



**North East Lincolnshire  
Safeguarding Children's Board  
Annual Report  
2016/2017**

## Foreword by Chair

I am very pleased to provide this overview of the North East Lincolnshire Safeguarding Children Board (NELSCB) Annual Report 2016/17. This is my first Annual Report as Chair of the NELSCB, having taken over from the previous Chair in October 2017.

There have been several areas of progress related to the key strategies. One of these is the reduction in the number of Child Sexual Exploitation (CSE) cases referred to statutory services matched by an increase in referrals to Young and Safe as a result of the CSE Strategy. Also, as a result of the Neglect Strategy there has been a reduction in the number of children subject to Child Protection plans under the category of Neglect. There have also been a number of key developments such as the creation of the Voice and Influence Strategy and the development of a Safeguarding Supervision and Guidance process for schools.

Partnership working continues to be a real strength in all areas, particularly for Children Who Go Missing, CSE, Harmful Sexualised Behaviour (HSB) and the One System Approach to Domestic Abuse. The NELSCB has continued to provide both support and challenge to partner agencies as evidenced through the Challenge Log and highlighted through our Female Genital Mutilation (FGM) audit in which it was identified that there was an FGM training requirement across partner agencies. As a result FGM awareness briefings were circulated to all member agencies and the Learning and Development Subgroup provided details of the Home Office online FGM and Virtual College Training which resulted in an increase in the numbers of partners and practitioners accessing FGM training.

The NELSCB has reviewed its priorities and as a result, Prevention and Early Intervention is no longer a priority, but seen as *'business as usual'*. Whilst recognising that progress has been made, Domestic Abuse and Neglect remain key priorities as further work is needed to embed the strategies. The next steps for the LSCB include focusing on its revised priorities and addressing the following key areas of partnership work in readiness for the transition to the new working arrangements as set out in Working Together 2018 and the emerging issues that affect us all, both at a local and national level.

- Sexual Harm priority - LSCB to seek assurances that effective practice resources are available and all partnership practitioners are equipped to recognise need and risk early and respond appropriately to presenting concerns in respect of Sexual Harm.
- With regard to the pending changes to the LSCB, its partner agencies will work to develop and implement a robust and safe transition from the current LSCB safeguarding arrangements to a new structure for delivery of safeguarding across North East Lincolnshire as agreed locally.
- The LSCB to develop a coordinated framework for protecting children and those adults with care and support needs, in which we can recognise and respond effectively to Modern Day Slavery.
- The LSCB will evaluate the impact of the Voice and Influence strategy to assure itself of a robust approach, not just to capturing the voices and views of children, but one where we can evidence that as a result, their voices have made a positive impact both at a practice and strategic level.

Rick Proctor

LSCB Independent Chair

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## 1) Local Background

### 1.1) Population

North East Lincolnshire's population is 159,144 with 34,211 Children and Young People under the age of 18 years living in the area. Children of school age are predominantly White British (91.7%) with a small but increasing proportion from a Black or Minority Ethnic (BME) background (7.6%) compared with national figures of 67.2% in primary schools and 69.5% in secondary schools. Approximately 26.7% of the local authority's children are living in poverty (all children), compared to an average of 18.6% nationally (2012).

### 1.2) Child Protection (CP) / Child in Need (CIN) in this area

At 31st March 2017, 1975 children had been assessed as being formally In Need of a Specialist Children's Service. This has decreased from 31st March 2016 when there were 2029 children. The numbers of children subject to a Child Protection Plan decreased from 221 in March 2016 to 202 in March 2017.

### 1.3) Looked After Children (LAC)

At 31st March 2017, 297 children were being looked after by the Local Authority (LA) (a rate of 87 per 10,000 children), which is a slight increase on last year is above the national average of 62 per 10,000. 85 (or 29%) live outside the LA area. 44 live in residential children's homes, of whom 12 (27%) live out of the authority area.

During year 2016-17 there were 22 children adopted, which is a decrease from the 35 adoptions in 2015/16. There were 19 children who became subject of Special Guardianship Orders, slightly down from 20 during each of the previous two years. Of 154 children who ceased to be Looked After, 7% subsequently became Looked After for a further period.

### 1.4) Inspection of homes / service findings

The Local Authority operates 8 children's homes, with 33 beds in total. All were judged to be good or outstanding in their most recent Ofsted inspections.

## 2) What Children and Young People Told Us

### 2.1) The Child's Voice

What did we say we were going to do?

We said we would capture the Child's Voice through the subgroup audits, development of tools and ensure all partnership activity and service provision incorporates an element of the voice and impact of Children and Families Views. In addition to provide the means for all children and young people living with Neglect to have a voice so they can let us know how well we did and what we could do better to help and support them.

What we have done?

The Neglect Subgroup developed and implemented a suite of age-appropriate feedback tools to capture the voices of children/young people aged 0-19, at individual, service and strategic levels. These tools will be implemented, recorded, analysed, and measured in order to tell us how well we have delivered services and what difference we have made. We have undertaken a whole system mapping exercise to capture how the child's voice informs service developments across the partnership and developed a Voice and Influence Strategy, to coordinate and make clear the need for the child's voice to be at the heart of practice and decision making.

We have monitored the levels to which the child's voice is making a difference to service delivery and have completed 65 LAC Review Viewpoint Questionnaires, 145 CP Conference Viewpoint feedbacks, 11 Foster Placement Exit Interviews and arranged for 15 young people, open to Children's Social Care, to be supported by an Independent Advocate to give their views at their meetings such as reviews and conferences.

Evidence, impact /difference made

Both Section 11 and case file audits have found evidence throughout of an increase in practitioners both seeking the child's voice and using this to inform service provision, increasing the use of the advocacy offer and take-up.

#### Case Example:

One young person was referred for support during a Family Group Conference (FGC). The young person had expressed high levels of anxiety about seeing family members, including his mother and father. The young person was supported at the FGC to convey his views prior to the conference and so have his voice heard without needing to be present himself. A comprehensive plan was made in partnership with the family, agreeing that no contact would take place without the young person's prior knowledge, and this was to include telephone contact. The plan also included his request that he would be supported by his extended family to participate in activities he enjoyed doing.

Each young person who accesses the local advocacy service completes a feedback form indicating whether their involvement has made a difference to the young person themselves. In the last year, 100% of the feedback confirmed that their advocate had explained their role and the young people understood that they were there to support them. Young people were asked to scale how well their advocate represented their wishes and feelings to the multi-agency professionals at the meetings, and the average score was 8.5 out of 10 although 100% of the children said that speaking to an advocate either "helped a bit" or "helped a lot".

Through feedback gained via the Exit Interview process, a new form has been designed with a group of LAC that is more focused on issues that are important to them and is designed to be more appealing to young people, using language that is more age-appropriate

#### Next steps

Further work is underway to consolidate the range of Voice of the Child (VoC) activities via the VoC Subgroup to promote a sharper focus on partnership work towards delivery of the VoC Strategy and Action Plan.

### 3) Governance

LSCB Governance arrangements are stable, with a Leadership Board, an Operational Board and a series of dedicated Subgroups. Levels of partnership engagement in the context of governance arrangements are high, although full attendance at Leadership Board meetings fell slightly from 81% in 2015/16 to 79% in 16/17. Attendance continues to be monitored and where inconsistencies arose these have always been raised with relevant partners at a senior level.

There are improved links with other partnership groups and interagency systems, including the Children's Partnership Board and Community Safety Partnership. Further links are also strong within cross-boundary and regional working exemplified for example through the establishment of a joint North and North East Lincolnshire Child Death Overview Panel (CDOP). The LSCB have given consideration to what the new safeguarding arrangements will look like locally under the Children and Social Work Act 2017 and have contributed to the national consultation in respect of Working Together 2018.

#### 3.1) NELCB Resourcing and Budget

The NEL LSCB team comprises of a Strategic Manager for Safeguarding, NEL SCB Manager, Quality Assurance Officer and LSCB Business Support Specialist. The LSCB team is co-located with the Safeguarding Adult Board (SAB) team and is overseen by one Strategic Safeguarding Manager, increasing capacity for a consistent approach to business and a route to deal with cross-cutting issues such as Domestic Abuse. The annual budgets for both Children's and Adult's Safeguarding Boards are combined for the financial year 2016/17, and this combined budget is attached at Appendix 2.

#### 3.2) Progress Against the 2016/17 Annual Report Recommendations

There were six specific recommendations in the 2015/16 Annual Report that were reflected in the Business Plan and LSCB priorities. These are addressed below indicating that good progress has been made in most areas.

#### Embed the Neglect Tool to bring greater focus, coherence and consistency to our activity

The LSCB Neglect Subgroup has developed a training package targeted for lead practitioners within agencies to deliver training in use of the Graded Care Profile (GCP) training, a bespoke Neglect Assessment Tool developed by the NSPCC. The GCP is increasingly being used particularly within early intervention services and its implementation and impact will be audited further and evaluated over the coming year. To date, where the tool is used there is clear evidence of its effectiveness in providing a baseline for practitioners and families of risk and need.

### To embed the Domestic Abuse One System Approach within the wider community

The One System Domestic Abuse Strategy 2016 to 2019 has been revised and is in the process of implementation. This includes a number of interventions including a Non-convicted Perpetrator Programme and investigating community involvement and community based prevention models, by April 2017. This will enable a consistent response to Domestic Abuse.

### Continue to strengthen families and to reduce Neglect and Emotional Abuse experienced by children

The 0 to 19 agenda and Prevention and Early Intervention strategy has aligned the key drivers affecting children and families and restructured service provision to respond to identified need early. NEL has also become one of the "Together for Childhood areas" working as a inter agency partnership with the NSPCC to support families and to prevent child abuse and neglect.

### Ensure a consistent and systematic approach to capturing the voice and influence of the child (Hearing and acting on Child's lived experiences and using it to shape practice)

Inter-agency audits have shown that agencies capture the voice of the child well and this is now underpinned the Voice and Influence Strategy around communicating with children to shape services, establish what they want and develop what works to achieve best outcomes. Voice of the child tools were developed and piloted with children working with agencies across the LSCB. The majority of children reported they felt listened to and their feelings considered by the agency/ worker.

### Ensure consistent and meaningful marketing and communication system across the partnership and community

A Strategic Safeguarding Communication Group has been established aligned to the NEL Outcomes Framework. This is aimed at reducing duplication and ensuring a collaborative approach to engagement, marketing and communications around key priorities and commissioning projects.

### Ensure we are sighted on emerging issues, such as Modern Slavery, Criminal Exploitation and E-safety

The LSCB Operational Board and Leadership Board have sought assurance in respect of key safeguarding issues affecting children and young people nationally and locally. Concerns in respect of Child Criminal Exploitation (CCE) are now considered as part of the Multi Agency Child Exploitation (MACE) process. The LSCB has raised awareness amongst agencies in respect of Modern Day Slavery and their responsibilities of their responsibilities in reporting it. The LSCB undertook an audit on agencies awareness of Female Genital Mutilation (FGM). This provided a level of assurance and led to the LSCB commissioning FGM E Learning training to ensure it is accessible and agencies are aware. This activity and other emerging reported to the LSCB through the composite performance report.

## 3.3) NELSCB Business Plan

The NELSCB Business Plan 2015-17 sets out the strategic priorities for NELSCB and how they will be achieved. NELSCB provides the mandate for each of the Subgroups whose activities are key to the successful delivery of our Strategic Priorities and Statutory Functions. Over the year, in addition to the priorities, work has focused on the following areas of the Business Plan, as reported in the main body of the report. (Relevant LSCB subgroup Terms Of Reference are included at Appendix 3)

## 4) How are we doing as a partnership (Progress Against strategy action plans)

### 4.1) Prevention & Early Intervention

#### What did we say we were going to do?

We said we would evaluate Prevention and Early Help (PEI) Services to evidence their impact and use this information to inform the 0-19+ Commissioning Programme which will bring together all PEI strategies and activities to deliver one 'whole family' approach to PEI activities. In order to do this we said we would look at a locality model of delivery and design the localities around demand.

Other actions we said we would carry out in the year were to review the Single Assessment paperwork and processes and to continually develop the Cluster Single Assessment Meetings to increase multi-agency involvement.

#### What we have done?

During 16/17 we continued to implement Phase One of the 0-19+ Commissioning Programme. We reviewed our Single Assessment and Cluster Single Assessment Meeting processes in December 2016 and used the feedback to shape the Early Help Assessment Model which had a planned launch in April 2017. We have integrated our Family Support Teams into the Family Hub which has improved co-working and integrated support for families. We looked at the way people contact us and worked with Children's Social Care to develop a merged point of access for Early Help, Social Care and the Family Information Service to the Families First Access Point (FFAP). We were successful in a bid to National Pause to develop Pause Practice in North East Lincolnshire. Pause works with those women who have experienced, or are at risk of, repeat removals of children from their care, it aims to break this cycle and give women the opportunity to develop new skills and responses that can help them create a more positive future.

We used the information from our evaluation of service demand to design the delivery model for the 0-19+ Commissioning Model and group together four localities all with equivalent levels of demand.

Phase one of the 0-19+ Commissioning Programme involved a number of services including, Youth Offending Service (YOS), Family Hub functions, Young People's Support Service (YPSS), Children's Public Health (Health Visiting / School Nursing), Family Group Conferencing (FGC) and Domestic Abuse (DA). In addition there is commitment from National NSPCC, Humberside Police, Engie, Voluntary and Community Sector Forum and Humberside Fire and Rescue Service.

#### Evidence, impact /difference made

We have supported over 700 families using a range of evidence based interventions to effect change and improve their lives. Feedback from families has been positive and they have told us how our support has helped them.

*Mum stated "I have realised since working with you that if I am not 100% I cannot look after my girls properly" mum evidenced this by saying she had felt lightheaded and unwell and was making booking a doctor's appointment a priority, which she would not have done previously.*

98% of those children eligible for Family Hubs services were registered to receive services during the year and Family Hubs have consistently delivered services to children in the top 20% areas of need in the area. More services and community resources have been integrated into the Family Hubs, this has improved access for the community. Health Visiting, Integrated Family Support and Community Policing have all placed practitioners in the Hubs.

The NSPCC has selected North East Lincolnshire as a *Together for Childhood* area, this represents a 5-10 year commitment to the area to co-design, implement and evaluate innovative approaches to PEI in the area.

#### Next steps

The first phase of the 0-19+ Commissioning Programme will be implemented in October 2017, so that all staff are in their new posts and the new services are established and operational. We are working on our performance management so that we will be able to demonstrate impact of the new model. Phase 2 of 0-19 is focusing on Education, Skills and Special Educational Needs and Disabilities (SEND). We will continue to work with our partners to implement and enhance the model by integrated working. We will continue the exciting work with the NSPCC to co-design, deliver, implement and evaluate new ways of delivering Prevention and Early Help Services.

### 4.3) Neglect Matters Strategy; Assessing Neglect

#### What did we say we were going to do?

We said we would upgrade to the Graded Care Profile tool v2 (GCPv2) which is a nationally evaluated tool for assessing Neglect developed by the NSPCC. Currently 8 staff members have been trained to train and accredited practitioners across NEL. The GCPv2 tool will assist practitioners to work with families in a targeted way to identify when they are doing well in meeting their child's needs and where there are areas of difficulty and/or need for improvement.

#### What we have done?

We have targeted training of key practitioners and between March 17 and December 17 this training was rolled out to more than 450 staff who have been accredited in using the tool.

#### Evidence, impact /difference made

During 16/17 we reduced the % of children on a Child Protection (CP) plan for Neglect from 51% to 48% and increased the proportion of open cases at Early Help from 6% to 14%.

A designated task and finish group developed evidenced based unitary wide evaluation tools for capturing the views of children and young people on the services they receive. 5 young people were involved in the development of the tools which led to improvements changes to make them as child friendly as possible.

Where the Neglect Assessment tool has been used with families, feedback has been positive and they have reported it made a difference to them in enabling change *“The tool has helped me to see that I do lots of things right for my children but there are some things I know I now need to change”*

From conducting the Neglect Audit, it was found that some families’ required long-term support to make and sustain changes, the Neglect Sub Group worked on a framework to enable this. This work has informed the 0-19+ Commissioning Programme.

#### Next steps

Over the coming year, the Neglect Sub Group will further establish the Professional Capability Framework. This will help to ensure all children and family practitioners understand the prevention science and significance of the first 3 years of life. We will also be commencing the development of training on Emotional Harm and non-organic failure to thrive. The Neglect Sub Group will continue to implement the Neglect Strategy and seek to raise the profile of Dental Neglect by working with the Dental Health Steering Group.

### 4.4) Child Sexual Exploitation (CSE)

#### What did we say we were going to do?

We said we would use View Point which is an internet based feedback programme to gather young people’s views and journey so that young people could tell us what they thought of our services and give them the chance to express their views in a way which they relate to. This is an interactive tool which can be downloaded on tablets; mobile phones etc again this is a medium that young people told us they liked.

We have refreshed the CSE self-assessment tool as a local authority to see where our strengths and weakness are and also support us in pooling resources where they are the most needed and effective. For example to CSE self-assessment tool which originated from Bedfordshire University allowed us to look at what was missing from our local offer, an example of this was the age in which children and young people received PSHE offers around staying safe and safe relationships.

Owing to this we said we look explore the education programme delivered in schools which has been named by young people as Safe Relationships 4 Young People (SR4YP) to include a primary focus so that younger children could benefit through receiving age appropriate information in addition to secondary age children thus fitting in with the 0-19 prevention and early help strategy.

#### What we have done?

“View Point” has been developed by the Young and Safe Vulnerability Team and now incorporates child & criminal exploitation alongside missing from home and care questions. This is a method alongside other methods of gaining the voice of child alongside their thoughts, wishes and feelings. Viewpoint is a tool which continues to be used by North East Lincolnshire Council to capture the views of young people who have had contact with services such as YOS, Children’s Social Care and universal services.

The Bedfordshire CSE tool had been completed by key partners and helped assist the areas that were working well and those that needed more attention. It became apparent that much of the work needed to be focused upon online safety which regional partners also echo. Work with local primary and secondary schools informed us that young people as young as 5 know how to use the internet and children in junior schools have smart phones and games consoles from which they have access to the internet. Therefore we responded with a primary/junior SR4YP offer to local school and academies focusing on online safety (using CEOPs resources), emotional health, staying safe, hidden harm and positive relationships. This was also support by the school nursing team incorporating the “are you ok “ assembly.

‘Say Something if you See Something’ is a national campaign run by the National Working Group helping business and the public to understand CSE and also how they can help keep young people safe. This campaign has been successfully adopted and developed within the tourism and licensing industry. Further from this is also supported a Police Operation named as Impact 13 during the summer period which involved a youth worker and PCSO patrolling key tourism areas such as Cleethorpes seafront and local train and bus stations being both visible and approachable.

Multi agency child exploitation meetings (MACE) continue to be held every 6 weeks to discuss those young people who are deemed to be at risk of exploitation. This meeting continues to include key partners and continues to have a good attendance and representation of all partner agencies who too are accountable in ensuring young people are safeguarded appropriately. Suspects also continue to be presented at this meeting with all tasks and actions updated by Humberside Police alongside any investigation updates. Ofsted 2017 report that they are confident that the right children are being discussed at these meetings, further developments including discussing child criminal exploitation and missing children at this meeting for a holistic overview of each child alongside tasks and actions required to keep young people safe.

#### Evidence, impact /difference made

During 16/17 MACE considered 79 individual young people, of those 23% were high risk CSE, 30% medium risk, 22% were low and 25% were delisted. This shows the majority of children discussed were medium or low risk. Of the children heard at MACE 91% were female and 9% male.

We delivered 109 SR4YP sessions in 8 of the 11 secondary schools to 1742 young people. We delivered the primary session in 4 schools to 376 children. Children and young people reported they found the sessions good and said they were useful.

#### Next steps

Over the coming year we will review the MACE risk assessment tool to ensure risk is clearly identified and robustly analysed. We continue to make sure that the MACE delivers a robust service to reduce risk to young people, in doing this will refresh the terms of reference and explore regional best practice. Child Criminal Exploitation (CCE) emerged as a theme during 16/17 and during the coming year we will expand our MACE processes to encompass that group of children too. All of our activity will be carried out under the Keeping Children Safe Group, which is a strategic group of senior managers dedicated to key themes such as domestic abuse, harmful sexualised behaviour, child sexual exploitation, criminal exploitation and missing from home and care.

### 4.5) Domestic Abuse (DA)

#### What did we say we were going to do?

We said the One System Domestic Abuse Strategy 2016 to 2019 would explore options for a Non-convicted Perpetrator Programme, as well as investigating community involvement and community based prevention models, by April 2017.

#### What we have done ?

We are in the process of going to the 'market' in relation to the commissioning of a Non-convicted Perpetrator Programme and whilst the options appear to be fairly limited we do hope to have the programme available in the autumn. The 'Teencentric' programme, working with teenagers engaged in familial violence, will also be made available locally, probably from the summer. For those with children who have separated from the perpetrator the Domestic Abuse Recovery Together (DART) programme is a therapeutic course which helps the parent and child come to terms with the trauma that they have been through.

In relation to community involvement, partnership working continues to go from strength to strength. Consequently, Women's Aid have led a number of community awareness events, Humberside Police teams in the Marshes have engaged enthusiastically with those neighbourhoods and the NSPCC led 'Together for Childhood' project is giving us a focus on the preventative aspects of domestic abuse. In a concerted effort to raise the populations awareness of domestic abuse and to challenge the prevailing culture of acceptance of low level domestic abuse, since July we have implemented a social marketing campaign which has included radio adverts, a message in the NELC Christmas / Refuse collections Card, letters with a 60 second briefing to the top 200 businesses and most of the sports associations in the borough, messages on doctors surgeries screens and printed messages on pharmacy bags, amongst other activities.

In some respects the culmination of all this work was the achievement of being accredited with the White Ribbon award and this was celebrated by the presentation of the plaque just before the Grimsby Town v Forest Green football match, in front of 4,000 spectators. A page in the programme explained to the 80% male spectators that violence against women and girls was unacceptable.

In the past year, other significant developments to be noted include;

- A new (Humberside wide) service for fleeing victims of Domestic Abuse who are unable to live in a communal refuge, due to their complex needs
- Two additional Independent Domestic Violence Advisor's (IDVA's), boosting the support we are able to give high risk DA victims
- Appointment of a Domestic Abuse Coordinator, helping to develop an integrated, efficient and cost effective local offer
- Operation Encompass launched in schools, so that schools know when a student has witnessed a domestic abuse incident in their home
- Alcohol Abstinence Monitoring Requirement (AAMR) pilot, supporting offenders (often DA offenders) to avoid alcohol so that better behavioural self-management can be adopted
- Home Office Violence against Women and Girls (VAWG) bid was successful, resulting in a small specialist team of domestic abuse practitioners working with young people
- North East Lincolnshire Domestic Abuse Forum launched, a forum for all that are interested in the topic to discuss local issues and develop working practices

#### Evidence, impact /difference made

Recorded Domestic Abuse incidents have decreased from 4,860 in 2016 to 4,736 in 2017, a 2.6% fall. However, some caution needs to be taken with these latest figures as Humberside Police have installed a new data system and there are a few teething problems which will be sorted out fairly quickly. Prior to the data system changes incidents were rising, suggesting that victims were becoming more likely to come forward for support and the police are responding robustly to Domestic Abuse incidents, both of which are positive. Evidence suggests though, that the recorded numbers are still somewhat short of the actual number of incidents.

The percentage figure for MARAC (Multi Agency Risk Assessment Conference) repeats (perpetrators going back for discussion at MARAC within a year) went down from 43% in 15/16 to 33% in 16/17. This is extremely pleasing in that it suggests that victims are being well supported after MARAC and perpetrators are being well managed.

#### Next steps

As well as the implementation of the non-convicted perpetrators programme, DART and the Teencentric programme we are also looking to develop a Multi-agency Task and Coordination (MATAC) group in North East Lincolnshire. Led by Humberside Police, this will allow us to better manage perpetrators. All of these developments will give us a much greater focus than hitherto on managing the cause of the problem.

We will also continue to work closely with the NSPCC, Humberside Police, CAT Zero and a wide range of other partners, including the community, on the 'Together for Childhood' prevention prototype.

Working with selected GP surgeries, we will be training practitioners in the practices to 'ask the question' (research tells us that doctors are ideally placed to directly ask victims whether they are subject to domestic abuse) and appointments will then be made available, within the surgeries, for support through Women's Aid.

Workforce development will feature more prominently than it has over the past twelve months. With the level 1 and level 2 domestic abuse training having been refreshed, multiple courses are scheduled over the next twelve months. There will also be opportunities for more, role appropriate, workforce development to take place with some workshop days being delivered through the Humberside Police Whole System approach, as well as opportunities for staff to improve their knowledge around 'Theory of Change', 'Trauma' and 'working with families where DA is present'.

## 4.6) Priorities 2017 to 19

### **Prevention and Early Intervention (PEI)**

A decision was made that by the NESCB PEI will no longer be a priority but will continue to inform LSCB activity and performance management across the system. PEI should and does underpin all local practice with the aim of identifying need and achieving positive outcomes for children earlier.

### **Child Sexual Exploitation (CSE)**

A decision was made that by the NESCB that CSE will no longer be a specific priority in its own right but will instead become 'business' as usual within Sexual Harm. To date a bespoke CSE strategy has been effectively applied with the majority of referrals now being managed appropriately at the early help stages.

### **Neglect**

Remains a priority as it continues to be the most prevalent category of Child Protection Planning and the board is committed to maintaining its focus on this so that it can evidence the impact and effectiveness of the Neglect strategy.

### **Domestic Abuse**

This remains a priority due to its high prevalence within North East Lincolnshire and its current impact and potential to cause lasting harm for children and families across the community. Investment has been made in the form of both the DA coordinator's post and in resourcing dedicated roles such as IDVAs to deal with Domestic Abuse and support victims.

### **Sexual Harm**

A decision was made by the NELSCB that Sexual Harm should be a priority as there is potential underreporting of both Harmful Sexualised Behaviour and Familial Sexual Abuse. This is an area where the LSCB needs assurance that the processes and resources available to us are effective and practitioners are able to recognise early and respond appropriately to presenting concerns.

## **5) What the performance data tells us**

### **5.a 1) Families First Access Point (FFAP)**

#### **What did we say we were going to do?**

We said we would merge the Multi Agency Safeguarding Hub (MASH) and the Families First Access Point (FFAP). In January 2016 FFAP and MASH were brought together to ensure consistency in decision making and to ensure the right level of support is established first time across all levels of the threshold of concern model. FFAP staffing is now stable with 2 Case Supervisors, 4 Senior Social Workers and 6 Early Help Practitioners. All contacts dealt with by FFAP are as a minimum provided with information and advice. All contacts are recorded on CCM which allows cases to be assessed with historical information and provide services or advice at the right time. This has seen a significant increase in the number of contacts coming into FFAP. A weekly Check and Challenge meeting is held to aid staff development in respect of thresholds and for quality assurance purposes. A monthly multi-agency Challenge Meeting continues to be held monthly for partner agencies to discuss cases to step-up to children social care or to support with the direction of case work practice.

#### **What we have done?**

FFAP is currently dealing with an average of 800 contacts per month with approximately 25% of all contacts progressing to referral. The main referrers to FFAP are the Police and Schools although recent figures have identified that school contacts have reduced. Pathways from FFAP to the Early Help offer are being progressed in line with 0-19 Programme. Regular audits are undertaken to ensure consistency in thresholds and for quality assurance purposes.

#### **Evidence, impact /difference made**

Contacts initially rose when FFAP was initially implemented demonstrating early help and statutory referral through the front door. Contacts breached a peak of 900 per month but these are slowly reducing.

#### **Next steps**

Progress continues towards preventative work with families through the Early Help offer and 0-19 Programme. Pathways are currently being developed to ensure families receive appropriate intervention at the right level.

### **5.a 2) Child Protection (CP)**

#### **What did we say we were going to do?**

We said we would build on the Signs of Safety model approach and promote the use of Family Group Conferencing (FGC) to support other professionals so that families are receiving the right help at the right time and avoid escalation to Children's Social Care.

### What we have done?

All cases open to Child Protection for over a year are considered for step-down and de-planning and recommendations are tracked at the Child Protection Panel. This ensures that cases have management oversight so that drift or delay is managed and CP plans are progressing effectively. We have changed our transfer procedures within Children and Assessment Safeguarding Service (CASS), as when we explored the rationale and reasons behind re-registrations (repeat plans) we found that one causal factor was children transferring in and out of NEL whilst on a Child Protection Plan.

Work continues to embed the use of safety planning within CP plans and conference. This work will ensure the conference agenda and CP Plans created at conference will be focused and consistent.

### Evidence, impact /difference made

The number of children on CP plans has fallen during 16/17 from 221 to 202. The proportion of those that have been on CP plans previously (known as re-registrations) has also fallen from 27% to 20%. This indicates that children are not being stepped down too quickly and that changes are sustained.

The average length of a plan and children on a CP plan over 18 months has continued to decrease over the last year. Re-registrations have not increased which indicates cases are remaining on a plan for a sufficient period of time to be effective and are being stepped down when it is safe and sustained changes have been made or are being supported at Early Help and Prevention.

## 5.a 3) Looked After Children (LAC)

### What did we say we were going to do?

We said that we would have an action plan to improve placement stability and consider a proposal to support skills of care leavers.

### What we have done?

Numbers of LAC are at 297. Despite this rise, we have been able to maintain a stability of placements at 99%. We continue to work closely with the NSPCC and LAC CAMHs team. We have also seen a decrease in children placed in out of area placements, both for residential and Independent Fostering Agency (IFA) which have reduced from 71 to 62. Where possible we are seeking in-area placements and placements closer to home.

### Evidence, impact /difference made

96.5% of LAC reviews were held within statutory timescales in the year, representing an upward and positive trend. 96% of our children attend regular dental appointments and 98.5% of children are having health assessments on time

We have seen a significant increase in the numbers of children aged 16 plus moving to independent living arrangements as part of their leaving care plans, from 3 children in the last reporting period to 19 in this period. Of these children recorded as being in suitable accommodation there has been a rise from 84% to 88.8% with a greater choice of accommodation and placement options available.

In terms of Entry to Employment we have seen some fluctuations in the reporting period compared to the previous reporting period, and have seen a decrease to 49.9% of care leavers involved in training or employment compared to 70% in the previous period. We anticipate improvements in the next reporting period.

## 5.a 4) Allegations Management & the Designated Officer (DO)

### What did we say we were going to do?

We said we would ensure the learning from the allegations process was disseminated to agencies to inform practice. The Designated Officer (DO) has a designated responsibility for the management and oversight of individual cases where allegations are made against professionals or people with professional access to or responsibility for children.

### What we have done?

During 16/17, the DO has dealt with 27 allegations, which although a decrease from 38 in the previous year, the recording criteria has changed slightly so previous year's figures are not comparable. The cases recorded were classified under the following categories; 5 Emotional Harm, 7 Neglect, 10 Physical Harm and 5 Sexual Harm.

Unremarkably, given that children spend around 5 hours a day at school for 36 weeks of the year, 16/27 of these referrals were made against staff employed in either educational settings or employed to provide transport to and from educational establishments. These referrals included allegations that were unsubstantiated and some were 'complaints' about the use of restraint that were ultimately 'unfounded'. The referrals are categorised in terms of whether they were unsubstantiated, false or unfounded.

#### Evidence, impact /difference made

Some establishments contact the DO for assurance that they are responding to a complaint appropriately and to check whether the criteria for a referral is met. This provides a record for the establishment in terms of appropriate liaison in respect of their own inspection regime.

During 2016-17 Children's Safeguarding and Reviewing Service (CSRS) delivered four days of safeguarding awareness training to Humberside Police staff. Attendees covered a range of employees from Police Community Support Officers through to Inspectors. Part of the input covered allegations management and case examples were used, based on examples of referrals made by that agency, to take staff through the allegations management process and demonstrate the impact on safeguarding children when sharing information obtained from police enquiries.

During March 2017 a presentation on lessons learnt were delivered to the School Child Protection Coordinators meetings. The presentation was also circulated to allow key messages to be disseminated within their school.

#### Next steps

Further work is needed with Learning and Development to ensure those providing services to children, particularly voluntary organisations, can access workshops on safeguarding practices and reflections on key findings and what these may mean for their organisation. To ensure the dissemination of a guidance leaflet in relation to recommended practices for parents who may be seeking additional educational input for their child(ren) via the use of private tutors. The current pro-forma and documentation for recording allegations management cases needs revising in line with the Signs of Safety practice model being implemented across the authority.

The current demand on the Designated Officer requires an increase in the number of staff within the CSRS who can undertake the coordination of allegations to both increase capacity and to ensure succession planning for the future.

### 5.a 5) Missing

#### What did we say we were going to do?

We said we would share information on all children reported missing with the Families First Access Point (FFAP) and the Young and Safe Team, and offer each child a debriefing interview with an Independent Officer. We said we would collate information for reasons for absence and discuss this monthly at the multi-agency missing overview meeting. We also said we would update the Runaway and Missing from Home and Care Protocol.

#### What we have done?

We updated the Run-away from Home and Care protocol, and as part of this refresh the definition of missing was changed so that absence was no longer accepted as a category. Missing is now considered low risk, medium and high. Operation Priam has continued to respond to missing children, carry out debriefs and check on areas known to cause issues. The Young and Safe team developed an understanding of the importance of debriefs and how to elicit the relevant information from young people. A Signs of Safety approach was incorporated into the debrief paperwork. An LSCB audit into missing children was undertaken stressing the importance of working relationships between the young person and support networks in knowledge of and understanding and management of risk.

On average there are have been more missing episodes by males than by females with males generally reporting they go missing to be with friends and females being a mixture of wanting to be with friends or due to an agreement or being unhappy at home. There are generally between 40 and 60 missing episodes a month although there has been a steady reduction of episodes over the last 6 months of 2016/17.

## Evidence, impact /difference made

Most of the children that did go missing were missing for less than 24 hours. Child abduction notices continue to be issued with persistent offenders identified through the sharing of information. The number of debriefs carried out in 72 hours has gradually improved.

## Next steps

There will be a continued focus and review of the Run-Away from Home and Care protocol on an annual basis and liaison will take place with secondary heads forum about developing targeted preventative work in respect of missing.

## 5.a 6) Prevent

### What did we say we were going to do?

We said we would ensure the Channel Panel is effective in its responsibilities. Our responsibilities for Channel and Prevent are statutory and we are committed to comply with this and work to ensure our communities were safe and vulnerable people were support and 'channelled' away from becoming involved in extreme acts or committing associated offences. From April 2015 NEL assumed delegated responsibilities under Prevent Home Office guidance for coordinating, chairing and managing Channel provision. Channel is the Prevent component that deals with identification, assessment and support of children and adults, vulnerable to the risk of being radicalised or drawn into right wing extremist and terrorist activities. The multi-agency Channel Panel is chaired by the Strategic Safeguarding Manager and is well attended by Police, Youth Justice Services, Adult Mental Health Services, Children's Health, Education and Children's Social Work Services.

### What we have done?

The Channel panel has met on a monthly basis throughout 2016/17 and the Police and Chairperson have met prior to each panel to discuss new referrals and any emerging issues on open cases. During the year the panel has considered over 40 cases referred via the Police Prevent Officer, focusing on risk-assessment and, where appropriate, agreeing interventions and support packages to reduce vulnerability and promote mainstream and non-threatening activities.

32 referrals were for children and young people under the age of 18 and 9 referrals were adults with the majority being of young people being male. The majority of cases dealt with at panel was male and most featured mental health issues or learning disabilities. The most prevalent vulnerability stemmed from right wing extremism.

## Evidence, impact /difference made

In all cases managed by the panel, agreed packages of intervention and support have been put in place and where necessary signposted to support services, including child protection, early intervention and mental health services. Two adult females dealt with were at risk of becoming radicalized and in one case, partnership working with children's safeguarding and the family courts resulted in preventing travel by a vulnerable family to Syria.

The panel has also accessed Home Office designated specialist resources in one case of an adult at risk of being radicalized, working closely with the local mosque and providing a 'counter-narrative' to the indoctrination accessible via the internet. It has also worked with the armed forces recruitment section and with adult education in a number of cases vulnerable to right-wing extremism.

All closed cases have been reviewed at a 6 month and 12 monthly interval and no closed cases have been re-referred – indicating that the packages of support or intervention have been appropriate and effective. Only one of the cases managed via Channel has had to be escalated for police interventions but in the event, no police action had to be taken as the individual's needs were met effectively via mental health services.

## 5. b) Key Safeguarding Children Processes

### 5.b.1) E-safety & Anti Bullying

#### What did we say we were going to do?

We said we would ensure that schools have an anti-bullying policy, that we disseminate key messages on safety and E-Safety to young people through the Safe Relationships 4 Young People (SR4YP) Programme and ensure restorative practice is promoted and used.

### What Have we done?

The LSCB Safeguarding in Education Audit evidenced that schools are aware of and adhere to the LSCB Anti Bullying policy. Restorative practice is being delivered across the Children's Workforce and available for schools. A number of schools have adopted restorative practice as a way of working. Future in Mind delivers emotional resilience plus reporting via School Nursing Texting Service. Schools are working within the Child Concern Model and Early Help Assessment processes to assess presenting concerns partially completed. Young and Safe have refreshed the SR4YP programme that offers advice and support in relation to resilience and relationships through the PSHE curriculum.

### Evidence, impact /difference made

The SR4YP programme has been delivered to the majority of schools to provide age appropriate activities to years 5 to 11 and now covers topics such as sexual health, your body, on line protection through CEOPs, CSE, DA, drugs and alcohol and healthy relationships. Schools reported that they found the sessions beneficial to students and staff. Young people said that they had more awareness of controlling relationships and behaviours following SR4YP inform questionnaires' carried

### Next steps

Over the coming year we will further enhance the messages delivered through the SR4YP programme and ensure that it offers consistency in language and resources, partners in Young and Safe are working in collaboration with the NSPCC to develop a year 1 – 11 programme based on the national NSPCC programmes, Speak Out, Stay Safe and Keeping Safe. This will assist in the NEL development of the Bullying and E-Safety strategy and better link with associated action plans and Humberside Police Cyber Bullying team.

## 5.b.2) Safeguarding in Education

### What we have done?

We have revised, relaunched, received and analysed the 2016-2017 annual Safeguarding Education Audit with a 100% response for the 4<sup>th</sup> year running. The report is due to be presented to the Operational Board in August 2017. We have continued dissemination of feedback and suggestions to a range of services and stakeholders from the audit submissions. We have continued dissemination of the group's work streams and projects through Primary/Secondary Head Teacher and Child Protection Coordinator (CPC) network communications and meetings. We have continued the sharing and dissemination of learning from SCRs, SILPs and themed audits. We have continued joint working with the police and the dissemination of information in relation to Prevent. We have worked jointly with the police on the implementation of a pilot for the timely dissemination of casework level information for Operation Encompass. We have continued to raise awareness EHE, Children Missing from Education (CME) and exclusion, Behaviour Attendance Collaborative (BAC) referral related issues in appropriate forums.

The Schools Child Protection Coordinators (CP) network has devised a supervision process for schools and system where peer support can be offered and good practice shared. Continued to support the School Child Protection Coordinator meeting and supported schools to develop supervision training and a procedures which is presently being implemented

### Evidence, impact /difference made

The positive two way communication and proactive participation from all NEL education establishments on a number of aspects related to safeguarding continues. This includes the annual audit, themed audits, challenge days, various work projects, take up of training, embracing and piloting of Operation Encompass, which is a scheme whereby the police notify the child's school of a domestic abuse incident so that children who have experienced domestic abuse in the home get swift and appropriate support when returning to school.

### Next steps

The annual audit will be reviewed and revised during the summer for the new academic year.

## 5.b.3) Private Fostering

### What did we say we were going to do?

We said we would re- launch Private Fostering processes in the CASS and the community.

#### What we have done?

The Private Fostering process was relaunched to CASS at the social work forum. A series of road shows was held with partner agencies and Child Protection Co –coordinators to raise awareness in 2016.

#### Evidence, impact /difference made

There have been 11 new Private Fostering notifications during the period of April 2016 and June 2017. There has been a steady decline in private fostering arrangements over recent months with no new notifications since February 2017 and currently there are no recorded ongoing private fostering arrangements in place within NEL.

#### Next steps

LAC Panel will monitor all Private Fostering Arrangements. Private Fostering publicity will be reviewed. This will include dissemination of leaflets, presentations and digital information via social media and the LSCB website.

### 5.b.4) Harmful Sexualised Behaviour

#### What did we say we were going to do?

We said there was a need to identify a new lead for HSB and prepare a business case in respect of future funding. An awareness raising package around HSB has been developed for schools to use. Tertiary intervention is in place and the NSPCC Pants Campaign has been shared with schools and can be used in educational settings.

#### What we have done?

The lead officer for HSB has been agreed and is in place. Sarah Impey will be responsible for the development of the plan for HSB and will report at a service level to the Keeping Children Safe Meeting. A HSB development plan is in place. This considers the delivery model for HSB across the threshold of need including primary, secondary and tertiary offer & workforce development plans. Initial Training has been undertaken in AIM assessment (the AIM assessment is a 12 week assessment for children who are displaying HSB, it specifically looks at the level of risk in terms of re-offending and identifies the level of supervision that child may need to reduce risk.) During 16/17 we trained 25 staff in under 12 AIM assessments and a further 5 staff to supervise the assessment and intervention services for Harmful Sexualised Behaviour . Further training plans are in place to skill up the existing workforce to deliver the tertiary offer (High End) therapeutic service.

#### Evidence, impact /difference made

The AIM Panel met monthly to identify risks and to make sure that children and young people receive the correct level of intervention at the right time. YPSS continued to undertake assessments and evaluations of case work at amber level intervention. An NSPCC evaluation of red level interventions for 'Turning the Page' programme is in place and the guidance and action plan was updated in January 2016.

During the year there were 29 referrals to the Aim panel, 21 of which were dealt through the concern route and 8 through the criminal justice route. Of the 29 7 were at Universal, 3 at Early Help, 11 at Child in Need, 3 at Child Protection and four Looked After status

The HSB strategic group is now part of the Keeping Children Safe Group and has benefited through being amalgamated with Missing, CSE & DA sub groups under one Keeping Children Safe Operational Group reporting directly to the LSCB Operational Board.

#### Next steps

During the coming year, the NSPCC will withdraw from leading HSB and the Local Authority will take the lead role. Clear plans are in place for this to happen without disruption to services, and a transition plan with NSPCC is currently being developed to support the handover of HSB to NELC. The Keeping Children Safe meeting is where the outcomes for HSB will be reported and in conjunction with other Sexual Harm agendas be reported through to the LSCB as part of a Sexual Harm Scorecard.

### 5.b.5) Youth Offending Service

#### What did we say we were going to do?

We said we would make further improvements to key areas of performance, these being our statutory performance measures through the Youth Justice Board (YJB) 1) the number of young people as first time entrants to the criminal justice system, the rate of re offending and young people receiving custodial sentences. The performance of these

statutory measures is reported on a quarterly basis to the North East Lincolnshire Youth Crime Board chaired by the local Superintendent of Operations, Humberside Police.

#### What we have done?

The service has made particular improvements in relation to identifying and responding to the increasing number of young people involved in Child Criminal Exploitation merging this into the MACE meeting as mentioned above.

The service has also worked with partners to ensure that young people held in Police Custody are transferred to Local Accommodation in keeping with legislation and the nationally published Concordat for Young People in Police Custody.

#### Evidence, impact /difference made

Numbers of Young People entering the Criminal Justice System have been reduced to the lowest figure for any 12 month period (41 young people entered the criminal justice system compared to 61 in the previous year. Numbers of young people receiving custodial sentences remains low with 6 young people being sentenced to custody in the last rolling 12 month period equating to the same number as for the previous period.

#### Next steps

Key developments for the forthcoming period include embedding Integrated Youth Justice approaches within early help, developing a workforce that is 'trauma- informed' and fully understand the impact of Adverse Childhood experiences (ACES). In addition to enhance partnership arrangements to ensure all organisations understand risk and feel able to respond to issues in relation to Child Criminal Exploitation

### 5.b.6) Female Genital Mutilation

#### What did we say we were going to do?

We said we would raise awareness amongst agencies in respect of Female Genital Mutilation (FGM). This issue has a national profile since the introduction of measures under Serious Crime Act 2015, and local activity throughout the past year reassures our confidence that local prevalence is very low. Regulated health and social care professionals and teachers are required to report cases of FGM in girls under 18s which they identify in the course of their professional work to the police.

#### What we have done?

Agencies across NEL have continued to invest in raising awareness about FGM and ensure that appropriate local arrangements are further embedded and compliant with local and national reporting requirements. Health agencies have continued to be supported in their reporting requirements, received briefings and have been given access to the Home Office training programme.

In response to a number of Unaccompanied Asylum Seeking Children (UASC) being placed within our locality, the Designated Nurse for Looked After Children, in conjunction with health partners, devised a healthcare pathway to ensure the health needs of this cohort of vulnerable children and young people were met. This which included the recognition of FGM and any required actions.

#### Evidence, impact /difference made

The pathway has been successfully implemented and followed successfully to ensure the cohort of Unaccompanied Asylum Seeking Children (UASC) have their health needs addressed appropriately. NEL has identified 3 incidence of FGM undertaken in the child's country prior to moving to the area in under 18's, where the appropriate and necessary action was undertaken. Despite this being such a low number, this does not negate the need for professionals working in this locality to be vigilant on this matter.

#### Next steps

A further FGM audit will be undertaken in November and presented to the Leadership Board. The LSCB will continue to seek assurance from agencies to ensure a continued focus on awareness-raising, and compliance with mandatory reporting.

## 5.b.7) Asylum Seekers

### What did we say we were going to do?

We said we would ensure we effectively undertook the Local Authority responsibilities for the provision of services and support to Unaccompanied Asylum Seeking and refugee children in our area during their age assessment and beyond once concluded that they are under 18.

### What we have done?

At the beginning of the performance year 2016/2017 there were 5 young people seeking asylum who were spontaneous arrivals coming through the port of Immingham. In 2016/17 this number increased by 6 young people. Two of these were spontaneous arrivals via Immingham both from Morocco and 4 were via the Government Transfer Scheme.

The young people are supported to make their asylum claims and are considered to be Looked After Children. They are supported in accommodation via the Willows Project initially. They receive educational support from Community Learning Services. The LAC Health Team ensure a through Health Assessment and follow up health needs. The young people were subject to the same provision as other looked after children and should they be in care for the required length of time they are entitled to Care leaving status.

### Evidence, impact /difference made

The Health Assessments (undertaken with a translator) identified significant unmet health needs and liaison followed with a variety of health providers to ensure the needs were addressed. They referred through cases of female genital mutilation. 6 young people have indefinite leave to remain in the country, 5 young people are supported in Local Authority accommodation and 2 young people are now in their own accommodation.

### Next steps

To improve the specifics of planning for unaccompanied asylum seekers in relation to the Local Offer for care leavers.  
To ensure staff members receive appropriate levels of training in this particular area of practice and disseminate the learning.  
To ensure more robust age assessments.

## 5. b.8) Safeguarding Children with Disabilities

### What did we say we were going to do?

We said we would produce an action plan in response to the findings of the LSCB audit, evaluate disability training and ensure all relevant information is uploaded to the web pages. The action plan has been completed and informed the SEND Self- Assessment in terms of learning.

### What we have done

We have developed an audit action-plan, of which the actions are monitored via a quarterly scorecard to the LSCB Quality Assurance Sub Group. We piloted a revised Safeguarding Children with Disabilities (CDS) level 2 training course with multi-agency delegates & implemented a 17/18 training timetable for CDS training as part of the LSCB training calendar. We reviewed the children with disability information on the LSCB web pages.

### Evidence, impact /difference made

First Quality Review developed for Q4 16/17, development of quantitative data discussed with service manager to enhance future reporting.

### Next steps

Revised training schedule will begin on 29th June 2017, data/evaluations will be reported in future Quality Review's. To review CDS as part of the wider 0-19 transformation programme to ensure support is offered as early as possible to enable families to become resilient. To review as to whether all CDS cases need to stay open once CIN assessment complete & plans in place. Continued support & development of social care advice for Education and Health Care plan (EHC plans). Continued roll out and evaluation of disability training.

## 6) Monitoring Quality Assurance Activity

### What did we say we were going to do?

We said we would integrate the audit of safeguarding for "people with additional care and support needs" by the Safeguarding within the LSCB Section 11 audit. We said we would implement 2016/17 audit calendar

### What we have done

We revised the Section 11 audit tool to incorporate Safeguarding Adults, agencies have completed the audit and a challenge day has been held. Individual agencies have action plans in place to address identified areas of improvement. The Quality Assurance (QA) sub group has embedded the multi-agency audit calendar which is informed by the LSCB priorities. During 16/17 the QA sub group undertook 6 practice audits involving 24 cases. The audits focused on Children who go Missing, Neglect 2016, Domestic Abuse, Sexual Harm & Children Involved in Youth Justice. Single agency audits were based on findings from multi-agency audits, findings and actions were reported through the agencies scorecards and to the QA sub group. The performance framework was enhanced and embedded to reflect Outcome Based Accountability (OBA) methodology.

#### Evidence, impact /difference made

Multi-agency involvement in audits has been excellent during 16/17. Audit processes were changed to enable a more reflective analytical chronology and further opportunities for reflection on the audit findings. Procedural changes for example no child on a child protection plan for Neglect will be removed from a Plan at their first review. All audits have focused on the Voice of the Child and tools have been designed to collect this. Training has been reviewed and changed as a result of audits, for example the domestic abuse training content has been rewritten to be more in line with identified needs. Focusing the performance framework on the priorities has been successful in reducing Child Sexual Exploitation Reducing the impact and prevalence of Neglect, Identifying the problem profile of Domestic Abuse.

*Key learning from audit-* Relationships matter, where practitioners are successful in building honest and open relationship with children and families this leads to better outcomes for the child. The use of the Neglect assessment tools has been variable, however when it has been used it has been beneficial to progressing the case. Many of the cases audited had long and significant histories with statutory services, therefore it is important to make sure the full case history is taken into account at the point of assessment using the appropriate tool i.e. Neglect Assessment Tools and Early Help Assessment.

#### Next steps

During 17/18 the Quality Assurance sub group will establish a pathway for children and families to be involved practice audits. The Quality and Performance Framework will be further developed to include a closer link with the LSCB performance scorecards. Data sharing protocols and guidance for multi-agency audits will be revised.

### 7) Learning and Development Activity

#### What did we say we were going to do?

We said we would deliver multi-agency Learning activities that address LSCB priorities, evaluate the effectiveness of training and launch the Children's workforce Professional Capabilities Framework aligned to LSCB minimum training standards.

#### What we have done

187 safeguarding courses have been held and 3749 individuals trained. A total of 687 people completed E learning courses is 687. 101 single-agency training courses have been held and 86 multi-agency. The Children's Workforce Professional Capability Framework (PCF) was launched. This framework defines the knowledge, skills and behaviours required for anyone who works, volunteers or leads work with children, young people and families in North East Lincolnshire and training is aligned to it. The LSCB training pathway has been updated, a skills survey was undertaken with all partners, schools/academies focusing on working with Domestic Abuse, Substance misuse and on mental health issues which informed the PCF

Level 2 training in Parental Mental Health, Substance Use, Substance Use Awareness and Safeguarding Disabled Children training were re-introduced as part of 3 year plan. A Regional conference on Neglect was held in Grimsby with 160 attendees, putting the spotlight on NEL and the neglect strategy. Signs of Safety and single assessment workshops were made available to all partners.

#### Evidence, impact /difference made

The LSCB safeguarding training is aligned to the LSCB priorities and key local safeguarding themes. Training is well attended and is accessible to all agencies. Practitioners generally report a two point increase in both their knowledge base around understanding the specific themes and their confidence in addressing domestic abuse.

Practitioners attending the domestic abuse training report now knowing how to approach parents about DA and how to support them and what services to access or signpost families towards. Practitioners attending the neglect training reported they will adapt interventions to families according to the type of neglect and will look more holistically at complex family issues and how this impacts on the child.

#### Next steps

The Learning and Development sub group will commission a Sexual Abuse 'train the trainer' program review attendance data quarterly, focusing on engagement across all partners and raise any issues. Develop practice learning workshops to disseminate learning from skills audit. A review is planned of post course evaluation activity and methods. We will also undertake a review of charging and fees consultation with partners, schools/academies. Virtual College E-Learning package will be made available to all LSCB partners and schools/academies in June 2017.

## 8) Individual Agency Assessments

### Children's Social Care

#### What have we done?

As part of the LSCB we have taken the lead on reviewing and developing our response to domestic abuse. This resulted in a successful bid of £300k from the "Violence Against Women and Girls" Home Office. Alongside this has been a significant assessment and re-commissioning exercises that will also see a non-convicted perpetrator programme delivered locally on a significant scale for the first time. CSC is a participant within the LSCB and contributes to the operational, leadership and several of the subgroups.

CSC have played a key role in the further development of our response to child sexual exploitation (CSE) and missing, seeking to ensure risks to children are assessed and reduced. The service has been actively involved in the LSCB multi-agency audits and has also sought to ensure the lessons learnt from these audits are embedded in front line practice.

As an agency we have continued to make progress with the delivery of our Creating Stronger Communities model, ensuring that Signs of Safety model is embedded in all our safeguarding work with families, accountability and continues to be used to improve our safeguarding response. As part of our 0-19 programme we have reshaped our front door and continued early help and MASH to form our families first access point (FFAP) this alongside the re-modelling of our Prevention and Early Help Services is resulting in more families being seen at an early stage and outstanding escalation to statutory services. We have worked to develop the Regional Adoption Agency to the point of full approval and delivery colleagues are now working on ensuring good practice identified is delivered correctly throughout the region.

The Service has continued to review and improve the training available to social workers and has ensured this is informed by current research and local issues. Work has continued to ensure staff can understand the impact of this (domestic abuse, substance misuse and parental mental health) on children and families.

#### Next steps

- To actively engage as a key partner when the Regional Adoption Agency commences operation in 2018.
- To explore options in respect of training and development for our front line practitioners when working with families when Domestic Abuse/Substance Misuse/parental mental ill-health are prevalent.
- To strengthen our governance arrangements in respect of gaining the views of children at a strategic level to inform service improvements and developments.
- To roll out a communications plan to raise awareness of Private Fostering.

### Clinical Commissioning Group

#### What did we say we were going to do?

In line with statutory duties, NELCCG has ensured the availability of the Designated Nurse and Doctor to act as professional advisors to the LSCB. The Designated Nurse works closely with a Specialist Nurse for Safeguarding and both have worked with providers in North East Lincolnshire to ensure health professional representation on all subgroups of NELSCB.

## What have we done?

As the accountable commissioner of healthcare for local residents, NELCCG does not directly provide services to children, however, must ensure commissioned providers have robust safeguarding children systems and processes in place. The CCG Safeguarding Policy has been revised to further ensure robust reporting mechanisms from providers to enable the CCG to adequately scrutinise their safeguarding arrangements.

CCG Safeguarding Leads, have supported provider clinicians, Named professionals and practitioners on the appropriate management of more complex cases, and have advised regarding escalation of serious incident management.

The CCG Designated and Specialist Nurse for Safeguarding has led on a programme of safeguarding workshops have been devised to update Primary Care Staff throughout the year, including a Protected Learning Time dedicated to safeguarding for GP's and practice nurses. A Safeguarding Resource pack has been developed to centralise all safeguarding information and resources for both the adult and children and young peoples' agendas. This has been shared across Primary Care and health partners.

## Next steps

NELCCG have a work plan for 2017/18, which is dynamic and responsive to issues arising from local and national learning, reviews and inspections. It includes supporting quality arrangements in provider organisations and supporting further development and embedding of consistent arrangements for safeguarding across the health commissioning and provider agencies.

## Northern Lincolnshire and Goole NHS Trust

### What we have done

NLaG have worked across all safeguarding areas including Child Exploitation, Domestic Violence, Female Genital Mutilation and reduction of all forms of abuse including emotional and neglect. NLaG have established systems to flag CSE victims and are involved in the multi-agency processes tackling CSE. NLaG has a CSE strategy in place and front line staff are able to identify / assess risk of these young people.

NLaG have participated in MARAC and information is shared with professionals across the Trust. NLaG now have independent Domestic Violence advocates in place so that support can be offered to victims in hospital. Early help has continued to be developed as part of early identification of neglect / abuse and a major factor in helping to reduce abuse. There has been a drive to increase the number undertaken by midwifery.

With the focus on radicalisation, NLaG have maintained a training programme for all staff in relation to the role they play in supporting vulnerable people and the early identification of radicalisation. A safeguarding children training strategy is in place, training figures are monitored monthly with additional training events developed as necessary. All staff at NLaG have training plans which are reviewed as part of the performance process. Attendance at training continues to increase each month. A safeguarding supervision strategy in place and supervision is available to all professional.

### What difference has it made to the lives of Children and Young People?

Children and young people who enter NLaG services via A+E, benefit from earlier identification of risk. This has been enabled through communication pathways that ensure information is shared with primary / community services and children receive prompt follow up when necessary.

In addition systems are in place to highlight needs when children attend and are on a child protection plan or Looked After as well as identifying risk of Domestic violence. The Trust is currently rolling out the national Child Protection Information Sharing system (CP-IS) which will identify children at risk who are not permanent residents of the area.

As a result of the above, children have had speedier / more effective single and multi-agency interventions. A focus on work during 2016 and 2017 was a review of cases of children who attend after self-harming ensuring that we understand the reasons behind this behaviour and can put systems in place to try and prevent the situation arising.

## Priorities for 2017/18

To continue to increase uptake of safeguarding training throughout all departments within the Trust and to maintain an on-going audit programme to ensure safe delivery of safeguarding processes including specific 'self-harm' audits within the Trust.

## National Probation Service

### What we have done

The National Probation Service is responsible for the management, assessment and rehabilitation of predominantly high risk and MAPPA eligible offenders and supporting victims of crime, which includes the Pre-sentence stage to assess the risk of serious harm presented by an offender towards children and young people and the recommendation of sentencing options to mitigate and reduce such risks. The Service has worked directly with offenders in the community and in prison through the statutory supervision framework to target their criminogenic needs and the associated risks to young people. This is achieved on a number of levels through accredited programme work, direct case management and supervision, interventions which address domestic abuse, mental health issues, substance misuse and violent and sexual offending.

### What difference has it made to the lives of Children and Young People?

Staff are well versed in completing referral procedures to Children's Services, the recording of risk assessments, completing risk management plans within a multi-agency environment and management oversight requirements for referrals. Probation Officers are skilled in identifying the need for early help and assessment where required and work proactively with families to manage safeguarding issues.

## Community Rehabilitation Company

### What did we say we were going to do?

We said we would further embed the 'Interchange' strengths based delivery model, become more community based with the support of agile technology and engage with service users within their family networks. We said we would maintain delivery of our Integrated Offender Management Scheme- a multi-agency initiative whereby prolific offenders are managed jointly with Humberside Police. We said we would develop co-working with our Youth Offending Service and National Probation Service colleagues for the transition of young offenders into adult probation services.

### What we have done

Mobile technology has enabled increased home visits and improved engagement with service users within their family networks to enhance safeguarding practice. Case managers have been trained in Signs of Safety and strong partnership working with safeguarding services continues. We have been joined by two link workers from P3 (People, Potential, Possibilities), who support hard to reach service users through signposting and intensive support. A Service User Council has been formed with support from User Voice to ensure developments in service delivery are informed by service users. We have commissioned mentoring support from Empower and specialist Women's Service Delivery from LAT (Lincolnshire Action Trust). We continue to develop our practice to support young offenders transition into adult services.

### Evidence, impact /difference made

Compliance with community supervision is positive, we have maintained strong performance in relation to completion of orders. Our partner providers P3, Empower and LAT have supported us to generate positive outcomes for hard to reach service users. The introduction of an internal quarterly audit tool has enabled focus on quality of safeguarding practice within the CRC. Case managers feel confident in use of Signs of Safety.

### Next steps

We will enhance our safeguarding practice through co-location within East and West Marsh family hubs. We will implement a revised Youth to Adult Protocol for work with young service users who are entering adult supervision for the first time. We will develop the Alcohol Abstinence Monitoring Requirement Pilot (Sobriety Tags) to reduce the risk of alcohol related offending, particularly in relation to domestic abuse. Our safeguarding policies will be refreshed and staff will undertake further training both internally and through the LSCB. Our commitment to strong partnership working and quality safeguarding practice will be maintained.

## Children's Public Health Provision

### What we have done

Children's Public Health Provision has delivered safeguarding training to the health community; including a significant number of staff from St Andrew's Hospice. Templates in SystemOne have been updated to reflect Signs of Safety and there is ongoing work to improve record keeping. Updates have been made to guidelines around "No Access Visits" and "Faltering Growth" following SCR recommendations.

CPHP staff have contributed to LSCB audits and there is consistent input from the provision to LSCB subgroups as well as to MARAC, AIMS and MACE meetings and in delivering LSCB training. The CPHP Safeguarding Team had an additional member during the period covered by this report whose role involved close working with maternity services and mental health services and as a member of the FFAP (MASH) team. The role also included training staff at NLAG and GP practices with regards to the Single Assessment Process. 11 further Safeguarding Supervisors have been trained as identified in last year's report and safeguarding supervision remains high across the provision.

### Evidence, impact /difference made

School Nurses continue to develop their services around CBT (Cognitive Behavioural Therapy) and have instigated "Chat Health" – a text based service managed on a rota basis by specifically trained school nurses to respond to requests from young people.

### Next steps

To restructure the CPHP service as part of the 0-19 service review. Additional support from across the service is being sought to increase the level of support to the FFAP team. Staff awareness and understanding of Safeguarding Adults (training) will be increased.

## NSPCC

### What we have done

The NSPCC were the lead agency for the Harmful Sexual Behaviour pathway and treatment programs. The NSPCC has led the sub group 'Neglect Matters' priority to deliver on the agreed strategy and alongside other partner agencies researched, written, piloted and delivered training and practice enhancement workshops on neglect for all practitioners in NEL. NSPCC is a Signs of Safety champion and delivers targeted services to children and families which focus upon improving their safety and well-being.

We have trained and supported 2,000 schools volunteers to teach children to Speak Out and Keep Safe. We developed a partnership with O2 to teach parents to manage on-line safety and published a range of research on services that have been tested by the NSPCC to promote best practice. We also published 'How Safe are our Children' report 2017 a comprehensive overview of child protection in the UK.

### Evidence, impact /difference made

In Grimsby we have worked with others to reach families needing help and support at a much earlier stage so that children and parents difficulties don't escalate and become entrenched.

We improved our assessments of children's safety and wellbeing and take action when we have concerns.

### Next steps

We have developed a partnership with North East Lincolnshire called Together for Childhood to co-create and test effective approaches to prevention in a specific place (2 wards). This is a 5-10 year commitment by the NSPCC in which all aspects of NSPCC resources can be drawn upon.

## 9) Learning from CDOP/ SCRs

### What did we say we were going to do?

We said we would implement the learning from Serious Case Reviews and to review all child deaths and identify any learning or potentially preventable factors.

## What we have done

SCRS - The NELSCB have not initiated any SCRs during 2016/17. A SCR report was published in respect of a four year old child who died as a result of abuse and neglect. We have implemented the recommendations and learning from the above SCR and from a SCR NEL contributed to a SCR but which was undertaken by Waltham Forest LSCB in respect of the death of a 2 year old child where the cause of death was not established.

CDOP - There were 15 child deaths during 2016 to 17 and 11 child death reviews. Of the deaths reviewed 8 were classed as expected and 3 as unexpected. In terms of classification leading to death 5 were neonatal, 3 life limiting conditions, 1 Sudden Infant death, 1 Road Traffic Accident and deliberate self-harm.

## Evidence, impact /difference made

*Learning from SCRs:* The NELSCB has overseen the progress against SCR interagency actions plan in informing practice. The LSCB has also published progress against SCR actions plans and the impact. Key learning includes the need for practitioners to ensure evidence is provided where there is self-reporting by parents and for there to be challenge where there is no evidence. The need for practitioners to actively challenge decisions there are not in agreement to and to use the LSCB Conflict resolution protocol.

Conference chair procedures have been revised to ensure that the conference process fully considers pre-birth assessments if they have been completed prior to conference or recommends they are completed. On existing open cases, where it is known that there is another pregnancy, an assessment of the unborn child will begin immediately. There are robust procedures in place to ensure that there is no delay in undertaking pre-birth assessments and planning and these are currently being strengthened to include cases open at an Early Help level.

*Learning from Child Death:* A small audit was undertaken in relation to Smoking in Pregnancy and Beyond from a random sample of 40 mothers who were resident in North Lincolnshire and booked with the community midwives in October 2015. The audit provided insight which will inform midwifery and health visiting services in terms of actions that can be taken forward.

Cases featuring factors of unsafe sleeping led to the joint guidance between North East Lincolnshire and North Lincolnshire LSCBs regarding Safe Sleeping for Babies being revised and strengthened following a review during the year and includes a pathway of information and support from antenatal (34 weeks contact by midwifery) through to early childhood. This has been widely disseminated.

## Next steps

Following the Smoking in Pregnancy and Beyond study undertaken locally, the Clinical Commissioning Groups for North East Lincolnshire and North Lincolnshire will lead on a piece of work in relation to prematurity. Comprehensively capture learning from serious incidents and serious case reviews in Form C information.

For the CDOP agenda to include a succinct performance report from both areas which will include timeliness of child death notifications, timeliness of rapid response meetings, timeliness of Form B Agency Report submissions from agencies and the number of cases each local authority are currently awaiting sign off and the information awaited. The next steps will be for joint CDOP to undertake an audit of the effectiveness of the rapid response process in 2017/18.

## 10) Polices Procedures and Guidance

### What did we say we were going to do?

We said we would ensure the NEL SCB procedures are compliant with Working Together 2015. The LSCB previously commissioned Tri-ex to manage, review and revise the LSCB procedures which are now managed in house.

### What we have done

The procedures are reviewed on an annual basis and as updates are required. The Young Advisors reviewed the Young Person's section of the website in ensuring it is young person centred. The LSCB website has dedicated sections for the LSCB priorities, practitioners

## Evidence, impact /difference made

Significant changes have been added in respect of national guidance. The application and effectiveness of safeguarding procedures are measured as part of case file audits and SCR's which is an ongoing process. Guidance for practitioners in respect of "Bruising to Non Mobile Babies Policy" has been developed and published as a result of learning from a serious case review. Guidance on children visiting psychiatric wards has been developed.

The LSCB built on the existing Council supported LSCB website and have developed a dedicated LSCB Website supported and financed by the Clinical Commissioning Group. The website has dedicated sections for children, young people, families and practitioners, SCRs, procedures, training, performance, good practice and national research.

## Next steps

A Safer NEL Website is being developed which will incorporate the LSCB, safeguarding Adult Board and the Community safety partnership. The website ensure safeguarding guidance and policy is accessible and that agencies are appropriately signposted. Guidance on Modern Day Slavery and Child criminal exploitation is being developed and will be added to the procedures.

## 11) Conclusions/ Challenges/ Recommendations

There have been a number areas of progress related to the key strategies. These include a reduction in the number of CSE cases referred to statutory services and an increase in referrals to Young and Safe, a reduction in the number of children subject to child protection plans. There have also been a number of key developments such as the creation of the Voice and Influence Strategy and the development of safeguarding supervision for schools.

Partnership working continues to be a real strength in a number of areas including, Missing, Child sexual Exploitation, Harmful Sexualised Behaviour and the One System Approach to Domestic Abuse.

There are a number of challenges faced by individual agencies and the Local Authority in respect of restructures and a reduction in resources however this creates opportunities for creative joint working and to ensure the system is as efficient as possible in achieving outcomes for children. We will continue to focus on aspects of safeguarding where children are potentially vulnerable or at risk and where the performance indicates further development is needed. This will include:

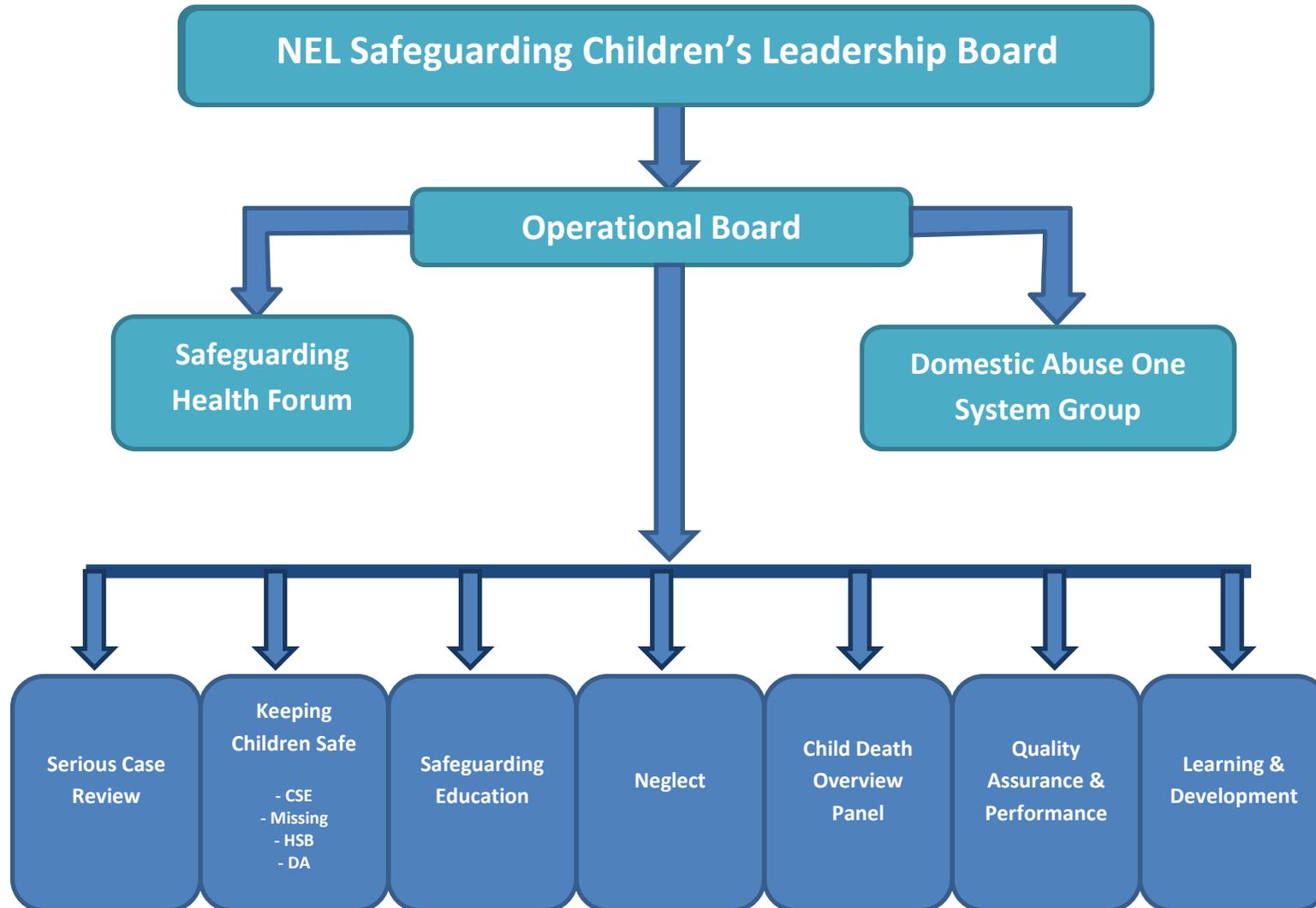
- The development and the impact of the Together for Childhood Programme(A place based approach to multiple adversity)
- Continued development and implementation of the Creating Strong Communities Programme,
- The Early Intervention Policing teams
- Focus on the development of understanding and responding to Adverse Childhood Experience and Trauma informed practice?

## Recommendations

- As part of the LSCB Sexual harm priority - seek assurances that practice and available resources are effective and all practitioners and partners are able to recognise need and risk early and respond appropriately to presenting concerns in respect of Sexual Harm.
- For the LSCB and Partner agencies to develop and implement robust and safe transition arrangements from the current LSCB safeguarding arrangements to the new safeguarding arrangements as agreed locally
- The LSCB to ensure there is a coordinated local response covering both safeguarding children and safeguarding adults with additional care and support needs for recognising and responding to concerns in Respect of Modern Day Slavery
- To evaluate the impact of the Voice and Influence strategy in ensuring a consistent and systematic approach to capturing the voice and influence of the child and in evidencing what has improved as a result

## 13) Appendices

### Appendix 1 – LSCB Structure



## Appendix 2 - The annual income and expenditure of the board (financial year 2015/16)

### **CORE INCOME**

Made up of contributions from	
Humberside Police	£15,000
Clinical Commissioning Group	£33,500
CAFCASS	£550
NEL Council	£128,800
CRC	£1,100
Probation Service	£1,148

### **TOTAL INCOME**

**£ 172,417**

### **STAFFING**

LSCB Board Manager	
LSCB Administrator	
50% Quality Assurance Coordinator	
50% Strategic Safeguarding Manager, Children's and Adults	
LSCB Chair cost	

### **TOTAL STAFFING**

**£122,209**

### **OVERHEADS AND MANAGEMENT ON-COSTS:**

Accommodation, IT, Running Costs

### **TOTAL EXPENDITURE**

**£168,504**