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Introduction by Rick Proctor, Independent Chair

I am very pleased to provide this overview of the North East Lincolnshire Safeguarding Children Board (NELSCB) Annual Report 2017/18. This is my second Annual Report as Chair of the NELSCB, having taken over from the previous Chair in October 2017.

The analysis of the system demonstrates continued pressure for all agencies involved in safeguarding children. There has been increased demand related to levels of need and complexity which is represented with increases to the number of referrals together with an increase in the number of children subject to Child Protection (CP) and Looked after Children (LAC). Re-referrals rates remain stable as do numbers of children subject to Child in Need (CIN).

The Board as evidenced within this report has made good progress in relation to the delivery of the LSCB priorities and key strategies. This focused activity across the partnership has led to reductions in the number of Child Sexual Exploitation (CSE) cases referred to statutory services matched by an increase in referrals to universal services as a result of the delivery of the CSE Strategy. As a result of the activity informed by 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 several key developments, for example the creation of a Child Criminal Exploitation (CCE) strategy, the establishment of strengthened safeguarding arrangements for Early Years including the establishment of a safeguarding Nursery Forum and a safeguarding audit in relation to Nurseries and Childminders. We have continued to provide oversight with regards to the Early Help offer and subsequent impact it has upon improving outcomes for children.

Whilst the number of children at CIN and CP affected by domestic abuse (DA) has reduced the numbers of reported incidents continue to rise within NEL. In recognition of the impact domestic abuse continued to have on children and families as detailed at 7.3, the board has supported the development of therapeutic support for children affected by DA. The LSCB have actively provided both challenge and support to the work and impact of the One System DA Partnership Group.

Partnership working continues to be a real strength in all areas, particularly evident regarding the collective response to Children Who Go Missing, Children at risk of Sexual Exploitation (CSE), Children at risk of Criminal Exploitation (CCE), Neglect, and Domestic Abuse through the One System Approach. The NELSCB has continued to provide independent oversight and challenge to partner agencies as evidenced through the Section 11 audit and within the challenge log which provides assurance of the effectiveness of partner safeguarding arrangements together with the Independent scrutiny applied by the Board. The challenge has led to an improvement in how partner agencies use the voice and influence of children and young people to inform strategy and operational delivery as evidenced at section 5 of the main body of the report. The additional annual safeguarding audit and challenge to schools led to an increase in the number of schools assessing themselves at level 1 of the Ofsted Scoring.

There is a requirement in Working Together 2015 for Local Safeguarding Children Boards (LSCB) to produce an Annual Report that provides an analysis of the effectiveness of child safeguarding arrangements across the partnership and how we are promoting the welfare of children in the local area. The Annual Report should be published measuring the progress made in the preceding financial year and should fit with local agencies’ planning, commissioning and budget cycles. The report will be submitted to the Chief Executive, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Well-being board.

The Annual Report provides an assessment and analysis of the performance and effectiveness of local services together with progress in relation to the delivery of our LSCB Business plan and priorities namely.

- Neglect
- Domestic abuse
- Sexual Harm

The LSCB structure was reviewed and revised in consultation with partner agencies and is designed to ensure the effective delivery of the LSCB Business Plan and priorities. The delivery of the LSCB priorities is achieved through the
development and implementation of partnership strategies to safeguard children with oversight from the Strategic Delivery Group (previously Operational Board) and strategic challenge by the LSCB. In addition Outcome Based Accountability is effectively utilised by the Board to measure progress against the implementation of the strategies against the priority indicators, agreed performance measures and provides the opportunity where appropriate for challenge through the Board.

The LSCB have robust working relationships with other strategic partnerships, including the Corporate Parenting Board, Health and Well Being Board, Community Safety Partnership and Safeguarding Adult Board with whom we share the priority of Domestic Abuse.

The introduction of the Children and Family Social Work Act 2017 will see the statutory requirement to have a Local Safeguarding Children Boards (LSCBs) replaced by “Safeguarding Partners” under local arrangements. The three safeguarding partners (Local Authorities, Chief Officers of Police, and Clinical Commissioning Groups) must make arrangements to work together with relevant agencies (as they consider appropriate) to safeguard and protect the welfare of children in the area.

The three Safeguarding Partners should agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents. To fulfil this role, the three Safeguarding Partners must set out how they will work together and with any relevant agencies and must produce and publish a transitional plan and identify who are the ‘relevant partners’ in children’s safeguarding. Under the new legislation the Local Authority and Clinical Commissioning Group are child death review partners and are responsible for making arrangements to local review child deaths.

It was a recommendation from the 16/17 LSCB Annual Report “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 has continued to focus on key areas of partnership work in readiness for the transition to the new working arrangements as set out in Working Together 2018. The LSCB have ensured that business as usual has been undertaken in respect of the LSCB statutory functions until the new guidance has been published and local arrangements are agreed.

Ofsted undertook an inspection of Services for Children in Need of Help and Protection, Children Looked After and Care Leavers and Review of the Effectiveness of the Local Safeguarding Children Board in July 2017. The previous inspection of Children’s Services by Ofsted was undertaken in 2012 and at that point LSCBs were not reviewed under the same framework. NEL Children’s Services were graded as good.

The process was undertaken over a month, inspectors met and interviewed LSCB members, Elected Members, partner agencies, children’s groups and the Local authority Chief Executive, LSCB Chair and Director of Children’s Services. Ofsted concluded the LSCB met its statutory responsibilities, were overseeing safeguarding arrangements, had effective governance arrangements in place and had robust strategic and operational arrangements to safeguard vulnerable groups of children. Ofsted made a number of recommendations to enable the LSCB to be judged as good which included ensuring the LSCB Board had sufficient performance information to enable it to fully identify and respond to themes, trends or issues in service provision. The LSCB acknowledged the feedback from the inspection process and used it as a vehicle to drive forward improvement. We have responded fully to the Ofsted recommendations which for example includes the revision of the LSCB structure and performance management arrangements that report to the LSCB. This subsequently resulted in the review and revision of the LSCB core data set by which the board measures progress against its priorities.
2) Purpose of the Annual Report

The purpose of this Annual Report is to evaluate the effectiveness of safeguarding arrangements for children and young people in North East Lincolnshire during 2017/18. The report sets out the effectiveness of the Local Safeguarding Children Board arrangements (LSCB) in carrying out its core business under its statutory objectives and the effectiveness of multi-agency practice to safeguard and promote the welfare of children and young people. Progress is outlined against the LSCB priorities in addition to the priorities.

Child Criminal Exploitation has also been an area of focus for the LSCB in 2017 to 2018.

The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.

LSCBs should conduct regular assessments on the effectiveness of Board partners’ responses to Child Sexual Exploitation and include in the report information on the outcome of these assessments. This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue.

LSCB Statutory Responsibilities

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. The LSCBs statutory objectives are to:

(a) Coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) Ensure the effectiveness of what is done by each such person or body for those purposes.

The NEL LSCB was established in 2006 in accordance with statutory requirements. The LSCB has continued to meet its statutory requirements and regulations including:

- Governance arrangements are robust.
- A structure that supports the LSCB priorities, sub groups that have a clear mandate and membership of the groups that reflect statutory requirements and commitment to partnership safeguarding arrangements.
- Developed a Safer NEL Website in partnership with the Safeguarding Adult Board and Community Safety Partnership. Developed and embedded policies and procedures for promoting the welfare of children in all areas of safeguarding.
- An independent LSCB chair accountable to the Chief Executive North East Lincolnshire Council/North East Lincolnshire NHS Clinical Commissioning Group. The independent chair has regular meetings with the Director of Children’s Services and with the Police and Crime Commissioner.
- The two LSCB Lay Members have provided challenge based on their expertise, have attended LSCB Sub groups and actively participated in the Section 11 audit.
- The Lead Member for safeguarding who is the portfolio holder for children and young people attends the board and is actively involved in the section 11 audit.
- Board members have attended safeguarding audits and undertaken visits to the Families First Access Point (FFAP) in ensuring a line of sight to front line practice.
- The LSCB chair has presented the previous LSCB Annual Report to the Children’s Scrutiny Panel, the Health and Wellbeing Board, the Children’s Partnership Board, the Chief Executive for the Council, the Corporate Parenting Board and the Police and Crime Commissioner.
- Cross boundary arrangements in place across the Humberside LSCBs and the Yorkshire and Humber that support joint working across areas. This includes NEL LSCB joint commissioning the Young Witness Programme, having developed a joint Child Death Panel with North Lincolnshire and being a member of the Yorkshire and Humber sector led improvement programme of LSCB Peer Reviews.
The LSCB is effective in shaping and driving how local agencies work together and have developed and implemented a number of partnership safeguarding strategies aligned to the LSCB priorities and wider Business plan. This includes revision of the Neglect and Child Sexual Exploitation Strategies and development of a Voice and Influence Strategy and Child Criminal Exploitation Strategy.

The Board welcomed a new Independent Chair in September 2017 who like his predecessor has provided strong leadership alongside the Director of Children’s Services. The Board has consistent and well established membership and a shared understanding of the priorities and where effective challenge and support are promoted. Elected Members and the local Scrutiny Life Long Learning Panel have a good understanding of the safeguarding children agenda in NEL and work and impact of the LSCB. Elected members have provided challenge in a number of areas including Prevent, Child Criminal Exploitation and Neglect.

The LSCB has effectively informed local commissioning including the Early Help Strategy, the Creating Stronger Communities Model and the 0-19 agenda. The LSCB has strong linkages with other strategic groups including the Children’s Partnership Board, Safeguarding Adult Board (SAB) and Community Safety Partnership (CSP). The LSCB and CSP have a shared priority of Domestic Abuse which led to the creation of the One System Domestic Abuse Group.

The LSCB priorities are reviewed on an annual basis informed by performance data and directed through established robust safeguarding strategies. The safeguarding priorities were reviewed in April 2017, Domestic Abuse and Neglect remained priorities due to their prevalence and the strategies not being fully embedded. Prevention and Early Intervention and Child Sexual Exploitation were no longer identified priorities as both strategies had been effectively implemented.

Priorities for children are understood and shared across the strategic partnership and agencies which has led to a joint ownership and commitment for safeguarding children across NEL. The LSCB structure has been revised in consultation with partner agencies to ensure it is effective in delivering the LSCB priorities and that functions are joined up across strategic partnerships to ensure efficiency and consistency. Priorities for children are understood and shared across the strategic partnerships and agencies which has led to a joint ownership and commitment for safeguarding children across NEL.
3) About North East Lincolnshire

3.1) Population

North East Lincolnshire’s population is 159,826. There are 34,392 Children and Young People under the age of 18 years who live in NEL. 50.6% are male and 49.4% are female, this is 21.5% of the total population in the area. The proportion of the population who are under 18 has remained the same while the proportion of those of aged 65 and over is increasing.

Over the 5 years (2013-2017) the annual number of births in NEL has decreased by 5.7%. Overall the population of Children and Young People aged 0 to 19 inclusive decreased by 1.2% between 2013 and 2017. The numbers of 0 to 4’s has decreased by 5.2% and 5 to 9’s has risen by 6.7% and the numbers of 10 to 14’s has risen by 6.2% and 15 to 19’s has dropped by 11.4%. Population estimates for 2017 show that the largest proportion of Children and Young People were aged 5 to 9 years (27%), while the fewest children were aged 15 to 19 years (23%).

NEL’s pupils are predominantly White British (90.6%) with a small, but increasing proportion from a Black or Minority Ethnic (BME) background (8.5%) compared with national figures of 66.1% in primary schools and 68.2% in secondary schools. The proportion of Children and Young People with English as an additional language is also increasing gradually with 5.6% of pupils having a language other than English at the time of the January school census 2018.

Approximately 26.4% of the local authority’s children are living in poverty (all children), compared to 16.8% nationally (2015). There are significant differences in some wards in the proportion of children in poverty within our most deprived wards to our most affluent.

The NEL Neglect Strategy is aligned to the Prevention and Early Intervention Strategy and as of March 2018 19% of all referrals had a referral client category of Neglect, however, it is accepted that neglect features as a secondary factor in a much higher number of cases.

The proportion of children entitled to free school meals is 17.4% (NCY1 to 11). In primary schools this is 15.7% (the national average is 13.7%) and in secondary schools this is 14.9% (the national average is 12.4%). The numbers of children subject to a Child Protection Plan increased from 202 in March 2017 to 265 in March 2018.

3.2) Child Protection (CP) / Child in Need (CIN) in this area

At 31st March 2018, 2138 children had been identified through assessment as being formally In Need of a Specialist Children’s Service. This is an increase from 1975 as at 31st March 2017.

3.3) Looked After Children (LAC)

At 31st March 2018:

- 354 children were being looked after by the LA (a rate of 87 per 10,000 children), which is a slight increase on last year.
- 98 (or 27.7%) live outside the Local Authority area. This is a combination of living with family or friends out of Local Authority, with foster carers, placed for adoption or in a secure unit.
- 46 live in residential children’s homes.
- None live in residential special schools.
- 269 live with foster families, of whom 26% live out of the authority area.
- 25 live with parents.

In the year 2017-18:

- There have been 19 adoptions, this is a decrease from 22 children adopted in 2016/17.
- 19 children became subject of special guardianship orders, this is the same as last year and a slight decrease from 20 in both 2014/15 and 2015/16.
- 104 children have ceased to be looked after.
3.4) 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 inspection.

4) What Children and Young People Told Us

4.1) The Child’s Voice

NEL LSCB and partner agencies recognise that where we are able to demonstrate genuine success in the development of services in NEL, it is invariably the case that we have also engaged effectively and involved children and young people to help inform our activity. The NEL LSCB recognises that to enable effective Youth Voice and Influence to happen, there needs to be an ongoing dialogue with children and young people at varying levels which is reflected in the NEL Voice and Influence Strategy principles, values and measures.

NEL LSCB member agencies have a shared appreciation and commitment to enabling children and young people to truly influence the range of decisions that impact upon their lives. Including and involving children and young people so we better understand their life journey enables us to make better decisions to ensure our services are both accessible and meet their needs. This we recognise is crucial if we wish to improve outcomes for children and families in NEL.

It was a recommendation from the 16/17 LSCB Annual report “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”. As part of the Voice and Influence strategy partner agencies evidence to the LSCB on how their service capture and respond to the voice of children and young people and the difference made.

In addition there are well established links to young people’s consultative groups who are involved in informing and shaping interagency working and key safeguarding themes for children and young people. Young people are actively involved in recruitment processes and in the LSCB Section 11 challenge event. The questions and challenge provided to Board members by young people led to a marked improvement in how agencies ensure they consult with children and young people to inform commissioning and service delivery.

What we do well:

- Signs of Safety model puts children and their families at the heart of the work completed and actively promotes ‘working with’ rather than ‘doing to’ our children young people and families.
- Family Hubs regularly work with children and families to ensure what they are delivering meets the needs of the people in the local community.
- Across NEL involvement of young people in decision making through the work of the Youth Action group help identify problem solving solutions to address issues of concern which matter to them. The group plan engages with appropriate services and managers to work collaboratively with the young people to improve outcomes for children within our community.
- UK Youth Parliament. Youth Parliament representatives are elected by their peers to represent their views. They carry out an annual consultation to seek to identify the most important issues of concern for young people together with representing young people from this area both regionally during conventions and action planning at a National level with attendance at the annual sitting and House of Commons debate.
- Young Reporters enable young people in the area to write about the issues and topics that are important to them for an audience of the wider local community. This not only gives a fresh perspective on the issues and topics but also engages the audience and challenges often negative perspectives of young people portrayed in the media.
- Street based teams use tools such as the Mobile Units, CAGE and a portable skate park to engage with young people ‘where they are’. This includes carrying out consultations and following journey of young people through use of ME assessments.
• Young and Safe team have worked with young people to develop the range of relationships and resilience training which is delivered in schools across the area.
• Outdoor Learning Services are working with a wide range of young people who help in developing future programmes as well as planning and delivering work in the community as part of their Duke of Edinburgh Awards.
• Use of Viewpoint to work with young people in care, young offenders and young people through Young and Safe teams.
• Mechanisms to support the Voice of the Child in LAC and CP meetings including IROs and advocacy service and within the LAC statutory health assessment.
• Council for Children in Care and LAC Health Days enabling young people in care to engage with key workers and services to improve outcomes for them.
• Consultation carried out by partner agencies with young people in the community on what they would like in their communities.

What is the impact of the voice of the child?

➢ 100% children accessing the school nursing service said they felt listened too (90% totally, 10% quite a bit).
➢ 100% of young people felt that the Youth Offending Service responded to their needs with none being able to identify anything that needed to change.
➢ 100% of children receiving speech and language therapy said they would be likely to refer the service to their friends and family.
➢ 100% of children said they would recommend the Rainforest children’s ward at the hospital to their friends.
➢ 80% of children who attended the newly developed Young Smiles group said they felt listened to and supported with the parents mental health. The children said they wished the session was longer which is being explored.
➢ 100% looked after children said they felt happy where they lived.
➢ 100% of children felt they were listened to within their health LAC assessment.

5) LSCB Core Business

5.1 Policies, Procedures and Guidance

The Board have developed and embedded procedures as required contained within Working Together 2015 which are reviewed on an annual basis. A group of dedicated inter-agency managers are responsible for developing and reviewing safeguarding policies. The development of policies and procedures that reflect both national and local safeguarding issues are a key function of the LSCB. The group have fully considered vulnerable groups of children and drawing upon local and national good practice have developed procedure guidance in respect of Child Criminal Exploitation, Child Exploitation, Trafficking, Domestic Abuse, radicalisation and Neglect.

The LSCB has published a threshold document (Family Support Pathway and Threshold of Need Child Concern Model as required which has been revised on an ongoing basis and last updated in July 2017. It is well embedded within practice and aligned to the Early Help Assessment and LSCB safeguarding strategies and procedures. The LSCB and SAB have a joint Escalation Policy for the timely resolution of professional disagreements. The effectiveness of the Escalation Policy is assessed through inter agency case audits. Effective challenge and appropriate escalation has been a continued focus of the Board.

A number of additional policies, procedures, protocols and guidance have been developed as a result of learning from audit and practice reviews. As part of the LSCB work with schools it was identified not all schools had supervision processes in place, as a result the LSCB worked with schools to develop supervision training based upon the strength based approach Signs of Safety. The effective implementation of procedures has been monitored by managers within the LSCB inter agency Quality Assurance practice audits.

The LSCB developed a Safer NEL website in partnership with the Community Safety Partnership and Safeguarding Adult Board which promotes a joined up strategic approach to safeguarding and has enabled a central point for accessing procedures, guidance and support for safeguarding children young people and adults.
What is the impact of this work?

- Procedures that reflect national guidance and local need and which are embedded, easily accessible and widely used by practitioners across the children’s workforce.
- The Child Concern Model has enabled a common understanding of assessing risk and need and in meeting children’s needs in a timely manner.
- Use of the Escalation Policy alongside Restorative Practice and Signs of Safety has supported a growing culture of effective challenge in safeguarding children.
- Lessons learnt from audits and safeguarding are captured in safeguarding procedures and directly inform practice.

5.2 Learning and Improvement Framework

The LSCB is required by Working Together 2015 to have a Learning and Improvement Framework in place that outlines how the Board supports and embeds a culture of learning to drive quality, highlight good practice and improve outcomes for children and young people. The NEL Learning and Improvement Framework is made up of the following elements:

- Communication aligned to the LSCB strategies.
- Local and national practice research.
- Training and Development.
- Voice of the Child.
- Child Death Reviews.
- Learning Lessons and Serious Case Reviews.
- Inter-agency and single-agency audits.

5.2.1 Safeguarding Training

The LSCB Learning, Development and Evaluation Strategy outlines our focus on continuous development, using evidence based research and is informed by learning from multi-agency audits and serious case reviews, as well as best practice. Our training is reviewed annually as a minimum and new training needs across agencies are identified.

Our membership of the Yorkshire and Humber Multi-agency Training Co-ordinators Group (YHMAST) enables us to develop key networks across the region and have input into and benefit from the sharing of resources and expertise as well as the hosting of regional events. In May 2017, North East Lincolnshire were proud to host the YHMAST regional conference entitled ‘Neglect Matters – Understanding, Recognising and Taking Action’ with 157 delegates attending from across Yorkshire and the Humber.

Safeguarding training is delivered to a range of organisations across North East Lincolnshire, including the third sector, where we have developed positive relationships and engagement with our training programme.

In 2017/18, the LSCB ran an extensive range of single and multi-agency training courses, consisting of 24 different face to face courses, all delivered by local experts. A suite of safeguarding e-learning training at an awareness level provided a blended approach to our learning offer.

<table>
<thead>
<tr>
<th>Total Number of Training Events Held</th>
<th>184</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of People Attending Face to Face LSCB Safeguarding Training</td>
<td>2535</td>
</tr>
<tr>
<td>Number of Safeguarding E-Learning Courses Completed</td>
<td>1501</td>
</tr>
<tr>
<td>Total Trained from 1 April 2017 to 31 March 2018</td>
<td>4036</td>
</tr>
</tbody>
</table>

Our evaluation processes drive quality and highlight further training needs across the children’s workforce in line with our competency frameworks. Evaluation data relating to all face-to-face training evidences an increase in practitioner knowledge and confidence and an increase in skills. Learners attending training in the LSCB priority areas of Child Sexual Exploitation, Neglect and Domestic Abuse assessed that their skills and knowledge had increased by an average of 2 and 3 points respectively, from the beginning to the end of the course, which is a positive outcome of their learning experience.
A selection of comments from practitioners on how the training has or will improve their practice in working with children, young people and families is detailed below:

- Now more aware about neglect occurring, using the Graded Care Profile V2 early on and challenging professionals about concerns
  (Level 2 Keeping the Neglected Child in Focus)

- Consider male exploitation and the complexity facing young people when telling their story
  (Level 2 Child Sexual Exploitation)

- Now have more ideas of how to get wishes/feelings/insight into a child’s life
  (Voice of the Child in the Assessment of Neglect workshop)

- Will change questioning style, use more open-ended questions
  (Level 2 Keeping the Neglected Child in Focus)

- Now understand how to improve my practice with families – how to navigate conversations and the behaviours of perpetrators
  (Level 2 Domestic Abuse and the Impact on the Child)

- Use the tool to develop a clear picture of the child’s/family life and will allow to
  (Graded Care Profile V2 Training)

- Parent had not understood that some of the issues raised as part of the GCP V2 could be considered neglectful and responded well to making changes such as cleaning and tidying the home to provide more comfortable surroundings for the children. This helped them to enjoy more time in the home with the parent and spending time playing games
5.2.2 Local and National Research in Practice

The LSCB fully consider national research and good practice from other areas when developing strategies and safeguarding processes. NEL welcomed a teaching partnership with Hull University which brought with it a number of initiatives around Social Work practice in order to improve quality of social work teaching and social work practice. The NEL Neglect Strategy has attracted national interest and has been shared with a number of other LSCBs recognised by other Boards as evidence of good practice. The LSCB Child Exploitation Service has worked with the National Witness Service to pilot a nationally developed CCE risk assessment tool. NEL has been recognised nationally by the Local Government for its work regarding “County Lines” in addressing the threat posed by CCE.

NEL Children’s Services won the Local Government Chronicle Children’s Services Award. The award recognised the innovative changes made that led to improving outcomes for children and reducing the number of children in need, looked after or on child protection plan. This was achieved with the introduction of the Creating Stronger Communities initiative which consists of Outcome-Based Accountability, Restorative Practice to resolve conflicts at the earliest stage and ‘Signs of Safety’, which enables practitioners to collaborate with families using the same language and methodology, utilising the vehicle of Family Group Conferencing in support of the process.

5.2.3 Section 11 Challenge

The LSCB Section 11 audit and challenge process is effective in measuring agencies compliance against Section 11 of the Children Act, is well established and has been utilised by the Board for several years. Section 11 places a requirement on partner agencies to ensure they have a number of processes in place which effectively safeguard children, the NEL audit covers 7 key standards including safeguarding training, safe recruitment and allegations engagement. The section 11 audit is undertaken on a biannual basis.

The LSCB and Local Safeguarding Adult Board undertook the Section 11 audit jointly which enabled a joined up approach to safeguarding. Agencies undertook a self-assessment and attended a challenge event in June 2017 consisting of the LSCB Chair, SAB Chair, Lay Members, young people and the lead member. The audit built on the previous progress made by agencies.

What is the impact of the Section 11 audit?

- Clear evidence of ongoing improvement in how agencies use the Childs Voice to inform Service Development.
- All agencies have robust safeguarding arrangements in place and are continually seeking to improve practice.
- A think Family approach to safeguarding children and adults with care and support needs which was welcomed by partner agencies.
- Senior board members are taking responsibility for the organisations safeguarding practice.

Education Establishment Safeguarding Audit

The LSCB Annual Education Establishment audit is fully embedded with a 100% completion rate in 2017/18 and provides assurance to the LSCB of the effectiveness of safeguarding practice. The audit is based on the expectations of the Department of Education Safeguarding Children in Education guidance and section 175 of the Children Act 2004. The audit comprises of assessments in relation to a safeguarding focus which should be found in all establishments plus an overall self-assessment and questions specifically relating to the arrangements for vulnerable children and young people.

The Safeguarding Education Group have overseen the development and analysis of the annual Safeguarding Education audit. The group undertake work to support and improve education safeguarding processes including the development of transfer of school records best practice guidance upon the request of schools.

What is the impact of the challenge?

- 72% of schools assessed themselves at Level One outstanding which is a 21% increase on 2016/17. Schools have reported they find the School Child Protection Coordinators meeting very valuable in ensuring they are aware of current safeguarding guidance and expectations.
- A range of qualitative responses were collated from themed areas including Families First Access Point (FFAP); undertaking Early Help Assessments (EHA), Channel referrals as part of the delivery of the Prevent Strategy,
examples of local inter-agency working and suggestions for areas that could be covered by the audit in the future.

- A range of evidence was collated from these areas and all comments received have been forwarded to leads in these areas in order to inform practice.
- The audit returns submitted by the establishments indicate good practice is wide spread across the overwhelming majority of establishments.
- Educational establishments have in place procedures to record the outcomes of referrals to children’s services; personal education plans for looked after children; and also measures in place to support young carer’s individual needs.
- Education establishments all reported having safer working practice arrangements in place for those staff working one-to-one with pupils, whilst all secondary education establishments offering work experience reported having adopted an approved work experience model.

5.2.4 School Child Protection Co-ordinators Forum

The purpose of the Forum is to provide educational establishments with information pertaining to both local and national child protection and safeguarding matters. The Forum meets six times a year and is well established and attendance is high. The Forum represents all educational establishments including independent schools, further education colleges and special schools.

What is the impact of the forum?

- Schools have received input on key safeguarding issues from partner agencies and are aware of local and national practice guidance and understand how to recognise and respond to safeguarding issues. This includes CSE, Child CCE, Modern Day Slavery, Female Genital Mutilation and Radicalisation.
- The relationship between educational establishments and partner agencies has been strengthened through a robust and regular dialogue to help inform, for example the completion of Early Help Assessments and signposting Children who require additional support.
- Schools have been provided with access to a host of resources and materials to support their work with children including vulnerable children. This has included Road Traffic Safety, Prevent, Future in Mind (mental health training), SR4 YP Sexual Health Guidance, Relationship work / sexting / online bullying / social media, Locality offer, Child Death Process and safeguarding supervision. Schools are proactively involved in formulating the agenda which is based upon issues impacting on children and families, which has actively informed the input schools receive as evidenced in the areas mentioned above.

5.2.5 Performance Management

The LSCB uses Outcomes Based Accountability (OBA) to monitor its performance and impact. OBA is based on how much have we done, how well have we done it and crucially is anyone better off. The LSCB has a performance framework that ensures all partners contribute to its outcome which is All Children in North East Lincolnshire feel safe and are safe. Partners provide quarterly score cards that inform the performance report to the Board. Actions are included to improve performance where necessary and ensure partnership engagement in decision making.

The information below has been priority areas of performance for the LSCB. These have been monitored quarterly and demonstrate the impact of work across the system.
Child in Need

Numbers of children open at Child in Need has remained stable during the year.

CIN panels make sure that closed cases still have the right level of support from the right people.

An effective front door

There were 156 more referrals into Children’s Social Care than the previous year.

79% of contacts into the FFAP were managed at Early Help

An effective front door makes sure children get the right support at the right time from the right person.

Child Protection

Numbers of children needing a child protection plan to keep safe has risen by 34

99.9% of review conferences were held on time

87.7% of children who had an initial case conference went on a plan which demonstrates cases are escalating at the right time

Re-referrals

Re-referrals have remained stable at 20% which is below the national average and our statistical neighbours

Demonstrating our social work services are effective in reducing risk and need

Children Looked After

The numbers of children looked after rose by 20% during 17/18

In spite of the rise in numbers we maintained excellent performance in LAC reviews with 98.5% happening on time

Missing

100% of children who were reported missing were offered a debrief

The % of debriefs completed within 72 hours rose from 54% to 68%

Analysis of the performance resulted in dedicated Early Help Practitioners sitting in FFAP to work on Missing

Exploitation

Careful consideration of the data led to us changing our process for children who are being exploited to include criminal exploitation

Awareness raising has led to an increase in MACE referrals for Child Criminal Exploitation
5.2.6 Audit of Safeguarding Arrangements

The LSCB Quality Assurance and Best Practice Sub Group (now the Managing and Improving Practice Group) was responsible for overseeing a robust quality assurance framework. Audit activity is linked to the priorities, emerging themes from performance and the findings of previous audits.

During 17/18 the Quality Assurance and Best Practice sub group facilitate a number of multi-agency practice audits in addition to undertaking the Section 11 Audit and Safeguarding in Education Audit. Board Members were invited to and participated in challenge events. Challenge events offered a time for reflection on practice and the Quality Assurance and Best Practice Sub facilitated this in a non-threatening environment. These events also enabled practitioners and their supervisors to take learning straight back into practice. Multi-agency audits consistently identified good multi—agency work across the partnership. They also consistently identified that where practitioners form meaningful relationships with service users this leads to better outcomes for children and young people.

Additional challenge events were held with managers to present the learning and develop actions to address any improvements required. Again this event enabled learning and actions to be taken straight back into practice. Audit action plans were managed by the relevant sub groups. The Quality Assurance and Best Practice Group consolidated learning from previous audits and sent out a number of self-assessment documents to agencies to see how well strategies and policies were being implemented. During 17/18 the sub group asked agencies to self-assess against Neglect, Escalation and Female Genital Mutilation.

What is the impact of this?

CSE

- Identified links between witnessing domestic abuse as a young child and experiencing CSE as an adolescent.
- Highlighted that CCE is often prevalent in CSE cases as well, this informed the development of Joint CCE, CSE training.
- Evidenced good multi agency working.
- Evidenced excellent information sharing.

Domestic Abuse

- Domestic abuse is rarely the only issue the child is experiencing once a case has escalated to Children’s Social Care
- Led to a recognition amongst Practitioners.
- Domestic Abuse can become overshadowed by the other issues faced by the child.
- Perpetrators were not included in risk management plans which informed perpetrator development work by the Onesystem Domestic Abuse Group.
- Practitioners used a variety of tools to gain the voice of the child.

Elective Home Education

31 more children were electively home educated at the end of 17/18 than were at the same time the year before

Whilst EHE is not necessarily a safeguarding issue, the LSCB is keen that all children are visible and therefore continues to monitor this

As a result of monitoring EHE performance the LSCB commissioned a multi-agency audit on 18 cases
Neglect
✓ The Graded Care Profile was being requested at case conference.
✓ Disguised compliance was a factor in 80% of the cases audited this prevented practitioners from using specific assessment tools.
✓ Schools are clear on their role in identifying neglect.
✓ Partners had clear expectations of how they identify and manage neglect cases within their organisations.

Escalation
✓ Where the escalation policy was used it was successful.
✓ The LSCB and SAB revised the procedure in line with agencies comments.

Female Genital Mutilation
✓ Agencies are compliant with the duty
✓ Schools are compliant with the duty.
✓ FGM eLearning is mandatory across the partnership.

5.2.7 Child Safeguarding Reviews

Chapter 4 of Working Together 2015 sets out the requirement for LSCBs to undertake reviews of Serious Cases in specified circumstances which are:
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

A serious case is one where:
- Abuse or neglect of a child is known or suspected and;
- Either the child has died or the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

It is also a requirement of the local Learning and Improvement Framework that reviews are conducted regularly, not only on cases which meet statutory criteria, but also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children and that this learning is actively shared with relevant agencies. The LSCB has a SCR subgroup which has representation from all key agencies. All cases meeting the SCR criteria as agreed by the LSCB Independent chair have been referred to the National SCR Panel and Ofsted.

The LSCB has not undertaken any Serious Case Reviews in the period of this report. The LSCB published a SCR in January 2017 Child T however the action plan was fully implemented prior to publication and disseminated widely to agencies in raising awareness and in informing practice. The review led to a number lessons and the strengthening safeguarding of processes.

The LSCB developed a Learning and Improvement panel which considers and undertakes reviews of practice where there is value from closer scrutiny of the case and where although a serious incident or harm may have occurred the serious Criteria is not met. Reviews undertaken can include single agency audits, complex cases, cases of good or excellent practice, and Complex or ‘stuck cases’ with which a practitioners or managers are struggling to find a way forward and would benefit from an in depth analysis of factors preventing progress or posing a risk.

What is the impact of the Previous Serious Case Review?
✓ Practice workshops were delivered during 2015 which raised awareness and promoted effective challenge and escalation, the importance of the child’s voice, how to respond to disguised compliance/resistant parenting and self-reporting.
✓ These themes have continued to assessed through safeguarding inter agency audits. There is a growing culture of effective challenge and escalation as evidenced through a recent neglect audit. Resistant parenting guidance has ensured that practitioners are able to recognise and respond appropriately.
There has been a marked improvement in how agencies evidence the voice and influence of the child which is evidenced through audit and the Section 11 audit and challenge undertaken in July 2017.

5.2.8 Child Death Reviews

The LSCB is responsible for ensuring that a review of every death of a child living in their area is undertaken by a Child Death Overview Panel (CDOP) as in accordance with Chapter 5 of Working Together 2015 which includes:

Collecting and analysing information about each death with a view to identifying:
- Any case which may meet the criteria that requires an SCR to be undertaken.
- Any matters of concern affecting the safety and welfare of children in the area of the authority.
- Any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- Establishing procedures to ensure there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

The purpose of the process is to try and reduce the number of preventable child deaths by considering:
- The cause of death.
- Any modifiable factors that can be identified and whether the modifiable factors mean the death was preventable.
- What recommendations need to be made by agencies, the LSCB, regionally/ nationally to prevent future deaths.
- There has been a CDOP in place in North East Lincolnshire since 2008 in line with national guidance. A joint CDOP with North Lincolnshire has been in place from April 2016 which has enabled the sharing of learning across both areas. The joint CDOP has met five times during the year. The National child death figures published by the Department of Education for 2017/18 are not available, however, according to the 2016/17 figures as at 31 March 2017 CDOPs in England reviewed 3,575 child deaths compared to 3,665 at 31 March 2016. The local joint CDOP reviewed 21 North East Lincolnshire child deaths during the year.

Nationally 27% of child deaths reviewed in England during 2016/17 were identified as having modifiable factors which is an increase from 24% for 2015/16. During 2017/18, 25% of North East Lincolnshire cases reviewed had modifiable factors.

The CDOP has been required to assign each reviewed child death to one of ten nationally defined categories. During 2017/18, 42.8% of all North East Lincolnshire child deaths reviewed were categorised as perinatal/neonatal events, 23.8% as sudden unexpected death, the remaining 33.3% were categorised as chromosomal genetic and congenital anomalies. These two categories also accounted for the highest proportion of classifications of child deaths reviewed in England during 2016/17, with 34% of deaths categorised as perinatal/neonatal events, and 25% of deaths categorised as chromosomal genetic and congenital anomalies, infection, chronic medical condition, malignancy deliberately inflicted injury and acute medical or surgical condition.

The majority of child death reviews involved children under 5 years of age similar to the national average during 2017/18. 5% of child deaths in North East Lincolnshire were looked after children and 24% child in need cases. Local actions to address the identification of factors that may have contributed to child deaths has included:
- The joint LSCBs guidance on Safe Sleeping for Babies was revised 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.
- A protocol has been developed responding to extreme prematurity and to reflect clearly viability of births taking place at less than 24 weeks gestation.
- Learning from SCRs and Serious Incidents have continued to be considered by the CDOP and disseminated to partner agencies.

What is the impact of the child death review process?
- The Joint CDOP with North Lincolnshire has led to wider learning, efficiency gains by sharing resources, increased intelligence through the joint analysis of child death data.
✓ Agencies in NEL understand the Child Death Process and their expectations within it. The Local Critical Incident support process is well understood by schools and has been used where appropriate to provide support following a child death.

✓ The children’s workforce has a good understanding of how to reduce risk through the promotion of the principles of safe sleeping, as a result of local campaigns which has informed their work with families.

✓ Agencies in NEL understand the Child Death Process and their expectations within it. The Local Critical Incident support process is well understood by schools and has been employed as appropriate in providing support following a child death.

✓ The children’s workforce has a good understanding of the risks of safe sleeping as a result of local campaigns which has informed their work with families.

### 5.3 Communication and Awareness Raising

The LSCB has a requirement to effectively communicate the need to safeguard and promote the welfare of the children to partner agencies, to raise awareness of how this can best be done.

Communication to the children’s workforce and to the wider partnership is a key element of each of the LSCB Safeguarding strategies and action plans including Child Sexual Exploitation, Neglect and Domestic Abuse. The LSCB is part of the Strategic Safeguarding Communication Group which is aligned to the NEL Outcomes Framework with the aims of reducing duplicity of effort and promoting a collaborative approach to engagement, marketing and communication in relation to our joint key priorities and commissioning projects. The LSCB makes good use of the local media and technology including Facebook in sharing key safeguarding messages. The LSCB undertook a range of communication and awareness raising activities during 2017/18 aligned to the LSCB priorities including:

The Domestic Abuse One System Group adopted the "Ask Angela" campaign in June 2017 to assist women entering into potentially abusive relationships to ask for help at an early opportunity if they feel unsafe whilst visiting licenced premises. A face-book campaign reached 59,763 people locally in raising awareness of the scheme locally.

NEL became a White Ribbon accredited area in 2017, a number of local publicity events were held including an event held at Grimsby Football Club. Local Businesses and the community were engaged as part of the programme. All of the male members of the LSCB are White Ribbon Champions. The Love Hurts campaign has been launched within secondary schools to raise awareness of how to recognise if a relationship may be abusive together with providing information as to where to access help and support both locally and nationally.

The Early Help Assessment, Graded Care Two and the NEL Voice of the Child Tools were launched in May 2017 at inter-agency workshops. Several hundred people attended these events which ensured key changes to practice and process were widely disseminated.

NEL LSCB hosted the Yorkshire and Humber Multi-Agency Safeguarding Training Conference in May 2017 on neglect. Over 300 participants attended the conference with representation from both local and regional practitioners. The conference focused on best practice in relation to child neglect, raising awareness of the impact upon the child and showcasing the NEL LSCB work on neglect as part of the overall strategy.

The LSCB built on the previous private Fostering Campaign during the summer of 2017 which reinforced the expectations of agencies leading to a raised awareness. Operation Encompass was piloted in NEL in 2016 and is now fully embedded, led by Humberside Police, where letters were sent to all parents advising them of the process. Schools have continued to receive input from the police and advice and support.

NEL and North Lincolnshire LSCBs jointly developed a safe sleeping protocol which is updated annually and key learning disseminated to all agencies. The NEL LSCB receive Public Health weather warnings and have produced and published hot weather guidance to practitioners in partnership with the Lullaby Trust. 7,249 people were reached as part of a safe sleeping Facebook campaign in summer 2017 which led to 261 engagements with the Lullaby Trust. Safe sleeping Thermometers with key safe sleeping messages have continued to be produced and provided to parents and carers through the family hubs.
What is the impact of communication and awareness raising?

- The White Ribbon, Operation Encompass, Ask Angela and Love Hurts campaigns have all raised awareness of Domestic Abuse and where to get support.
- The children’s workforce and community has an increased understanding of safe sleeping and increased contact with the Lullaby Trust for advice and support.
- The Private Fostering campaign led to an increase in notifications and confirmed peoples understanding.
- The use of the Voice of the Child Tools, Graded Care Profile and the Early Help Assessment are widely used.

6) Effectiveness of partnership arrangements (Revisit 67/17 actions, evidence progress against LSCB priorities, business plan and difference made

6.1 Progress of Priority 1 Sexual Harm

A recommendation of the LSCB 16/17 Annual Report was that Sexual Harm should be a priority for the LSCB in 17/18. The Board wanted to seek assurance that practice and available resources are effective and that practitioners are able to recognise need and risk early and respond appropriately to presenting concerns regarding all aspects of Sexual Harm. During 17/18 we have continued our excellent partnership approach to CSE and Harmful Sexualised Behaviour (HSB) and enhanced our understanding of the local landscape of familial sexual harm. The LSCB has seen continual low numbers in all aspects of sexual harm. Therefore, no numbers are used in this part of the report, rather we are focussing on our achievements in ensuring we are able to identify and respond to sexual harm cases across the threshold of need.

Child Sexual Exploitation (CSE)
- There is excellent partnership working across all agencies, who take ownership of the agenda
- MACE is well attended and actions are shared amongst partners.
- Piloted new risk assessment tool for CSE.
- Identified Child Criminal Exploitation as an emerging theme and changed processes appropriately.
- CSE, CCE and Missing are all discussed at Multi Agency Child Exploitation meeting.
- MACE now RAG rates all cases.

Difference Made and Impact on Children
- Support services for those at risk of CSE are offered across the child concern model ensuring that the child gets the right service at the right time from the right person.
- All MACE referrals now come through FFAP enabling quality assurance of assessments and risk analysis leading to consistency of assessments.
- FFAP ensure that all medium and high rated cases receive a statutory service response.
- CSE, CCE and Missing all being discussed at the same meeting has enabled better sharing of intelligence information and has resulted in the partnership being able to address emerging themes earlier.
- RAG rating cases ensures consistency in approach and enables targeting the right services at the right time.

Next steps
- MACE meeting to be reviewed to ensure it continues its excellent performance.
- Embed the use of the new risk assessment tool.

Harmful Sexual Behaviour (HSB)
- Processes for HSB are well established.
- Good multi-agency attendance at Assessment Intervention Moving On Model (AIM) panel meetings.
- Well established evidence based assessment tools continue to be used.
- Capacity assessment of staff within the localities to carry out AIM work was undertaken.

Difference Made and Impact on Children
- Reduced risk by providing multi-agency oversight of cases.
- Robust risk assessments ensured children received the correct level of intervention.
- Capacity assessment to inform the refreshed strategy and action plan.
Next Steps
- HSB processes to come under the auspices of the Local Authority in line with the 0-19 restructure.

Familiar Sexual Harm
Numbers have remained low throughout 17/18, in line with previous years. The LSCB identified that this area required further analysis and as such commissioned a Turning the Curve for Q1 18/19.

6.2 Progress Priority 2 Neglect

Reducing the harm for children who are suffering Neglect continues to be a priority for the LSCB. The LSCB recognises that the Neglect Matters Strategy is no quick fix and that eradicating Neglect in NE Lincs will only be achieved by working together over a sustained period of time. During 17/18 the rate and % of children on a child protection plan for Neglect has remained stable.

The Neglect Sub Group have continued to manage the action plan towards the Neglect Matters Strategy. The focus of activity for 17/18 has been to further develop the established Professional Capability Framework. This has helped to ensure that all children and family practitioners understand the prevention science and significance of the first three years of a child’s life. Additionally the roll out of the Graded Care Profile 2 (GCP2) training has helped to make sure that the child and family workforce is able to identify neglect and more importantly evidence the impact on the child.

Objectives
- Reduce the impact and prevalence of Neglect in North East Lincolnshire.
- Raise awareness at a public and universal level about the signs, symptoms and impact of Neglect on children 0-18.
- Ensure that Neglect is identified at an early stage and prevented where possible.
- Ensure that all agencies in both children, family and adult services respond to neglect concerns consistently, confidently and appropriately at the right level on the threshold of risk and need.
- Develop a strategy for referral pathways and ongoing management of Neglect cases in North East Lincolnshire so that the impacts upon children and young people are mitigated and reduced.
- Ensure Practice Guidance and inter-agency protocols for the recognition and management of neglect are regularly updated.

Difference made and Impact on Children
- 450 practitioners accredited in use of the GCP2 equipping them with the tools they need to identify neglect and the impact it has on the child.
- % of children on a CP plan for Neglect has remained stable at 49% evidencing that children are assessed appropriately.
- Use of the GCP2 is steadily increasing demonstrating that it is becoming embedded in practice
- Re-referrals for Neglect have remained low and lower than our statistical neighbors this evidences that interventions are successful in sustainable change.

Next Steps
- A Turning the Curve to establish the Neglect Sub Group focus for 18/19 to be held.
- Continue to embed the GCP2.
- Continue to ensure the Professional Capability Framework is accessible to the workforce.

6.3 Progress Priority 3 Domestic Abuse

Reducing the harm for children who live in households where there is domestic abuse remains a priority for the LSCB due to its impact and potential to cause lasting harm for children and families across the community. Domestic abuse is a joint priority for the LSCB and Community Safety Partnership. The One System Domestic Abuse Group have continued to build on the work and developments undertaken in 2016/17 as part of the Domestic Abuse Strategy. This included:

- The development of a new (Humberside wide) service for fleeing victims of DA who are unable to live in a communal refuge, due to their complex needs.
Two additional Independent DA Advisor’s (IDVA’s), boosting the support we are able to give high risk DA victims.

Appointment of a DA 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 behavioral 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 DA Forum launched, a forum for all that are interested in the topic to discuss local issues and develop working practices.

The LSCB identified the following measures in respect of support provided to children affected by domestic abuse

**Number of Operation Encompass disclosures made**

- 1,332 Operation Encompass notifications were made to schools in 2017/18 which enabled appropriate support to be provided to children. Schools have embraced Operation Encompass which is now fully embedded in NEL.

**Number and % of children at complex of the Child Concern Model where DA is a factor (Child in Need) and Severe (Child Protection)**

- Fewer children were subject to CIN and CP in respect of Domestic Abuse than at previous quarters at the end of 17/18 however overall there has been a slight increase during the year. Data is being developed to show how many children are being supported through early help which will give a reflection of the total of children supported.

- The % of Domestic Abuse cases where children were involved that were stepped down was 18% which is an improvement.

- 739 children were supported through all levels of need in respect of Domestic Abuse during 2017/18.

**What has been achieved in 2017 to 18 and what difference has it made?**

- The Domestic Abuse Strategy has been revised based progress made during 2016/17 and developments planned during 2018/19.

- A MARAC Steering Group has been established which has provided assurance to the One System Approach group on agencies understanding of the MARAC process and commitment to it.

- A Target Hardening / Safer Homes project receives referrals and makes it safer for victims of domestic abuse to stay in their accommodation.

- The Affordable Justice scheme is used by DA victims who are not eligible for legal aid and cannot afford to pay solicitors fees, when they need legal advice on matters such as accommodation, etc.

- Practitioners have undertaken training, from agencies across NEL, so that the Domestic Abuse Recovery Together (DART) programme can be rolled out.

- Practitioners have also been trained to facilitate the Domestic Abuse Awareness for Youth (DAY) programme.

- Instigated a Humberside wide scheme whereby support services are offered to fleeing victims of Domestic Abuse who have complex needs, meaning that they are unable to be accommodated within a communal living environment. The two additional IDVA’s enable much better support to be given to those at high risk of DA. All IDVA’s are usefully co-located.

- Level 1 & 2 DA training has been reviewed, updated and improved and a workforce development task & finish group has been set up to look at holistic workforce development.

- All new staff into Children’s Social Care, are offered an introduction to domestic abuse and the services we have on offer in NELC, facilitated by the Domestic Abuse Coordinator.

- Workshops have taken place with children’s services staff around relationship building and the toxic trio

- Helping Hands helps children to come to terms with the trauma of DA. In the past year the outreach service has worked with over 300 children in total.

- The ‘Freedom’ programme helps women and girls to reflect on abusive relationships, controlling behaviour, early warning signs, healthy relationships etc, leading to increased resilience.
The ‘Building Better Relationships’ programme is evidence based practice. Community awareness courses are slowly challenging the ‘culture’ which exists of acceptance of low level DA.

The police have developed and shared training with partner agencies on Coercive Control, Claire’s Law, Domestic Violence protection orders and support in completing a DASH Assessment in raising awareness amongst the children’s workforce.

The MASH and key partner agencies have received training funded by the police based on the most current research on DA delivered by Martin Calder which informed practice in respect of the impact of DA on children and the risk posed by perpetrators.

Next Steps
- A Non-convicted Perpetrator Programme is in the process of being commissioned.
- A MATAC (Multi Agency Tasking and Coordination process) programme has been developed locally and will be implemented from September 2018. It aims to reduce domestic abuse related offending by perpetrators through research based interventions.
- To further develop perpetrator risk assessment tools.
- To implement the Domestic Abuse Recovery Together (DART) programme.
- To implement DART and Teen Centric support for teenagers who are violent against family members.
- To commission further specialist training from Respect and Safer Life’s.

6.4 Modern Day Slavery

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 (MDS).

It was a recommendation from the 2016/2017 Annual report to ensure there is a coordinated local response for recognising and responding to concerns in Respect of Modern Day Slavery.

- NEL play an active part of the Humber MDS partnership, the partnership has held a number of awareness raising events and awareness raising materials which have been disseminated to partner agencies. A Modern Day Slavery section of the Safer NEL Website has been developed which provides key resources for practitioners. The LSCB Manager and SAB Manager have been trained as training for trainers in delivering the MDS partnership modern day slavery training. A number of partner agencies have received training by the police or LSCB and SAB Managers.
- A local MDS local strategic task and finish group has been developed involving a group of agencies to enable a partnership approach to Modern Day Slavery. Children subject to Child CCE are considered at MACE and referrals made to the National Referral Mechanism when required where there is evidence of trafficking and criminal exploitation.

Difference made
- Agencies have an understanding of MDS and an awareness of how to recognise and respond.
- There is a joined up partnership approach to modern day slavery.
- Modern Day Slavery is aligned to the local CCE Strategy.

Next steps
- Develop and implement a MDS Strategy in partnership with the Safeguarding Adult Board and Community Safety partnership.
- Continue with the training/ awareness raising programme.
- Undertake an audit of awareness raising training on MDS across agencies to be undertaken.
6.5 Criminal Child Exploitation

Ensuring an effective multi agency response to children and young people at risk of Child Criminal Exploitation has been a key focus for partner agencies. Tackling exploitation is one of the most important challenges currently facing the Local Safeguarding Children’s Board. It is recognised locally that there are strong links between children and young people being at risk of exploitation and other behaviours, in particular missing from home or care. Significant evidence highlights that children and young people who go missing from home or care are at increased risk of being at risk of, or experiencing criminal exploitation and or sexual exploitation.

An inter-agency strategic Child Criminal Exploitation task and finish group has been established and a Child Criminal Exploitation Strategy produced. Signs and symptoms of CCE and basic practitioner guidance has been produced and disseminated to agencies through practitioner briefings and via LSCB website. Children identified at risk of or are experiencing CCE are considered at the MACE. CCE training has been developed and has been aligned to the Child Sexual Exploitation training and will be delivered from September 2018.

What is the impact of this work?

- The recent Home Office Locality Review on CCE found NEL was well-informed and had clearly taken steps to identify and address this issue based on successfully implementing a number of the recommendations from the previous Ending Gang and Youth
- The Home Office Review found that NELs local focus on Child Exploitation and CCE is to be commended and is good practice during a time when many areas are struggling to interpret gangs, groups and Organised Crime Gangs.
- Key agencies have received CCE training, all agencies have received the signs and symptoms and practice guide. Practitioners are able to recognise and respond appropriately to concerns in respect of CCE.
- NRM’s submitted have successfully identified victims as Modern Day Slaves attracting additional victim support for them.
- Due to increased knowledge and awareness children at risk are now identified earlier.
- The operational delivery mechanism against the agenda of exploitation and trafficking allows for dedicated work with those at risk.

Next Steps

- The successful Home Office bid will allow for a specialist project to be created, working with victims of exploitation and trafficking for a period of four years.
- LSCB training to be rolled out from September 18.
- Wider evaluation to be undertaken around the link between education provision and being at risk of criminal exploitation.

6.6 Early Help

Family Hubs

Achievements - In safeguarding and against the three LSCB priorities and Business Plan 2017/18:
Worked with external partners in supporting with single assessments and embedding the signs of safety model. Midwifery services are in every hub, so closer relationships and early identification of help and support improving. Health visiting teams have moved into the family hubs in cluster areas which is improving communication and support in engaging and working with families and children. These are in cluster 1, 2, 4 and soon to be in 5 and 3

Strengthening Families - Where statutory Social Care are involved, there will be a number of cases that are reported on by both Social Care and localities, meaning that some cases will be double counted. It needs highlighting that 38% of the 1:1 work in localities is supporting statutory work.

Family Support and Parenting - Screening and CSAM (Collaborative Support and Allocation Meetings); from the previous quarter, processes have changed to ensure consistency across all localities from receiving referrals to the allocation of work.
There is good representation from partners which include the police early intervention teams, NSPCC, Cat Zero and Young Minds Matter and Children’s Public Health. Education settings attend on a needs basis. All are chaired by each locality team manager/supervisor. ‘Attending screening allows for the bigger picture in being able to best support families in the community alongside our partners’ (Police Sargent)

FFAP team manager began to attend the screening/CSAM meetings in localities which will replace the monthly challenge meetings, to avoid delay and discuss any cases that require challenge or highlight good practice. Work being delivered is 62% at early help and universal plus and 38% statutory. 50% of work is allocated/signposted to external agencies.

Difference - what has made the most difference to the lives of children and young people?

- Coping with Crying dvd impact: Parents said – “makes you realise”, “scary but it’s our responsibility to cope”, “know where to get support if I need it”
- Follow ups of parenting courses: 88% agree they still continue to use; Praise and encouragement, boundaries, rules rewards, choices and consequences, time out, honouring children’s feelings, listening & talking, negotiation, ignoring undesirable behaviour, nurturing selves and time with family.
- One to one work: Better off Comments by parents after parenting courses and follow up: “have now got a range of techniques to use to improve my parenting skills. I haven’t noticed an immediate improvement but I am hoping that as I get better at implementing the techniques then we will all enjoy family life more.”
- Children’s voices (after parenting courses), “from seeing my dad drinking to spending more time with me is good”

Future – planned development

- To continue to embed signs of safety and signs of something in all communities working and sharing with partners
- Continue with Group supervisions to support mapping process of cases for those that are stuck and where there is a lack of engagement
- To maintain and evaluate impact of universal targeted services

7) Individual Agency assessments

Families First Access Point (FFAP)

FFAP provides a multi-agency integrated approach to approaches for help and harm in relation to children.

- As the FFAP developed, processes were strengthening to ensure that a consistent approach to every contact made. This became more established with a stable staff group in terms of Early Help Professionals.
- Lunchtime development sessions were held for FFAP staff to develop their use of SOS this will be reinforced with the development of the contact and referral templates.
- Check and Challenge meetings were established internally for FFAP with attendance from the Service Managers and Head of Service in order to challenge and support in terms of thresholds.

What has made the most difference to the lives of children and young people?

- 9913 contacts
- 6089 children subject to a contact
- 2078 referrals
- 409 neglect referrals
- 19.70% percentage neglect referrals compared with all referral

Next Steps

- Establishing the behaviour pathway effectively to ensure children receive the right support in a timely manner
- A one year on project to establish strengths and developments
- Working with health and prevention and early help to establish a pre-birth pathway
- Establishing a consistent approach to the vulnerabilities.
Achievements in safeguarding and against the three LSCB priorities and Business Plan 2017/18:

- Signs of Safety ensures that the child’s voice is at the heart of case work.
- Visits to children are timely and managers monitor visit and review timeliness through the Performance Monitoring and Accountabilities Framework (PMAF).
- Children form good relationships with their social workers, and are consistently seen alone, however, social work turnover does result in some children experiencing changes in social worker.

**Neglect**

Our child protection numbers are increasing, although the % of CP cases for neglect has fallen slightly this year, which indicates early signs of the increased use of the Graded Care Profile in correctly identifying and reducing neglect.

Our partnership with the NSPCC “Together for Childhood” programme provides significant additional resources to enable our aim to radically prevent children’s multiple adversities and implement system-wide partnerships with key stakeholders to prevent harm to children.

A neglect ‘turning the curve’ (TTC) exercise held in April 2018 made some clear partnership recommendations which are being progressed. One example being the use of FGC at an earlier stage, and another to provide long-term support for families where chronic neglect is a factor.

**Domestic Abuse**

Identified workforce development includes: Training on DASH/Coercive Control/Claire’s Law/Operation Encompass and incorporating DA within the context of Young People. NELC Staff have been trained (Train the Trainer) to deliver this package which is now being delivered to CASS social workers.

MARAC is very well attended and there is a strong focus on the support needed for children to be kept safe in households where domestic abuse is a factor. CASS team managers attend every MARAC. We also attend the newly established MATAC meeting.

**Sexual Harm**

We have a dedicated lead in the FFAP who coordinates all the missing, CSE, CCE and HSB work and this provides a clear and consistent approach, understanding and follow up. It also improves the communication if people are aware of the conduit.

Our Multi-Agency Child Exploitation (MACE) meeting is held every 6 weeks. This well attended partnership meeting considers victims and those at risk of CSE, CCE or missing, as well as known and suspected perpetrators. The process identified that there is cross-over between the strands and combining the meetings gives a far better overview and contributes to swifter identification of risk. MACE now incorporates discussions on all CSE, CCE and Missing cases which have been rag rated amber or RED.

**What has made the most difference to the lives of children and young people?**

- The average length of CP Plan has reduced significantly over the last 18 months, from an average of 13 months in April 2017 to an average of 6.4 months in July 2018 (51% decrease).
- In addition, the number of children on a CP Plan for 18 months or more has also reduced significantly, from 49 in April 2017 to 11 in July 2018 (78% decrease).
- These two indicators demonstrate that children subject to CP are stepped up or down in a timely manner.
- We monitor the % breakdown of open CP Plans across the four categories of abuse.
- Our analysis shows that we are largely in line with comparator groups. Sexual Harm = 6%; Emotional Harm = 34%; Physical Harm = 13%; Neglect = 47% (July 2018)
- We monitor the timeliness and effectiveness of our PLO process and this has resulted in 52% of PLO cases in the last 12 months stepping down, evidencing the effectiveness of the intervention at this stage.
- There has been an increase in cases heard at MACE from 11 cases in December to 21 cases in March and April. CSE cases have doubled from 5 cases in December to 10 cases in April. CCE cases have nearly doubled from 6 in December to 11 in April.
- We always strive to place children in a safe family environment wherever possible. 26% of children ceasing to be LAC in 2017 were as a result of CAO’s and SGO’s 12% in 2017.
Through the use of genograms family members are explored within and prior to PLO allowing joint viability assessments between the fostering and social work teams to take place in a timely manner so as to allow placement with extended family members as part of initial care plan to the court. Within a systemic approach to working with families the voice of parents, children and extended family are routinely sought and reflected upon so as to inform decision making.

Next Steps
- We are involved in the pilots for the Research in Practice, Practice Supervisor Development Programme (PSDP) which is a significant investment by the Department for Education (DfE) and aims to provide high-quality continuous professional development for a NELC practice supervisor taking up their first role in which they are responsible for supporting and developing the practice of others.
- In addition to this NELC have commitment to the development of all children’s services leadership team by providing them with bespoke Restorative Practice (RP) training which will support in embedding RP across the children’s services workforce.
- Comprehensive workforce development programme to upskill practitioners working with victims of domestic abuse.
- A reunification project has commenced and will begin with the children and young people who are already placed with family members on orders.
- We have identified 54 children and have appointed a Reunification Social Worker who will be reviewing how we will achieve the best permanence option for this cohort of children.

Clinical Commissioning Group

Achievements in Safeguarding
The CCG is represented on NEL LSCB in Safeguarding by the Director of Quality and Nursing and the Designated Nurse for Safeguarding. The CCG financial contribution to the LSCB has continued. In line with statutory duties, NEL CCG ensures 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 NEL LSCB. The Designated Nurse, MCA Strategic Lead and Executive Lead for Safeguarding have both accessed Level 4 training provided by NHS England, in line with statutory requirements. NHS NEL CCG is committed to working with partner agencies to ensure the safety, health and well-being of children within North East Lincolnshire. Protecting children at risk is a key part of the CCG’s approach to commissioning and, together with a focus on quality and patient experience, is integral to our working arrangements. The CCG approach to safeguarding is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns. The CCG has a duty to take additional measures in establishing effective structures for safeguarding within their organisation, including robust governance arrangements and providing leadership across the local health economy. As the accountable commissioner of healthcare for local residents, NEL CCG 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 further revised to ensure robust reporting mechanisms from providers to enable the CCG to adequately scrutinise their safeguarding arrangements. The policy contains a number of standards which ensure compliance with LSCB priorities, s11 Children Act 2004, and CQC Fundamental standards. These are included in all contracts for providers of commissioned NHS health services.

What has made the most difference to the lives of children and young people?
The CCG Designated and Specialist Nurse, Designated Dr and Named GP for Safeguarding Children as strategic professional leads across the health economy, continue to support provider clinicians, Named professionals and practitioners on the appropriate management of more complex cases, and have advised regarding escalation of serious incident management. NEL CCG works closely with provider safeguarding leads and the Named GP for Safeguarding Children, to disseminate both national and local learning and promote practice improvement in their contribution to safeguarding children, across the health economy.

- The CCG Designated Nurse chairs and co-ordinates a Health Forum which brings together senior safeguarding leads from all health organisations in NEL, and provides a vehicle through which safeguarding strategy and operational delivery can be supported, challenged and developed. It brings together senior leaders with an opportunity for key communication and peer networking and support.
Through this forum, a review of neglect cases has been undertaken to further understand causative factors of health neglect and improve health professionals’ interventions to help improve these issues.

The CCG actively contributes to the One System Approach to Domestic Abuse. Working with Women’s Aid, the CCG has developed a weekly domestic abuse drop-in located in two GP practices. All staff within the practices have received bespoke domestic abuse training to aid their recognition of domestic abuse to further support and sign post patients to these drop-ins. The CCG is hopeful that further drop-ins can be delivered in other practices across the locality.

The CCG continues to manage the Learning Disability Mortality Review process for NEL, ensuring reviews are undertaken, quality assuring completed reviews and disseminating learning into various local work-streams to further enhance standards and improve service delivery. This system links very closely with the Child Death Overview panel to ensure connectivity and learning between the two processes.

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**Next Steps**

- NEL CCG have a work plan for 2018/19, which is dynamic and responsive to issues arising from local and national learning, reviews and inspections, including supporting quality arrangements in provider organisations and supporting further development and embedding of consistent arrangements for safeguarding across the health commissioning and provider agencies.
- As the LSCB moves towards the new multi-agency arrangements, the CCG is committed to being a key member working in collaboration with partners to ensure the locality meets the requirements of national statutory guidance.

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**National Probation Service**

**Achievements in Safeguarding**

During the last year the National Probation Service (NPS) has continued to contribute to the priorities of the LSCB. As part of the NPS remit, we provide sentencing advice to the Courts based upon static and clinical risk assessments which take account of the needs and risk to children.

What has made the most difference to the lives of children and young people?

Working in partnership with the Humberside, Lincolnshire & North Yorkshire Community Rehabilitation Company (HLNY CRC) we commission the use of the Building Better Relationship accredited programme in order that adult offenders address their risk of further offending and the commission of abusive behaviours within the context of relationships and the wider impact upon the family.

- The NPS is uniquely positioned to deliver sex offender treatment to convicted offenders to reduce their risk of causing future harm to victims.
- The NPS is a responsible authority for Multi-Agency Public Protection Arrangements (MAPPA) and together with a wealth of partners in North East Lincolnshire successfully manage and reduce the risk of serious harm presented to children.
- The NPS has also played a key role in partnership with the Youth Offending Service to ensure the transition from youth to adult’s services represents the voice of the child and support to enable rehabilitation.

**Next Steps**

- The NPS will continue to be a critical agency to support the priorities to safeguard children.

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**Children’s Public Health Provision**

**Achievements in Safeguarding**

The Safeguarding Health Children Team within Children’s Health Provision have a key role in promoting good professional practice within children’s health provision, they provide advice, support and expertise for practitioners, whilst also ensuring safeguarding training is in place.

- All case holders within the provision receive mandatory safeguarding children supervision on those cases they are concerned about or where they perceive there to be ‘drift’. At present there are 25 practitioners trained to be safeguarding supervisors (including safeguarding team). 2 newly qualified school nurses have been supported with an 8 weekly safeguarding supervision package. Safeguarding supervision is done in line with Signs of Safety and clearly demonstrates what the concerns are and the impact to the child. The team also
ensures management oversight of safeguarding caseloads to ensure practitioners are bringing appropriate and relevant cases. There is also support for supervisors in the form of forums and workshops to develop practice, reflective and restorative supervision being significant elements.

- The team has delivered intercollegiate safeguarding children training to all the staff in the provision and with wider partners including at present GP’s, dentists, pharmacists, hospice and opticians. The team has held regular safeguarding workshops on topics such as modern day slavery, fabricated illness, FGM, adult safeguarding including MCA and DoLs and analysis/record keeping.

**What has made the most difference to the lives of children and young people?**

- This year the team has had 57 legal requests on children whom are going through the legal process. Of these, 47 health records were shared and 18 court reports were compiled which involves analysing the health record and actions taken by practitioners involved in the cases. In the last year we have been requested to attend court but have been stood down on all cases except one. This is a testament to the good report writing and analysis of records.

- A member of the safeguarding team continues to be co-located in the FFAP. Her role includes participating as the health representative and advising Children’s Social Care and Police around health matters in regard to safeguarding and contributing to decision making and making a professional challenge if necessary. It also includes liaison with health partners (GP’s, Midwifery, hospital) in regard to FFAP decision making and actions or in seeking further information to aid decision making. Below shows the vast amount of work involved in this role from attending strategy meetings to researching health records.

- A new Complex Care Panel has been established where cases of children with complex health issues, which may have safeguarding concerns, are reviewed in partnership to determine whether the cases need to be escalated. Clinical records are reviewed by senior safeguarding nurses and CAMHS service manager to reach an agreed plan of action across health agencies.

- The Named Nurses hold responsibility for collating the records when there is a SCR (Serious Case Review) or a lesson’s learnt review. The Named Nurse is also a core member of CDOP (Child Death Overview Panel) and the Rapid Response team. All the team is visible and plays an active part in many LSCB meetings (including MARAC and AIMS) and the Named Nurse is now the Chair of the new LIP (Learning and Improvement Panel).

- Routine Enquiry is embedded within the health visiting service to ensure questions are asked about domestic violence and abuse at relevant contacts.

- Spotting the signs of child sexual exploitation is embedded within the school nursing service to ensure risk factors are taken into consideration when providing sexual health services to young people.

**Police**

**Achievements - In safeguarding and against the three LSCB priorities and Business Plan 2017/18:**

Humberside Police have established dedicated Early Intervention Teams in their busiest and highest demand wards, including Grimsby. Early Intervention is defined as taking action as soon as possible to tackle problems for children and families before they become more difficult to reverse. The teams are co-located and work collaboratively with a number of other agencies. They work with vulnerable individuals and families across the area based on young people with four or more Adverse Childhood Experiences (ACEs). Increased attendance in education is a key element to helping engage and reduce calls for service & crime.

Operation Encompass, a Police, Local Authority and Education early intervention safeguarding approach for children and young people exposed to domestic abuse has been fully embedded within NEL. When a child or young person has been involved or exposed to domestic abuse Humberside Police inform the relevant school in order that they can provide appropriate support to the child. All Domestic Abuse cases involving children are now prioritised by specialist teams who ensure sharing of information and safeguarding is done in an effective and timely fashion.

**Difference - what has made the most difference to the lives of children and young people?**

- Our Child Sexual Exploitation Team continue to work with a wide range of partners in order to safeguard vulnerable young people and target those offenders who seek to exploit young people for sexual purposes. By pooling resources and information they successfully identify and tackle high harm offenders and reduce the future risk of harm.
Future – planned development

- In 2018/19 joint Specialist Child Abuse Investigator Development Programme (SCAIDP) training will be introduced for staff within the PVPU and Children’s Social Care. This course provides the investigators with specialist skills in investigating serious offences against children and allows students to work towards professional registration as a specialist child abuse investigator.

CAFCASS

Achievements in Safeguarding

Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. Cafcass represents children in family court cases, ensuring that children's voices are heard and decisions are taken in their best interests.

What has made the most difference to the lives of children and young people?

The demand on the family justice system and on Cafcass services remained very high throughout the year, with rises in local caseloads varying across the country. Overall Cafcass has seen a rise in private law applications (involving arrangements for children following parental separation) and a small decrease in public law applications (involving the local authority), Cafcass is actively contributing to the Care Crisis Review, a sector-wide initiative that aims to stem the increase in care cases and promote safe and beneficial outcomes for children. We are also undertaking innovative projects that seek to improve practice, promote good outcomes for children and make better use of limited resources. An example is the three assessment pathways that we have been developing – domestic abuse; high-conflict; and parental alienation.

Cafcass’ strategic priorities in 2017/18 were to: continue to improve our performance and the quality of our work; contribute to family justice reform and innovation; use our influence to promote knowledge and best practice; bring the uniqueness of each child (including diversity considerations) to the court’s attention; be efficient and effective in light of high demand and financial constraints.

In February and March 2018 Ofsted undertook its second national inspection of Cafcass, making an overall judgement of outstanding. Ofsted found that practice was effective and authoritative, helping courts to make child-centred and safe decisions, adding value and leading to better outcomes for children. The overall judgement was influenced by many factors including: the exceptional corporate and operational leadership; sensitive and knowledgeable direct work undertaken with children in relation to a wide range of diversity issues; the culture of continuous learning and improvement; and a strong aspiration to ‘get it right’ for vulnerable children.

Next Steps

The inspection identified some areas for Cafcass to improve relating mostly to the quality of recording and to explaining to court consistently when issues of diversity are not relevant to the application. We will be working on these in the year ahead and will continue to try to improve our services, and to contribute to family justice reform.

Northern Lincolnshire and Goole NHS Trust

The Trust provides services to clients across primary and secondary care in Northern Lincolnshire. There is an executive lead at Board level and an overarching lead for Safeguarding (adults and children). The Trust also has in place identified named professionals for safeguarding. Governance systems oversee and quality assure our safeguarding processes and advice is available to practitioners from our safeguarding team. The Trust is signed up to the LSCB safe recruitment protocol.

Achievements - What have we done as a result of being part of the LSCB in respect of safeguarding children?

NLaG works across all safeguarding areas including Child Exploitation, Domestic Violence, Female Genital Mutilation and reduction of all forms of abuse including emotional and neglect.
Child exploitation continues to receive much focus and NLaG have systems to flag 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.

Over the last 12 months NLaG have been actively working across the region to support and identify the newly emerging theme of Child Criminal Exploitation (CCE) which links to issues identified within the document ‘County Lines’. Additional training as taken place within our Emergency Care departments to assist staff to identify the signs of CCE and how to deal with the situation.

Domestic abuse continues to increase (17% across Humberside during 2016 – 2017 and 5% increase in 2017 – 2018). DV forms part of safeguarding training therefore increasing awareness amongst staff. NLaG participate 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. During 2017 – 2018 NLaG have developed a new policy aimed at the issue of Domestic Violence with its own staff group and aims towards earlier identification and proactive support of the local workforce.

Early Help continues 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 and within the neonatal setting. With the focus on radicalisation, NLaG maintain 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. Communication pathways exist to ensure that information is shared with primary / community services and children receive prompt follow up when necessary.
- Systems are in place to highlight needs when children attend and are on a child protection plan or Looked after Child as well as identifying risk of Domestic Violence. The Trust continues to rollout the national Child Protection Information Sharing system (CP-IS). This is currently in place across our emergency care department and is being rolled out across midwifery during 2018 – 2019.
- 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. This work has continued into 2017 – 2018 ensuring that these children receive joined up care on existing the NLaG system.

CQC inspection

The Care Quality Commission inspection in November 2016 inspected the trusts community health services for adults and children, young people and families and adults and community end of life care. Two hospitals; Diana, Princess of Wales Hospital and Scunthorpe General Hospital were also inspected. Overall the CQC rated these NLAG Trust services as inadequate and recommended Quality Special measures. The Trust has implemented an Improving Together Plan to strengthen its approach to quality improvement, improve waiting list processes, data quality and strengthen its governance arrangements across the trust. Action plans have progressed and continue to be monitored internally and externally (CCG / NHS England / NHS Improvement amongst some). In May 2018 the Trust was inspected again and the final report is expected to be published in August 2018.

Priorities for 2018/19

- Continue to increase uptake of safeguarding training throughout all departments within the Trust.
- Maintain an on-going audit programme to ensure safe delivery of safeguarding processes including specific ‘self-harm’ audits within the Trust.
- Continue to work with partner agencies in order to safeguard and promote the welfare of children.
- Roll out CP-IS across the midwifery services.
- Maintain an increased awareness around the CCE issues across the Trust area.
Introduction
NHS England is the policy lead for NHS safeguarding, working across health and social care and leading and defining improvement in safeguarding practice and outcomes. It is the responsibility of NHS England to ensure that the health commissioning system as a whole is working effectively to safeguard children and adults. Key roles are outlined in the Safeguarding Vulnerable People Accountability and Assurance Framework 2015.

NHS England Yorkshire and the Humber have an established Safeguarding Network that promotes shared learning across the safeguarding system. Representatives from this network attend the national Sub Groups, which have included priorities around Female Genital Mutilation (FGM), Child Sexual Exploitation, Children Looked After, Mental Capacity Act (MCA), Modern Slavery and Trafficking and Prevent. NHS England Yorkshire and the Humber, works in collaboration with colleagues across the North region on the safeguarding agenda. A review of the Yorkshire and the Humber safeguarding network has established local safeguarding network meetings bi-annually in the 3 Sustainability and Transformation Partnerships areas (some now named Accountable Care Partnerships) in addition to a bi-annual safeguarding commissioners and providers network event.

Safeguarding Achievements
In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely. A North region newsletter is now circulated weekly to safeguarding professionals. Learning is also shared with GP practices via quarterly Safeguarding Newsletters, and annually safeguarding newsletters for pharmacists, optometrists and dental practices across Yorkshire and the Humber are produced.

An annual North region safeguarding conference is hosted by NHS England North for all health safeguarding professionals, this year’s event included learning on neglect, hoarding and asylum seekers. Due to the success of last years named GP conference in Yorkshire and the Humber NHS England North also held a conference for named GPs to share good practice and learning; topics included homelessness, domestic violence, travelling families and safeguarding.

Safeguarding Serious Incidents
All safeguarding serious incidents and domestic homicide’s requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). NHS England works in collaboration with CCG designated professionals to ensure a robust oversight of all incidents, recommendations and actions from reviews. Prior to publication of any reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings, recommendations and publication.

Training & Development
Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of safeguarding training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages. NHS England, in 2017/18, updated and circulated to health colleagues the Safeguarding Adults pocket book which is very popular amongst health professionals and has launched the NHS Safeguarding Guide App and a North region safeguarding repository for health professionals. A training needs analysis has also been undertaken to ensure all NHS England employees receive appropriate levels of safeguarding training.

A number of leadership programmes for designated safeguarding professionals have been commissioned by NHS England in addition to a 2 day resilience course. The CSE training provided by BLAST ‘Not Just Our Daughters’ has also been provided for front line health professionals.

Link below to the safeguarding app:-
http://www.myguideapps.com/nhs_safeguarding/default/

Assurance of safeguarding practice
NHS England North developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which was implemented in 2016/2017. An online version has been piloted in 2017/18 by NHS England in order to develop a
national assurance tool for CCG’s. A primary care version of the online assurance is also being piloted by a couple of CCGs in Yorkshire and the Humber.

Specialised Commissioning
NHS England North Specialised Commissioning service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies regarding all aspects of safeguarding. Within Specialised Commissioning the Heads of Quality review all serious incidents and liaise with the appropriate CCG to review all incidents and work through actions with the provider. Where NHS England North Specialised Commissioning is the lead or sole commissioner they work directly with the provider, monitor actions and share outcomes with other commissioners.

Health and Justice
NHS England North Health and Justice Service providers are, via the contracting process, required to demonstrate compliance with all relevant safeguarding policies and legislation and work in partnership with other agencies e.g. Prison, Police regarding all aspects of safeguarding. In addition, there is a Quality Framework in place which requires all providers to report on a quarterly basis regarding any safeguarding concerns, incidents, reviews (including themes and trends). An annual audit of Combined Adults and Children’s Safeguarding Standards and an annual safeguarding report are also submitted for review to the NHS England local office Quality Surveillance Group.

Complaints and Concerns
• NHS England Customer Contact Centre review all complaints and concerns received and identify those containing a safeguarding element for appropriate action. Following receipt of complaints and concerns at NHS England North local offices these are reviewed again and any safeguarding concerns identified are referred to the safeguarding lead for review and appropriate action.

Priorities in 2017/18 around complaints were:-
• NHS England North regional safeguarding team in partnership with NHS England local offices reviewed and agreed a standard process for the management of safeguarding concerns within complaints.
• NHS England North regional safeguarding team has delivered safeguarding training to the required standard and level to all complaints staff in accordance with relevant national guidance.

Prevent
NHS England North have two Regional Prevent coordinators who work across the North region to support Prevent implementation, they are part of the National and Regional Safeguarding and Quality team. This year has seen an increased focus and scrutiny on Prevent implementation within health and safeguarding. A national Task and Finish Group has been established chaired by the Director of Nursing for NHS England to oversee the progress that is being made with Prevent implementation, particular focus has been on training with an expectation that all organisations will be able to demonstrate 85% compliance by the end of March 2018. We are working closely with providers, commissioners and regulators to support and monitor the work being undertaken to ensure that all health care organisations can meet their statutory duty for Prevent.

Across the Yorkshire & the Humber we have funded a number of projects to enhance understanding of Prevent and to support staff including work with partners in North Yorkshire in the development of a graphic novel titled ‘Hurt by Hate’ an interactive training package designed to raise awareness of a variety of issues surrounding Prevent and safeguarding.

Following a regional research project to scope the current, attitudes, awareness and practice amongst GP colleagues we are now working with the Home Office to extend the research nationally.

We have worked to develop a Prevent training framework and eLearning packages specifically for health and have shared guidance across the network for mental health practitioners.

In December 2017, the 3rd North Regional Prevent Conference was held in Harrogate; delegate feedback demonstrated the positive attitude to Prevent in health agencies and their commitment to continue to develop their knowledge.
Community Rehabilitation Company

Achievements in safeguarding and against the three LSCB priorities and Business Plan 2017/18:

**Domestic Abuse** – Successful courses of the Building Better Relationships programme have been completed in Grimsby during this period - this is an intensive accredited programme aimed at male domestic abuse offenders. Partner link worker support has been offered to the partners of men completing the programme.

The Alcohol Abstinence Monitoring Requirement involving use of electronic ‘Sobriety Tags’ has been used for a number of domestic abuse cases and also in active safeguarding cases. Outcomes have been positive with service users completing the tagging period successfully and reducing their use of alcohol.

Our service delivery model ‘Interchange’ has continued to focus working with service users and their family networks to promote successful rehabilitation. We have delivered one to one intervention to individuals convicted of domestic abuse offences.

**Difference - what has made the most difference to the lives of children and young people?**

- Whilst we do not work directly with children, our collaborative approach to working with service users and their networks promotes positive change for the individual and their family.
- We work in close collaboration with safeguarding services to ensure prompt checks and where relevant, referrals are made for CRC service users towards keeping children safe. Regular home visits are a key aspect of our work including pre-release visits to family members for service users leaving custody.

**Future – planned development**

- In 2018/19 HLNY CRC will roll out a number of new interventions to address offending behaviour including the HELP domestic abuse group work programme and the Creating Safer Relationships one to one intervention.
- We will also implement a new case management system ‘Interlink’ which will enable more collaborative working with service users.
- We are working with YOS colleagues to improve transition arrangements for young offenders into adult services.

NSPCC

Achievements in safeguarding and against the three LSCB priorities and Business Plan 2017/18:

- NSPCC works in partnership to safeguard all children within NE Lincolnshire and actively participates in LSCB meetings.
- Transferred NSPCC’s Harmful Sexual Behaviour service to the LA and trained staff in a treatment programme.
- Maintained a lead role in the Neglect Matters strategy.
- Trained Family Hub staff in the NSPCC Domestic Abuse Recovery Together programme for local delivery.
- Delivered targeted services to children and families focused upon early identification of neglect, impact of parental mental health and families experiencing adversities.

**What has made the most difference to the lives of children and young people?**

- NSPCC has wide ranging national activities that improve safeguarding for children. 2,000+ trained school’s volunteers teach children to speak out and keep safe; Volunteers are active in NEL. A partnership with O2 teaches parents to manage on-line safety.
- In NEL we have tested and evaluated services that address the impact of parental substance use, mental health on children and scaled these up in other organizations’ across the country for wider reach and impact.
- In NEL the NSPCC aims to reach families needing help and support at a much earlier stage so that children and parent’s difficulties don’t escalate.
- We advocate for children so they are kept safe and have a voice.

**Planned Developments**

- The NSPCC’s national strategy is to prevent child abuse and neglect. We have developed a partnership in North East Lincolnshire called Together for Childhood to co-create and design effective approaches to prevention of child abuse and neglect in East and West wards. This long-term commitment will draw down a range of NSPCC resources and have a focus on community voice and influence.
8. Conclusions/ Challenges/ Recommendations/ Future Priorities

The report demonstrates progress in relation to the board priorities and in areas of improvement as identified by Ofsted. Improved Board oversight and analysis of the effectiveness of the safeguarding system have enabled us to identify both existing and emerging challenges and themes, for example the emerging issue of child criminal exploitation.

This has been achieved set against a backdrop of our partner agencies undertaking significant organisational and transformational change whilst managing an increase in levels of case load complexity and demand.

The below recommendations reflect the need to ensure key safeguarding strategies are fully embedded to reduce risk and need, together with ensuring there is an effective response to the identified emerging safeguarding themes.

- Review the progress and impact of LSCB Domestic Abuse and Neglect strategy.
- To continue to provide oversight to the emerging issue of CCE and seek assurance from the partnership on the implementation of the recommendations identified from the recent county lines locality review.
- To support the development of a multi-agency Sexual Harm Strategy encompassing all forms of sexual abuse. The Board to provide appropriate challenge and seek assurance with regards to quality and pace of progress.
- 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 support the development of a Modern Day Slavery strategy and ensure that appropriate partnership safeguards are in place to protect children.
9) Appendices

Appendix i) – LSCB Structure

NEL Safeguarding Children’s Leadership Board

Operational Board

Safeguarding Health Forum

Domestic Abuse One System Group

Serious Case Review

Keeping Children Safe
- CSE
- Missing
- HSB
- DA

Safeguarding Education

Neglect

Child Death Overview Panel

Quality Assurance & Performance

Learning & Development
Appendix ii) - The Annual Income and Expenditure of the Board (Financial Year 2016/17)

**CORE INCOME**
Made up of contributions from
- Humberside Police £15,000
- Clinical Commissioning Group £33,500
- Cafcass £550
- NEL Council £10,300
- CRC £1,100
- Probation Service £1,148

**TOTAL INCOME** £154,298

**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** £141,700
## Appendix iii) - LSCB Membership 2017 - 2018

<table>
<thead>
<tr>
<th>Role</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent LSCB Chair</td>
<td></td>
</tr>
<tr>
<td>LSCB Manager</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Designated Nurse for Safeguarding Adults and Children</td>
<td>North Lincolnshire and Goole NHS Trust (NLAG)</td>
</tr>
<tr>
<td>Chief Superintendent</td>
<td>Humberside Police</td>
</tr>
<tr>
<td>Detective Superintendent</td>
<td>Humberside Police</td>
</tr>
<tr>
<td>Head of Humberside NPS (North and North East Lincolnshire)</td>
<td>Probation Services</td>
</tr>
<tr>
<td>Portfolio Holder for Children and Young People</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Director of Children’s Services</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Service Manager</td>
<td>CAFCASS</td>
</tr>
<tr>
<td>Director of Quality and Nursing</td>
<td>NHS</td>
</tr>
<tr>
<td>LSCB Quality Assurance Co-ordinator</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Interchange Manager</td>
<td>Community Rehabilitation</td>
</tr>
<tr>
<td>Head of Safeguarding (Children &amp; Adults)</td>
<td>North Lincolnshire and Goole NHS Trust (NLAG)</td>
</tr>
<tr>
<td>Head of Education Services &amp; Strategic Lead for Education</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Group Manager Children’s Social Care</td>
<td>North East Lincolnshire Council</td>
</tr>
<tr>
<td>Lay Members</td>
<td></td>
</tr>
<tr>
<td>Senior Nurse</td>
<td>NHS England</td>
</tr>
<tr>
<td>Strategic Manager for Safeguarding</td>
<td>North East Lincolnshire Council</td>
</tr>
</tbody>
</table>
### Appendix iv) Alphabetical Glossary of Acronyms

<table>
<thead>
<tr>
<th>Alphabet</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td><strong>A&amp;E</strong>: Accident and Emergency</td>
</tr>
<tr>
<td><strong>ACE</strong>: Adverse Childhood Experience</td>
<td></td>
</tr>
<tr>
<td><strong>ACPO</strong>: Association of Chief Police Officers</td>
<td></td>
</tr>
<tr>
<td><strong>AIM Model</strong>: Assessment intervention moving-on model</td>
<td></td>
</tr>
<tr>
<td><strong>AOB</strong>: Any other business</td>
<td></td>
</tr>
<tr>
<td><strong>AAMR</strong>: Alcohol Abstinence Monitoring Requirement</td>
<td></td>
</tr>
<tr>
<td><strong>ASB</strong>: Anti-social behaviour</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td><strong>BAC</strong>: Behaviour and Attendance Collaborative</td>
</tr>
<tr>
<td><strong>Back Garden</strong>: Looked after child</td>
<td></td>
</tr>
<tr>
<td><strong>BLA</strong>: Becoming looked after</td>
<td></td>
</tr>
<tr>
<td><strong>BSO</strong>: Business Support Officer</td>
<td></td>
</tr>
<tr>
<td><strong>BSS</strong>: Behaviour support service</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td><strong>CAF</strong>: Common Assessment Framework</td>
</tr>
<tr>
<td><strong>CAFCASS</strong>: Children and Families Courts Advisory and Support Services</td>
<td></td>
</tr>
<tr>
<td><strong>CAHMS</strong>: Child and Adolescent Mental Health Services</td>
<td></td>
</tr>
<tr>
<td><strong>CAN</strong>: Child abduction notice</td>
<td></td>
</tr>
<tr>
<td><strong>CAPITA</strong>: Multi agency sharing database for children</td>
<td></td>
</tr>
<tr>
<td><strong>CASS</strong>: Children’s Assessment Framework</td>
<td></td>
</tr>
<tr>
<td><strong>CBT</strong>: Cognitive/behavioural therapy approach</td>
<td></td>
</tr>
<tr>
<td><strong>CC</strong>: Children’s Centre (now known as Family Hubs)</td>
<td></td>
</tr>
<tr>
<td><strong>CEE</strong>: Child Criminal Exploitation</td>
<td></td>
</tr>
<tr>
<td><strong>CGC</strong>: Clinical Commissioning Group</td>
<td></td>
</tr>
<tr>
<td><strong>CCM</strong>: Child Care Management</td>
<td></td>
</tr>
<tr>
<td><strong>CDOP</strong>: Child Death Overview Panel</td>
<td></td>
</tr>
<tr>
<td><strong>CEOP</strong>: Child Exploitation &amp; Online Protection Centre</td>
<td></td>
</tr>
<tr>
<td><strong>CfCIC</strong>: Corporate Parenting Board and Council</td>
<td></td>
</tr>
<tr>
<td><strong>CHP</strong>: Children’s Health Provision</td>
<td></td>
</tr>
<tr>
<td><strong>CPHP</strong>: Children’s Public Health Provision</td>
<td></td>
</tr>
<tr>
<td><strong>CIN</strong>: Child in need</td>
<td></td>
</tr>
<tr>
<td><strong>CP</strong>: Child protection</td>
<td></td>
</tr>
<tr>
<td><strong>CP Alert</strong>: ‘Missing person’</td>
<td></td>
</tr>
<tr>
<td><strong>CPB</strong>: Corporate Parenting Board</td>
<td></td>
</tr>
<tr>
<td><strong>CP Plan/CPP</strong>: Child protection plan</td>
<td></td>
</tr>
<tr>
<td><strong>CPS</strong>: Crown Prosecution Service</td>
<td></td>
</tr>
<tr>
<td><strong>CSAM</strong>: Collaborative Support and Allocation Meetings</td>
<td></td>
</tr>
<tr>
<td><strong>CSE</strong>: Child sexual exploitation</td>
<td></td>
</tr>
<tr>
<td><strong>CRB</strong>: Criminal Records Bureau</td>
<td></td>
</tr>
<tr>
<td><strong>CRC</strong>: Community Rehabilitation Company</td>
<td></td>
</tr>
<tr>
<td><strong>CPHP</strong>: Children’s Public Health Provision</td>
<td></td>
</tr>
<tr>
<td><strong>CSC</strong>: Children’s Social Care</td>
<td></td>
</tr>
<tr>
<td><strong>CSE</strong>: Child sexual exploitation</td>
<td></td>
</tr>
<tr>
<td><strong>CSRS</strong>: Children’s Safeguarding and Reviewing Service</td>
<td></td>
</tr>
<tr>
<td><strong>CQC</strong>: Care Quality Commission</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td><strong>D of E</strong>: The Duke of Edinburgh Award</td>
</tr>
</tbody>
</table>
D of E: Department of Education
DA: Domestic Abuse
DART: Domestic Abuse Recovery Together
DASM: Designated Adult Safeguarding Manager
DAY: Domestic Abuse Awareness for Youth
DBS: Disclosure and Barring Service
DEWS: Drugs early warning signs
DNA: Did not attend
DV: Domestic violence

E
EHE: Electively home educated
EI: Early Intervention
EMAS: East Midlands Ambulance Service
ESCR: Electronic Social Care Record

F
FDAC: Family Drug & Alcohol Court
FE: Further Education
FF: Families First
FFAP: Families First Access Point
FGC: Family Group Conference
FGM: Female genital mutilation
FH Services: Family Hub Services
FNM: Family network meeting
FNP: Family Nurse Partnership
FOI: Freedom of Information Requests
FRS: Family Resources Services
Front Door: Point of contact for children’s services
Front Garden: Early intervention services (the idea is to keep the ‘front door’ closed)
FSW: Family support worker
FTO: Foreign travel order

G
GCP2: Graded Care Profile 2
GCSX: Government Connect Secure Exchange
GP: General practitioner

H
HE: Higher Education
HCPC: Health and Care Professions Council
HSB: Harmful sexualised behaviour
HV: Health visitor

I
ICPC: Initial Child Protection Conference
IDVA: Independent Domestic Abuse Advisor
IFS: Integrated Family Services
IHA: LAC health assessments
IRO: Independent Reviewing Officer
ISA: Independent Safeguarding Authority
IMR: Independent Management Review
IRCP: Initial Review Child Protection of Case
KPI: Key Performance Indicator

LA: Local Authority
LAC: Looked after child
LADO: Local Authority Designated Officer
LIP: Learning and Improvement Panel
LPFT: Lincolnshire Partnership Foundation Trust
LSCB: Local Safeguarding Children’s Board
LSAB: Local Safeguarding Adult’s Board

MARAC: Multi Agency Risk Assessment Conference
MASH: Multi agency safeguarding hub
MATAC: Multi-Agency Tasking and Coordination process
MCA: Mental Capacity Act
MDS: Modern Day Slavery
MISPER: Missing person
MGM: Maternal Grandmother

NCB: National Children’s Bureau
NEL: North East Lincolnshire
NELC: North East Lincolnshire Council
NELCCG: North East Lincolnshire Clinical Commissioning Group
NELSCB: North East Lincolnshire Safeguarding Children’s Board
NELSEN: North East Lincolnshire Special Education Needs
NFA: No fixed abode.
NFA: No further action
NLaG: North Lincolnshire and Goole Hospitals NHS Foundation Trust
NPS: National Probation Service

O
OBA: Outcomes Based Accountability
OFSTED: Office for standards in education
OOH: Out of hours service

PAMS: Parenting assessment
PCT: Primary Care Trust
PDUs: Police Disclosure Units
PEI: Prevention and Early Intervention
PLO: Public Law Outline
PPU: Police Protection Unit
PVP: Protecting Vulnerable People
PSHE: Personal Social Health Education
PSW: Principal Social Worker

QA: Quality assurance
QAN: Quality Assurance Notification
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAM</td>
<td>Resource Allocation Meeting</td>
</tr>
<tr>
<td>RBs</td>
<td>Registered bodies</td>
</tr>
<tr>
<td>RCGP</td>
<td>Royal College of General Practitioners</td>
</tr>
<tr>
<td>RoSHO</td>
<td>Risk of Sexual Harm Order</td>
</tr>
<tr>
<td>RP</td>
<td>Restorative Practice</td>
</tr>
<tr>
<td>S</td>
<td>Single assessment</td>
</tr>
<tr>
<td>SAAF</td>
<td>Safeguarding Adult Board</td>
</tr>
<tr>
<td>SAB</td>
<td>Safeguarding Support Advisor</td>
</tr>
<tr>
<td>SAB</td>
<td>Safeguarding Adult Board</td>
</tr>
<tr>
<td>SALT/SLT</td>
<td>Speech (and) Learning Therapist.</td>
</tr>
<tr>
<td>SAM</td>
<td>Sanctions Allocation Meeting</td>
</tr>
<tr>
<td>SCAIDP</td>
<td>Specialist Child Abuse Investigator Development Programme</td>
</tr>
<tr>
<td>SCR</td>
<td>Serious case review</td>
</tr>
<tr>
<td>SCRIP</td>
<td>Serious case review panel</td>
</tr>
<tr>
<td>SEN</td>
<td>Special education needs</td>
</tr>
<tr>
<td>SENART</td>
<td>Special Educational Needs Assessment and Review Team (SENART)</td>
</tr>
<tr>
<td>SHPO</td>
<td>Sexual Harm Prevention Order</td>
</tr>
<tr>
<td>SOS</td>
<td>Signs of Safety</td>
</tr>
<tr>
<td>SPA</td>
<td>Single Practice Alert</td>
</tr>
<tr>
<td>SRFYP</td>
<td>Safe Relationships for Young People</td>
</tr>
<tr>
<td>SRO</td>
<td>Sexual Risk Order</td>
</tr>
<tr>
<td>SSA</td>
<td>Safeguarding Support Advisor</td>
</tr>
<tr>
<td>SSD</td>
<td>Social Services Department</td>
</tr>
<tr>
<td>SSSS</td>
<td>See Something, Say Something</td>
</tr>
<tr>
<td>STRAT</td>
<td>Strategy meeting - takes place before a case comes to conference. SECTION 47 states that it’s illegal to hold a conference with a child before they have been strat’d. Joint meeting with police and social workers etc to see what harm is coming to the child.</td>
</tr>
<tr>
<td>STEIS</td>
<td>Strategic Executive Information System</td>
</tr>
<tr>
<td>SW</td>
<td>Social worker</td>
</tr>
<tr>
<td>S45</td>
<td>Section 45</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of reference</td>
</tr>
<tr>
<td>U</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td></td>
</tr>
<tr>
<td>VAWG</td>
<td>Violence against Women and Girls</td>
</tr>
<tr>
<td>VANEL</td>
<td>Voluntary Action North East Lincolnshire</td>
</tr>
<tr>
<td>W</td>
<td></td>
</tr>
<tr>
<td>WRAP</td>
<td></td>
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<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>YHMAST</td>
<td>Yorkshire &amp; Humber Multi Agency Training Coordinators Group</td>
</tr>
<tr>
<td>YOI</td>
<td>Young Offender’s Institutions</td>
</tr>
<tr>
<td>YOS</td>
<td>Youth Offending Service</td>
</tr>
<tr>
<td>YP</td>
<td>Young person.</td>
</tr>
<tr>
<td>YPSS</td>
<td>Young People’s Support Service</td>
</tr>
<tr>
<td>YWS</td>
<td>Young Witness Service</td>
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