

# **BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB)**

**ANNUAL REPORT 2014-2015**

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## Chair's Foreword

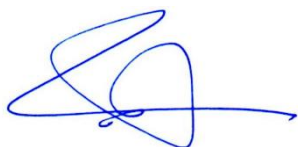
As the newly appointed Independent Chair of the Bromley Safeguarding Children Board, I am pleased to introduce our annual report for 2014-2015 which summarises the work of the Board to protect and promote the welfare of children and young people in Bromley.

I would like to extend my appreciation to Helen Davies, the outgoing chair, for her dedication and commitment to the Bromley Safeguarding Children Board since February 2012.

The purpose of the report is to assess the effectiveness of local services in keeping children safe. The key question is 'is the BSCB making a difference?' I would argue that it is, and the report provides plenty of evidence of commitment and determination among professionals and volunteers resulting in real improvement for children. The report also examines where there are weaknesses in the system and how the LSCB holds partners to account to ensure improvement.

I chaired my first Board meeting in June 2015 and was impressed with the strong partnership work by agencies from the public, private and voluntary sectors. I aim for the BSCB to be an inclusive Board that is supportive and open to learning and that challenges with respect. I am pleased to note the Board's work on Child Sexual Exploitation and Neglect.

A BSCB Development Day was held in July 2015 to agree the direction of the Board. The BSCB agreed on a statement of purpose, identified its strengths and weaknesses and a revised structure to be set up in 2015/16. It also informed the future priorities of the Board. My priorities will be to improve our engagement with children, young people and the wider community and to make better links with our lay members to use their expertise more effectively.



**Annie Callanan, Independent Chair, Bromley Safeguarding Children Board**

## Section 1: Executive Summary

This annual report covers the period from April 2014 to March 2015. It is the eighth annual report of the Bromley Safeguarding Children Board (BSCB) which builds upon the previous annual reports. The report highlights a number of identified achievements and other areas where further improvement is needed.

An effective LSCB is one where all partner agencies feel able to fully participate and engage in the scrutiny and co-ordination of safeguarding arrangements. BSCB continues to achieve a high level of attendance at meetings which has enabled it to deliver against the business plan and key priorities.

This year has seen the embedding of several recent organisational changes such as Clinical Commissioning Groups, the Local Policing Model and most recently, the Probation Service. In addition, all public bodies have faced significant resource pressures throughout the year. The challenge for BSCB has been to remain focused on achieving good outcomes for children in spite of these pressures. Through its scrutiny arrangements this year, BSCB is confident that agencies are compliant with their duties under Section 11 of the Children Act 2004. Where concerns or challenges have been raised through the year, these have been monitored to ensure improvements take place.

LSCBs now have the responsibility to scrutinise the availability of early help for children and their parents. BSCB believes that early support for families in Bromley is good. The number of Common Assessment Framework (CAF) completions has increased again this year and the overall trend across all early intervention and prevention services in Bromley is one of solidly increasing engagement. BSCB will continue to monitor early support through 2015-16.

The Training Sub Group has developed a training strategy for 2014-16 and has undertaken a review of training commissioning arrangements. It provided multi-agency training to over 600 people.

The Quality Assurance and Performance Monitoring (QAPM) Sub Group has completed five multiagency audits this year: Domestic Abuse; Core Group Effectiveness; Children on a Second Child Protection Plan; Safeguarding Neglected Children; Missing Children and one additional audit started on Child Sexual Exploitation. Learning from these audits has been shared and actions plans implemented. The QAPM group has also scrutinised single agency audits such as Rapid Response (Bromley Healthcare).

During this year the BSCB has achieved a number of its 2014/15 Business Plan priorities. BSCB has:

- Evaluated the effectiveness of the BSCB training programme;
- Continued to monitor the effectiveness of arrangements for safeguarding children missing from home and care, and children missing education;

- Developed and implemented an annual survey for frontline practitioners to help develop an understanding of how well safeguarding practice is working;
- Established a Domestic Abuse task and finish group and addressed findings;
- Completed the Serious Case Review commissioned in March 2014 and embedding the learning;
- Developed work around children with mental health problems and young people who self-harm, making this a focus of the 2014-15 Annual Conference.

The BSCB has also responded to national safeguarding areas to protect vulnerable groups. It has built on Bromley's existing work by conducting a Strategic Review of Child Sexual Exploitation and by putting in place a task and finish group for Female Genital Mutilation. However, the BSCB recognises that there are some key priority areas still requiring more focus. These are: to continue to develop mechanisms to listen to the views of children and young people; and to review the support, engagement and impact of Lay Members to develop links with community groups and the public. These will be included in the business plan for 2015-18.

## Section 2: Governance and Accountability

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 assuring the effectiveness of what they do.

Working Together to Safeguard Children clearly details the responsibilities of LSCB's which include:

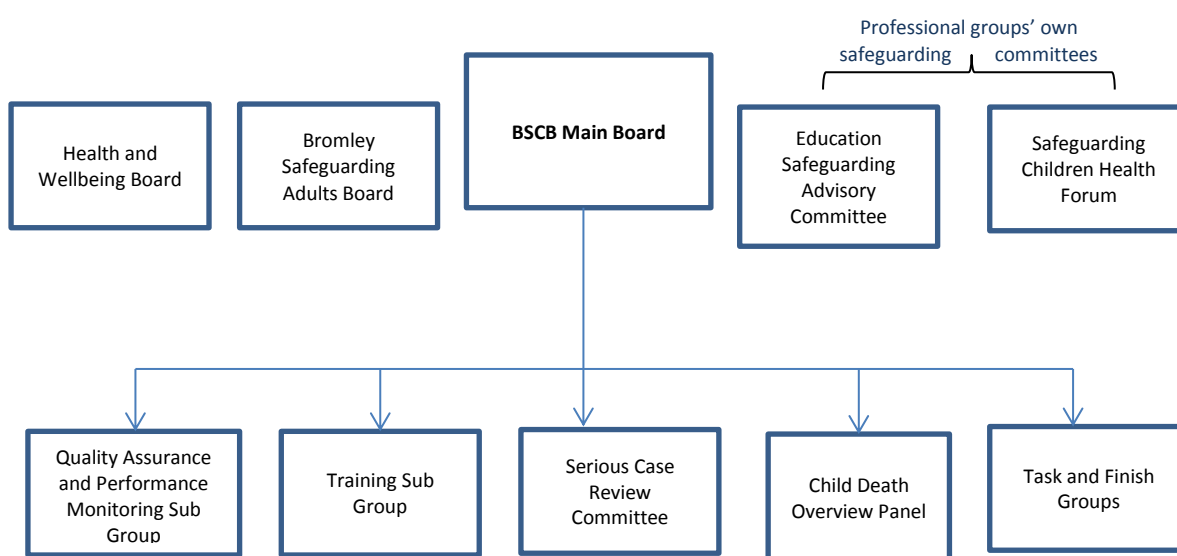
- developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures ;
- communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children ;
- monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve ;
- participating in the planning of services for children in the area of authority; and
- undertaking reviews of serious cases and advising the authority and their board partners on lessons to be learned.

The key organisational mechanism for delivering the statutory requirements of the BSCB are the meetings of the Board (four times a year) and the Quality Assurance and Performance Monitoring Sub Group (six times a year). Further information about the sub groups is available below.

## 2.1 Reporting

BSCB submits its annual report to both the Care Services Policy Development Scrutiny Committee and the Health and Wellbeing Board.

**Figure 1—BSCB Structure 2014-15**



## 2.2 Independent Chair

Helen Davies was Chair of the BSCB Board and the Quality Assurance sub group between April 2012 and March 2015. Annie Callanan will replace Helen Davies in 2015.

## 2.3 Board

The full BSCB Board meets four times a year; the agenda offers opportunities for information sharing and discussion, but also encourages questioning and challenge. The Board continues to have lay member representation which adds value to the BSCB. The current lay members challenge thinking through active contribution at the Board meetings. The Board also has representation from the Portfolio Holder for Care Services, a local Councillor, and Head teachers from two Bromley Schools.

The Board oversees the work of the sub groups which meet between the quarterly board meetings and scrutinises agency reports from across the partnership.

## 2.4 Quality Assurance and Performance Monitoring Sub Group

The Quality Assurance and Performance Monitoring (QAPM) Sub Group is central to the effective functioning of the BSCB. The sub group met six times during 2014-15. Since January 2013, the sub group has been chaired by the Board's Independent Chair 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 and as it is chaired by the Board's Independent Chair, it is able to provide robust challenge to improve practice and outcomes for children and young people.

This year the work of the QAPM sub group included:

- Adherence to the Learning and Improvement Framework to support improvement in the quality of safeguarding practice;
- Completing 5 multi-agency audits. Learning from the audits has been shared and action plans implemented;
- Completion of the two year rolling programme of Section 11 audits;
- Review of the BSCB safeguarding dataset.

## 2.5 Training Sub Group

The BSCB Training Sub Group meets four times a year to evaluate the BSCB training provided and to agree the training programme for the following year. This year it achieved the following:

- development of a training strategy 2014-16
- review of training commissioning arrangements to improve quality
- multi-agency training attended by over 600 people
- development of a more rigorous evaluation framework to include a two month follow up evaluation to monitor impact.

## 2.6 Child Death Overview Panel

This statutory multi-agency panel has a core membership of police, social care, and health professionals. The panel meets at least four times a year to discuss the circumstances of all child deaths in Bromley and to identify any issues or trends. The Child Death Overview Panel Annual Report is presented annually to the BSCB Board.

## 2.7 Serious Case Review Committee

This committee has met 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, that a Serious Case Review (SCR) is commissioned. In March 2014, the committee met twice to consider two separate cases. The committee determined one case should be subject to a root cause analysis review. The other case led to a SCR, known as Child E. The SCR for Child E was published in March 2015; a copy of the report can be viewed at: [BSCB Website](#).

Following the publication of the Child E SCR, the BSCB set up a Case Review Sub Group which will meet quarterly in 2015/16 to consider learning from case reviews. This is now chaired by The Director of Quality of Governance (Bromley CCG). Membership of the 2014-15 Committee was:

Independent Chair BSCB	
Ass Director Children's Social Care	London Borough of Bromley
Ass Director Legal & Support Services	London Borough of Bromley
Lead Officer Education Safeguarding	London Borough of Bromley
Consultant Public Health Medicine	London Borough of Bromley
Detective Inspector CAIT	Metropolitan Police Service
Designated Nurse	Bromley CCG

## 2.8 Education Safeguarding Advisory Committee (ESAC)

The overall aim of ESAC is to ensure that all children and young people are safeguarded in their place of learning. The Education Safeguarding Advisory Committee is chaired by the Assistant Director, Education, LB Bromley. The Vice Chair is the Lead Officer for Education Safeguarding, LB Bromley. The Committee meets quarterly in advance of BSCB Board meetings.

During this year ESAC has also set up termly Safeguarding Education Forums attended by safeguarding leads for the different educational settings to facilitate the effective dissemination of key safeguarding messages and learning.

## 2.9 Safeguarding Children Health Forum

The Bromley Clinical Commissioning Group (BCCG) Safeguarding Children Health Forum is chaired by the Designated Nurse and Designated Dr for Safeguarding Children. The overall purpose of the forum is for representatives from relevant health services and organisations to:



- Contribute to the implementation of the BCCG Safeguarding Children Executive Group's strategy and Bromley Safeguarding Children Board (BSCB) business plan.
- Discuss and exchange information from a local and national perspective on safeguarding and child protection. This will include policies/procedures, concerns and practice development initiatives from across the health economy and partner agencies.

The Forum is accountable to the BCCG Safeguarding Children Executive Group. Individual group members are accountable to and represent their individual organisations and professional groups.

## 2.10 Task and Finish Groups

Task And Finish Groups are agreed by the BSCB to take forward work in current priority areas. In 2014-15, the two Task and Finish Groups were Female Genital Mutilation (FGM) and Domestic Abuse.

## 2.11 BSCB attendance at meetings

Key to the effectiveness of BSCB is regular attendance by members. The BSCB membership in terms of agencies represented has remained stable this year although there have been some personnel changes, which has sometimes led to non-attendance as people started new in role. The Board monitors attendance at meetings and organisations with poor or no attendance are challenged by the Chair to ensure improved attendance. The Chair of the Children and Families Bromley Voluntary Sector Forum changed in March 2015 and will continue to be a Board member in 2015/16. Structural change to Probation, including the creation of a new national Probation Service to manage the high risk offenders and undertake all initial assessments, has meant that there has been stretched resource for the BSCB Board. Representation by NHS England has been followed up by the Chair and there is an agreement to address this in 2015/16. The BSCB Business Manager left the position in December 2014 and has been replaced with an interim manager while a permanent manager is sought.

See Figure 2 for attendance, by agency, at the five Board meetings held in 2014-15.

## 2.12 Future Governance Arrangements

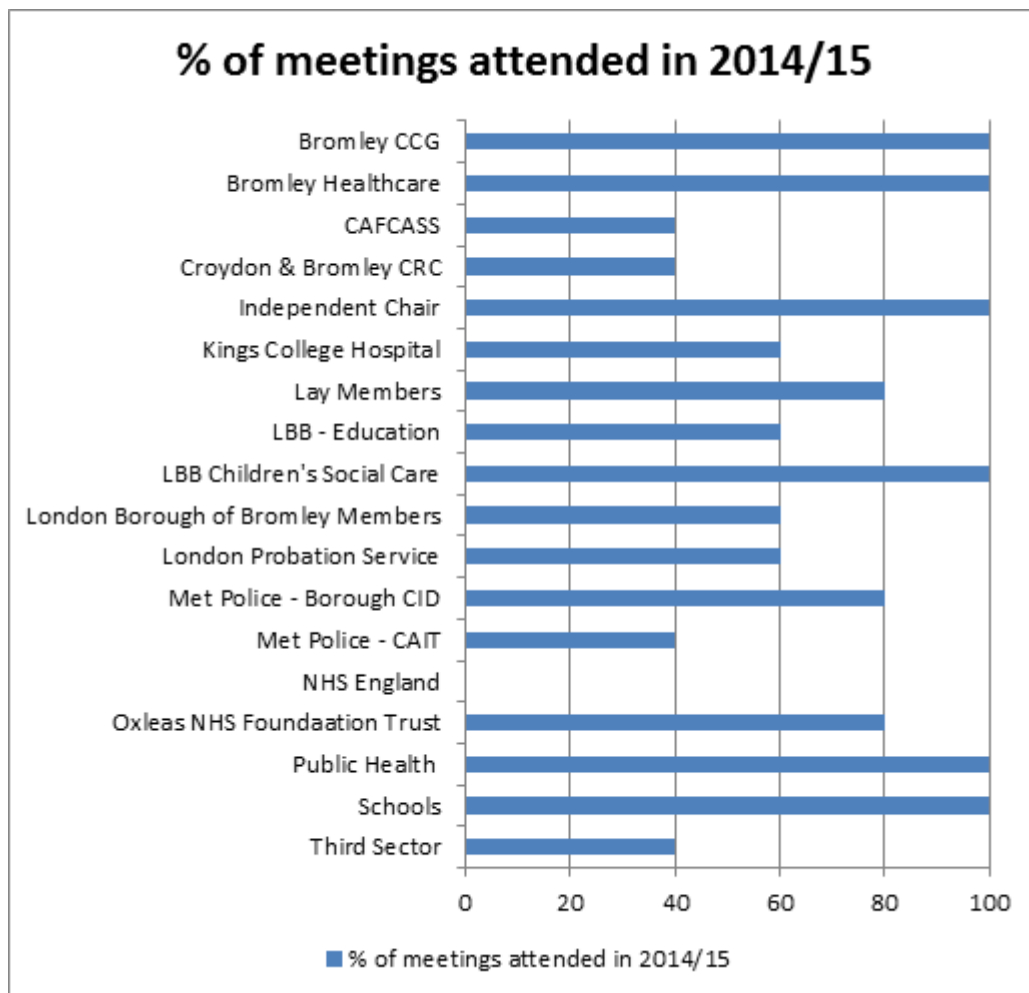
Following a review of the structure of the Board, there are plans to introduce new sub groups as follows:

- Vulnerable Children: to progress, monitor and scrutinise the coordination and effectiveness arrangements of local practice in relation to CSE, Missing from Home & Care, Missing from Education, Trafficked, FGM, Domestic Abuse, Gangs, Disabled Children, and Radicalisation.

- Communications: to plan and coordinate the delivery of a communications strategy based on the Board's functions and annual Business Plan.
- Policy and Procedures: to review and agree draft policies and procedures (including those recommended by the London Safeguarding Children Board) and discuss practice issues which have an impact on multi agency working to decide whether local policies and procedures need to be reviewed.

A Leadership Meeting will also be held between Board Meetings to enable the Chair of the BSCB and the Chairs of the sub groups to monitor progress of the work of the Board against the business plan and to plan Board workstreams.

**Figure 2 – Attendance of BSCB Board Meetings by Agency**



## Section 3: Achievements and Challenges

A summary of the Board's achievements against priorities are set out in Section 1, but this section provides further information about the achievements of BSCB over the last year and key challenges looking forward to next year

### 3.1 DEVELOPING A LEARNING ORGANISATION

#### Learning and Improvement Framework

The statutory guidance on safeguarding, Working Together to Safeguard Children, sets out an expectation for LSCBs and its partners to foster a culture of continuous learning and improvement. It requires LSCBs to have a Learning and Improvement Framework in place. Prior to the publication of Working Together 2013, BSCB already had in place a Performance and Improvement Framework. During 2013-14, BSCB updated the Framework to develop it into a Learning and Improvement Framework in line with statutory guidance. Throughout 2014-15, the BSCB has continued to use the framework to:

- Conduct regular reviews/audits of cases, both statutory reviews and cases that can provide insight and understanding into the way organisations are working together to safeguard and protect the welfare of children in order to enhance practice.
- Review cases rigorously and in detail showing what happened, how things went wrong, or well and why, accompanied by actions that show the learning from the review.
- Ensure lasting improvements to services to safeguard children and families result from the actions from reviews and audits
- Foster transparency about issues and actions arising from reviews and audits.

The purpose is to identify improvements which are needed and to consolidate good practice. The different types of reviews covered by the framework are:

- Serious Case Review
- Child Death review
- Review of a child protection incident which falls below the threshold for an SCR
- A review or audit of practice in one or more agencies.

The Framework is not dependent on the learning from reviews alone. Other data and information also usefully informs practice:

- Performance data on safeguarding and child protection
- Agency inspection reports
- Agency annual safeguarding reports
- Multi-agency audits

- Single agency audits and Section 11 Safeguarding Self-Assessment
- Feedback on services from children and young people

### Serious Case Review (SCR)

Child E died at the age of 12 weeks in March 2014. At the time of his death he was a Looked After Child in the care of Bromley Children's Social Care. Due to concerns about neglect and because both parents were in prison, he was placed with his twin brother in the care of a maternal aunt. Unknown to professionals, he was staying in a caravan due to the aunt locking herself out of the home address. He was found not breathing on a makeshift bed and had been co-sleeping.

In July 2014, the Coroner confirmed that the cause of death was Sudden Unexpected Death in Infancy (SUDI) and decided that there would be no Inquest and no criminal proceedings have been instigated. At that time, a Serious Case Review (SCR) had already been started by the BSCB. The SCR Panel chaired by the Independent Chairperson agreed to continue with the SCR given that it was clear that the review would highlight learning for partner agencies. The Serious Case Review was particularly complex in that it covered more than one local authority area and numerous services across the different boroughs.

It is important to state that none of the practice issues identified in the Serious Case Review contributed to the tragic death of Child E. However, the review has highlighted learning for all agencies and areas of practice which could be improved. Most of these areas of practice have been identified and addressed by the agencies themselves. The BSCB will alert the London Safeguarding Children Board of any improvements to be made to the collective response to safeguard children who move between local authorities.

#### Key Learning Points:

- Public Health information on co-sleeping should be regularly reviewed to ensure the key safety messages are available to the whole community, including those who may not have access to mainstream public information;
- The Review recognised the challenge of responding to the needs of children who live in a community who are mobile and where there is unlikely to be any sustained engagement by practitioners. It is important that sufficient resources are available to enable information to be gathered in a prompt and coordinated manner.
- Practitioners need to be culturally aware of the traveller community and sensitive to the impact of any interventions on the children;
- Communications between agencies need to be accurate and sent in a timely way. Assessments should be carried out according to the relevant

procedures. It is essential practitioners and managers approach these core elements of their work professionally;

- Where there are concerns regarding neglect and there is a pregnancy, Children's Social Care should always consider holding a pre-birth child protection conference. If this is deemed not appropriate then the reasons should be recorded on the file;
- Changes in staff are inevitable. Managers must consider the impact on care planning for the child and keep any disruption and delays to a minimum.

### 3.2 IMPROVING SAFEGUARDING THROUGH EFFECTIVE COMMUNICATION

The BSCB website aims to promote good safeguarding **practice**, lessons learned from audits and case reviews, local policies and protocols and signposting to relevant agencies, advice and guidance. In order to improve this further, the BSCB will tender for a new website in 2015/16 to make it more user friendly.

Newsletters are sent out by the BSCB to update partner agencies on recent audit findings, forthcoming events and relevant safeguarding contact details. In addition, the BSCB holds lunchtime multi-agency briefings to highlight new guidance or areas needing practice improvement. In spring 2015, the BSCB will be holding two lunchtime briefings on findings and recommendations from the Child E SCR.

#### BSCB Annual Conference

BSCB hosts an annual conference, bringing together multi-agency staff at all levels to raise awareness about a current safeguarding theme. The theme of the annual conference in November 2014 was 'Rethinking approaches to working with mental health problems'. This was timely as the new Wellbeing Service for children and young people was launched at this time. The programme included:

- Self harm in young people—a risk and resilience model
- Mindfulness and young people
- The Community Wellbeing Service
- Bromley Youth Council—dispelling stigma and raising awareness of signs and symptoms.

The event was attended by 140 practitioners and managers from children's social care, education, early years, schools, the CCG and health providers, voluntary organisations, police, probation and youth council. 96 evaluation forms were received and of these:

- 90% found the conference very or extremely useful
- 83% found it very or extremely relevant to their job
- 98% found the speakers very or extremely knowledgeable
- 87% thought there was a very good or extremely good multi-agency mix of participants.

## Listening to Front Line Practitioners

As part of the Board's Learning and Improvement Framework, a survey was undertaken in 2014 of frontline professionals who work with children and their families and who may encounter safeguarding and child protection issues. The purpose of the survey was to identify areas where further support, guidance or information may be necessary to help professionals to fulfil their safeguarding role. 230 returns were received. This is recognised as a small proportion of all the staff who work with children and families in Bromley, but this has been able to give us some insight into what people consider is important.

The survey results indicated a high level of professional confidence in safeguarding practice across the majority of agencies. The key messages are:

- Professionals understand their role and duties in safeguarding
- The vast majority believe they have the resources to execute their duties
- Professionals are confident about what they need to do in a variety of circumstances and levels of safeguarding.

Several areas for further development were identified and we are looking at how best to progress these through the work of the BSCB Quality Assurance and Performance Management Sub Group:

- Agency effectiveness on e-safety, missing children and child sexual exploitation was seen to be in need for improvement;
- Information sharing between agencies requires further improvement;
- Greater awareness of multi-agency training programmes needed and delivery to be made more relevant to the multi-agency network and specific training for early years;
- Raising awareness about effective safeguarding supervision;
- Sharing practice among agencies in effective casework tracking and arrangements for case closure.

To address the outcomes of this survey, the BSCB has:

- Rewritten the protocol for children missing from care and home to provide practitioners with better information
- Undertaken an audit on CSE. The findings will be addressed and well circulated to promote referral mechanisms
- commissioned a new training package for e-safety which will be delivered from the beginning of 2016
- circulated information on training more widely, particularly with regard to case chronologies, CAF and step down
- Commissioned additional multi-agency training on safeguarding supervision.

The Practitioners' Survey will take place bi-annually and in future will have a better focus on getting the views of school staff and the voluntary sector.

## The Voice of Children & Young People

Across Bromley, partners are developing ways of listening to the voice of children and young people in order to inform and influence service developments.

- In January 2014 Kingswood (now named Bromley Trust Academy Hayes) carried out a pilot looking at relationships between police and Pupil Referral Units, supported by the Local Youth Team
- BSCB Business Manager met with Bromley Youth Council to discuss priorities for young people which were 'Young People and the Media' and 'Domestic Violence', as decided at a Youth Council event attended by 75 young people.
- Bromley Youth Council presented at this year's BSCB annual conference on Mental Health and received positive feedback.
- CSC commissioned a review of user voice of service within statutory social work in Children's Social Care, and introduced a revised system in January 2015.
- The Bromley Children's Project seeks feedback at all centres and finds innovative ways of communicating with children and engaging children at the most appropriate level
- An Advocacy Service has been commissioned from Baker and Joy for under 12 year olds subject to child protection procedures and will represent the child during conferences if he/she does not want to be present. Baker and Joy also conduct return home interviews for looked after children who have been missing
- The Education Business Partnership provides a mentoring service to give young people a voice
- The Living in Care Council (LINCC) has been actively participating in the Executive Working Party for Child Safeguarding and Corporate Parenting. Children in Care were also offered the opportunity to be involved with the recruitment process for members of staff.
- The roll out of the Children's Social Care service user satisfaction questionnaires started in 2014. The new questionnaire affects all children's statutory social work services. It asks a few key questions of service users (including parents, carers, children and young people) to establish general levels of satisfaction amongst different user groups and to find out which areas users feel we are performing well on and which areas we might want to try to improve.

In 2014, the BSCB submitted a bid to the Innovations Fund to undertake an extensive consultation with young people on how the Board can best use social media to get messages to them on safeguarding issues and consult them on their view, then to

implement a new information and consultation service. Unfortunately, the BSCB was not successful in its bid but will consider running a scaled down version of this.

There are a number of other examples throughout this annual report which show how the child's voice is being used. However, this remains an area for further development. Throughout 2015, the Signs of Safety methodology will be introduced into review meetings so that the percentage of young people who feel their review is helpful increases. The BSCB itself plans to hold its board meetings in the community and at settings where consultation sessions can be held with the young people. The BSCB will also involve young people in its communications strategy and redevelopment of its website during 2015-16.

### 3.3 TRAINING

The Training Strategy runs from 2014-16 and supports the BSCB to deliver its safeguarding training, with a focus on content and audience, organisation, delivery and evaluation.

In 2014-15, the BSCB reviewed its training programme to ensure that the commissioning process weighted tenders more strongly on quality of delivery and outcomes than price. During the year, BSCB provided local multiagency training through 18 courses and 34 sessions attended by 639 people. This is more than 2012-13 but less than 2013-14 (46 sessions to 733 people), which is partly due to the commissioning review where core training was tendered twice with the aim of improving the quality of tenders received. This had an impact on delivery timeframes within the year. A table showing the training courses is provided below.

**Figure 3 - number of face to face courses and attendees**

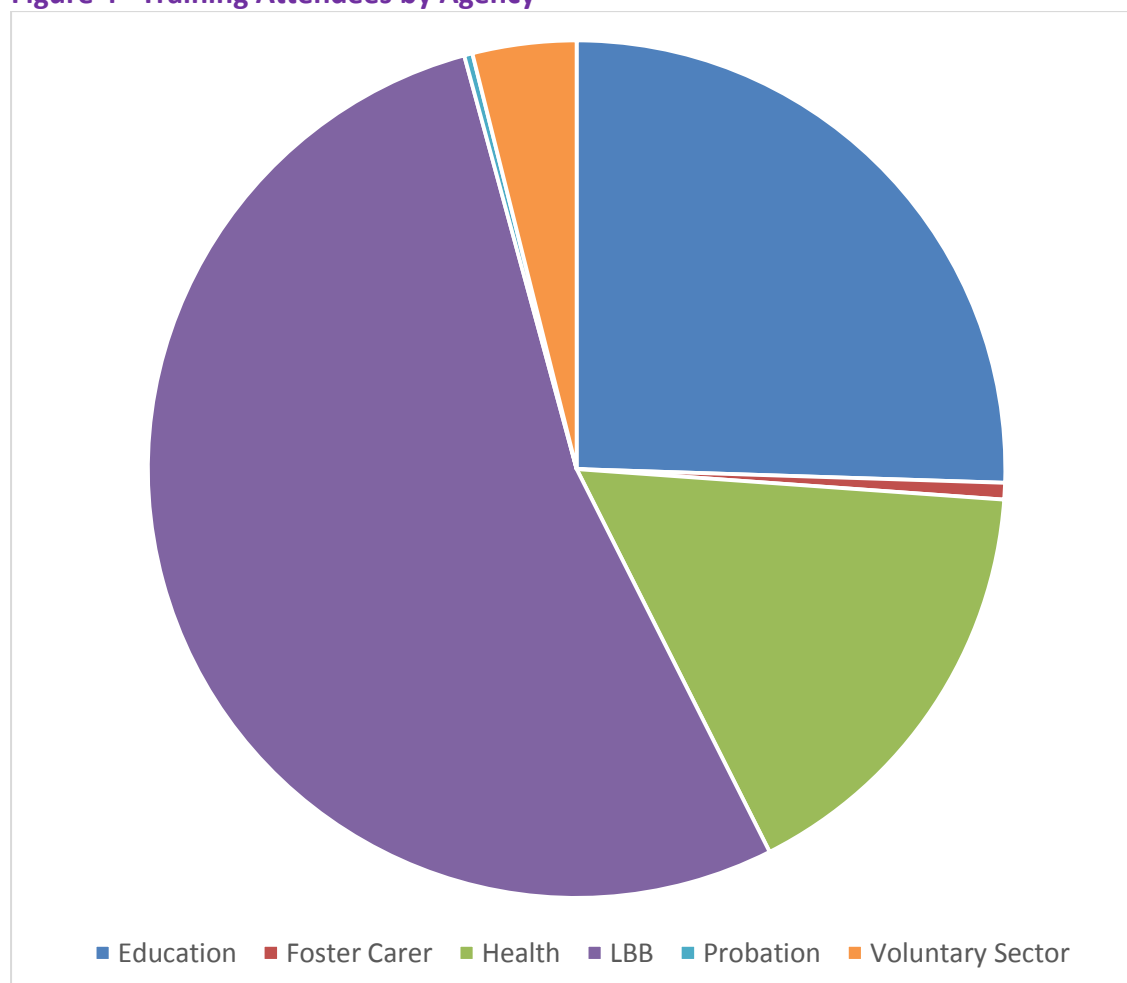
<b>Course Title</b>	<b>No. of courses run</b>	<b>Attendees</b>
Group 3	4	78
Group 3 Refresher	1	19
Group 4/5	1	15
Group 4/5 Refresher	1	13
Intro to Safeguarding Children	2	95
CAF	3	51
CAF and TAC	2	17
Chronology	2	36
CSE	2	42
Domestic Abuse and Violence Against Women and Girls	3	64
Domestic Abuse (working with young people experiencing or at risk)	1	18



Course Title	No. of courses run	Attendees
Effective Supervision	1	16
Safeguarding Children for Designated Teachers	3	53
Safeguarding Disabled Children	1	11
Safeguarding Neglected Children	1	16
Safeguarding Young Carers	2	22
Teenagers who self harm	3	62
The challenges of safeguarding children in families with complex needs	1	11
	34	639

BSCB aims to have a multi-agency mix of professionals at every training course. The Chair of the Training sub group monitors attendance and contacts agency leads where attendance is low. A breakdown of agencies attending training for the year is below.

**Figure 4– Training Attendees by Agency**



Several new courses were delivered this year including:

- Additional domestic abuse courses. Feedback indicated that more specific information was needed such as working tools and how to refer.
- Safeguarding for designated teachers. Designated teachers used to attend the Group 4/5 course but feedback showed that this did not equip them for their specialist role e.g. dealing with allegations. They will also receive refresher training every two years.
- Introduction to Safeguarding. BSCB expanded the choice of face to face training in order to meet demand.
- Teenagers who self harm. Anecdotal feedback from the Princess Royal University Hospital A&E department suggested that there had been an increase in non-life threatening self harm amongst teenagers so a specific training course was delivered.

The BSCB consistently provides training of a high standard, with course participants agreeing that courses are useful and relevant to their needs. Each course is subject to user evaluation. Overall feedback across all courses showed that 68% of the attendees judged the courses to be Excellent, 30% Good and just 2% Satisfactory.

In 2014, the BSCB Training Sub Group updated its evaluation forms for attendees of the training and introduced a much more comprehensive evaluation process which includes pre and post training evaluation, as well as a two month follow up evaluation with attendees for all courses to identify the impact of training and whether training has been applied. Each course is allocated to a member of the Training sub group to monitor, dependent on their specialist area. Where a course consistently has a low score, indicating low impact, attendees are contacted to obtain more specific details, which is then fed back to the trainer. This can lead to unsatisfactory trainers being replaced. Furthermore, certificates can be withheld if individuals do not apply the training and the BSCB also expects that this is followed up by supervisors and line managers during supervision.

All trainers are required to submit an evaluation form to evaluate how well the course went. Questions include how relevant the course was to the experience of the delegates and whether any organisational issues emerged during the training. Forms are submitted to and followed up by the Chair of the Training Sub group (Head of Safeguarding Quality Assurance).

In September 2012 the BSCB Training sub group introduced free e-learning courses for Group 1 and 2 training. The e-learning package includes fourteen courses which make up the Group 1 and 2 courses. The advantage of online training is that delegates can learn at a time and pace that suits them. A breakdown of the number of people taking the BSCB e-learning courses between April 2012 and March 2015 is below. The Bromley Safeguarding Children Introduction e-learning course was taken by 919 people in the year ending March 2015, of which only 58 failed.

**Figure 5 - Me Learning September 2012 - March 2015**

<b>COURSE TITLE</b>	<b>No. Passed</b>
Assessment and Planning	239
Background to Safeguarding Children	152
Bromley Safeguarding Children Introduction	922
Conflict Styles and Resolution	99
Data Protection Act	121
Deprivation of Liberty Safeguards	364
Difficult Relationships and Conflict	222
Domestic Abuse	247
Framework for Assessments	119
Information Sharing	241
Mental Capacity Act	634
Responding to a Disclosure	176
Safeguarding Adults	1129
Safeguarding Children Group 1	579
Safeguarding Disabled Children	535
Supporting Transitions	211
Safeguarding Children Group 2	455

BSCB is aware of the need to provide e-safety training. It has proven difficult to tender for this training module, however, we now aim to have this training in place in 2016.

### **3.4 TACKLING CHILD SEXUAL EXPLOITATION**

Following the development of a BSCB multi-agency task group on Child Sexual Exploitation (CSE) in 2011, the BSCB signed up to the Pan London CSE Protocol and developed a local multi-agency protocol. The BSCB protocol for safeguarding children who are abused or at risk of abuse through child sexual exploitation follows on from Bromley's Strategy to Safeguard Children and Young People at Risk of or Experiencing Sexual Exploitation which was published in March 2012.

The CSE protocol outlines the local procedures for safeguarding children and young people who are at risk of or experiencing child sexual exploitation in the London Borough of Bromley. The procedures aim to prevent and protect children and young people in Bromley from sexual exploitation and wherever possible, prosecute those who are perpetrators of child sexual exploitation.

BSCB has ensured that all trainers currently facilitating multi-agency safeguarding training programmes are notified of the need to integrate the signs and symptoms of CSE and how to respond to it into their existing courses. These training programmes include basic, intermediate and advanced levels of

safeguarding training as well as training around working with specific groups where the young people would be deemed particularly vulnerable to CSE such as domestic abuse, mental ill health and parental substance misuse.

BSCB has commissioned a series of one day training programmes around child sexual exploitation to be delivered by specialist trainers from Barnardo's. This multi-agency training has been designed specifically for those professionals who will be working with children and young people who are at a low, medium or high risk of child sexual exploitation.

Specialist CSE intervention can be of enormous benefit in helping those young people who as victims of CSE have suffered emotional, psychological or physical harm. With the aim of achieving the best possible long-term outcomes for the victims of CSE in Bromley, Children's Social Care has commissioned the specialist sexual exploitation service provided by Barnardo's. This specialist recovery service will provide victims aged 11 to 18 years with an intensive six month programme of one to one support and intervention.

BSCB is confident that the protocol and processes in place address the See Me, Hear Me framework recommended in the Office of the Children's Commissioner's (OCC) final report on CSE.

Multi-Agency Sexual Exploitation (MASE) and Multi Agency Planning (MAP) meetings have been established in Bromley and Bromley was one of the first boroughs to set up MASE meetings. The MASE meetings are monthly and there were 44 new CSE cases referred to the panel in year ending March 2015. All relevant agencies attend and play their part in MASE and in February 2014 the Board agreed that the BSCB's CSE Task Group had completed its work and that the strategic role would be undertaken by the MASE Panel which will report regularly back to the BSCB Board. The MASE meetings:

- identify new cases
- monitor progress and agency participation
- identify and set actions against trends/ locations
- address cross border issues
- monitor children placed outside borough
- ensure CSE is integrated with other child protection procedures.

During 2014, a multi-agency strategic review of CSE took place. An audit tool was compiled using the key questions that will be raised by the OFSTED thematic inspections. The members of the CSE Strategy Group were required to complete the audit tool representing the perspective of their own agency. The strategic review addressed: compliance of BSCB with DfE 2009 guidance; sharing information; workforce training; quality assurance of Bromley's CSE service provision and outcomes; CSE prevention work in Bromley; early identification in Bromley; effectiveness of support to children affected by CSE in Bromley; commissioning arrangements; management oversight; and disruption of perpetrator activity. The

review concluded that partner agencies are collaborating well on CSE and that the BSCB and MASE can continue to strengthen the local response by regularly reviewing systems in place. It also concluded that there is a clear referral process to MASE and that the MAP is well supported by agencies.

In 2014, the MASE Terms of Reference was updated to reflect its remit. In March 2015, a CSE multi-agency audit was carried out. Initial feedback concluded that following referral into the MASE panel, significant positive changes have been seen in all the cases audited and outcomes for children were improved. It demonstrated credible evidence that the tackling Child Sex Exploitation procedure developed by the BSCB is working well when risk cases, even at a low level, are identified and referred.

The contractual arrangement with Barnardo's is excellent in that there is a worker based within Children's Social Care so that early discussions can be had with advice on early help in addition to one to one counselling available through a MAP referral. This contract will be renewed with the benefit of Tackling Troubled Families funding.

In addition, positive support offered by the young person's substance misuse service, Bromley BYPASS, and residential care staff was noted by the young people contacted and is useful information for Bromley's commissioning strategy.

There were a number of actions that will be taken forward by the BSCB including a review of the CSE strategy to ensure it is responsive to changing needs.

### 3.5 CHILDREN MISSING FROM CARE AND HOME

In May 2013, the BSCB conducted a themed audit on local practice and effectiveness in safeguarding children who have runaway or who are missing from home and care. The audit highlighted that specific requirements, such as return interviews, were not well understood. The procedural flow chart for children missing on multiple occasions was not used widely.

In 2014 several changes were implemented as a result of the multi-agency audit. A new simplified multi-agency protocol on missing children was developed and launched in February 2014. An advocacy service was re commissioned to include greater emphasis on return interviews for those in care who go missing. The Teenage and Parent Support Service (TAPSS) were assigned responsibility for conducting return interviews for missing children and young people, over the age of 10. Risk assessments and improved information to support the identification of risk were introduced. A regular panel for discussing complex cases of missing children

and the attendant risks was combined with the panel for identifying children at risk of child sexual exploitation.

TAPSS continues to offer return home interviews to teenagers above the age of 10, who are reported as missing to the police in Bromley. These teenagers continue to be processed by MASH as part of the early help agenda. Each referral is recorded on a bi-weekly spreadsheet with an update on whether or not an interview was accepted, presenting issues at the time of the missing episode and if this progressed to further social care intervention.

The Children Looked after Team holds cases for children looked after (CLA), aged 0-16. The 'placement absence' function on the Children's Social Care electronic recording system, Care First, was made available in February 2015 and is used for all CLA who go missing or are deemed away from placement without authorisation. This enables a weekly report to be produced, track the number of missing CLA, the number of episodes and the length of each episode. CLA business support staff collate overnight notifications from EDT daily, logging the details of the missing episode. If the young person has not returned, their name is entered on the Group manager's office board to keep that young person in the Group manager's mind, until they are home and safe. Return home interviews for CLA are conducted by Baker and Joy, a small community interest company. There are currently only two workers which allows a consistency of approach to assist in building relationships with persistent absconders. On occasion, follow up interviews are offered, even when the young people has not been missing, to convey ongoing concern and to offer the opportunity to talk, outside of the usual routine of "return home interviews".

The BSCB conducted a follow up audit for missing children in January 2015 aiming to further improve practice, particularly for vulnerable young people. The recommendations from this 2015 audit can be found in the multi-agency audit section (see Section 4).

### 3.6 FEMALE GENITAL MUTILATION

During 2014, the BSCB undertook a Task and Finish Group on Female Genital Mutilation (FGM) to consider revised guidance and make recommendations for practice in Bromley. The Designated Nurse Safeguarding Children chaired the group which met four times between November 2014 and February 2015. The group focused on three key areas: mapping current service provision; gap analysis against national FGM practice guidelines and considering a multiagency FGM Risk Assessment Tool. Recommendations were then agreed for BSCB.

The mapping exercise was extremely useful for agencies to get a picture of how women and girls affected by FGM entered their services and whether services had FGM leads in place.

The group reviewed a number of FGM risk assessment tools and agreed on one which would provide sufficient information to enable robust decision-making for all agencies. The Task and Finish Group recommendations were as follows:

- The strategic work started across the borough should continue within the Bromley Violence Against Women and Girls Multiagency Group. This should include how best to engage faith, voluntary and cultural groups leaders from communities which represent other areas in the world where FGM is likely to be practised.
- An FGM clinical indicator should be added to the Bromley Clinical Commissioning Group (BCCG) health economy safeguarding performance framework.
- There needs to be a strategic approach to training developed by BSCB Training Subgroup.
- A protocol needs to be agreed to ensure that midwives automatically refer all pregnant women in Bromley, who have undergone FGM, to Bromley MASH (Multi Agency Safeguarding Hub). This will need to be embedded at Kings College Hospital maternity ward in Denmark Hill, which is located in Southwark and therefore currently follows Southwark's protocol.
- A FGM gap analysis to be undertaken against multiagency best practice guidelines for schools and further education.
- Ongoing awareness-raising for the whole workforce via the BSCB newsletter and webpages, with a position statement on FGM.

### 3.7 DOMESTIC ABUSE

Following on from a domestic abuse BSCB multi-agency audit in March 2014, a Domestic Abuse Task & Finish Group met twice in July 2014 and September 2014. At its first meeting, the group identified three key strands of work: Mapping of Services; Communication and Training; and Data. In addition, the Chair and Domestic Abuse and Violence Against Women and Girls (VAWG) Commissioner have held meetings with the Bromley Youth Council.

There is a range of commissioned Domestic Violence services in Bromley including One Stop Shop provision, an Independent Domestic Violence Advocacy Service, Domestic Violence Perpetrator Programme, refuge provision and educational and outreach services, all of which work at capacity as each service is relatively small within the local commissioning framework. In addition, the borough has an

established Multi Agency Risk Assessment Conference (MARAC) coordinated by Bromley MPS (Met Police Service).

The Task and Finish Group considered the range of information available to young people and feedback from the Bromley Youth Council was that young people didn't feel there was enough information available for them and that young people would want web based services. A proposal was put to the Bromley Youth Council about making an app available for young people and following the success of the Bromley Healthcare app, Your Choice Your Voice (YCYV), work is being progressed to extend the YCYV app to include information about domestic abuse. The Bromley Healthcare YCYV Sexual Health app was launched in April 2014 to ensure young people are able to access sexual health information and services they may need, on the move, when they really need it. The app already has good coverage and is promoted to all Year 9 pupils in Bromley Schools. Discussions have already been held with Bromley Healthcare and the app designer about extending the information available in the app and a meeting with the Bromley Youth Council will be held to look at the content to be added to the app and take this work forward.

The Bromley Youth Council has identified Domestic Abuse as their secondary campaign for 2014-15. As part of this work the Youth Council are seeking to raise awareness across schools and encourage a curriculum focus on domestic violence. The Youth Council were setting up meetings with schools to go into assemblies to raise awareness amongst pupils and teachers. In addition, the Youth Council were working with the Domestic Abuse & VAWG Commissioner to develop a leaflet for young people and publicity to go with campaigns. Links were also being made with the Family Nurse Partnership. Bromley Youth Council will lead a workshop at the BSCB 2015 Annual Conference on domestic abuse and young people.

BSCB has in place a domestic abuse e-learning course which is free to any professional in Bromley and has added the following face to face multi-agency training as part of the 2014-15 multi-agency training programme:

- Working with Young People Experiencing or at Risk of Domestic Abuse (Course length: One Day)
- Domestic Abuse and Violence Against Women & Girls – A Child Protection Issue (Course length: One Day)
- Working with Perpetrators of Domestic Abuse (Course length: Half day)

A short training package (approx. 15 mins) is being developed which will be disseminated to all agencies to be rolled out in team meetings and other staff forums/ briefings. The aim of the training package is to raise awareness of domestic abuse, the referral pathways and the support available and make it more accessible to all professionals who may not undertake the more detailed face to face training or e-learning. The training package will be rolled out in during 2015.

As a result of a task and finish group recommendation, police domestic abuse data in Bromley is coordinated and included in the BSCB quarterly dataset. The CCG has



commissioned a service for domestic violence and therefore this data may be improved further in future. Health visitors will also be required to collect this information.

A BSCB multi-agency domestic abuse audit is planned for 2015 to establish progress since the audit in March 2014. Furthermore, the BSCB annual conference will be on domestic abuse in November 2015.

### 3.8 WELLBEING

The Emotional Health Forum is a very successful group run by schools for schools with support from health (Public Health, CAMHS and School Nursing). The Designated GP has also started attending meetings. Meetings are held three times a year. Several schools have conducted surveys; the results of these surveys are “owned” by the schools and used for planning services and support within each school.

All secondary schools have taken up training commissioned by Public Health to help them manage suicidal young people in their schools. In addition, teachers from 15 secondary schools have been trained as Mindfulness Trainers, and many of these are now delivering Mindfulness to young people within schools.

School nurses are working more closely with the senior management team in each school to support the school. School nurses are also now based in nine secondary schools for half a day a week to promote visibility of school nursing and be better integrated into the life of the school.

### 3.9 SAFEGUARDING IN EDUCATION

The Education Safeguarding Advisory Committee (ESAC) was set up in order to improve the involvement of the wider education sector, engaging all education settings in safeguarding matters. The Assistant Director of Education, LB Bromley, is a member of the BSCB and chairs ESAC to ensure that information is shared and that BSCB can hold ESAC to account.

Safeguarding Education Forums are held by ESAC to engage education settings and ensure effective dissemination of key safeguarding messages to education settings. Forums are free and are attended by safeguarding leads from the different educational settings. They enable learning from colleagues and peers and joint problem solving as well as training delivered by specialists. The Safeguarding in Bromley Schools Section 11 undertaken in 2013 identified that different methods of informing schools of information should be explored and the Safeguarding Education Forums have been set up to help to address this. Forum themes in 2014/15:

- FGM
- How to make a good referral to Children’s Social Care

- E-Safety – helping to ensure children stay safe online
- Definition of Child Sexual Exploitation and the national picture for CSE and how Bromley responds to CSE
- Disclosure and Barring Service (DBS) and potential impact of disqualification by association
- Private Fostering
- Prevent

ESAC is also responsible for:

- updating policies and identifying gaps in training;
- identifying items for future forum agendas;
- taking a regular report from the educational welfare team on children missing from education (CME) and those on elective home education (EHE);
- Including raising awareness of private fostering arrangements and their implications with schools and other settings via the education safeguarding forum.

During 2014-15 ESAC provided information to partners on:

- managing safeguarding allegations against staff
- Core Group Meetings
- Private Fostering
- The Community Wellbeing Service
- Childline Schools Service
- The Prevent Programme
- The Child Death Overview Panel Annual Report

### 3.10 SAFEGUARDING IN HEALTH

#### Bromley Clinical Commissioning Group (BCCG)

The terms of reference for the BCCG Safeguarding Children Health Forum have been reviewed. A yearly report will be sent to BSCB covering the areas of work, challenges and successes. There is a system in place for sharing concerns outside of this reporting framework via the BSCB QAPM subgroup.

The Forum's 2014/15 audit schedule has largely been met with one provider in the process of completing two final audits. Seventeen audits have been completed; in addition, members of the Forum took part and led their organisations during the BSCB 2014/15 multi-agency case audits.

BCCG and almost all health providers have completed their Section 11 actions for 2014/15. South London and Maudesley NHS Mental health Trust has one remaining action which is partially completed.

BCCG received annual board reports from all key provider organisations which informed the BCCG Safeguarding Children Annual Board Report. A template has been created for provider organisations to use for their 2014/15 annual board reports. This will ensure key areas are covered and will enable comparisons and patterns to emerge.

The Health Economy Safeguarding Children Scorecard, systems and processes have been reviewed and revised by the Designated Nurse. The aim is to have a set of meaningful indicators which cover both core requirements and safeguarding activities across the health economy. The new indicators have been informed by new and revised legislation/guidance e.g. female genital mutilation.

The designated nurses across South East London CCGs have agreed the indicators for hospitals, mental health and community services to ensure standardisation across CCG areas. The next step is to develop a realistic dataset for the Urgent Care Centres in Bromley. The new data set will start in April 2015 with a phased approach for providers who needed to put new infrastructure in place to capture the data. The challenge has been agreeing a dataset for King's College Hospital NHS Foundation Trust who is also a member of the Southwark LSCB. The Designated Nurses for BCCG and Southwark CCG are working together to align the LSCB datasets. During this period, KCH continues to provide data as requested from BCCG.

The BCCG Integrated Governance Committee and Governing Body received verbal and written briefings on the Child E Serious Case Review. BCCG monitored the health economy action plans of five CCG areas. All actions have now been completed. BCCG will be seeking assurance that the learning and actions have been embedded and sustained by December 2015.

The final themed report on the Yewtree investigation (Jimmy Savile) was published in February 2015. The Department of Health requested that all CCGs and provider organisations complete the action plan within the final themed report by Kate Lampard by June 2015. The Designated Nurse is collating the key health provider organisation's action plans. A report and composite health action plan will be presented to the BCCG Quality Assurance Subcommittee in May 2015. A verbal update was shared at the BSCB QAPM sub group.

There continues to be concerns around the quality of services provided by a Tier 4 CAMHS service in Bromley (commissioned by NHS England), from a safeguarding perspective e.g. compliance with Local Authority Designated Officer (LADO) procedures, self-harm, training and safeguarding supervision of staff. NHS England (NHSE), the Designated Nurse, Bromley LADO and case manager for the service are working together to advise and support the service. The CQC have undertaken four inspections (unannounced and announced) which were partially met. An action plan is in place to meet the recommendations and is being monitored by NHS England.

Female Genital Mutilation (FGM) has been a regular agenda item at the Forum. The Designated Nurse chaired the BSCB FGM Task and Finish Group November 2014 – March 2015; all key NHS providers were represented. KCH Midwifery Services have systems and processes in place to identify and respond as appropriate to girls/women who have been subjected to FGM. All health services have scoped their services and undertaken a gap analysis using the mandatory HM Government 2011, FGM Multiagency Practice Guidelines.

Key issues for BCCG regarding the quality of LAC services are:

- Timely completion of Initial health Assessments (IHAs) within the statutory 20 days.
- Training and support for GPs completing IHAs.
- BCCG to review safe, effective commissioning of LAC services with stakeholders.
- Ensure improved governance as part of the 'health pathway' for all Looked After Children with the Community Provider – Bromley Healthcare (BHC).

Bromley CCG has successfully implemented the fourth year of a Local Enhanced Service (LES) for Safeguarding Children. The LES was taken up by 93% (no 42) of practices for 2014-15 compared to 80% in 2013-14, 78% in 2012-13, and 62% in 2011-12. Practices taking up the LES are required to complete a self-assessment regarding the safeguarding children arrangements that are in place. Responses within the self-assessments show continuing development in the arrangements in place within primary care for safeguarding children. Practices which did not take up the LES last year were contacted by the Named GP for Safeguarding Children to discuss their safeguarding arrangements and offer support with training and development.

This year the CCG has monitored compliance with Level 3 for GPs to reflect the work taking place to build on Level 2 competencies (which were recorded as Level 2 96% up to date for GPs during 2012-13), in accordance with the intercollegiate document 2014.

- Practice staff, Level 1: 82% (437/533) including e-learning and in house training
- Nursing staff, Level 2: 93% (94/102)
- GPs, Level 3 : 80% (160/199). Figures from data held by Named GP confirm GPs at level 3 89% and level 3 advanced 72%.

### **Kings College Hospital**

The challenge this year for the Trust at the Princess Royal University Hospital (PRUH) has been in establishing a full complement of staff in the safeguarding team. In October a new member of staff with experience in paediatric nursing and neonatal nursing joined KCH and in January we had a change in the Named doctor role. While the team was not at full strength, the safeguarding work at the Princess Royal has been supported by members of the safeguarding team based at Denmark Hill. Good progress has been made with safeguarding training and in particular staff have been supported in developing their skills to identify children and young people at risk of

neglect (including children who were not brought to appointments), sexual exploitation and female genital mutilation, in line with multi-agency work undertaken by the BSCB. The Trust has also developed the maternity safeguarding meeting to include the midwife responsible for providing care to a vulnerable mother and her unborn baby and developed the Emergency Department safeguarding meeting to ensure children and young people who attend for unscheduled care, who are at risk, are safeguarded.

## Oxleas

Oxleas has consistently been represented at Board level by the Director of Adult Mental Health and Learning Disability Services with representation at a number of BSCB sub groups provided by Oxleas Head of Safeguarding Children. The work of embedding safeguarding and promoting the welfare of children across every directorate and in every aspect of the work of the Trust continues and is supported by our network of Safeguarding Champions.

The Trust reviews its compliance with mandatory safeguarding children training requirements on a monthly basis. This shows compliance at 2nd March 2015 as:

- Safeguarding Children Level 1: 97%
- Safeguarding Children Level 2: 92%
- Safeguarding Children Level 3: Core 86%
- Safeguarding Children Level 3: Specialists 88%

Oxleas delivers level 3 Safeguarding Children update training which is reviewed annually. The 2014/15 programme focused on domestic abuse, using lessons learnt from the Daniel Pelka case. This gave an opportunity to discuss the function of MARAC; the use of vignettes was developed within the training to aide learning around the 'threshold' and escalation process.

Access to e-Learning for Healthcare packages on FGM and CSE are now accessible via the Oxleas learning centre. Both programmes have had excellent reviews.

Oxleas has undertaken a range of responses to CSE; one of the Named Doctors for Safeguarding Children has led on the development of a revised sexual health risk assessment tool using the national best practice guidance on CSE. It incorporates the elements necessary to ensure that possible child sexual exploitation is identified and appropriate action taken. It is accompanied by a clear flowchart to support staff with decision making. A CAMHS Nurse Consultant represents Oxleas on the Bromley MASE.

Oxleas has updated its procedures for the management of allegations against staff in the light of the revised Working Together 2015 regarding the role of the Designated Officer formerly known as the LADO, Local Authority Designated Officer.

## Bromley Health Care

Bromley Healthcare (BHC) continues to work closely with BSCB to deliver high quality and effective safeguarding of children and young people living in Bromley. This has been achieved by developing good working relationships, attendance at relevant meetings and participation in joint training events and audits.

Bromley Healthcare Safeguarding Children training compliance between 2014-2015 has fluctuated. The Named Nurse and the BHC Lead for Training and Development

have worked closely together to ensure that all staff are in line with the Intercollegiate Document March 2014. There are clear plans for the coming year, with extra sessions available for all staff. Safeguarding training remains a priority for BHC.

Training on Harmful Cultural Practices was facilitated by the Named Nurse for all health visitors and school nurses. Topics covered included Honour Based Violence, CSE, FGM and Witchcraft; these were very well evaluated. Training on FGM and Prevent are now incorporated into all training Level 1-3.

There have now been three joint workshops between BHC and Children Social Care covering: faltering growth in children, chronic neglect in families and sudden and unexpected death in children. Future plans have been made for workshops on sexual abuse in children and on safeguarding disabled children. These will be led by BHC Named Doctor and will be educative but will also support better understanding and communication between health practitioners and social workers.

The MASH specialist practitioners have worked hard to deliver training to BHC staff and GPs, informing them of the processes within MASH and also how to make referrals into MASH, MARAC and MASE. Their work was rewarded when the MASH team won a prestigious award from LBB.

Supervision of staff remains a priority to ensure practitioners are supported and challenged within a safe environment. A robust system is in place to ensure all staff receive regular supervision by a qualified safeguarding specialist. All health visitors and school nurses receive one to one supervision every three to four months at a minimum. The community paediatricians receive monthly supervision, in which all cases are discussed, and a topical presentation is given.

The Procedure for organising Child Protection medicals has recently been updated and shared with social care, GPs and with the hospital paediatricians. The pathway for children experiencing child sexual abuse is under review following the recent Haven's study, and the Named Doctor is actively involved in this process.

## Health Priorities

### CCG

- Align the BCCG Safeguarding Children Health Forum Audit Schedule with the BSCB multiagency case audit themes. This approach should provide a much richer collection of data/evidence for the BSCB.
- Creatively capture the views of children and young people using safeguarding services within Health.
- Improve on the quality and systematic collection of information from health providers for the Missing Children and Sexually Exploited (MASE) Panel.

### Bromley Healthcare:

- To actively participate in joint audits and consider how learning from these can be taken forward
- To continue to offer advice and support to all staff including GPs on all safeguarding matters

- To improve the quality and timeliness of court reports
- To improve the services offered for children and young people that have suffered or may have suffered sexual abuse
- To continue to participate with BSCB and attend sub groups, actively taking responsibility for improving services for children and young people.

#### King College Hospital:

- Ensure safeguarding remains a priority for staff providing care to children and young people
- Embed policies and procedures that support the identification and safeguarding of girls at risk of FGM.

#### Oxleas:

- To mainstream safeguarding children within all areas
- To have effective safeguarding children structures
- Learning through experience
- Development of knowledge and skills
- Engaging with service users
- Strengthening partnership working
- Promoting Early Help.

Some examples of developments for the coming year:

- to ensure that all practitioners are aware of the requirement to record FGM data on Oxleas RiO as part of the mandatory implementation from the 1<sup>st</sup> October for all Mental Health Trusts to report an FGM Enhanced Dataset to the HSCIC (Health and Social Care Information Centre).
- to continue to raise awareness of FGM, in particular the mandatory Reporting Duty for all regulated Professionals (health, social care and education) to report cases of FGM in girls under 18 years to the police (MASH).
- to develop the Oxleas Safeguarding Children Service page on the intranet with links to key areas of interest such as CSE, FGM, Prevent and Young Carers.
- to update Oxleas Safeguarding Children Policy and Oxleas Domestic Abuse Policy so that they reflect national and local guidance, policy change and practice development within Oxleas.

### 3.11 POLICING

The Local Policing Model has now been established since September 2013. This saw an increase in the number of staff in the missing person unit, which has continued to grow over 2014/15. There is now One Detective Sergeant, three Detective Constables and one Police Constable within this unit, one of these officers being the single point of contact (SPOC) for CSE across Bromley. This officer's role includes identifying new cases, monitoring progress and agency participation. It also includes

identifying trends/locations/risks factors, dealing with cross border issues, monitoring children placed outside borough and ensuring CSE is integrated with other child protection procedures. With the assistance of the Metropolitan Police Service Central Sexual Exploitation unit, they are looking to develop their ability to pro-actively target identified subjects involved in CSE.

During 2013-14, the Chair of BSCB requested a report from LB Bromley regarding the appropriate adult service, emergency accommodation for young people who have been arrested and detained overnight and the recording of overnight detention. BSCB is satisfied that the arrangements for the appropriate adult service are effective but the Board has requested an audit of the safeguarding implications of the current arrangements for detaining young people overnight in Bromley. Due to significant staff changes in key agencies, this did not take place, however, the QAPM subgroup will follow this up in 2015/16.

### 3.12 PROBATION

In June 2014, the former Probation Trusts were divided to form two organisations: the public sector National Probation Service (NPS), which is a Directorate within the National Offender Management Service (NOMS); and 21 Community Rehabilitation Companies (CRCs), of which London CRC is one.

#### National Probation Service

The NPS is responsible for assessing risk and providing pre-sentence advice and reports to courts, for parole assessment and for the management of all high risk offenders. Whereas, the CRCs are responsible for the management of offenders assessed as posing medium and low risk of harm.

As a newly formed national organisation, the NPS is committed to Safeguarding Children and has issued interim Safeguarding Children operational guidance pending the publication of the NOMS Policy Statement. A National NPS Partnership Framework document is being developed in relation to LSCBs that aims to give clarity regarding expectations and greater consistency of NPS engagement with LSCBs via a transparent national model for resourcing and contributions. The NPS will complete a Section 11 audit for scrutiny by BSCB's Section 11 Panel in October 2015.

#### London CRC

London CRC launched the Safeguarding Children Performance Framework in January 2015. The CRC started measuring the safeguarding performance in January 2015 and used the following KPIs-

- Cases with an initial safeguarding check made (target 90%)
- Cases with a response received from Children's Services (target 90%)
- Management oversight recorded on all cases with a safeguarding registration (target 90%)
- Home visits completed on all cases with a registration (target 60%).



Bromley and Croydon CRC are on target to meet all areas by the end of April 2015 other than home visits which has been limited due to staffing shortages. Teams across London CRC are working to improve performance in this area and local managers report regularly to senior managers in relation to this performance measure.

London CRC has recently reviewed the process for inducting service users who are sentenced by the courts and they will now be asked at induction stage to provide details of children they have frequent contact with. It is hoped this will improve the quality of safeguarding checks completed across London CRC; the revised process was launched recently and will be reviewed.

London CRC has recently commissioned 'Hidden Sentence' training from Barnardo's and this will be rolled out in October 2015 for middle managers with safeguarding responsibilities and Probation Officer Children Champions. This will raise awareness in relation to the impact of parental imprisonment upon children and families.

The London CRC Professional Learning and Development (PDL) team has arranged 'Train the Trainer' events on the recently developed 'Safeguarding Children Briefing Pack' for Probation Officer Children Champions and Practice Development Officers.

In light of the London CRC re-structure and the move away from local delivery units, a review of how London CRC provides information to the MASH in the future is ongoing. London CRC will submit a Section 11 audit to the BSCB for scrutiny at the October 2015 Panel.

### 3.13 YOUTH OFFENDING SERVICE

The major event for the Bromley Youth Offending Service (YOS) during 2014/15 was the Full Joint Inspection of Youth Offending Work carried out by HMI Probation. The results of the Inspection were disappointing with the Inspectors calling for Bromley to greatly improve its record in:

- Reducing reoffending by young people.
- Protecting the public.
- Protecting children and young people.
- The governance of the YOS and improving partnership work.
- Intervening to reduce reoffending.

As a result of the Inspection, the YOS has been closely supported by the Youth Justice Board (YJB) and an Improvement Plan initiated which highlights what needs to be achieved across the key areas identified as in need of improvement by the Inspectors. This includes:

- Leadership and Partnerships: The creation of a single strategic YOS Management Board chaired by the Chief Executive which meets monthly. A

YOS Improvement Board chaired by the Director of Children's Services which monitors the detail of the improvements.

- Quality of the work with young people: The YOS has been supported by the secondment of a YJB member of staff who is leading the work to improve the quality of the work by monitoring, auditing and training of the staff.
- Assessments and Planning: All staff are being trained to ensure each young person is the subject of a quality assessment. This determines the most appropriate intervention to prevent any further offending.
- Reducing Reoffending: Staff are being trained and supported to ensure that the interventions offered to young people are effective and to make use of joint work with partners or signposting to more specialist interventions by partners. The current re-offending rate of young people being worked with is being monitored to capture progress.
- Work with Children Looked After: Children Looked After who offend are now being supported by a dedicated social worker based in the YOS. The YOS has also improved the joint work with staff in the Children Looked After team in Children's Services to ensure their particular needs are met.
- The voice of the young person: The YOS is now ensuring that the voice of the young person is recorded and listened to, to improve the service offered to young people who offend.

The Bromley YOS will be re-inspected during 2016 to monitor progress.

### 3.14 CHILDREN'S SOCIAL CARE

#### Early Interventions and Family Support

Bromley Children Project comprises of Children and Family Centres, Family Support and Parenting service including the Tackling Troubled Families workers, the Information Advice and Support Service (formerly known as Bromley Parent Partnership & CHOICE Service) and the Tackling Troubled Families coordination team.

Key developments in the Children and Family Centres this year include:

- Health visitors are based in Community Vision Children and Family Centre.
- Birth Registrations can now be completed at Biggin Hill Children and Family Centre with a second site due to provide this service.
- Midwifery Parent Education Classes.
- Wide range of evidence based parenting classes e.g. Webster Stratton Incredible Years, Strengthening Families Strengthening Communities.
- Children Group Work Programme pilot which is a domestic violence and abuse programme for children who have witnessed DVA against their mother.

- Creation of 'sensory' spaces for use by both families and professionals working with children with additional needs at Community Vision and Cotmandene Children and Family Centres.
- Provision of Public Access PCs at all Children and Family Centres
- Supporting the delivery of key public health promotions such as MEND and HENRY.

#### Key Developments in Family Support and Parenting work:

- All staff being trained in evidence based parenting programmes.
- Implementation of the best practice model used in statutory social care including Reflective Group Supervision, Observations of Practice, Reflective Case management discussions in HR Self-Service.

#### Key Developments in Tackling Troubled Families:

- Phase 1 of Tackling Troubled Families will end in March 2015 with Bromley striving to achieve 100% turnarounds and the maximum reward payments.

#### Key Developments in Information Advice and Support Service:

- Awarded additional grant by the Council for Disabled Children to undertake Independent Support work with children, young people and their parents and carers, as well as professionals working with families, in relation to the move from Statementing to the Education Health and Care Plan.
- Increased age-range for support from school aged children to families with children aged 0 to 25.
- Developing direct support for children and young people rather than only their parents and carers.

### Safeguarding

All referrals to Children's Social Care are now made through the Multi Agency Safeguarding Hub with colleagues from the police, health, the CAF team and probation co-located with local authority staff at the Civic Centre. This provides more cohesive decision making and sharing of appropriate information.

The CAF team support MASH where cases do not meet the threshold for Children's Social Care but may require support to achieve a CAF and team around the child/family approach. There are plans for a domestic violence consultant to be based in MASH for one day per week to advise on domestic abuse cases and will strengthen links with housing services.

### Child Protection

Staff recruitment and retention in the front line social work teams is a national as well as local concern and Children's Social Care, alongside Workforce Development,

has reviewed during this year all university based training and development programmes to encourage staff to stay longer in frontline services. One example is a fast track pathway to progress to senior practitioner. This will be in addition to improved service terms and conditions.

Children's social care has revised and revamped its whole training offer to ensure that staff have clear professional development pathways at each stage of their career and how that training links to the BSCB multi-agency training.

Reflective practice templates have been developed and new tools to encourage managers to directly observe social work practice beyond the ASYE year. Staff and managers all attended workshops to ensure a smooth introduction.

A new consultant practitioner grade has been recruited to in the referral and assessment team to support improved practice with children and families as they enter the service.

A procedure has been developed for meetings between child protection chairs and social workers and their managers to meet and discuss any child who has been subject to a child protection plan for a year or more and to look at whether there are barriers to the plan progressing.

A clearer process has been put in place for child protection chairs regarding audits. There is now an expectation about the number of audits to be completed each month (8 per full time chair) and the Group manager collates the themes from these "midway checks" to share with the service.

A greater focus has been given to 'Step down' arrangements when families' involvement with children's social care ends. This means that whenever families accept it a referral is made to early help. Our performance in this area has seen a strong improvement.

### Children in Care

BSCB continues to monitor the safeguarding arrangements for children in care. The Board scrutinises the Annual Report of the Independent Reviewing Officer (IRO) Service and the QA and PM Committee regularly reviews data on children in care through the safeguarding dataset.

The Bromley Children's Social Care website ([www.linkinbromley.co.uk](http://www.linkinbromley.co.uk)) was successfully launched in 2013 and continues to be a useful resource for providing information for our children and young people in care. Our annual children in care Celebration of Achievement was held in November 2014 and saw over 200 children, carers and officers attend to celebrate achievements ranging from the completion of degrees to volunteering. Throughout 2014 the Living in Care Council (LinCC) worked with officers and managers to rewrite the Bromley Children in Care Pledge. This new document will be launched through a series of events including the members of LinCC visiting departmental team meetings and at the 2015 Celebration of

Achievement Event. LinCC will now focus on monitoring the delivery of the pledge. Members of LinCC have also been actively participating in the Executive Working Party for Child Safeguarding and Corporate Parenting and the Care PDS throughout 2014.

Children in Care were also offered the opportunity to be involved with the recruitment process for members of staff. Training sessions were held in February 2015 and have been attended by a small group of young people who have actively participated in interviews.

The Foster Carers Handbook has been fully updated. This online resource which is available for all Bromley Foster Carers offers advice, guidance and access to relevant information.

The training programme for foster carers has been reviewed and updated and an annual foster carer conference was well attended by foster carers, social workers and supervising social workers.

The Independent Reviewing Service (IRO) since January 2015, encourage children, young people, parents and carers to complete questionnaires following review meetings. The views expressed are helping to have a positive impact on the way reviews are run and the impact that the IROs have on progressing care plans.

- At the end of March there were 54 completed Looked After Children Review Evaluation Forms – and of those: 19% (10) were from children and young people, 31% (17) were from parents, 50% (27) were from carers
- 87% (46) felt able to say what they think at the review meeting - nobody said that they did not feel able to say what they think
- 64% (34) felt prepared for the review meeting
- 83% (43) felt that going to the review was useful
- 64% (34) felt that that the review will make things better for them

In 2015/16 we will increase the number of young people coming to reviews up from 90% and hold reviews at placement except in exceptional circumstances. Our consultation processes before reviews will be strengthened through the introduction of Mind of My Own (MOMO) which is an app young people will be able to access electronically.

Signs of safety methodology is being introduced into review meetings so that the percentage of young people who feel their review is helpful increases.

The advocacy service has been recommissioned and is providing a good service to children in care and completing missing from care interviews within 72 hours.

Following the YOS Inspection in February 2015 the IRO service has prioritised effective communication between IROs and YOS workers so that offending behaviour and care needs are comprehensively understood and worked with. IROs

continuously monitor and review care plans to ensure they are SMART and appropriate to the level of involvement with partner agencies including YOS.

In 2014/15, a permanency planning report was presented to SMT quarterly to monitor children with care orders and adoption plans, children within the court process, children with rehabilitation plans, children with residence or SGO plans and children with long term fostering. The group reviews numbers of children in each of these categories quarterly and agreed actions to improve permanency. Children with long term fostering plans continues to be the most positive evidence of the implementation of the Permanency Monitoring Programme as Bromley has significantly reduced the number of children whose placements were not identified as their long term placement.

### Private Fostering

BSCB monitors the arrangements in place for privately fostered children in Bromley. The QA&PM sub group considers the quarterly data on private fostering and BSCB receives the local authority annual report to scrutinise the arrangements the local authority has in place to discharge its duties in relation to private fostering.

All private fostering notifications have been acted in accordance with the local authorities policies and procedures. Statutory visits were completed within the timescale except for some of the foreign language students who were out of the country due to school holidays.

The LA has a Lead Officer for Private Fostering who has been working with partner agencies such as language schools and other professionals to raise awareness and to ensure the safety and well-being of privately fostered children. Robust oversight and monitoring of performance is undertaken by Children's Social Care Senior Management Team. Bromley is a member of the Private Fostering Specialist interest Group (PFSIG) run by CORAM/BAAF and this has been helpful to determine areas where Bromley can improve its performance regarding Private Fostering.

Bromley recognises the importance of promoting private fostering public awareness in planned and structured ways. Bromley has developed a comprehensive communication plan and conducted well-coordinated awareness raising activities. The communication plan is subject to ongoing review and is being implemented by the project group.

For the first time in Bromley, private fostering notifications have increased largely due to an increase in non-language school notifications also including an increase in notifications of Black Minority Ethnic children. Since January 2015, Bromley Council have been notified of 10 private fostering arrangements in which 5 were assessed and classified as a private fostering arrangement This is a significant increase in private fostering notifications compared to the position in 2013/2014, where we did not receive any non-language school notifications. The level of notifications regarding foreign language school students remains consistent.

Leaflets and information on private fostering have been regularly updated on Bromley's website including leaflets for children, parents and professionals.

### Care Proceedings

This is the second year of the Court Case Programme and follows on from the 14 month joint Court Pilot between LB Bromley and LB Bexley which ended on 31<sup>st</sup> March 2014. The aim of the joint Court Pilot is to improve practice and thereby reduce the length of care proceedings cases.

Bromley performs very well in this area, compared to national figures. Proceedings which take more than 26 weeks are generally a result of purposeful delay in concluding care proceedings to facilitate the best outcomes for the children concerned. For instance, families may be assessed in residential settings to give parents the best chance of keeping the child in their care.

In order to improve practice, regular and frequent guidance is provided to the social work teams in team meetings and at specific training events by the Group Managers. There has been a streamlining of the suitability assessment procedure, to ensure the timely completion of essential checks and completion and sharing of SGO support plans. Further revision of the protocols between adult services and children's services is well underway. Specific training has been undertaken with social workers regarding the presentation of their written and oral evidence.

### Children's Social Care Audits

Bromley Children's Social Care carried out a full programme of audits in 2014-15 which were reported to the BSCB QAPM sub group and helped to identify a number of key areas where the service could make improvements. The majority of these recommendations have been put in place and those which remain to be actioned have been added to the appropriate work plan. The 2014-15 programme included:

- Case Tracking
- Placement Stability
- CAF Audit Report on Bromley Children Project CAF Submissions
- CAF Audit Report Health Visitor and Midwifery
- Cases subject to second or subsequent Child Protection Plan
- Primary school CAF Audit Report.

In addition, two deep dive case audits were undertaken between December and March in response to a 'whistleblower's' contact with OFSTED.

Recommendations for future learning were circulated to managers and used to revise internal training and procedures. These included a need for:

- more timely and smart planning to address complex needs of parents and children
- Children's Social Care to introduce new systems to improve monitoring of supervision and ensure use of more reflective practice templates and encourage staff to take up more training in this area.

The BSCB has also gained learning from CSC audits, such as the need to agree escalation processes across agencies. In addition, a number of themed audits were undertaken in March 2015. 20 cases were chosen to cover themes such as child protection, child in need, asylum seeker, previously looked after, looked after, case closed, pre adoption and audited using an agreed audit tool. The auditing of these cases was undertaken by Deputy Managers and Group Managers and is a fundamental way for managers to ensure that practice within their team is safe and that workers are carrying out actions that have been agreed in supervision in a timely way. In every team, Deputy Managers and Group Managers are required to routinely examine case records on CareFirst and discuss their findings with the social worker and supervisor. Cases are not audited by a Deputy Manager who has line management responsibility for the case. The Senior Management Team expects Deputy Managers and Group Managers to routinely audit a minimum of two cases per month.

Heads of Service and the Assistant Director will ensure that managers within the service are routinely examining the agreed number of case records on CareFirst by monitoring compliance within the monthly Performance Digest.

The 2015-16 programme for audits is ongoing and future areas for development have been identified.

## **Section 4: Sufficiency of arrangements to safeguard children and young people in Bromley**

BSCB monitors and evaluates the effectiveness of what is done by partner agencies individually and collectively to safeguard and promote the welfare of children. It does this through its business plan and evaluates the effectiveness and accountability of partners through Section 11 audits, multi-agency audits, a quarterly dataset and monitoring of action plans.

### **4.1 PERFORMANCE MONITORING**

In Bromley, partners acknowledge the importance of regularly receiving 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 enhanced joint work to minimise safeguarding risks. The quarterly dataset includes data from a range of agencies including children’s social care, health, the police and probation. The dataset has been widened to report on child sexual exploitation, children missing from home and care, and children missing from education. A summary of some of the key data is below.

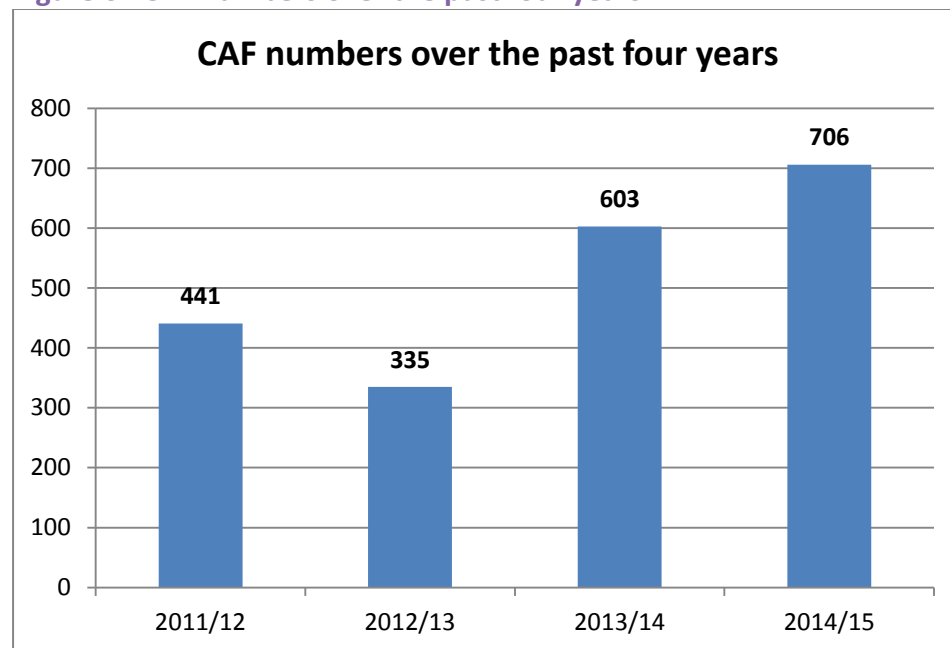
### Early Interventions and Family Support Services

The Early Intervention Performance Digest is produced monthly and includes data on all elements of the service.

### Performance Patterns in CAF

Within Bromley, the Common Assessment Framework (CAF) is used as a holistic assessment of need, leading to a co-ordinated provision of services, involving a Lead Professional and ‘Team Around the Child/Family’ approach where appropriate. The total number of CAFs for 2014/15 was **706**. This represents a significant increase compared to last year’s total of 603 and is the highest annual number since the CAF was launched in Bromley.

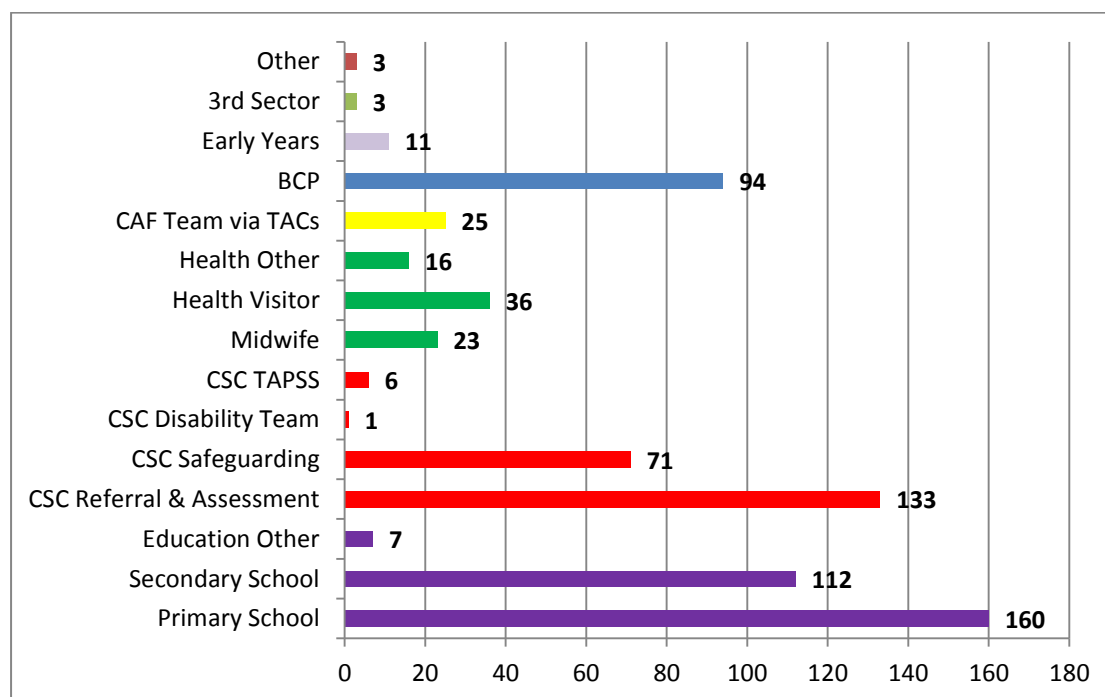
Figure 6– CAF numbers over the past four years



There are several contributory reasons for the increase:

- Ongoing targeted work with schools
- A greater focus on stepping cases down from Social Care
- The offer of individual agency CAF training
- An increase from Bromley Children Project

**Figure 7 - Breakdown of CAF numbers completed by agencies 2014/15**

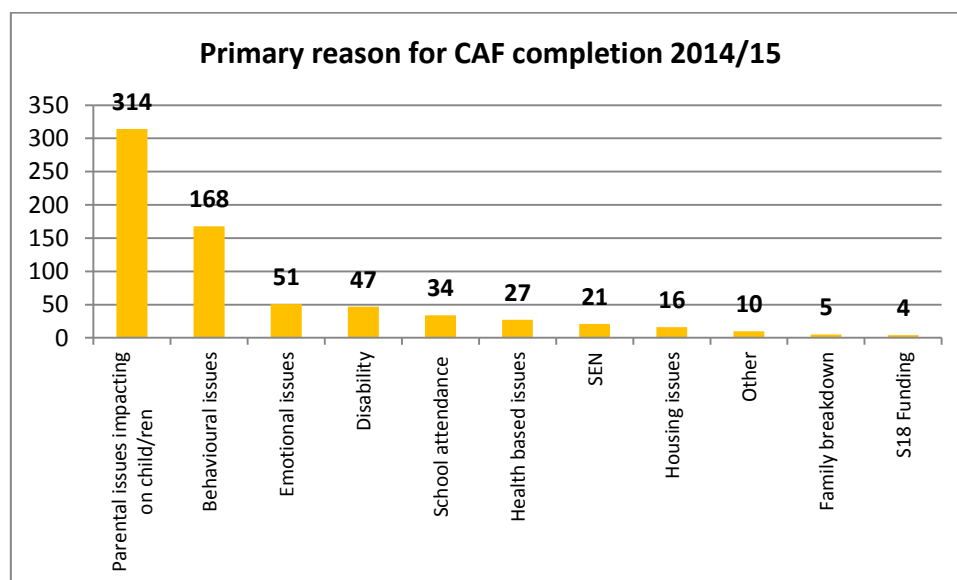


This data shows that schools continue to be the primary source of CAFs (279), but that step downs from CSC are the second largest source (211), followed by Bromley Children Project (94). The data shows that CAFs from Health colleagues remain low even when presented as a combined total (75). Another area of concern is the multitude of Early Years settings even when presented as a combined total (11).

There has been a significant increase in cases being stepped down to CAF level support after Children’s Social Care involvement; **211** cases in 2014/15 compared to 132 cases in 2013/14. There has also been a significant increase of CAFs completed by Bromley Children Project, **94** in 2014/15 compared to 42 in 2013/14.

**461** CAFs have been completed for children under the age of 11 which is positive in terms of trying to pick issues up as early as possible.

Figure 8 - primary reason for CAF completion



As can be seen the main category for CAF completion has been parental issues impacting on the child for example, neglect, parental conflict, mental health issues, etc.

The CAF team has undertaken three audits this year. These were to:

- explore whether the Bromley Children and Family Project Early Intervention and Prevention Assessment Tool can be used instead of the CAF tool
- look at the quality of the assessment and action plans from Health Visitors and Midwifery CAFs
- understand, where there is a CAF in place in primary schools, is the CAF plan being implemented and reviewed

A number of improvements as a result of these audits are as follows:

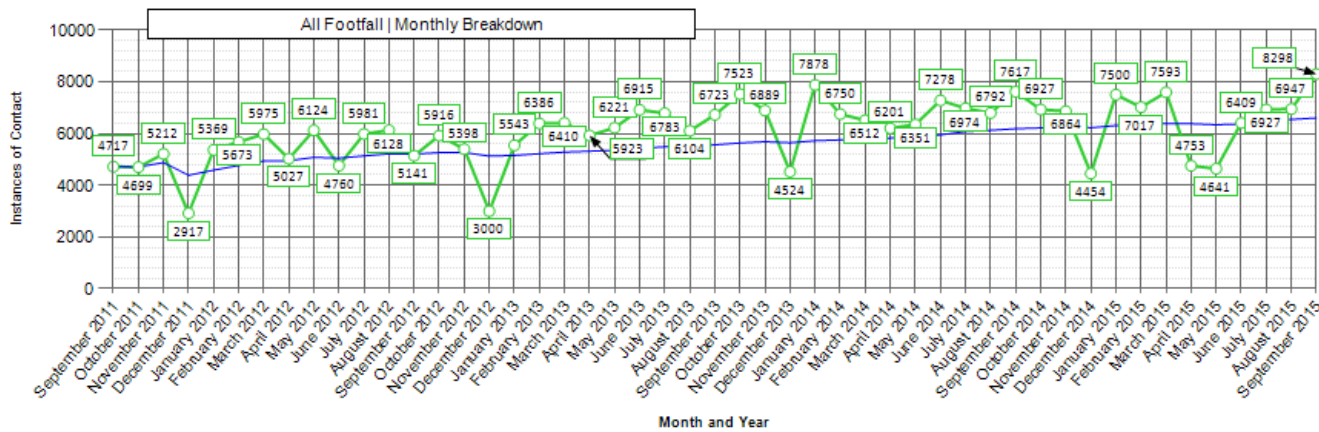
- Background report writing within Synergy Connect (database) has commenced to make the required changes.
- Reflective group supervision sessions held to reflect on what makes a good assessment.
- Work with Named Nurse to identify required further support/training for health visitors.
- Agree with Named Nurse that all cases that go forward for safeguarding supervision are reviewed to see if a CAF has been completed and if not why not.

- Circulars sent to schools reminding them of support available.
- Education Welfare Service targeting schools with low output of CAFs.

### Performance Patterns in Children and Family Centres

The overall trend across all Early Intervention and Prevention Services is one of solidly increasing engagement. Bromley Children Project Children and Family Centres are enjoying record levels of attendance year-on-year with 81,721 customer driven uses in 2014/15, an increase of the 78,753 customer driven uses in 2013.

**Figure 9 - Access to Services – User Driven Contact with Children & Family Centres**



### Performance Patterns in Family Support and Parenting

The Family Support and Parenting element of Early Interventions & Family Support has been supporting increasing numbers of families in Bromley. Family Support and Parenting Practitioners worked with 1031 families in 2014/15 compared with 867 in 2013/14.

### Performance Patterns in Information Advice and Support Service

- Increasing number of service users, up from 245 in 2012/13, to 306 in 2013/14 to 350 in 2014/15.
- Primary presenting issues for service users show consistently concerns with current placement, however, in 2014/15 this was usurped by lack of/insufficient support provided by SEN/School.
- Over the past three years the three most prevalent service users' SEN, disabilities or additional needs are Autistic Spectrum Disorder (26%), Attention Deficit Hyperactivity Disorder (18%), and Dyslexia (11%) which is 55% all of users.
- Decrease in the number of Bromley families lodging appeals with SEND Tribunal and continuing through to hearing.

## Performance summary for Tackling Troubled Families

- 490 target set by the Department for Communities and Local Government (DCLG) has been achieved in full. 575 families attached to the project in total, exceeding the three year stretch by 17%.
- Maximum attachment and PBR.
- 1st Local Authority in the country to gain employment via the Sainsbury 'You Can' scheme.
- Bromley became part of the 'Early Adopters' group of elite LAs based on high performance.

## Performance Patterns in Child Protection

All referrals to Children's Social Care are now made through the Multi Agency Support Hub (MASH) with colleagues from the police and health service co-located with local authority staff at the Civic Centre. This provides more cohesive decision making and sharing of appropriate information. Figure 10 shows the number of initial contacts made to children's social care. There were 10421 contacts made in 2014-15 which is more than the 9928 in 2013-14. There was also an increase in referrals this year and re-referrals remain consistent. Following a successful pilot, all children's referral and assessment teams are now using a single assessment model instead of the previous initial and core assessment model. The new LBB single assessment incorporates the Strengthening Families method of considering strengths as well as concerns and is consistent with that used in multi-agency child protection conferences and focuses on the experiences of the child.

Figure 10 MASH and Referral Assessment Activity

Type	2014/15												YTD Figure	Target	2013/14 data
	Quarter 1			Quarter 2			Quarter 3			Quarter 4					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Local	<b>Total workflow – all initial contacts (including MASH)</b>														
	830	895	865	1075	731	840	873	897	759	799	799	1058	10421	-	9928
Local	<b>Number of referrals</b>														
	193	210	221	200	154	153	192	203	148	159	164	259	2256	-	2023
Local	<b>Number of re-referrals and (%)</b>														
	19 (13%)	6 (5%)	10 (7%)	39 (21%)	26 (25%)	31 (23%)	25 (17%)	30 (21%)	10 (8%)	23 13%	9 6%	15 8%	243 14%	15%	222 (12%)
Local	<b>Number of referrals due to concerns of child sexual exploitation</b>														
	3	1	2	1	3	2	0	4	2	3	7	8	36	-	
N9	<b>Number of referrals going onto an Social Work Assessment (YTD Figure Accumulative %)</b>														
	148	128	136	187	105	134	146	146	142	182	155	188	1797	-	20%
N7	<b>Rate of assessments per 10,000 of the CYP population (Cumulative)</b>														
	18.3	36.7	53.6	81.1	97.2	118.3	137.4	158.8	172.3	193.6	213.4	227.1	227.1	-	477
N14	<b>Number and (%) of social work assessments completed within 45 days</b>														
	17 (63%)	34 (56%)	16 (50%)	45 (69%)	109 (76%)	108 (66%)	90 (60%)	103 (71%)	104 (71%)	112 (91%)	171 (82%)	153 (85%)	1062 (70%)	75%	1764 (65%)

The number of children subject to a child protection plan in March 2015 was 218, compared with 261 in March 2014 and 184 in March 2013.

Figure 11 – Children subject to Child Protection Plan

Type	2014/15												YTD Figure	Target	2013/14 data
	Quarter 1			Quarter 2			Quarter 3			Quarter 4					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Local	<b>Total number of Children subject to a Child Protection Plan</b>														
	264	232	226	208	209	206	209	218	204	220	207	218	218	-	261
N19	<b>Rate of Children subject to a Child Protection Plan per 10,000 under 18 population</b>														
	38.5	33.9	38.9	31.3	31.1	31.3	30.6	31.7	29.7	32.0	30.0	31.7	31.7	-	38.0
Local	<b>Number and Percentage of Black and Minority ethnic (BME) (excluding unborn children)</b>														
	79 (30%)	76 (33%)	78 (35%)	73 (35%)	76 (36%)	73 (35%)	76 (36%)	87 (40%)	89 (44%)	92 (42%)	84 (41%)	83 (38%)	83 (38%)	-	85 (32%)
Local	<b>Number of CP with disabilities</b>														
	7	7	7	6	6	6	6	5	5	6	1	5	5	-	7

Figure 12 – Children becoming subject to a plan for physical emotional or sexual abuse or neglect

Initial Category of Concern	Full Year 2014/15	
	No.	%
Emotional abuse	100	46%
Neglect	100	46%
Neglect and Emotional abuse	2	1%
Physical abuse	1	0%
Physical abuse and Neglect	0	0%
Physical and Emotional abuse	8	4%
Physical, Emotional & Neglect	1	0%
Sexual abuse	5	2%
Sexual abuse and Neglect	1	0%
Sexual and Emotional abuse	0	0%
Sexual and Physical abuse	0	0%
Multiple (not listed above)	0	0%
<b>Total</b>	<b>218</b>	
Rate per 10,000	30.97	

Benchmarking							
Bromley 2013/14		Statistical Neighbours		London		England	
No	%	No	%	No	%	No	%
96	37%	171	35%	3,080	38%	19,750	33%
66	25%	221	45%	3,140	39%	25,140	42%
4	2%	-	-	-	-	-	-
15	6%	57	12%	960	12%	6,500	11%
4	2%	-	-	-	-	-	-
44	17%	-	-	-	-	-	-
-	-	-	-	-	-	-	-
5	2%	22	4%	270	3%	2,830	5%
14	5%	-	-	-	-	-	-
1	0%	-	-	-	-	-	-
-	-	-	-	-	-	-	-
13	5%	20	4%	660	8%	5,560	9%
<b>262</b>		<b>491</b>		<b>8,110</b>		<b>59,780</b>	
38.1							

The number of children in care at the end of March 2015 was 276, compared with 268 at the end of March 2014 and 277 at the end of March 2013. Research evidence suggest that children who are looked after achieve much better outcomes if placed in a placement that can fully meet their needs and wherever possible is close to the geographical area that they are familiar with and enables them to have continued contact with significant people in their lives.

For all but a very small cohort, the most appropriate placement is with foster carers. As at 31 March 2015 48.9% of our children looked after were placed with Bromley foster carers. 16.2% were with Independent Fostering Agency (IFA) foster carers. A further 5.7% were with extended family members or friends, known as Connected Persons Placements. A further 12.1% of children looked after were in residential placements and 5.3% were in a pre-adoptive placement. This is approximately the same as the previous year.

We continue to actively recruit local foster carers to meet our needs and in particular those who are able to offer placements to disabled children, adolescents and sibling groups. The aim for this year is to recruit more foster carers who are willing to have older children and sibling groups placed with them, which would lead to less dependence on IFA placements. Bromley is pleased that the Fostering Team has a very stable staff group, which allows for a good continuity of support.

Figure 14 shows the school attainment levels for Children in Need (CIN) and Looked After Children (LAC). The percentage of Bromley Looked After Children achieving 5 GCSEs at A\*-C (14%) exceeding the national figure of 12% for Looked After Children for academic year 2013/14. These statistics are somewhat skewed because of the small size of the cohort, with the 15% representing 4 students out of a reporting cohort of only 28. 67% of the cohort had identified SEN, with 11 students young people having a Statement of SEN.

Overall school attendance for Bromley Looked After Children is good. Persistent absence, however, is frequently a pre-existing feature of the lives of children who become looked after during adolescence and reluctance to engage with an education provider can be one of the biggest challenges of working with them. The figures for persistent absence also include children who are missing from placement and those whose medical conditions or disability means that they have prolonged periods when they are unable to access school

Bromley has had no reported permanent exclusions of looked after children since 2008 and the number of fixed term exclusions has decreased year on year over this period, both in terms of the number of students receiving exclusions and the number of days. The Virtual School expects to see this trend continued as it delivers training on working with children who have experienced trauma and neglect to schools and continues to offer support when children are in crisis.

Figure 13 – Number of Children in Care

Type	2014/15												Full YTD Figure	Target	2013/14 data
	Quarter 1			Quarter 2			Quarter 3			Quarter 4					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Local	<b>Number of Children in Care</b>														
	280	282	293	289	294	288	289	304	284	286	278	276	276	-	277
Local	<b>Number and Percentage of CiC with Special Educational Needs (SEN)</b>														
	56 (32%)	56 (32%)	56 (31%)	56 (31%)	56 (30%)	53 (29%)	52 (30%)	53 (28%)	51 (28%)	50 (27%)	51 (27%)	51 (27%)	51 (27%)	-	67 (25%)
Local	<b>Number and Percentage of CiC from black and ethnic minority groups (BME)</b>														
	106 (38%)	110 (39%)	113 (39%)	114 (39%)	119 (40%)	118 (41%)	119 (41%)	124 (41%)	116 (41%)	120 (42%)	115 (41%)	115 (42%)	115 (42%)	-	101 (37%)

Figure 14 – Comparison of Children in Need (CIN) achievement data by contextual factors

Table N2 School aged children in need and looked after children attainment and contextual information (Source: DFE)	Children in Need		Children Looked After		All Bromley Children		All National	
<b>Special Educational Needs (SEN)</b>								
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
SEN (including all action, action plus and statemented pupils)	516 (71%)	523 (64%)	80 (68%)	95 (73%)	17%	17%	19%	18%
No SEN	207 (29%)	297 (36%)	40 (32%)	35 (27%)	83%	83%	81%	82%
<b>Eligibility for Free School Meals (FSM)</b>								
Eligible for FSM	322 (45%)	360 (44%)	n\	n\	12%	11%	17%	17%
<b>Attainment at Key Stage 2 (KS2)</b>								
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Achieving level 4 or above in reading	27 (54%)	41 (57%)	9 (64%)	5 (63%)	89%	92%	85%	89%
Achieving level 4 or above in writing	21 (42%)	33 (46%)	7 (50%)	5 (63%)	85%	85%	83%	85%
Achieving level 4 or above in maths	24 (48%)	40 (56%)	7 (50%)	6 (75%)	88%	86%	84%	86%
Achieving level 4 or above in grammar, punctuation, and spelling	17 (34%)	31 (43%)	*	4 (50%)	79%	76%	73%	76%
<b>Attainment at Key Stage 4 (KS4)</b>								
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Achieving any pass	53 (75%)	57 (65%)		20 (74%)	100%	99%	100%	98%
Achieving 5+ A*-G grades	33 (47%)	21 (37%)	21%	13 (46%)	98%	96%	94%	93%
Achieving 5+A*-G grades (including English and maths)	28 (39%)	15 (27%)	3 (16%)	4 (14%)	97%	94%	91%	91%
Achieving 5+ A*-C grades	21 (30%)	13 (23%)	21%	7 (25%)	93%	74%	82%	65%



Attainment at Key Stage 4 (KS4)								
Achieving 5+ A*-C grades (including English and maths)	16 (23%)	6 (11%)	3 (16%)	4 (14%)	74%	65%	59%	56%
Absence from school								
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Percentage of sessions missed through overall absence	10.7%	8.7	4.2%	0%	4.8%	-	5.3%	-
Percentage of persistent absentees	14%	11.9%	8.2%	-	3.9%	-	4.8%	-
Exclusions from school								
	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14
Permanent Exclusions	x	x	0%	0%	0.07%	-	0.06%	-
Percentage of Fixed Term Exclusions	3.5%	x	9%	-	2.28%	-	3.52%	-

Figure 15 – MASE Contacts

Type	2014/15												YTD Figure	Target	2013/14 data
	Quarter 1			Quarter 2			Quarter 3			Quarter 4					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			
Local	<b>Number of children missing from placement more than 24 hours.</b>														
	3	1	2	2	1	1	0	0	0	1	0	0	0	-	0.7%
Local	<b>Child sexual exploitation: number of new cases that have been referred to MASE panel</b>														
	2	1	3	1	4	3	5	7	2	6	8	6	44		19
Local	<b>Number of Children in Need requiring a Children in Need Plan</b>														
	This data will be reported in 2015/16														
N22	<b>Number of under 17 year olds who are subject of an application to court in the last 6 months (including care and supervision orders)</b>														
	13	4	8	8	14	2	7	16	5	2	8	0	87		81
	<b>Care Proceedings Cases issued in the month</b>														
	7	3	6	5	9	2	3	6	4	2	5	0	52		47

The increase in number of new cases that have been referred to the MASE panel this year is a result of the Multi Agency approach, with better communication and relationships being built between all agencies, coupled with better training for Officers around CSE and a dedicated CSE officer (DC) in post.

## 4.2 SECTION 11 AUDITS

It is a statutory requirement for agencies to complete a Section 11 agency self-assessment on safeguarding children. In Bromley this runs as a two-year rolling programme. Submissions are made to the Quality Assurance and Performance Monitoring sub group (QAPM). This provides time for in-depth discussion of each submission and a presentation by agency senior staff, where they can be held to account for their arrangements. In submitting self-assessments, agencies reflect not only on their compliance with the Section 11 Standards, but also must address this within the context of agency challenges, successes and Board priorities. This approach facilitates improved understanding between agencies of operational and strategic contexts and challenges.

It has raised the status and importance of this statutory duty and has provided opportunities for inter-agency challenge leading to change in practice. BSCB has kept abreast of these challenges through logging issues and actions raised in this process and reviewing them regularly at the QAPM committee.

BSCB uses an adapted version of the Section 11 tool developed by the London Board. In doing so, this relieves some burden on agencies reporting to several boards.

The following Section 11 audits were carried out in the year end March 2015:

- South London & Maudsley NHS Trust
- Bromley CCG
- Metropolitan Police Services – CAIT
- Oxleas MH Trust
- Kings College Hospital
- Drug & Alcohol Services
- Metropolitan Police Services – Borough

In 2015, there are plans to increase focus on section 11 audits by holding dedicated section 11 panels in order to ensure that sufficient time is given to each organisation. The Panel consists of four members of the Board, including the Independent Chair, and the Board's Performance and Improvement Officer. A schedule is in place to ensure that previous actions can be reviewed.

#### 4.3 MULTI-AGENCY AUDITS

As part of the BSCB's functions, the Board monitors the effectiveness of multi-agency work. Themes are agreed during the year which are linked to the BSCB Business Plan or have arisen through other audit work or the findings of a case review. Agencies are asked to complete an audit tool on a selection of cases and the results are drawn together in a report which is presented to the BSCB Quality Assurance & Performance Management sub group. Through discussion of the findings and recommendations, a series of actions are agreed to improve policy and practice.

Sharing learning from auditing is fundamental to improvement, therefore:

- Actions plans are drawn up and monitored for each audit
- Practice Guidance for all audits is published on the BSCB website and shared with Board Members
- Practice guidance focuses on what went wrong and on strengths.
- A full report is shared with auditors, Quality Assurance Sub Group and Board members.
- Learning is shared at Safeguarding Network events.

The themes of the BSCB multi-agency audits in 2014-15 were:

- Domestic Abuse
- Core Group Effectiveness
- Children on a second child protection plan
- Safeguarding neglected children

- Missing Children
- Child sexual exploitation - started. (See CSE section for initial findings)

Below is a summary of the key learning points from these multi-agency audits.

## Domestic Abuse

This audit was a multi-agency deep dive into one case, tracking agency involvement throughout and the extent of early intervention undertaken, as well as considering what went well and what could have been improved. This was an active case where a child protection plan was in place for the children.

The audit indicated that currently the procedures on domestic violence are being used effectively to safeguard children from further harm. The missing procedure was also used effectively in this case.

The case review indicated that the awareness of the indicators of domestic abuse and confidence in using child protection procedures had improved over a two year period at this school. With a new designated lead for child protection in place and training, appropriate actions to protect the children were taken and the voice of the child was heard in this instance. There is room for further improvement in assessing domestic abuse for GPs, hospital clinical staff and raising confidence among all professionals in challenging families on domestic abuse.

Exercising professional judgement on the probability of domestic abuse can be challenging, however, using the indicators tool from the domestic abuse procedures could help to clarify decision-making. Bromley has multiple specialist support services in place to address domestic abuse such as Bromley Women's Aid, the One Stop Shop, and Victim Support. It is not clear if it was due to lack of familiarity with these services or how to use them that prevented professionals from making referrals to them. The local authority has a role to play in actively disseminating information about the range of specialist services available. Encouraging professionals to use the CAF process would also support effective early intervention. The CAF facilitates multi-agency work with a family, which may have allowed a clearer picture of the various concerns in relation to this family.

It was positive that information sharing between colleagues occurred more recently in this case. Prompt and systematic enquiries were made and feedback monitored in some cases. A development area for all agencies is the quality of referrals, which were not always sufficiently detailed to support receiving agencies to undertake appropriate assessments. Opportunities for effective early interventions were missed as a result.

The use of interpreters in this case indicated that barriers to communication were considered by professionals. However, it is a complex process, with clients often opting to use family members or friends.

Finally, the case shows that since 2011 there had been improvement in understanding the impact of domestic violence of children and young people. Latterly, referrals and information sharing occurred in a timely way in this case and child protection arrangements were quickly put into place.

A further multi-agency audit is planned for autumn 2015 which will look at ten cases involving domestic abuse, in order to measure progress since the March 2014 audit.

## Core Group Effectiveness in Child Protection Plans

This audit showed that core groups are in the main effective. Core Groups meet within the required timescales and are generally appropriately attended in the majority of cases. Actions are recorded, clear and focussed in the majority of cases and risk is actively managed. The wishes and views of young people are discussed in the majority of core group meetings. However, there was room to improve the administrative arrangements (including sharing decisions and plans being available) and consistency in practice across meetings and the quality of chairing. Attendance at core groups is recorded and monitored and it was noted that attendance could be improved if changes in the core group meeting date or personnel changes were better communicated between agencies. The audit found some evidence of challenge but it was not always evidenced in the minutes. The schools really valued the shared messages to parents (who should be invited to the core group meetings).

Some of the recommendations made were the standardisation of agendas and minutes, training on chairing, improving contact between professionals, ensuring that administrative staff have up to date contact lists, being prompt about minutes going out to the network and for agencies to chase if they don't get these. Agencies that are not regularly involved in core groups considered they needed more support; for example, on signs of safety training.

As a result of this audit, LB Bromley Workforce Development Team and Children's Social Care's Principal Social Worker identified the need for the 'Signs of safety' approach to be strengthened within Bromley and gained agreement to fund a three year roll out of training, a renewed leadership for this work. A lead practitioner has been appointed in addition, working 2.5 days a week supporting the embedding of this work across all social work teams.

Deputy Group Managers are chairing more meetings particularly where complex issues and challenges have been identified.

## Children on a Second Child Protection Plan

The Board asked for a further exploration of children made subject to a second or subsequent plan to identify areas for improvement as Bromley's average return compared slightly less well to the national average.

An analysis of the data of all children who had a second plan as at 30 September 2014 was undertaken to understand the profile of children, young people and their families, and identify any trends that may be useful to service planning or delivery. The data sample involved 43 children and included 9 family groups, 4 of which had 4 or more children. One child was subject to a plan three times.

The audit revealed the following findings:

- An analysis of age shows a broad age span: oldest 16 and youngest 3 years old. There does not appear to be a trend highlighting a specific age group. The majority of the boys on a second plan are aged between 8-12 years old. The majority of children were aged 10 and over, and more girls were on a second plan than boys;
- The data analysis did not indicate any correlation between the length of time a child is on a plan (at first registration) and the gap between plans;
- In the majority of cases, issues were enduring, in that for most of cases audited the issues in the first plan were the same or were a secondary category in the subsequent plan;
- The majority of second plans were graded as good.

Feedback to staff ensured that they were clear that ensuring SMART planning for children on child protection plans, improves outcomes.

Further training is being undertaken with conference Chairs to further embed the 'Signs of Safety' approach as this approach has shown clearer evidence of positive results.

## Safeguarding Neglected Children

Neglect has remained a key theme for the Board and this audit was conducted to follow up on our local serious case review 2011 and to explore the practice issues based on the key areas identified by Ofsted (March 2014) in 'In a child's time: professional responses to neglect' and the DFE (2012) in 'Childhood Neglect: Improving outcomes; guidance for trainers'. The audit results indicated that neglect cases require robust management while in child protection procedures to prevent drift and then need a clear tight framework for monitoring progress when it is stepped down to the Child in Need process. Current practice indicates that neglect is being identified in a more timely way, but that it can be more complicated and is delayed in cases where there are complex medical or developmental needs. Assessment and analysis by all agencies could improve through drawing on the guidance and research regarding the impact of neglect. Parents and fellow

professionals are challenged in cases, but this could be enhanced. Further guidance to the escalation process may be helpful.

Key recommendations included that children who are placed on a plan for neglect should remain on a plan for at least six months to ensure that there is sufficient time for sustained improvement to be made. Child in Need processes should be made more robust in the step down process for neglect cases. The Board also proposed that a multi-agency panel should be formed to look specifically at complex cases of entrenched neglect.

As a result of this audit, Child Protection chairs have been reminded to consider carefully decisions to remove children from plans too quickly where sustained evidence of change has not been shown.

BSCB have revised and extended the training offer on dealing with cases where children are experiencing neglect. This training ensures that staff understand how to tackle motivation and change, as well as making good assessments.

The Escalating Concerns protocol was republished in 2015 and Board members have promoted this within their agencies.

## Missing Children

This audit looked at progress since the 2013 audit on missing children and considered in particular children in or on the edges of the care system. The audit did not look at children missing from school. There is annual reporting to this Board of children out of school.

The audit showed that there has been an improvement in return interviews as they are now routinely offered as set out in the procedure, with the exception of the Leaving Care Team (LCT). This has been followed up with the LCT as a result of this audit. However, interviews are not routinely taken up by young people. Interviews are not necessarily offered for every missing incident, (as detailed in the procedure). The Teenage and Parent Support Service (TAPSS) team appropriately conduct interviews and assess the needs of young people identified as Child in Need (CIN) and/or deemed to be vulnerable. One case had been previously referred to and considered by the Multi Agency Sexual Exploitation Meeting (MASE). Of these cases, two were referred for family intervention. For looked after children living at home, referrals were made to other local provision including a service focusing on supporting young adults through guidance and accommodation.

Interventions available to missing children appear to be limited but appropriate. Of the LAC, LCT and foster care cases, six cases were taken to the MASE and Missing

Children Meeting and since then one case has been taken to the Multi Agency Planning meeting.

TAPSS team offer a service to the young people from the community and their parents as early intervention to improve communication. Referrals to other services such as the youth program are made, but may not always be accepted.

The feedback from return interviews with looked after children indicate that the issues are *not* placement related. Typically responses fall into the category of visiting friends, wanting to be near parents, or just "hanging out" and a general unwillingness to say where they have been.

Risk planning does tend to be undertaken in advance for young people who enter a placement, although the form in the protocol has not been used in all cases.

The local authority has commissioned an advocacy service to conduct return interviews for children on a plan or in care who go missing.

The TAPSS team conduct return interviews for the community based and CIN cases. The quality of recording enables some assessment of the outcome for young people. It was clear that some young people were invited to continue to engage with their key worker or social worker from the TAPSS team. In other cases, decisions for a young person's care were made based on their wishes and feelings.

A number of young people go missing for short periods of times frequently. The TAPSS team or young person's social worker will address this with the young person rather than an independent advocate.

Cases are taken to the MASE by LAC, TAPSS and LCT teams. TAPSS had cases which were referred to the service. Missing cases are reviewed at the same meeting in order for any links to be identified.

Where young people in the community (unknown to social care) go missing on several occasions, they are referred to TAPSS and they may provide a service to the young person. As with the previous audit, arrangements for those in care are embedded, regularly logged and monitored. Police do refer to missing cases. MASH and EDT systems generally work well to notify the appropriate teams about children who run away.

There were no immediate child-level or service-level concerns arising from this audit and no child level actions were identified. However, several areas for improvement were recommended:

- Greater consistency is required regarding independent return interviews as teams appear to apply this requirement differently.
- Where possible return interviews should be conducted face to face as this is likely to produce more helpful feedback. Interviews would possibly become more productive if the same person conducts all of the interviews with a certain individual.
- Emergency Duty Team reports on missing children are drawn from Care First by LCT and LAC teams. It was noted that there are inconsistencies with some episodes not recorded, but overall it provides a good, readily accessible record.
- There appears to be limited resources available to young people.

As a result, Children's Social Care have all been reminded of current protocols and the importance of older young people having the opportunity to talk with an independent advocate following a missing episode.

New materials using SOS and new training opportunities have been developed for 2015-16 to ensure best practice models are developed in working with vulnerable adolescence.

#### 4.4 MONITORING SINGLE AGENCY AUDITS

In 2014, the BSCB undertook an audit for Bromley Health Care to understand the effectiveness of the rapid response processes and consider any changes needed. The objectives of the audit were:

- To evaluate the process for rapid response since April 2013 in accordance with Bromley procedures
- To consider any barrier or reason not to follow the procedure
- To update the procedures including most recent guidance by Working Together 2015 in partnership with police and social care

The procedure had last been updated in 2010 along with the Child Death Review Procedures. It was based on the process for Rapid Response guidance produced by the London Safeguarding Board in 2009.

LSCBs must arrange for a single point of contact (SPOC) to be available during working hours, to be informed of all child deaths and to assist in initiating the multi-agency rapid response service. Out of hours, rapid response processes must be instigated by the responsible on call professionals as required and reported to the SPOC on the next working day.



A number of recommendations were made as result of the audit. Progress to date is:

- Review and update all Child Death Review procedures in accordance with WTSC 2013 guidelines and in agreement with BSCB and other agencies – ongoing.
- A Rapid Response process for communication, information sharing and partnership working to be initiated in all cases of unexpected child deaths including road traffic accidents (RTA) and Homicides with immediate effect – in place.
- Designated Doctor for Unexpected Deaths to ensure final case discussion meeting is held in all cases where a rapid response was initiated – in place.
- Acute Hospital Paediatricians or Clinicians to be asked to re-join CDOP meetings – completed.
- Public Health to organise regular meetings with Designated Doctor for Unexpected Deaths, Child Death Review nurse and child death administrator at Phoenix to ensure the processes are robust – in place.
- All clinicians and agencies should recognise the urgency of the need to complete and dispatch Form A to the single point of contact (SPOC) in Public Health, who would in turn help initiate the Rapid Response process by informing the Designated Doctor for Unexpected Deaths immediately without delay in all cases. All faxed or Emailed forms, to be followed up with a phone call - Use of a secure email for Bromley SPOC. ([cdop@bromley.gcsx.gov.uk](mailto:cdop@bromley.gcsx.gov.uk)) to be implemented by November 2015.
- Consider actions needed for SUDI investigation protocol to be completed when the child is taken to the hospital building on previous work done regarding collecting samples from the child after the death - This is part of the "Review of Guidance" that is on-going work in partnership with the Hospital Paediatricians.
- Ensure updated Child Review Leaflets are used for families - This is completed and there is reassurance from the child death nurse about this process.

In the last year, the rapid response team has been set up to receive all information (Form A /or Form B) pertaining to all deaths of a child (including Road Traffic Accidents) in order to: determine if the death is unexpected; review the need to gather additional information in suspicious cases; and review the need to convene a multi-agency meeting (the “Rapid Response” meeting).

A final meeting has not always been convened due to logistical reasons.

The Child Death Review (CDR) nurse was involved in ensuring bereavement support was in place for all cases

#### 4.5 ALLEGATIONS AGAINST PROFESSIONALS

There are occasions when a child protection allegation is made against a professional working with children within the borough. These allegations are reported to the Local Authority Designated Officer (LADO) who ensures that any allegations are

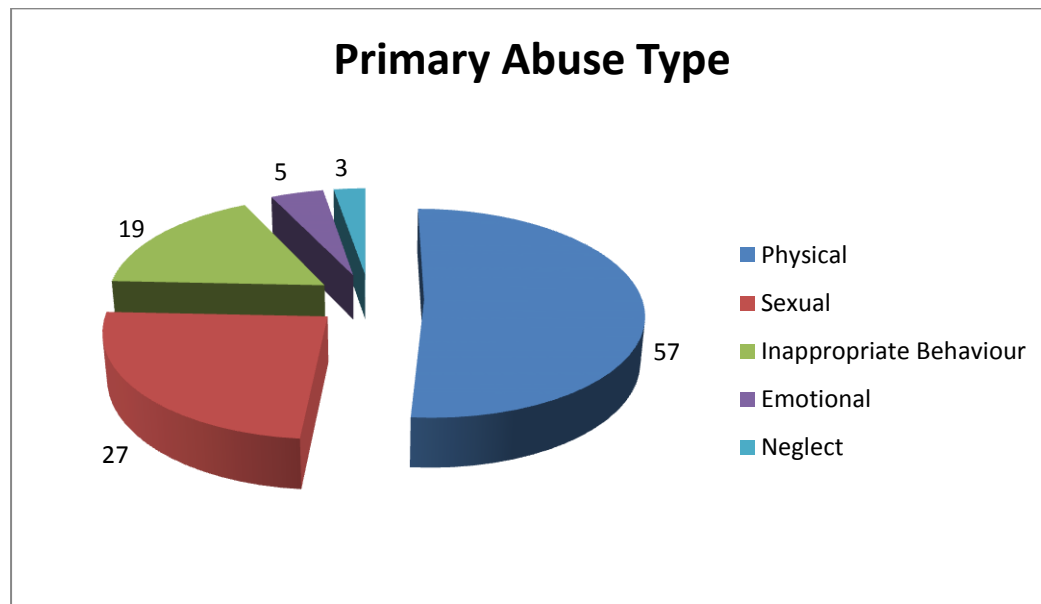
investigated promptly and appropriately. The LADO ensures that a record is kept of how the allegation was followed up, the decisions reached, the action taken and the final outcome.

A total of 111 allegations were reported to LBB during the period of April 2014 – March 2015. This is an overall 9.9% increase on the number of allegations received during the previous year. An increase in the number of referrals was anticipated as this year the allegations database was introduced and it was thought there might be an increase as a result of more rigorous recording. This has not proved to be the case as the increase in the overall number of referrals relates primarily to the increase in referrals from Health, due to a period of close scrutiny of the tier 4 CAMHS service (see section 3).

49 (44.1%) allegations involved staff working in educational settings which is in line with statistics from previous years and with those of neighbouring boroughs. Health and Early Years generated the next highest number of referrals with 18 (16.2%) and 17 (15.3) respectively. The category of 'other' encompasses those who do not fit within designated categories, of which there were 11 (9.9%). This was followed by 10 (9%) allegations against foster carers.

Figure 16 shows the Primary Abuse Type reported by agencies. This is consistent with previous years.

Figure 16 – Primary Abuse Type reported by agencies



Of the 111 allegations, 61 (54%) resulted in a strategy meeting and 50 (45.9%) were referred back to the employing agency for internal management action. Of all the reported allegations, only 1 resulted in a criminal conviction or caution. Of those subject to an allegation, 34 were suspended, 9 were dismissed and a further 9 did not continue in employment. An ongoing challenge is the unacceptable levels of

open cases because agencies fail to feed back outcomes of their management investigations.

The IT application for recording allegations on Carefirst (children's social care recording system) has now been fully implemented. Wherever possible the database has been populated with the allegation records from previous years resulting in a more comprehensive allegations database. The ongoing review and development of application fields has resulted in more accurate data recording and improved the quality of generated reports.

To improve Bromley's response to allegations, all protocols, policies, procedures and associated referral forms have been revised and updated in line with the most recent statutory guidance. A new single page quick guide to reporting allegations has also been produced. In order to streamline the routes for referring allegations, there are now two designated email addresses (secure and non-secure) to which allegation referral forms and other related information can be sent. This also ensures referrals are not sent to named individuals who may not be available to receive the referral and respond to the concerns quickly.

#### 4.6 CHILD DEATHS

The number of deaths of children in Bromley has reduced again. There were 14 Bromley children who died during 2014-15. The Child Death Overview Panel (CDOP) continues to analyse the information for each child and report its findings to the BSCB Board. In 2014-15 there were four routine CDOP meetings, and one special meeting to discuss neonatal deaths. The remaining 11 deaths from 2013/14 and 11 of the deaths in 2014/15 were discussed in those meetings.

There were ten unexpected deaths in 2014-15 and four expected deaths. Half of all the deaths (7 deaths) were to neonates in their first month of life. Guidance indicates that if the baby shows any sign of life then it is classified as a neonatal death rather than a stillbirth. Some of these seven babies were born very prematurely and with no real chance of survival. An extra CDOP meeting with some members of the CDOP panel reviewed those deaths at the local hospital with neonatal and obstetric specialists attending. All these cases were also reviewed at full CDOP. It is hoped to hold a special CDOP for neonatal deaths every year at the hospital. The Specialist Midwife for Bereavement also now attends the CDOP on a regular basis as does a neonatologist from the Princess Royal University Hospital.

Co-sleeping has been implicated in some infant deaths in research and this mirrors what is seen in Bromley. There have been updates to professionals through joint training of social care staff and Health Visitors and bulletins are being disseminated via local communication channels to reinforce this message to new parents, All new parents are given a leaflet advising how sleeping arrangements can be arranged most safely for new babies.

Other developments include:

- Resilience work with young people to help to prevent self-harm is being rolled out across the borough via schools. Teachers are trained to deliver Mindfulness to pupils in their school. It is initially focussing on secondary schools but will expand to primary schools.
- Early intervention Wellbeing Services for children and young people with emotional needs started in December 2014. A large proportion of the cases seen are for self harm. Early indication is that outcomes of the new service are very encouraging in terms of improved wellbeing of young people.
- Asthma work being developed across London with series of workshops for professionals starting in mid October 2015. This is being led by NHSE and London CCGs.

## Section 5: BSCB Priorities

### 5.1 2014-2015 PRIORITIES

The BSCB has achieved a number of its key 2014/15 Business Plan priorities:

- ✓ Evaluating the effectiveness of the BSCB training programme;
- ✓ Continuing to monitor the effectiveness of arrangements for safeguarding children missing from home and care, and children missing education;
- ✓ Developing and implementing an annual survey for frontline practitioners to help develop an understanding of how well safeguarding practice is working;
- ✓ Establishing a Domestic Abuse task and finish group;
- ✓ Completing the Serious Case Review commissioned in March 2014 and embedding the learning;
- ✓ Developing work around children with mental health problems and young people who self-harm making this a focus of the 2014-15 Annual Conference.

However, the BSCB recognises that there are some key priority areas that still require more focus:

- Continuing to promote awareness in key areas of child protection including domestic violence, child sexual exploitation and neglect;
- Continuing to develop mechanisms to listen to the views of children and young people;
- Reviewing the support, engagement and impact of Lay Members to enable them to develop links between the BSCB and community groups and support stronger public engagement. Furthermore, Safeguarding is a priority area for the Voluntary Sector Forum and support from the BSCB would be welcomed.

To address this, the BSCB have agreed the following actions in 2015/16:

- To focus on the theme of domestic abuse for the 2015 BSCB Annual Conference
- To update and promote the Bromley CSE Strategy
- To hold BSCB meetings in community settings and consult with children and young people
- To involve young people in the development of a new BSCB website
- To involve laymembers in a Communications sub group to progress the communications strategy.

## 5.2 2015-2018 PRIORITIES

Due to significant changes in personnel, including the Chair and the Business Manger of the BSCB, a BSCB Development Day was held in July 2015 to agree longer term priorities and actions. These were therefore agreed after the end of the time period for this annual report, but reflect a refreshed commitment to BSCB workstreams, based on a review of strengths and weaknesses in 2014-15. These are set out below.

### **PRIORITY AREA 1: BOARD RESILIENCE**

- 1.1 Board members are confident of their roles and responsibilities
- 1.2 The Board has a consensus on a working statement on the purpose of the BSCB which will drive the Board's work and ensure effective engagement and working together across all partner agencies and roles.
- 1.3 The Board has an effective system for scrutinising statutory agencies through Section 11 / 175 audits

### **PRIORITY AREA 2: SERVICE RESPONSES**

- 2.1 The process for the early help assessment and the type and level of early help services to be provided meets the needs of children and families
- 2.2 All agencies are able to provide assurance that they have sufficient qualified and trained staff to meet demand and to manage need within approved thresholds
- 2.3 Information sharing between agencies is effective to safeguard children's welfare
- 2.4 Schools continue to be aware of safeguarding risks and are held to account by the Board
- 2.5 There is an assured and timely response to all children who go missing from school to address any safeguarding issues.

### **3 PRIORITY AREA 3: COMMUNITY ENGAGEMENT**

- 3.1 The Board has an up to date profile of the community, including an understanding of cultural diversity and barriers to engagement in services by minority communities and how these can be overcome
- 3.2 Young people are better informed of safeguarding issues and engaged in the design and delivery of the information
- 3.3 Increase public awareness of safeguarding across diverse communities

- 3.4 Increase public awareness of risks of co-sleeping with young babies
- 3.5 The voice of the child (including disabled children) is informing and driving developments in policy and practice

#### **4 PRIORITY AREA 4: LEARNING & IMPROVEMENT**

- 4.1 Learning through serious case reviews, learning reviews and audit work impacts on frontline practice to ensure children are protected from harm
- 4.2 The Board has good oversight of risks in the system and can assess the performance of multi-agency child protection work
- 4.3 A confident and skilled workforce in identifying (signs and symptoms) and responding to child abuse and neglect
- 4.4 A confident and skilled workforce in identifying (signs and symptoms) and responding to domestic abuse (DA)

#### **PRIORITY AREA 5: RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS**

- 5.1 There is an increased awareness of emerging threats to children, for example through sexual exploitation, gangs, child trafficking, child mental health, radicalisation and female genital mutilation and appropriate policies and strategies to address those threats
- 5.2 Reduce the impact of domestic abuse (DA) on children and their caring adults
- 5.3 Reduction in hospital admissions for self harm by young people

## Section 6: Accounts

	2014-15
	Outturn
	£
<b>INCOME</b>	
Reserves	81,181.47
BROMLEY CCG	10,324.00
OXLEAS NHS TRUST	10,324.00
BROMLEY HEALTHCARE CIC	10,324.00
KINGS COLLEGE HOSPITAL NHS TRUST	10,324.00
METROPOLITAN POLICE (through LONDON SCB)	5,000.00
BROMLEY MYTIME	694.00
BETHLEM AND MAUDSLEY HOSPITAL SCHOOL	0.00
CAFCAS	550.00
LBB - EC&HS (Adult and Community Services)	6,115.00
LBB - EC&HS (Children's Social Care)	16,843.00
LBB - EC&HS (Education)	16,843.00
NOMS SHARED SERVICE CENTRE	1,000.00
LONDON CRC	1,000.00
Conference Attendance Charges	8,019.00
Training	23,227.40
<b>TOTAL INCOME</b>	<b>201,768.87</b>
<b>EXPENDITURE</b>	
Staffing	103,153.20
Training and Annual Conference	31,316.93
Administration and Printing	7,755.58
Serious Case Review	14,356.80
<b>TOTAL EXPENDITURE</b>	<b>156,582.51</b>
<b>BALANCE</b>	<b>45,186.36</b>

## Section 7: BSCB Membership

Independent Chair	Independent
Designated Dr	Bromley CCG
Head Teacher	Primary School
Head Teacher	Primary School
Clinical Director	Bromley Healthcare
DCI Borough Police	Metropolitan Police Service
Director of Quality, Governance and Patient Safety	Bromley CCG
Director of Complex Needs	Oxleas NHS Trust
Care Services Portfolio Holder	Council Member
Assistant Chief Officer	National Probation Service
Assistant Chief Officer	Croydon and Bromley CRC
Head of Service Quality Assurance	London Borough of Bromley
Lay Members	Independent
Assistant Director Nursing	King's College Hospital Trust
Quality Improvement Service Manager	CAFCASS
Bromley CFVSF Chair	Voluntary Sector
Assistant Director, Education	London Borough of Bromley
Executive Director, Education & Care Services	London Borough of Bromley
Consultant Public Health Medicine	Public Health
DCI Child Abuse Investigation Team	Metropolitan Police Service
Designated Nurse for Safeguarding	Bromley CCG
Assistant Director, Children's Social Care	London Borough of Bromley
BSCB Performance & Improvement Officer	London Borough of Bromley
BSCB Business Manager	London Borough of Bromley

### Board advisers:

Named Nurse	South London & Maudsley Trust
Head of Housing Needs Service	London Borough of Bromley
Asst Director Legal & Support Services	London Borough of Bromley
Lead Officer, Education Safeguarding	London Borough of Bromley
Head of Service Early Years	London Borough of Bromley
Named GP	Bromley CCG
Safeguarding Named Nurse	Oxleas NHS Trust
Named Nurse	Bromley Healthcare
Named Dr	Bromley Healthcare
Named Nurse	King's College Hospital Trust
Named Dr	King's College Hospital Trust



## Section 8: Essential Information

Date of Publication: December 2015

Approval Process: Approved at Care Services Policy Development and Scrutiny Committee

This publication and other information is available on the Bromley Safeguarding Children Board (BSCB) website:

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

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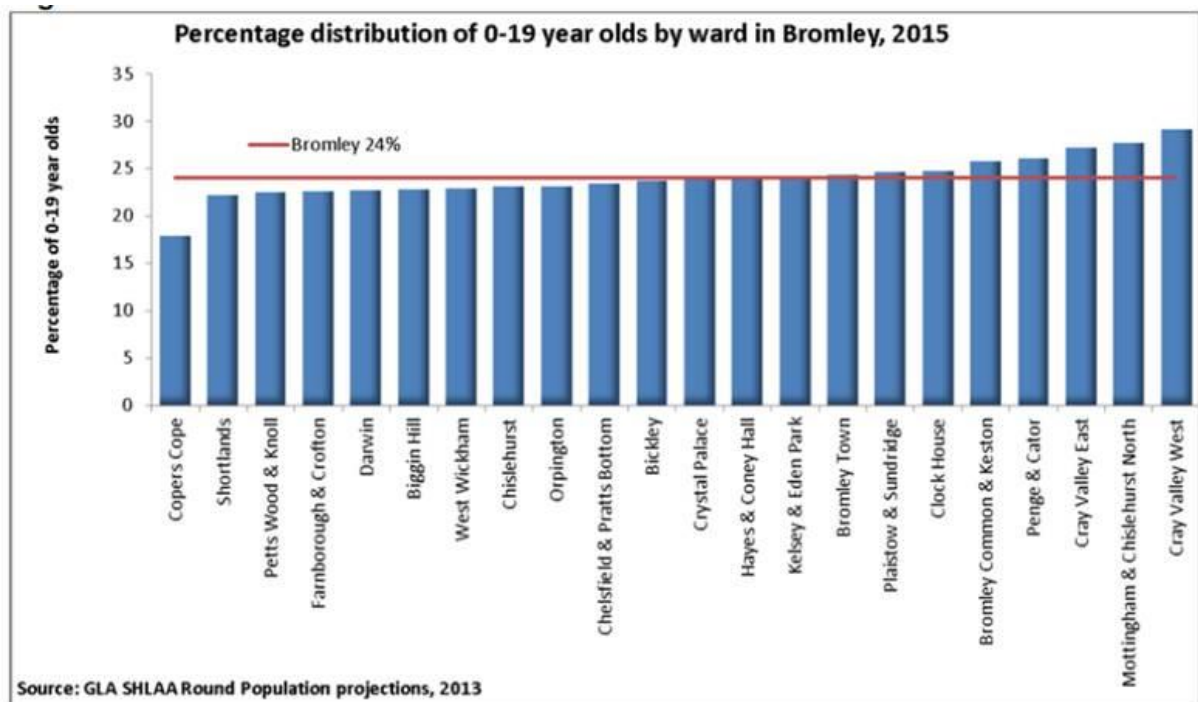
## Appendix A

### Children and Young People population

The [Joint Strategic Needs Assessment 2015](#) contains detailed demographic information for our population and is used by our partner agencies to plan services.

In summary:

- There are 76,941 children and young people aged 0-19 years in Bromley, this accounts for 24% of the Borough's population.



- The number of 0 to 4 year olds has gradually been increasing since 2006 and the GLA predicts it will peak in 2017 (21,196) but then decrease again to 20,381 in 2031.
- The GLA 2013 Round Ethnic Group Projections estimate that, in 2015, the ethnic minority population of Bromley is 17.9%, and this is projected to rise to 20% by 2025. The greatest proportional rise is in the Black African group. The North-West of Bromley has the highest proportion of ethnic minority population. The GLA population projections do not include Gypsy Travellers as an ethnic minority, although they do form a distinct ethnic group with particular needs. Bromley has a large Gypsy Traveller community concentrated chiefly in the Crays (North-East of the Borough).
- There are currently just under 8000 children in Bromley schools with Special Educational Needs, and just over 1600 with Statements of Special Educational Needs, the percentage of such pupils is above average.

- The number of looked after children (LAC) has remained relatively stable, ranging between 250 and 286 each year over the last seven years. The rate of 38 looked after children per 10,000 population under 18 is lower than for inner London, outer London and nationally.
- There are a relatively low number of unaccompanied asylum seeking children in Bromley.
- In 2013/14, 14 children and young people were adopted. The average length for care proceedings in Bromley is 48 weeks which is the national average
- Indicators of child health in Bromley are mostly rated better than the national average for most aspects. However, family homelessness and A&E attendances in children are rated as higher than the national average and the child mortality rate is also higher than the national and London rate.
- In 2013, the total number of conceptions in young people under the age of 18 years continued to fall from 137 in the preceding year to 108. This represents a rate of 19.5 per 1,000 Bromley population compared to the national rate of 24.3. Significantly it is the lowest in Bromley since 1998.

(Source: JSNA 2015)