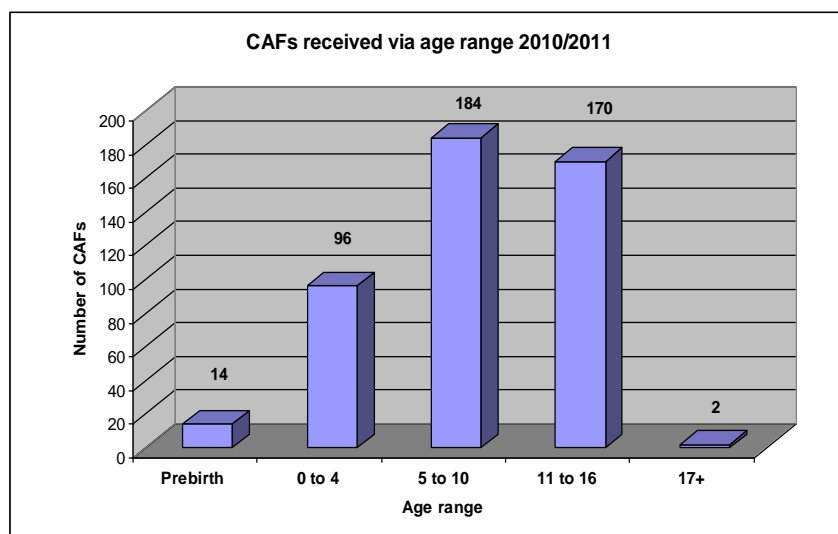
## Early Intervention Common Assessment Framework

4.11 Children with additional needs requiring targeted support need to be assessed in order for appropriate multi / single agency support to be put in place. This year 466 Common Assessment Framework (CAF) forms were completed with parents or carers as part of the process of assessing a child and young person's needs.

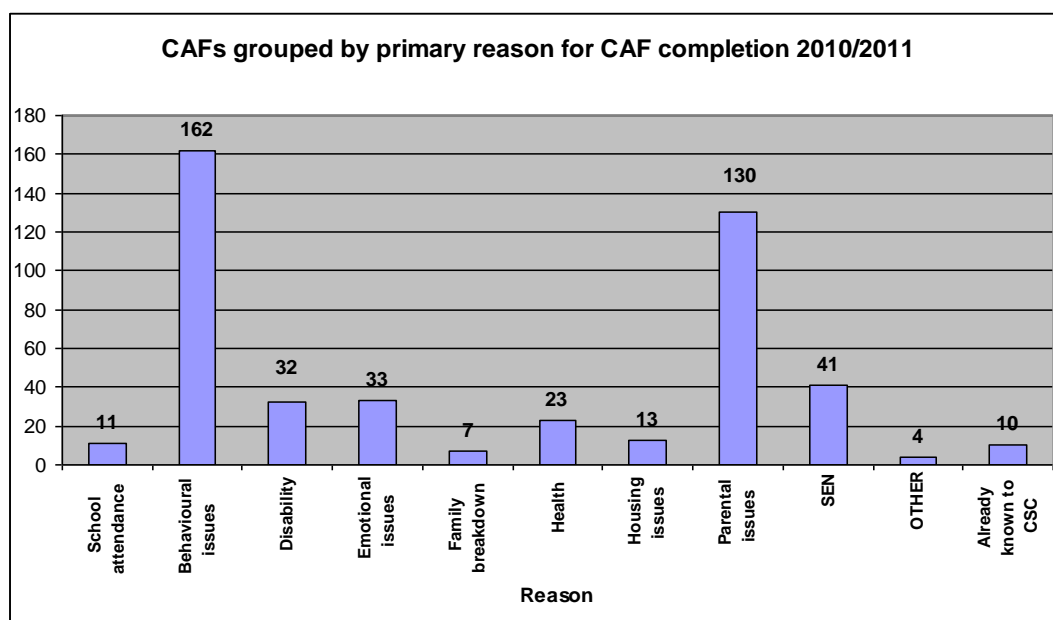


4.12 Primary schools complete the greatest number of CAFs on children (155) followed by secondary schools (119).

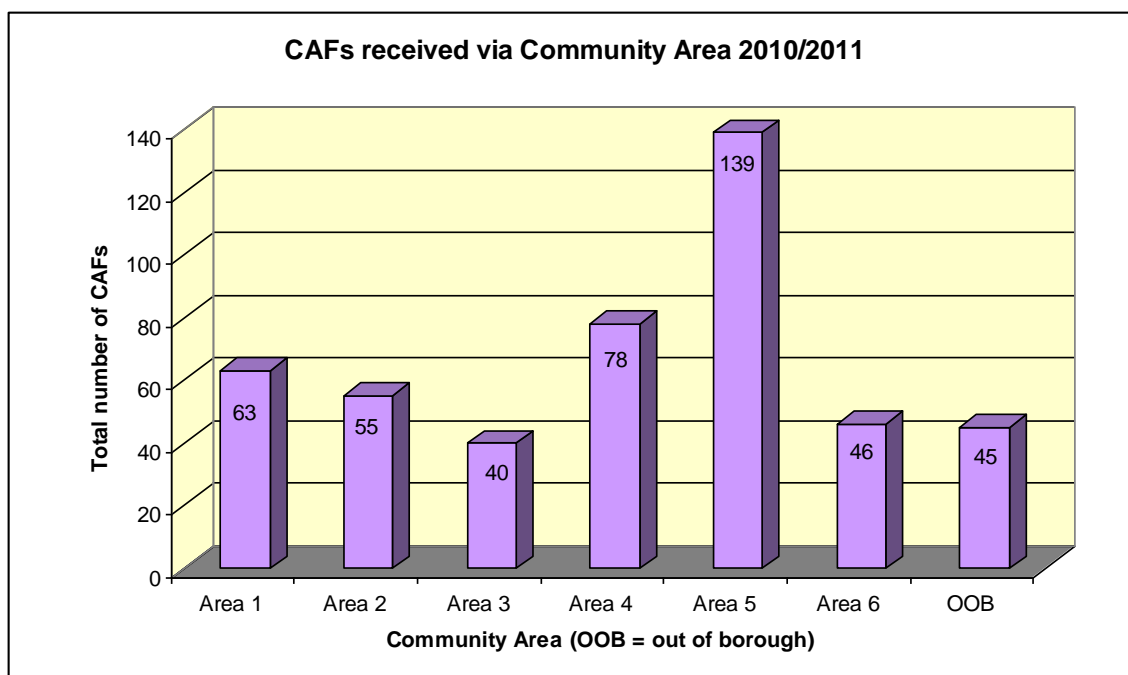
4.13 In 49 cases CAFs were completed following a step-down from the children's social care teams where the cases did not meet the child protection intervention threshold. Health visitors completed the next largest category of CAFs (43).



4.14 The data from the CAF team has been grouped into the primary reasons for initiating a CAF, citing behavioural issues and parental issues as the main ones. The vast majority of CAFs are completed on children aged 5-10 (184) followed by the 11-16 years olds (170). However, the statistics show a 66% annual increase in figures for 2010/2011 in respect of CAFs generated in the 0 to 4 age range. This is an area that the CAF Team have concentrated on in terms of targeting Health Visitors and Early Years settings to try and identify issues at a much earlier stage in a child's life.



4.15 Bromley is divided into six community areas. Areas 1 and 2 (West District), Areas 3, 5 and 6 (East District) and Area 4, which covers parts of both East and West district. The breakdown across the districts is as follows: total in West District (162), total in East District (259), out of borough children and young people (45).



### Children who Died

- 4.16 There were 19 Bromley children who died in the period April 2010 – March 2011. The Child Death Overview Panel continues to analyse the information for each child. This will form the basis of the panel's third Annual Report to the BSCB Executive at the end of the year.
- 4.17 Bromley's experience of child deaths is shared with a number of other authorities, whereby far the most common cause of death is congenital condition affecting the baby's life chances. Of course, this is a tragedy for each family, which we cannot forget. The learning from unexpected deaths is used to provide advice to parents and to identify whether any changes to service provision can improve life chances.
- 4.18 In 2009-2010, there were 23 child deaths in Bromley of which 11 were unexpected. There is a slight decrease 2010-2011 with 19 deaths. The number of child deaths in Bromley each year remains stable - in 2008-09 there were 22 deaths of which 9 were unexpected. Of those reviews completed in 2009-2010, the child death overview panel deemed none to be preventable, but had modifiable factors such as parental smoking in the case of Sudden Unexpected Deaths in Infancy (SUDIs).
- 4.19 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.
- 4.20 The four SUDI deaths in 2009-10 were reviewed together in a special meeting of the CDOP. Although the statistical sample is small, there were some common features in young children whose death was defined as SUDI. All had low birth weight and had a history of carers/parents being smokers. The special meeting of the CDOP was also attended by the risk manager in South London Healthcare Trust and the Coroner's office.



4.21 Another special meeting of the CDOP reviewed the cases of two teenage suicides. Two main learning points emerged from the reviews:

- Significant impact on wider community – grandparents, friends, school and the need to consider further bereavement support services.
- Rapid response meetings were useful for sharing information, professional support and identifying a key contact and support for parents.

### About the children who runaway

4.22 Significant progress was made this year in managing cases where children run away. A multi-agency operational group regularly analysed the data, with information on children being shared as relevant with health, youth service, youth offending, education and social care services.

4.23 From the performance data, it is clear that over the past year the number of runaways from care remains small averaging one or two young people each month totalling 14 over the year. Last year there were 260 children in care to the local authority, of which 133 are placed out of borough. Of this number, 11 placed more than 20 miles out of borough. The number of young people resident in Bromley who went missing from home was 140, although the number of missing incidents recorded by the police is much greater. Clearly some very vulnerable young people may runaway several times in a year. Girls appear to be more prone than boys to run away. Furthermore the vast majority of runaways are young people between age of 10 -16 mainly teenagers. Each missing incident is notified to children's safeguarding and social care and other agencies are engaged to work with families and young people where appropriate. Young people from minority ethnic groups are more highly represented among runaways than population statistics might suggest, hovering at between 35% for those in care and 38% for those living at home.

### Profile and take up of Interagency Training

4.24 The BSCB evaluates all its training courses at the end of each session. This enables the Training Sub Committee to enhance and develop the training programme or address any concerns with trainers or trainees. This year the BSCB explored the impact of its training. Specifically, it considered evidence of improvement to working practices and in delegate understanding and performance of their roles and responsibilities in relation to safeguarding. A multi-agency task group was formed from the Training Sub Committee to conduct the evaluation of past course delegates. There was a response rate of 26% and a notable proportion of delegates who undertook the training had since left their organisation.

4.25 Delegate feedback included that the training enabled them to:

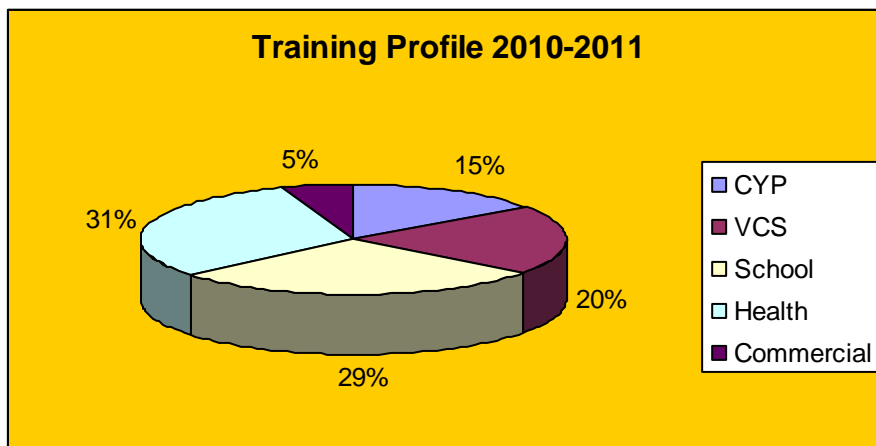
- refresh their knowledge of safeguarding practice
- gain confidence in their working practice as a result of their enhanced awareness.
- be aware of complexities of child protection and thresholds,
- evaluate more carefully signs of abuse
- understand how to move a case on
- be aware of recent changes to safeguarding practice coming from SCRs





- gave greater confidence in how to deal with issues
- have better insight into Social workers role.

4.26 The BSCB provides the local multi agency training in child protection. This year the BSCB provided 38 courses and 5 briefings, attended by 845 delegates. This is a 12% increase on last year. The BSCB aims to have a multi-agency mix of professionals at every training course and a breakdown of agencies attending training up to March 2011 is given.



4.27 As in previous years, health and education make up a significant proportion of delegates (31% and 29% respectively). The proportion of voluntary and community agencies attending continues to steadily increase and was 20% this year.

4.28 Changes to the training programme were made this year following the publication of Working Together to Safeguard Children, which helpfully included a more detailed breakdown of training groups and suggestions for training content and who was responsible for providing training. The BSCB planned to run two courses for Group A or the new Group 1 training group. However, to improve access to and take up of this training by the range of delegates who need it, the BSCB Training Committee agreed to offer a package of e-learning. The advantage of on line training is that delegates can learn at a time and pace that suits them. Whilst not multi-agency training, the training package promotes a multi-agency perspective throughout.



## AUDITING SAFEGUARDING ARRANGEMENTS

### Section 11

- 4.29 Section 11 of the Children Act requires statutory agencies to work together to safeguard children and young people and stipulates what must be in place within agencies for this to occur. Each agency must ensure that:
- their functions are discharged having regard to the need to safeguard and promote the welfare of children and
  - any services provided also have regard to that need.
- 4.30 Every two to three years the BSCB audits agencies under this section. This audit was undertaken through questionnaires to statutory partners in the summer and autumn 2010.
- 4.31 The audit identified that safeguarding arrangements among key agencies in Bromley are in place. This implies that children and young people can be adequately safeguarded in Bromley. The outcomes were put before the Executive Committee so that members could assure themselves of the measures in place. There was also an opportunity to share good practice. It was interesting to note the variety of agency arrangements for reviewing safeguarding activity, such as through supervision, safeguarding committees, audits, policy and procedure review processes.
- 4.32 Whilst the reporting tool was sufficient to assure the BSCB that safeguarding arrangements are in place, it did not provide the level of challenge to partners, which would enable them to demonstrate the quality and impact of safeguarding and child protection in their services and arrangements.
- 4.33 Information from other audits when cross-referenced with the Section 11 audit helped to check whether front line practice was in line with strategy. The approach and tools to the Section 11 audit will be reviewed and updated before it is next used.

### Child Protection in Bromley

- 4.34 A detailed audit was undertaken of a limited number of cases of children subject to a child protection plan by a multi agency group. The cases were selected to represent a spread of: categories of abuse, ethnicity, age and gender mix and a mix of professional and service involvements.
- 4.35 Features of concern that emerged from the audit remain subject to an action plan which the BSCB Quality Assurance and Performance Monitoring Committee continues to monitor. Positive features that emerged from the audit included that case planning and its implementation is a strength in Bromley. Case conference plans are particularly seen as a strong area, with clarity around reducing risk and focusing on the child's welfare. They indicate good working relationships among professionals and parents.



4.36 A number of recommendations were made which focus on areas of concern:

- Referrals will be progressed effectively, with better informed decision making involving a) greater awareness of the procedures (particularly domestic violence) b) partner agencies to avoid delay in appropriate action.
- Investigations and Assessments have full information from agency checks, social histories and contact with all relevant family members (particularly fathers and extended family) to support better informed decision making and to avoid delay in appropriate action.
- Core Groups need to be more effective in progressing the plan. This will be subject of a BSCB multi-agency audit in 2011-12.

### E-Safety

4.37 In 2008 the BSCB issued a strategy and draft policy for safeguarding in relation to electronic devices, the internet and on line abuse. As planned the implementation of the strategy was reviewed in the autumn. A survey based audit of partner agencies was undertaken to find out the level of awareness about e-safety and what agencies put in place deal with such issues.

4.38 Of the agencies that responded it was clear that few had designated a person to lead on this role specifically, but the safeguarding lead had absorbed the responsibilities into his/her duties. Agencies had policies on acceptable use of computers, other electronic devices or the internet, and most incorporated e-safety within their existing child protection policies.

### Domestic Violence

4.39 Domestic Violence is a BSCB priority area and over the past two years it has made a considerable investment in promoting the London supplementary procedure on domestic violence and effective identification and assessment of risk through the Barnardos Risk Assessment and Identification Matrix tool.

4.40 Following an audit in November 2009, and a Barnardos evaluation in February 2010 on the use of the procedures and further follow up single agency audits, a full multi agency audit was undertaken in 2011. A programme of multi agency awareness-raising has been undertaken during this period, as well as the issue being raised in lessons from serious case reviews.





### Children's Social Care

- 4.41 Six detailed audits of front line practise were conducted in Children's Social Care during 2010/11. This was in addition to the regular audit of front line practice undertaken by managers within the service as part of their supervisory responsibilities. The audits looked in detail at practice in the front line Referral and Assessment Teams, the Safeguarding and Care Planning Teams and the Looked After Children Team. In addition, an audit of supervision arrangements took place. Some of the outcomes of the audits which have multi-agency implications included: the need to develop better links between the Referral and Assessment Service and the Common Assessment Framework Team – it is hoped that this will be enhanced by the introduction of the triage system. Another was the need for there to be further training around Bromley Missing Children procedures as there needs to be improved compliance. The procedures are now being reviewed and BSCB will be looking at further training in this area.

### Children's and Young People's Views

- 4.42 Ofsted's national survey of children and young people's views, Tell Us, ceased in August 2010 as part of the government's commitment to reduce the bureaucratic burden on schools.
- 4.43 Previously the BSCB used findings from the survey to inform priorities and action. Instead action is underway to develop a process for consultation with schools councils. It is anticipated that there will be a termly consultation that includes safeguarding issues. This will ensure that the direct voice of children is heard and taken into account when considering improvements to safeguarding. It is proposed that the autumn term considers the issues of bullying top coincide with anti-bullying week.
- 4.44 Young people played an active part in the annual conference and their contribution had a significant impact. BSCB plan to ensure that obtaining the views of children and young people is more consistent. Therefore it has asked agencies to provide feedback to the Quality Assurance and Performance Monitoring Committee of any surveys of children and young people's views, which can subsequently be reported to the Executive.





## 6 Future Priorities and Developments

### Challenges in Child Protection

This report is written at a time of significant change, which will have an impact upon most agencies. While the detail is being established at a national level, it remains important the BSCB to remain focused on the local issues that impact on the safety of children. Not only are there significant changes to the organisation and structure of agencies, but almost all agencies are concerned with delivering higher quality services in times of increasing financial constraint. BSCB is concerned for the impact on safeguarding children and intends to monitor these changes anticipating issues and minimising impact where necessary.

The report has already indicated changes to health agencies and schools in the Borough (see paragraphs 3.33 – 3.48). An example of a specific issue is that over the next three years, Bromley Council will need to make 28% savings in its budget and this will include services to children and families. However, mindful of the serious nature of child protection work, the Council has protected the budget of Children's Social Care for 2010/2011. It is not yet clear what impact there will be on the voluntary and independent sector in the Borough and how the likely reduction in proposed children's centres and youth provision together with the current economic situation will impact on family life. It is possible that these factors will result in a decline in family functioning and a loss of support to vulnerable children resulting in an upturn in referrals to Children's Social care. In these circumstances sustaining improvements in the frontline teams could prove difficult.

The BSCB proposes the following priorities for 2011-12 to address these issues.

- A focus on monitoring the impact of early intervention in protecting children and young people. This is particularly relevant as Bromley has now reduced the number of children's centres it will open to 3 from the originally planned 23.
- Launch and promote the changes to the referral system into children's social care and ensure that the multi-agency assessments are working well.
- Develop and promote guidance to help with protecting young people from gangs through a multi-agency task group.
- Ensure that any government changes to the multi-agency framework for child protection are communicated by the BSCB to the wider partnership.
- In partnership with London Borough of Bromley offer on-line child protection training for some groups.
- Working in partnership with Health to support their drive for all front line staff to be trained in safeguarding to Level 3.
- Develop more multi agency approaches to supporting children living in families where there is domestic abuse.

The BSCB workplan 2010-2013 sets out the areas of work identified by the Executive, which will be addressed by partners over the coming year.



## 6 Accounts

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

<b>INCOME</b>	
Carry forward ( for SCRs)	10,100
Contributions from partner agencies (includes staff costs)	113,790
Other Income	6120
<b>TOTAL INCOME</b>	<b>130,010</b>
<b>EXPENDITURE</b>	
Administration, staff, consultant, office,	83,006
Training	32,100
Annual Conference	
Serious Case Review	10,614
Publications, guidance & resources	5564
<b>TOTAL EXPENDITURE</b>	<b>131,284</b>
<b>BALANCE</b>	<b>(1274)</b>



## 7. BSCB Main Board Membership

Independent Chairman	Independent
Consultant Community Paediatrician	Bromley Primary Care Trust
Director Public Health	Bromley Primary Care Trust
Consultant in Public Health Medicine	Bromley Primary Care Trust
Designated Nurse	Bromley Primary Care Trust
Assistant Director, Clinical Services & Care Environment	Bromley Primary Care Trust (Bromley Healthcare)
Named General Practitioner	Bromley Primary Care Trust
Manager of Child and Adolescent Mental Health Services	Oxleas NHS Trust
Bromley Service Director	Oxleas NHS Trust
Acting Nurse Director	South London Hospitals NHS Trust
Director, Independent Mental Health Service	Adolescent Psychiatric Unit
Director, Children and Young People's Services	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
Buzz Manager	Bromley MyTime
Quality Improvement Service Manager	CAFCASS
Church Worker	CFVSF
School Governor	Governor Services
Lay Members	Independent
Assistant Chief Officer	National Probation Service
Student Services Manager	Orpington College
Director of Student Progression	Bromley College of F&H Education
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.