



BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB)

ANNUAL REPORT 2015-2016

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Chair's Foreword

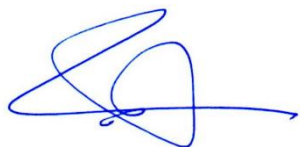
This has been a very busy and challenging year for me as I took on the role, in April 2015, of Chair of the Bromley Safeguarding Children Board. It has also been a busy and challenging year for those managing all of the services provided to children and their families.

The objective of the Safeguarding Children Board is to support and focus on the most vulnerable children, preventing abuse where we can by raising awareness and holding each other to account, as agencies, to provide the best response when children and young people are abused. That means working across Adult and Children's Services and across all agencies.

We have worked hard and held a useful development day in July 2015 that allowed Board Members the opportunity to engage with priorities and discuss more recent challenges including implementation of mandatory reporting on FGM, Child Sexual Exploitation and implementing the Prevent Agenda. Domestic Abuse remains a high priority for all agencies. It is essential, particularly during times of change, that we have strong partnerships that allow us to challenge each other and provide positive feedback and support, so that we continue to grow a strong and robust Safeguarding Board.

We are working to strengthen the voice of the child and have held Board meetings in community settings to give Board Members the opportunity to meet those who use or have views about our services and it also allows for services to meet Board Members and tell us about their concerns. We now begin every Board Meeting with a presentation on one area of work, continuing to develop awareness of the work of the different agencies and providing opportunity for information sharing across all agencies. We have refreshed and are strengthening the Sub Groups of the Board, so that work is progressed outside of Board Meetings and Chairs of the Sub Groups can report progress and challenge to ensure progress.

Throughout this annual report, there are summaries of what we have achieved against BSCB Business Plan 2015-18 priorities and what we need to focus on in 2016-17. The year ahead will continue to be challenging and we will work across all agencies, to make sure the safeguarding work in Bromley, with children, young people and their families and carers, is supported, challenged and improved.



Annie Callanan, Independent Chair, Bromley Safeguarding Children Board

Section 1: Executive Summary

This annual report covers the period from April 2015 to March 2016. It is the ninth 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 and the sub groups are chaired by senior managers from Education, Health and Social Care. A BSCB development day was held in July 2015 to agree the Business Plan for 2015-18, a statement of purpose and revised structure and to identify strengths and weaknesses.

The Quality Assurance and Performance Monitoring (QAPM) Sub Group has completed three multi-agency audits this year: Domestic Abuse; MASH (multi-agency safeguarding hub) and CSE (Child Sexual Exploitation). Learning from these audits has been shared and actions plans implemented. 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 and in some cases agencies have been recalled to the Section 11 Panel to update on progress.

The Training Sub Group held a robust commissioning process in 2015 to award new training contracts. A comprehensive training offer is in place: 23 different classroom based courses ran in 2015-16 in over 40 sessions. Nearly 800 people attended some form of face to face training (or briefing) in 2015-16. Lunchtime briefings were held on the Child E Serious Case Review (SCR) and on the new FGM mandatory reporting duty.

The new Case Review Sub Group has revisited the Child E action plan to ensure that actions have been embedded and initiated a learning review involving Health, Children's Social Care, Police and Probation. The learning from this will be published in Autumn 2016.

A new Policy and Procedures Sub Group has been implemented to develop and ratify multi-agency policies and to scrutinise individual agency procedures to ensure compatibility with inter-agency procedures. This year the group has published a Bromley FGM protocol and has drafted a multi-agency CSE protocol for Bromley. Priority groups of children are now scrutinised by the Vulnerable Children Sub Group. In 2015/16, the group reviewed CSE and Missing Children and identified a number of recommendations to improve this area of work. This is being taking forward by a working group in 2016/17.

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. The MASH is working well having increased its management oversight this year. This was the first year of a roll out of Signs of Safety, a 'strength-based,

solution focused’ model, across social care. There is, however, a need to achieve more consistent practice within social care with good chronologies across services so that plans can progress and drift is avoided. The coordination of the multi-agency response to CSE/Missing and Gangs needs to be more effective and streamlined.

During this year the BSCB has achieved a number of its 2015/16 Business Plan priorities. BSCB has: reviewed terms of reference and sub group structure; monitored training and staffing levels; had an effective Section 11 system; enabled learning through training, SCRs and briefings; started a process for increasing awareness and implementing policies for vulnerable groups.

However, the BSCB recognises that there are some key priority areas still requiring more focus. These are to ensure that: there is critical enquiry and challenge undertaken by agencies; there is assured response to children who go missing; children, young people and the community are engaged in a systematic manner; the Board has good oversight of risks by establishing a performance dataset that can measure progress; schools are aware of safeguarding risks and are held to account by the board.

Section 2: Governance and Accountability

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 1.1 Board members are confident of their roles and responsibilities: Development day held; terms of reference, sub group structure and membership reviewed; developed role and engagement of lay members.
- ✓ 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: statement of purposed designed by Board and published
- ✓ 1.3 The Board has an effective system for scrutinising statutory agencies through Section 11 / 175 audits: new panel and agency schedule implemented.

Focus for 2016-17:

- 1.4 Ensure that there is critical enquiry and challenge in relation to the core safeguarding activity undertaken by all agencies.

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 mechanisms for delivering the statutory requirements of the BSCB are the meetings of the Board (four times a year) and the sub groups. Further information about the sub groups is available below.

STATEMENT OF PURPOSE

The Bromley Safeguarding Children Board is committed to ensuring the wellbeing and safety of children by coordinating local services and evaluating the effectiveness of those arrangements to safeguard children from abuse or neglect.

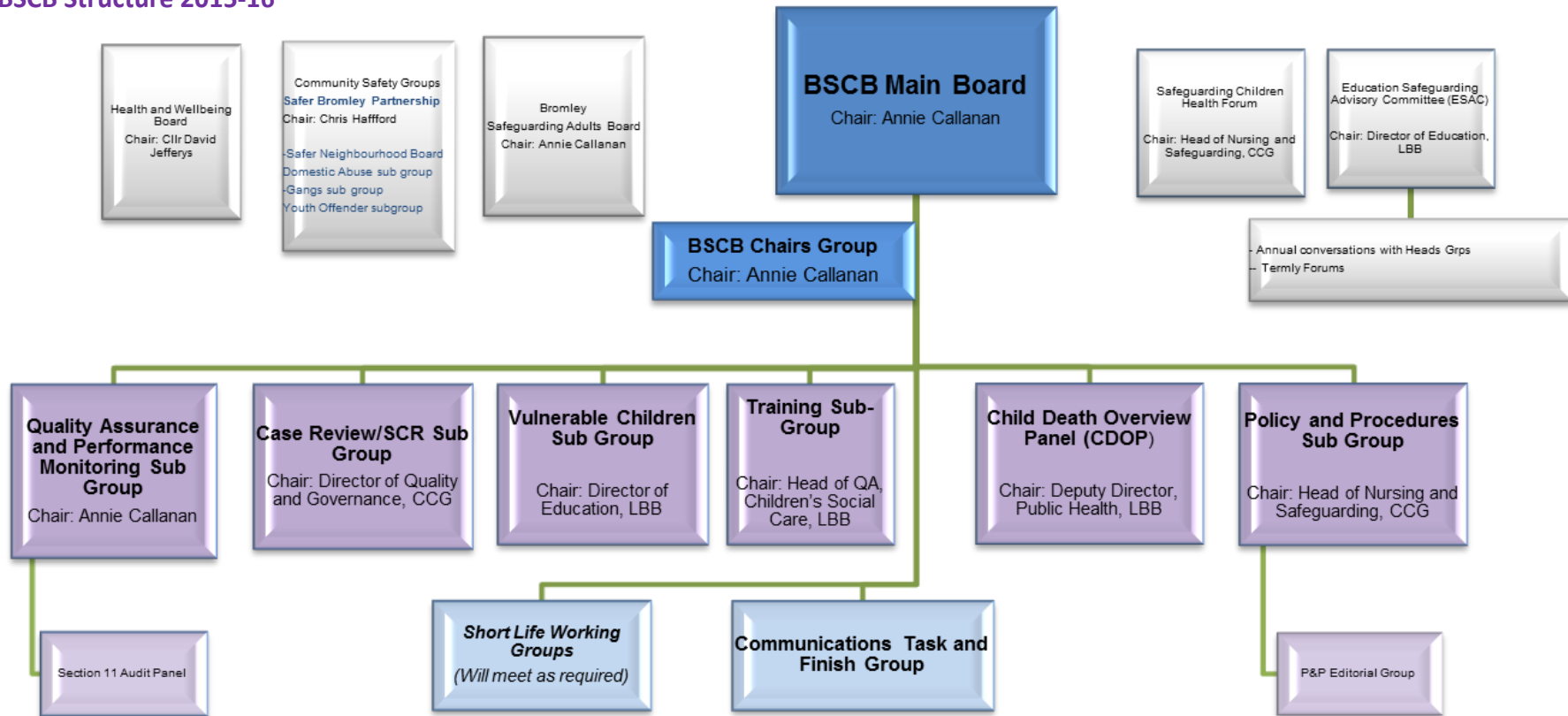
Board Members are senior professionals who manage teachers, social workers, doctors, nurses, police officer, probation officers, volunteers and other practitioners. We will:

- Listen to children and families
- Continually strive to improve local services
- Be open and keep learning.

2.1 Reporting

BSCB submits its annual report to London Borough Bromley's Care Services Policy Development Scrutiny Committee, Health and Wellbeing Board, MOPAC, and the Association of Independent LSCB Chairs (AiLC) .

BSCB Structure 2015-16



2.2 Independent Chair

Annie Callanan has been the Independent Chair since April 2015. She also chaired the Bromley Adults Safeguarding Board in 2015-16.

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 and as part of the Communications Task and Finish Group. 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 2015-16. 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 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:

- Scrutinising and challenging agencies through a new Section 11 Panel, comprising four senior partners plus the Independent Chair to enable appropriate and confident challenge. Agencies are recalled to assure the Panel that new policies have embedded and performance is good.
- Revising the performance dataset and data collation systems to improve returns and management analysis.
- Multi-agency audits of CSE, MASH and domestic abuse. Multi-agency audit findings and actions are circulated to front-line practitioners via regular newsletters.
- QAPM maintains an issues and actions log to ensure that all improvements identified from the audits are implemented and to hold agencies to account

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:

- Well attended lunchtime briefings/seminars on Child E Serious Case Review in August 2015, Allegations in November 2015 and Female Genital Mutilation in December 2015
- It held a robust commissioning process in 2015 to award new training contracts. BSCB multi-agency training programme has been reviewed and extensively added to in order to meet current children's workforce needs and new drivers including outcomes from SCRs.
- Comprehensive training offer in place. 23 different classroom based courses ran in 2015-16 in over 40 sessions. Nearly 800 people attended some form of face to face training (or briefing) in 2015-16 (some people attended more than one event).
- 20 free e-learning courses (Group 1 & 2) provided to adults and children's workforce in 2015-16, with 2231 people completing courses. The number of professionals accessing e-learning increases year on year.

- The Training Sub Group ‘mystery shops’ courses and follows up all poor evaluation scores.
- Three tier training course evaluation process for multi-agency training has been embedded in 2015.
- A full evaluation of single agency training conducted in 2015 by the Training Sub Group

2.6 Policy and Procedures Sub Group

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 5.1 There is an increased awareness of FGM and CSE and appropriate policies and strategies to address those threat: FGM policy ratified by BSCB. CSE protocol drafted for ratification in 2016/17.
Focus for 2016-17:
 - 2.3 Information sharing between agencies is effective to safeguard children’s welfare: planned publication of multi-agency information sharing protocol.
 - 3.5 The voice of the child informs and drives developments in policy and practice.

The BSCB Policy and Procedures Sub Group was set up in December 2015 and meets four times a year to develop and ratify multi-agency policies, procedures and protocols. The sub group also scrutinises individual agency procedures to ensure compatibility with inter-agency procedures and the London Child Protection Procedures. Where a new policy or protocol is developed, a small editorial group is formed to draft the document, co-opting subject matter experts where necessary.

A policy tracker is used to capture the rolling cycle of policies and when updates are required. This year the sub group has written and rolled out Bromley’s Multi Agency Female Genital Mutilation (FGM) Protocol and has drafted an update to the Child Sexual Exploitation (CSE) Protocol. Future priorities are Missing Children and Information Sharing. The group will also work on monitoring how well policies are embedded through training, supervision and awareness raising.

2.7 Vulnerable Children Sub Group

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 5.1 There is an increased awareness of emerging threats to children including child sexual exploitation/missing/gangs: a position statement and gap analysis produced to inform working group for 2016/17
Focus for 2016/17
 - 2.5 There is an assured and timely response to all children who go missing to address any safeguarding issues: evidence via data on children missing; evidence from return home interviews to improve knowledge of any common trends/patterns.

The BSCB Vulnerable Children Sub Group was set up in December 2015 and meets four times a year to monitor and challenge the effectiveness of the strategic activity undertaken by the partnership to safeguard and promote the welfare of vulnerable children. Themes include CSE, Missing from Home and Care, Missing from Education, Trafficked, FGM, Domestic Abuse, Gangs, Disabled Children, and Radicalisation. The Group focusses on one priority group per quarter and calls on subject matter experts relating to the group in question. It scrutinises all up to date service information relating to that vulnerable group (e.g. audits, performance data, mapping of provision, policies and strategies) to inform a position statement on the vulnerable group in question. This leads to a number of recommendations for existing strategic groups (e.g. MASE) or other sub groups (e.g. Policy and Procedures) or to a new workstream to be taken forward by the BSCB.

This year the group has looked at the partnership's response to CSE and to Missing Children. Recommendations include:

- a more in depth review of the roll out of Operation Makesafe
- CSE briefings to be delivered at SENCO Forums and Special Schools
- To review the terms of reference of the MASE so that it has a more strategic function regarding trends and patterns for CSE in Bromley
- For a Missing/CSE Coordinator and Administrator to be identified.

Future priorities for the Vulnerable Children Sub Group are gangs and the Prevent agenda.

2.8 Case Review Sub Group

The Case Review Sub Group meets four times a year in order:

- To make recommendations to the Independent Chair when a Serious Case Review or Learning Review should be conducted in Bromley
- To act as the SCR core group when a Bromley SCR is initiated by the Independent Chair and ensure actions are fulfilled
- To learn lessons from any relevant Learning Reviews and Serious Case Reviews conducted in the UK and to improve practice locally where possible.

This year the sub group has revisited the Child E action plan to ensure that actions have been embedded and initiated a learning review involving Health, Children's Social Care, Police and Probation. The learning from this will be published in Autumn 2016.

2.9 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 (see Section 6.2 for detail on this report).

2.10 Chair's Group

Each sub group is chaired by a different agency which is seen as a significant strength in bringing together partners. The chairs of the sub groups, including the Independent Chair, meet quarterly before each main board meeting in order to share good practice, measure progress against the business plan and ensure there are no overlaps between sub groups.

2.11 Education Safeguarding Advisory Committee (ESAC)

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 2.4 Schools continue to be aware of safeguarding risks and are held to account by the Board: Education Safeguarding Advisory Committee and termly forums held. School representatives contribute to the Board.

Focus for 2016-17:

- 2.4 Increase in schools taking part in Section 175 safeguarding audits
- 2.4 Increase in school staff attending training courses

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 Director of Education, LB Bromley. The Committee meets quarterly in advance of BSCB Board meetings.

During the year ESAC has run termly Safeguarding Education Forums attended by safeguarding leads for the different educational settings to facilitate the effective dissemination of key safeguarding messages and learning. The following areas were covered at Safeguarding Forums:

- A presentation from the ChildLine Schools Service. NSPCC are delivering a specialised service to primary schools for Y5 and Y6 children comprising a 30 minute assembly and a classroom workshop.
- An update on the rollout of the Prevent programme and how it will be delivered to schools.
- Overview of the Child Death Overview Report.
- A presentation and workshop on the Signs of Safety model, delivered by managers from Children's Social Care, including how designated safeguarding leads can contribute to the signs of safety approach at child protection conferences.

2.12 Health Economy Safeguarding Forum

The Bromley Clinical Commissioning Group (BCCG) Health Economy Safeguarding 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.

2.13 Task and Finish Groups

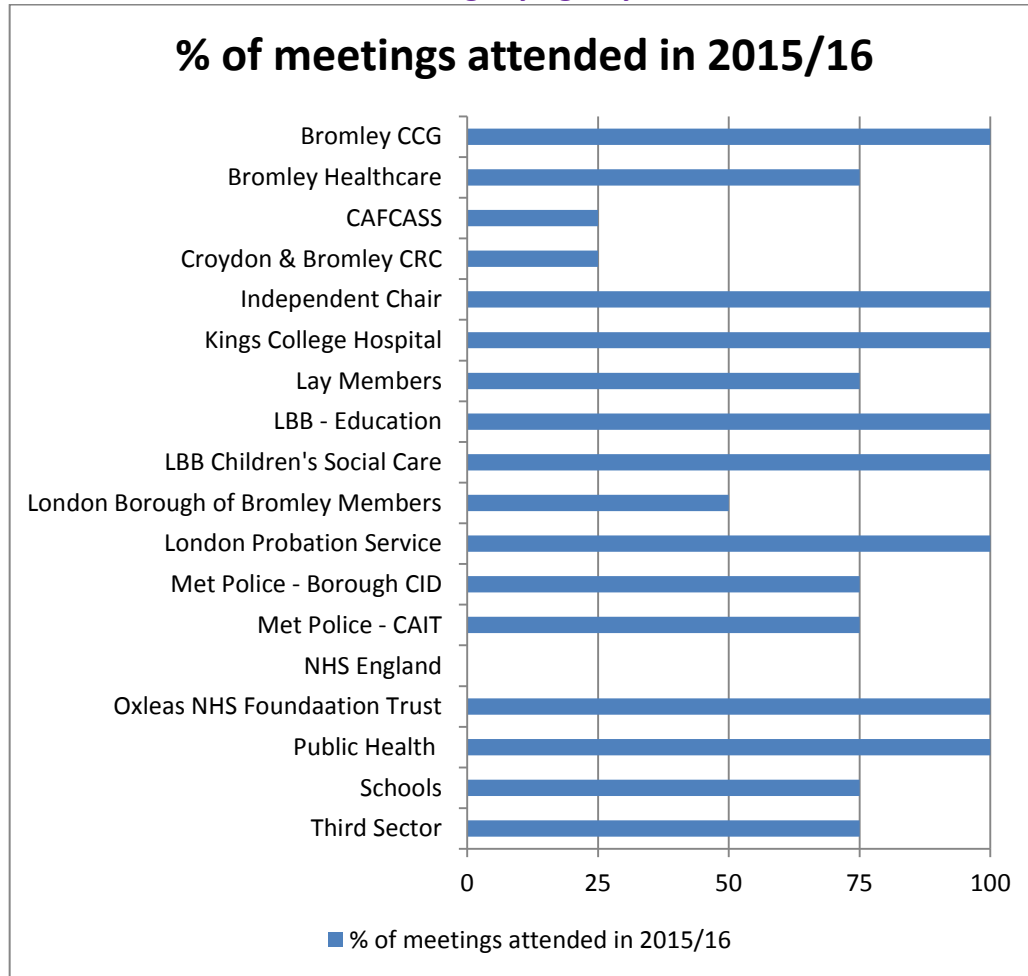
This year the BSCB set up a Communications Sub Group. This group consisted of the BSCB Business Manager, Business Support Officer, two lay members and a voluntary sector representative. The main objective of this group was to recommission and redesign the BSCB website to make it more user friendly and interesting for members of the public, parents and carer and professionals. The sub group received invaluable input from its lay members and voluntary sector and has successfully selected a new website provider. The new website is due to be live by the end of 2016.

The Communications Group also set dates to meet with Bromley Youth Council and Looked After Children In Care Council (LinCC).

2.14 Attendance

There is good multi-agency representation at BSCB main board meetings and sub group meetings. However, there is low attendance by NHS England and CAFCASS and going forward, the London Community Rehabilitation Company (CR) will not be attending as managers cover larger regions. This is an issue across London boards and the London LSCB Chairs Group has escalated concerns about non-attendance to the relevant leading bodies.

Attendance of BSCB Board Meetings by Agency



2.15 BSCB Challenge

During BSCB Board meetings and sub group meetings, agencies are encouraged to participate in critical enquiry and challenge. Challenges are documented on a formal log and challenges usually lead to a request by the Independent Chair for a piece of work to be carried out by a board member and bring answers and recommendations back to the Board for partners to review. Examples of these are:

- Leadership and safety at a tier 4 mental health provision. This was escalated to NHS England as the commissioner of tier 4 services.

Several meetings were held between NHSE, CCG and the provider and the progress against the post CQC inspection action plan is now also monitored by the BSCB. The provider was formally challenged by BSCB through the Section 11 Panel in October 2015 and April 2016 and their progress continues to be monitored until standards are deemed satisfactory.

- Inconsistent membership and lack of clarity around governance / terms of reference of the Multi-Agency Sexual Exploitation Panel. This will be included in a full review of CSE provision in 2016.
- How is London Borough of Bromley Education Department closing the gap in attainment between free school meal and non-free school meal children in Bromley? The Director of Education was asked to present a report at main board meeting in 2016 and progress will continue to be monitored throughout 2017.
- Why are young people detained overnight in custody? The Borough Police were tasked with following this up with the Metropolitan Detention service to collate background information and data. A task group, led by the Head of the Youth Offending Service, has been set up to develop an action plan in 2016 to reduce the number of young people detained overnight.

Section 3 Developing a Learning Organisation

3.1 Learning and Improvement Framework

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 4.1 Learning through serious case reviews, learning reviews and audit work impacts on frontline practice to ensure children are protected from harm: Learning and Improvement Framework embedded; Child E lunchtime briefings; Safer Sleeping Campaign.

Focus for 2016-17:

- 4.1 Practitioner survey evidences that lessons from national/local case reviews are widely disseminated and used in frontline practice.

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. Throughout 2015-16, the BSCB has continued to use its 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 (learning review)
- 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, young people and families

3.2 Training

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 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: standard item at quarterly Board meeting; quarterly performance report includes indicators on staffing, caseloads and training; the Training Sub Group completed audits of single agency training.

Focus for 2016/17

- 4.3 and 4.4 A confident and skilled workforce in identifying (signs and symptoms) and responding to child abuse, neglect and domestic abuse: evidenced through practitioner survey and multi-agency audit on neglect cases at referral, assessment, child protection and step down plan stages.

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 2015, the BSCB reviewed its training programme and commissioning was completed by July 2015. During the financial year 2015-16, BSCB provided local multi-agency training through 23 different classroom based courses run in 43 sessions, plus five additional shorter seminar/briefing sessions

totalling 775 attendances (some people attended multiple courses), an increase from the previous year. A table showing the training courses is provided below.

Course Title	No. of courses run	Actual Attendees
Group 3	4	59
Group 3 Refresher	1	6
Group 4/5	1	12
Group 4/5 Refresher	1	8
Intro to Safeguarding Children	2	56
CAF	3	20
CAF and TAC	2	27
Chronology	1	15
CSE	3	45
Domestic Abuse and Violence Against Women and Girls	1	13
Effective Supervision - Successfully Safeguarding Children & YP	1	8
Effective Supervisory Skills - Facilitating Reflective Practice	1	11
Safeguarding Children for Designated Teachers	4	59
*Safeguarding Children for Designated Teachers - refresher	3	40
Safeguarding Disabled Children	2	18
Safeguarding Neglected Children	2	25
Teenagers who self-harm	1	18
*Developing Confidence in Working with Diversity	2	21
*Introduction to Parental Mental Ill Health	2	26
*Parental Mental Ill Health - Working Better Together to SG the Child & Adult	1	12
*Working with Perpetrators of Domestic Abuse	1	17
*Parental Substance Misuse	2	28
Safeguarding Young Carers	2	19
SEMINARS: Learning from Serious Case Reviews	2	72
SEMINARS: Allegations Against Professionals	2	53
BRIEFING: A Child's Journey in Bromley & FGM	1	69
*= new for 2015-16		
TOTALS	48	775

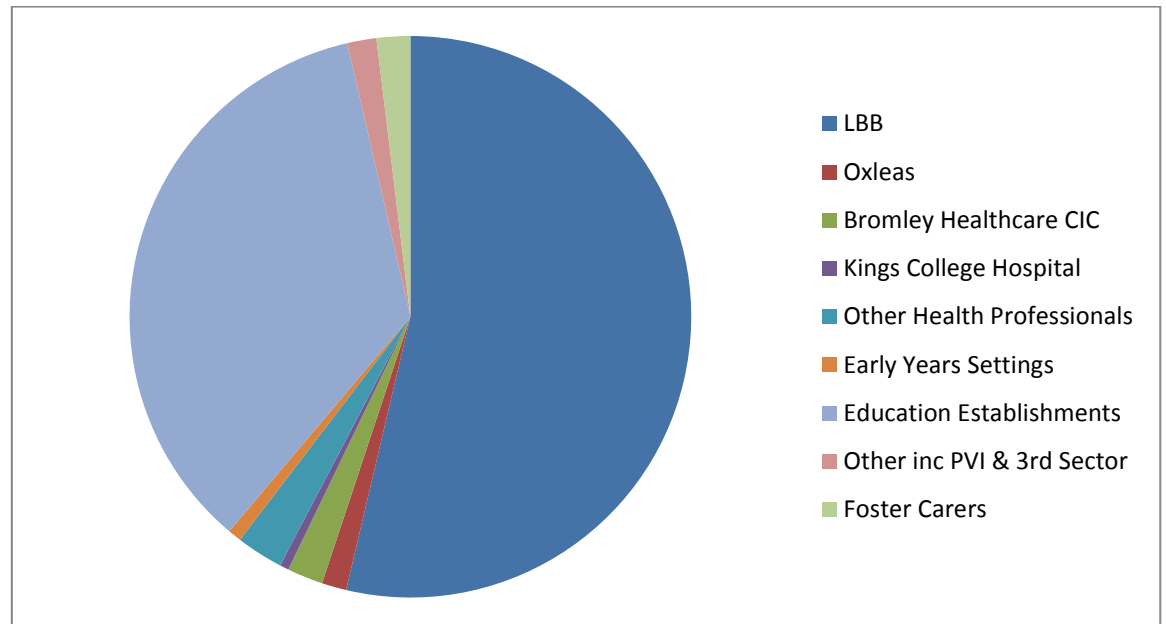
There were six new courses this year. A 'Working with complex families' course was decommissioned and in its place more specific courses commissioned to address parental substance misuse and parental mental health in light of staff evaluations.

A new course to build confidence when working with diversity addressed a need for staff to learn more about harmful cultural practices. More specific knowledge about FGM and Forced Marriage was then promoted through the Home Office's free online training. Domestic Abuse training was strengthened in 2014-15 with all staff encouraged to attend DV training, and the 2015 annual conference on domestic abuse cementing knowledge. This year the training offer on domestic abuse has been sparser, although a new 'Working with Perpetrators' course did run once in addition to the regular Domestic Abuse and Violence Against Women and Girls course. Numbers are expected to increase significantly in 2016-17 following negotiations with Bromley Safeguarding Adults Board and the successful commissioning of three new domestic violence courses.

There was a large increase from 53 to 99 attendances by Designated Safeguarding Leads in schools attending BSCB training this year due to an increase in courses to meet demand. Staff from educational establishments make up the second largest group of staff attending BSCB courses, with the majority of places going to staff in the Local Authority.

BSCB aims to have a multi-agency mix of professionals at every training course as we believe this is key to fostering trust and confidence among the children's workforce in Bromley. Given the budget cuts to training that organisations in Bromley have faced this year as austerity hits harder, this is an increasing challenge. The Chair of the Training sub group continues to monitor attendance and contacts agency leads where attendance is low. A breakdown of agencies attending training for the year is below.

Attendance at face to face training events 2015-16, by agency



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. 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 73% of the attendees judged the courses to be Excellent, 25% Good and just 2% Satisfactory with nobody stating courses were poor. This is even better than last year when 68% attendees evaluated training as Excellent and 30% as Good.

Since 2014, the BSCB has had a 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 to amend content or delivery. Poor evaluations can lead to unsatisfactory trainers being replaced or courses decommissioned. 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). The Training Sub group routinely analyses evaluation data and also carries out 'mystery shopping' of courses to ensure quality and impact.

The BSCB's free e-learning courses for Group 1 and 2 training which was introduced in 2012 continues to be good value for money. The e-learning package consisted of 20 courses during 2015-16 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 for 2015-16 is below. Midway through the year there were some changes to some courses and the key provides more detail.

Online learning course (called 'ME Learning') April 2015- March 2016		
COURSE TITLE	Number Completed	
Assessment and Planning	68	*
Bromley Safeguarding Children Introduction	290	*
Conflict Styles and Resolution	1	*
Data Protection Act	57	new

Deprivation of Liberty Safeguards	139	
Difficult Relationships and Conflict	61	*
Domestic Abuse	97	
Female Genital Mutilation (FGM)	1	New. Home Office e-training offered instead. Module withdrawn.
Framework for Assessments	1	*
Information Sharing	51	*
Information Sharing and Consent	19	new
Managing Conflict – Children’s Workforce	12	new
Mental Capacity Act	213	
Responding to a Disclosure	4	*
Safeguarding Adults	256	*
Safeguarding Adults - Level 1	339	new
Safeguarding Adults - Level 2	40	new
Safeguarding Children - Level 1	279	new
Safeguarding Children - Level 2	82	new
Safeguarding Children Group 1-2	4	*
Safeguarding Children with Disabilities	63	new
Safeguarding Disabled Children	100	*
Supporting Transitions	54	*
Safeguarding Total	2231	
* = no longer available (from September 2015)		
new = (from October 2015)		

E-safety training has been added to the e-learning offer in 2016 following testing by members of the Training Sub Group.

3.3 Multi Agency Audits

Learning from multi-agency audits is reviewed in the Safeguarding Children Health Forum which is attended by frontline staff.

Since the BSCB Core group Audit in 2014/15, a quarterly meeting has been set up between CSC managers, the named Nurse and health visiting and school nursing lead. Any concerns about case practice or escalation of cases are discussed and a plan of action agreed

Multi-Agency Safeguarding Hub (MASH) Audit

This audit was commissioned by the BSCB to examine the performance of the MASH, use of the threshold document by agencies and to provide all agencies with a progress report on the standard of referrals.

The audit drew attention to the significant progress made by agencies to establish a MASH since its inception in 2014. BSCB has supported this by providing all agencies, via the website, with a detailed presentation on the process of referral to the MASH service.

MASH managers welcomed the review as it highlighted strengths and areas of practice where improvements could be made. There was an acknowledgment that the standard of referral requires further improvements. The report identified that decision making and management oversight requires improvement to ensure all outcomes are of a satisfactory, or above, standard. Police MASH are good at identifying risk, however, there needs to be tighter tracking of cases of concern.

As a result of the audit, a Group Manager post was immediately put in place specifically for MASH. Deputy Managers are now responsible for sign off of all decisions and additional senior posts have been created. MASH management has also agreed on an action plan to ensure that the service is strengthened further.

Following the BSCB MASH audit (and the successful escalation of three cases which happened at a similar time), Bromley Healthcare has reinforced to its staff the need to escalate cases in which professionals do not feel satisfied with the outcome. Plans were also made for the Named and Designated professionals to be invited to the MASH steering group.

Child Sexual Exploitation (CSE) Audit

This audit concluded that following referrals into the Multi-Agency Sexual Exploitation (MASE) panel, significant positive changes have been seen in all the cases audited.

This offers us very credible evidence that the tackling Child Sex Exploitation procedure developed by BSCB can be effective when risk cases, even at a low level, are identified and referred. A Barnardo's worker is 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 Multi-Agency Planning (MAP) referral. In addition, positive support offered by BYPASS (Bromley Young Persons' Alcohol and Substance Service) and residential care staff was noted by the young people contacted and is useful information for our commissioning strategy. Despite a good start, much more needs to be done to co-ordinate existing practice and services in this area. An action plan has been agreed and is being monitored by the QAPM Sub Group.

Domestic Abuse Audit

Auditors found examples of effective multi agency working in most cases. There was emphasis on impact and outcomes and multi-agency meetings were well attended and the importance of a joined up approach understood by all those who agencies who took part in the audit. Basic information was up to date and recorded very well in the vast majority of records with only a couple of omissions in regards to this. Overall, agencies contributed well to assessments and provided their own updates at meetings which were detailed and contained analysis. There was evidence of purposeful communication between agencies between review periods.

However, multi-agency plans were not always clear regarding the desired outcomes are and this needs to be tightened up to measure progress more effectively. Strategy discussions were not always multi-agency and specialist DV services (e.g. MARAC, Women's Aid) were not always well referenced on agency files. Management oversight was generally not well evidenced on the files and more formal processes such as the LSCB escalation policy should be more widely used among partner agencies when they have concerns about a child.

3.4 Learning Reviews

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 3.3 Increase public awareness of safeguarding across diverse communities: Safer Sleeping Campaign with Public Health

The BSCB has continued to embed learning from the Child E Serious Case Review (SCR) via newsletters and lunchtime briefings in August 2015. The BSCB worked with Public Health to ensure that up to date guidance on co-sleeping was available on the BSCB website and input into the Safer Sleeping Week campaign in March 2016. London Borough of Bromley (LBB) added pages on co-sleeping to the MyLife website and the Council's website. LBB also included information in its e-newsletter that is circulated to nearly 100,000 people via email. Health Visitors are now giving out the safer sleeping booklet, talking to parents and documenting in the Parent Child Health Record and on EMIS (electronic Health recording system). A joint health and social work workshop on Sudden and Unexpected Deaths in Infancy was facilitated following the SCR. The Lullaby Trust attended and delivered a presentation on current guidance and advice to give parents. A further joint workshop was facilitated on the topic of neglect to encourage joint working and joint home visits. A presentation was given by the Named Nurse and the practice development lead for social care. Both of these were well attended by health visitors, midwives and social workers. Presentations on the Child E SCR were given to the Community Paediatricians and to the Child Protection meeting, following which learning was disseminated via team leads throughout Bromley Healthcare.

In 2016 the BSCB has initiated a learning review which will focus on the quality of information shared between agencies to determine the capacity of the parent to safeguard and protect her children. The learning from this will be published in Autumn 2016 and the BSCB will request that organisations embed the learning through training, supervision and audit.

3.5 Community Engagement and the Voice of the Child

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 3.1 The Board has an up to date profile of the community and barriers to engagement in services by minority communities: Report to Board on profile of children and young people in the area.
- ✓ 3.2 Young people are better informed of safeguarding issues: BSCB Board meetings held in community settings including consultation sessions with young people.

Focus for 2016-17:

- 3.1 Programme of work to engage with main and minority communities to identify barriers to safeguarding children's welfare and how agencies can facilitate best outcomes.
- 3.2 Young people are engaged in the design and delivery of safeguarding information: BSCB develops an engagement action plan to ensure it actively seeks the views and opinions of children and young people in a systematic manner and can demonstrate how this has improved services.
- 3.3 The Board has a communication plan with an annual programme of initiatives for the public.
- 3.5 The voice of the child (including disabled children) is informing and driving developments in policy and practice.

A priority of the BSCB is to get out in to the community and talk with children and young people about their experiences and views of safeguarding issues. The December 2015 Board meeting was held at Hayes School and consulted with 20 students. In March 2016, the BSCB held its Board meeting at the Youth Offending Service and had the opportunity to talk with five of its service users. The Board explained the role of the BSCB and asked young people who they would talk to if they felt unsafe, what issues young people are facing, whether services are accessible and understood. The BSCB were also keen to find out what methods are most effective in communicating with young people.

The most significant issues that the young people raised were linked to mental health and anxiety about exam pressure, issues around fitting in, boredom and sex education. The feedback provided by the students was really helpful in identifying their concerns and will inform the BSCB's Communications Strategy.

In addition to this, Bromley's Youth Council (BYC) ran a workshop at the BSCB annual conference about Domestic Abuse. It gave professionals an understanding of how young people would like them to respond to concerns and explored the services available and the gaps for young people in Bromley, as identified by the BYC 2014/15 campaign.

The BSCB Business Managers have set up a meeting with the Youth Council in June 2016 as they have identified a more systematic approach to engaging with young people elected by their schools to represent them.

3.6 Communications

The BSCB website aims to promote good safeguarding practice, share lessons learned from audits and case reviews, local policies and protocols and signpost to relevant agencies, advice and guidance. In order to improve this further, the BSCB has commissioned a new website to make it more user friendly. The lay members and the voluntary sector representative for the BSCB were very involved in writing a specification for the new website, soft market testing and selecting the provider. The website will be live at the end of 2016.

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 August 2015, the BSCB held two multi agency lunchtime briefings on learning from the Child E Serious Case Review. In December 2015 the BSCB held a lunchtime briefing on the new mandatory reporting duty and local referral procedures for FGM.

3.7 BSCB Annual Conference

This year's BSCB annual conference in November 2015 was entitled 'Domestic Abuse - Getting it Right for Children and Young People'. There were 109 attendees from across the partnership and feedback was generally positive; delegates found the theatre performance by young people and the accounts of survivors particularly powerful.

- 90% found the conference either extremely or very useful
- 84% found the conference either extremely or very relevant to their jobs
- 94% found that the speakers were either extremely or very knowledgeable
- 89% thought there was either an extremely or very good mix of participants

The workshops were well received, particularly the Risk Assessment workshop led by SafeLives and the Working with Perpetrators workshop led by Domestic Violence Intervention Project (DVIP). Requests to have one longer workshop instead of two short workshops will be considered for next year and the BSCB will aim to make all workshops more interactive.

3.8 BSCB Development Day

Following a change in the Independent Chair and a number of BSCB members, a BSCB Development Day was held in July 2015 to agree the future direction of the Board and the business plan for 2015-18. The BSCB agreed on a statement of purpose, identified its strengths and weaknesses and a

revised structure to be set up in 2015/16, including implementation of new sub groups (Vulnerable Children Sub Group, Policy and Procedures Sub Group and Comms Task and Finish Group). Agreed priorities included the voice of the child and recommissioning the BSCB website and developing better links with other strategic groups such as the Violence Against Women and Girls Group and the Health and Wellbeing Board.

Section 4 Monitoring and Evaluation

4.1 Use of Performance Data

BSCB Business Plan 2015-18 Priorities

Focus for 2016-17:

- 4.2 The Board has good oversight of risks in the system and can assess the performance of multi agency child protection work: reliable dataset and regular reports on audits, including relevant and timely narrative reports from managers.

The QAPM Sub Group analyses key multi-agency data and performance quarterly and there is exception reporting to the Board. A full, detailed performance report is submitted to the full board annually in September.

In September 2015, QAPM established a working group to revise the performance report following a number of unsatisfactory reports where some agencies had not returned data. The group established that the timescales imposed by the BSCB were not possible for some agencies and a longer reporting lag would lead to more complete data with meaningful narrative about impact and what organisations were doing to address risks. This was promptly addressed. The group then devised a new style report with a concise performance summary at the beginning, to allow focused discussions at sub group meetings, complemented by a full scorecard as appendix containing the detail – indicators, current and recent performance, benchmarking, RAG rating and manager narrative where performance was below the expected standard or below statistical neighbours. This new style report has been a work in progress in the latter half of this year as contracts have been rewritten instructing providers to report on new indicators, new data collection systems have been rolled out and the QAPM has challenged one another about which indicators are meaningful and which show impact on outcomes. A peer challenge workshop will take place in June 2016 to further this work.

4.2 Section 11 Audits

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 2.3 Good practice of information sharing between agencies is evidenced through Section 11 audits and scrutinised by Section 11 panel.
- ✓ 1.3 The Board has an effective system for scrutinising statutory agencies through Section 11 / 175 audits

Focus for 2016/17

- 2.4 Increase in Schools taking part in Section 175 safeguarding audits
- 3.5 The voice of the child is evidenced through 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. In previous years, submissions were presented by agency senior managers to the QAPM Sub Group, giving the multi-agency sub group the opportunity to reflect on compliance and challenge agencies at both an operational and strategic level. However, with an increased focus on improving performance management data this year, there has been insufficient time to present Section 11 audits during QAPM meetings. This year, dedicated Section 11 panels have been held in order to maintain high levels of scrutiny. The Panel consists of four members of the Board, including the Independent Chair. A schedule is in place to ensure that agencies are seen within the required timeframe and an actions/issues log is reviewed regularly by the Chair so that challenges are addressed.

BSCB uses an adapted version of the Section 11 tool developed by the London Safeguarding Children 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 ending March 2016:

- London Borough of Bromley Adult Services
- London Probation
- London Community Rehabilitation Company
- An in-patient mental health provision for young people (tier 4) situated within the borough
- Young Addaction (now Change Grow Live)
- London Borough of Bromley Early Years (childminders, preschools and nurseries)
- Bromley Schools (primary and secondary maintained and academies)
- London Borough of Bromley Children's Social Care Services (including Early Intervention and Family Service)

Several of these agencies were called back for further scrutiny in April 2016 where insufficient information had been provided or feedback on actions was required.

4.3 Single Agency Audits

As well as significant input into the multi-agency MASH, DV and CSE audits (see section 3.3), **Bromley Children's Social Care** audit programme included planned bi-monthly in depth audits of up to 20 open children's social care cases including Children in Need, Child Protection (CP) and Children Looked After and a bi-monthly Leaving Care programme. All audit actions were shared with social workers and their managers and added to the child's Care First file. Recommendations for future learning were circulated to managers and used to revise internal training and procedures. These included a need for:

- Higher quality assessments including family history
- Chronologies
- Evidence of direct work with children
- SMART Child Protection (CP) plans clearly linked to safety goals for the children
- Key documents on files, such as Personal Education Plans (PEPs), Pathway Plans, Core Group minutes or the recording of visits.
- Robust risk assessments
- Challenge regarding drift
- Good management oversight with analytical and reflective supervision
- Consistent social worker
- Family Group Conferences
- Life story work
- Better use of legal advice
- Updating of Care Plans.

In order to look at how social care auditors were making judgements in May 2015, auditors were given four cases (cases “doubled up”). The “doubled up” cases which were audited had differing outcomes-both having “Good” and “Requires improvement” outcomes. This indicated that there was not consistency in the judgements. Feedback from the multi-agency MASH audit undertaken by an independent auditor was that some of the gradings were too high in cases where concerns were being noted by the auditors.

Social Care first line managers carried out 364 Tier 1 Audits (audits of Care First files) in 2015-16 from all areas of the service. Child Protection Chairs completed 134 audits and IROs 109. The main themes arising from CP Chair and Independent Reviewing Officer (IRO) audits were that there was drift and delay in some cases, with CP plans not being effectively worked. In some cases IROs raised concerns about the misuse of Section 20.

The health economy has an audit schedule (informed by audit occurring within each provider organisation and **Bromley Clinical Commissioning Group**); this is reviewed and agreed within the BCCG Health Economy Safeguarding Forum. From 2016/17 one of the audits will be a theme across the whole health economy. The Forum will be auditing the views/experiences of children and young people from each service’s perspective. In 2015-16, BCCG undertook an audit regarding GP safeguarding arrangements (enhanced service feedback forms) and GP Academic Half Day questionnaire.

Youth Offending Service Managers audit case files on a regular basis to ensure staff are meeting the standards laid down by Her Majesty’s Inspectorate of Probation (HMIP). One of the themes of these audits is to ensure that the child or young person is protected. This includes checking that CSE has been considered in assessments; that the individual is considered in terms of vulnerabilities and learning styles; that YOS builds on links with early help such as the Bromley Children’s Project.

Bromley Healthcare (BHC) audits 2015-16:

- Practitioners perspective of supervision
- School Nurse engagement of children subject to Child Protection Plan
- Review of Initial Health Assessments for Looked after Children
- Multi-agency MASE referral review
- Multi-agency Domestic Abuse audit
- Audit of child protection medical reports

Following the child protection medical audit at BHC, amendments were made to the report proforma to ensure that the report documents who gave consent for the medical. Training of the community paediatric team has been provided to further improve the quality of reports.

Kings College Hospital (KCH) audits 2015-16:

- Safeguarding children training audit
- Early intervention audit
- Attendance of young people with mental health problems to the Princess Royal emergency department

At KCH NHS Trust, audits demonstrate that midwives are identifying when additional support is required to help patients. Staff are providing a wide range of interventions to support patients before their problems escalate.

Oxleas NHS Foundation Trust audits 2015-16:

- Adult Mental Health Young Carers Audit
- CAMHS (Child and Adolescent Mental Health Service) Child Protection Record Audit

Section 5 Priority Groups of Vulnerable Children

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 5.1 There is an increased awareness of emerging threats to children including (i) child sexual exploitation/missing/gangs, (ii) female genital mutilation and other harmful practices, (iii) radicalisation and appropriate strategies to address those threats

Focus for 2016/17

- 2.5 There is an assured and timely response to all children who go missing to address any safeguarding issues: evidence via data on children missing; evidence from return home interviews to improve knowledge of any common trends/patterns.
- 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 is identifying and responding to domestic abuse: reports on progress against multi-agency audit actions; evidence from practitioners' survey; improved links to Violence Against Women and Girls Forum.
- 5.2 Reduce the impact of domestic abuse (DA) on children and their caring adults: VAWG strategy embedded, reduction in admission to hospital due to self-harm

5.1 Child Sexual Exploitation (CSE)

In January 2015 an audit of 34 children and young people referred to the Multi-Agency Sexual Exploitation (MASE) panel was undertaken. Following referral into the Panel significant positive changes were identified in all cases audited, evidencing that the procedure can work effectively when risk cases, even at a low level, are identified and referred.

The recording of child sexual exploitation (CSE) on the Children's Social Care IT systems has undergone recent developments to introduce a flagging system. Flags can be added to a child's record for the duration of the period they are deemed to be at risk of CSE, and will appear in the 'Key Classifications' section on the front page of the child's file. This flagging system enables easy identification of any child at risk of CSE.

In 2014 the BSCB commissioned a series of training programmes delivered by specialist trainers from Barnardo's. Programmes cover a range of areas relating to CSE and are due to be recommissioned in April 2016. Additionally a Barnardo's worker is based within Children's Social Care to provide support to young people aged 10-21, professionals, parents and carers. A review of the support offered by Barnardo's evidences that the majority of young people worked with between 2014-15 have improved in enhanced parent/carer/adult - child relationships, recovery from sexual abuse/exploitation and reduced association with risky peers/adults.

Further to this the review highlights an emerging pattern of children and young people at risk of CSE through online grooming; particularly for those with a learning difficulty. To address this CSE training will be rolled out within schools, specifically targeting children with learning disabilities through the SENCO Forum. In addition three full day training events will be delivered to specifically target the issue across the Children's Social Care workforce.

The MASE Panel reviews significant developments taking place in existing cases of CSE, current trends and patterns, out of borough concerns, geographical hotspots and missing children. The MASE membership, terms of reference and interface with MAP (multi agency planning meetings) are currently being reviewed in order to improve its analysis of CSE episodes and links to missing children. The review aims to develop a more strategic overview and to ensure that resources are targeted appropriately. An updated CSE protocol will be launched in 2016 to ensure referral pathways are adhered to, and that professionals attending are sufficiently able to direct enquiries and actions identified within their organisation.

Bromley Clinical Commissioning Group (BCCG) and health partners are represented on the working parties which are developing the CSE strategic, protocol development and information sharing processes. CSE training has been delivered across the health economy mainly through single agency training tailored for the clinician's roles. Bromley GPs and GP Safeguarding Leads have received training and information on CSE. BCCG is working with health provider safeguarding leads to strengthen the information gathering and risk assessment process. During 2016/17 BCCG will be contributing to the NHS England pilot of a health CSE risk assessment tool to ensure consistency and shared thresholds across the health economy.

When Bromley Healthcare Services come into contact with a young people with risky behaviour, the practitioner asks about partners and sexual activity. Referrals into the MASE are made when appropriate. CSE is embedded into level 3 training. One of the MASH health visitors attends the MASE panel. Community paediatricians or the Named Nurse is involved in the strategy meetings for children that may have undergone CSE. The profile of sexually exploited children has been raised within the contraceptive service and referrals made when risks are identified.

Following the "Review of the pathway for children and young people following sexual assault in London", the Bromley Healthcare safeguarding team have endeavoured to improve services for children and young people that have been sexually assaulted in Bromley. We have contributed to the multiagency steering group for Southeast London, attended and supported with workshops and engagement events. Training and presentations have been provided to Children's Social Care, Bromley GPs, hospital paediatricians, and to the Children and Young People Work stream at the CCG about current concerns and development of services. Guidance on investigation of sexually transmitted infections in child sexual abuse medicals and use of the colposcope has been updated and the chain of evidence procedure has been reviewed to ensure that it is robust.

CSE/Missing children is a core part of the Borough Police's work and their contribution to this area can be found in Section 7.7.

5.2 Missing Children

Children over the age of 11 who have gone missing in the community are processed by the Multi-Agency Safeguarding Hub (MASH), with colleagues from the police and health service co-located with local authority staff at the Civic Centre. As of April 2016, the Family and Adolescent Support Team (FAST), located in Referral and Assessment, offer face to face return home interviews for every missing young person in the community, ensuring the same interviewer for individuals with multiple missing episodes wherever possible. FAST maintains and monitors a missing spreadsheet, indicating presenting issues, whether or not an interview was accepted and whether the episode progressed to further social care intervention. Where there are issues in accessing the child, the FAST team makes contact with early intervention services to identify ways of making contact. FAST shares data on children missing in the community with the Children Out of Mainstream Education (COOME) panel for open cases where they feel there may be an issue with education, and ensure a Social Work Assessment is opened for cases where potential safeguarding issues are identified.

The Children's Social Care (CSC) IT system has distinct functions for 'missing from care' and 'away from placement without authorisation' which enables a weekly report to be tracked by the Children Looked After (CLA) team. The CLA team also collates overnight notification from the Emergency Duty Team (EDT), detailing missing episodes. Return interviews for children missing from care are commissioned from an independent advocacy service, Baker and Joy. As a small company with two workers, positive relationships can be built with persistent absconders. The Group manager for CLA decides whether a return interview is required, dependent on frequency of episodes and whether they are missing or absent.

The Bromley Children Missing Education Policy and Procedure, reviewed in 2016, outlines safeguarding concerns that arise when a child is missing from education, roles and responsibilities of agencies and the processes that should be followed to reduce risk. The COOME Panel identifies children who are at risk of, or who are missing from, education and takes decisions to reduce the risk to those children likely to go missing in the future.

Missing children are referred to the monthly MASE panel for cross agency monitoring and information sharing, recognising the close link between missing and sexually exploited children. However, it is recognised that more work needs to be done to centralise lists of children with vulnerabilities relating to CSE, missing episodes or gang involvement and this will be a focus for 2016/17.

Health, through Bromley Clinical Commissioning Group, is working in partnership via the MASE to strengthen return home interviews and assessments ensuring there is appropriate health assessments included. The planned BSCB Vulnerable Children's Sub Group in April 2016 will look at Missing Children and will scrutinise whether return home interviews are carried out consistently and how information from interviews are used to prevent further missing episodes.

5.3 Female Genital Mutilation

In December 2015, the BSCB provided a multi-agency lunchtime briefing regarding the new mandatory reporting duty. In consultation across the partnership, the BSCB also developed a multi-agency FGM protocol for Bromley, incorporating the new mandatory reporting duty. This is a joint document with the Bromley Safeguarding Adult Board as it includes referral pathways for children, pregnant women and adult women who are not pregnant. The document was distributed widely and the BSCB requested that managers embed the protocol through training and supervision. The protocol also signposts to the on-line FGM training provided by the Home Office which was endorsed by partners.

Bromley Clinical Commissioning Group (BCCG) commissioning managers and contracts team are ensuring FGM pathways and mandatory reporting is included within service specifications. The head of safeguarding is a member of the NHS England pan-London FGM Steering group and uses the information from this group to inform the local FGM health agenda. BCCG Safeguarding Children Health Dataset includes indicators around numbers of FGM identified in children, young people and adult women and is reported to the BSCB.

Midwifery reports to health visitors if a client has had FGM. The midwife or health visitor refers a case into the MASH if concerns about the baby are identified before or following delivery. Any new case of an adult disclosing would be reported under the mandatory reporting process. FGM is embedded into every training package at Bromley Healthcare. The Community Paediatricians provide medical assessments for children that may have undergone FGM procedures. FGM has also been discussed with the Bladder and Bowel Service as they may identify cases.

Midwives at Kings College Hospital now carry out a risk assessment when women report FGM. Women who have medical or psychological issues following FGM are referred to gynaecology, psychological services or specialist voluntary agencies. Women who present with safeguarding concerns are referred to social care.

Within the Police Child Abuse Investigation Team (CAIT), each FGM case is given senior leadership team oversight at daily 'Grip and Pace' meetings with investigative actions set to ensure consistency. The Commands Continuous Improvement Team (C.I.T) has the Metropolitan Police lead on FGM under Project Azure and provide agency and police training to raise awareness. In addition south region is regularly involved in operational initiatives under Azure where police and border agency officials conduct interventions at selected London airports acting upon intelligence with the aim of identifying and preventing FGM.

5.4 Domestic Abuse

The BSCB continued to promote awareness of domestic abuse using it as the theme for its annual conference which was attended by over 100 partners. It was also the theme for one of the BSCB's multi-agency audits this year.

Bromley Clinical Commissioning Group (BCCG) Safeguarding Children Through Commissioning Policy, Procedures and Standards (2015) is embedded in all contracts and explicitly refers to the role of services and health professionals around domestic abuse. BCCG has contracted a GP to lead to support GP practices around the IRIS project - a service that supports training and practice of GP service staff when domestic abuse is suspected or identified. The Think Family approach is used which ensures frontline staff who are working with adults who are victims of domestic abuse also check whether they are parents or carers and consider the impact of the domestic abuse on children and young people.

BCCG Designated Professionals and provider named professionals are members of the multi-agency Domestic Abuse Forum and are contributing to the work across the borough and strategy. This includes: the Multi-agency Risk Assessment Conference and Multi-agency Public Protection Committee, who assess the level of risk and oversee the work from this across the health economy.

Health visitors ask every new client about domestic abuse and document and refer if needed. Bromley Healthcare embeds DA into every training package and it is discussed in all supervision cases. School nurses may also identify this at school drop-in and refer into Children Social Care. A MASH health visitor attends the Multi Agency Risk Assessment Conference (MARAC). A recent internal gap analysis has shown that asking the question about domestic abuse is embedded into children services but more work needs to be done in adult services.

Borough Police lead for investigation and prevention of Domestic Abuse. CAIT Police Community Liaison Officers (PCLOs) have overall management of children on a protection plan who are exposed to domestic abuse. The future design under Protecting Vulnerable People (PVP) is for child abuse investigation to be more locally delivered in partnership with borough Domestic Abuse investigation teams to focus on the links and intervention/prevention. Part of this is the pilot into CAIT referral desk and PCLO staff in borough MASH to work more closely together due to commence in July 2016 on south region.

Kings College Hospital Trust has appointed an independent domestic violence advocate to support patients at the Princess Royal; so far most of her referrals have been made by maternity services. She will be providing training for staff working in the emergency department and sexual health services about identifying young people who may be victims of domestic abuse as she is able to see children 16-18 years.

5.5 Neglect

Neglect continues to feature as the highest risk factor for children on a child protection plan. The roll out of the Signs of Safety model (see section 7.1), which started this year uses a whole system's approach to working with families to ensure that they are clear about actions and timescales. Since the BSCB multi agency audit in 2014, there have been a number of developments to respond to the needs of children at risk of neglect:

- BSCB Training programme recommissioned in April 2015 with 2 full-day courses on neglect, and other training courses amended to take into account neglect risks.
- Academic Half Day for GPs on neglect.
- 3 x Joint workshop involving CSC and community health workers with overarching theme of neglect run (November, March and June 2015) including faltering growth, failure to thrive.
- New programme in Bromley Children's Project for families where neglect is a concern (Caring for Your Child).
- Work with schools to reduce exclusions by improving understanding of effects of neglect etc.
- BSCB escalation process reviewed and publicised in order to promote opportunities for professional consultation, interagency review and decision-making in complex cases.
- New process for DNA (Did Not Attend) implemented with GPs. New codes on records introduced.

- Attendance at child protection conferences is now monitored through the Child Protection monitoring in Quality Assurance.

Health agencies have actively contributed to multi-agency audits around Neglect. The learning from this has been picked up through action plans and embedded into training and supervision. Areas identified for further development include early intervention, preventing drift of cases, confident challenge by health professionals at child protection meetings as appropriate and ensuring clarity around concerns and expected outcomes within referrals and risk assessments. This work is on-going and will be overseen within the Safeguarding Health Forum and Bromley Clinical Commissioning Group Safeguarding Executive Group.

Neglect is embedded in all training packages at Bromley Healthcare and discussed within 1:1 and group supervision. Practitioners are challenged if needed. The safeguarding team reviews the Child Protection list and reads case notes to ensure there is no drift of cases where children have been subject to a plan for over a year.

Neglect is one of the core investigations into child abuse with the CAIT. Police continue to seek to hold perpetrators to account for abuse of children through neglect and other forms of abuse (physical, sexual, emotional). All cases involving a child subjected to abuse or neglect who is a repeat victim on a protection plan are identified at daily senior leadership team meeting and actions set to ensure positive action taken to safeguard the child and bring the perpetrator to account. There is currently an initiative being undertaken in Bexley/Greenwich Boroughs owned by DCI south region whereby key partners of Education, Police and CSC lead on a parental agreement shared through school termly letters to raise awareness and reduce incidents of neglect or abuse of children. Outcomes will be monitored with a view to assessment regarding potential roll out across south region and the Metropolitan Police Service.

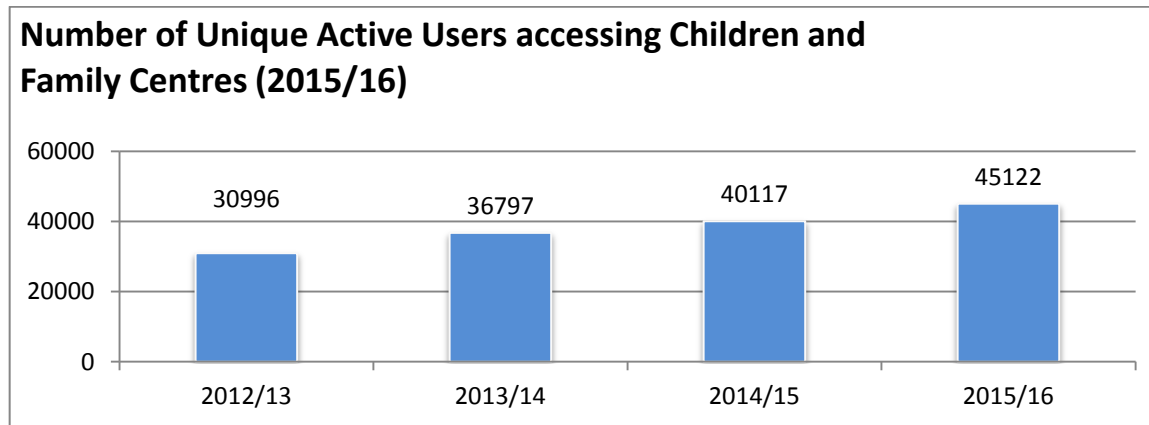
The BSCB will conduct a further multi agency neglect audit in 2016/17 and will focus on areas still requiring improvement such as the need for Child Protection Conferences to ensure that sustained improvement is evident in a case before stepping it down to Child In Need and for neglect cases to be monitored to prevent drift.

Section 6 How Safe Are Our Children?

6.1 Performance Data

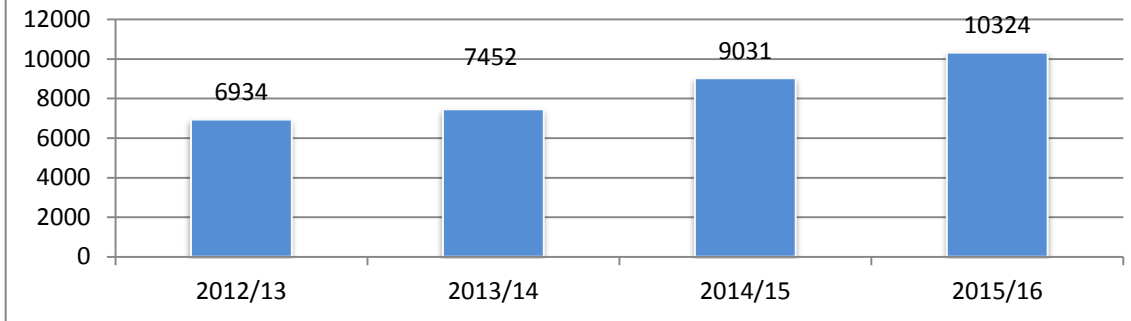
Early Intervention and Family Support

Children and Family Centre Data



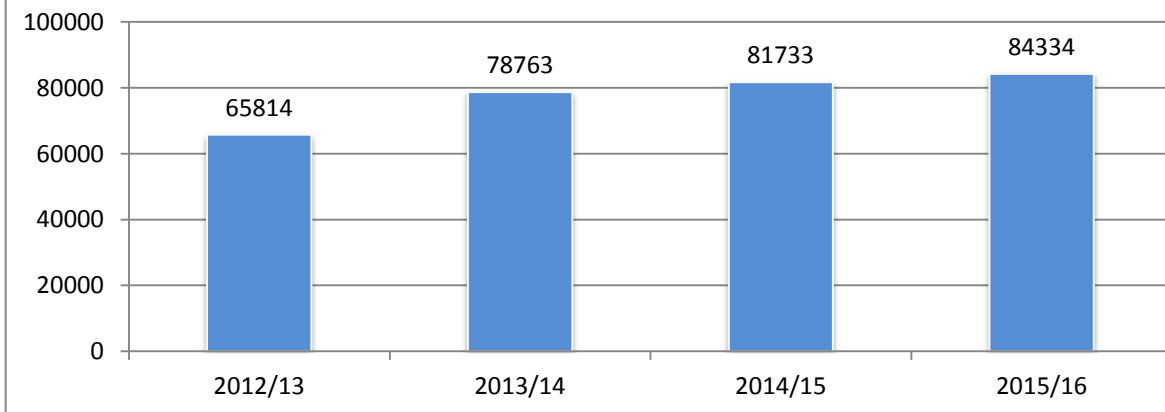
This is the count of an individual once during the period reported, regardless of the number of visits made by that individual. This data shows that the Children and Family Centres are well used and reaching increasing numbers of residents. The trend shows that since the Bromley Children Project took over the management of the Children and Family Centres in 2011/12 usage has dramatically increased.

Number of unique registrations at Children and Family Centres (2015/16)



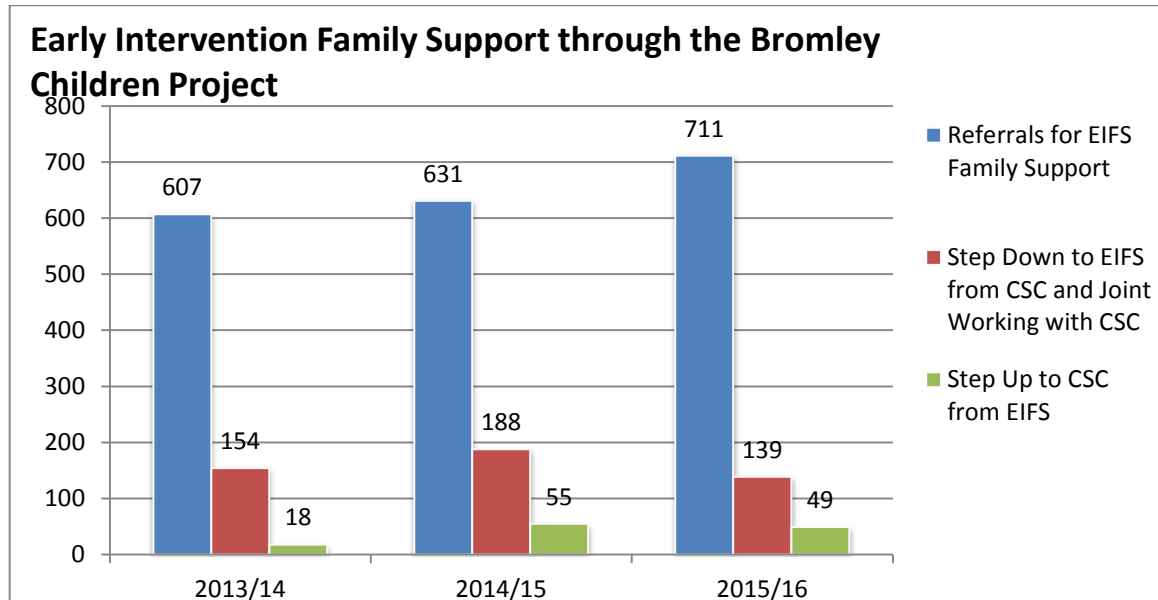
When you register in Bromley to access services in the Children and Family Centres, you register once, but can then access any of the six Children and Family Centre sites. Each member of the family accessing services in the Children and Family Centres must register once. This data shows that increasing numbers of service users are accessing the Children and Family Centres in Bromley, year on year. As the time period shown is less than seven years, these are all individual unique users.

Number of visits to the Children and Family Centres during 2015/16



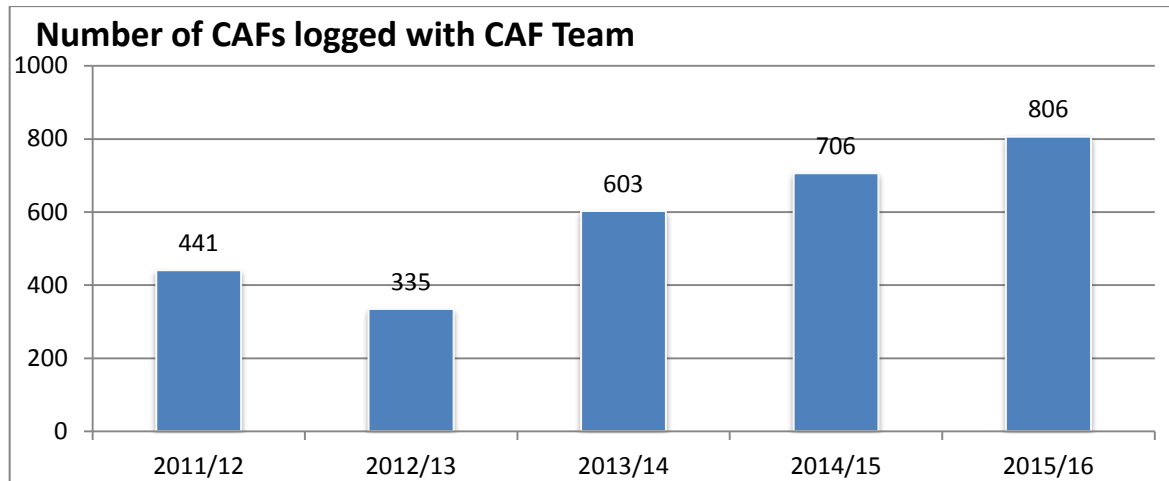
The number of visits to the Children and Family Centre (also known as ‘footfall’) shows the number of times someone accessed the Children and Family Centre support. This does not include staff undertaking outreach activities, whether in the community or telephone/text/email contact. This data shows that the Children and Family Centres are well used and the usage is increasing year on year.

Early Intervention Family Support Data

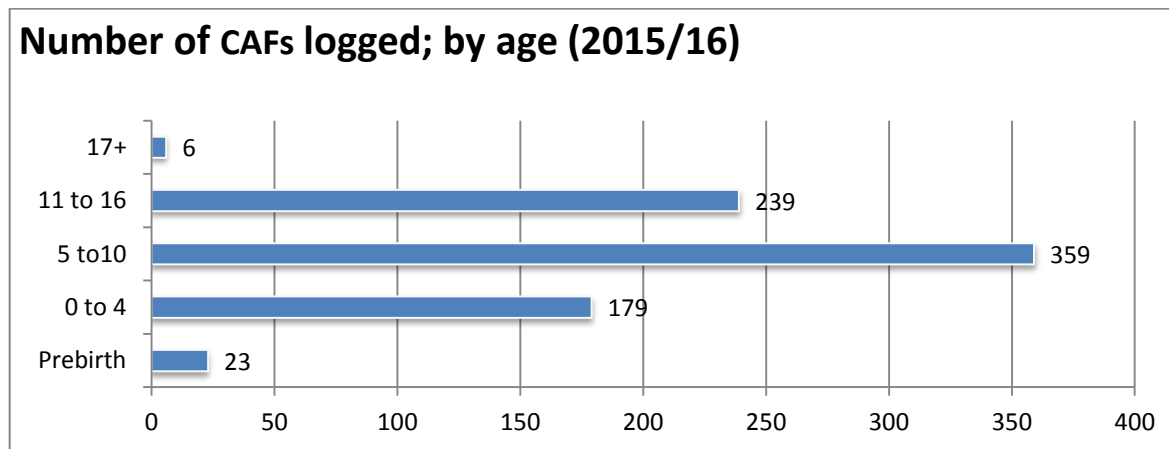


- The number of families referred into the Bromley Children Project for early intervention family support has grown year on year.
- All families referred in for early intervention family support are assessed and the vast majority meet the criteria for Tackling Troubled Families (Phase 2).
- The number of families stepped down from Children’s Social Services (CSC) reduced in 2015/6, at the same time the number of families referred directly to EIFS increased and the number of cases stepped up to CSC reduced suggesting recognition of EIFS as a viable alternative to CSC for referrers.

Common Assessment Framework (CAF) Team Data

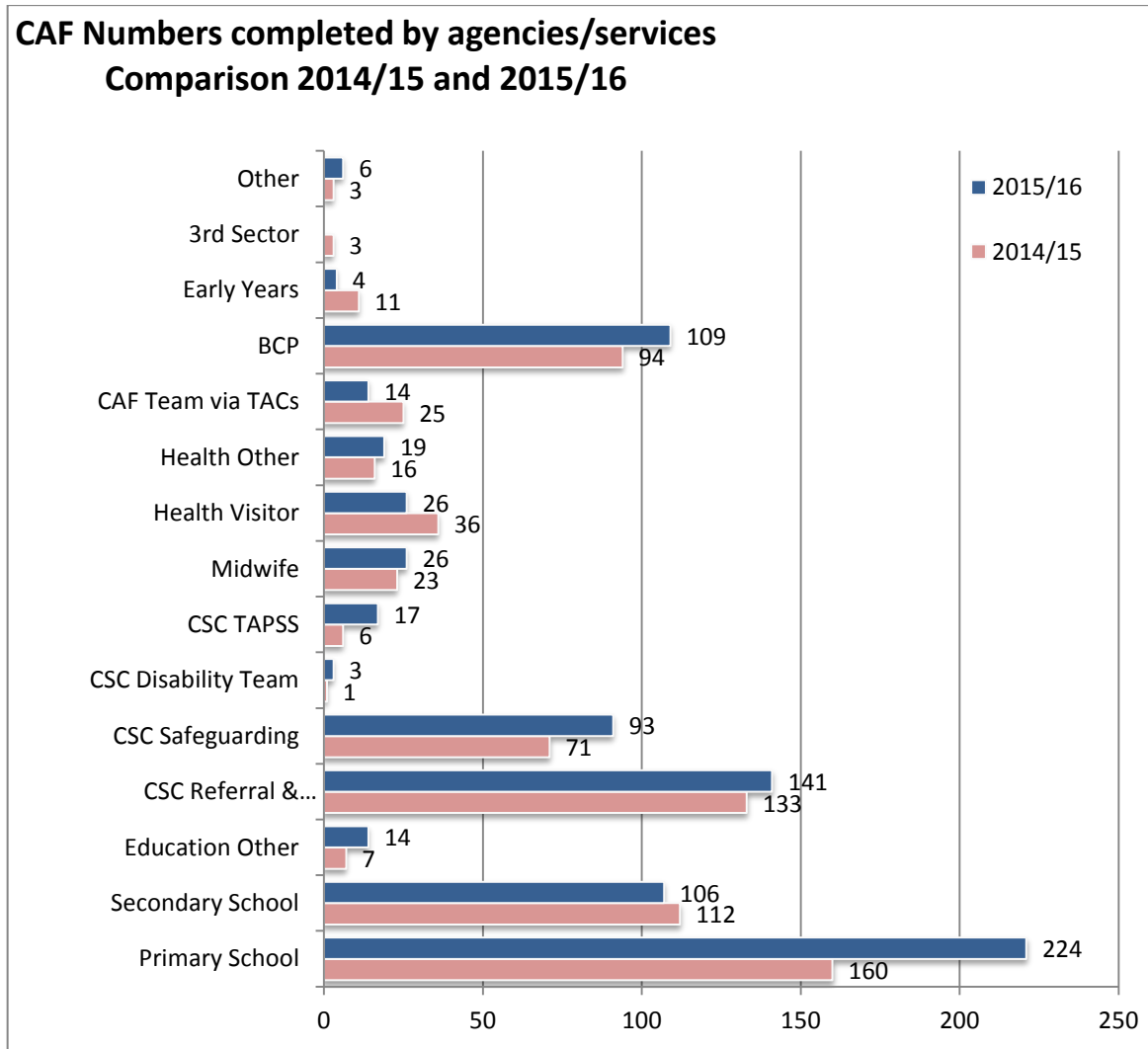


- The number of CAFs logged with the CAF Team continues to grow year on year suggesting both families and professionals are becoming more familiar with the CAF process and can see the benefits.

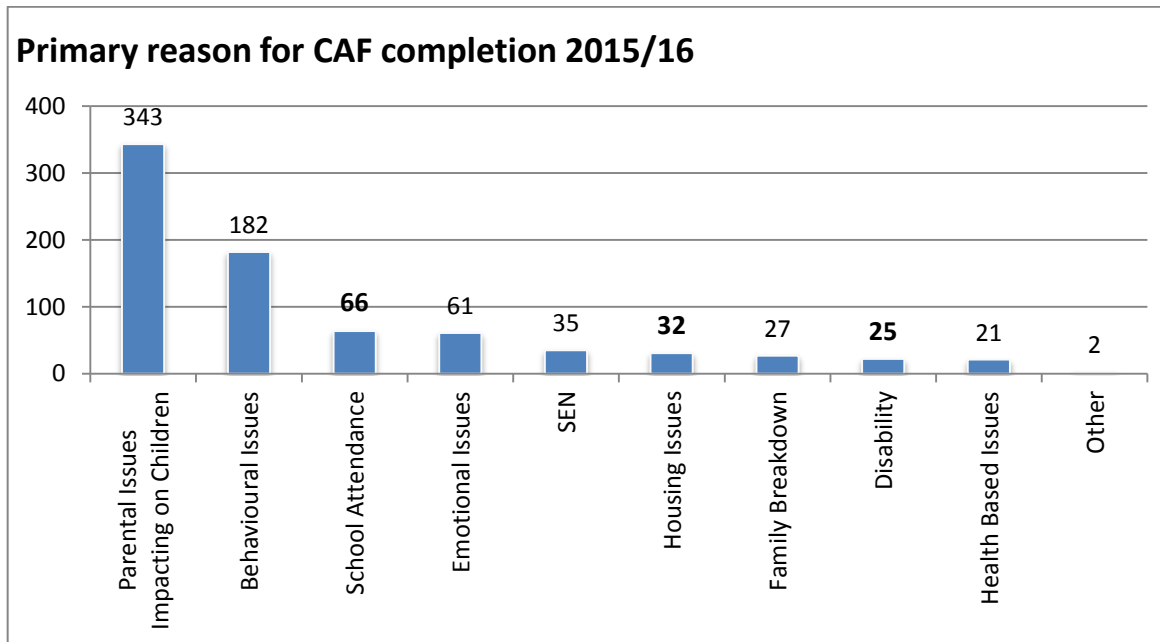


- The number of CAFs logged for children of statutory school age far outweighs those for all other areas.

- The low number of CAF for children aged 4 and under is concerning and reflects low numbers from both early years providers and health professionals; this will be a focus for 2016/17.



- Generally speaking most agencies show an increase in the number of CAF logged with the CAF team.
- For the third year running the number of CAF logged by Health Visitors has decreased and are now at an all-time low of 26 (36 in previous year)
- All health areas are low; Midwifery only logged 26 CAFs but this was an increase on the previous year (23).
- Early Years settings have also shown a decrease in CAF logged, with only 4 compared to 11 in previous year.
- The CAF team focus for 2016/17 will be agencies working with children aged 0-5, with particular focus on Health Visitors, Midwifery, and Early Years Settings.



- The majority of CAF show the primary reason for the CAF to be related to parental issues impacting on the child, rather than issues for the child.
- Behavioural issues are often (not always) related to parenting capacity both knowledge and skills, and therefore also are parental issues.
- Often it will be health colleagues who will see the majority of parents who are struggling first, whether a GP prescribing medication (e.g. for emotional wellbeing /mental health related conditions) or a Midwife or Health Visitor completing mandatory checks, yet the number of CAFs logged by these partners remain extremely low. This will be a focus for 2016/17.

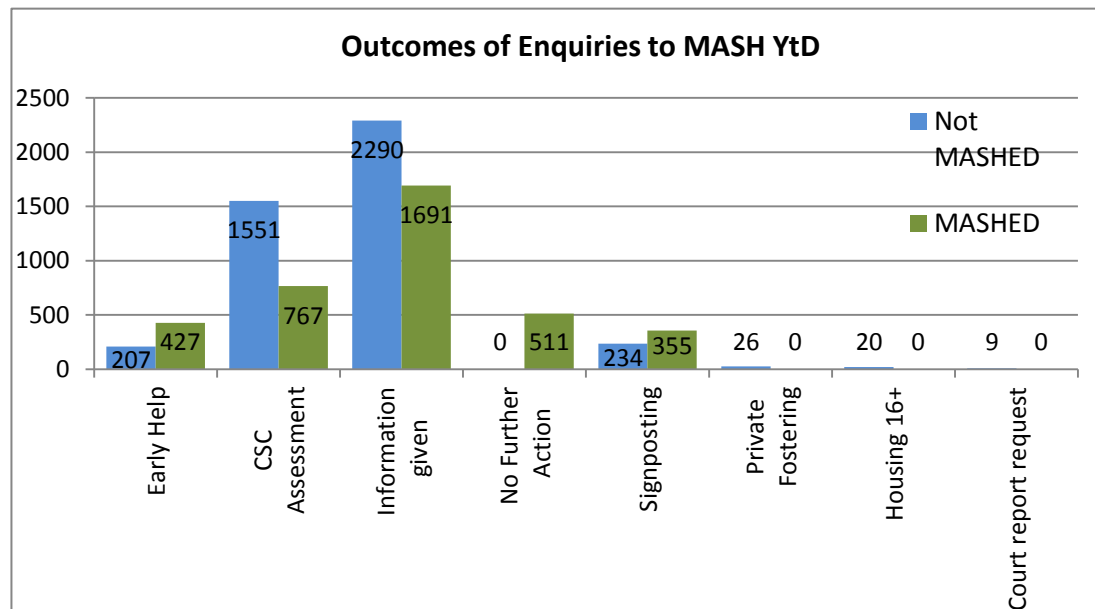
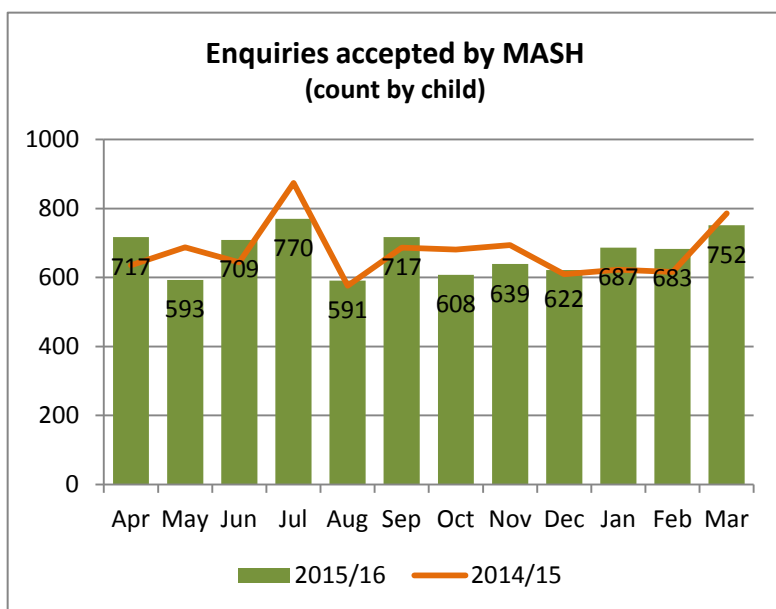
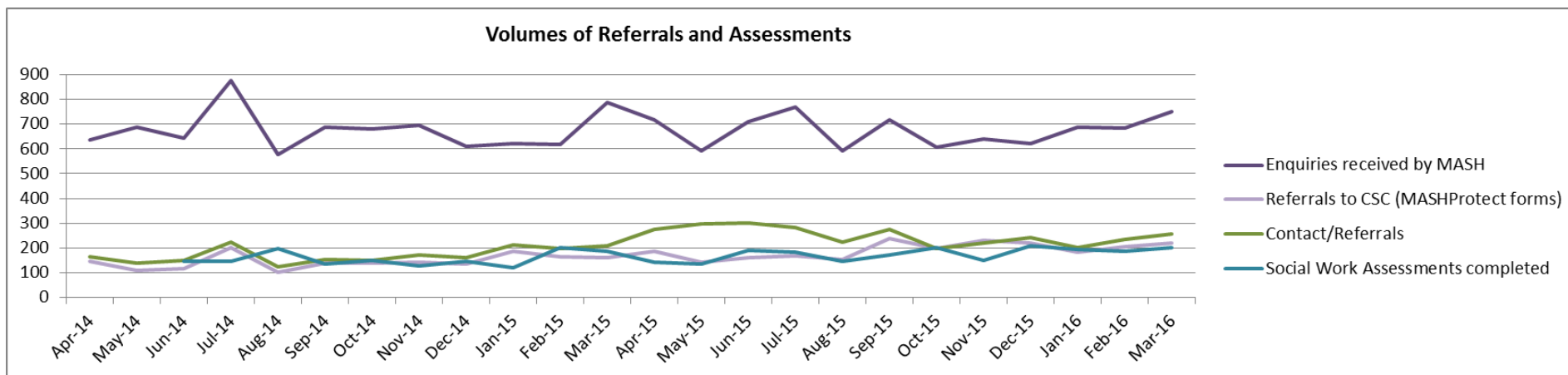
Performance Patterns in Child Protection

MASH and Referral Assessment Activity

In 2015-16 8088 enquiries were received and accepted by Bromley Multi-Agency Safeguarding Hub (MASH), our front door. This is marginally lower than the 8115 enquiries received and accepted the previous year. Of these, 28.5% were referred on to Children Social Care compared to 21.5% in 2014/15. This increase in referrals to Social Care follows the MASH audit (August 2015) and extra management capacity and additional actions subsequently put in place. The majority of enquiries to the MASH (front door) team result in information being given. The table on page 43 shows the outcomes of all enquiries in 2015-16.

17% of referrals received in 2015-16 had been previously referred within the last 12 months. This is a decrease of 1.4% from the previous year but higher than the 2013/14 level.

Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year to Date 2015/16
Contacts and Referrals																
Number of enquiries received and accepted by MASH	In Month	Guardian began March 2014	8115	717	593	709	770	591	717	608	639	622	687	683	752	8088
Number of referrals to Children's Social Care Service (CSC)	In Month		1747	188	142	160	167	154	237	198	230	218	184	206	221	2305
% Enquiries to MASH passed to CSC	In Month		21.5%	26%	24%	23%	22%	26%	33%	33%	36%	35%	27%	30%	29%	28.5%
Number of Contact/Referrals	In Month	2138	2049	274	296	302	281	223	276	196	219	240	201	235	255	2998
% Referrals received within 12 months of a previous referral	YtD	13.5%	18.4%	14%	16%	16%	18%	19%	19%	19%	18%	18%	18%	18%	17%	17.0%



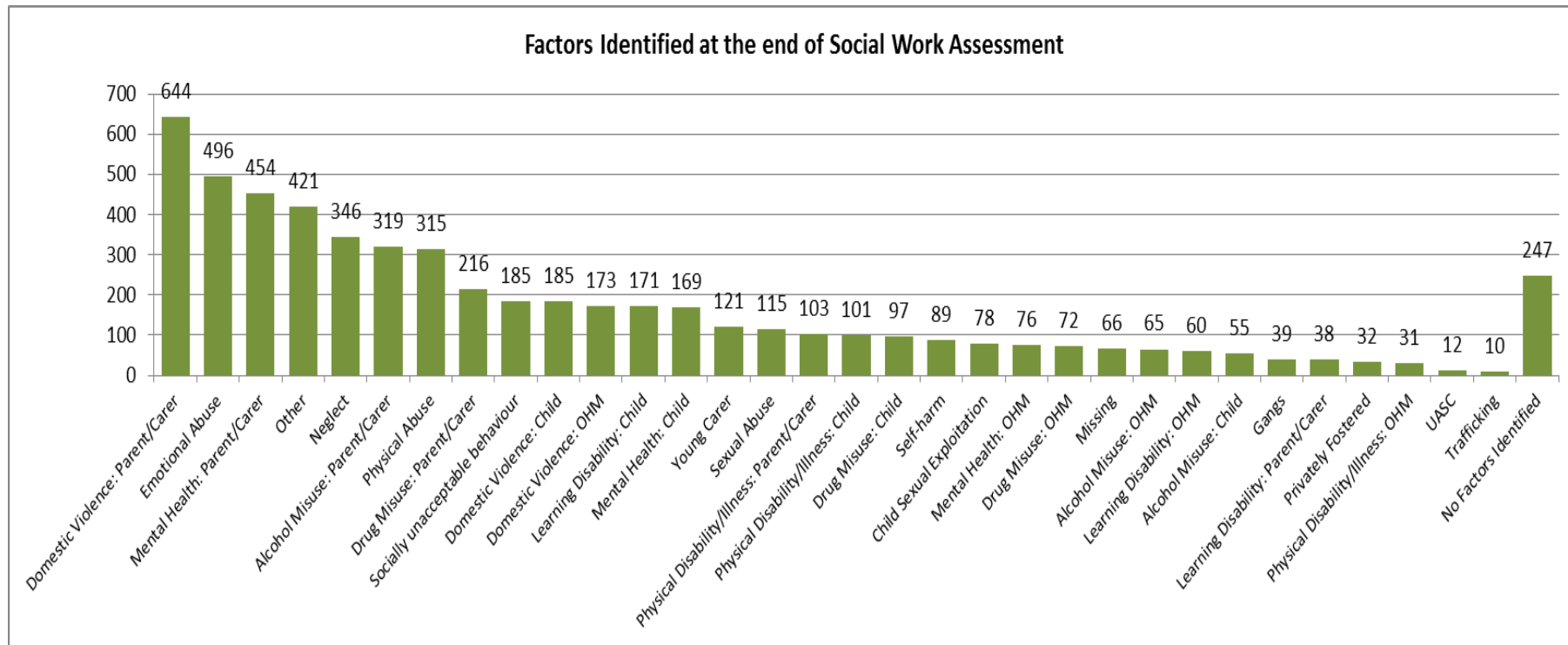
52% of enquiries to MASH originated from the Police in 2015-16, 17% from health agencies and 11% were from schools. The remaining referrals

were from other Local Authority services, housing associations, early years settings, legal agencies, education services or individuals (self, family members, friends, neighbours, anonymous).

Social Work Assessments

2,109 Social Work Assessments were completed in 2015-16. Of these, 80% were completed within the 45 day timescale.

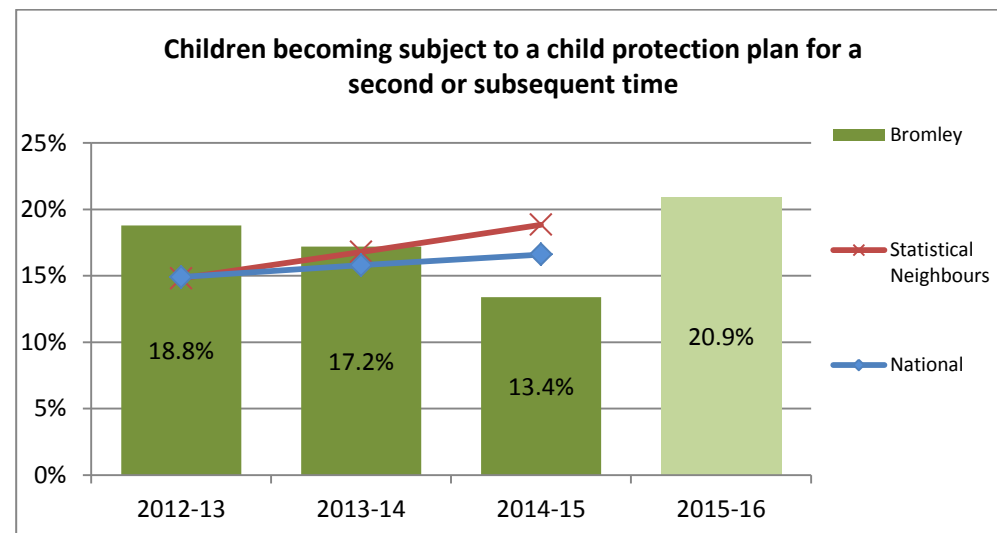
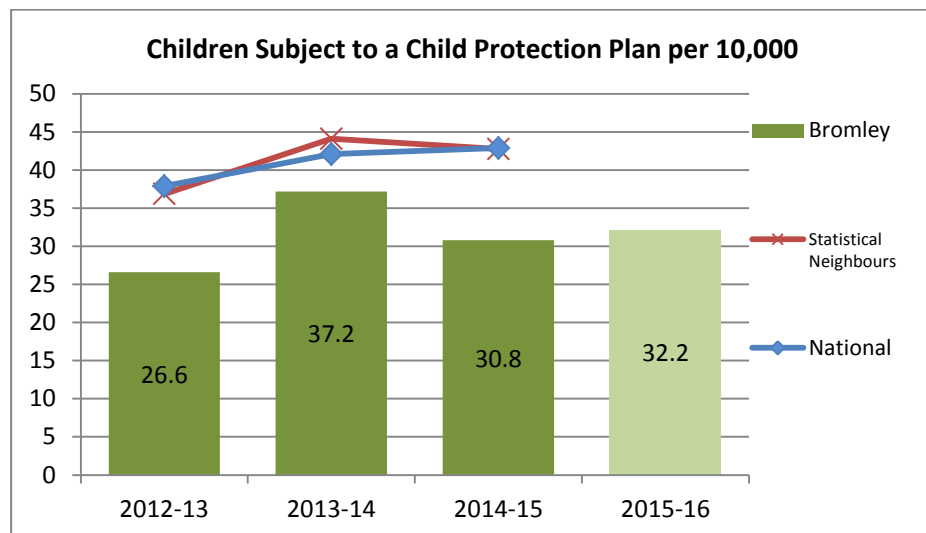
Each Social Work Assessment identifies one or more factors present within the family. The commonest factor continues to be domestic violence. The other elements of the toxic trio (parental substance misuse, parental poor mental health) as well as emotional abuse and neglect remain the next commonest factors in 2015/16.



Child Protection Plans

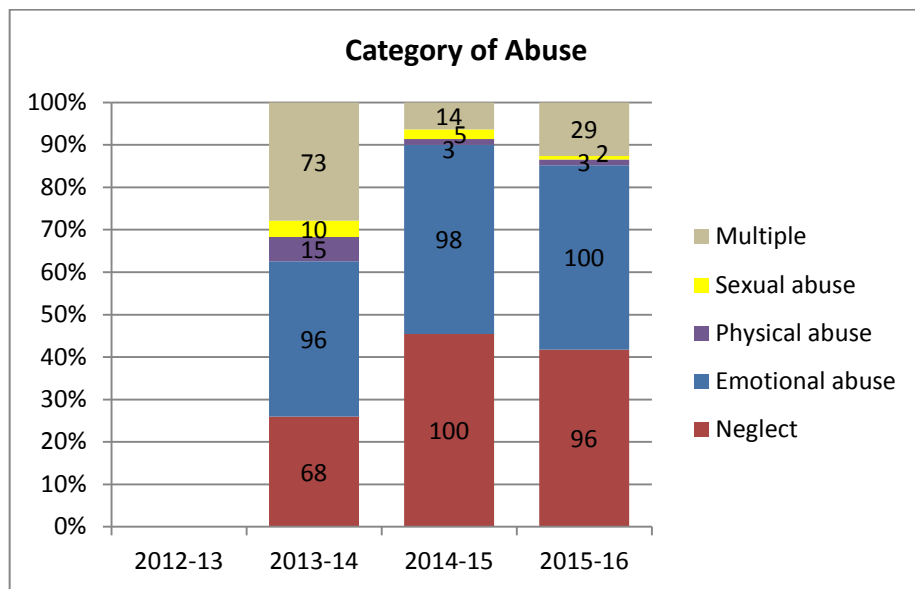
Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year to Date 2015/16
Child Protection																
Children becoming subject to a CPP	In Month	296	246	12	8	30	29	9	27	26	23	13	34	16	17	244
Children currently subject to a CPP	Snapshot	262	220	212	215	219	218	219	215	213	227	221	232	229	230	230
Children currently subject to a CPP with a disability	Snapshot	7	5	5	6	6	5	5	6	6	6	7	7	6	8	8
Children currently subject to a CPP and also looked after	Snapshot	6	7	8	6	6	5	7	3	3	9	11	15	12	18	18
Children becoming subject to a CPP for a second or subsequent time	YtD	51	33	5	5	7	13	15	23	29	31	32	35	41	51	51
		17%	13%	42%	25%	14%	16%	17%	20%	21%	19%	18%	17%	18%	21%	20.9%

The rate of children subject to a Child Protection Plan (CPP) in 2015-16 per 10,000 population remains lower than the national average and that of Bromley's statistical neighbours, however there was an increase compared to the previous year and this is forecast to increase further in 2016-17.



The increase in children becoming subject to a CPP for a second or subsequent time was challenged by the QAPM Sub Group. LBB Children’s Social Care Quality Improvement Team have audited these cases twice and assured the Board that there were no critical factors although as a result they now have more robust plans. The high numbers in 2015-16 were due to some very large sibling groups. In all but two cases, the re-registrations occurred more than 1000 days after the first registration. Some families had moved out of the borough, then back in. Given that past audits had shown that ‘de-planning’ families was sometimes too optimistic, the Principle Social Worker reviewed all children who Social Work Managers recommend cease to be on a CPP.

The reasons children and young people were subject to a Child Protection Plan remain similar to the last two years although emotional abuse is now the commonest category of abuse, as it was in 2013-14. Neglect remains a prevalent category of abuse in Bromley. The 2016 multi-agency audit programme will analyse neglect cases.



Children Looked After

286 children were looked after at the end of 2015-16. This is an increase from 264 last year but remains below the national average and that of our statistical neighbours. Research evidence suggests 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.

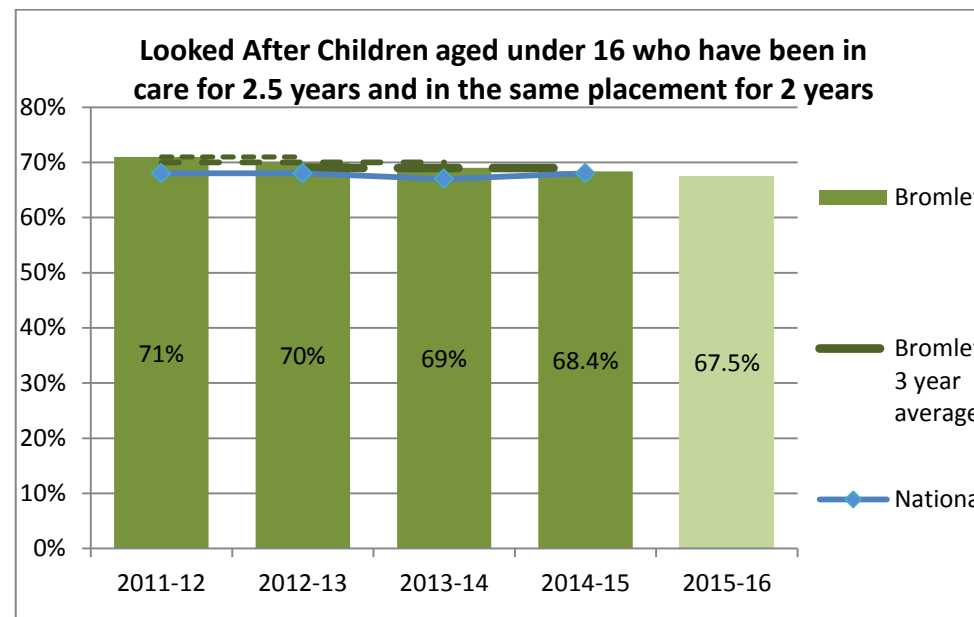
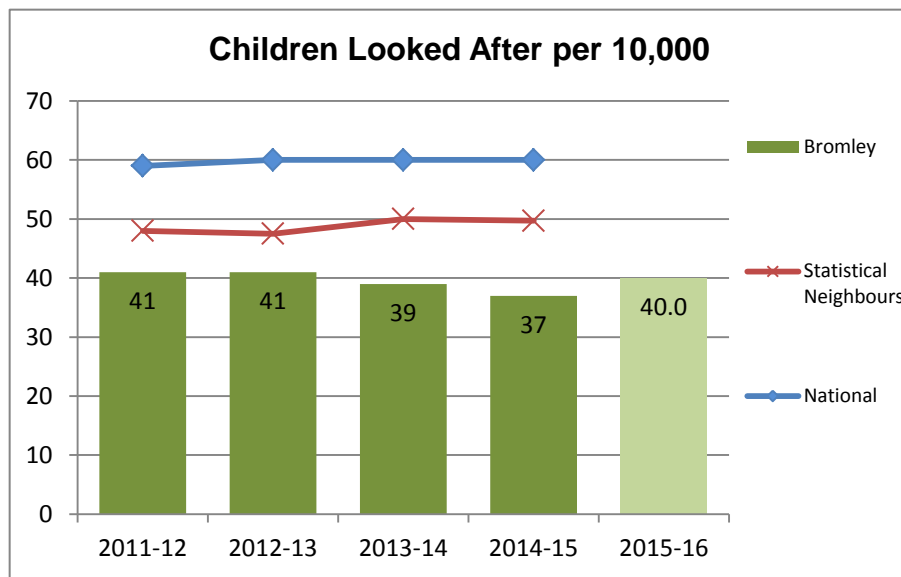
For all but a very small cohort, the most appropriate placement is with foster carers. As at 31 March 2016 68.5% of our children looked after were placed with foster carers, 14% of children looked after were in residential placements, 10.1% were independent living, 1% were placed with their parents and 6.3% were placed for adoption. Whilst the percentage of children placed with our in-house foster carers and in residential accommodation is similar to last year, the number of children placed with connected persons (relative or friend) has increased and the number placed with IFA foster carers has declined.

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 was 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. IFA placements have reduced from 16.2% to 10.1%. Bromley is pleased that the

Fostering Team has a very stable staff group, which allows for a good continuity of support. The QAPM Sub Group challenged LBB Children's Social Care over placements this year and the DCS presented more information. In 2016-17 there will be scrutiny of the quality of these placements.

Placement stability rates (3 or more placement in last year) are similar to last year and are continuing the positive trend seen since 2011. This is in line with the national trend. Long term stability (CLA more than 2.5 years) is stable and in line with national and statistical neighbours. Looked after children placed more than 20 miles from Bromley remains high at 19.9%, compared to the national average, and has been so for several years.

Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year to Date 2015/16
Private Fostering																
Children subject to Private Fostering arrangements	Snapshot	8	6	11	10	7	4	5	6	7	8	7	8	9	9	9
Children Looked After																
Children currently looked after by LBB	Snapshot	272	264	264	276	274	279	280	275	281	282	282	281	281	286	286
Children becoming looked after (instances)	In Month	169	137	6	24	17	15	9	9	12	19	9	14	8	19	161
Children ceasing to be looked after (instances)	In Month	188	159	10	11	14	17	6	13	14	13	11	13	4	15	141
Unaccompanied Asylum Seeking Children	Snapshot	11	15	16	17	17	16	11	13	13	13	13	17	16	20	20
Children Looked After Placements																
Short term placement stability: % children who have been in 3 or more placements this year	YtD		28	2	3	5	7	8	15	15	17	20	22	22	30	30
		12%	11%	0.8%	1.1%	1.8%	2.5%	2.9%	5.5%	5.3%	6.0%	7.1%	7.8%	7.8%	10.5%	10.5%
Long term placement stability: children under 16 years old who have been looked after for at least 2.5 years and have been in the same placement for at least 2 years	Snapshot	69%	68%	72%	68%	69%	67%	65%	64%	65%	68%	68%	70%	66%	68%	67.5%
Children placed outside of Bromley and more than 20 miles from where they used to live (excluding placed for adoption)	Snapshot	20%	21%	18%	18%	18%	16%	15%	16%	-	20%	20%	19%	20%	20%	19.9%



Missing from Care

Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year to Date 2015/16
CLA currently Missing from care	Snapshot	New for 2014/15	2					3	4	3	2	1	3	1	0	0
CLA currently Away from their placement without authorisation	Snapshot		1					4	4	6	3	4	4	3	0	0
Referrals to MASE	In Month			6	3	4	6	3	4	5	2	9	9	4	10	65

The Children's Social Care record 'missing from care' and 'away from placement without authorisation' as separate categories on their IT casework system. A weekly report is tracked by the Children Looked After (CLA) team. The CLA team also collates overnight notification from the Emergency Duty Team (EDT), detailing missing episodes. Return interviews for children missing from care are commissioned from an independent advocacy service, Baker and Joy. See section 5.2 for further information about the broader 'missing' population and work undertaken.

Care leavers

Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Year to Date 2015/16	Nat Ave 14/15
Care Leavers in Touch	Birthday In Month			85%	76%	82%	76%	69%	90%	88%	93%	84%	86%	86%	86%	84.1%	
Care Leavers in Suitable accommodation		83%	75%	77%	65%	82%	76%	54%	80%	81%	93%	76%	79%	50%	64%	73.4%	81%
Care Leavers in Education, Employment or Training		46%	48%	31%	41%	41%	48%	38%	40%	50%	73%	40%	64%	29%	32%	45.8%	48%

The QAPM Sub Group challenged outcomes for care leavers and awaits a full report from Children's Social Care in the 2016-17 year.

Adoption and fostering

Indicator	Accumulation of data	Bromley 2013/14	Bromley 2014/15	Year to 2015/16
Adoption				
Children (newly) placed for adoption	In Month	18	22	18
Children Waiting to be placed (panel decision for adoption but not yet placed)	Snapshot	20	12	15
This Days between child entering care and moving in with adoptive family (3 year average)	3YtD	641	659	685.9
Days between LA receiving court authority to place a child and matching with adoptive family (single year)	YtD	264	290	212.3

The average number of days between a child entering care and moving in with an adoptive family was significantly increased by a single case whereby a teenager was adopted following a long term foster placement. However, even when allowing for this case, the average number of days was still above the target and above the national average. There has been an improvement in the number of days the LA takes to match following court authority to place a child following a high number in the last few years although this is still longer than the national threshold for average time.

There were 97 mainstream foster carer households as of end March 2016, 12 respite foster carer households, 14 connected persons households (fully approved) equalling 123 fostering households in total. This is a decrease from 134 at the end of March 2015.

Education performance of Children in Care

Virtual School

GCSE outcomes for Bromley's children looked after (CLA) in academic year 2014/15 were the best since reporting began. The small cohort size means that this data will be suppressed in national reporting, however, the figure of 26% of LAC leaving year 11 with five or more GCSEs at grade A*-C including English and Maths will place Bromley within the top 10% of all authorities in England this year. This outcome also compares favourably with geographical neighbours. 37% of the reporting cohort has identified special educational needs, with 5 young people having a Statement of Special Educational Needs (SEN). This equates to 26% of the cohort having a Statement of SEN against a national figure of 2.8%.

The attendance of most Bromley CLA is very good and is the same as all other Bromley children. Some children have been poor attenders or not attending at all when they come into care and some find regular school attendance very hard when their families or placements are disrupted or they have other social, emotional or mental health issues, especially during adolescence. The Virtual School will put additional resources in place for these students, in the form of 1:1 tuition (either face to face or online) or alternative provision in an assessment centre or alternative education centre or work experience. Attendance at this provision is closely monitored and young people are visited frequently but, despite all offers of support, some young people continue to refuse to engage and attend. Persistent absence (less than 85% attendance) is falling year on year, however and is in line with absence in similar authorities. 7.2% of CLA, representing 9 students dropped below 85% attendance in 2014/15.

There have been no permanent exclusions of Bromley CLA since 2008. During academic year 2014/15, fixed term exclusions for Bromley looked after children reduced significantly, to the lowest number of days of fixed term exclusions since reporting began and resuming the downward trend after last year's spike.

6.2 Child Deaths

The number of deaths of children in Bromley during 2015-16 was 17. The Child Death Overview Panel (CDOP) continues to analyse the information for each child and report its findings to the BSCB Board. In 2015-16 there were two routine CDOP meetings. The remaining 8 deaths from 2014-15 and 7 of the deaths in 2015-16 were discussed in those meetings.

There were five unexpected deaths in 2015-16 and twelve expected deaths. More than half of all the deaths (10 deaths) were to neonates in their first month of life, and 15 out of the 17 deaths were in the first year of life. All but four of these fifteen deaths were expected. Guidance indicates that if

the baby shows any sign of life then it is classified as a neonatal death rather than a stillbirth. A neonatologist from the Princess Royal University Hospital now attends all CDOP meetings.

6.3 Allegations Against Professionals

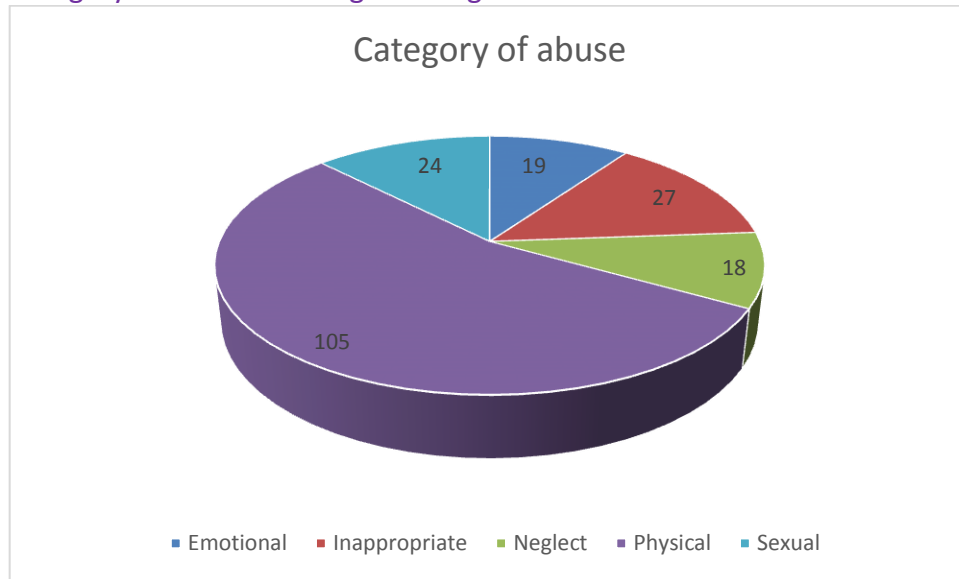
There are occasions when a child protection allegation is made against a professional working with children within the borough. These allegations are reported to the Local Authority Designated Officer (LADO) who ensures that any allegations are investigated promptly and appropriately. The LADO ensures that a record is kept of how the allegation was followed up, the decisions reached, the action taken and the final outcome.

From the 1st April 2015 to 31st March 2016 a total of 193 allegations were reported to the local authority, compared to 111 allegations in 2014-15. This is a significant 73.87% increase in the number of referrals received. Reasons for this increase are: embedding of the IT application on CareFirst for recording allegations; delivery of regular multi-agency Allegation Management Briefings offered as part of the BSCB comprehensive training programme, along with single agency training; a drive to raise awareness of allegation management procedures by reviewing, updating and disseminating the local Managing Allegations Procedures and one page quick guide.

The sector generating the highest number of referrals was Education. There were 83 allegations from Education which is 43% of all the allegation referrals. This is in line with the previous 2 years in Bromley and also in line with national statistics. Early Years and Health generated the next highest number of referrals. There were 27 (13.9%) referrals relating to professionals working in Early Years settings. Of these 2 were allegations relating to registered childminders and the remaining 25 were relating to nursery and pre-school settings. The number of allegations received for Health professionals is 26 (13.4%) a slightly lower percentage than the previous year but still considerably higher than 2 years ago. However given the number of Health professionals working across the borough in hospitals, medical centres, drop in clinics, surgeries and even schools it is felt that the number of referrals remains disproportionately low.

Uniformed organisations such as the Scouts, Boys Brigade and the Cadets have generated 6 referrals this year. The LADO has seen a considerable improvement in the way these organisations have put safeguarding on their agendas, developing safeguarding policies and procedures and seeking to recognise and take appropriate action in response to safeguarding concerns.

Category of Abuse for Allegations against Professionals 2015-16



The pie chart above shows the local authority received 105 allegations of physical abuse which is more than half of all referrals received. Whilst in many of these cases there was a context of physical restraint or physical handling, there were also allegations made by children that they were hit or struck by professionals that work with children and young people. These alleged incidents occurred either in a domestic setting, in their personal lives or where the adult concerned was working in a professional capacity.

Of the 193 referrals made to the LADO 112 (58%) resulted in strategy meetings. The increase in the number of strategy meetings is commensurate to the overall increase in the number of referrals received. When a strategy meeting has been agreed, the matter is referred to the police if the concerns indicate a crime may have been committed.

A total of 47 (24.4%) referrals were investigated by the police. The level of investigation varied from police checks and initial information gathering then no further action, to full scale investigations lasting several months and resulting in cases being tried in court. The police investigations have resulted in 2 perpetrators receiving custodial sentences, 1 perpetrator receiving a non-custodial sentence and 2 perpetrators receiving a Police Caution. The referrals that did not result in a strategy meeting were referred back to the employers for internal management action. This may include a disciplinary management investigation leading to a formal warning or standard setting, training, mentoring or repositioning. If the concerns are referred back to the employer for action the case remains open until the LADO receives confirmation the investigation has reached a conclusion.

6.4 Private Fostering

BSCB Business Plan 2015-18 Priorities

Focus for 2016-17:

- 2.6 High quality information on the number of children being privately fostered is presented to and scrutinised by Board. Agencies are able to report their health, education and care needs are being met.

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 (LA) 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 authority's policies and procedures. Statutory visits were completed within the timescale except for one of the foreign language students who was 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. The BSCB Business Manager is a member of this project group.

Private fostering notifications have increased in Bromley during the period of April 2015 to March 2016. Between these dates there were 20 new notifications. This was due to an increase in non-language school notifications which also including an increase in notifications of Black Minority Ethnic children. This is a significant increase in private fostering notifications compared to previous years where we received no non-language school notifications. Of the 20 notifications, only 11 were from the language school.

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

Section 7: Single Agency Annual Reports on Safeguarding

7.1 Children's Social Care

BSCB Business Plan 2015-18 Priorities

Achievements:

- ✓ 2.1 The Board is confident that families have easy access to appropriate support at an early stage before needs become more profound: annual presentation to board for scrutiny and challenge in December 2015, CAF performance measures monitored by QAPM sub group, CAF training uptake monitored.

Focus for 2016-17:

- 2.1 Practitioners are able and confident to address reluctance of some families with needs to engage with services: evidenced by practitioners survey. Early help to include special educational needs/disability (SEND) services and health visitors as they align closer to Children and Families Centres: QAPM performance report to receive Early Intervention Analyst input.
- 4.3 and 4.4 A confident and skilled workforce in identifying and responding to child abuse, domestic abuse and neglect.

Children's Social Care - What have we done?

Signs of Safety Model (SoS) Roll Out

This year was the first year of a three year roll out programme of the Signs of Safety model by Bromley Children's Social Services. Signs of Safety is a 'strength-based, solution focused' approach to working with families and professionals (health visitors, social workers, teachers), working together to make a more effective plan to keep children safe and well. It puts children, young people and their parents at the heart of the work. It is a way of making sure everyone involved in a child's life has the same understanding of the strengths and the worries, and agrees the goals need to be reached within a clear timeframe. Practice leads have been trained and the rollout will continue. An evaluation of the first year of implementation is due in April 2016.

Early Interventions and Family Support (EIFS)

EIFS was created in September 2015 and is now comprised of Bromley Children Project, which includes Children and Family Centres and Family Support and Parenting Service and Tackling Troubled Families workers, the Information Advice and Support Service (formerly known as Bromley Parent Partnership & CHOICE Service), Common Assessment Framework, Contact Centres and the Tackling Troubled Families coordination team.

Children and Family Centres:

- Two of the four area Health Visitor Teams are now office-based in two of the six Children and Family Centres, resulting in improved communication and stronger partnership working.

- Birth Registrations can now be completed at two Children and Family Centres in addition to the Civic Centre. Feedback from new parents has been very positive, and this has helped to reach new parents more quickly.
- Midwifery Parent Education Classes on Saturdays are now well established in five of the six Children and Family Centres. Attendance is good with over 1000 new parents attending one of these sessions this year.
- The offer of evidence based Parenting Programmes has been extended and sessions are now available during the year in evening and weekend timeslots to support parents who are working during the week.
- The '*Children's Group Work Programme*' is a domestic violence and abuse programme for children who have witnessed domestic abuse against their mother. Attendee feedback has been very good, with observed improvements in the children's behaviour and greater understanding by the mothers of the impact of their children witnessing the abusive behaviour.
- We have now created in all six Children and Family Centres a 'sensory' space for use by both families and professionals working with children with additional needs.
- Provision of Public Access PCs at all Children and Family Centres has been completed, including Housing Options and Job Centre Plus sites.
- Joint working with colleagues in Public Health and Bromley Healthcare's Health Improvement Service has resulted in a range of health promotion pilots and programmes such as Live Well and Diabetes Support.
- Delivery of free MAST training (Mental Health Awareness in Safeguarding Training) for all professionals working with young people in Bromley, promoting the safety of young people in London by making it easier for practitioners to identify and support when there are signs of mental health issues or emotional trauma.
- The development of a 'drop-in' at all Children and Family Centres for families unsure how to access support has been successful. This was accessed by parents who wanted to self-refer to formal family support as well as parents who just needed to talk to someone.

Family Support and Parenting:

- All staff have been trained in the Signs of Safety model; it works very well for early intervention as the language used with families is very accessible.
- Staff are also being trained in direct-work tools for engaging children and young people as well as their wider family members.
- A working group of frontline staff was created to review, redesign and implement Signs of Safety into Family Support paperwork, processes and practice. Go live date is May 2016.
- Completion of the research, development, and writing of a targeted evidence based parenting programme for parents known to CSC where the primary concern is neglect '*Caring for you Child*', to be piloted in Summer 2016. This is in addition to the existing targeted evidence- based parenting offer, Parenting Plus model, and bespoke one-off programmes.

Tackling Troubled Families:

- Phase 1 of Tackling Troubled Families (TTF) ended in March 2015, and Bromley achieved 100% of the 490 target turnarounds and consequently

achieved the maximum payment by reward settlement. This was only achieved by working with more than the target of 490 families, and those families who had not 'turned around' by 31 March continued to be supported.

- Phase 2 started officially in April 2015, however as Bromley successfully achieved 100% turnaround in Phase 1 we were invited to become an Early Adopter of Phase 2. This means an additional 249 families had to be, and were, attached between September 2014 and April 2015.
- Two staff were seconded from Job Centre Plus into the Bromley Children Project TTF Family Support team on a part-time basis to support the efforts to decrease the number of adults out of work in a more targeted and structured way. Work has been undertaken to incorporate their work within our systems so that it will be reportable next year.

Information Advice and Support Service:

- The Information Advice and Support Service was awarded an 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 (EHC) model. Alongside this developmental work, the team took on a critical friend role on the Steering Group of the local IS Consortium (a group of voluntary sector organisations) who were also granted an award to do similar work.
- This year saw several key changes in the focus of the Information Advice and Support Service in that: -
 - the age range supported increased from school aged children to families with children aged 0 to 25,
 - support increased from purely educational issues to include both health and care issues too, in line with the EHC Plan model,
 - the service was required to undertake direct support for young people rather than only their parents and carers.

Common Assessment Framework (CAF):

- Strategic and operational management of the CAF Team moved under EIFS alongside Bromley Children Project, Children and Family Centres, Information Advice and Support Service, so bringing all early intervention together.
- The team cemented their role in the Multi-Agency Safeguarding Hub (MASH) service, and now provide two days a week support within the MASH.
- All staff have been trained in the Signs of Safety model. CAF Team has created a frontline staff team to review redesign and implement Signs of Safety into the CAF team's processes and practice. A revised CAF Form and TAC Minutes template will be presented to the BSCB for approval in Summer 2016.
- As is our existing practice, a full report for the year has been completed by the CAF Manager and will be presented to CSC Senior Management Team and the BSCB as an information item in early 2016/17.

Contact Centres:

- Family Contact Service moved into EIFS in Autumn 2015. This is a new area of work within Early Intervention. An initial review was completed

by December 2015 suggesting a full review of the Service was needed. A full review began in Spring 2016 looking for ways to integrate and formalise best practice. It is anticipated that the review will report to Senior Management Team in Autumn of 2016.

- All staff are being trained in Signs of Safety.

Safeguarding

- All referrals to Children's Social Care (CSC) as well as referrals for services provided by the Children with Disabilities Team are now made through the Multi Agency Safeguarding Hub (MASH) using a generic referral form which incorporates the Signs of Safety Framework. The MASH currently co-locates colleagues from the police, health, education, probation and the CAF team with CSC staff at the Civic Centre. This provides more cohesive decision making and sharing of appropriate information.
- At the beginning of September 2016 there will also be an independent Domestic Violence advisor (IDVA) based in MASH for two days per week to contribute to overall risk assessment and to receive direct referrals from MASH, the Referral & Assessment Team and Safeguarding & Care Planning Teams.
- The CAF team supports 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 the links with housing services to be strengthened to be able to support families and young people facing housing issues in a more timely manner.

Child Protection

- The Signs of Safety (SoS) model has been implemented with all front line social workers; all managers receiving two days training and project leads attending a five day workshop. A three year implementation plan has been devised. All Child Protection (CP) conferences are now using the Signs of Safety model and CP chairs will be running workshops for the multi-agency group about participation at SoS conferences. Project leads have led lunchtime workshops on Child friendly CP plans, Appreciative Enquiry and Danger and Safety statements.
- Child Protection plans are expected to have clear safety goals linked to the actions so families are clear about the outcomes needed for their children.
- The Group Manager for Quality Improvement Child Protection meets monthly with Safeguarding Group managers to review all cases where child protection plans have been in place for 9 months or longer. Actions are then added to case files with a focus on whether the case needs to step up to legal proceedings or what work is needed for a safe and sustainable step down to Child In Need arrangements.
- Child protection chairs are auditing more cases between CP conferences and as a result escalations have increased.

Children Looked After and Care Leavers

- The Corporate Parenting Strategy Group (CPSG) terms of reference were reviewed in 2015/16 so that strategic leads from all partner agencies attend. The central aim is to develop, monitor and sustain a strategy and work plan to ensure that all looked after children and young people and care leavers have the best life chances in terms of health, educational attainment, training and employment, to support transition in to

adulthood. The CPSG will set high standards and make recommendations to the Executive Group to make sure that the Council and partner agencies commit to excellent standards in corporate parenting

- The Independent Reviewing Officer (IRO) and children looked after and leaving care teams have worked together to embed Promoting the Health and Well-being of Looked After Children March 2015, through provision of Health Passports for 18 year old care leavers.
- IROs have supported the introduction of the third personal education plan that all children in care receive.
- Following the Youth Offending Service (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.
- Permanency tracking established for all children under 13.
- Increase in special guardianships
- A social worker is now based in the Support and Resettlement Team (Housing) to work with young people aged 16yrs + who present with homelessness. Social Care and Housing collaborate to prevent, where possible, the need for that young person to become looked after. Clinical support is given from the new FAST team within Referral and Assessment.
- Case holders for adoption are now doing case work, to reduce delays and strengthen worker relationships through the adoption process.
- Refreshed foster carer recruitment strategy and training.
- Signs of safety methodology has been introduced into review meetings and all social workers and IROs have been trained. Foster carers will be trained in 2016.

Care Proceedings

The volume of care proceedings issued has remained fairly consistent over the past three years averaging at 84 children per year. The average duration of concluded cases at the end of March 2016 was 22 weeks. The issues facing families are varied and social workers need to be able to adapt and update their skills to meet the demands of the families with whom they work.

Although during the last quarter of 2015/16 there was a reduction in the number of children subjected to care proceedings, it is too early to predict if this trend will follow through for the forthcoming six months. Bromley continues to focus upon pre proceedings planning and continues to review and amend our procedures in order to streamline assessments and avoid delay.

Under the signs of safety model, every effort will be made to work with families in order to effect change before care proceedings are considered as long as it is safe for the child to do so.

Children's Social Care - How have we engaged with children and young people?

- The Living in Care Council (LinCC) has recently relaunched their Pledge by visiting frontline and senior management teams.
- LinCC has focused on monitoring the delivery of the pledge; members of LinCC have met with social work teams with a questionnaire to evaluate the effectiveness of the Pledge.
- Members of LinCC sit on the Corporate Parenting Strategy Group and also participate in the Executive Working Party for Child Safeguarding and Corporate Parenting and the Care Policy Development and Scrutiny Committee (PDS) throughout 2015.
- Children Looked After have access to the independent advocacy service 'Baker and Joy'.
- The annual children in care Celebration of Achievement was held in March 2016 and saw over 200 children, carers and officers attend to celebrate achievements ranging from the completion of degrees to volunteering.
- Children 12+ are attending child protection conferences.
- Mind of My Own (MOMO) app has been launched to encourage children to tell social workers/IROs about their feelings, experiences, needs and wants. Initial indications are that the app has been well received and is being used.
- Feedback from Child Protection conference and child looked after reviews is overwhelmingly positive.
- Parental survey of closed cases took place in Jan/Feb 2016 (24% return rate from 403 surveys) to measure the long term outcomes of the Council's involvement in children's lives after a significant period of time – 'after the dust has settled.' . Responses showed very positive outcomes (76%) and feedback about social work support. Respondents were also clear about why they felt this, with a significant proportion detailing specific improvements to their child's life (e.g better school attendance, less aggression at home) Even more positive, when asked directly whether having a social worker made things better for their children, 84% of people felt that in the long term their social worker had made things better for their child. In terms of issues raised in the survey, there were two main themes – a perceived lack of follow up once the case has been officially closed and a number of parents of children with SEND mentioned difficulties in finding out information about what support is available.

Children's Social Care is working to improve so that:

- Children looked after are actively involved in training and recruitment
- There is greater and more consistent feedback of 'return home interviews' when a child goes missing.
- There is feedback from children following child protection plan 'step down'.
- Improvements to Local Offer section on website as part of larger piece of co-production work with parents of disabled children.

Children's Social Care - What challenges did we face and how did we address them?

- Staff recruitment and turnover remains a concern and Human Resources and Workforce Development are working to ensure that the Bromley recruitment and retention package is attractive and well understood by current staff and new recruits.
- Co-ordination of the multi-agency response to CSE/Missing and Gangs to ensure practice is more effective and streamlined. This will be the

focus of a multi-agency working group in 2016/17.

- The current audit programme needs to focus on achieving safe, consistent practice with good chronologies and smart plans across services.
- Effectively managing services with reduced management capacity.
- The increase in teenagers coming in to care and how to support foster carers to meet their needs.
- Social care is developing a new, bespoke IT system so that social workers can ensure their recording of information is more family friendly. Social workers know their cases well and this should help them to translate this information onto case files.
- Reflective supervision is being developed across the social care workforce as it is recognised that in some areas, supervision does not give clear management direction, timescales and rationale which can lead to drift in progressing plans for children. Signs of Safety will be used in small supervision groups, to give team oversight of cases and families get to know the whole team.
- Children waited too long to be adopted in 2015-16. As an acknowledgement of difficulty in identifying appropriate adoption placements for more challenging to place children and young people, a decision was made to change the consortium arrangements (from South to London) to widen access to a wider group of potential adoptors.
- In order to ensure better join up between adult and children services around tackling domestic violence effectively, a refreshed strategy is being developed. This is led by the Strategic and Business Support division to ensure parity.
- We consulted foster carers about a revised payment and reward package and faced a great deal of challenge. The initial package was amended in light of what foster carers told us and LBB made a compromise.
- There has been an increase in the number of children becoming looked after, in particular older children (adolescents). 51% of all children looked after in Bromley are aged over 13, and 26% are over 16 years old. To support this cohort earlier: from 1 April 2016 a new FAST (Family and Adolescent Support Team) sits within Referral and Assessment to support adolescents; work is undertaken with housing to find suitable accommodation for young people aged 16 years +. Following a review of services for looked after children and care leavers, the decision to amalgamate two teams has been put on hold whilst needs are further reviewed.
- The shortage of affordable housing in Bromley creates difficulties for families with low income. Children's Social Care work with London Borough of Bromley Housing Services to improve children's outcomes, working closely with families to prevent homelessness and increase access to affordable safe accommodation. During 2015/15 the Housing Service: prevented homelessness for 1200 families at risk of losing their home; assisted 97 families to secure alternative more affordable private rented accommodation; and provided debt and welfare reform advice to 415 families to assist them in affording their accommodation costs.

7.2 Bromley Clinical Commissioning Group (BCCG)

BCCG - What have we done?

Bromley Clinical Commissioning Group (BCCG) has a statutory responsibility to ensure that the CCG and the services it commissions have robust arrangements in place to safeguard and promote the welfare of vulnerable children and young people. In summary the following activities and developments have occurred during April 2015 to March 2016:

Strategy and service development

- Bromley CCG Safeguarding Children and Children Looked-after Health Economy Dataset has been continually refined and updated with our main provider organisations throughout the year. Analysis of this information is starting to inform commissioning work streams, e.g. between April 2015 to March 2016, 79 children and young people (CYP) presented at the Princess Royal University Hospital (PRUH) Emergency Department having taken an overdose. This led to BCCG Performance Analysts obtaining data on Bromley children and young people who have attended neighbouring Emergency Departments in South East London boroughs to gain a more comprehensive picture. Furthermore, this data is leading to a profile of this group e.g. gender, age, postcodes, schools and ethnicity. This level of data will allow the BCCG Safeguarding Team to understand the profile of children and young people who are taking overdoses, prevention and obtaining views from this group to improve services.
- In December 2015, key stakeholders and partners were invited to attend a facilitated safeguarding strategy development workshop. There was very good attendance from NHS and private providers. The workshop focused specifically on safeguarding across the whole life course (pre-birth – end of life) and to develop a 5 Year Safeguarding Strategy for BCCG.

NHS England Safeguarding Deep Dive Review of Bromley CCG

As part of NHS England's Quality Assurance process it undertook a Safeguarding Deep Dive Review of all 32 London CCGs between September and November 2015. The review was informed by the mandatory NHS England Safeguarding Vulnerable People in the NHS – Assurance and Accountability Framework (2015). Areas reviewed included:

- How safeguarding was embedded within CCGs and that they were meeting their statutory functions
- Scrutiny arrangements for health provider organisations
- Influence and capacity of Designated Professionals
- Efficacy of partnership working.

The overall outcome of the Safeguarding (Children) Deep Dive was assured as **Good**. There were 34 key lines of enquiry, 32 were rated **Green**. The two Amber actions were around the permanent vacancies for the Designated Dr Safeguarding Children and Designated Dr Children Looked-after posts. Both posts were being covered by interim doctors. BCCG have now successfully recruited to these posts.

Audit

Health single agency safeguarding and Children Looked-after audit schedule completed and presented at the Safeguarding Children Health Economy Forum during the year. Core audit for 2016 is capturing the voice of the child and young person from each service's perspective e.g. community paediatricians are auditing children and young people's experiences of child protection medicals.

Training and workshops

Managing Allegations Against Staff Health Workshop - March 2016, the Head of Safeguarding and the Bromley Local Authority Designated Officer (LADO) ran a workshop for health named Drs and nurses and their Human Resources Managers on Managing Allegations Against Staff. Following inconsistent and delayed reporting to the Designated Dr and Nurse for Safeguarding, the aim of the workshop was to set the standards and clarify governance and lines of reporting between provider organisations, BCCG and NHS England. The BSCB Managing Allegations flowchart was aligned with the NHS England flowchart to make reporting easier for health staff. In general, there remains a low number of LADO referrals from health organisations.

In January 2016 the Annual GP services Safeguarding Children Academic Half Day was held with over 200 participants at the Warren in Hayes. Presentations included child sexual abuse, female genital mutilation (FGM) and referring into the Multi-agency Safeguarding Hub (MASH).

Children Sexually Exploited

The CCG is working collaboratively with partner agencies to continuously develop systems, processes and frontline practice with regards to children sexually exploited. The safeguarding leads across the health economy are working in partnership through the Bromley Multi-agency Sexual Exploitation (MASE) panel to strengthen systems, risk assessments and processes via training, improved governance and mapping where children and young people are being identified across the borough. BCCG has signed up to the NHS England CSE Health Risk Assessment pilot. This will enable a tool to be embedded across all health services which will mean agreed thresholds, assessments and standards.

Children Looked-after

BCCG approved a substantial sum of money for Bromley Healthcare to improve the clinical and administration resource of their children looked-after services. As a result additional outcome measures will include, clear oversight around the quality of care and placements for all children looked-after placed outside of Bromley borough ensuring improved health outcomes. To support this work key performance indicators have been agreed which will be monitored through BCCG's Safeguarding Children Performance and Monitoring Framework.

Recruitment and retention

The permanent posts for the Designated Dr Safeguarding Children and Designated Dr Children Looked-after have been successfully recruited to with an increase to the number of sessions provided.

BCCG - What difference did it make?

- A comprehensive safeguarding dataset has started to identify the numbers of Bromley children and young people who are most vulnerable using our services e.g. numbers of children and young people who take an overdose. This information has now been sought across Emergency Departments in neighbouring boroughs to obtain a comprehensive overview. As a result BCCG analysts are now profiling this information and it is being shared to inform commissioning cycle and performance.
- Audit results have led to improvements along care pathways for children and young people and frontline practice.
- Engagement with children and young people across a number of community events is informing the re-design of the Child and Adolescent Mental Health Services (CAMHS) which are being developed with children's views and experiences at the centre.
- The increased funding from Bromley CCG to Bromley Healthcare for their Children Looked-after Service means that recruitment for two additional senior nurses and further admin support for the team. These roles will enable specific oversight around the health needs and quality of placements provided for all children placed outside of Bromley Borough and also the health needs of unaccompanied asylum seeking children.
- The Children Sexually Exploited (CSE) strategic and operational work that has been occurring in collaboration with our partner agencies has led to provider health organisations reviewing and updating their CSE pathways, more frontline staff have been trained which will help with early identification and effective risk assessments. In addition, managers and frontline staff are discussing how these vulnerable children and young people are entering their services and are keen to continually improve their services. BCCG designated professionals are advising and monitoring this developmental work through a number of safeguarding meetings.

BCCG - How have we engaged with children and young people?

- As part of the 2013/14 call to action initiative, the CCG held a session with 30 children from a primary school in Mottingham to gather their views on services. Outcomes were used to inform CCG work and were also fed back to NHS England. Themes included:
 - Happy about visiting GPs and Opticians
 - Anxiety regarding dentists
 - Hospital stays seen as painful/ extreme experience
 - Awareness of healthy eating/ lifestyle
- As part of the same initiative a focus group was held with the Bromley Youth Council (10 participants). Outcome was for the CCG to improve sign posting and information for young people. This was taken account of when designing the CCG's website.

- Co-design of CAMHS was launched in the spring 2016. Programme of work about to commence, the aim is to co-design emotional health and wellbeing services with children and young people so that it meets their needs.
- The procurement process of children’s community health services has also started taking place. Service models developed based on feedback from services, families and young people are now being tested with those young people. A number of events have taken place and with more planned.
- Children and Young People Community and Engagement have mapped the engagement taking place with children and young people in Bromley. The primary areas are the Child Adolescent Mental Health Services (CAMHS) and Community procurement but additional work also undertaken through Healthy London Partnership e.g. the NHS Go app (aimed at 16-26 year olds, developed by young people for young people, Londoners said they wanted better and easier access to health and wellbeing information).
- Review of the local offer – services available for children and young people with specific needs. Consulted with Bromley Parent voice to ensure the information meets their needs and is accessible.
- Healthwatch has been commissioned to undertake work on Bromley CCG’s behalf to reach children and young people – specifically in relation to the Our Healthier South East London (OHSEL) issues paper last year (to get their views and understand what services are like for them) and will be engaging young carers as part of the pre-consultation work for the proposed elective care centres.

7.3 Bromley Healthcare (BHC)

BHC - What have we done?

Bromley Healthcare has improved its governance arrangements; we have a new Director of Nursing, Therapies and Quality Assurance. She chairs the Safer Care Group to assure the board that internal policy and procedures around safeguarding are robust. She also chairs the internal Child Protection meeting for internal service leads. The Designated Nurse and Named GP are also invited to this. Supervision is in place at all levels and is supported by a database to monitor practitioner compliance. This offers practitioners the opportunities to deep dive into cases and ensures that practice is safe and robust. Our supervision figures to date are 100% compliance for health visitors and school nurses and 100% for group supervision of other staff working with children. Regular training is delivered to all practitioners at levels 1-3. Compliance figures for Quarter 4 were: Level 1: 97% Level 2: 81% Level 3: 76%

In 2015 the Named Nurse facilitated 4 days for specialist practitioners and those working closely with children on Harmful Cultural Practices; this included Female Genital Mutilation, witchcraft, honour based violence and arranged marriage and child sexual exploitation. New guidance and policies are embedded into all training packages. FGM, CSE and Prevent are included in all training sessions.

Multi-agency training sessions together with children’s social care were provided on child sexual abuse, sudden and unexpected child death and foetal alcohol syndrome. All relevant safeguarding policies have been updated; the Safeguarding Policy was updated and ratified in 2016

to reflect changes to practice and legislation.

The Named Nurse attended a training session facilitated by the Designated Nurse and the LADO on Allegations against Staff. The Bromley Healthcare policy and procedure has been updated to reflect changes made. The Community Paediatricians have also achieved internal targets to respond to GP safeguarding queries within 1 hour. Hollybank our respite service was rated 'Good' at the recent Ofsted Inspection. Bromley Healthcare have provided health input to the MASH, MASE, MARAC and MAP meetings and to all subgroup meetings of BSCB. The Paediatric Liaison Health Visitor ensures that all urgent information is disseminated to practitioners within 24 hours of receiving it.

BHC - What difference did it make?

Provision of high quality training and supervision helps to ensure that staff are able to identify and act appropriately when there are any safeguarding concerns for a child. The speech and language therapy service recently carried out a focus group with parents about how the voice of the child could be heard and considered. Within the patients experience group, complaints by the child will be heard. The complaints procedure can be used by adults and children although work is underway to make it more user friendly for children.

BHC - How have we engaged with children and young people?

Bromley Healthcare has a well-established culture of listening to and valuing the views of children and young people in its care. Each service has its own way of capturing this. For example at Hollybank respite home, patient surveys ensure that children are consulted regarding their experience of care. School nurses use 'Your Choice Your Voice' with young people and are aware of CSE and the risks to young people. Patient opinion is available to all clients and young people are encouraged to use it. The Community Paediatricians have a child friendly version of the friends and family test which is offered to all age appropriate children seen in their clinics. They have high satisfaction results, and seriously consider the comments made by young people in order to improve services. The Patient Experience Group, chaired by the Director of Nursing, Therapies & Quality Assurance is actively seeking ways to ensure that the voice of the child as well as of the vulnerable and hard to reach is heard. A child friendly version is currently being devised.

BHC - What challenges did we face and how did we address them?

2015 brought a raft of new guidance from NHS England that had to be embedded into our local policies and procedures. New mandatory reporting for FGM was put into place and added to all internal training packs.

A freeze to recruitment within health visiting and school nursing has been difficult but safeguarding children is a priority and attendances at relevant meetings have remained high. The voice of the child must always be heard and we are currently reviewing how we document and evidence that this is always considered. Identification of CSE victims is an area that requires joint training and will be considered for 2016-17.

7.4 Kings College Hospital (KCH)

KCH - What have we done?

The Trust is committed to being an active member of the safeguarding board. The Deputy Director of Nursing attends the safeguarding board and the Head of Nursing attends the QAPM sub group. The Senior Clinical Nurse Specialist for safeguarding children at the Princess Royal has attended sub-groups and the health forum along with the Trust's Named midwife. The partnership helps ensure the Trust has effective processes in place to safeguard Bromley children who attend the Princess Royal.

A specialist midwife has been appointed to support women with mental health issues to ensure they have the support that they require. As a consequence the specialist midwife for safeguarding will have increased capacity to support safeguarding work in maternity.

KCH - How have we engaged with children and young people?

Along with board partners the Trust has been considering how to develop ways of listening to children and young people who have been safeguarded. As a result the Young Persons midwifery team carried out an audit of young people who use their service. The findings were very positive in favour of the care and support that they had received.

KCH - What challenges did we face and how did we address them?

At the beginning of the year the Trust had difficulty in providing safeguarding supervision to all case holding midwives because senior midwives who supported supervision left the Trust. Providing supervision to maternity staff has always been a challenge in that a quarter of staff are part-time and they work across four sites. Three staff members have received supervision training and sessions are now being offered to staff.

The designated doctor role in Bromley has been vacant for a considerable period of time due to recruitment difficulties. As a consequence of this the named doctor at the Princess Royal has not been able to access supervision. The CCG has now appointed a designated doctor to provide supervision to named medical professionals.

7.5 Oxleas NHS Foundation Trust

Oxleas - What have we done?

This year Oxleas welcomed a new Director of Nursing and Executive Lead for Safeguarding, who is also the BSCB Board member for Oxleas. In June 2015 we increased our safeguarding children resource with the appointment of a Specialist Advisor for Adult Mental Health to cover Bromley and Bexley. The post holder has set up a series of 'drop ins' at each of our in-patient and community sites where practitioners can discuss any emerging concerns regarding children or can get hands on support on how to record safeguarding data on our database. These sessions have been well attended.

Our network of Safeguarding Children Champions across all service Directorates continues to grow. At the end of the year (March 2016) there were 125 champions across Oxleas with 31 representing services in Bromley. The Trust-wide Safeguarding Children Champions Annual Event was held in June 2015 and was attended by 90 champions and was very well reviewed. Bromley, Bexley and Greenwich LSCB Business Managers attended and each gave a presentation on the work of their LSCB and their priorities for the coming year. In addition there were very thought provoking presentations on FGM, CSE, Prevent and Neglect. One of our Named Doctors and Consultant Paediatrician gave some useful insight into the use of stress positions as a form of physical chastisement and the potential for harm to a child.

Oxleas has shown consistent compliance with Safeguarding Children Training across the year. Safer Recruitment Training is mandatory for all recruiting managers in Oxleas and again compliance has been maintained throughout the year.

During 2015-2016 the Trust produced an awareness raising leaflet for Prevent entitled 'Preventing Terrorism and Radicalisation' which was delivered to every member of staff with their February payslip.

Oxleas Safeguarding Children Policy and Procedures were updated this year. In addition we have strengthened the emphasis on the early identification of need and referral to early help, and the use of the threshold document to determine if a referral to children's social care is indicated.

Oxleas has worked very hard this year to raise awareness about FGM across all our Service Directorates. In anticipation of the mandatory reporting duty and the requirement for Oxleas to report on an FGM enhanced dataset to Health and Social Care Information Centre (HSCIC), we developed an FGM action plan. We have developed an FGM page on our Intranet which has links to FGM key documents and the excellent information produced by the Department of Health and NHS Choices which aimed at both professionals and clients.

Oxleas - What difference did we make?

- Oxleas Risk assessment Tool for sexually active young people has been piloted and is now being use by the Contraception and Sexual Health Service, School nurses and CAMHS. The tool is used to help identify child sexual exploitation CSE and other risks associated with sexual activity.
- Oxleas has CAMHS representation at the Bromley MASE, ensuring timely information sharing regarding children at risk.
- An information sharing pathway has been agreed between Oxleas Adult Mental Health Services and Midwifery and Health Visiting services (Bromley). The process supports the early identification of need where a parent carer has mental ill health.
- Adult Mental Health services are aware of their duty to record and respond to cases of FGM in women and know what to do if they suspect a child in their client network is at risk of FGM.

Oxleas - How have we engaged with children and young people?

- CAMHS work with young people to co-produce their care plans.
- Children and young people IAPT (Improving Access to Psychological Therapies) measures experience of sessions and progress against jointly agreed goals.
- Chi-Esq (Experience of Service Questionnaire) collects feedback from children and families which helps benchmark against other CAMHS at national level.

Oxleas - What challenges did we face and how did we address them?

This year has seen a significant change of personnel within the Safeguarding Children Team. During this time, when new professionals have been finding their feet, the team has continued to provide a high quality, supportive and responsive service to staff who have concerns about a child. We have been helped and supported in our work by directorate safeguarding children leads and the network of champions.

The requirement to report on a safeguarding dataset has been a significant challenge over the year and continues to be so. Oxleas has been working with our RiO (database) transformation leads, Business Support Managers and Informatics to try and address this matter.

We have worked hard to raise awareness of the requirement for adult services in particular Adult Mental Health to record details of children in their client network; we have run workshops, disseminated screen shots via service manages and Safeguarding Champions.

7.6 Police Child Abuse Investigation Team (CAIT):

CAIT - What have we done?

- Whilst there are no formal targets set for the 2015/6 year the command continues to make it the main priority of safeguarding vulnerable victims and bringing more offenders to justice in line with the One Met Strategy.
- In addition, collaborative working with partners is key to increase confidence within the Metropolitan Police Service (MPS). The initiative to co-locate CAIT referral desk staff and Police Community Liaison Officers within Borough MASH is due to be implemented as a pilot in Lambeth borough with the intention of introducing across MPS across 2016/17 period.
- The Safeguarding Children's reference Group (SGCRG) forum was set up across MPS to provide a strategic perspective across pan London with a key stakeholder approach to improving the service provided to children of abuse. Academic research has been commissioned to address how police and partners can better respond to the 'Voice of the Child' and is underway as at 2016.
- Attendance management and recruitment procedures have been improved across south region to strengthen resilience to enable the best response to child abuse investigation.
- Strong supervision and case scrutiny under a daily Senior Leadership Team 'Grip & Pace' function to ensure oversight of all cases on each region across MPS.

CAIT - What difference did it make?

Sanction Detection (SD) outcomes where the perpetrators are held accountable for their actions through the judicial system were at 25% for CAIT covering joint Bromley & Lewisham Boroughs. This was ranked 4th in MPS overall for the past reporting year. In addition SDs for the same Borough CAIT was 44% for all rape and serious sexual offences and 39% across the south region (ranked 1st in MPS). This is largely attributed to the continuing strengths of the Regional Historic Investigation team formed in 2014/5 period.

CAIT - How have we engaged with children and young people?

Engagement with child victims and witnesses are undertaken on a case-by-case basis with every investigation into child abuse. Our officers are trained in specialist ABE interview techniques and always engage with the child regarding their wishes and what is the best outcome for the child. As a result of feedback more intermediaries are used to facilitate video interviews where children are unable to communicate effectively.

The Victim's Right to Reply (VRR) scheme was introduced 2015. This supports the MPS complaints process whereby a victim of child abuse (or their representative) can request a review into a decision not to prosecute if they are dissatisfied with the outcome. This, as well as a complaints system, ensures that a senior officer of either Detective Chief Inspector or Detective Inspector rank investigates any cases where the child/representative is unhappy with the outcome of their investigation.

The Safeguarding Children's reference Group (SGCRG) forum was set up across MPS to provide a strategic perspective across pan London with

a key stakeholder approach to improving the service provided to children of abuse. Academic research has been commissioned to address how police and partners can better respond to the 'Voice of the Child' and is underway as at 2016.

CAIT - What challenges did we face and how did we address them?

Greater understanding of the 'voice of the child' to survey child victims of abuse post police investigation to learn from victim focused feedback. This is being explored by academic research commissioned by the SGCRG.

The need to improve uptake into joint training in ABE (Achieve Best Evidence) course across police and CSC partners in anticipation of HMIC (HM Inspectorate of Constabulary) findings from recent inspection.

7.7 Borough Police

Borough Police - What have we done?

- CSE, domestic abuse and missing children training has been delivered to all front line borough staff.
- New protocols have been put in place to manage missing children and reviews of performance are conducted monthly.
- The Borough SPOC (single point of contact) attends MAP meetings (multi-agency planning meetings) which manages all identified cases of CSE and shares relevant information to agree a safeguarding plan for individual children to achieve a positive outcome.
- Police chair the monthly MASE (multi agency sexual exploitation) panel which seeks to have a strategic overview of trends and patterns of CSE across the borough.
- Raised awareness and provided preventative education for the welfare of children who may be sexually exploited visiting schools, statutory agencies and local businesses.
- Daily Management Meetings held twice daily to discuss, risk assess and deploy appropriate resources to locate missing and CSE/Gangs risk children.
- Continued roll-out of Operation Make Safe to include businesses such as Hotels, Licensed premises, taxi companies and Children's Homes in identifying what signs to look out for and what action to take should there be suspicious behaviour or activity on their premises or vehicles.
- Creation of local on-line and level 1 CSE Safeguarding and Offences investigation team providing a dedicated CSE Borough team of 1 Detective Sergeant and 3 Detective Constables who are responsible for the investigation of on-line grooming and local safeguarding issues within Bromley.
- Provided reassurance, awareness and preventative advice to parents of children identified at risk of CSE, focussing on on-line grooming offences.

- Developed a Bromley borough CSE Police protocol to ensure correct procedures are adhered to in the reporting, investigation and handling of information relating to children at risk of CSE.
- Co-ordinated response to highlight National CSE Awareness Day event in March 2016 (stall at INTU shopping centre, Operation Makesafe leaflets at Bromley South training station, twitter updates, start of roll out of Exploited DVD in schools).
- Pro-active operations targeting CSE offenders resulting in arrests and prosecutions within the Borough.
- Recording and serving of Section 2 child abduction notices (CAWNS) against adults at risk of abusing children.
- Specialist trained Detective utilised to interview children at risk of CSE to provide best opportunity for child.
- The Bromley Youth Policing Team hosted a presentation in February 2016 for parents and carers of year 5/6 Bromley students to raise their awareness of the potential dangers online. It included a questions and answers session, was attended by around 100 parents and received good verbal feedback.

7.8 Youth Offending Service (YOS)

YOS - What have we done?

- All managers and caseworkers trained in ASSET PLUS – a comprehensive assessment tool.
- All managers and staff trained in Signs of Safety.
- Reflective practice group started at YOS, led by Group leader from safeguarding.
- Safeguarding staff have run a monthly surgery at the YOS.
- Single point of contact (ROLAC) established at YOS for working with Children Looked After.
- Appropriate, timely referrals to Triage or CSC when necessary.
- Monthly attendance by YOS staff at MASE meetings.
- Appropriate referrals to Bromley Wellbeing, in house Counsellor or CAHMs.
- Individual support and advice given to children, young people and families by caseworkers, including CSE, DA and where children go missing.

YOS - What difference did it make?

- Children and young people known to the YOS have been protected from harm.
- When appropriate, CSC or the police have been given information to support interventions.
- Parents of children and young people known to the YOS have been encouraged and supported to safeguard their children.
- There has been a marked reduction in First Time entrants to the Youth Justice System which is a clear protective factor.

- The number of young people spending time in custody either on bail or serving a sentence has been reduced

YOS - How have we engaged with children and young people?

Children and young people are referred to the YOS by either the police or the courts following an episode of criminal behaviour. The role of the YOS worker is to ensure that the child, young person and their family understand why they have been referred, how the intervention being offered will support them not to re-offend. The YOS assessment (now ASSET PLUS) will also look in detail at all aspects of their life to see where support is needed or if referral to another agency is warranted. A recent CSC YOS Feedback survey showed that young people felt they were treated with respect, that they were listened to, that they were helped and that they could contact the YOS when necessary.

YOS - What challenges did we face and how did we address them?

- At the start of the year the YOS contained a high number of Interim staff which resulted in children and young people being worked with by more than one caseworker. This has now been addressed with all case workers being permanent staff.
- The HMIP (HM Inspectorate of Prisons) Inspection in February 2015 highlighted a number of failings in terms of engaging and improving the lives of children and young people. During the past year there has been a concerted effort to improve the quality of work so children and young people receive a quality service. The mock Inspection carried out by the Youth Justice Board in March 2016 stated that substantial progress was being made.
- The HMIP Inspection also highlighted the need for the YOS to work more effectively with key partners, especially Children's Social Care. During this year specific measures to improve closer working has included the launch of a new protocol, the recruitment of a single point of contact for Children Looked After cases and joint attendance at key meetings.

7.9 Probation

Probation - What did we do?

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. 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.

At the first point of contact with an offender NPS explore social and family circumstances. Given their presence in the Courts, NPS is well placed to identify children that may be at risk and offenders who pose a direct risk of serious harm to them.

NPS contributes to the work to tackle Child Sexual Exploitation through working with adults convicted of sexual offences – both while they are in prison and on release. NPS delivers evidence based Sex Offender Programmes to reduce the risk of reoffending. In January 2016, they launched the Offender Manager’s Guide for working with CSE type cases and this is being disseminated across the organisation. NOMS also published new guidance for working with CSE cases in June 2016.

NOMS now has a training programme for practitioners with specific courses relating to safeguarding children.

MOPAC (Mayor’s Office for Police and Crime) and London CRC are jointly funding a female offender service including through the gate, community provision and MOPAC innovation testing. This will enable London CRC to deliver an enhanced package of female offender services and interventions in a non-threatening female only space. This includes expanding the good practice with Advance Minerva and the Beth centre to cover 10 London boroughs. Presently there are 4 potential hub developments, East London, North London, South East London and Sutton.

Probation - What challenges did we face and how did we address them?

NPS aims to improve the quality of work in relation to safeguarding and focusing on offenders as parents as well (taking a family focus approach), including the need to ensure that all NOMS staff undertake mandatory and BSCB training. NPS run monthly LEARN –type events during which files are read, case management analysed and individual practice assessed. These sessions clearly identify areas for improvement each month. Designated safeguarding leads have taken part in multi-agency safeguarding audits and cascaded to other managers and staff and NPS has implemented family reporting days in local offices to enhance the Think Family approach.

Links between Probation Officers and Child Protection Conferences need to be improved. There are plans to create and maintain exchange days/shadowing opportunities between Probation and social workers to raise awareness of the roles and to assist future multi agency working across boroughs.

There are still some challenges with implementing the Troubled Families Agenda given competing demands in each borough and the inconsistency with delivery.

There is a need to further enhance working arrangements between NPS and London CRC in light of CRC’s new offender cohort model which came into force in October 2015 and current changes with their IT infrastructure.

Section 8 Accounts

BROMLEY SAFEGUARDING CHILDREN'S BOARD 2015-16	
	£
<u>INCOME</u>	
2014-15 Carry forward	45,186
Bromley CCG	16,614
Oxleas NHS Trust	16,614
Bromley Healthcare CIC	16,614
Kings College Hospital NHS Trust	16,614
Metropolitan Police	5000
Mytime Active	694
Bethlem And Maudsley Hospital School	615
CAFCASS	550
National Probation Service	1000
Community Rehabilitation Company	1000
London Borough of Bromley	72,611
Training income (including annual conference)	38,984
TOTAL INCOME	<u>232,096</u>
<u>EXPENDITURE</u>	
SALARIES, including independent Chair and lay members expenses	146,931
TRAINING COSTS, including e-learning and annual conference	32,660
OTHER costs, including general office expenses, venue hire	310
TOTAL EXPENDITURE	<u>179, 901</u>
Carry forward to 2016-17	<u><u>+52,195</u></u>

Paying partners were asked to increase their contributions this year as expenditure was forecast to increase significantly. This was due to an increase in training costs from September 2015 as the programme is now delivered almost entirely by external trainers and some changes to salary costs, including the BSCB Manager post being paid for by the BSCB for the first time. With four agencies having their contributions 'capped' so that each LSCB in London receives the same contribution, it falls to the Local Authority and health partners to contribute more.

LSCB Chairs across London continue to be disappointed that the Metropolitan Police continues to choose to fund partnership safeguarding in London 45% less than all the other large urban Metropolitan Police Forces in England¹. Safeguarding is a complicated and demanding partnership arrangement that needs appropriate resourcing if it is to be effective. If LSCBs are to be able to carry out their statutory duties they need proper support. The guidelines which we adhere to (Working Together 2015) makes it clear that funding arrangements for Safeguarding should not fall disproportionately and unfairly on one or more partner to the benefit of others. In London this burden does fall unfairly on Local Authorities and health agencies because the Metropolitan Police does not provide rational or reasonable levels of funding to local safeguarding boards.

The Safeguarding structures in London are due to change in the next two years. When they do there will still be a need to resource whatever arrangements are put in place. The Police are a key partner in the future arrangements for safeguarding and we ask that the Metropolitan Police and The Mayor's Office for Policing and Crime (MOPAC) increase their funding to a level which is fair to the other partners and which will assist in keeping London's children safe.

Bromley Safeguarding Children Board remains one of the lowest funded LSCBs in London. A great deal of effort has gone in to negotiating increased contributions this year and this continues to be a priority for the Business Manager going in to 2016-17.

Bromley Safeguarding Children Board accounts for 2015-16 closed in a much healthier position than forecast due to £24k of recharges for Local Authority staff not being made at the end of the year (an agreement reached to cover this year only), a large project (website) being delayed to the 2016-17 financial year, and final training income being much higher than was predicted at the end of quarter three. Unfortunately, expenditure will be significantly higher in 2016-17 than it was in 2015-16. This is due to all salaries being included (including training administrator and management) and a full-year of external trainer costs. This means that the carry forward will be used completely in 2016-17 and additional contributions will need to be made from April 2017 in order to secure a permanent auditor post for the BSCB. Business cases will also be made to support improved young people's engagement and data analysis.

¹ Average of Manchester, Merseyside, West Yorkshire and West Midlands £510; 10,000 population. Met Police £281: 10,000 population

Appendix A Board Membership

Independent Chair	Independent
Head Teacher	Secondary School
Head Teacher	Primary School
Director Nursing, Therapies & Quality Assurance	Bromley Healthcare
DCI Borough Police	Metropolitan Police Service
Director of Quality, Governance and Patient Safety	Bromley CCG
Director of Nursing & Safeguarding	Oxleas NHS Trust
Care Services Portfolio Holder	Council Member
Head of Service	National Probation Service (NOMS)
Assistant Chief Officer	Community Rehabilitation Company Croydon and Bromley
Head of Service Quality Assurance	London Borough of Bromley
Lay Members	Independent
Deputy Director Nursing	King's College Hospital Trust
Senior Service Manager	CAFCASS
Bromley CFVSF Chair	Voluntary Sector
Assistant Director, Education	London Borough of Bromley
Head of Service, Youth Offending Service	London Borough of Bromley
Consultant Public Health Medicine	London Borough of Bromley
DCI Child Abuse Investigation Team	Metropolitan Police Service
Head of Nursing and Safeguarding (Designated Nurse)	Bromley CCG
Designated Dr: Did not attend in 15/16	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
Director of Nursing	NHS England
Quality Governance Assurance Manager	London Ambulance Service

Board Advisors:

Safeguarding Named Nurse	South London & Maudsley Trust
Assistant Director of Housing Needs	London Borough of Bromley
Assistant Director Legal & Support Services	London Borough of Bromley

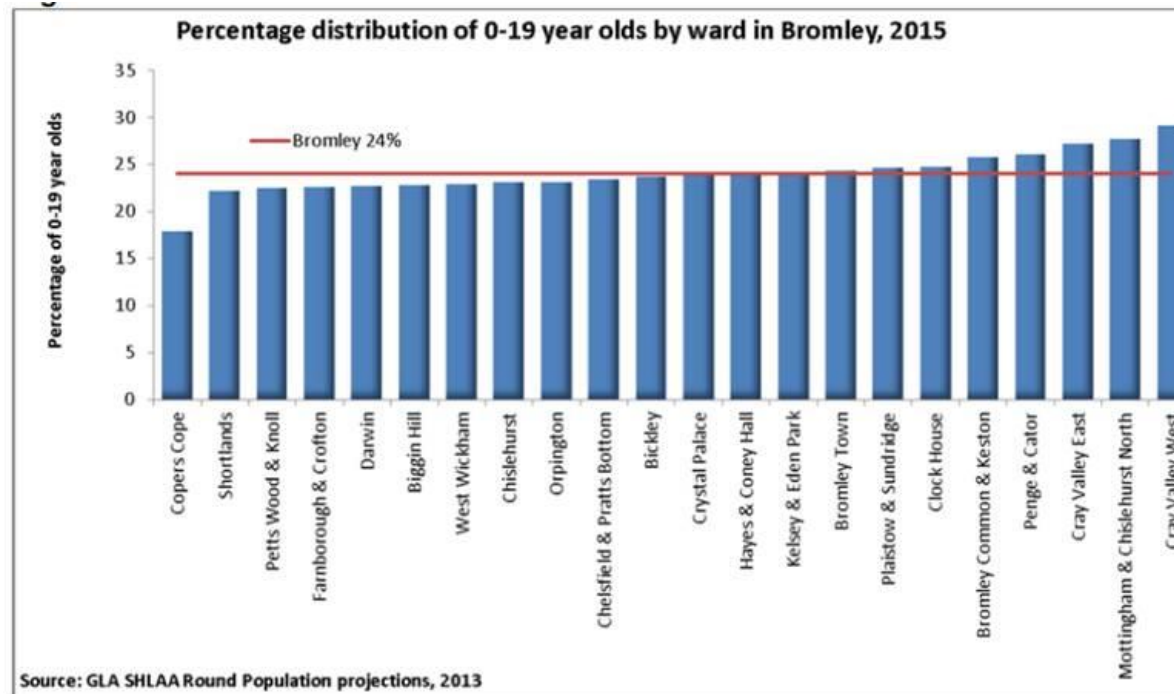
Lead Officer, Education Safeguarding	London Borough of Bromley
Head of Service, Early Years	London Borough of Bromley
Named GP	Bromley CCG
Head of Safeguarding (Named Nurse)	Oxleas NHS Trust
Named Nurse	Bromley Healthcare
Named Dr	Bromley Healthcare
Safeguarding Children's Nurse	Kings College Hospital Trust
Named Dr	Kings College Hospital Trust
Group Manager Adult Services	London Borough of Bromley
Head of Nursing	Kings College Hospital
Head of Nursing	Bromley Healthcare
Designated Dr Rapid Response	Bromley Healthcare

Appendix B Children and Young People Population in Bromley

In summary:

- There were 77,800 children and young people aged 0-19 years in Bromley in 2014, 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.
- 33.2% of school children in Bromley are from a minority ethnic group. The GLA 2013 Round Ethnic Group Projections estimate that, in 2015, the ethnic minority population (all ages) 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 were 6490 children in Bromley schools with identified Special Educational Needs as at January 2016.

- There are 1900 children and young people aged 0-25 years with either a Statement of Special Educational Need or an Education, Health and Care Plan (EHCP).
- The wards where there are more than the average number of 0-19 year olds for Bromley (24%), are the Cray Valley wards, Mottingham and Chislehurst North, Penge and Cator, Bromley Common and Keston, Clock House, and Plaistow and Sundridge.



- The number of looked after children (LAC) has remained relatively stable, ranging between 250 and 286 each year over the last seven years.
- There is a relatively low number of unaccompanied asylum seeking children in Bromley although numbers are increasing.
- Indicators of child health in Bromley are mostly rated better than the national average for most aspects. However, family homelessness and hospital admissions due to substance misuse in 15-24 year olds are rated as higher than the national average.

- In 2013, approximately 20 girls aged under 18 conceived for every 1,000 females aged 15-17 years in Bromley. This is similar to the regional average. Bromley has a lower teenage conception rate compared with the England average.

The Child Health Profile produced by Public Health England (ChiMat) was published in March 2016 and provides the Board with useful information. The Joint Strategic Needs Assessment 2015 contains detailed demographic information for our population and is used by our partner agencies to plan services.

Appendix C Glossary

BHC	Bromley Healthcare
BSCB	Bromley Safeguarding Children Board
CAF	Common Assessment Framework
CAIT	Child Abuse Investigation Team
CAMHS	Child and Adolescent Mental Health Services
CSE	Child Sexual Exploitation
DA	Domestic Abuse
EIFS	Early Intervention and Family Support
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
KCH	Kings College Hospital
LinCC	Living in Care Council
MAP	Multi Agency Planning (meeting)
MARAC	Multi Agency Risk Assessment Conference
MASE	Multi Agency Sexual Exploitation Panel
MPS	Metropolitan Police Service
P&P	Policy and Procedures
PDS	Policy Development and Scrutiny (London Borough Bromley committee)
QAPM	Quality Assurance and Performance Monitoring
SENCO	Special Educational Needs Co-ordinator
SGCRG	Safeguarding Children's Reference Group (CAIT)

TTF	Tackling Troubled Families
YOS	Youth Offending Service

Essential Information

Date of Publication:

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

Contact: BromleySafeguardingChildrenBoard.BSCB@bromley.gov.uk