



Bristol Safeguarding
Children Board

making safeguarding everybody's business

BSCB
Annual
Report

2015-2016

2015-2016

Making Safeguarding Everyone's Business

BSCB Annual Report: 2015-2016

Foreword

The Bristol Safeguarding Children Board is a strategic body bringing together organisational leaders who share responsibilities, commitment and ambition for the children and young people of our city. This annual report sets out the progress that has been made in ensuring the services and protections for children continue to improve. We set out always to make best use of the extensive knowledge, skill and commitment of the professionals and volunteers involved in this work.

Safeguarding is everybody's business and an important role of the board is to highlight areas of risk and opportunity that exist for our young people. We go to great lengths to share our learning with the people of Bristol and more widely. Our intention is always that better understanding and knowledge in the community leads to safer and more fulfilled childhoods.

We work hard to ensure that the voice of children informs what we do and how we go about our business. I am extremely grateful to those young people on our shadow board, and others, who are prepared to represent the perspective and experiences they encounter. This makes our work more relevant, effective and authentic.

Children have always faced risks and to some extent we are only beginning to uncover the extent of some areas of harm that have always existed. Child sexual exploitation is not a new phenomenon but our understanding of this issue and tools we now have to acknowledge and address it are vastly improved. It is imperative that we remain at the forefront of understanding in relation to the changing environment in which our children live. The importance of social media in terms of "places that children go" and ways they communicate is, for example, a key risk priority. It is also an important opportunity to reach out and engage with young people as groups such as Integrate Bristol (who address issues of female genital mutilation) have demonstrated so successfully. High quality safeguarding approaches builds upon evidence and past experience. As risk factors mutate safeguarding approaches must and will adapt and innovate.

I pay particular credit to the exceptional contribution of the sub groups of the board. Their work is represented in detail in this report. Busy front line practitioners and managers give generously of their time and energy to ensure there is a good link between the realities of services required and the strategic purposes of the Board. Without doubt these sub groups are the engine room who make the Board's strategic intention reality. Their contribution to safeguarding children is substantial and worthy of recognition.

Our ambition for the young people of Bristol is that they have every opportunity to live happy, fulfilled lives in which their potential is realised. Safeguarding is everybody's business and any small or larger part you play in this endeavour is an investment in our city and the pride we take in our community.

SJ Lewis

Sally Lewis OBE

Independent Chair

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The Board

The BSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across the City of Bristol.

Governed by the statutory guidance in Working Together to Safeguard Children 2015 and the Local Safeguarding Children Board (LSCB) Regulations 2006, BSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004; **to co-ordinate the safeguarding work of agencies and to ensure that this work is effective.**

Roles and relationships

The Independent Chair

The Independent Chair of the BSCB is Sally Lewis OBE, supported by a Service Manager: safeguarding and quality assurance; a Safeguarding Business Unit Manager; and an administrator. The Independent Chair is tasked with ensuring the Board fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements.

The Chair is accountable to Chief Executive of Bristol City Council. The Director of Children's Services (Director of People Directorate) for the City of Bristol continued to work closely with the Chair on related safeguarding challenges.

Whilst being unable to direct organisations, the BSCB does have the power to **influence and hold agencies to account** for their role in safeguarding. This influence can touch on matters relating to governance as well as impacting directly on the welfare of children and young people.

Bristol City Council

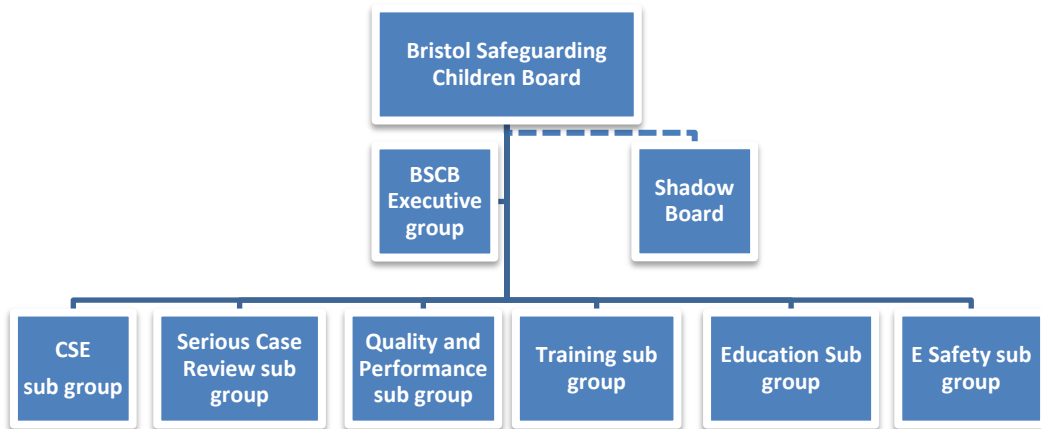
Bristol City Council is responsible for establishing a Local Safeguarding Children Board (LSCB) in their area and ensuring that it is run effectively.

The ultimate responsibility for the effectiveness of the BSCB rests with the political leaders of Bristol City Council. The City Director is accountable to the Mayor. The Lead Member (Assistant Mayor for People) for Children's Services has the responsibility for ensuring the organisation fulfils their legal responsibilities to safeguard children and young people.

Shadow Board

The Shadow board has experienced changes in membership this year due to Youth Council elections and members moving on. The terms of reference for the group have been revised and updated. The Shadow board has highlighted that Bullying and Self-Harm remain priorities for them, and these have been incorporated into the new strategic plan.

Structure



Working Groups



BSCB Joint Business Unit

A restructure of the Business Unit has been agreed by the Board alongside the Adult Safeguarding Board and a funding structure agreed for 3 years that will enable both boards to work more effectively. The unit will comprise of a Joint Business Unit Manager, Policy and Projects Officer, Project Support Officer and a Safeguarding Data Analyst (part-time). In addition there will be one and a half administrative support posts. Recruitment to the unit will commence in April 2016 and it is expected that the unit will be fully established by the autumn of 2016.

Financial Arrangements BSCB 2015 - 2016

Expenditure		Income	
Employment Costs		Partner Contributions	
BSCB Team Salaries	55,805	Bristol City Council:	
BSCB Independent Chair - S Lewis 2015/16	21,083	People (incl Youth Links)	157,956
BSCB Staff training & expenses	1,600	North Bristol NHS Trust	13,186
BSCB - CPR Admin	36,409	Bristol CCG	24,116
Consultants	3,108	Probation: NPS & CRC	3,090
Training Team Salaries	40,457	Avon & Somerset Constabulary	18,699
Training Team expenses	93	Learning Partnership West	2,838
Training - Admin Support	24,820	Avon Fire & Rescue	1,000
Total Employment Expenditure	183,375	CAFCASS	550
Serious Case Reviews		YOT	2,063
SCR Fees 2015/16	49,697	Total Partner Contributions	223,498
SCR Accommodation	323	Other Income	
Total SCR Expenditure	50,021	Training & Conference	89,145
Training & Conference		BC SCR Fees	21,733
Trainer Fees	8,556	B/Fwd from 2014/15	37,021
Training Venue Hire & hospitality	19,867	Total other income	147,899
Training Team printing & general office expenses	420	Balance at Year end	
Training team equipment & IT	325	Total available	371,397
BSCB Conference Speakers	0	Total Expenditure	312,465
BSCB Conference Expenses	300	Surplus	-58,932*
Total Training & Conference Expenditure	29,469	*during this financial year the board has operated a surplus. This will be carried over into the new financial year. Some of the surplus will be required to cover the costs of current Serious Case Reviews and the remainder will be used to provide resources to Sub groups, engage better with children across the city in line with the boards' priorities.	
Contributions to other projects			
SWGFL 2014/15	3,080		
SWGFL 2015/16	3,520		
Contribution to SWCPP	0		
Safeclub (Childsafe) contribution	5,880		
University Of Bristol - Child Death Review Service 2015/16	11,929		
Total Contributions	24,409		
Other Expenditure			
Conference attendance by Independent Chair	530		
Expenses for BSCB lay members	91		
Room hire, catering & equipment	2,014		
Translation	72		
Integrate Bristol dissemination on 03/02/16	150		
BCC Overheads	22,335		
Total Other Expenditure	25,191		
Total Expenditure	312,465		

Lay Member

Message from Anna Hall our departing Lay Member.

'Being a Lay Member of the Bristol Safeguarding Children Board has been a wonderful opportunity for me! Not only have I been warmly invited to the board meetings but I've had the opportunity to be involved in some of the sub-groups too. I have been on such a varied training programme which has involved specific training courses, attending conferences and watching case conferences. My participation has been somewhat restricted by other commitments that I have but the opportunities are endless! I have gained an incredible insight into safeguarding children and how organisations work together to do this. This has been both a personally and professionally rewarding experience.'

Anna has made a valuable contribution to the board over the 2 ½ years that she has been a lay member and the Board would like to wish her well in the future.

The board are recruiting new lay members at present and welcome expressions of interest from anyone who would be interested in the role.

Working Together to Safeguard Children, 2015¹, places an expectation on the board to recruit lay members who represent the persons living in the authority's area.

Purpose of Role

Lay members will:

- operate as full members of the BSCB, participating as appropriate on the Board itself and on relevant sub groups.
- help to make links between the BSCB and community groups;
- support stronger public engagement in local child safety issues;
- improve public understanding of the BSCB's child protection work.

Lay Members are expected to attend 4 board meetings each year which usually last 3-4 hours and take place during working hours. In addition lay members are encouraged to join the work of various subgroups of the board.

Lay Members must meet the following criteria:

- live within the boundaries of Bristol City Council.
- have an understanding of the needs of children and young people [this does not necessarily mean a professional qualification or experience in an employed post].
- have an ability to communicate effectively in meetings and confidence to ask questions and challenge others in a constructive way.
- have a commitment to keeping children and young people safe from harm.
- have a commitment to improving the lives for children and young people in Bristol.
- have a commitment to promoting equality and diversity issues.

¹ Statutory guidance which is issued by the Govt. and outlines how LSCB's should operate and what their membership should include (www.workingtogetheronline.co.uk)

Voluntary sector representation

Voscur

Safeguarding support for the voluntary and Community Sector

Voscur is a council for voluntary service and a development agency for the voluntary, community and social enterprise (VCSE) sector in Bristol. Voscur is committed to supporting and improving safeguarding practice across the VCSE sector in Bristol. This is done in a number of ways, including working directly with local groups on relevant policies and practice, to more strategic level work, bringing the voice of the VCSE to key decision making bodies/working groups in the city.

Voscur works closely with Bristol City Council (BCC) and the Bristol Safeguarding Children Board (BSCB), to improve and support VCSE sector organisations that work with children, young people and families.

One of the ways this is done is through Voscur recruiting and supporting two VCSE sector advocates on the BSCB. These Advocates are elected by local organisations that make up Voscur's Children and Young People's Network. Advocates take an active part in the work of the BSCB and its subgroups, highlighting issues pertinent to the VCSE sector and giving a voice to the sector: Advocates then feedback relevant information to the sector via regular video reports. Voscur has also worked with BSCB to promote relevant training and safeguarding resources to the VCSE sector through established channels. This included Child-safe (now Safe Club) courses as well as the BSCB inter-agency training brochure. Voscur has also participated in the Avonsafe steering group.

Voscur works with Bristol City Council to identify relevant courses, such as supporting organisations to audit their safeguarding policies and practice, and facilitating Signs of Safety workshops for the sector.

Voscur continued to be an ambassador of Safe Network, which provided safeguarding resources for the VCSE sector, until this organisation ended recently. The resources can still be accessed on the NSPCC website². Voscur has played a large part to date in directing organisations to resources, training, support for policy and procedure writing, and information such as where to get DBS checks done. Occasionally Voscur offers more intensive support to organisations (for example, queries about safeguarding issues and next steps), but the most safeguarding support requests are signposted to other services.

As well as these key areas of work, other adhoc safeguarding support has been given, including:

- Support to organisations for information about training and resources on the Prevent agenda

² <https://www.nspcc.org.uk/preventing-abuse/safeguarding/>

- Work with the National Council for Voluntary Youth Services (now part of Ambition) on identifying suitable support on the Prevent agenda
- Presentation to the BSCB by Integrate on its work
- VSCE sector Advocate co-ordination of local organisations to gather the learning from serious case reviews
- VCSE sector Advocate input into the CSE, E-safety and education subgroups

Partnership working to meet the changing needs of communities and organisations will lead to better knowledge of safeguarding resources and support available, improved joint working within and between organisations, access to multi-agency training and improved safeguarding practice for the VCSE sector.

Asma Ahmad,

Children & Young People's Network co-ordinator – VOSCUR

Safeguarding Context in Bristol

Demographics

Some facts about Bristol's population:

- We have a population of about 449,300, the largest city in the South West.
- We are one of Great Britain's ten 'Core Cities'.
- Bristol's population is expected to reach half a million by 2027.
- We have more children under sixteen than people of pensionable age.
- 16% of our population belongs to a black or minority ethnic group.

Increasing Diversity

There are now at least 45 religions, at least 187 countries of birth represented and at least 91 main languages spoken by people living in Bristol.

Growth in population of Children in Bristol

Between 2004 and 2014 the number of children (aged 0-15) living in Bristol is estimated to have increased by 11,500 (16%). This increase has been amongst the 0-10 year olds only (an increase of 25%), and in particular among the 0-4 year olds (an increase of 35%). The growth in the number of under 5s in the last decade (+8,000) is the fourth highest nationally, after Birmingham, Leeds and Manchester, and has seen an increase of more than 1,200 children in each single year of age. The trends reflect the substantial increase in numbers of births in Bristol in recent years.

The number of children in Bristol is projected to continue to grow, with a projected increase of 17,400 children (0-15 year olds) between 2012 and 2037, an increase of 21.6%. Within this age group, the number of 6-15 year olds is projected to increase the most. Children as a proportion of the total population is likely to remain the same at around 19% of all people living in Bristol, in spite of the increased number of children living in Bristol.

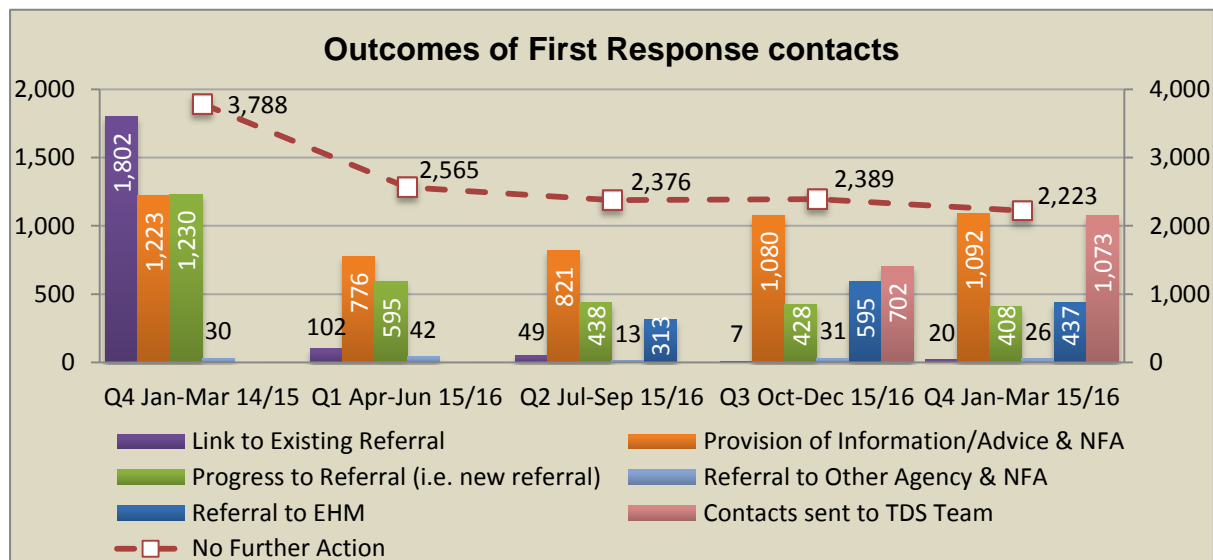
The Board need to understand how agencies are responding to these challenges that a rise in the population of those under 18 will mean. In an environment of reducing resources across the public and voluntary sectors partners will need to ensure that services are developed that can effectively meet the safeguarding needs of all children in Bristol.

Contacts, Referrals and assessments

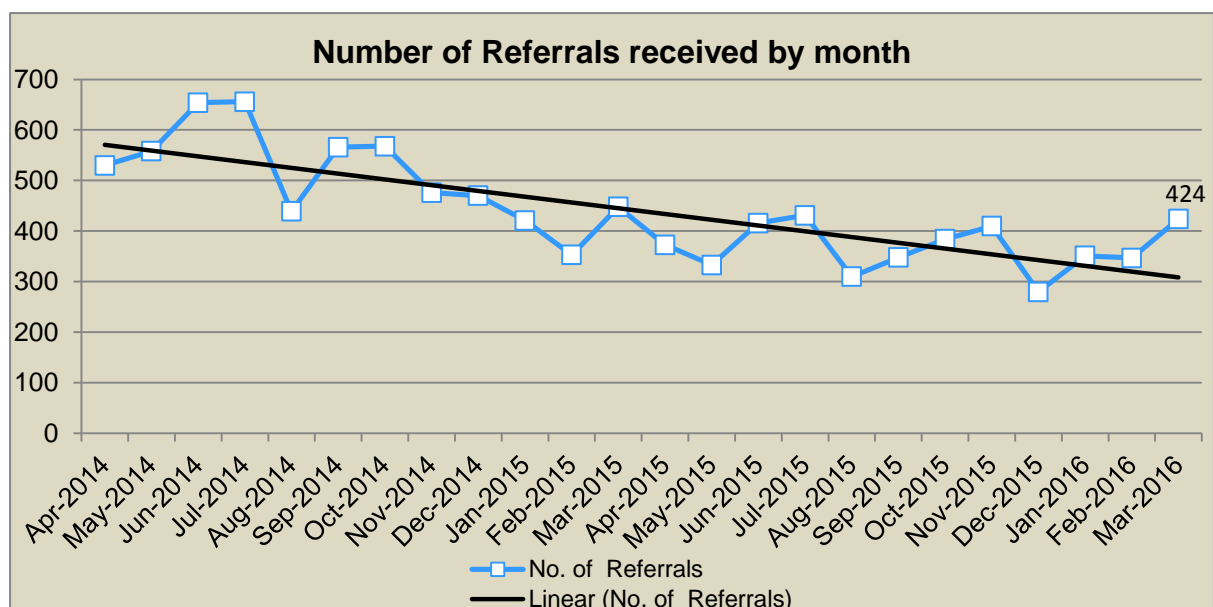
First Response is the first point of contact where there are concerns about a child or where there is a need to request multi agency help in meeting a child's needs. Using shared

information, First Response will ensure that all requests for help are screened and allocated to the right place in a timely way.

Contacts

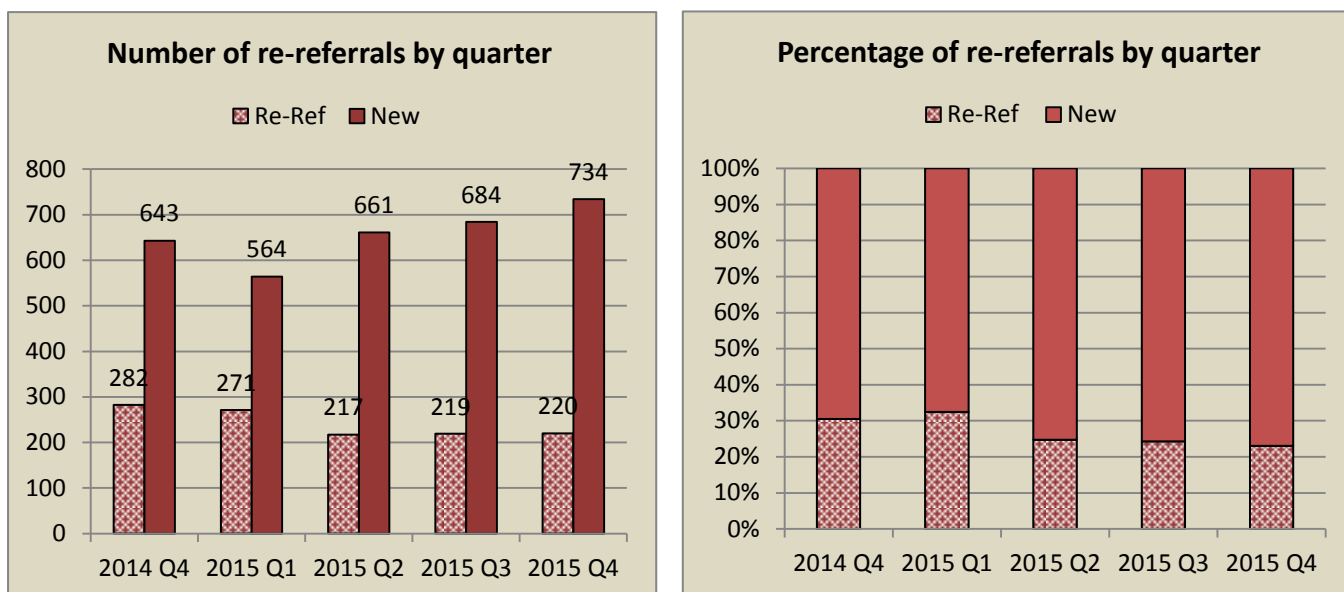


Referrals



Since Quarter 1 of 2015 there has been a small reduction overall in the number of contacts made with First Response though the numbers of referrals generated from these contacts has remained relatively stable over the year. This follows a significant reduction in the number of referrals seen during 2014 which explains the apparent 'linear' reduction in the number of referrals.

Re-referrals



If a child has had a referral in the 12-month period prior to the new referral, then the new referral is counted as a re-referral.

During the course of 2015/16, the total referrals steadily increased and at year end were slightly higher than last year (925 at year-end 2014/15 and 954 at year-end 2015/16). Whilst re-referrals have levelled out at 220 (Q4 2015/16), the number of new referrals has increased from 564 (Q1 2015/16) to 734 (Q4 2015/16).

At Q4 2015/16 (year-end), the re-referral rate of 23.0% compares with a 2014/15 (year end) England average of 24.0%.

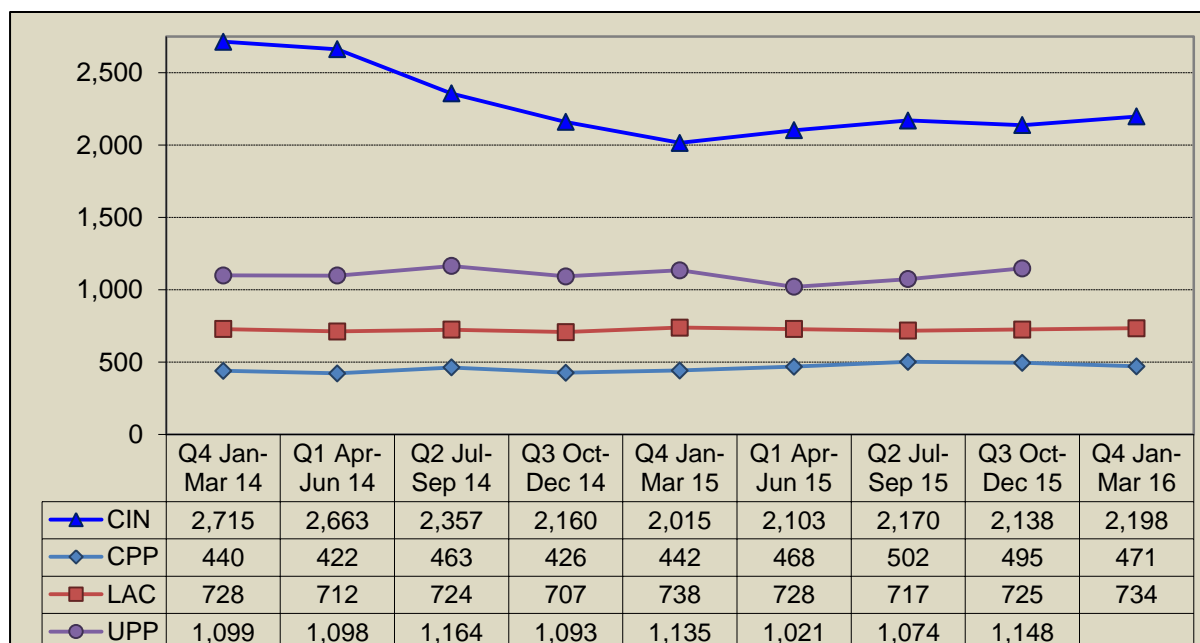
Strategic Priority 4: Invest resources for best impact: scrutiny and effectiveness of early help

The quality of referrals and responses is audited and any required action taken within an appropriate and defined timescale

Previously as can be seen Bristol has had a high level of referrals. Since 2014 there has been an overall reduction in the numbers of referrals made to First Response, from a high of around 700 per month to 400 per month during 2015/2016. As is shown in the referrals chart the number of referrals made during 2015/2016 has remained broadly stable. The referral rate and quality of the referrals being made is kept under close review and there is ongoing work being undertaken by partners individually and together to improve the quality of and the information being provided within referrals.

What we will do?

The Performance and Quality Sub group undertake an annual threshold audit in order to explore and better understand referrals being made for early help and social care intervention. An audit of referrals and the decision making by First response has been undertaken and the outcomes demonstrate that decision making is consistent.



Numbers of Children in Need (CIN), Children with a Child Protection Plan (CPP), Looked After Children (LAC), or children receiving a Universal Partnership Plus (UPP) service from school nurses or Health Visitors.

Child Protection plans

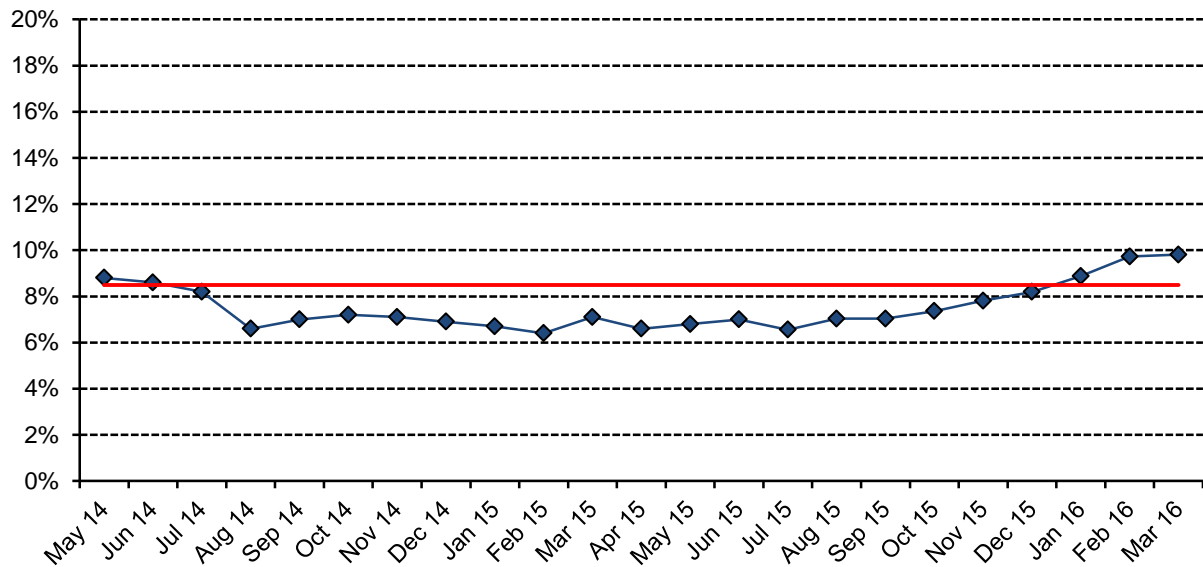
There were 26 children recorded as both LAC and CP. These have only been counted as Looked after Children in the table above. There has been a notable increase in the number of children subject of a Child Protection plan during 2015/2016.

The Quality and Performance sub group have undertaken audits as to the quality and appropriateness of child protection plans. Local Authority will provide their audits relating to CP Plans and we will continue to monitor this area of work.

Looked after children

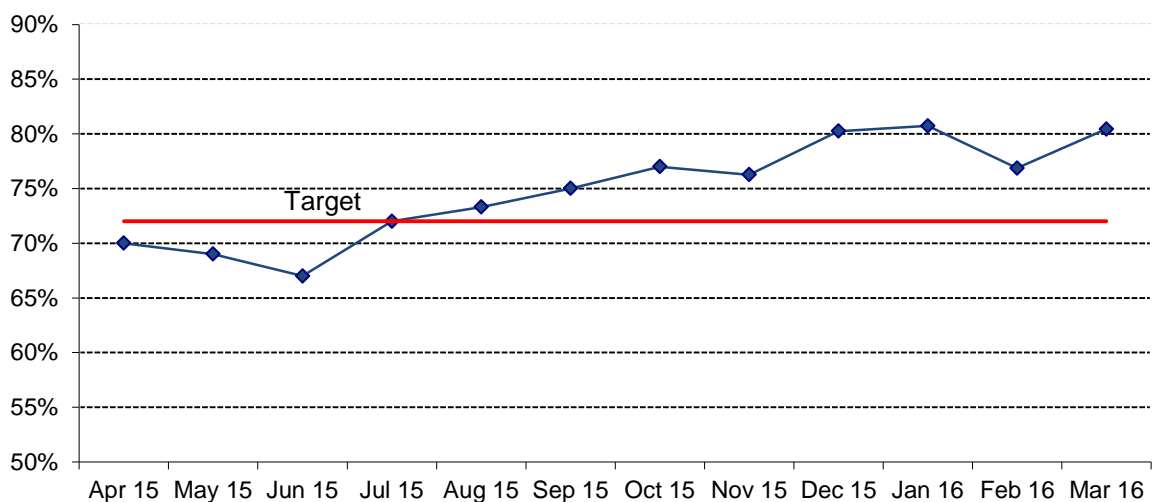
Placement stability, type and location

Percentage of LAC with 3 or more placements within a 12 month period



Placement length stability

The below information refers to the percentage of children looked after aged under 16 at year end who had been looked after continuously for at least 2.5 years and living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together lasted for at least 2 years.



Type of placement

Agency Foster Care	Bristol Residential	Family or Mother & Baby Unit	In-House Foster Care	Non-Bristol Residential	Parent/Independent Living	Placed for Adoption	Residential School	Secure	Totals
171	67	2	424	28	7	15	3	7	724
23.2%	9.7%	0.3%	58.5%	4.0%	1.2%	2.1%	0.4%	0.7%	100.0%

83.8% of Bristol looked after children are placed in a Foster care placement or placed for adoption. This is a significant improvement over the previous twelve months and compares with the national rate of 75% (52,050) of children looked after on 31st March 2015 living with foster carers. Significant efforts have been undertaken to ensure that children are placed in foster care. In circumstances where there is specialist support required foster carers are sought who are specifically trained to meet the needs of children with those support needs.

The Board receive an annual report form the Senior IRO and in respect of children place out of the local authority area in order to monitor and oversee these arrangements.

Private Fostering

Private fostering refers to an arrangement when a child under 16 (or under 18 if disabled) is cared for on a full-time basis by people who are not their parents or a close relative. It is a private arrangement between parent and carer or child and carer and lasts for 28 consecutive days or more.

The Children Act 1989 and the Children (Private Arrangements for Fostering) Regulations 2005 place specific duties and functions on each local authority. Other agencies are required to assist the local authority to carry out its duties, most often through notifying the authority of an arrangement.

In October 2014 the local authority of Bristol had its most recent OFSTED inspection. Comments made in relation to private fostering were positive:

Although the number of privately fostered children is low (13), arrangements to promote awareness are comprehensive. Training and awareness raising have taken place in social work teams and schools. Sampling of cases in the FRT confirmed that social work practice is alert to the needs of privately fostered children, although the local authority acknowledges that visits to see these children are not always undertaken within the statutory timescale.

Measures have been implemented in order to improve the timeliness of the local authority's response in respect of statutory visits.

Comparison between 2014/15 and 2015/16

	2014/15	2015/16
The number of notifications of new Private Fostering arrangements during this year.	23	30
The number of initial visits	23	30
Of Item 2, the number of cases where action was taken within 7 working days.	13	15
Percentage within timescales	56.5%	50.0%
Number of new arrangements that began during the reporting year.	23	29
The number of private fostering arrangements that began on or after 1 April 2015 where visits were made at intervals of not more than 6 weeks.	18	18
New PF cases visited within timescales	78.3%	62.1%
The number of Private Fostering Arrangements ending during the reporting year	18	30
Number of children under Private Fostering Arrangements as of 31/03/2016	18	24

Potential for improvement: summary of strengths and areas for development

Strengths

Improvements have been made to the School Admission form and the internal monitoring system within the School Admission service.

The family placement team social worker has worked to improve the timeliness of DBS checks and references and increased support to private foster carers when it is necessary. A system to remind social workers when their statutory visits are due has been implemented.

The quality assurance group and the PF SW planning group have met frequently.

There is improved support to PF carers of children on the edge of care, including the creation of a better multi-agency approach and professionals meetings. This was prompted by a specific case.

An annual press release is issued with support from the press office during national PF awareness week (the next one is scheduled for July 2016) and occasional notifications are received through the web form.

DBS checks obtained through host agencies are now being accepted, which speeds up the assessment process.

There is now a PF module on the children's recording system which enables easier recording of information about the PF carer. In addition, we have now added automatic system alerts which go to the children's case co-ordinator.

The PF social worker is now sending a standard letter to all PF children who reach 16. This will include information in relation to their entitlement to advice and assistance as a qualifying carer leaver.

Engagement has started with other language schools and independent schools in Bristol.

Areas for development

- To continue the communication strategy of raising awareness of the need for agencies to notify children's social care of Private Fostering arrangements during on-going training, both BSCB and single agency courses and other opportunities.
- The publicising of the need to refer Private Fostering to the general public will be continued.
- The Safeguarding in Education Team to continue to work with schools and the BSCB Education sub-group to raise awareness of PF and provide support on appropriate referrals.
- Monitor and support recording of PFAs on the children's social care database and ensure timeliness of visits. The data for this year has shown that timeliness has decreased and work will need to be done to look at how this can be improved in 2016/2017.
- Continue to attend the Coram BAAF PF network regional meetings and thereby increase awareness of how Bristol City Council compares to similar authorities to influence the development of the service.

www.bristol.gov.uk/privatefostering

Children with Disabilities

The Disabled Children Service in Bristol works with children and young people that have disabilities or impairments. The Disabled Children Service manages low level safeguarding

concerns, and where there are increased concerns or it becomes evident that a parent is unable to safeguard their child from harm the Disabled Children Service will investigate.

There are low numbers of children with disabilities that have a child protection plan the Local Authority will be auditing those children and reporting the outcome to the BSCB.

Multi-Agency Public Protection Arrangements

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authorities) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. Other agencies including children's services have a duty to cooperate with MAPPA. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively. MAPPA registered offenders make up a proportion of the caseload of staff in the National Probation Service (including offenders on community orders, in custody and released on licence).



The MAPPA Annual report is not available for 2015-2016 as it will not be published until October 2016. The report for 2014-2015 is available here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/471216/avon-and-somerset.pdf

Progress and Practice in Bristol

Strategic Priorities

For each area of work outlined below where this is linked or addressed by one or more of BSCB's strategic priorities this is specified.

Early help

Strategic Priority 4

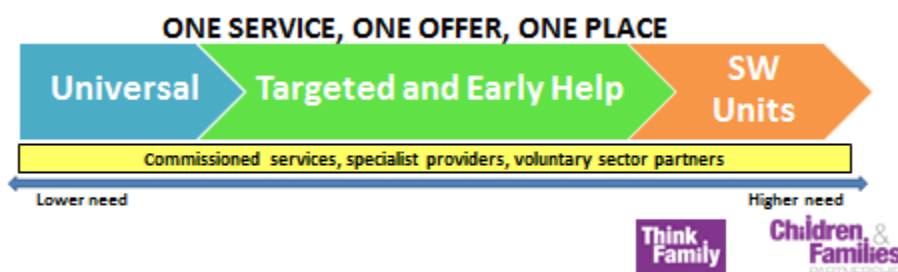
Influence resources: ensure scrutiny and effectiveness of early help.

1 - Early Help Implement scrutiny of Early Help provision and challenge areas where provision is not meeting expectations, highlighting areas where practice is exceeding expectations (Yr 2).

An outline of Early Help / Troubled Family support within Bristol

What Early Help and Intervention means for us:

- Help families with children to overcome multiple problems, particularly intergenerational problems;
- To tackle family violence and in particular its transmission from one generation to the next;
- To improve physical and mental health for families;
- To ensure vulnerable children receive interventions more decisively and decisions about their future are taken quickly;
- To tackle problems in primary school particularly where those problems stem from the family;
- To make work a reasonable expectation of families with multiple problems.



The Early Help service comprises three Bristol City Council area Early Help Teams (EHT) and a number of commissioned and non-commissioned providers working within and alongside local authority children's services. The EHTs receive referrals for families that require coordinated, multi-agency intervention, from First Response.

The Family Workers in Early Help offer support to families identified as having complex needs and high risk, as identified using intelligence from the Think Family Database³ and professional judgement. These are called 'proactive' referrals.

The Early Help team includes:

- Parenting practitioners
- Targeted youth workers
- Family support workers
- Supporting Families Service, which supports children, young people, and families to engage with the single assessment and identify the steps needed to achieve improved outcomes in an action plan. Unlike other services, they will typically work with a family for an average of six months
- Early Help social workers, who support families with children who are, or would otherwise be, Children in Need
- Family Intervention Team, which provides intensive support to families with complex and multiple needs (Troubled Families) for an average of 9 months
- Police Community Support officers
- Independent Domestic Violence & Abuse advisors
- Employment Advisors
- Anti-Social Behaviour coordinator
- Primary Mental Health Specialist (Child Adolescent Mental Health Service).
- Adult mental health specialists joining the team in September 2016

The assessment and Family Support Plan is produced with the family, the lead professional and local partners who act as the Team around the Family (TAF). Agency goals (from the [Family Outcome Plan⁴](#)) and family goals are identified when the assessment is complete with a corresponding action plan. Progress is reviewed approximately every six weeks. Meetings will always seek to involve families.

Key achievements during 2015-2016

There was a large increase in resources in Early Help funded by the Direct Support Grant . The aim of the investment is to strengthen relationships between schools, early help and multi-agency partners and to support schools with safeguarding practice. By improving understanding schools are now better equipped to support children and their families.

Capacity for whole family working is now at 1000 families

³ This database is made up of 170,000 people, (54,000 families) with 30 sets of social issue data

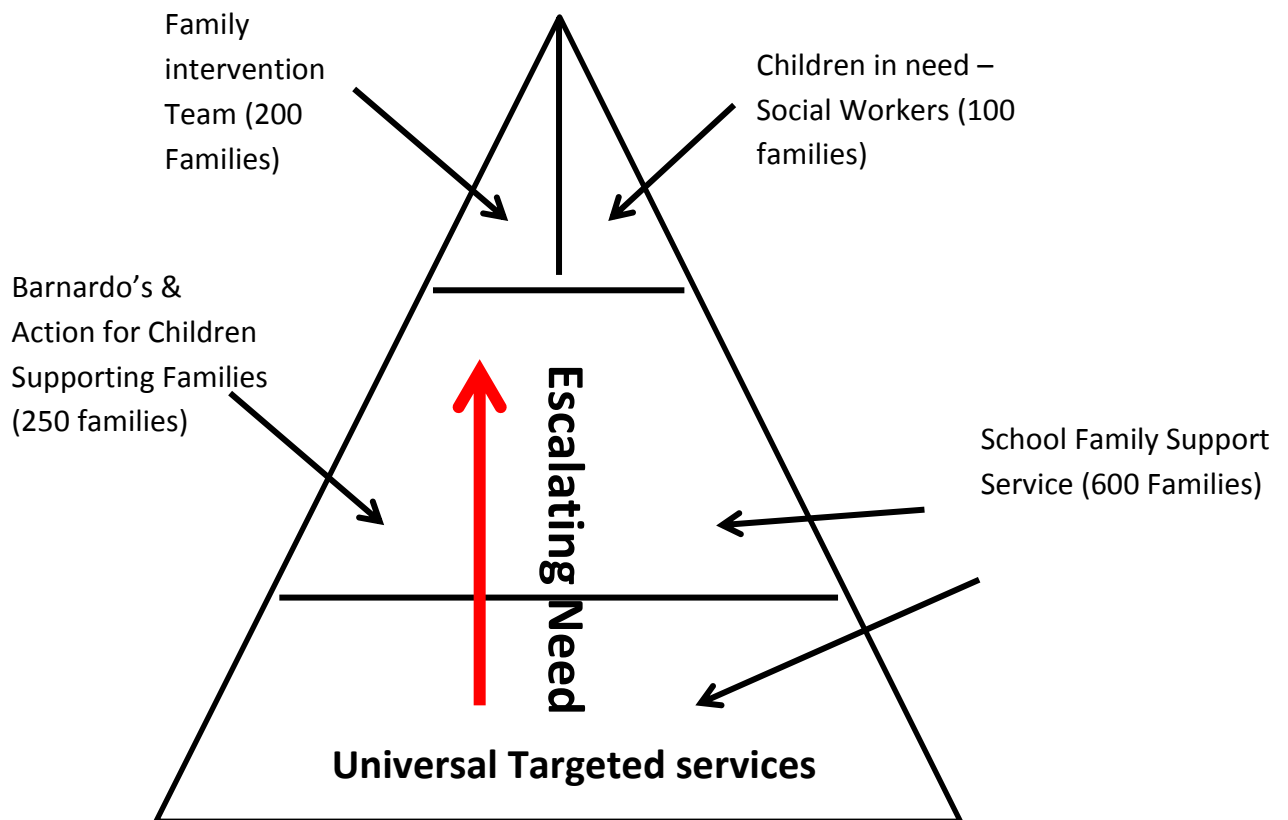
⁴ www.bristol.gov.uk/documents/20182/34776/Bristol+Family+Outcome+Plan/536c8171-b8e3-47ad-9cf6-aff6a1913d85

A new Domestic Violence notification system has been introduced by the schools safeguarding team.

The 2015 'Think Family' Conference was attended by 240 participants. Professionals who work with families in Bristol came together to discuss how they can support the most vulnerable families.

Bristol continues to have a good reputation for the Think Family approach to service transformation, information sharing and predictive analytics. The approach was highly commended in the Delivering Better Outcomes category of the Municipal Journal of Achievement awards and has become a critical element to the delivery of the early intervention strategy.

Capacity for Whole Family Working



Outcomes and evidence of impact

3,081 children received help in 2015/16 as recorded on EHM (Early Help Module).

564 new families received a Whole Family Worker service in 2015/16 provided by Early Help Teams and commissioned providers.

Liquid Logic Early Help module is now live and used by Early Help Teams and Supporting Families Service.

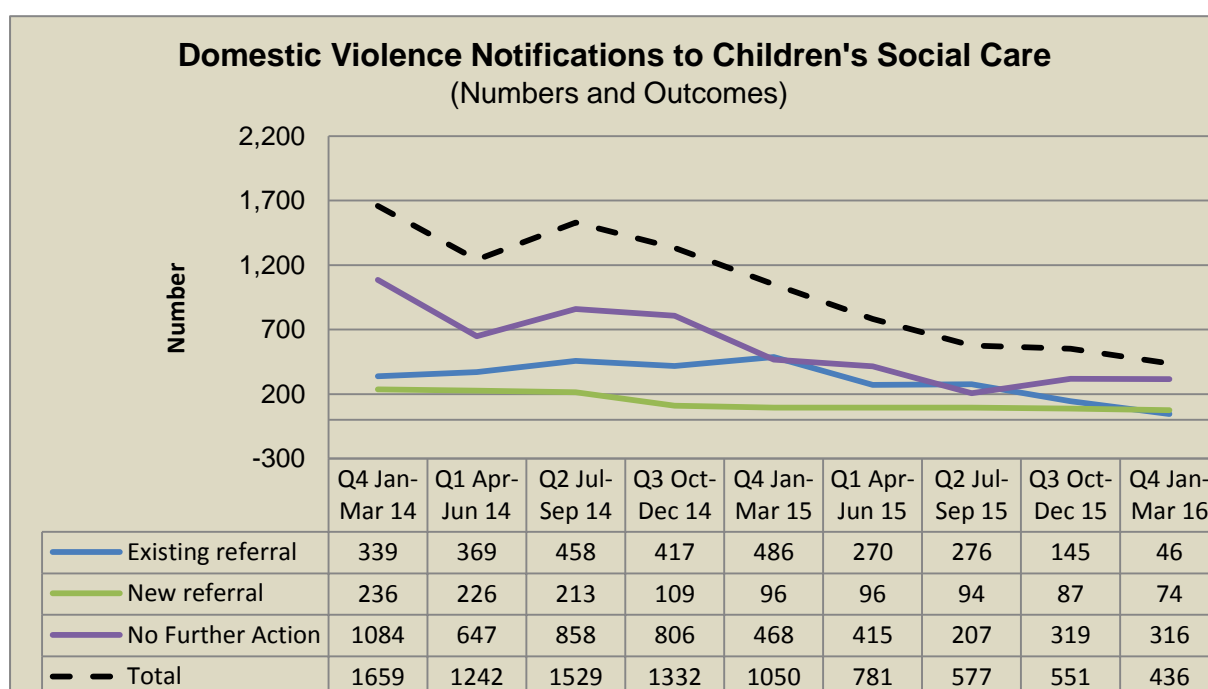
Evidence showing impact is reported in quarterly monitoring reports, case audits and Family Outcome Plan booklets used by Whole Family Worker services.

Work is being undertaken to better understand the impact of early help in the families that are receiving interventions at present, in order to identify what works most effectively.

Domestic Violence and Abuse

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

BSCB is assured that arrangements to support families affected by Domestic Abuse are in place and effective



Bristol's Children's Services routinely receives notifications of Domestic Violence from the Police through notification to First Response, where someone aged under 18 lives at the address concerned.

During the year there have been a total of 2345 Domestic Violence notifications recorded as contacts received from the police by Children's Services. Of these 1257 resulted in no further action from children's services, 351 resulted in a new referral being made to children's services and 737 notifications were received in respect of children who were already receiving a social work service. The method for recording notifications of incidents sent to children's services has changed during the year. Where a child has an open case to a

social worker, information regarding that notification is recorded by the Social Worker within the case record rather than as a 'new' contact. This may explain some of the reduction in the number of notifications recorded as practice has changed.

Safeguarding in education team is piloting a process for sharing DV notifications with schools. This is outlined in more detail elsewhere in the report.

What we will do?

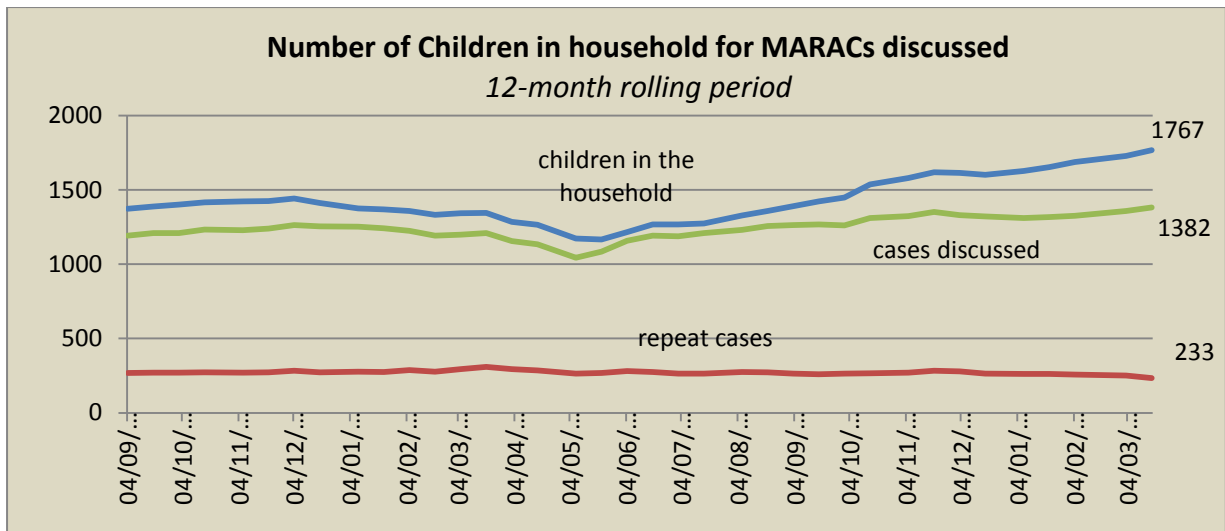
Through the [Education sub/ MARAC Steering groups], the domestic violence information sharing protocol will be implemented within schools to ensure a shared understanding of risk between police, children's social care and other partners. The impact of this will be monitored.

Quality and performance sub group are monitoring information regarding domestic violence and will seek to improve the quality of the information provided by partners in order to better understand how Domestic Violence is responded to by all partners.

Multi-Agency Risk Assessment Conferences (MARACs)

MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator.

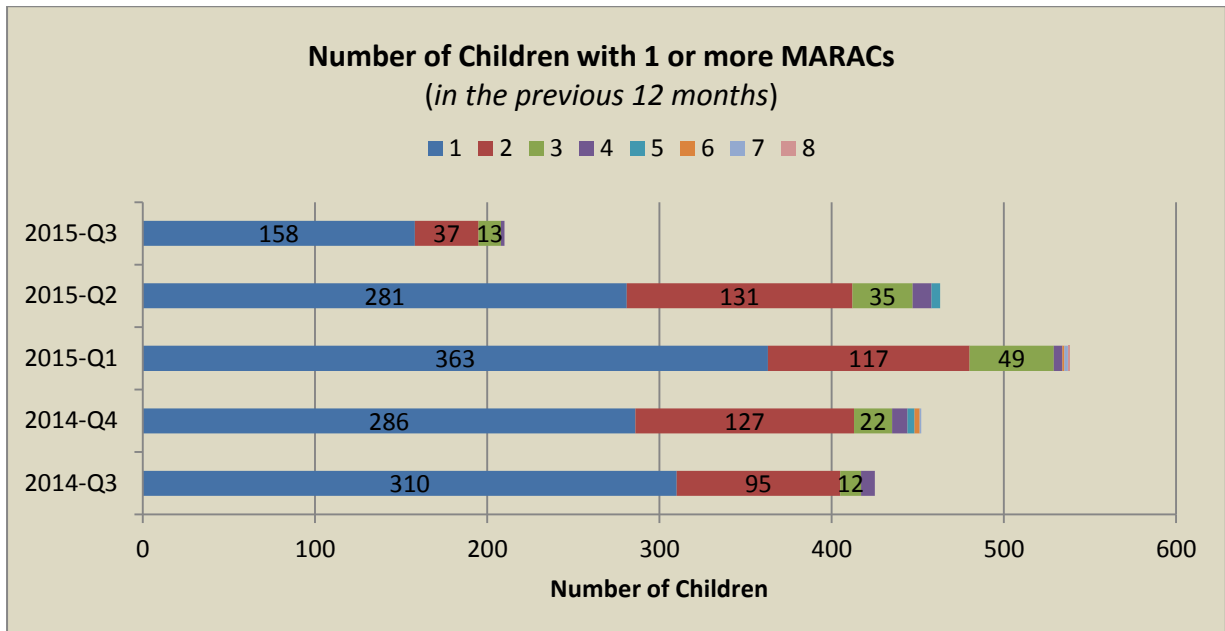
Data presented below represents the total number of children in households reviewed at a MARAC over a rolling 12 month period. Social workers are present at these MARAC meetings, as past experience suggests that these children are also at significant risk of emotional and physical harm. They are able to feed in their input to the family and take away any actions from the meeting that the chair feels are necessary.



Of particular concern during 2015/2016 has been the number of repeat referrals at MARAC of some children in a small number of cases. Whilst most children have been considered once during the preceding 12 months for those that are subject of repeat referrals to MARAC, work is needed to better understand why they are being repeatedly referred to the MARAC process and whether this is effective or not in those cases.

What we will do?

It is planned that the MARAC steering group will audit those cases that have been considered in MARAC on three or more occasions in order to understand better whether MARAC is effective in safeguarding those children or other measures are required in some circumstances.



MARAC data for Quarter 4 2015/16 has been delayed. There is a large back-log in MARAC papers to be recorded. This is progressing but will take some time (i.e. entry has to be done

record by record). It is anticipated that records will not be up-to-date until the end of June 2016.

Children Missing from Home and Care

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Introduce integrated partnership information to inform effectiveness, trend analysis and emerging issues

An action plan is developed for Children Missing from Home and Care

All children reported missing to the police in Bristol are reported to Children’s services and the ‘missing episode’ is recorded on the case recording System (LCS). Where the child is missing from home, consideration is given to whether the episode meets the criteria to be offered a Return Interview, as established in the **BSCB: Strategy for children missing from home and care**⁵. During 2015-2016 significant work has been undertaken to improve and develop systems to enable better recording of missing data and the outcomes of return interviews. Due to changes in how the data is recorded in LCS, information regarding the number of return interviews has been provided since January 2015. Further changes are planned for April 2016 when Safe Choices⁶ will be able to record Return Interview data directly into the same case recording system used by Children’s Services.

During 2015-2016 a total of 499 Missing Episodes were recorded involving 262 children. There remain concerns regarding the reliability of the recorded data over the year due to changes to the processes used to record the data received from the police. As can be seen below there are discrepancies between that recorded by the police and that recorded by the children’s Services:

	Police record	LCS Record
Number children reported missing	418	330
Number episodes (reports)	1164	621
Repeat children	194	95

⁵

https://www.bristol.gov.uk/documents/20182/35012/Missing%20from%20Home_Care_Strategy%202014%20part%201%202_03.pdf/2e9ca8ef-a702-4586-bffa-d0b8bb576dba

⁶ Safe Choices – Barnardo’s provide a commissioned service to offer and provide return interviews and support children who have been missing from home.

Missing forms recorded and Return Interviews

Month of missing date	Total forms	Does the child meet the criteria for a return interview?		Was a Return Interview offered?		Percentage of return interviews offered ⁷	Has the child accepted the offer of a return interview?		Percentage of return interviews accepted ^{**8}	Return interview recorded	
		No	Yes	No	Yes		No	Yes		No	Yes
January	27	15	12	15	12	100%	3	9	75%	-	11
February	20	7	13	13	7	54%	1	6	86%	-	2
March	38	8	30	12	26	87%	9	16	62%		17
Not recorded	117	84	33	-	33	100	-	33	-	-	
Total	202	114	88	40	78		13	64			30

The row 'not recorded' indicates the number of missing episodes recorded in the system that does not indicate the date the missing episode occurred. This is a training and practice issue where a missing episode has been created but the return interview has not been correctly recorded.

Push and Pull factors

The change in the method of recording information from return interviews has enabled the recording, and therefore better understanding, of the push and pull factors that influence why a child might run away or go missing.

As can be seen from the table below the main reason for children missing from care is to be with their friends whom they may have been placed some distance from. For children missing from home the main issues are family difficulties and issues with education. The numbers at present remain small though as more return interviews are recorded the information is expected to improve and will be used to support more effective and targeted strategic planning of services for these children.

⁷ This is children who were offered a Return Interview as a percentage of children who meet the criteria for a Return Interview. Children who do not meet the criteria are not included.

⁸ This is the percentage of children accepting a Return Interview as a percentage of children who were offered a Return Interview.

Push and pull factors for the last 12 months

Push and Pull factor	Missing from Care		Missing from Home		All Children	
	Number of Children	Number of Episodes	Number of Children	Number of Episodes	Number of Children	Number of Episodes
Running to friends	18	34	5	9	23	43
Peer influences	9	20	6	10	15	30
Family Difficulties	6	10	7	8	13	18
Running to Family	8	18	1	1	9	19
Suspected/ been sexually exploited	3	5	3	3	6	8
Issues with education	4	10	4	5	8	15
Placement problems	6	10	-	-	6	10
Substance misuse	4	7	2	7	6	14
Suspected/ involved in offending	1	2	3	3	4	5
Mental Health	2	2	1	2	4	4
Alleged abuse within the family home	1	2	2	2	3	4
Issues with contact	3	3	0	0	3	3
Bullying	1	4	1	1	2	5
Suspected/ involved with gangs	1	2	0	0	1	2
Alleged abuse within placement	0	0	0	0	0	0
Suspected/ have been trafficked	0	0	0	0	0	0
Issues relating to religion	0	0	0	0	0	0
Risk of radicalisation	0	0	0	0	0	0
The child is an asylum seeker	0	0	0	0	0	0
Other	1	2	2	3	3	4
Unknown	2	3	2	4	4	5

Child Sexual Exploitation

*Child Sexual Exploitation*⁹

LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to *child sexual exploitation* and include information on the outcome of these assessments.

- This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse.
- The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue.

Strategic Priority 1: Ensure the Voice of the Child influences all that we do

The views and needs of young people affected by Child Sexual Exploitation (CSE) are addressed.

BSCB CSE Strategy to be adopted and implemented is informed by the views of Children and Young People

Strategic Priority 2: Maintain and improve effectiveness of interagency partnerships in the context of changes in demand, organisational change and reduced resources

Achieve effective co-ordinated approaches to identify and address issues of child sexual exploitation.

Produce an agreed multi-agency strategy for the protection of children at risk of sexual exploitation.

Implement the CSE strategy and demonstrate leadership in promoting its aims.

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Introduce integrated partnership information to inform effectiveness, trend analysis and emerging issues.

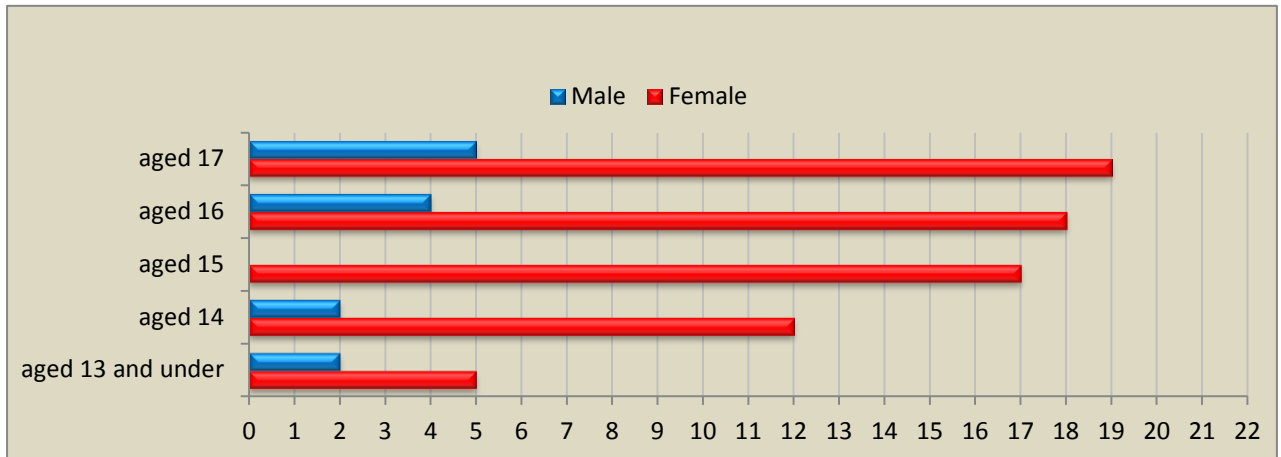
Develop a multi-dimensional approach to performance information with comparative quarterly data using benchmarking criteria to support monitoring and analysis of trends

Significant work has been undertaken during the last year to improve the understanding of the prevalence of CSE in Bristol and the number of victims that services are aware of and working with. At present the most reliable information available is a combination of data

⁹ http://www.workingtogetheronline.co.uk/chapters/chapter_three.html#lscb_chair Paragraph 18

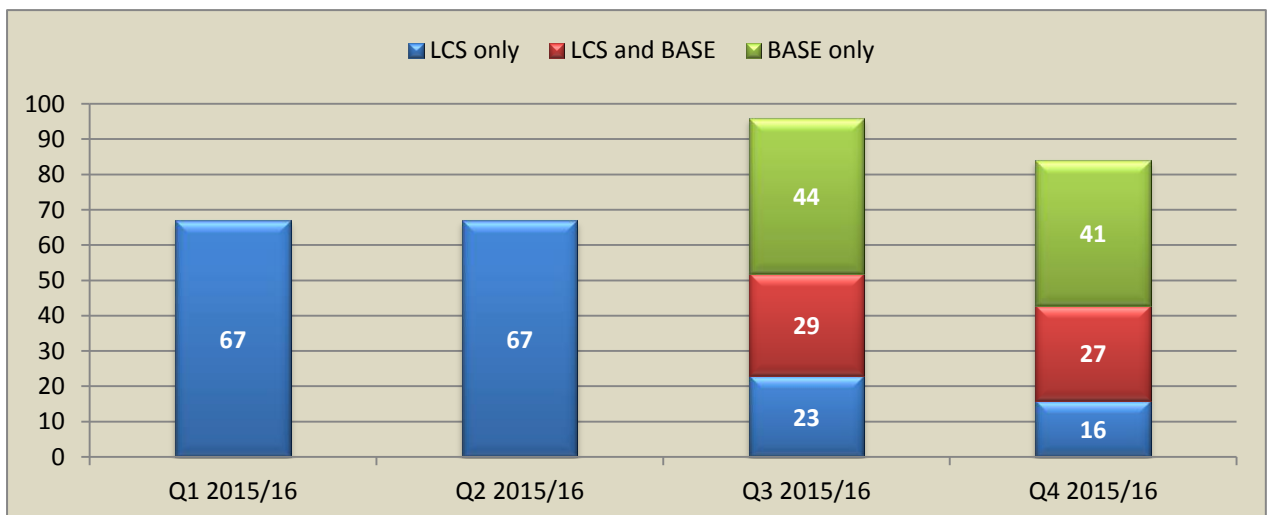
from those children who have been identified by Children’s services to be at risk of CSE and those that are working with a support worker from BASE (Barnardo’s Against Sexual Exploitation).

Age and gender of young people identified as being at risk of Child Sexual Exploitation (LCS & BASE) as at 31st March 2016

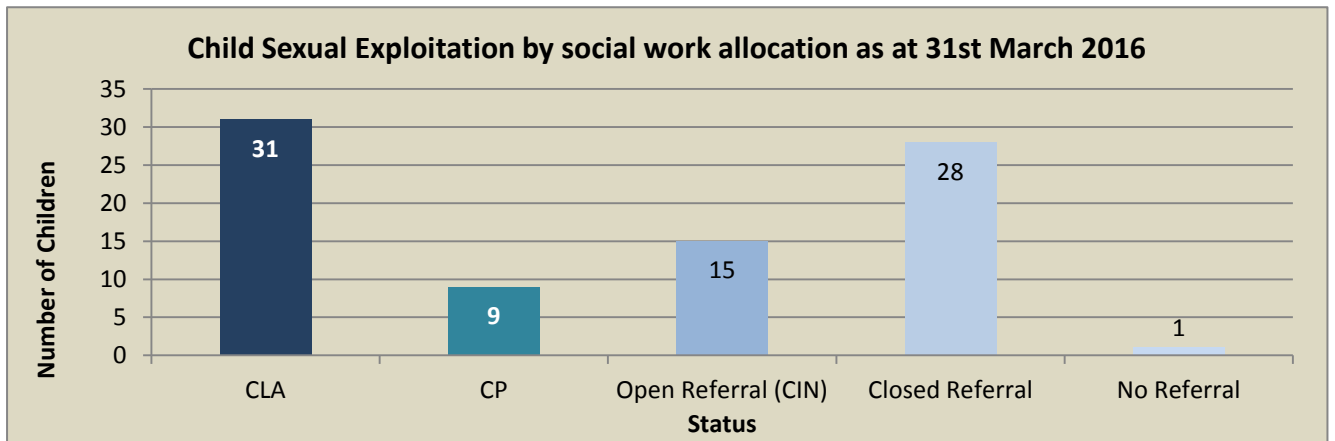


The majority of children at risk of CSE are girls aged 14 -17. There is a significant minority of boys known to be at risk of CSE, however it is considered that the number is significantly under reported.

CSE cases open at 31 March 2016



LCS – Local Authority Children’s Services case recording system

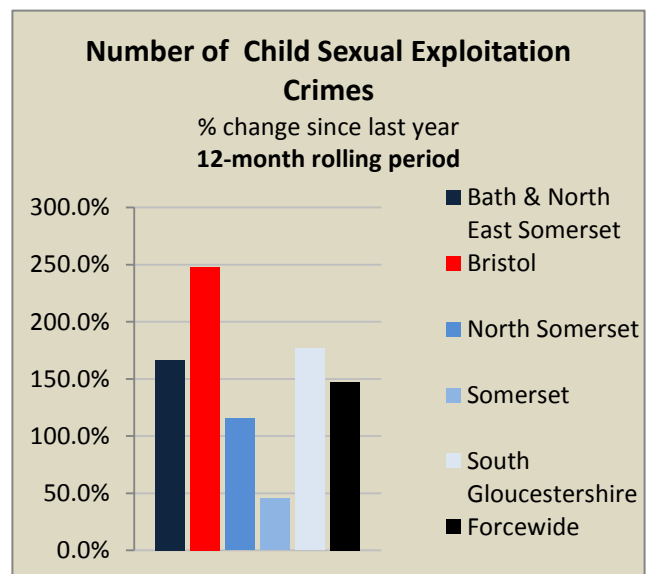
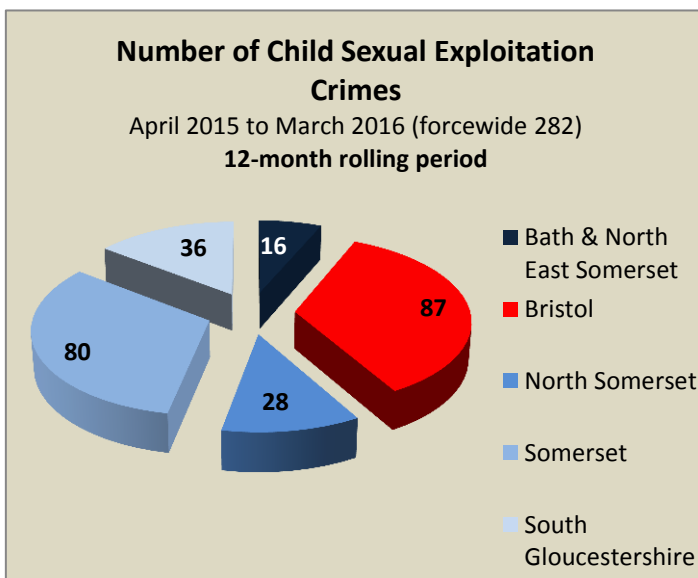


The data summarises children at risk of sexual exploitation from both children’s services case record system and Barnardo’s (BASE) as at 31st March 2016.

Across children’s services case record system and BASE there were 84 children and young people at risk by the end of March 2016. A new CSE checklist has been introduced within the children’s services case record system which will be reported on monthly (it is also available within the Early Help Module). This will track the usage of the form (i.e. the number of forms started, completed and whether a determination was made). The data obtained will also illustrate the risk indicators and vulnerabilities of CSE.

Thirty-one of the eighty-four CSE children are ‘children looked after’, representing over a third of the total.

Avon and Somerset Constabulary reported data;



With an increase of 248% Bristol has seen a considerable rise in recording of Child Sexual Exploitation crimes, the biggest across the force area. This represents an increase from 25 to 87 crimes.

West of England Child Sexual Exploitation (CSE) Victim Identification and Support Service

Project update briefing: April 2016

Dave McCallum; Senior Responsible Officer

Aims:

Prevent: More children are prevented from becoming victims of CSE.

Protect: More victims of CSE are identified, safeguarded and supported to help them overcoming the physical and emotional consequences of abuse.

Pursue: More perpetrators are brought to justice.

Updates on specific objectives and deliverables as of 1 April 2016:

Objective 1 - Delivery of direct specialist support and intervention to an estimated minimum 295 young people across the area identified as experiencing child sexual exploitation.

Update - Every local authority area in the project area has recruited specialist CSE support workers; Bristol has recruited 4.2 FTE (employed by Barnardo's BASE).

Objective 2 - Build a strong focus on prevention and victim identification through delivery of a 'train the trainers' package to 800 children and young people's workforce staff each year. Using an assumption based on training programmes in other areas that those trained would deliver sessions to ten young people, the expectation would be to deliver preventative interventions to several thousand young people.

Update - A specialist trainer has been recruited and since August 2015 has been delivering training across the project area. Training has been configured in liaison with LSCB training officers and coordinators; a series of CSE training modules has been developed and tailored to meet a range of professional needs. Increasingly, delivery will be within 'train the trainer' principles. To date training has been delivered to 320 members of the children's workforce across Bristol.

Objective 3 - Work with health commissioners to develop clear, 'fast track' care pathways to ensure that victims of CSE have access to Child and Adolescent Mental Health services, sexual health services and sexual violence support services, building on what works with health provision available at the BASE project in Bristol through commissioning arrangements with the University of Bristol Hospitals Trust and North Bristol Trust.

Update - A CAMHS nurse is co-located and working with Barnardo's BASE. Sexual health clinics are run from BASE.

Objective 4 - Consistent and robust identification and management of risk with respect to child sexual exploitation across the area through local CSE MARAC risk management arrangements and sharing of trends and issues to inform the strategic approach to CSE across the bid area and effective cross-boundary working.

Update - There has not been agreement in relation to the use of a single risk screening/assessment tool/ checklist. Several different such 'tools' are in use across the project area. There are also different approaches to information sharing and action planning processes. All LSCB areas are signatories to The South-West Child Protection Procedures. Each area treats CSE as a form of significant harm to children and employs child protection procedures to respond to concerns. Children assessed as vulnerable are supported through child in need or early help processes.

The existing CSE MARACs have now evolved into one process that is common to all LSCB areas (The CSE Network process). The process is configured to examine only more complex cases such as those involving multiple perpetrators or victims, cross border issues, geographic hot-spots or premises/ organisations presenting opportunities for CSE.

Objective 5 - Cross area intelligence, data sharing and development of the evidence base to understand the scale, extent and nature of CSE across the project area. This will be used as a toolkit to inform disruption activity, promote prosecution and enhance the understanding of the CSE and related matters such as human trafficking. It will also ensure an agile response to the changing nature, offender behaviours and tactics used in CSE. Findings would be shared nationally and used to help support development of similar services in other areas.

Update - Intelligence is being shared effectively. In order to develop an evidence base upon which to provide an accurate understanding of the prevailing nature and scale of CSE being perpetrated to inform responses, partner informed CSE profiles are being developed in every LSCB area. These have been commissioned by The West of England CSE Service using a methodology based on that employed in Wiltshire and Swindon. They will be prepared by The Police Foundation with the support of the project team and its Operational Group will facilitate information sharing to inform its production. The profiles are projected to be completed by September 2016.

Objective 6 - To put in place a robust governance structure to ensure strong local leadership in relation to CSE and oversight of delivery of the bid, supported by an Operational Group responsible for information sharing, analysis of trends and performance and development of practice including disruption activity and promoting prosecution.

Update - It must be acknowledged that the Operational Group has not had regular access to data of sufficient accuracy and reliability to enable ongoing analysis of trends and performance. This is a significant and consistent challenge to the ability of the project team

to evidence improvements to outcomes for children as a result of activity undertaken. However, there has been considerable focus on sharing and developing good practice in terms of disruption, investigation and prosecution.

Governance Arrangements

The Strategic Governance Group for the project comprises senior representatives of the Commissioners of The Service:

The different approaches being employed within the West of England CSE Service area provide an opportunity for the academic evaluation, in that their potential respective strengths and weaknesses can be subject to a degree of direct comparison.

Project Monitoring and Evaluation

Research in Practice (RiP) has been appointed as the Service's academic partner. An evaluation plan has been agreed.

Preventing Radicalisation

Building the Bridge Partnership



Key Achievements 2015-16

The recruitment of a female co-Chair for the Building the Bridge Board, Kalsoom Bashir. The board has always aspired to having 2 chairs, 1 male and 1 female to ensure gender balance when tackling some of the sensitive issues in the hard to reach communities.

The production of a comprehensive work plan to guide the Boards activities. The work plan is based on the recommendations made by the A&S Police Counter Terrorism Local Profile (CTLP) report.

Members of the board undertook a self-assessment for their individual organisations, so the board could have an overview of the progression of the Prevent duty roll out in responsible authorities. This process is currently being repeated, to inform future activities of the Board.

Review of member organisation has been conducted. The organisations currently sitting on the Building the Bridge board are:

- Community Lead x 2 Co-chairs
- Community Representative x2
- Integrate
- VOSCUR x2
- Bristol Multi Faith Forum
- A&S Police x4
- Probation
- Avon Fire & Rescue
- City of Bristol College
- UWE
- Bristol University
- Bristol City Council
- Safeguarding (YP & Children)
- Safeguarding (Adults)
- Equalities & Diversity
- Education
- Trading with Schools
- Safer Bristol Partnership
- Cabinet member
- NHS
- North Bristol Trust
- Avon & Wiltshire Mental Health Partnership
- Bristol Community Health

- FE/HE Regional Prevent Coordinator. An outline of Building the Bridge/prevent within Bristol

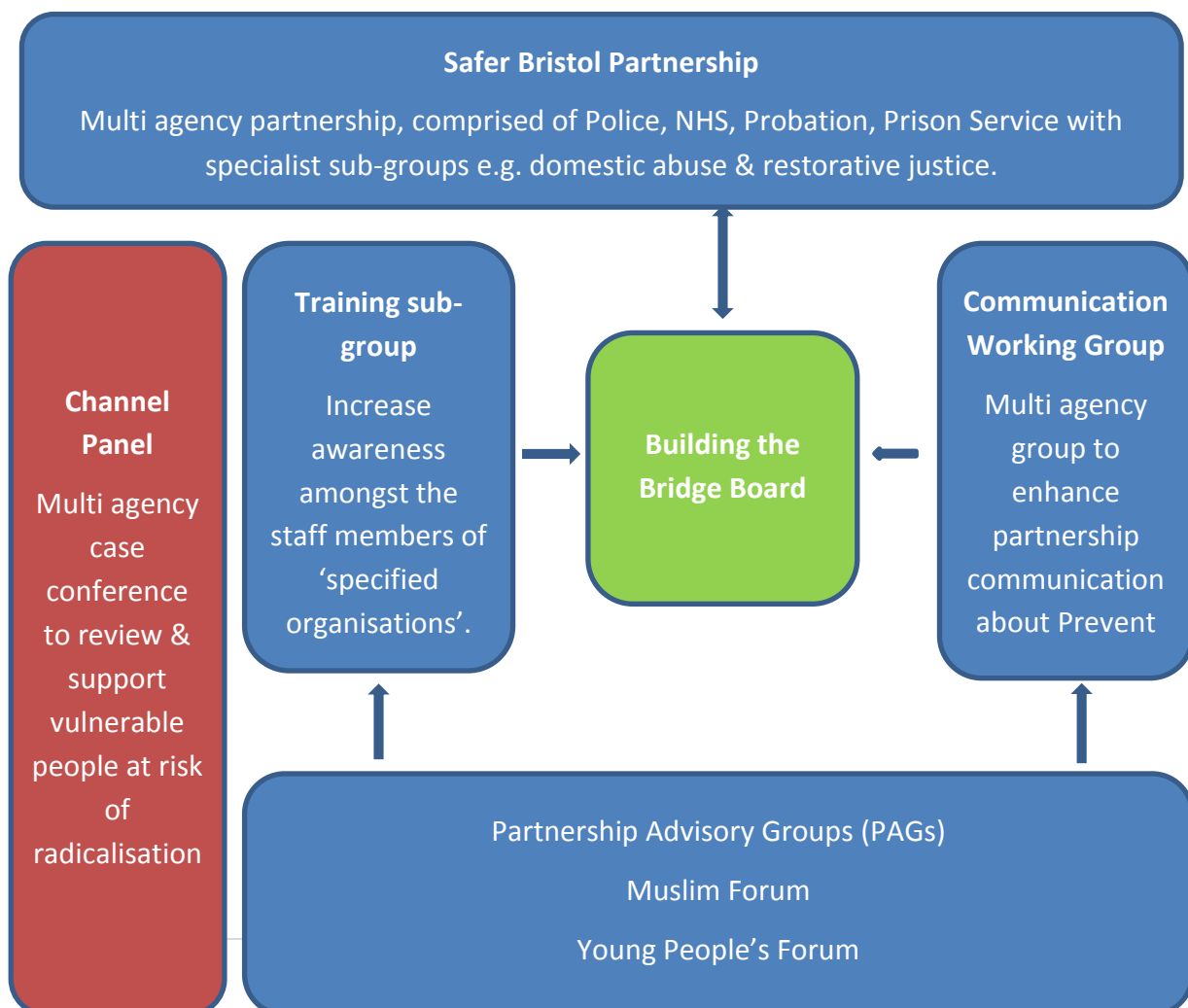
The structure of Building the Bridge is being held up nationally as an innovative approach to Prevent. This being the inclusive approach which involves community co-chairs for the board, as well as the consultative nature of the partnership advisory groups.

In summer 2015, Ofsted started to assess educational establishments on the Prevent Duty. This meant that the priority for training was directed towards Trading for Schools; and Higher Educational establishments. The progress has been good and all schools have Prevent embedded in their Safeguarding procedures, this included awareness training for School Governors.

The higher education establishments have been a little more difficult with the Bristol University Student Union refusing to engage with Prevent activities. This is currently being overcome via consultation with students. Other colleges, such as the City of Bristol College which has integrated Prevent into their everyday process and procedures via a very comprehensive online training programme.

Bristol City Council are currently offering a training plan which includes online and face to face training sessions.

Bristol - Building the Bridge Structure



Outcomes and evidence of impact

Based on A&S Police recording of referrals, there has been an increase of referrals to the Police Prevent team from educational establishments. This was expected due to the focus of awareness training has been intense. The quality of the signposting and triage service the Police and other Safeguarding professionals have offered has improved.

Currently, Bristol has one person being looked after by the Channel Panel.

Challenges

a. Resources

As the Contest Strategy matures, certain developments have impacted on the awareness training of Prevent: This being the shift away from training provided by the Police Prevent Team. Organisations therefore need to become more self-sufficient in the way they deliver awareness training.

For the local authority, when combining this with financial cuts, it has left the Prevent duty competing for resources with other priorities.

b. Communication

As the Prevent agenda develops, some of the earlier work undertaken by the priority prevent areas, has been copied by other areas. This has included localised microsites with the intention of being a 'one stop shop' for information. The sites act as a single signposting point of contact for an area for the general public, agencies and professionals. Bristol applied for permission to have a microsite but there has now been a change in direction. The Home Office want only one national site. This now leaves a gap in Bristol, where

Plan for the year ahead

Embed a train the trainer programme of activities to sweep through BCC and ensure staff are proportionately trained in spotting the signs of radicalisation, having the confidence to report and knowing where to report their concerns.

Other local authority areas and organisations have endorsed and embedded Prevent into the Safeguarding agenda. This needs to be discussed for Bristol City Council, as currently Prevent is a lone agenda. This situation ignores the future proofing of Prevent.

Continued bespoke training for key staff e.g. Social Workers, to enrich their understanding of some of the subtle contents of the Prevent agenda.

In October, the Big Sister Conference, a day for Muslim women living in Bristol, to come together and discuss issues which are important to them. This event was born out of the Building the Bridge Muslim Women's partnership advisory group. The numbers who have registered to attend are very encouraging.

Safeguarding in Education Team

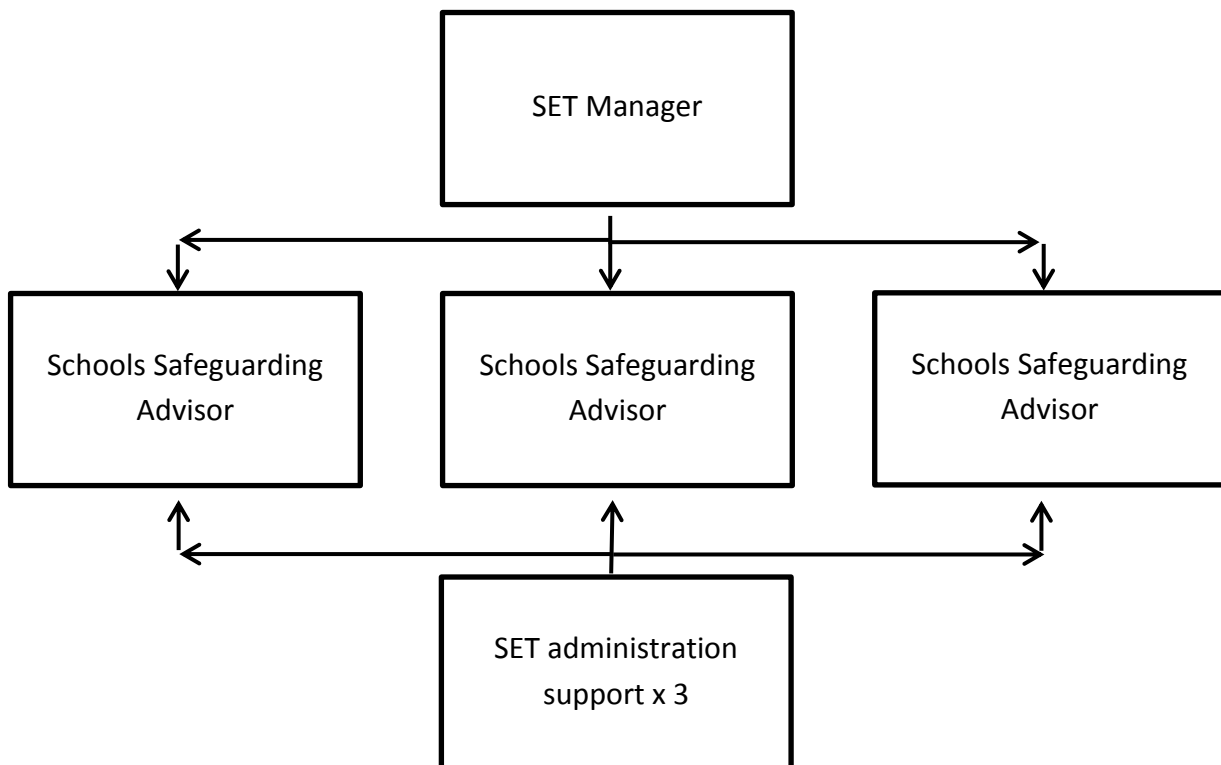
Laura Gajdus, SET Manager.



Introduction

The Schools Forum accepted the proposals from the Early Help Task & Finish Group for the allocation of underspend from the Direct Support Grant (2013-14) to strengthen early help support for children and young people and their families. The aim of the investment is to strengthen relationships between schools, early help and multi-agency partners and to support schools with safeguarding practice, improving understanding so that schools are better equipped to support children and their families.

SET structure



Three schools safeguarding advisors commenced in post during early November 2015 and three business support officers commenced in post in January 2016.

Objectives:

The Safeguarding in Education Team (SET) aim:

- To provide policy and practical support, guidance and challenge to schools, services and early years settings to ensure that children are kept safe and their welfare is promoted, as required by relevant legislation and statutory guidance.
- To support Bristol Safeguarding Children Board (BSCB) procedures and ensure the business plan inform the work of the team.

Each Area School Safeguarding Advisor holds their own Portfolio and takes a city wide lead for Domestic Abuse, Female Genital Mutilation, Bullying, Prevent and Radicalisation, Child Sexual Exploitation and E-safety.

Achievements

- The Safeguarding in Education team has successfully set up the first DSL (Designated Safeguard Lead) networks in April and July for schools. The proposed plan is for these networks to be held 3 times over an academic year. The idea of these networks is to bring DSLs together to share good practice, to support the continual professional development of DSLs and to disseminate statutory updates to schools in a timely way.
- The Domestic Abuse notification system pilot ended in March 2016 and is now being rolled out to all education settings across the city. The overall outcome of the pilot was a success, with schools reporting back how useful the information was in providing a bigger picture of the situation that some children face when they are at home. We currently have 85% of the education settings signed up to the notification system. There are plans to extend this notification system to include information from the Police when children go missing and to share wider safeguarding information into schools.
- MARAC (Multi Agency Risk Assessment Conference); the team has set up a system that allows reports to be sent into MARAC from a school setting. Historically it was raised that schools were not doing this. Since the set-up of the team it has been possible to establish a system which means that schools are sending these reports into the team and Esther Lambert (School Safeguarding Advisor) in the team represents the reports at the conference. The outcome is that information about individual children from schools is being shared and noted. This is crucial in effective risk management for the child[ren] and their family.
- School Safeguarding Audit; the School Safeguarding audit is vital in providing an overall picture of safeguarding activity within Bristol educational establishments. The audit has been designed to provide statutory information to the Bristol Safeguarding Children Board (BSCB). In addition, it gives an opportunity to evidence individual school safeguarding activities and share best practice with colleagues in other schools.
- This year a working group was established from the BSCB Education sub group to devise a school safeguarding audit. The working group was made up of representation from a number of education settings across Bristol. Once the bespoke audit was devised it was distributed to 167 education settings. The team was responsible for ensuring that all of these audits were completed. There was a return rate of 99% which was a significant improvement to previous years. During 2015/2016 the information from these audits were collated and a report was presented to the BSCB Education sub group and BSCB full board.
- The team have updated the following policies for schools; Safeguarding Policy template, Guidance on the transfer of a child Protection/Safeguarding file to another Education setting, Letting Policy.
- Statutory single agency training to schools has been implemented.
5 Safeguarding newsletters have been published and distributed into schools.

Portfolio work

Since the team has been in post all team members have been working to join existing networks in the city. The majority of this work comes from the BSCB (Bristol Safeguarding Children Board) sub groups. The team support the strategy business plan of the board.

FGM

The outcome of a presence on the FGM working group has led to a standardised procedure of reporting in line with local and national guidance, through the means of the Summer Campaign letter to Heads and DSL's. The FGM portfolio holder has supported the community at parenting groups, conferences and community events to ensure their voices are heard during any investigation. This is to prevent assumptions and that cases are handled with respect and families retain their dignity. This work has had a high media profile and highlights the work that schools are doing to keep children safe.

CSE (Child Sexual Exploitation)

The outcome of the adviser presence at the sub group is that key information has been distributed into schools. In addition the use of the predictive analytics tool has been used to identify vulnerable children within schools; this work is being further developed during 2016/2017

The portfolio holder has also worked in partnership with Barnardo's and delivered a two hour awareness session into 100 schools across Bristol.

SCR (Serious Case Reviews)

The team has been establishing and supporting mechanisms to ensure that schools are using the lessons that can be learnt from local and national serious case reviews.

Additional Outputs of the team have included:

- Responded to individual schools/education settings when safeguarding concerns have been raised through Ofsted, parental complaint, First Response and Early Help
- Consultation with relevant services including First Response and Early Help
- Partnership working with a number of agencies including Police and Next Link
- Training delivered on FGM to Community health advocates
- Attendance at relevant meetings including; Multi Agency Networks, Inclusion managers, Attendance officers network, Learning mentors, Early Help team, BSCB sub groups.

BSCB Sub groups

Quality and Performance sub group

Chair: Kate Markley, Principal Social Worker, Bristol City Council; People Directorate

Strategic Priority 1: Ensure the Voice of the Child influences all that we do

Single Agency Audit reports are received by the Board with specific reference to measures taken to capture the views and advice of Children and Young People.

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Identify and promote best practice regarding the assessment and management of perpetrators who pose a harm to children and young people

Develop a multi-dimensional approach to performance information with comparative quarterly data using benchmarking criteria to support monitoring and analysis of trends

Quality and Performance group to develop an action plan to coordinate the programme of single and multi-agency audits to avoid duplication of work and to measure the impact of safeguarding activity on front line practice over time.

Improve the quality of multi-agency audits by ensuring that a sufficient sample size is used to make an evaluation of the impact of learning on front line practice.

Strategic Priority 4: Invest resources for best impact: scrutiny and effectiveness of early help

The quality of referrals and responses is audited and any required action taken within an appropriate and defined timescale.

Assurances sought from EIP that Signs of Safety is delivered. Undertake pre and post measures of confidence levels as a delivery component to measure impact

Overview:

The Quality and Performance sub group is entering its second year after being created by the merger of the Quality sub group and Performance sub group in 2014/2015. There has been consistent attendance by police, health and social care.

Achievements/improved outcomes:

The BSCB Performance report card has been developed in the last year with the aim of presenting data in a clearer and more meaningful way. It was agreed at the sub group in March 2016 that further changes are needed around breaking the data down into locality areas and to include the 'Prevent' data.

The relevance of the data provided by the police was questioned and the new Safeguarding Data Analyst will be asked to work with the police about this. The data related to Child

Sexual Exploitation needs to be better explained and any data being provided must be easy to read and understand.

Multi-agency audits on the following themes were undertaken:

- Thresholds for contacts (June 2015). No issues were identified.
- Perpetrators (August 2015). This audit examined 10 cases where police had arrested an individual for abuse against children. Multi-agency input regarding the perpetrator, the victim, and the detail of the crime was shared.
- EIP implementation (November 2015) the impact of the Signs of Safety methodology on multi-agency practice was examined. A number of issues were identified in the audit and a plan has been implemented to improve the implementation and impact of Signs of Safety.

A new audit framework was developed to ensure consistency across agencies.

Audit Framework questions

1. Is there any risk/hazard posed by adults not living at the family address i.e. non-resident perpetrators of domestic abuse identified in the case?
2. Is the interface between universal services, early help and statutory child protection work clearly and effectively differentiated?
3. For children who need help and protection, are assessments timely, proportionate to risk and in context?
4. Were clear outcomes recorded in the documentation?
5. Was the Voice of the Child explicitly recorded and listened to?
6. How was the conflict between Child Led vs Child Focussed resolved?

Challenges

Single agency audits are requested by the Quality and Performance group for review, however reporting practice is not yet embedded and continues to be an issue. This will be a focus for the anticipated Joint Business Support Unit for 2016/17.

There remain concerns as to how the 'child in need' services to children in Early help are being recorded and reported within statutory statistical returns. The work that is taking place is not being represented and reported.

The number of children receiving services when they have a recorded disability under the category of 'child in need' is being reviewed as some children receive direct payments but no services. This needs to be further explored to contextualise the available data for the report card in 2016.

Following the Audit with respect to 'perpetrators' the Sub group have queried the MARAC process and how MARAC meetings record information regarding perpetrators. How can perpetrators be monitored when they are identified in a relationship with another vulnerable victim of domestic violence – what is MARAC's overview and how can they report this to the QP sub?

Plan for the year ahead:

- Examining the audit work conducted by other sub groups for an overview, eg, Children Missing, Trafficking, and Bullying in schools.
- Undertaking a Multi-Agency audit of self-harm. This has been agreed as a result of a Health single agency audit and a challenge over thresholds. Health partners are supporting the QP sub group with the development of the audit tool; the dip sample will be taken in August 2016 for a future meeting.

Training and Development Sub Group

Chair: DC Liz Hall, Avon and Somerset Constabulary

Strategic Priority 2: Maintain and improve effectiveness of interagency partnerships in the context of changes in demand, organisational change and reduced resources

Partners deliver an appropriate programme of single and multi-agency (BSCB) training and development that is well attended and demonstrates positive impact upon professional practice.

The BSCB to hold agencies to account to demonstrate how they are learning organisations

Produce a programme of multi-agency training events with clear instruction of how these will be validated and evaluated

Introduce and undertake an agreed process of ongoing multi agency training needs analysis

Improve the quality of evidence provided to family and criminal court by provision of new training in a Court environment for those professionals required to provide evidence in / for court hearings.

Overview

The group has continued to develop and welcomed a new chair towards the end of the year following the retirement following many years of service of Dr Maria Bredow. Liz Hall from Avon and Somerset Constabulary has taken on the role of the sub group chair.

The group has overseen the above actions as outlined in the BSCB strategic plan.

- The BSCB to hold agencies to account to demonstrate how they are learning organisations
- Introduce and undertake an agreed process of ongoing multi agency training needs analysis

Following the s.11 audit in 2014 partner agencies identified that their provision of single agency training required improvement. The chair of the sub group wrote to board partners to request that they outline how they were functioning as learning organisations in respect of safeguarding. Some agencies have been unable to provide a response to this request though the sub group will follow this through in 2016-2017. There remains a range of practice within agencies. Those who responded to the request have outlined actions to be taken to improve their learning culture. Progress updates on these actions will be sought during 2016-2017.

Produce a programme of multi-agency training events with clear instruction of how these will be validated and evaluated

The training section develops a training programme in response to the demand for training and specific requests made in the annual survey. This training programme is designed to enable access to a variety of interagency training courses within various parts of Bristol. The courses are validated following attendance and then the effectiveness of the training is explored with the attendee via a short survey sent 3-6 months after the course has been attended. A detailed report of the outcome of this evaluation will be provided during 2016-2017 covering the 2015-2016. The evaluation process was piloted over the last 3 months of 2014-2015 and this demonstrated that for many of those that had attended the training they could identify or report a positive impact upon their practice.

Improve the quality of evidence provided to family and criminal court by provision of new training in a Court environment for those professionals required to provide evidence in / for court hearings.

Training for social workers and other professionals is available using the courts in Bristol this has been facilitated by the principal social worker and the family Justice board in Bristol. This training is not provided directly by BSCB and is available as required.

Achievements/ improved outcomes

- Annual conference 2015 “It’s All Sexual?: Exploitation, Harm and Abuse”.
- Development of a single agency trainer’s network meeting. The aim of this meeting is to support the provision of single agency training within partners and that provided by individuals across Bristol. The development of this group has been well received and the aim is that the group will become self-organising but supported by the BSCB Training section.
- Continuation of extra part-time trainer sessions to support Jeanette Plumb (JP), senior BSCB Training and Development Officer.
- Ongoing improvement in attendance at inter-agency courses.

Challenges

Ensure that effective inter-agency training does not become a ‘victim’ of the ongoing pressure of reduced resources;

Increase capacity of subgroup members and training team to achieve the necessary work of the group;

Maintain and increase children’s voices within training;

Single agency training requirements have not been forthcoming from organisations, so it has been difficult to fulfil Ofsted requirement to “*analyse single agency needs to inform multi-agency training*”, this continues to be the case.

Continue to ensure learning from SCRs occurs in a timely way despite unavoidable delays in SCR publication, and is embedded (use of Area Network Meetings, bulletin/briefings etc.), two serious case reviews have been published during 2015-2016.

Encourage organisations to improve uptake of funded places at multi-agency training, booking system for training will change in April 2016.

Plan for Year Ahead

Start to meet the “Challenges”, in particular resolving capacity issues for the group so that there are adequate resources of time and people to do the work.

Develop an achievable action plan to meet the priorities of the BSCB strategic plan for 2016-2017, within the capacity of the group and the training team.

Review action plans from Themed Section 11 Audit re Quality Assurance of culture of Learning in BSCB partner organisations.

Another good annual conference!

Serious Case Review Sub Group

Chair: Fiona Tudge, Service Manager, Safeguarding and Quality Assurance, Bristol City Council: People Directorate.

Strategic Priority 2: Maintain and improve effectiveness of interagency partnerships in the context of changes in demand, organisational change and reduced resources

SCR Sub group to monitor action plans resulting from SCR’s and reviews and report to the Board.

Employ effective systems to disseminate information regarding learning from SCR’s and CPIR’s.

Overview

The Serious Case Review sub group has an oversight role in monitoring the progress of and the completion of Serious Case Reviews. In addition the group has a primary role of monitoring the progress against the subsequent action plans. Any exceptions and concerns about these areas are reported to the full Board meetings.

Over 2015/16 the BSCB published 2 Serious Case Reviews and there are 3 in progress that are due to be published during 2016/17.

The SCR sub group also has oversight of 3 Child Protection Incident Reviews that are currently being conducted and will be presented to the Board during 2016/17.

Achievements/Improved Outcomes

- There have been well attended staff briefings following the publication of both Child T and Operation Brooke serious case reviews. Agencies have also been asked to assure the Board that messages from these reviews have been disseminated to staff throughout their individual agencies and practitioners have been asked to think about changes in their practice in response to these reviews.
- The SCR sub group has monitored a number of outstanding action plans from SCR's previously published and these have all been signed off as completed over the past year. However, the group is not complacent and understand that many of the actions require review and continuous improvement.
- Grateful thanks are extended to the families and children involved in the Serious Case Reviews that have been able to share their views, which has made the findings richer and more pertinent. The group is also grateful to the huge time and commitment that staff within all agencies have given to being involved in Serious Case Reviews and Child Protection Incident Reviews.

Challenges

- The significant challenge is to ensure that all practitioners working with children across Bristol understand the findings from the Serious Case Reviews and that these impact positively and constructively on their practice.

Plan for Year Ahead

- Continually closely monitor the progress of the current Serious Case Reviews to ensure there is no drift.
- Work closely with the CSE sub group and E Safety sub group to ensure the action plan arising from the Brooke SCR is progressed.

Child Sexual Exploitation Sub Group

Chair: Fiona Tudge, Service Manager, Safeguarding and Quality Assurance, Bristol City Council: People Directorate, and Julie Henderson, Deputy Designated Nurse Safeguarding Children, Bristol CCG.

Strategic Priority 1 Ensure the Voice of the Child influences all that we do

The views and needs of young people affected by CSE are addressed

BSCB CSE Strategy to be adopted and implemented is informed by the views of children and young people

Strategic Priority 2 Maintain and improve effectiveness of interagency partnerships in the

context of changes in demand, organisational change and reduced resources

Achieve effective co-ordinated approaches to identify and address issues of child sexual exploitation

Strategic Priority 3 Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Introduce integrated partnership information to inform effectiveness, trend analysis and emerging issues

Overview

The sub-group has been co-chaired by Fiona Tudge, Service Manager Safeguarding and Quality Assurance and Ella Remes, Children’s Service Manager at Barnardo’s BASE. The CSE sub-group continues to work towards implementation of the CSE strategy which was launched in July 2015 with some significant areas of achievement in this reporting period. The Barnardo’s young person’s focus group was positive about the strategy and has produced a ‘translation’¹⁰, of its aims which has been included as an addendum on the BSCB website.



Artwork produced by children at BASE

¹⁰

<https://www.bristol.gov.uk/documents/20182/35012/Barnardo%E2%80%99s+BASE+Project+Young+People%E2%80%99s+Council+Translation+of+the+BSCB+CSE-Strategy/dcebb19e-725f-4b8f-8cdc-b3003768167d>

The CSE sub-group undertook an audit of ten cases where young people were at risk of or had experienced CSE which was completed in January 2016. This has proven to be the most effective way of ensuring that agencies are working in a joined-up way to improve the response of the BSCB to CSE. The Brooke SCR was published in March 2016 and multi-agency training for practitioners from all agencies has taken place to share the learning from this review.

Achievements/Improved outcomes

The sub-group's action plan has been framed by the findings of the Brooke serious case review which have been dovetailed alongside actions arising from the CSE audit completed in February 2016. The actions that have been completed so far are:

- A clear link has been established between Catch 22, a service working with young gangs and groups and the CSE sub-group with Catch 22 now being represented at meetings.
- Work is taking place to embed a culture of information sharing at strategy discussions especially from health and education
- A review of mental health services has been undertaken exploring more flexible options for young people affected by CSE. This work is ongoing but is unlikely to result in increased CAMHs provision at this time as young people have expressed a need for a different level of service to which they can self-refer. The Off the Record service has been increased in this reporting period to undertake some of this work and there are plans for primary mental health workers to be available in all social work units as well as being accessible to schools.
- Awareness raising for practitioners of the need for some children in care to be safeguarded within a child protection plan has been commenced.
- BSCB e-safety training has been given a higher profile and safeguarding leads in education have rolled out an e-safety video for schools.
- All agencies are now using CSE risk assessment tools and this work will be monitored in the coming year.

Sub-group members have also been active in the CSE strategic network with police, social care, BASE, YOT and health representation at the meetings. The network has now been in operation for six months and a review of the process is currently being undertaken by the Chair which is due to be published at the end of August 2016. The aim of the strategic network has been to provide more robust management of networks of perpetrators of CSE in order to proactively target them through intelligence gathering. As a result of this process all children being targeted for CSE by perpetrator networks are identified and their safeguarding needs effectively addressed. Additionally locations where CSE is being facilitated and/or perpetrated are being identified and co-ordinated and multi-agency disruptive action being taken.

Challenges

- The compilation of a problem profile continues to present challenges for the sub-group with a lack of engagement by some agencies. This is being addressed by sub-group members supporting practitioners to collect data.
- Identification of young people at risk of and experiencing CSE presents a challenge to some agencies particularly within health. In part this relates to some health organisations still using paper documentation although CAMHs is currently undergoing a pilot of an IT system in the East Central area of the city. This issue will be discussed further with the relevant organisations with the aim of exploring ways to address and find solutions for the problem.
- There has been a gap in service of the CAMHs nurse at BASE since the present post holder has been on maternity leave. This issue has been escalated to the commissioner of the service who has raised it at contract monitoring meetings but remains unresolved.

Plan for the year ahead

- Audit of current CSE cases where the child has an identified learning disability/difficulty to take place in the autumn.
- To raise awareness amongst practitioners and the public around boys and young men at risk of and experiencing CSE with a campaign planned for the autumn.
- Delivery of the Brooke CSE action plan.

Education Sub Group

Chair: Annette Jones, Service Manager Additional Learning Needs, Bristol City Council: People Directorate.

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Ensure that levels of support to schools in safeguarding perpetrators of peer on peer intimidation/ bullying are investigated as being effective.

Strategy and Action Plan to be developed to address online bullying

E-safety Sub Group

Chair: Victoria Caple, Manager Safeguarding Co-ordination Unit, Avon and Somerset Constabulary.

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Ensure that levels of support to schools in safeguarding perpetrators of peer on peer intimidation/ bullying are investigated as being effective.

Strategy and Action Plan to be developed to address online bullying

Overview:

Children and young people are increasingly using technology in all aspects of their lives. Whilst there are obvious benefits, the misuse of technology poses dangers and it is clear that awareness needs to be raised in order to minimise risk and safeguard children. It is also equally clear that social media is a tool used increasingly in order to exploit children, in many different aspects, and there are numerous strands where e-safety can affect behaviours.

It has been a busy year for the Sub-Group who have met a number of times within the last 12 months – no meetings were cancelled or re-scheduled. In addition to the work monitored and completed against the detailed BSCB E-Safety Action Plan, a separate Working Group has also been established to initiate and coordinate the Board’s response to the Safer Internet Day 2016 campaign.

Attendance at the meetings is good with the appropriate level of seniority; there is increased membership of the Sub-Group to include representatives from across all education settings, including academies, as well as inclusion from across the Health sectors. The statutory partners, Police, Health and Children’s social care, attend all meetings.

Achievements / Improved Outcomes:

Within the 2015-2016 year, the E-Safety Sub-Group commissioned and produced two excellent short films¹¹, utilising pupils from schools across Bristol to tie in with Safer Internet Day 2016. The films concentrated on two topics, both of which had been suggested by schools as issues that they had most concerns about and needed support in dealing with; Sexting and Digital Footprint. A month later, the sexting film had been viewed on Youtube 153 times, and the digital footprint film viewed 70 times, alongside this activity there was an estimated reach across all social media of approximately 73,000 people. Interviews were deliberately sought from children from Bristol schools in order to ascertain their specific views. This was felt to be one of the reasons why the films were so successful, reaching a wide demographic.

The success of this initiative will be built on and improved for Safer Internet Day 2017.

Challenges:

Challenges will always be centred on resources and funding. However, there are highly motivated and enthusiastic members who are keen to support the key priorities and find

¹¹ Links to the films and resources are available here: <https://www.bristol.gov.uk/policies-plans-strategies/for-professionals>

innovative ways of increasing awareness of the risks associated with e-safety. In addition they highlight the positive ways in which e-safety can bring benefits to the safeguarding of children within Bristol.

Plan for the Year Ahead:

Work will continue to ensure that the E-Safety sub-group works cohesively across all the sub-groups, linking in with the Training and Education Sub-Groups in particular, to ensure that training programmes are developed and introduced to all professionals across the City.

Plans are also progressing for a “Champions Network” across the Bristol schools environment, ensuring engagement with the BSCB Shadow Youth Board, both with the planning process and also the monitoring and ongoing review of achievement against objectives.

Working Groups

Children Missing from Home and Care Strategy Group

Chair: Fiona Tudge, Service Manager, Safeguarding and Quality Assurance, Bristol City Council: People Directorate.

Strategic Priority 3: Deliver appropriate level of assurances of the effectiveness and quality of our Multi-Agency work with children and young people

Partner agencies work effectively to identify and address the needs of trafficked young people - Task group to be established to examine the issues and make recommendations to Board.

Introduce integrated partnership information to inform effectiveness, trend analysis and emerging issues - An action plan is developed for Children Missing from Home and Care.

Overview

The Missing from Home and Care Task group has oversight and is responsible for the development of the multi-agency response to all children who go missing from their homes or from care. The focus of work over the past year has been to establish a robust system to ensure that all children are offered Return Interviews and that systems have been developed to improve the recording around children who go missing to enable a better understanding of the issue and to influence planning.

Return Interviews for children living at home are currently provided by Barnardo's - Safe Choices under a commissioned arrangement with the Local Authority. The Local Authority offers Return Interviews to children who go missing that are in the care of the Local Authority. These interviews are offered by a practitioner who does not have responsibility for the child's plan.

Achievements/Improved Outcomes

- The Performance and Data team within the Local Authority have worked hard with the group to establish meaningful reports that can be used to influence planning. The group is now able to receive reports on:
 - the numbers of children who are reported missing,
 - how many of those are offered and accept a Return Interview and
 - the push and pull factors that are identified by the children about why they have gone missing.
- The BSCB has launched new guidance and provided briefings to practitioners. The group then undertook an audit 6 months later to measure how well this guidance had been embedded, which had positive outcomes.
- The group has audited the quality of Return Interviews to ensure the needs and risks to individual children are recognised, managed and responded to. Again there were

overall positive outcomes identified in this audit and an action plan has been developed in response to ensure continued improvement to the quality of Return Interviews provided to children who go missing.

- A system has been set up to ask all children who have Return Interviews if they have any views about the service offered and how this could be improved. Most children do not express a clear view but where views have been given they have been similar to those expressed by the young people involved in Operation Brooke about having a safe, identified place that they could go to at night in an emergency. This is being addressed within the Brooke Serious Case Review action plan.
- A report regarding Children Missing Education is due to be presented to the Board in October 2016.

Challenges

- Ensuring the system is adhered to and the data is accurate is an ongoing challenge which the group is continually working on and providing briefings to staff whose responsibility it is to keep accurate and timely records.
- There is not yet a robust system in place to offer Return Interviews to children who are in the Local Authority Care but are placed out of Bristol, sometimes a significant distance away.

Plan for Year Ahead

- Now that data and performance information has improved this valuable and rich information must influence the strategic planning to better safeguard children who go missing.
- The group will continue to ensure that all children who go missing are offered a Return Interview so that the individual risk to children can be managed and reduced, and commissioning arrangements will be reviewed to ensure this happens.
- The group will endeavour to establish a system to ensure that wherever a Bristol child is living they will be offered a Return Interview to discuss their safety, explore why they went missing and look at measures to put in place to increase their safety.
- One of the findings from the Brooke Serious Case Review was that the schools were not always aware when a child went missing and so were unable to put some of their behaviours in school within this context. Over the next year there is an aim to establish a system whereby schools receive information from the Police on a daily basis about their pupils that went missing over the previous night.

Female Genital Mutilation Safeguarding delivery group

Chair: Jackie Mathers MBE, Designated Nurse Safeguarding Children, Bristol CCG.

FGM working group

Overview

This progress report will provide the Bristol Safeguarding Children's Board (BSCB) with an overview of the work undertaken by the FGM delivery and safeguarding network group. Over the last eighteen months there have been legislative changes that have put FGM at the front of the safeguarding agenda. This report will highlight how Bristol delivery and safeguarding network have responded

Achievements

The community engagement around the FGM work remains strong and is supported by funding from Public Health. The voice of young people remains a strong influence both locally and nationally. The FGM annual report was presented to both the safeguarding adults and children board for the first time. The FGM group linked their work and achievements to the BSCB work plan 2015-16 and the new business plan is integrated into the action plans for 2016-17.

The BSCB FGM training continues to be one of the highest attended courses in the BSCB training program. The new safeguarding schools advisors post which has FGM as part of its portfolio has improved communication and training in schools. This post has also worked with schools and social care to ensure a more standard and consistent approach to FGM.

The Police have trained both their staff in the safeguarding coordination Unit but also offered places to social care in the thresholds team to improve response to FGM cases especially with the Mandatory Duty to report.

The Police, Health and education have delivered training to the community health advocates and the young people working with Empowering. The training includes Safeguarding and children protection and the impact of new legislation related to FGM.

Requests for help from other areas wanting to develop similar models of FGM work and engagement continue to come in. Bristol has supported LSCBs, national conferences including national paediatric dental conference.

Integrate Bristol have grown in numbers and expanded their work to include CSE and the Prevent agenda. They have delivered their FGM training to schools, health professionals and universities. They are also delivery training in schools to young people; they have delivered over 3000 training sessions as well as holding their FGM zero tolerance Day conference in Feb 2016. They had Rt. Hon Jane Ellison Minister for Public health as a key note speaker; the home office also supported the conference through the panel discussion at the end. Young people from integrate have attended conferences or cascaded their work now through Europe and in parts of Africa

The Bristol Community Rose Clinic was recommissioned during this reporting period and Bristol CCG is still committed to commissioning this service. The Community health advocates were involved in the commissioning process.

This is the first year we have been able to recruit a community health advocate to be Co-Chair of the FGM delivery and safeguarding group. This has strengthened the community engagement and ownership of this agenda. The new co-chair is also the Young advocate for Empowering which is the youth arm of FORWARD. FORWARD is a national group that campaigns against FGM and gender based violence through empowerment, research and training. The Bristol Forward Coordinator drives the FGM work across Bristol, including supporting the BSCB training on FGM

Challenges

The challenges around FGM are the governmental drives to get a prosecution and this message is driven by press activity. The balance between public health engagement, prevention and prosecution is a difficult message to navigate. This year with the mandatory duty to report any 'known case' of FGM in girls under 18 and the NHS mandatory duty to RECORD any case of FGM has been a challenge to ensure professional, the general public and the media understand the differences and the reasons why data is collected to improve services for women.

The main challenge for the FGM work in Bristol is the financial pressures. Funding is awarded on an annual basis. This lack of stability puts a constant pressure on all those working in this area, especially on the community health advocates. With the financial pressures faced by all agencies it is important that we evidence the value of this work and support future funding bids. The work has been funded for 2016-17 for FORWARD and Integrate have recently been awarded a grant for their extended work around CSE and prevent. This is a positive position for 2016 only.

Plan for the year ahead

To build on the successes of the last 10 years Bristol: started work to address FGM in 2006. The empowering group will plan the 2016 summer campaign putting the voice of young people at the centre of the community engagement work in Bristol. With the safeguarding schools advisors now in post the group would like to work on every Bristol school being confident to identify and manage any concerns related to FGM including how to engage positively with their FGM affected Communities.

Health need to embed the FGM training and ensure acute trusts, mental health trusts and GPs known about mandatory Enhanced FGM recording and ensure the data is collected and shared with the Department of Health.

Safeguarding Children: Substance misuse group

Chair: Kathryn Williams, Substance Misuse Team Manager, Bristol City Council, People Directorate, Housing Solutions & Crime Reduction.

Overview

Since its inception in 2011 the group has aimed to embed learning from serious case reviews, specifically in relation to substance misuse. Membership includes Public Health, CCG, NHS Bristol, Treatment Providers, CYPS, Police and Probation. The group is chaired by the Substance Misuse Team Manager and reports to Bristol Safeguarding Children Board, Safer Bristol Executive Board and the Substance Misuse Joint Commissioning Group. For a number of reasons the group did not frequently meet during 2014/15 and following a stakeholder meeting in February it was re-launched in May 2015.

Achievements/Improved outcomes

The following pieces of work have been completed or are currently in progress.

Prescribing Audit November 2015

Following the Child K review the Substance Misuse Group developed a protocol for prevention of child exposure to synthetic opiates. In November 2015 the Substance Misuse Team (SMT) undertook an audit to establish whether the protocol works in practice. Whilst the audit did demonstrate strong adherence to the protocol a number of recommendations have been agreed and form an action plan which the Substance Misuse Group oversees.

The recommendations are:

- SMT to ensure guidance is issued for recording the details of children within Theseus¹².
- Providers to ensure updated guidance is cascaded to all staff with Theseus access.
- All treatment providers to complete, and maintain, contemporary information on children living with a client for one night per week or more on the Dependents section of the Episode assessment information.
- All treatment providers to maintain contemporary records of Children and Families Service involvement with the children of clients, including Child Protection Plans and those with Child in Need status.
- SMT to finalise Data Protection advice regarding the recording of child details for children who stay with a client at least one night per week but are not the client's children.
- Ensure that the Safeguarding Children: Substance Misuse Joint Working Protocol, Theseus Standard Operating Procedure and Shared Care Operational Guidance reflect the data protection guidance in relation to recording the details of children on Theseus.

¹² Electronic case recording system used by substance misuse treatment providers

- Review whether guidance around exceptions is needed to be included in the protocol to prevent child exposure to synthetic opiates.
- Clarity is needed for what is defined as a 'local pharmacy' in relation to 7 day supervision.
- Related risk assessment tools to make reference to the recommended prescribing regimes contained in the protocol.
- SMT to investigate the possibility of developing Theseus to link the Dependent information to the Client level information.
- SMT to conduct a follow-up audit of adherence to the protocol for prevention of child exposure to synthetic opiates no longer than 6 months after the publication of this audit.

The prescribing protocol has been revised to provide further clarity in cases of exception. Once the protocol has been agreed we will launch it to ensure it is appropriately implemented.

Updating Client Records

The SMT has completed a workplan of matching Children and Families Service records of children of CP or CIN status with that of current ROADS treatment population. The aim of this work was to ensure that treatment services are able to properly identify all clients connected with an active safeguarding process.

Safeguarding Network Leads Meetings

Treatment agencies and CYPS locality teams have provided Safeguarding: Substance Misuse named leads. An event is planned for 22nd April 2016 to bring substance misuse and CYPS professionals together to work through how leads can support one another and provide an update on structural changes and changes in drug trends and use. Further events will take place in 2016/17 with a wider networking event being planned for November 2016.

Working with Substance Using Parents and Pregnant Substance Users

The group oversee the delivery of this BSCB training course which is positively evaluated by those attending. The course was delivered twice during 2015/16 to approximately 30 attendees.

Challenges

- Continuing to encourage a Think Family approach when working with parental substance misuse within a safeguarding context, to increase referrals into ROADS to mitigate safeguarding risk.
- More routine matching of records to improve information sharing for cases where ROADS and Children and Family services are involved.

Plan for the year ahead

- Scope the options for checking that a locked box is in place for clients with a more liberal prescribing regime.
- Launch the revised prescribing protocol.
- Deliver a wider networking event in November 2016 to bring together professionals working with families where substance misuse is a factor to share learning.
- Oversee Theseus developments to ensure everyone working with clients in treatment can view the details of children living in the household.
- Re run the prescribing audit 6 months after the protocol has been finalised.
- Review the content of the Working with Substance Using Parents and Pregnant Substance Users training to consider overlap with the Children & Family Services commissioned Assessing Parental Capacity training.
- Convene a Case Review Panel to consider working practice where parental substance misuse is identified within ongoing safeguarding processes. Lessons learnt will be shared appropriately.

Communications Working Group

Chair: Fiona Tudge, Service Manager, Safeguarding and Quality Assurance, Bristol City Council: People Directorate.

Strategic Priority 1: Ensure the Voice of the Child influences all that we do

The Communication Strategy and Action Plan explicitly includes the Voice of the Child.

Strategic Priority 2: Maintain and improve effectiveness of interagency partnerships in the context of changes in demand, organisational change and reduced resources

Interagency policies are fit for purpose and deliver the outcomes intended - Disseminate information regarding new BSCB policies.

Produce an agreed Communication Strategy to support the business plan.

Produce and implement a Communication Action Plan incorporating BSCB website, (to include a secure member area) social media presence and presenting a range of news stories which demonstrate the breadth of work undertaken by the BSCB.

Employ effective systems to disseminate information regarding learning from SCR's and SIR's

Overview

The Communications Task group has been re-established as the BSCB recognised the need and importance of ensuring that the wider community of Bristol understands more about safeguarding and the work of the BSCB, as well as those practitioners who work with the children and families of Bristol.

The focus of work in 2015/16 has been to improve the awareness of the children, families and citizens of Bristol of the work conducted by the BSCB. Too often LSCB's are only known

or referred to when there are tragic deaths and Serious Case Reviews are published. LSCB's obviously do significantly more than this and the wider community should know about this.

Achievements/Improved Outcomes

- Work has been conducted with the Shadow Board to ensure a better understanding of young people's priorities with respect to safeguarding.
- In conjunction with the Training Sub group, it has been ensured that all practitioners working with children in Bristol understood the learning from the Child T SCR and Brooke SCR, and improvements have been made to practice where required. This has been done by providing briefings across Bristol and advertising the importance of these.
- There has been joint working with our colleagues in the Bristol Safeguarding Adults Board around progressing the development and implementation of a joint safeguarding website for Bristol.
- Support was given to the successful FGM Summer Campaign and Safer Internet day.

Challenges

Capacity to progress these areas of work has affected the progress of plans this year. However, with the recruitment of a new Joint Business Unit (alongside the BSAB) to support the BSCB, with a clear remit to improve our communication with practitioners and the wider community, it is hoped that real progress will be made over the next year.

It has been brilliant to have the Shadow Board influencing and providing direction to the work and the challenge now is to ensure that the BSCB is influenced by all children in Bristol and not just the voice of few.

Plan for Year Ahead

- Consult widely with all children in Bristol to ask them what their priorities are around safeguarding issues and how it is most effective to communicate with young people.
- Establish a joint website and new logo/identity with our colleagues on the Bristol Safeguarding Adult Board so that we have a clear safeguarding message across Bristol. The Shadow Board will assist us with this work.
- Further develop a social media presence by establishing and regularly using a twitter account so that the work of BSCB is more widely understood.
- Ensure that the findings from newly published Serious Case Reviews are disseminated widely across all those working with children in Bristol, and improve practice where needed.

- Continue to support campaigns that are led by BSCB sub groups such as Safer Internet Day and FGM Summer campaign. The communications group will support the development of a new media campaign aimed at better recognising boys who are at risk of CSE.

Partner updates

Avon and Somerset police

Brief outline of agency function:

To provide professional policing services (working with partner agencies) including services to and for children and young people, in order to keep them safe from harm and where necessary prevent their offending or reoffending. This includes working to prevent children from becoming the victims of crime, investigating crimes against children, bringing perpetrators to justice and managing offenders, and includes the Statutory Duties under Section 11 of the Children Act 2004.



Achievements during 2015-2016:

Examples of achievements include:

- An increased number of Specialist Child Abuse Investigators Development Programme (SCAIDP) trained officers from 114 to 146, and a further 67 officers programmed to be trained over the next 12 months.
- The College of Policing were invited to undertake a Peer Review of the Avon & Somerset Constabulary response to CSE, to help inform its further development. Importantly, the Peer Review Team found that the internal assessment of strengths and areas for development matched their findings, providing strong evidence of a clear understanding within the Force of the current position, and an ability for honest and objective self-assessment.
- Successes in:
 - 1) raised awareness of the vulnerabilities and warning signs of CSE;
 - 2) improved information sharing;
 - 3) the creation of pathways to investigate before a victim discloses; and
 - 4) diligent investigations seeking to identify all associated victims and suspects are reflected in the significant increases in the volume of recorded CSE related crimes, to 282 crimes Force-wide in 2015/16, rising by 147% compared with the previous 12 months.
- Having led a successful partnership bid for Home Office Innovation Funding, the resulting two year West of England CSE Victim Identification and Support Service delivered in 2015/16:
 - direct specialist support and intervention to 207 children in Avon & Somerset (113 in Bristol) identified as experiencing child sexual exploitation
 - training to 938 members of the children’s workforce across Avon & Somerset (320 in Bristol) often delivered as a “train the trainer” package

- following the extensive CSE training reported last year, the College of Policing CSE Peer Review found that frontline staff understand the precursor signs of CSE and that the staff they spoke with seemed generally well-prepared
- At the end of the year Avon & Somerset Constabulary introduced (with partners) a multi-agency CSE Strategic (Intelligence and Response) Network for the Avon and Somerset area. Its purpose is to support the identification and effective response to the most complex child sexual exploitation cases that may be operating across LSCB area boundaries.

Challenges:

- Working with five upper-tier local authorities, each with their own thresholds and differing approaches, meeting the expectations of five LSCBs, each with their own infrastructure of sub-groups and associated demands, in a context of declining budgets.
- Increasing demand through rising numbers of reported child protection crimes, in a context of declining budgets.
- Mainstreaming the future funding of the invaluable CSE victim support worker services.

What difference has your achievements made to children, young people, parents / carers?:

- more children have been safeguarded and protected from harm or from further harm.
- more perpetrators of child abuse have been brought to justice.

Objectives for 2016-2017:

In partnership with other agencies, Avon & Somerset Constabulary's objectives for the protection of children are:

1. Prevent children from becoming victims of child abuse
2. Where children do become victims, ensure they are recognised as such, are protected from further harm, and are given the support they need to help them remain safe and to deal with the physical, emotional and psychological consequences of the abuse
3. Bring perpetrators of child abuse to justice and prevent them reoffending through robust offender management.

Care and Support Children and Families; Bristol City Council



Brief outline of agency function:

- provide and commission high quality targeted and specialist services to children, young people, young adults, and families who are in need, that are delivered in a timely way
- ensure that the people we work with are safeguarded and protected from harm, in line with statutory duties
- help children in our care and care leavers to participate fully and achieve their potential, and to make permanency decisions for children at the earliest opportunity
- work in partnership with families and other professionals, using a strengths-based approach, supporting the best possible outcomes for those we work with, that ensure that children's and families' voices are heard

Achievements during 2015-2016:

- Implemented Children's Services Improvement Plan, which has resulted in improved outcomes for children, particularly care leavers
- Embedded systems model of area social work delivery, and remodelled children in care and care leavers teams to provide throughcare service
- Developed MASH pilot with partners
- Established Signs of Safety as model of family working and amended processes to ensure fidelity to model
- Reduced the rate of referrals to our services that result in no further action
- Reduced the rate of care so that we are more in line with comparators
- Managed high turnover of social work staff so that use of agency staff remains low compared to other LAs

Challenges:

- Challenging budget and savings targets in the context of increasing demand and rising population (including those seeking asylum)
- Capacity risks – staff turnover, staff sickness and other temporary absence has impacted on our ability to deliver good services consistently
- Challenging recruitment environment – local job market for all roles has influenced where people choose to work and staff turnover has increased
- Bristol is becoming a more expensive place to live and work, and therefore salaries are not always in line with local costs of living
- As resources diminish, colleagues, customers and partners become more concerned about whether their expectations can be met. We must identify opportunities and capacity to build productive and respectful relationships and have a shared understanding of policy, processes and thresholds for intervention. We must reach consensus on which services can be provided, and what cannot

What difference has your organisations achievements made to children, young people, parents/carers?

- 578 children were the subject of child protection conferences and had plans made to protect them
- 675 children (at end of year) were in care
- 46 children adopted during the year
- Improved overall placement stability for children in care
- 36 Unaccompanied Asylum Seeking Children cared for
- More care leavers supported into independence, and in employment or education

Objectives for 2016-17:

Provide a safe and efficient contact and referral service for families and professional referrers, which ensures that families are supported, and that the need for emergency intervention is reduced

- Repeat referrals are reduced
- Fewer referrals result in NFA

Develop multi-agency information sharing opportunities through MASH and Connecting Care and demonstrate improved efficiency

To support more children in care and care leavers into further and higher education, training and employment

Ensure that the voice of children and families is at the heart of what we do

- Get feedback from our service users
- Ensure that service users are involved in recruitment and in service development
- Ensure that the QA framework supports improved practice

Deliver the Children's Services Year 2 Improvement Plan

- Utilise performance reports to analyse our business more effectively and improve performance
- Use the QA framework to support learning and practice improvement
- Support children's residential services to improve the outcomes for children and outcomes of inspection
- Ensure manageable caseloads in case holding teams

Ensure that Serious Case Reviews are effectively commissioned and that the learning from them is widely understood and responded to

Support the development of the regional adoption model and deliver the plan associated

with it

Ensure that those children we work with are achieving the best possible outcomes from their education

- Improved attendance and reduced exclusions
- Improved attainment for children in need and children in care

Build capacity and retain and develop our high quality workforce

- Staff vacancies and turnover are reduced
- Build skills and confidence in those who have been in the organisation for longer but don't currently function independently enough
- Succession planning to ensure we develop staff to progress in the organisation (not just training but development opportunities) at all levels of the organisation
- Ensure that staff in the organisation are focussed on their core activities and not distracted by other tasks

Bristol Clinical commissioning- (CCG)

Agencies Function on the BSCG.

Bristol CCG is a statutory partner of the BSCB. The Bristol CCG Director of transformation and Quality is the safeguarding executive lead for the CCG and also vice chair of the BSCB..

The CCG is one of the lead commissioners for health in Bristol. NHS England also has a role in Specialist health services including care delivered to people across the UK especially the South West.

Part of Bristol CCG's role is to support all health providers to consider the safeguarding needs in all their clients/ patients and staff. All contracts with health providers must have agreed safeguarding children's standards in place, with quarterly or annual reporting on compliance depending on the size of the contract and the contact with children. Any compliance issues will be shared with the safeguarding team and improvements planned and monitored.

Achievements this year include:

- Overview of safeguarding children's standards and Key Performance indicators
- Ensuring safeguarding is considered in the re-procurement of Community Child Health Services
- Supporting the Family Nurse Partnership (FNP) for Bristol and south Gloucestershire including being the safeguarding member on their Advisory board.
- Promoting and delivering Multi-agency Training Continuing to support strong multi-agency working through the BSCB Sub groups
 - Child Sexual Exploitation (CSE)

- Being the safeguarding lead for the Child Death Overview Panel
- Female Genital Mutilation (FGM)
- Taking the leadership for health in the Local Serious Case Reviews (SCR)
- Quality and Governance activity related to safeguarding
- Delivering, supporting and facilitating single agency training
- Looked After Children
- Mental Health and Self-Harm
- Maintaining a successful CCG safeguarding team with effective succession planning
- Supervision
- Engaging in research and audit
- Identifying funding to pilot the Bristol MASH and to develop combined Safeguarding adult and children's standards

All these achievements are full discussed in the main Bristol CCG annual report which will be available on the CCG website from November 2016. This summary will focus on the re-procurement of the CCHP contract, training and supervision.

Re-procurement of the community and child health contract which includes Health Visiting , School health Nursing, Child and adolescent Mental health services (CAMHS) and Community Paediatrics. This new service will be commissioned across Bristol, North Somerset and South Gloucestershire (BNSSG.(Health Visiting and School nursing in North Somerset are not included in this contract). This whole process has included active listening and responding to the voice and the needs of the children, with a specific Children's reference group being set up to advice the CCG. Their work included an interactive cartoon to explain the process, what they had heard and what they wanted from the new service. The link attached will give you more details about the contract and services being re-commissioned; 'BNSSG children's community health services-

<https://www.bristolccg.nhs.uk/get-involved/cchs/childrens-community-health-services-overview/>

Training for GP practices. There are approximately 360 GPs working in General practice in Bristol's. There is a matrix for their safeguarding training. The target is a 3rd of Gps will have face to face training every year. This training will include a multi-agency element. Bristol Social care have supported the CCG level 3 training for Gps. There are 6 session delivered across the city each year with extra specialist training offered as required. There is a link GP in every practice and they plan to attend a BSCB training course once every 3 years together with attending the 6 monthly GP link meetings organised by the Named GP. The data below highlights the GP engagement with the safeguarding agenda.

- 2014 -132 GP/Practice nurses received level 3 training
- 2015- 151 GP/Practice nurses received level 3 training
- 96% of the GP practices have attended a link GP meeting in the last 3 years with the majority attending at least 1 meeting a year
- 92% of link GPs have attended a multi-agency training session in the last 3 years with a small number also attending the annual BSCB conference
- The Named GP is compliant with level 4 training

- Facilitated 2 GP training sessions related to CSE.

The number of requests for advice and support around safeguarding issues has increased by 26% during this reporting period. The range of people who are seeking help include, GPs, Dentist, Pharmacies, Schools, Parents, children social care, and other health professionals . 9 of the cases related to concerns about CSE

Challenges

There have been 4 main challenges for the CCG in this reporting period, these include;

- Supporting Bristol Mental health and AWP in responding to their CQC inspection where safeguarding issues were identified.
- Ensuring all providers reach the 90% compliance across the 3 levels of safeguarding Children's training. This continues to be a challenge especially for providers who have staff rotating across the region. The aim of the new combined safeguarding standards is to encourage a standard of training and improve transferable training.
- The introduction of mandatory Reporting on cases of Female Genital Mutilation (FGM) in girls under 18 and the mandatory Duty on acute trust, Mental health Trust and GP to collect and record data on all women and girls who have had FGM
- The high number of serious case reviews in Bristol and the impact on health in releasing staff to attend case reviews, conversations and answer questions.

Objectives for 2015-16

This will be another busy year with potential changes to the health Landscape. These changes provide an opportunity for health across BNSSG to work better and smarter together through the Sustainable Transformation Plan which will be developed. The Local authority and police are also undergoing reviews and the challenge will be to ensure these all work together and safeguarding is maintained.

The MASH pilot is planned for the summer of 2016 with a final health report due in the autumn. Bristol CCG is also working with South Gloucestershire CCG to develop combined safeguarding adult and children's standards which will be offered to all CCGs across the South west.

Health will also need to respond to the Wood report and the impact on SCRs, the BSCB and the child death process.



Brief outline of agency function:

SWASFT provides a wide range of emergency and urgent care services across a fifth of England covering Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Gloucestershire, Wiltshire and the former Avon area. The operational area, covering 10,000 square miles, is predominantly rural, but includes large urban areas such as Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole. SWASFT is the primary provider of 999 services across the South West. Urgent Care Services are also provided across Dorset and Gloucestershire. The Trust employs more than 4,000 staff with 96 ambulance stations, three clinical control rooms, six air ambulance bases and two Hazardous Area Response Teams (HART).

Achievements during 2015-2016:

The Safeguarding Service is a small team of 7 staff but their achievements have been substantial this year.

- A focus on CSE has led to the Safeguarding Service entrusting the responsibility of CSE to the Named Professional North. A work plan has been developed in respect of CSE.
- Thematic reporting of safeguarding data to LSCBs and area based reporting has been developed.
- Analysis and Review of Referral Process for efficiency and Demand Management has been conducted.
- Development of a standardised audit tool to review 40 randomised cases has been achieved.
- Risk assessment of the referral process.
- The whole team was delegated to a triage role due to long term absence of the Triager.
- A positive letter of support from Safeguarding Board for 111 CQC inspection was received.
- Positive verbal feedback from 111 CQC inspection was received.
- IMR/SAR/DHR's completed despite capacity issues.
- Recruitment to an administration position took place. Recruitment for a Referral triage processor to commence in June 2016.
- The first module of the NHS England Safeguarding Leadership course at Taunton was completed by Named Professional North.
- Terms of Reference and a Workplan for NASG (National Ambulance Safeguarding Group) were agreed March 2016.
- Managing Allegations Policy updated and approved.
- Prevent Policy approved.
- SOP 034 (Child Death procedure) approved.

- PTS (patient transport staff) training was quality assured and completed for all PTS (patient transport staff).
- Quality Assurance of CFR Safeguarding Training was undertaken.
- Positive action from North CDOP meetings including facilitating SWASFT Macmillan Nurses under the Palliative Care Response Times.
- Facilitated Operational Officer abstraction to join Gloucestershire Safeguarding Fire Subgroup to look at joint working on hoarding.
- Named Professional East achieved the Award in Education & Training, enhancing the Service Training portfolio.
- All team members received half day Emotional Resilience Training.
- Quality Audit of Referrals with the 111 Service was conducted.
- Production of an 'OO pack' for use by all Operational Officers related to Safeguarding by West Named Professional.
- SOP (Standard Operating Procedure) agreed for all frontline staff in relation to Child Death produced by Named Professional West.
- Update to level 2 training and delivery of this to over 1100 staff.
- Progress made on the safeguarding training figures per directorate.
- 8 fire checks in Dorset alone were undertaken as a result of referrals by SWAST staff.
- Over 1100 staff were trained this year, which is an increase of 400 from last year.

Challenges:

SWAST are aligned to 30 Adult and Child Safeguarding Boards within the operational area. The trust endeavours to maintain relationships with all these organisations in the interests of their responsibility to safeguard but due to the complexity and unique coverage, an efficient and pragmatic approach has needed to be agreed. Therefore, the trust continues to work with the Boards under a 'memorandum of understanding' agreement to maintain communication relationships with all Boards.

What difference has your achievements made to children, young people, parents / carers?

Overall, there is a clear and notable increase in Safeguarding referrals made by staff from September 2015, and this is over and above the already increasing trend. This is most likely explained by an improvement in safeguarding awareness by staff, training, the ease of access to the safeguarding referral form and changes in statutory duties.

Objectives for 2015-16

- Future training plans by the Named Professionals and Head of Safeguarding include:
 - Continue to work closely with the Training department to provide training for joiners to the service and others that require safeguarding training.
 - Further development on marketing the provision of Safeguarding Training to external agencies and organisations following specific requests.
 - Ongoing work stream to refine the reporting framework of training with the Learning and Development Team

- Ensure an improved reporting of the level 1¹³ induction workbook
- Develop a bespoke training package of refresher training to include the use of outside training providers such as Barnardo’s etc.
- Continue to ensure the completion of a centralised recording system for safeguarding training across all departments.
- Review the current referral system to promote a more efficient system with input from IT
- Further the Business case to secure secondment positions
- Work plan to be guided by forthcoming CQC inspection
- Consider a more resilient team by integrating more with the Governance Structure
- Agree a Supervision Strategy for the trust
- Escalation Policy to be approved
- Strengthen the CSE agenda.

Brief Outline of agency function and safeguarding arrangements

University Hospitals Bristol NHS Foundation Trust consists of eight hospitals in the centre and south of Bristol, and is one of the largest NHS Trusts in the country and the major teaching and research centre for the South West of England. The Trust provides general medical and emergency services to the local population of Central and South Bristol, and a broad range of specialist services across a region that extends from Cornwall to Gloucestershire, into South Wales and beyond.

UHBristol Trust Board holds ultimate accountability for ensuring that safeguarding responsibilities for both children and adults are met, led by the Chief Nurse as Executive Lead for Safeguarding. Day to day safeguarding activities are supported by well-established and experienced safeguarding professionals, who provide expert advice, support and supervision to practitioners across the Trust.

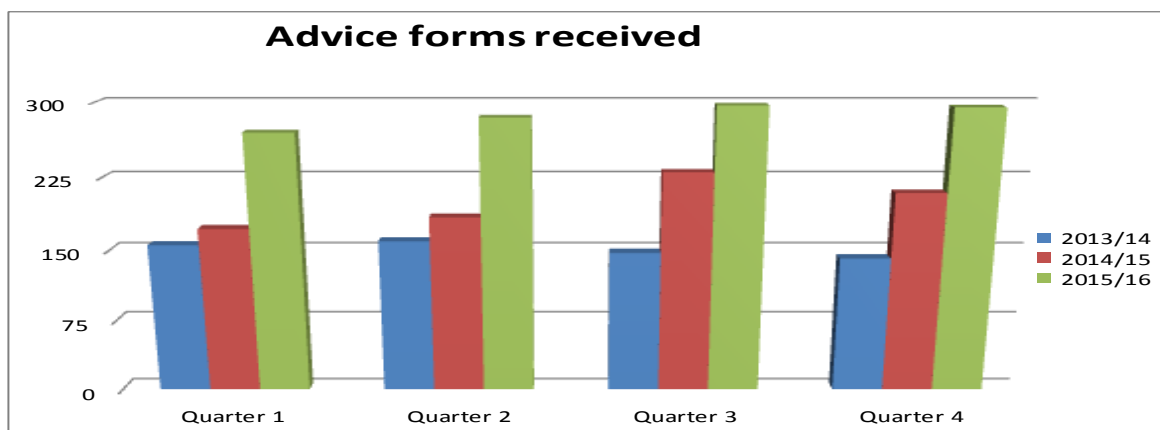
Safeguarding Activity 2015/16

There has been a significant increase in Safeguarding Children activity with referrals sent to the Safeguarding Nursing Team in the first instance prior to being sent to Children’s Social Care. Approximately 50% of contacts to the Safeguarding Nursing Team do not result in an onward referral to Children’s Social Care. This is most often as a result of further information gathering and analysis, with reference to the Bristol Safeguarding Children

¹³ CQC Intercollegiate training guidance

Board Thresholds Guidance, following which the outcome will be to share information with the child’s Primary Health Care Team for ongoing support and monitoring.

Table 1: Safeguarding Advice / Case Supervision provided by the Safeguarding Nursing Team



The data reflects a significant increase in all forms of safeguarding children's activity including in the total numbers of referrals made to Children's Social Care. In this reporting period a total of 708 safeguarding referrals were made in comparison to 403 in 2014/15.

Table 2: Safeguarding Advice / Case Supervision provided by the Safeguarding Nursing Team

	2013/14	2014/15	2015/16	% increase from previous year
Quarter 1	155	172	270	57.0
Quarter 2	159	184	285	54.9
Quarter 3	147	230	297	29.1
Quarter 4	141	209	295	41.1
Total	602	795	1147	44.3

Key Achievements/ impact/ challenges:

- There has been a significant increase in the number of safeguarding referrals from Bristol Sexual Health Services / The Bridge as 87 referrals were made in 2015/16, compared to 14 in 2014/15. During this reporting period Bristol Sexual Health Services have introduced a process for asking additional Domestic Abuse screening questions which have had a positive impact reflected in an increased number of referrals. Sexual Health Services undertook a specialist training programme to support them in this role.

- Information about the findings from Operation Brooke and CSE risk has been included into the Trust safeguarding training. Practitioners in Bristol Sexual Health Services have completed specialist training delivered by BASE.
- The increased awareness of the risk of Child Sexual Exploitation from both a multi-agency perspective and within Bristol Sexual Health services has also impacted on the number of referrals, underpinned by a robust Risk Assessment. The Lead Sexual Health Consultant for UHBristol Sexual Health is a key member of the BSCB Child Sexual Exploitation sub group.
- The Trust began submitting FGM data in September 2015. A total of 353 cases were reported, the majority of which were reported by midwifery Services, as FGM forms part of a wider mandatory question all women are asked at their first booking appointment. One case relating to a girl under the age of 18 years was actioned appropriately following the Trust and Safeguarding Children multi-agency procedures.
- There has also been an increased number of notification/ referrals completed for children and young people who have self- harmed / taken an intentional overdose; 267 in this reporting period compared to 215 in 2014/15.
- University Hospitals Bristol Maternity services continues to deal with challenging and complex cases with occasions where babies have to be removed from their mothers following a multi- agency safeguarding process. To support this complex area of work in August 2015 a new Safeguarding Midwife was appointed working fifteen hours a month.
- The Serious Case Review following the death of a mother and baby in 2014 is continuing and it is anticipated this will be published towards the end of 2016. Maternity Services have worked with local NHS commissioners to improve the peri-natal mental health services for women and the Trust has supported the recruitment of a mental health nurse who works alongside the Consultant and midwives working in the specialist peri-natal mental health clinic.

North Bristol NHS Trust

Brief Outline of agency function and safeguarding arrangements

North Bristol NHS Trust (NBT) is a large acute NHS Trust. It has over 8000 staff providing health care services to the populations of Bristol, South Gloucestershire and North Somerset across Southmead Hospital, Cossham Hospital and Frenchay and specialist services including Trauma; Neurosciences; Renal and Transplant; Plastic Surgery (including Burns) and Vascular Surgery.

Until April 2016 the Trust provided children's community health services through the Community Children's Health Partnership (CCHP), these services were then handed over to Sirona CIC, Bristol Community Health CIC and Avon and Wiltshire Mental Health Trust.

The majority of children during 2015/16 were seen through the CCHP. Children of all ages are seen in NBT in the Emergency Department, as well as in Children’s Out Patient Clinics, Maternity Services and the Neonatal Intensive Care Unit. In addition young people aged 16-18 years can be admitted as inpatients, to NBT.

The Trust Board holds the accountability for ensuring that all our responsibilities for safeguarding adult and children are met. The Director of Nursing and Quality is the executive lead for safeguarding, with operational activity undertaken by an experienced safeguarding team based within North Bristol Trust and also across CCHP. They provide expert advice, support and supervision to practitioners.

Safeguarding activity

- There has been slight increase in the numbers of contacts for safeguarding advice and supervision by the safeguarding team.
- Maternity services at North Bristol NHS Trust had 6,449 women who birthed with the service (Community Midwives also provide care to women who birth in other maternity units).
 - There were 260 referrals were made to First Response (Bristol), these included a significant number of notifications re maternal FGM). 32 infants being placed on Child in need, or Child Protection plans.
 - There were 78 referrals were made to First Point (now named Access and Response Team - South Glos). 22 infants being placed on Child in need, or Child Protection plans.
- Audits completed during 2015/2016:
 - Transfer of information between healthcare professionals for women identified with safeguard concerns for the unborn baby.
 - Review of changes in practice regarding supplementary evidence records where there are safeguarding concerns
 - Quality of Communication of Handover, between Community Midwife and Health Visitor in Substance Misusing Women
 - Quality of referral made from ED at NBT

Training compliance: The standard expected is 90 % of staff to have completed the correct level of safeguarding training. During 15/ 16 there was a drop in compliance for level 1-3. See table below:

North Bristol Trust Training Compliance figures 2015/16(percentage compliant)					
	Q1	Q2	Q3	Q4	
Level 1	92	90	89	82	
Level 2	90	88	80	82	
Level 3	96	96	80	73	

Level 4	100	100	100	100	
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Further action is being taken to secure improvement with bespoke sessions for groups of staff with specific attention to level 3 training.

Achievements during 2015-2016

- Named Doctor recruited for North Bristol NHS Trust Acute Services.
- Safeguarding Supervision has increased to 3-monthly supervision to all health visitors and 4-monthly supervision plus at least one group supervision session annually to all school health nurses.
- NBT continues to investigate the possibility of using Level 2 e-learning packages.
- Level 1 and 2 training packages updated in line with the new requirements.
- Level 3 training has been revised and delivered in line with Intercollegiate Document (2014).
- Level 3 Specialist Staff received a programme of training in Signs of Safety.
- Widespread training on recording and reporting FGM and the adjustment of training packages to reflect this and the information placed on NBT intra net on reporting.
- Awareness raising of Child Sexual Exploitation via multiple sessions in both the community and the Acute Trust using specific training packages.
- NBT has participated in 3 SCRs and 2 Multi-Agency Case Reviews in South Gloucestershire and Bristol. Specifically the findings from Operation Brooke and CSE risk have been disseminated and integrated into training
- The Care Quality Commission undertook a review of Health Services for Looked after Children and Safeguarding in South Gloucestershire and gave a number of recommendations for improvement within ED and maternity services at NBT and within parts of CCHP. An action plan is being monitored by the NBT Safeguarding Committee and Commissioners. Good progress is being made.
- A 100% attendance by members of the Safeguarding Team has been achieved at the South Gloucestershire and Bristol MARACs. NBT staff work to the MARAC Operating Protocols.
- FGM is included in all training packages for safeguarding children and adults. Staff have been informed on how to report.
- The Safeguarding Children Policy was ratified October 2014 to include additional responsibilities with regard to Female Genital Mutilation, Child Sexual Exploitation, forced marriage and honour-based violence, human trafficking and radicalisation.
- This year the Specialist Substance Misuse Midwife SSMM has been able to offer their service to women who are also experiencing difficulties with ceasing cannabis use.
- Teenage pregnancy midwife continues to develop and this year includes weekly specialist Young Mums clinic at North Bristol NHS maternity services and given training support to all new midwives joining NBT on the process of referral for Young Mothers who may have safeguard concerns.

What difference has your organisation's achievements made to children, young people, parents/carers?

- Robust safeguarding children training enable staff to be equipped to spot the signs of abuse.
- Multiagency engagement by NBT ensures better information sharing for high risk cases and shared decision making.
- Engagement of NBT in the Safeguarding Boards and Sub-Groups ensures the Trust culture focusses on keeping children safe.
- Strong safeguarding supervision keeps cases on track ensuring better outcomes for children.
- The actions from CQC review have enabled improvement in triggers for staff in ED to routinely assessing for safeguarding concerns and as well as Child protection
- Increase the availability of support to women who are having difficulties with ceasing cannabis use.

Objectives for 2016/17

- To undertake a review children's safeguarding service across NBT following the transfer of CCHP to Sirona Care are Health / Bristol Community Health / Avon and Wiltshire Mental Health NHS Partnership from NBT.
- To ensure the Patient Administration System –'Lorenzo' functions to trigger and raise awareness of safeguarding and child protections matters
- To appoint a Named Nurse to the vacancy
- To increase the integration of safeguarding adults and children service across NBT.
- Strengthen reporting of FGM
- Agree a supervision strategy across the Trust

National Probation Service – Bristol and South Gloucestershire

**National
Probation
Service**



The role of the National Probation Service (NPS) is to protect the public, support victims and reduce re-offending. It does this by:

- assessing risk and advising the courts to enable the effective sentencing and rehabilitation of all offenders;
- working in partnership with Community Rehabilitation Companies (CRCs) and other service providers; and
- directly managing those offenders in the community, and before their release from custody, who pose the highest risk of harm and who have committed the most serious crimes.

In Bristol and South Gloucestershire the NPS hold around 1300 cases who are high risk of harm or sex offenders.

In carrying out its functions, committed to protecting a child's right to live in safety, free from abuse and neglect, the NPS aims to:

- Provide guidance on the roles and responsibilities of staff in the newly formed National Probation Service in relation to protecting children and young people.
- Provide training to all staff to understand their contribution to protecting children and young people, in particular those at risk from the emotional impact of witnessing domestic abuse.
- Ensure staff work together with other relevant agencies to assess, plan and intervene to protect children and young people
- Establish and maintain processes to effectively manage and quality assure work to protect children and young people
- Demonstrate the positive impact on the work of the Local Safeguarding Children Board to protect children and young people from adults who pose a risk of harm to them.

Over 2015-16, Bristol and South Gloucestershire NPS has endeavoured to improve practice in relation to safeguarding. Two relevant safeguarding documents have been welcomed in relation to safeguarding Children:

- NPS 'Safeguarding Children'
- NPS Partnership Framework for Local Safeguarding Children Boards

These documents give a greater focus on safeguarding and have led to the implementation of a safeguarding training plan.

All staff carry out the safeguarding training supplied by the NPS as a refresh to current thinking and priorities. Evidence of good safeguarding practice has been seen where concerns are noted. NPS continues to co-chair MAPPA meetings as required and fully participates in MARAC processes in compliance with practice guidance. NPS has participated in the LSCB and sub groups including SCRs.

There is a very comprehensive risk management system for offenders which include an assessment of the risk to children. Partnership work is good with good relationships awarded for support agencies.

NPS continues to strive for greater excellence and we are aware of the areas we need to focus for the oncoming year which we have identified as the areas of recording and data collation.

Learning and improvement

Serious Case Reviews

During 2015-2016 BSCB has published two serious case reviews. A further 3 Serious Case Reviews were in progress at the end of the business year with an expectation that they would be completed and published during 2016-2017.

Requests for Serious Case Reviews

Requests for serious case reviews were also received in respect of a further two incidents: one of which involved the death of a child and one other was an incident which the child did not die. It was decided that the criteria was not met for a serious case review. However, it was agreed that these cases should be examined as Child Protection Incident Reviews in accordance with the BSCB Learning and improvement Framework.

Child T

Publication of the Serious Case Review in relation to Child T, a three month old child who was killed by her father in 2013, occurred in May 2015. There had been a significant delay in the publication of this Serious Case Review due in part to ongoing legal proceedings including the criminal trial of the father. The learning from this Serious Case Review has been overseen by the SCR sub group and recommendations within the individual agencies implemented by those agencies.

This serious case review is available on the BSCB web pages, hosted by Bristol City Council:

[Child T Serious Case Review](#)

Disseminating the learning

It is essential that the learning from Serious Case Reviews is disseminated and that there is a meaningful impact upon practice and the effectiveness of multi-agency working. To this end BSCB undertook a number of briefing sessions to discuss and share the learning from this serious case review.

Operation Brooke

In 2014 BSCB embarked upon a serious case review alongside an unnamed LSCB in response to the conclusion of a significant police operation regarding child sexual exploitation in Bristol. The operation resulted in the conviction of 13 offenders for a range of serious sexual and other offences against a number of children from Bristol and the unnamed LSCB area. The offenders received in total 116 years imprisonment.

The Serious Case Review took over a year to complete and identified significant lessons for Bristol, the unnamed LSCB and further afield. The board published the report in full in March 2016.

This serious case review is available on the BSCB web pages, hosted by Bristol City Council:

[Operation Brooke Serious Case Review - Report](#)

In addition the Board response to the Serious Case Review outlining how the Board has responded to the findings and lessons outlined in the report is available here:

[BSCB response to the Operation Brooke Serious Case Review](#)

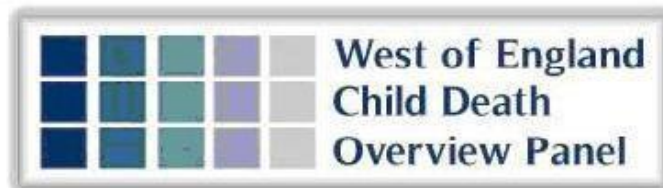
Disseminating the learning

Given the significance of this Serious Case Review and learning identified, the board and partners have made significant efforts to ensure that the key messages, especially those given by the children who were identified as victims in this review, were disseminated. In addition to the provision of multi-agency briefing sessions, sector specific briefings have also been delivered including to staff within the community Child Health Partnership (CAMHS, Health Visitors, Sexual health Services, Community Paediatricians and school nurses), Early Help Teams, Children's Social Care units and Disabled Children Service. The BSCB Annual conference in July 2015 included in its focus how we can better respond to and support victims of Sexual Exploitation as well as sexually harmful behaviour.

Child protection incident reviews

During 2015 BSCB received one request for a CPIR and this is currently being undertaken. One CPIR which commenced during 2014-15 has not concluded following the retirement of the lead reviewer. A further CPIR is awaiting a decision regarding criminal proceedings before the review can commence.

There have been a significant number of Case Reviews undertaken by BSCB within the last year. This has placed a significant resource pressure in terms of time and availability of the relevant professionals within partner agencies to ensure that each review receives the rigorous attention demanded of a serious case review. The continued commitment and diligence to which those involved in serious case reviews in Bristol continue to display is greatly appreciated by BSCB.



Child Death Overview Panel

The LSCB functions in relation to Child Deaths are set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, made under s.14(2) of The Children Act 2004. The LSCB is responsible for:

- Collecting and analysing information about each death with a view to identifying:
 - i. any case giving rise to a need for a review;
 - ii. any matters of concern affecting the safety and welfare of children in the area of the authority;
 - iii. any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area: and
- putting in place procedures for ensuring that there is a coordinated response by the authority, their board partners and other relevant persons to an unexpected death.

West of England: Child Death Overview Panel

Bristol has joined with the other LSCBs of the ex-Avon County Council area (Bath & North East Somerset, North Somerset and South Gloucestershire) to establish the West of England Child Death Overview Panel (WofE: CDOP). The contract for the operation of the CDOP was renewed and revised in 2015-2016 for 2016-2017. An annual meeting of LSCB chairs and managers to oversee the operation of the WofE: CDOP has been established and will meet annually in September.

The West of England CDOP has undertaken detailed overviews of child deaths which have occurred in the area since its inception in 2008. The CDOP has benefitted from the availability of local and national expertise to inform their deliberations and case reviews and has been proactive in pursuing modifiable factors which indicate the potential for improvements in policy, procedure, practice and wider learning for the future.

An annual report is provided to the four LSCBs each autumn, therefore reporting in the LSCB annual report is for the preceding 12 months. Following a 5 year reporting cycle, 581 child deaths were notified to the West of England Child Death Enquiries Office between 1st April 2011 and 31st March 2016. 36% (39/109) of these deaths were not residents in the CDOP area. The great majority of these children were receiving specialist medical care in Bristol Children's Hospital or St Michaels Hospital (NICU). This figure is lower than previously as from January 2015 the West of England CDOP stopped reviewing and collecting data on the deaths of Welsh children within hospitals in the West of England area. Of those that were resident in the CDOP area, 169 (31%) were from Bristol. During 2015-2016, 35 children resident within Bristol were notified to the Child Death Enquiry Office.

Themes arising from reviews of child deaths:

Lack of bereavement support for families

This year CDOP has recorded some dissatisfaction with bereavement provision for some families. A number of cases in past meetings have reflected this and while this issue is not directly related to identifying modifiable factors in relation to the death the panel felt it is important to try to address. One forward step is that CDOP has flagged this issue to the local children's hospital trust who now have a bereavement team in place. CDOP have also helped to raise awareness of bereavement support for specific cultural groups.

Delay in receipt of final Post Mortem Reports

Unfortunately the effect of the national shortage of paediatric pathologists continues to impact families after their child's death. CDOP reviewed a number of cases this year where the delay in the final post-mortem report being available to families caused significant distress. This year CDOP wrote to the Royal College of Pathologists who confirmed that the College is aware of this issue and has reported that paediatric pathology remains a shortage speciality to Health Education England. They reflected that there are adequate numbers of training posts at present, but there are difficulties in attracting high quality trainees to the speciality, and events were run by the College last summer to ensure that paediatric pathology is represented to trainee doctors at an early stage. The Designated Doctor for Children's Deaths has also dealt with some media contact in relation to this issue.

Difficulty in obtaining information on fathers of children who have died

As part of the child death review process, information on the child's family and background circumstances is routinely reviewed. However CDOP recognised that it is often difficult to collect adequate information on the fathers of children who have died as this information is often not held on agency records. WOE: CDOP is aware that this is also an issue for other CDOPs and may be a national issue. CDOP has been able to remind clinicians involved in the child death review process about this issue, for example, where there has been a rapid response in relation to an unexpected child death professionals have been reminded to ensure that, wherever possible, information on the GP surgery that the father is registered with is collected.

Medical learning from case reviews

This year CDOP has highlighted important medical learning from a number of cases, in particular in relation to presenting features of infection and childhood malignancies. Discussions have taken place about how best to disseminate this learning to relevant agencies. CDOP has received anecdotal evidence that many parents wish to contribute to future learning in this way.

Training and Development

Inter-agency Safeguarding Training

BSCB provides a range of high quality and diverse training courses to a range of professionals working with children across Bristol. A total of 21 different courses are delivered and an action learning set. During 2015-2016, 1795 places on 72 courses were provided, and in total 1333 (18.1 avg.) places were used. Compared to 2014-2015 this represents a reduction in course attendance overall from 82.5% to 74.2%. However, looking solely at the core courses (initial, advanced, refresher and managers), 924 spaces out of 1050 available were taken up (88%). Demand for initial and advanced course often exceeds supply. The attrition rate in respect of cancellations and non-attendance is comparable to that of specialist courses at around 17%.

Course Title (number of courses provided)	Attendance 2014-2015 (places available)	Attendance 2015-2016 (places available)	Non attendance	Applicants/ Cancelled
Initial Inter-Agency Child Protection (17)	387 (425) 91.05%	413 (450) 91.7%	37	519/54
Advanced Inter Agency Child Protection (12)	277 (300) 92.33%	281 (300) 93.6%	19	346/36
Child Protection Refresher and Update (9)	201 (225) 89.33%	176 (225) 78.2%	14	212/20
Child Protection for Managers (3)	68 (75) 90.66%	54 (75) 72%	3	85/15
Disabled Children and Child Protection (2*) [1]	35 (50) 70%	12 (25) 48%	0	15/2
Domestic Abuse and Child Protection (4*) [3]	32 (50) 64%	37 (75) 49.3%	3	44/4
Emotional Abuse and Neglect (two 2 day courses)	16 (25) 64%	19 (50) 38%	1	27/4
Faith Communities and Child Protection (2)	17 (25)	29 (50)	0	32/2

Course Title (number of courses provided)	Attendance 2014-2015 (places available)	Attendance 2015-2016 (places available)	Non attendance	Applicants/ Cancelled
	68%	50%		
Female Genital Mutilation (FGM) Awareness (2)	47 (50) 94%	45 (50) 90%	1	48/2
Female Genital Mutilation Developing Knowledge (1)	Cancelled only 5 places booked	22(25) 88%	0	24/2
Forced Marriage and Honour Based Violence Awareness (2) [1]	8 (25) 32%	18 (25) 72%	4	24/1
Mental Health and Child Protection (2)	20 (25) 80%	24 (50)	4	36/5
Race, Diversity and Child Protection (2)	32 (50) 64%	23 (50)	0	26/2
Safer Recruitment (1)	-	17 (25) 68%	2	24/4
Safer Working Practice (2) [1]	(45) 60%	9 (25) 36%	0	10/1
Sexual Abuse and Child Protection (2)	27 (50) 54%	23 (50) 46%	2	31/2
Sexual Exploitation and Child Protection (3)	54 (75) 72%	44 (75) 58.7%	3	54/2
Sexually Harmful Behaviour (1)	17 (25) 68%	10 (25) 40%	3	16/2
Train the Trainer (3) [2]	11 (25) 44%	27 (50) 54%	2	33/2

Course Title (number of courses provided)	Attendance 2014-2015 (places available)	Attendance 2015-2016 (places available)	Non attendance	Applicants/ Cancelled
Working with Substance Using Parents/Pregnant Substance Users (2)	Not provided	26 (50) 52%	2	32/2
Working with Reluctant Parents/ Disguised Compliance (4) (1)**	46 (60) 76.7%	11 (20)	0	12/0

** 2 courses cancelled by external trainer, 1 course cancelled due to low take up.

Training Courses are provided to funding partner agencies at no cost to those attending. Agencies that do not fund the board are charged £80 pp for a day's course. Non – attendance or late cancellation are charged at full cost.

Feedback and evaluation

The range and variation of courses is overseen by the Training sub group and subject to a regular review. Attendees are requested to complete a pre and post course validation form online. Importantly, 3-6 months following attendance on a course, a follow up request is made to complete an evaluation of the impact that the training has had on the practice of the individual, and in some cases their wider organisation. Responses have indicated a significant impact upon practice in a variety of settings.

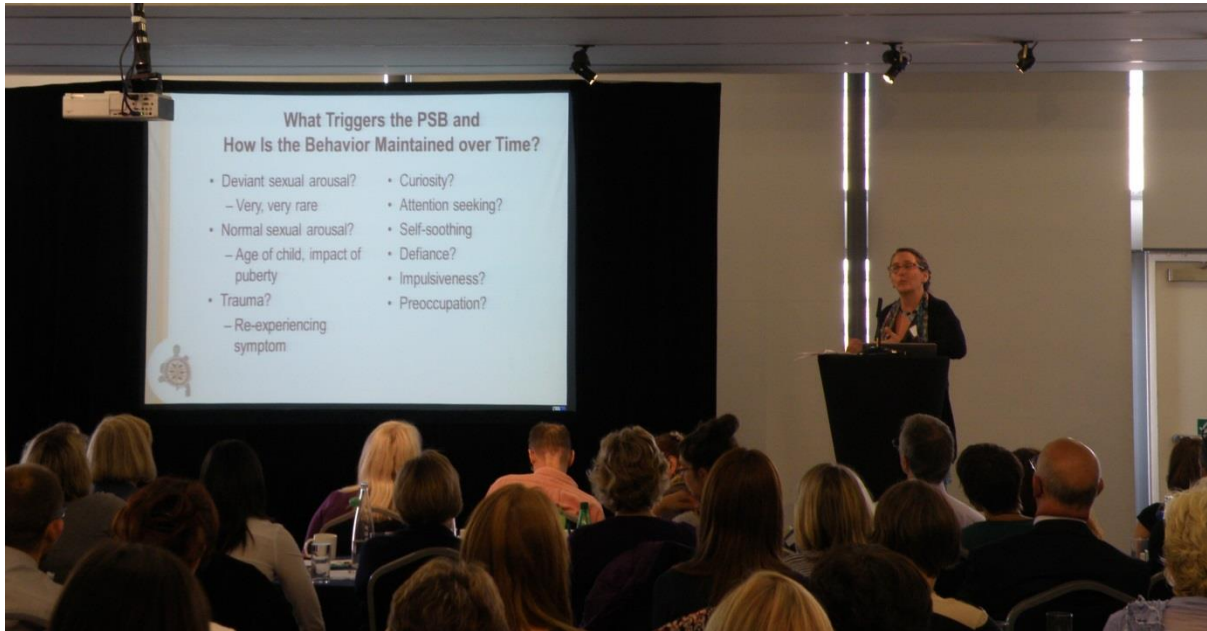
The validation and evaluation work is undertaken to measure the impact of Board training on actual practice and outcomes for children and young people. It also contributes to the continuous improvement cycle of training content and delivery. Formal responses to training provision overall is positive.

Non-attendance

From the information provided above it can be seen that non-attendance due to late cancellation or failing to attend remains an issue of concern. Overall attendance has improved over the year with the 4 core courses achieving around 88% attendance. The Board is taking up the matter of non-attendance directly with those partners where non-attendance is most frequent. This has resulted in charges of £7,760 being levied on those agencies.

BSCB Annual Safeguarding Conference 2015

The 2015 BSCB annual conference was held on 11 July at @Bristol. The subject of the conference was *'It's All Sexual?: Exploitation, Harm and Abuse'* and featured a keynote address from Carlene Firmin (MBE) and a presentation regarding 'Trauma and Links to Sexually Harmful Behaviour in Children and Young People' from Dr Jane Silovsky



Dr Jane Silovsky

(Clinical Psychologist) and Jimmy Widdifield (Children's Counsellor, Oklahoma University Health Sciences Centre). The afternoon session was started by the Police and Crime Commissioner, Sue Mountstevens who was followed by a performance of "Chelsea's



Choice" by Alter-ego Creative Solutions¹⁴, a short play addressing risks relating to sexual exploitation.

Evaluation of the conference from attendees was positive with responses highlighting the value that is placed on the opportunity that the annual conference provides staff in terms of learning, networking and reflection.

Sally Lewis OBE, BSCB Chair

¹⁴ <http://www.alteregocreativesolutions.co.uk/chelseas-choice/>

Priorities and challenges for now and the future

A new Strategic Plan has been developed for the Board to take us through 2016-2017. Over the next year we will focus on the following priorities:

Better outcomes

“We will set expectations so that partners focus on delivering best outcomes for children”

Better ways of working

“We will deploy resources in an effective way, providing value for money”

Better public involvement

“We will do more to ensure that the views and experiences of children and the wider community inform and contribute to effective safeguarding.”

Better quality assurance and adherence to regulatory framework

“We will continue to drive improvement in safeguarding practices for all children.”

Themes

Alongside these priorities we have identified specific themes under which the activity of the board will be coordinated.

Activity is also further categorised in thematic headings:

- **Governance and communication**
- **Continuous improvement**
- **Missing Children**
- **CSE**
- **‘Prevent’**
- **Emotional health and wellbeing – Bullying and Self-harm**

This annual report has been written with contributions from many different BSCB members and was compiled and co-ordinated by the Joint Safeguarding Business Unit Manager. Members of the BSCB have written about the work of their agency or the work of individual BSCB sub- groups. The BSCB Independent Chair and the Service Manager - Safeguarding and Quality Assurance have written sections of the report and edited the final report.

The BSCB has been involved in agreeing the contents of the report, discussing the draft, and then approving the final format and contents.

The report was written between June and September 2016, with the completed report available for presentation at meetings with key strategic partners as well as being available as a public document on the LSCB website at: <http://www.bristol.gov.uk/page/children-and-young-people/bristol-safeguarding-children-board>

Any comments about this report can be made to the Joint Safeguarding Business Unit Manager – Adam Bond, adam.bond@bristol.gov.uk

Attendance

P	Present
D	Deputy attended
A	Apologies sent
NA	No attendance or apologies
0	Not Board member at the time

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Sally Lewis	Independent Chair	Independent Chair		P	P	P	P
Pete Anderson	Service Manager	BCC	Service Manager Crime and Substance Abuse,	P	P	P	P
Ingrid Anson	Board Member	NSPCC	SW Children's Services Manager	P	A	0	0
Anouska Inns	Board Member	NSPCC	SW Children's Services Manager	0	0	P	A
Anne King	Board Member	NPS	Head of Bristol LDU	D	A	0	0

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Charlie Baker	Board Member	NPS	Head of Bristol LDU	0	0	P	A
Adam Bond	BSCB Business Unit Manager	BSCB		A	P	P	P
Fiona Tudge	Board Member , Co-Chair CSE sub group, Chair SCR sub group	Bristol City Council	Service Manager	P	P	P	P
Becky Lewis	Co-Chair CSE sub group			P	P	0	0
Ella Remes	Co-Chair SE sub group			0	0	A	A
Kate Markley	Chair Quality and Performance sub group	Bristol City Council	Principal Social Worker	A	P	P	A
Simon Brickwood	Chair E Safety sub group	Avon and Somerset Constabulary	DI	A	NA	A	0
Victoria Caple	Chair E Safety sub group	Avon and Somerset Constabulary	Manager Safeguarding Co-ordination Unit	0	0	0	A
Annette Jones	Chair Education sub group	Bristol City Council	Service Manager	D	P	P	P
Liz Hall	Chair Training sub group	Avon and Somerset Constabulary	DC	0	0	0	P

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Maria Bredow	Board Member , Chair Training sub group	NBT & Bristol CCG	Designated Doctor, Safeguarding Children	P	P	P	P
Paul Jacob	Board Member	Education, BCC	Service Director	P	P	P	D
Jean Pollard	Board Member	CFS, BCC	Service Director	P	0	0	0
Angela Clarke	Board Member	CFS, BCC	Acting Service Director	0	P	0	0
Hilary Brooks	Board Member	CFS, BCC	Service Director	0	0	D	P
Geraint Clarke	Board Member	Education - School representative	Head	A	NA	0	0
Toni Glazzard	Board Member	Education - School representative	Head	NA	NA	0	0
Anna Hall	Lay member	Lay member		P	P	P	P
Marilyn Harrison	Board Member	BGSW CRC	Assistant Chief Officer	D	D	P	P
Mark Dean	Board Member	AWP	Directorate of Nursing and Quality	P	A	P	P
Gillian Douglas	Service Manager	Housing Solutions		A	A	P	0

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Aileen Fraser	Board Member	BCH	Clinical Director	D	A	P	P
Pippa Dove	Board Member - VCSE advocate	Knowle West Health Park	VCSE advocate	0	0	0	P
Gillian Nowland	Board Member - VCSE advocate	One25	VCSE advocate	P	P	A	0
Christine Townsend	Board Member - VCSE advocate	Integrate		P	P	P	P
Will Hall	Board Member	BMH	System Clinical Leader	P	P	P	0
Sue Jones	Board Member	NBT	Director of Nursing	P	D	A	P
Rachel Williams	Head of PPU	Avon & Somerset Constabulary		D	D	P	0
Will White	Board Member	Avon & Somerset Constabulary	Detective Superintendent for Protect	0	0	0	P
Richard Lingard	Board Member	First Response and Early Help, BCC	Service Manager	P	P	P	P

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Alison Moon	Board Member (Vice Chair)	BCCG	Director for Transformation and Quality	P	P	D	D
Jackie Mathers	Board Member	BCCG	Designated Nurse for Safeguarding Children	P	P	P	P
Brenda Massey	Board Member	Bristol City Council Member	Assistant Mayor - People	P	P	P	P
Carol Metters	Board Member	Next Link	Chief Executive	A	NA	A	A
Caroline Mills	Board Member	UHB	Chief Nurse	P	D	P	A
Victoria Penaliggon	Board Member	CAFCASS	Service Manager	P	P	A	A
John Readman	Board Member	People, BCC	Strategic Director	P	D	D	D
Nancy Rollason	Board Member	Legal, BCC	Service Manager	P	A	A	P
Kate Spreadbury	Board Member	Adult Care and Safeguarding, BCC	Service Manager	P	A	P	P
Duncan Stanway	Board Member	Barnardo's	Assistant Director	P	P	A	P

Name	BSCB Role	Agency	Agency Role	Apr-15	Jul-15	Oct-15	Jan-16
Jo Williams	Board Member	Public Health, BCC	Public Health Consultant	P	P	P	P

BSCB Constitution and Terms of Reference: Attendance at Board Meetings

If a member of the BSCB is unable to attend any meeting, they shall be responsible for appointing an appropriate substitute. Should a member fail to attend 2 consecutive board meetings, without apologies being given and a substitute appointed, their agency will be written to by the BSCB Chair and asked to provide an explanation and consider whether to appoint a new member to the board.