



LEICESTERSHIRE AND RUTLAND
LOCAL SAFEGUARDING CHILDREN
BOARD (LRLSCB)

Annual Report

2015/16



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Foreword from Independent Chair



I am pleased to present the Annual Report for the Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) 2015/16.

The report is published alongside our Annual Report for the Safeguarding Adults Board and includes shared content on areas of cross-cutting work we have undertaken through our joint business plan.

Publication of an Annual Report for LSCBs has been a statutory requirement for some time and Working Together 2015 sets out expectations of these reports. These expectations are reflected in the content of this report though we report more widely than the statutory minimum.

The key purpose of the report is to assess the impact of the work we have undertaken in 2015/16 on service quality and effectiveness and on safeguarding outcomes for children, young people and adults in Leicestershire and Rutland. Specifically it evaluates our performance against the priorities that we set in our Business Plans 2015/16 and other statutory functions that the LSCB must undertake.

We have sustained strong partnership working across the safeguarding communities of Leicestershire and Rutland evidenced by high levels of engagement in Board meetings, a culture of challenge both within the Board and across the partnership as whole and a strengthened focus on performance and impact through our refreshed quality assurance and performance management framework.

The report highlights and celebrates a range of improvement and success. In both Leicestershire and Rutland we have seen increased reach and positive outcomes from investment in Early Help provision. Importantly there is evidence of positive feedback on this provision from children and families themselves. Our work to improve performance in relation to Child Sexual Exploitation was recognised in a pilot Joint Targeted Area Inspection in November 2015 and is now benefiting from a significant investment from the Police and Crime Commissioner. Proactive action has been taken in response to key findings in both local and national serious case reviews notably with the development of a new strategy, procedures and toolkit for neglect and a revised procedure for reporting bruising in pre-mobile babies – both of which will be formally launched in early 2016/17.

While our 2015/16 data is currently provisional, the data shows the number of looked after children has stabilised in Leicestershire over the past two years, following a steady increase over the preceding 5 years.

In Rutland, the provisional data suggests shows an increasing trend over the past 8 years.

Audit and analysis suggests that thresholds are being appropriately applied and the rises do not identify us as outliers in comparison with benchmark areas in other parts of the country.

Over the past three years, in both Leicestershire and Rutland, we have had periods of increasing numbers of children who were the subject of a child protection plan. The provisional data for 2015/16 shows this has stabilised and started to fall.

I am pleased that this report presents a considerable range of success and achievement for the Board. The assessment of our performance has shown that we are sustaining those elements of our work that were self-assessed to be good last year and that we have secured improvement in those areas that required improvement. There remain areas for further development and improvement which have been incorporated into our Business Development Plan 2016/17.

I would like to take this opportunity to thank all Board members and those who have participated in Subgroups for their continued commitment in 2015/16. In addition, I would like to thank staff from across our partnerships for their motivation, enthusiasm and continued contribution to keeping the children and young people of Leicestershire and Rutland safe.

Safeguarding is everyone's business. The achievements set out in this Annual Report have been achieved not just by the Safeguarding Board but by staff working in the agencies that form the partnership. The further improvements we seek to achieve in 2016/17 will require continued commitment from all and I look forward to continuing to work with you next year in ensuring that children and young people in Leicestershire and Rutland are safe.

I commend this report to all our partner agencies.



Paul Burnett,

Independent Chair, Leicestershire and Rutland Local Safeguarding Adults Board

Chapter 1: Local Area Safeguarding Context

LOCAL DEMOGRAPHICS

The Leicestershire and Rutland Safeguarding Children Board (LRLSCB) serves the counties of Leicestershire and Rutland.

The populations of the two counties are shown below:

	Total	Under 18	Over 18
Leicestershire	667,905	134,800 (20.2%)	533,105 (79.8%)
Rutland	38,022	7,685 (21.8%)	30,337 (79.8%)

(Source: ONS mid-year population estimates 2014)

In Leicestershire, 11.1% of the population consider themselves to be from Black / Minority / Ethnic Groups (BME). Among 0-17 year old children and young people, the percentage who are BME is 13.7% which is higher than the overall population (11.1%).

In Rutland, the percentage of the population who are BME is 5.7%.

In Leicestershire, of those that do not consider themselves to be 'White British', the largest groups consider themselves as:

- Asian or Asian British – 6.3%
- 'White other' – 1.9%
- Black/African/Caribbean or Black British – 0.6%.

In Rutland, the largest ethnic monitory group is 'white other' at 2.1%.

Children and Young People

The Leicestershire and Rutland Local Safeguarding Children Board (LRLSCB) has a duty to ensure the effective safeguarding of all children living in the two counties. This includes children in universal and Early Help settings, as well as those formally identified as children in need, children in need of child protection and those that are looked after by the Local Authorities. Clearly there is a significant focus on those who are most vulnerable and at risk of suffering harm.

It is not possible to present a complete picture of the number of children that may be at risk in Leicestershire and Rutland because some abuse or neglect may be hidden, despite the best efforts of local services to identify, assess, step-in and support children who are being harmed or are at risk of being harmed. However, the

LRLSCB annually reviews data (both quantitative and qualitative) and other information such as the JSNAs carried out by the Health and Well-Being Boards to gauge those specific groups that need protection because they are deemed more vulnerable.

In 2015/16 groups that were identified as priority included:

Core

- Children receiving Early Help
- Children with a Child Protection Plan
- Children in Care

Specific

- Children at risk of Child Sexual Exploitation (CSE)
- Children who go missing from home, care or education
- Children that are privately fostered
- Children with emotional health and well-being needs
- Children living on military bases
- Children using technology and social media
- Children at risk of Female Genital Mutilation (FGM)
- Young People at risk of radicalisation
- Transitions to adulthood (care leavers) and adult services
- Children living in households where there is domestic abuse, substance misuse and/or a parent that has mental health issues.

The following table provides some key data profiling the child and young person population in the two counties and provides an indication of the safeguarding context in the two counties with comparisons to the position last year.

Safeguarding Profile 2015/16

Rutland	2013/14	2014/15	2015/16*	Leicestershire	2013/14	2014/15	2015/16*
Number of contacts to children's services	690	717	901	Number of contacts to children's services	15228	14632	12773
Number of referrals to children's social care	241	255	369	Number of referrals to children's social care	5895	4635	3953
Number of Single Assessments	n/a	201	313	Number of Single Assessments	n/a	3797	2412
Proportion of contacts referred to Children's Social Care	35%	36%	41%	Proportion of contacts referred to Children's Social Care	39%	32%	32%
Proportion of contacts referred to Early Help	15%	11%	21% (Q4)	Proportion of contacts referred to Early Help	13%	14%	21%
Number of children subject to a child protection plan at 31 March	34	27	29	Number of children subject to a child protection plan at 31 March	439	393	347
Number of children looked after at 31 March	34	34	39	Number of children looked after at 31 March	455	470	470
CSE referrals	n/a	3	8	CSE referrals	n/a	184	303
Missing episodes from care	n/a	3	13	Missing episodes from care	n/a	470	709

*provisional data

Chapter 2: Governance and accountability arrangements

The LRLSCB serves the counties of **Leicestershire** and **Rutland**. It is a statutory body established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006. Its work is governed by Working Together 2015.

The statutory objectives and functions of LSCBs are set out in Section 14 of the Children Act 2004 and are:

- a) To 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) To ensure the effectiveness of what is done by each such person or body for those purposes.

The key functions, as set out in Regulation 5 of the Local Safeguarding Children Boards Regulations, are as follows:

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the Authority, including policies and procedures in relation to:
 - (i) The action to be taken where there are concerns about a child's safety or welfare including thresholds for intervention
 - (ii) Training of persons who work with children or in services affecting the safety and welfare of children
 - (iii) Recruitment and supervision of persons who work with children
 - (iv) Investigation of allegations concerning persons who work with children
 - (v) Safety and welfare of children who are privately fostered
 - (vi) Cooperation with neighbouring Children's Services Authorities and their Board partners.
- Communicating to persons and bodies in the area of the Authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so
- Monitoring and evaluating the effectiveness of what is done by the Authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
- Participating in the planning of services for children in the area of the authority

- Undertaking reviews of serious cases and advising the Authority and Board partners on lessons to be learned from these reviews.

LSCBs have responsibilities to review child deaths in the areas for which they are responsible. They are also expected to engage in any other activity that facilitates, or is conducive to, the achievement of its objectives.

The LRLSCB meets four times a year alongside its partner Board: the Leicestershire and Rutland Safeguarding Adult Board. Each of the four meetings comprises a Children's Board meeting, an Adults' Board meeting and a Joint meeting of the two Boards. An integrated Executive Group meets eight times a year. A joint Executive meeting with Leicester City takes place twice a year. A range of Subgroups and Task and Finish Groups are also in place to deliver the key functions and Business Plan priorities.

A structure is set out on the next page.



Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board Governance Structure Chart

- The Chief Executive of the two Local Authorities are responsible for appointing the Independent Chair of the LSCB and SAB and holding them to account

- The Children and Young People's Service Lead Member for each Local Authority Service acts as a "participating observer" for the LSCB

- The Adults and Communities Lead Member for each Local Authority Service acts as "a participating observer" for the SAB



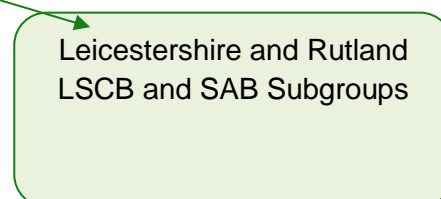
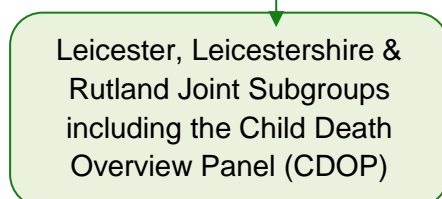
The LSCB has strategic links to:

- The Leicester City Safeguarding Children Board
- The Rutland Children Trust Board arrangements
- The Community Safety Partnerships
- Health and Wellbeing Boards
- Adult Commissioning Board
- And other groups

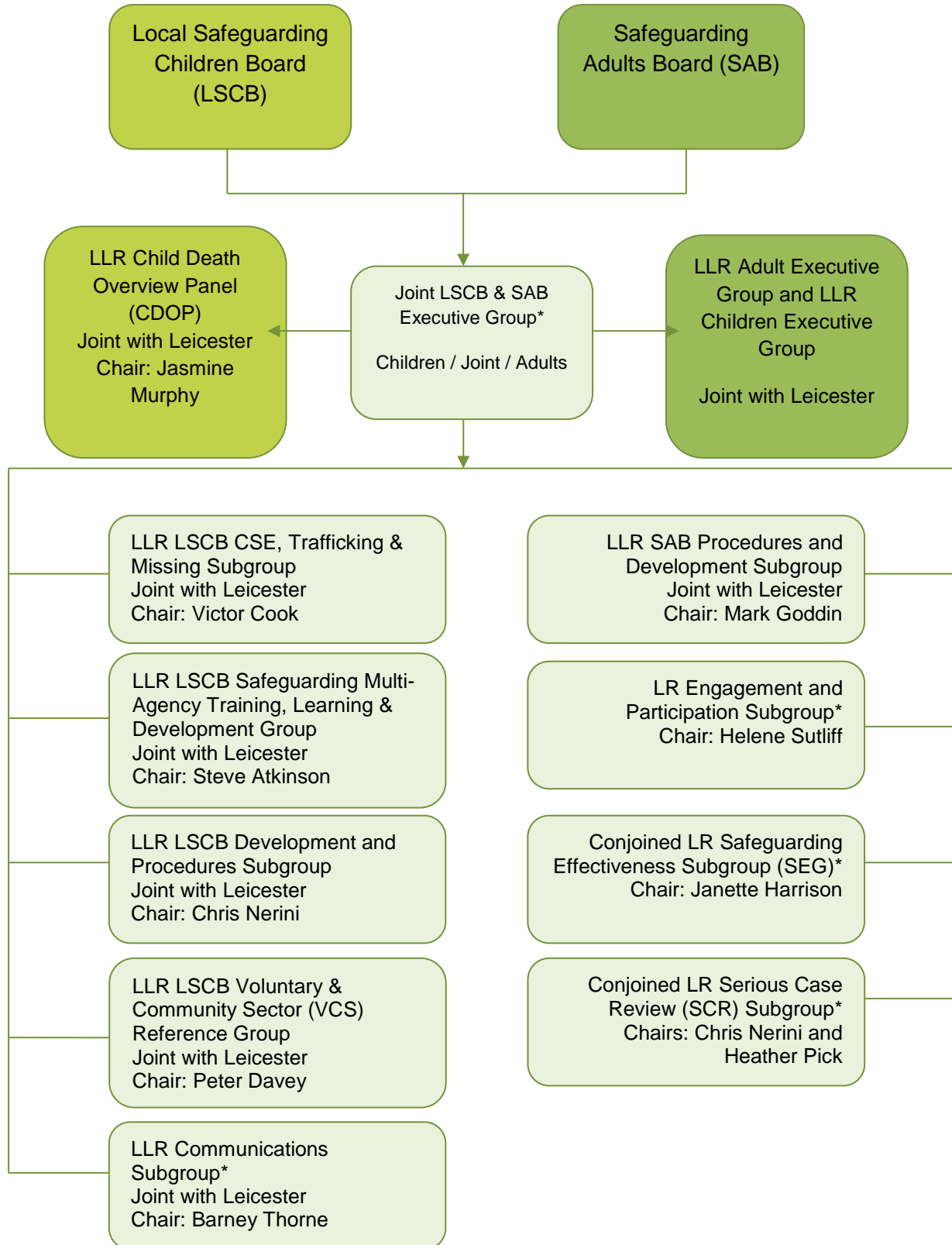


The SAB has strategic links to:

- The Leicester City Safeguarding Adults Board
- The Community Safety Partnerships
- Health and Wellbeing Boards
- Adult Commissioning Board
- And other groups



Leicestershire & Rutland Local Safeguarding Children Board and Safeguarding Adults Board 2015/16



* Those meetings marked have joint sections between the LSCB and SAB to reflect the areas of joint working between the children and adults agendas

Membership of the Leicestershire & Rutland Local Safeguarding Children Board (LSCB) 2015/16

Independent Chair

Statutory Members:

Borough and District Councils (represented by Hinckley and Bosworth Borough Council)

Children and Family Court Advisory and Support Service (CAFCASS)

Clinical Commissioning Group (CCG), East Leicestershire and Rutland

Clinical Commissioning Group (CCG), West Leicestershire

Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)

East Midlands Ambulance Service (EMAS)

Lay Members (Two people: one from Leicestershire & one from Rutland)

Leicestershire County Council

Leicestershire County Council Lead Member

Leicestershire Partnership NHS Trust (LPT)

Leicestershire Police

National Probation Service (NPS)

Rutland County Council

Rutland County Council Lead Member

Schools and Colleges (Head teacher representatives from both Leicestershire and Rutland)

University Hospitals of Leicester NHS Trust (UHL)

Other Members:

Leicestershire Fire and Rescue Service (LFRS)

Public Health

Voluntary Action LeicesterShire

Armed Forces – Kendrew Barracks

Professional Advisers to the Board:

Boards' Business Office Manager

Designated Doctor for Safeguarding Children

Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team

Legal Services for the Safeguarding Boards

Heads of Children's Safeguarding, Leicestershire County Council

Heads of Children's Safeguarding, Rutland County Council

NB: the local NHS England Area Team have informed local LSCBs that NHS England will only attend Boards where there are specific concerns that require NHS England oversight or action, for example where an improvement board is in place. At other times, NHS England will be represented by the Designated Professional from East Leicestershire and Rutland or West Leicestershire CCG utilising the clear communication routes back to NHS England.

Independent Chair

The LRLSCB and the LRSAB continue to be led by a single Independent Chair. This is a requirement of Working Together 2015 and the Care Act 2014. Leicestershire and Rutland have agreed to continue to have a joint Chair for both Safeguarding Boards to reflect the need for cross-cutting approaches to safeguarding. This may be reviewed in 2016/17 given both changes to the work of Safeguarding Adults Boards post-Care Act and possible changes to LSCB arrangement arising from the national review led by Alan Wood.

The Independent Chair provides independent scrutiny and challenge of agencies, and better enables each organisation to be held to account for its safeguarding performance.

The Independent Chair, Paul Burnett, is a former Director of Children's Services in two Local Authorities and, during 2015/16, chaired Safeguarding Boards in 3 other Local Authorities and in a crown dependency.

The Independent Chair is accountable to the Chief Executives of Leicestershire and Rutland County Councils. They, together with the Directors of Children and Adult Services and the Lead Members for Children and Adult Services, formally performance manage the Independent Chair.



Chapter 3: Business Plan Performance 2015/16

Priorities set by the LRLSCB for 2015/16 were to be assured that:

- “Safeguarding is Everyone's Responsibility”
- Children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility
- Services for children, adults and families are effectively coordinated to ensure that children and adults are safe
- Our Learning and Improvement Framework is raising service quality and outcomes for children, young people and adults
- The workforce is fit for purpose

In addition to these key strategic priorities, the two Safeguarding Boards set a number of cross-cutting priorities as follows:

- Safeguarding services are coordinated
- The voices of children and young people are heard
- The voices of staff are heard
- Sub-regional and regional coordination will be maximised
- Effective communication must underpin all Board activity.

This chapter of our Annual Report sets out our performance against these priorities, the specific actions set out in our Business Plan and the intended impact of these actions in terms of development and improvement.

Priority 1: To be assured that “Safeguarding is Everyone's Responsibility”

What we planned to do

Five priorities for action were identified in the Business Plan 2015/16

- Appropriate representation of partner agencies on Board
- Board effectiveness in scrutinising and challenging the quality and impact of safeguarding children and young people in Leicestershire and Rutland
- Partner agencies are complying fully with their responsibilities under Section 11 of the Children Act
- Full engagement by schools in the work of the LSCB (including independent schools), including the requirements of Section 11 of the Children Act
- The implementation and impact of new national frameworks including:
 - Revised Working Together 2015
 - Keeping children safe in education
 - Advice on information sharing

Performance against these priorities is set out below.

What we did and what has been the impact

Appropriate representation of partner agencies on the Board

Membership of the LRLSCB continues to meet Working Together 2015 requirements. Indeed, membership extends beyond the statutory requirement. Attendance levels are reported in the impact section below. The roles of members in their organisation also meet the Working Together expectation that Boards include those that are able to:

- Speak for their organisation with authority;
- Commit their organisation on policy and practice matters; and
- Hold their own organisation to account and hold others to account.

The Board is also supported by the range of designated safeguarding leads and legal advice that is expected.

Attendance at the Executive and Subgroups has continued to be good and the greater distribution of leadership of Subgroups from across the Partnership continues to have a positive effect.

A key test of the effectiveness of our actions is the attendance rates at Board and other meetings.

In 2015/16 the attendance rates of LRLSCB members were as follows:

Attendance at the Leicestershire & Rutland Safeguarding Children Board 2015/16

	2014-15	2015-16
Independent Chair	100%	100%
Statutory Members		
Borough and District Councils	100%	100%
Children and Family Court Advisory and Support Service (CAFCASS)	100%	25% (Apologies received for 75%)
Clinical Commissioning Group (CCG), East Leicestershire and Rutland	100%	75% (Apologies received 25%)
Clinical Commissioning Group (CCG), West Leicestershire	100%	75% (Apologies received 25%)
Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company (DLNR CRC)	50%	25%
East Midlands Ambulance Service (EMAS)	100%	75% (Apologies received 25%)
Lay Members (Two people Leicestershire & Rutland)	100%	100%
Leicestershire County Council	100%	100%
Leicestershire County Council Lead Member	100%	75% (Apologies received 25%)
Leicestershire Partnership NHS Trust (LPT)	100%	100%
Leicestershire Police	50%	100%
National Probation Service (NPS)	25%	75% (Apologies Received 25%)
NHS England (Area Team)	75%	NA
Rutland County Council	100%	100%
Rutland County Council Lead Member	50%	75%
Schools & Colleges	50%	100%
University Hospitals of Leicester NHS Trust	100%	100%

Professional Advisers to the Board (as and when required)		
Boards' Business Office Manager	100%	100%
Designated Doctor for Safeguarding Children	25%	25% (Apologies received 50%)
Designated Nurse Children and Adult Safeguarding – CCG hosted Safeguarding Team	75%	100%
Legal Services for the Safeguarding Boards	50%	75% (Apologies received 25%)
Head of Children's Safeguarding (Leicestershire)	75%	75% (Apologies received 25%)
Head of Children's Safeguarding (Rutland)	0%	25%
Assistant Director – Adults and Communities (Leicestershire)	75%	75%
Other Members		
Leicestershire Fire and Rescue Service	100%	50% (Apologies received 50%)
Director of Public Health representative	New member agency 2015/16	75%
Voluntary Action Leicestershire	75%	100%
Armed Forces – Kendrew Barracks	100%	75% (apologies received 25%)

The majority of those agencies who did not secure full attendance at the Board are due to sickness absence or unfilled posts during agency restructuring. A positive feature of this year is the improved levels of consistency of attendance by Schools representatives. This was a key priority in the 2015/16 Business Plan. The representative for the Child Death Overview Panel (CDOP) attends twice yearly to report on CDOP progress.

Part of the strategic role of the Safeguarding Children Board is to secure engagement with senior leaders in partner organisations beyond the Board membership and to build robust relationships with other key partnership bodies. The LRLSCB has continued to achieve this in a number of ways.

First, in collaboration with the Leicestershire and Rutland Safeguarding Adults Board, the Safeguarding Children Board collectively hosts an annual Safeguarding Summit of leading politicians and chief officers from partner agencies. This year the summit was held on Friday 13th November 2015. The purpose of these annual summits is to engage the most senior leaders and decision makers in the findings of our Annual Reports and the setting of strategic priorities in our Business Plans. In addition, this ensures that these lead people feed in their key safeguarding issues

into our planning and take from the summit key issues that are then built into their own organisation.

The LRLSCB has secured dynamic relationships with other partnerships, many based on agreed protocols, to ensure reciprocal scrutiny and challenge. There are formal protocols between the LRLSCB and both the Health and Well-Being Boards in Leicestershire and Rutland. Both the annual LRLSCB Business Plan and the LRLSCB Annual Report were presented to:

- Leicestershire Health and Well-Being Board
- Rutland Health and Well-Being Board
- Leicestershire Children and Families Overview and Scrutiny Committee
- Leicestershire Adults and Communities Overview and Scrutiny Committee
- Rutland People (Children) Scrutiny Panel
- Rutland People (Adults and Health) Scrutiny Panel
- Leicestershire Cabinet
- Rutland Cabinet.

In addition to these meetings, there have been interfaces with the Leicestershire Supporting Families Programme, the Rutland Changing Lives Programme and the Leicestershire and Rutland Better Care Together Board. Further information about links to the Better Care Together Programme is set out in the section below.

CCG Health Partners

NHS England 2015 Accountability and Assurance Framework 'Safeguarding Vulnerable People in the reformed NHS' set out clearly the responsibilities of NHS commissioning organisations for safeguarding in the NHS and outlines the accountability arrangements.

The two Clinical Commissioning Groups (CCGs) within the Leicestershire and Rutland boundaries of the LSCB are working to those arrangements. The Chief Nurse and Quality Lead from each CCG is the Executive Director with lead responsibility for safeguarding children and vulnerable adults within their respective CCG and represents West Leicestershire CCG and East Leicestershire and Rutland CCG respectively as statutory members of the Leicestershire and Rutland Safeguarding Children Board and Safeguarding Adult Board.

The CCGs have secured the expertise of a Designated Doctor and two Designated Nurses who are also in attendance at the LSCB. All of the LSCB Subgroups have a Designated Health Lead in attendance. A Designated Nurse Chairs the Safeguarding Effectiveness Group. The CCG has appointed a local GP to deliver safeguarding children training and work with the GP Practices across the sub-region, in particular the GP Practice Safeguarding Leads in each GP Practice. The Named

Safeguarding GP has commenced a series of safeguarding forums with the GP Practices Safeguarding Leads to support their role.

Board effectiveness in scrutinising and challenging the quality and impact of safeguarding children and young people in Leicestershire and Rutland

The Leicestershire & Rutland LSCB and SAB Safeguarding Effectiveness Subgroup (SEG) has delegated authority of the Boards to discharge its duties as outlined in its responsibilities:

- To assure the LSCB and SAB that partner agencies are providing the safeguarding evidence required in the Performance Reporting Framework (PRF) to deliver against the LSCB & SAB Business Plan Priorities and Core Dataset
- To inform the LSCB and SAB of key messages identified in the safeguarding data received from partner agencies and as reported in the Performance Reporting Framework (PRF)
- To provide assurance to the LSCB and SAB that safeguarding work delivered in a multi-agency context is robust and effective and achieving positive outcomes for children, young people and adults at risk
- To seek assurance that the voice of the child/adult is evidenced by all agencies that provide safeguarding services to support children, young people and adults as required by the PRF and that children, young people and adults at risk have effective and safe care with a positive experience of services.

Throughout 2015/16, there has been an increase in support from partner agencies to engage with the Safeguarding Effectiveness Group (SEG). The SEG undertook analysis and a refresh of the LSCB datasets and commentary in negotiation with partner agencies whose data is presented to the LSCB. This was supported by new arrangements for performance support from Leicestershire County Council Business Intelligence team.

The result has been a LSCB dataset that evidences the status of the delivery of the Business Plan and identifies where additional assurance is required. It also enables partners to understand the quality of services provided by agencies other than their own.

The data is submitted by partners once a quarter together with commentary underpinning the data. Signs of Safety questions, for example: 'what went well?' and 'what are you worried about?' support discussion at SEG.

The Chair of SEG presents a quarterly SEG report to the Executive and Board. The reports have been well received and have generated Board challenge of emerging issues about areas of safeguarding where further assurance is required. Examples include:

- The timeliness of the referral to Health from Children's Social Care when a child first comes into care and the timeliness by Health of arranging a Initial Health Assessment (IHA) appointment for the child

- The lack of Strength and Difficulties Questionnaires available for LAC Review Health Assessments by the LAC Nurses
- Leicestershire Children's Social Care's high levels of repeat child protection plans
- The requirement for a more systematic approach to capture the voice of the child and ensure this is used to influence service development, particularly for child protection services and children (and their families) who require hospital admission for their mental health needs who are placed out of area.
- The lack of a training database to evidence safeguarding training undertaken by Leicestershire and Rutland Children's Social Care
- Understanding the data around contacts that generated 'No Further Action'
- That the Better Care Together CAMHS Pathway for admission to Tier 1-3 CAMHS is aligned to the LSCB Child Safeguarding Thresholds

These areas are now being addressed, or have been addressed, through identified work streams and audits.

A challenge log is maintained by the Business Office, recording challenges raised in Board and other meetings. This is regularly reviewed by the Independent Chair ensuring updates, outcomes and impact are accurate.

During the year the Board identified its program of multi-agency audits as a weakness and has reviewed its approach, with a new framework and process being put in place for 2016/17.

Partner agencies are complying fully with their responsibilities under Section 11 of the Children Act

The key mechanism through which we monitor and evaluate agency compliance with their responsibilities and safeguarding standards is the Section 11 process.

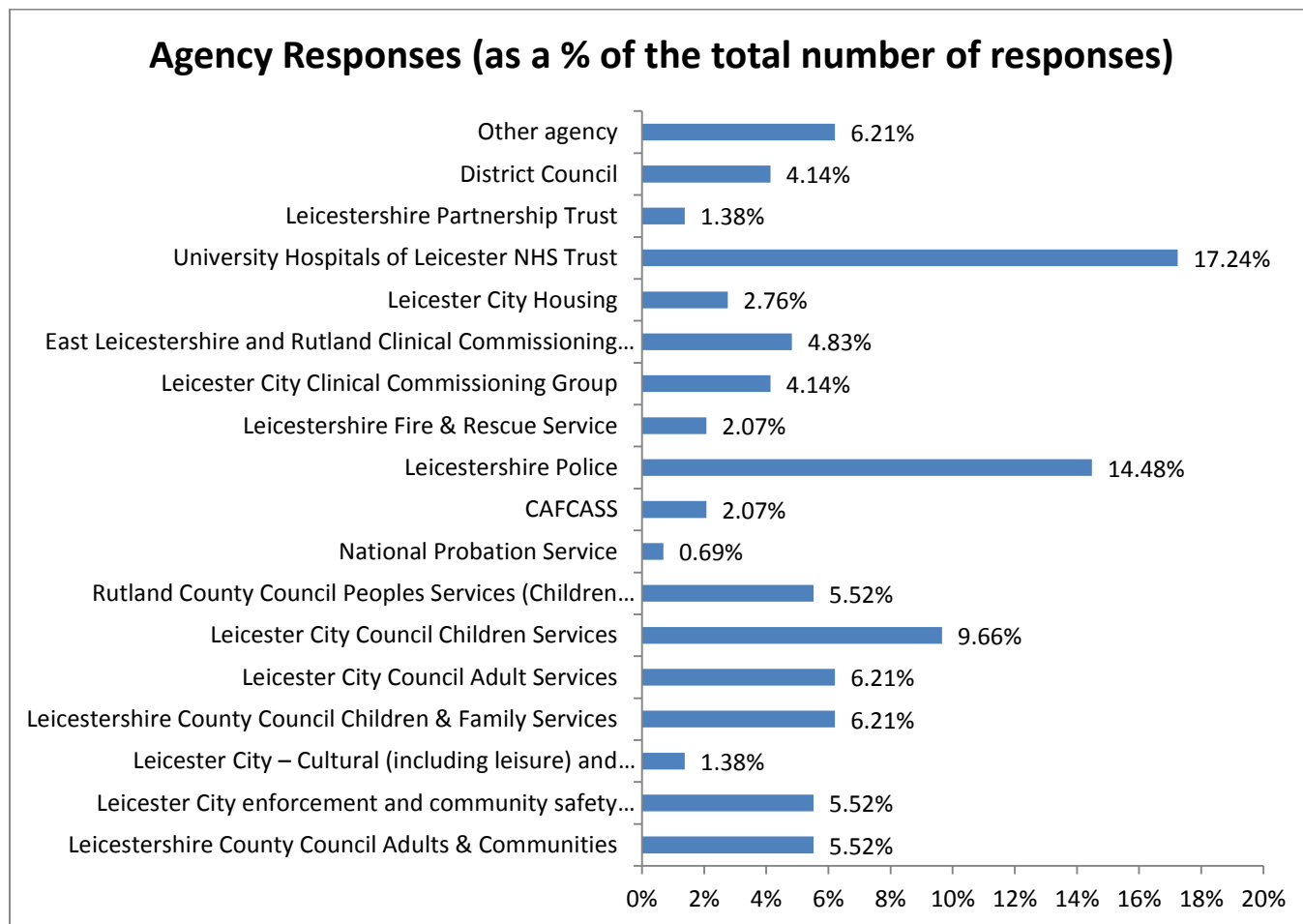
The outcomes of the last strategic Section 11 audit were reported in the 2014/15 Annual Report. All agencies that did not assess themselves as fully compliant in that audit have worked to agreed improvement plans and were monitored by the LRLSCB throughout the year.

The strategic Section 11 audit is currently in progress and the results will be compared against previous Section 11 audits and reported in the Annual Report for 2016/17.

The other key process introduced in 2015/16 was a testing of Section 11 assessment outcomes against the views of frontline staff and managers across the Leicester, Leicestershire and Rutland partnership. A summary of the process, its findings and key messages are set out below. This review was carried out by online survey.

1. Respondents

145 respondents from across partner agencies and working across the areas of Leicester, Leicestershire & Rutland completed the process.



70% of respondents were frontline workers, 20% were managers or supervisors and 10% were back office or other workers.

2. Response Summary

Policies and Procedures

- 72% knew how to access the LSCB Multi-agency Safeguarding Children Policies and Procedures
- 90% knew where to find their own agency's safeguarding Children policies and procedures

Reporting Concerns and Referrals

- 99% knew who to speak to if they had safeguarding concerns about a child
- 97% knew who to speak to if they had safeguarding concerns about an adult
- 25% of responders had completed an Early Help referral or Common Assessment Framework (CAF) to Children's Social Care.
- When asked:

In what circumstances would you make a referral about a child or young person to your Local Authority Children's Social Care department?

- 93% stated when at risk of sexual exploitation
- 76% when concerned they have deteriorating physical health or development
- 77% when concerned they have deteriorating mental health or development
- 93% when they believed them to be at immediate risk of harm
- 80% when its believed a family needs additional support through the 'Early Help' process.
- Approximately 60% of the responders who had made referrals to Children's Social Care since September 2015 had received feedback from them regarding the outcome of their referral.

Safeguarding in agencies

- 60% were confident that the children and families they work with are involved in the decisions that are being made for safeguarding them. The majority of the rest were not sure.
- 96% stated that, in their view, the safeguarding of children is being prioritised in their agency/organisation.
- Of those respondents that had been responsible for managing a case involving a child in need of safeguarding, 92% stated they felt they had the capacity to effectively manage the case.
- 85% stated, in their opinion, support for the young person continued until the case was fully transferred to Adult Services.
- Only 42% knew how to escalate a safeguarding concern where there is a practitioner disagreement.

Training and Supervision

- 80% stated they had received safeguarding children training in the last three years.
- 73% have supervision meetings with their supervisor or manager.
- 57% stated they received information from their agency about the learning from serious incidents that have occurred in their agency that involve the safeguarding of children.

Dealing with Domestic Violence, Child Sexual Exploitation and PREVENT

- 72% knew where to access the LSCB Multi-agency Domestic Violence and Abuse policy and procedures.
- 81% knew where to access their own agency Domestic Violence and Abuse policy and procedures.
- Of those that had completed a domestic violence/abuse risk assessment tool, 97% were confident in using it.
- Of those that had completed the LSCB Child Sexual Exploitation (CSE) risk assessment, 100% were confident in completing it.
- 79% of respondents knew what the term 'PREVENT' means in relation to counter extremism, radicalisation or terrorism

Agencies have been asked to examine the results of the Section 11 Audit that apply to their own staff, identify any issues and implement any necessary changes to their procedures or practice.

Full engagement by schools in the work of the LSCB (including independent schools), including the requirements of Section 11 of the Children Act

Implementing “Keeping children safe in education”

The LSCB is pleased to have school representatives as members of the LSCB and in attendance at Board meetings.

Reports from the Safeguarding Effectiveness Group (SEG) to the LSCB have maintained a focus on how schools (including independent schools) have conducted their safeguarding responsibilities to protect children and young people within the requirements of Section 11 of the Children Act.

Between 2014/15 and 2015/16, there has been a 14% increase in the number of contacts and enquiries from academy and maintained schools to Leicestershire Children & Family Services from a total of 1825 contacts in 2014/15 to 2084 in 2015/2016. Of the 2084 contacts received from schools in 2015/16: 782 (38%) of these warranted a referral to Leicestershire Children’s Social Care for further investigation. Analysis of the outcomes of contacts from education sources shows that the proportion resulting in ‘no further action’ is reducing, and the proportion referred to Social Care is increasing. This suggests that the contacts being received are becoming more appropriate. Rutland Children & Young People’s Services received a proportionate increase that resulted in, during 2015/16, a total of 161 contacts and enquiries of which 89 (55%) warranted further investigation.

The increase in contacts and referrals may reflect the positive impact of the 2015/16 children’s safeguarding training. This has been evaluated by a total of 3856 attendees from schools across Leicestershire and Rutland, many of whom were the schools Designated Safeguarding Leads, as 100% positive.

Safeguarding Annual Return 2016 for schools (Leicestershire and Rutland)

The annual online return was issued in the summer term 2016 and 100% of maintained schools and academies completed this along with 20 of our Leicestershire based Independent schools – 305 in total. The return focused on schools’ compliance with their duties under the Education Act 2002, sections 175 and 157, particularly highlighting current issues and local priorities.

Summary of the main findings:

- Compliance with annual child protection policy reviews and the training requirements of the statutory guidance is universal
- Staff awareness of the new FGM duty to report to Police is reported at over 95%
- Compliance with the new Prevent duty is high:
 - Senior leadership team aware: 97.7%
 - Training Accessed: 97.4%

- Single point of contact (SPOC) identified: 88.9%
- Confident that staff could explain Channel and Prevent if asked: 82.0%
- Completed Prevent risk assessment: 51.5% Yes, 39.7% Will do now (following receipt of survey)
- 37% of schools reported having attended “Signs of Safety” conferences and there is an indication of a need to increase confidence and knowledge of this approach
 - **What is your view of this approach? (Please tick any that apply.)**
 - It's helpful to families: 65.8%
 - It's not helpful to families: 1.8%
 - Makes clear the issues of concern: 83.3%
 - Gives a clear way forward: 64.9%
 - Encourages open information sharing: 69.3%
 - Confusing: 1.8%
 - Well-timed conferences: 10.5%
 - Better than the previous style of conferences: 30.7%
 - Decisions better promote safety for children: 32.5%
 - **Do you feel confident using and contributing to the Signs of Safety approach?**
 - Yes: 46.9%
 - No: 52.8%
 - **Do you feel you need further information or training on Signs of Safety?**
 - Yes: 66.2%
 - No: 33.4%

Leicestershire schools continue to receive positive comments from Ofsted about safeguarding with all reports in the last 12 months making the judgement that work in this area is “effective”.

The implementation and impact of new national frameworks including:

- **Revised Working Together 2015**
- **Advice on information sharing**

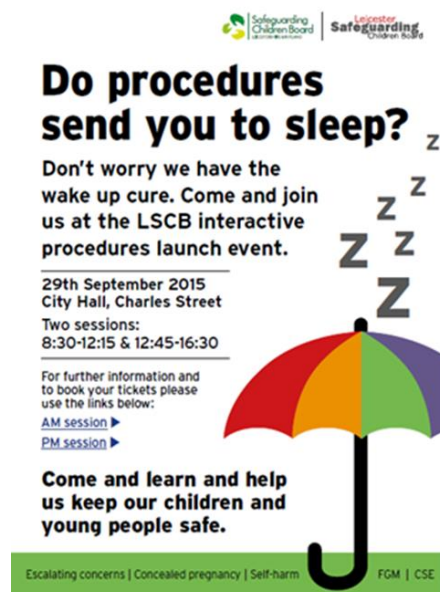
Revised Working Together 2015

The Board ‘health-checked’ our local policies and procedures in the light of the publication of Working Together 2015 and tasked the LSCB Development and Procedures Subgroup to update the LSCB procedures in order to secure sustained compliance with national expectations. The procedures are available through the Leicester and Leicestershire & Rutland Safeguarding Children Boards websites and ‘accessible at: <http://llrscb.proceduresonline.com/index.htm>

New or revised procedures were formulated and launched in relation to:

- Information Sharing – in the form of an Information Sharing Agreement (ISA)
- Female Genital Mutilation (FGM)
- Resolving Professional Disagreements
- Responding to Self-Harm

These specific policies and procedures were launched at a multi-agency learning event, comprising two sessions for practitioners across Leicester, Leicestershire and Rutland, on 29th September 2015. It was attended by 225 people from all partner agencies across LLR, including the Voluntary and Private Sector.



The LLR LSCB Multi-Agency Safeguarding Procedures relating to Female Genital Mutilation (FGM) were updated in November 2015, including the mandatory reporting guidance, and practitioners were advised to use them with immediate effect. The procedures are accessible via: http://llrscb.proceduresonline.com/chapters/p_fgm.html. Leicestershire County Council, Children and Family Services, did not receive any referrals regarding FGM in 2015/16.

The frontline Section 11 audit indicated good familiarisation and knowledge of staff in relation to these procedures. Policy and procedures are promoted through the golden threads of safeguarding learning and all training should reflect that. The use of the Competency Framework allows agencies to test their understanding and application of procedures.

Advice on information sharing

Working Together 2015 charged LSCBs with ensuring that all partner agencies understood their responsibilities to share information and concerns about children and young people in a timely manner to keep the children and young people safe from harm or exploitation.

To address this requirement, the Leicestershire & Rutland Local Safeguarding Children Board, in collaboration with the Leicester City LSCB, decided that, in order to help practitioners with the problem free sharing of information between different agencies for the purposes of safeguarding children, they needed to provide a new Safeguarding Children Information Sharing Agreement (ISA).

In September 2015, the LSCB launched the new LSCB Information Sharing Agreement onto the LSCB Website and at a launch event at Leicester City Hall that was attended by approximately 160 delegates.

The impact of the ISA has been difficult to define; however, agencies are required to report that they are compliant with the ISA in the May 2016 Section 11 Audit. In addition, health services commissioned by the CCG are required to evidence compliance against the ISA, in terms of having the ISA disseminated and visible to frontline staff.

What do we need to do in the future?

- More consistent attendance at Board and Subgroups
- Improvement in performance on Initial Health Assessments
- Progress the new arrangements for undertaking Section 11 audit and peer review
- Further enhance multi-agency audit activity.



Priority 2a: To be assured that children and young people are safe, including assurance of the quality of care for any child not living with a parent or someone with parental responsibility

What we planned to do

The priorities for action identified in the Business Plan 2015/16 were:

Improving outcomes for children identified by previous learning processes

- LSCB thresholds are understood and consistently applied across agencies
- Support offered to children and young people is proportionate to their needs
- The LSCB is assured that the quality of referrals is good
- Increased quality of assessment is secured
- Assurance of the quality of professional supervision

Early Help – well-being

- Early Help Services (including NHS provision) are successful in sustaining improvements to the lives of children and young people and their families and reducing children experiencing abuse or neglect or coming into care
- Ensure that members of the public and elected members are informed about safeguarding
- Ensure that the voice of the child is captured and feedback used to influence service development and procedures.

Child Protection

- Multi-agency child protection services are child-focused and effective in safeguarding children and young people and maximizing outcomes for these children and young people

Looked After Children (LAC)

- Looked After Children are safe and achieve health and education outcomes

Other Safeguarding Priorities

Child Sexual Exploitation (CSE)

- Increase in the identification of children and young people who are at risk of Child Sexual Exploitation (CSE) and reduction in the number who experience CSE
- Effective prevention, investigation and recovery for children and young people who are or have experienced child sexual exploitation

Education

- Children Missing from Education are identified, safe and supported:
- Children and young people, who are not receiving their statutory education, are monitored to ensure they are safe
- Children that are home educated are safe

Private Fostering

- Children and young people are appropriately identified and supported in private fostering arrangements

Robust emotional health of children and young people

- Assurance from CAMHS tier 1 to 4 is sufficient

Children living on Military Bases

- Children living on military bases are safe with correct and appropriate reporting measures to and from the military

E-Safety

- Young people engaged in social media are aware of the risk and avoid risk appropriately

What we did and what has been the impact

Our work on this Priority is broken down into four sections: firstly, joint working across Leicestershire and Rutland, then a section for each Local Authority area, followed by another joint section on other safeguarding priorities. This allows the whole picture of safeguarding children in each area to be clearly shown.

Joint Working Across Leicestershire & Rutland

Improving outcomes for children identified by previous learning processes

LSCB thresholds are understood and consistently applied across agencies / Support offered to children and young people is proportionate to their needs

Overview

Towards the end of 2015, the LSCB negotiated a revision in the LSCB Children's Social Care Thresholds, which were published in February 2016. During 2015/16, the Safeguarding Effectiveness Group (SEG) has monitored the impact of the thresholds and how they may have had an impact on the number of contacts made by frontline practitioners to Leicestershire and Rutland's respective Children's Social Care departments.

There is a wide variety of reasons why the public and professionals contact Leicestershire Children's Social Care and Rutland Children's Social Care. These range from enquiries to discussing concerns about a child with a Social Worker. The sharing of information and concerns is an important part of safeguarding children and young people, and the Children's Safeguarding Thresholds support the reasons why a discussion is required to take place. Where the concern meets the threshold for an investigation by Children's Social Care, the concern is escalated to that of a safeguarding referral.

During 2015/16 the LSCB have:



- Held multi-agency awareness raising sessions on thresholds for staff across the partner agencies
- Raised awareness of thresholds through an article in the April 2015 edition of "Safeguarding Matters" and updated information on the Safeguarding Boards' website
- Monitored the use of thresholds by completing a case file audit on the shared understanding of "No Further Action" referrals/contacts
- The "No Further Action" audit demonstrated that the vast majority of referrals are appropriate and many required a considerable amount of investigation by Children's Social Care Departments before they were closed.

Following these sessions, a small group met and considered the effectiveness of these sessions, and trying to address thresholds as a standalone matter. (Effective application of thresholds should be seen in the context of workers application of procedures.)

The group are considering options and decisions on the future of these sessions on the basis that application of procedures including thresholds would be part of practitioners core skills, which is provided via a range of means including single agency training and as part of the 'Golden Threads' of safeguarding learning.

Assurance of the quality of professional supervision

In the recent Frontline Section 11 report, 73% of respondents in the sample group across agencies stated that they have supervision meetings with their supervisor or manager.

At these meetings:

- 95% stated they discussed workloads
- 86% discussed individual cases they are involved in
- 90% discussed their professional development
- 65% had these meetings either monthly or more frequently.

Early Help

Early Help Services (including NHS provision) are successful in sustaining improvements to the lives of children and young people and their families and reducing children experiencing abuse or neglect or coming into care

Partnership Working

There is good evidence of partnership working to provide early intervention and support to families across Leicestershire and Rutland. Examples include:

- Midwives from the University Hospitals of Leicester (UHL) ensuring that women identified as vulnerable during their pregnancy are appropriately referred for support and discussed with Leicestershire and Rutland Children's Social Care and relevant health staff by the 30th week of pregnancy. The UHL team received 815 such referrals during 2015/16.
- The Early Start Programme is an initiative provided by Leicestershire Partnership NHS Trust (LPT). Working across Charnwood, it provides intensive health visiting support to vulnerable pregnant women and their partners (including those with a Learning Disability) who are first time parents, prior to 24 weeks pregnancy. The scheme is integrated into mainstream health visiting, Children's Centres and Early Help Services. The initiative anticipates expanding across identified areas of Leicestershire. A total of 70 families were receiving support from the Early Start Programme at the end of 2015/16.

This quote from one of the parents using the service echoes the positive feedback reported by parents accessing the service:

'The support and help has been brilliant. I honestly couldn't of coped without their help'.

- Parents are reporting satisfaction with Children's Centre services that offer Early Help and support across Leicestershire and Rutland.
- A survey of parents during October to December 2015 shows that 74% of Leicestershire families and 75% of Rutland families who engage with the Children's Centres are reporting that their needs have been fully met.

The Supporting Leicestershire Families and Changing Lives Rutland (CLR) services provide early intervention to families in need of support. A survey of parents who accessed these services between July-September 2015 showed that 98% of Leicestershire families and 96% of Rutland families reported improvements in their parenting confidence and capacity.

Multi-agency child protection services are child-focused and effective in safeguarding children and young people and maximizing outcomes for these children and young people

An Initial Child Protection Conference is arranged when there are concerns that a child may be at risk of harm from Neglect, Emotional, Physical or Sexual abuse or a combination of these. The conference includes the family and professionals. If, after considering reports and the views of the family and professionals, the conference members believe the child is at continued risk of harm then the child will become subject to a child protection plan.

The plan provides the detail of what parents/carers and professionals need to do to keep the child safe and free from harm. There are regular reviews of the plan to check how things are progressing prior to a second and subsequent Case Conferences, where the success of the plan will be discussed with the family and professionals and a decision made whether the plan needs to be continued.

The LSCB have been assured by the Safeguarding Effectiveness Group (SEG) that secure arrangements are in place to safeguard children during and after the processes leading to a Child Protection Plan. These are detailed in the sections for individual areas.

Leicestershire Children's Social Care and Rutland Children's Social Care each have arrangements in place to ensure that the strategy discussions, which are required to take place before a safeguarding investigation, are undertaken with partner agencies including Health and the Police. This is ensuring collaborative decision making to protect the child.

Ensure that members of the public and elected members are informed about safeguarding

In Leicestershire during 2015/16, 2051 contacts and enquiries were received by Children & Family Services from individual members of the public. This is slightly

lower than the 2014/15 figure. This slight decrease is largely explained by the lower overall level of contacts and enquiries during 2015/16. In Rutland, 136 contacts out of 901 in total came from members of the public (15%); of these contacts, 62 progressed to referrals. 17% of referrals out of a total of 369 came from the public. Rutland do not have comparable data for 2014/15.

On 15th September 2015, elected members received a presentation from Paul Burnett, Chair of the Leicestershire & Rutland Safeguarding Boards, regarding safeguarding adults. However, the opportunity was also taken to include messages on Child Sexual Exploitation (CSE) and Private Fostering.

Ensure that the voice of the child is captured and feedback used to influence service development and procedures

In addition to the work of the individual agencies outlined in the area specific sections in June 2015, the Leicestershire & Rutland Safeguarding Boards Business Office sent out Safeguarding Surveys, via post, to schools in **Leicestershire & Rutland** with the aim of capturing the voice of children/young people and understanding the worries and concerns of students.

Two different versions of the survey were sent out to Primary Schools and Secondary Schools/Further Education Colleges, with extra questions added to the latter version that covered topics that could specifically affect older children and young people.

Leicestershire

The headline results (including “A little bit worried” and “Worried” answers) show that:

- Over 65% of Primary School children are worried about being approached by a stranger when out
- Over 60% of Primary School children are worried about being hurt by people
- Over 44% of Secondary School students are worried about feeling stressed and not coping
- Over 39% of Secondary School students are worried about being approached by a stranger when out

Rutland


The headline results (including “A little bit worried” and “Worried” answers) show that:

- Over 46% of Primary School children are worried about nobody listening to them
- Over 43% of Primary School children are worried about their future
- Over 62% of Secondary School students are worried about feeling stressed and not coping
- Over 51% of Secondary School students are worried about being approached by a stranger when out

The full reports, charts and breakdown can be seen at: <http://lrsb.org.uk/the-voice-of-the-child-or-young>

Children are Safe in Rutland

Contact, referral and assessment

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of contacts to children's services – Rutland	717	901	254	233	202	212	

The data is showing an increase in the number of contacts and enquiries by partners and the public for Rutland from 717 in 2014/15 to 901 during 2015/16. There was an average of 60 per month in 2014/15 compared to 75 per month (a 26% increase) in 2014/15. The conversion rate from contacts/enquiries to referral in Rutland was 41% during 2015/16, an increase from mid-30% in the preceding two years. This exemplifies the positive work undertaken across the partnership to ensure referrers in Rutland are clear about thresholds and refer appropriately.

Considerable work has been undertaken in Rutland on thresholds and the assessment/analysis of risk (including CSE cases), using staff conferences and feedback from auditing. Work has also been undertaken in this area with schools to ensure a better multi-agency understanding of thresholds. Management oversight has been strengthened and there is evidence through increased conversion rates and greater numbers of cases being picked up in Early Help that children and families are receiving the right kind of service proportionate to their assessed needs. Evidence from audit confirms improvements in the quality of management oversight and assessment, but there remains an issue about consistency in risk analysis and smart planning.

During 2015/16 Rutland has:

- Trained all staff in thresholds and recognition of CSE
- Undertaken work with schools on thresholds
- Used schools bulletin to remind schools of good quality referrals
- Taken up specific poor quality referrals with individual agencies
- Co-located Early Help services staff in "front door"
- Carried out an audit of front door performance and cascaded learning to staff conference
- Strengthened management oversight of referral screening and decision-making
- Assessed the quality of assessments as part of monthly quality assurance
- Provided feedback to staff through supervision, team meeting, and staff conferences
- Commissioned Signs of Safety training and risk assessment training for staff
- Introduced a generic risk assessment tool
- Implemented a CSE risk assessment tool.

The headline impact of this activity has been:

- Better understanding by council staff and partner agencies of thresholds
- More consistent application of thresholds in individual cases
- More cases diverted from Children's Social Care to Early Help
- Some improvement in the quality of referrals
- Improving management oversight
- Improving quality of assessment
- Staff beginning to use Signs of Safety, and risk assessment tools.

Specifically quality assurance and performance management processes illustrate that:

Quantitatively

- Conversion rates from referral to assessment are increasing from 33% to 47%. This underlines the success of work undertaken in Rutland in respect of threshold application and understanding and this was a priority during the year.
- As a result, CSE referrals increased fourfold from 2 in 2014/15 to 8 for 2015/16, reflecting work undertaken to raise awareness about this issue
- Children subject to Child Protection Plans rose from a low of 23 in August to a peak of 37 in February before falling back to 29 in March as two large families were removed from plans
- No children have been subject to a Child Protection Plan for more than two years and, whilst there were 6 children subject to repeat plans, only 1 child had been subject to a previous plan in the last 5 years
- All child protection cases were reviewed within statutory timescales.


Qualitative audits are showing signs of improvements in:

- The application of thresholds by the Duty Team, which are being more appropriately and consistently applied.
- The extent of management oversight, which has been strengthened in the latter part of the year.

Priorities for improvement in the coming year are:

- Consistency of management oversight
- Consistency in the recognition of risk, analysis of risk, ability to write SMART plans
- Obtaining user feedback on the quality of assessments and the effectiveness of intervention.

Quality of Assessment


Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of re-referrals to social care – Rutland	12%	29%	25%	32%	32%	29%	

The rate of re-referrals in Rutland has fluctuated partly due to the small numbers involved, and was 29% in 2015/16.

- Numbers are small, and siblings in the same family have increased the rate of referrals
- Thresholds are being more consistently and appropriately applied and this has encouraged other agencies to refer
- Some historical cases have not always been dealt with appropriately first time around and have been re-referred. Rutland are examining a % of re-referrals to assess the extent to which re-referrals are for the same or a different reason.

Increased quality of assessment is secured

An initial single assessment is required to take place following each safeguarding referral. This has to take place within 45 days of the referral. Rutland completed 68% of single assessments within 45 days, a decrease compared to 82% in 2014/15.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of single assessments completed in 45 days – Rutland*	82%	68%	66%	58%	82%	70%	

* 40 days for Q1 and Q2 2015/16.

Note: the England average for 2014/15 was 81.5%

- The number of assessments undertaken in 2015/16 increased by 56% over 2014/15.
- A combination of an increase in the volume of assessments and staff shortages resulted in a deterioration in performance towards the end of 2015/16. The backlog of assessments are being addressed and Rutland expects a significant improvement in performance very early in the 2016/17 financial year.
- Audit work is showing a solid improvement in the quality of the most recent assessments and this is supported by stronger management oversight. There is still some work to be done to ensure this is consistent across the service and that the Authority responds robustly to changing risk in open cases.
- Risk recognition and improving assessments are a priority for 2016/17.

Early Help

What has been done?

- Robust Children's Trust arrangements in place. Early Help Strategy created and agreed by Rutland Children's Trust
- The Children, Young People and Families (CYPF) Plan revised and written with agreed priorities that reflect LSCB Business Plan for 2016-19
- The Common Assessment Framework (CAF) documentation and process transformed to Early Help Assessment and in place since December 2015. Multi-agency training completed for over 90 practitioners.
- All Social Care and Early Help staff have completed Signs of Safety (SoS) training and being implemented in practice
- Early Help coordinators presence in front door to Children Services.

What has been the impact?

- Greater numbers of cases are being picked up through Early Help as a result of the co-location of Social Care and Early Help through a single "front door", helping to ensure responses to families are both timely and appropriate.
- The number of cases receiving an earlier Early Help response or a targeted response has increased significantly and incrementally.
- The application of thresholds has improved and Early Help services are closely integrated with Social Care, supporting the effective "step up" and "step down" of cases. On average 35% of cases held by Early Help are now supporting Social Care interventions.
- The quality of Early Help Assessments (EHAs) has improved, including more child-centred assessments and planning.
- Support days are in place for schools to discuss and review Early Help cases. 100% of sessions were taken up by schools during the 2015/16 academic year. Early Help Co-ordinators are supporting external partners to undertake EHAs utilising Signs of Safety. Audits of external EHAs have shown an improvement with 50% of cases graded as good.
- The needs of families are being met effectively by Early Help services. On average 85% of families receiving targeted intervention support close with their needs met.
- Registrations in Children Centre services have increased with 92% of families now registered.
- Families with a higher level of need are routinely accessing services. The sustained engagement of vulnerable families in Children Centre services has increased significantly from 55% to 91% during 2015/16.
- Levels of achievement in Early Years Foundation Stage (EYFS) profiles have improved with 75% of children achieving the expected level of development in 2015, above the national average of 60%.
- User satisfaction levels have improved with 92% of families rating Children Centre services as good to outstanding.
- The user satisfaction survey demonstrates improved levels in early years and services for children with disabilities. 90% of children reported that short breaks services made a difference to them.

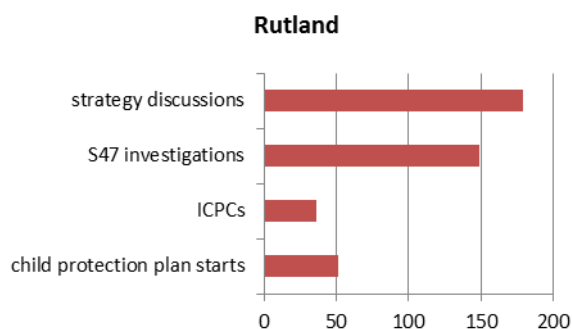
- Partner agency staff feel supported with cases causing concern and are accessing training sessions provided by Rutland County Council and schools support days.
- All Early Help staff are trained in utilising Signs of Safety to work with families and are feeling more confident.
- Changing Lives achieved its target of family attachments onto the programme in the first year of Phase 2 during 2015/16.
- Professionals report increased confidence and understanding of Early Help processes.

Residual Issues

- Continue to engage external partners in lead professional role
- Continue to develop the offer to young people experiencing emotional health and well-being issues.

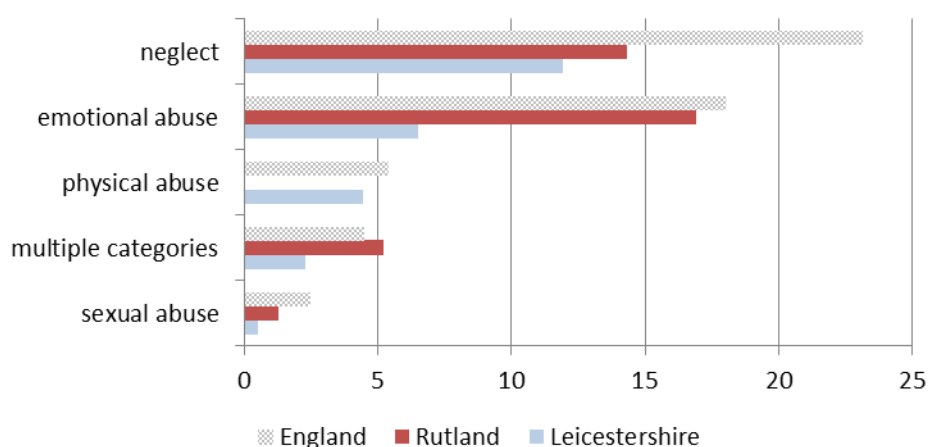
Child Protection

Children subject to Child Protection Plans rose from a low of 23 in August 2015 to a peak of 37 in February before falling back to 29 in March as two large families were removed from plans. No children have been subject to a Child Protection Plan for more than two years and, whilst there were 6 children subject to repeat plans, only 1 child had been subject to a previous plan in the last 5 years. All child protection cases were reviewed within statutory timescales. During 2015/16, Rutland undertook 179 strategy meetings. As a result, 149 children were the subject of Section 47 Enquiries, with, 24% leading to Initial Child Protection Conference, which led to 122 children having a Child Protection Plan.



In Rutland, the largest category was emotional abuse – this included 13 of the 29 Child Protection Plans.

Children who are the subject of a Child Protection Plan by category
- rate per 10,000



Assurance has been received that in Rutland 100% of child protection cases were reviewed within required timescales by the respective Children's Social Care departments. This assurance is protecting against cases being subject to drift or delay in achieving protection for children.

During 2015/16, the percentage of repeat Child Protection Plans in Rutland is 11.8%.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of children becoming the subject of CPP for a second or subsequent time – Rutland	43.8%	11.8%	11%	20%	16%	12%	<u>LOW IS GOOD</u>

Note: the England average for 2014/15 was 16.6%

Multi-agency working in Rutland has always been a strength. However, there have been specific areas for further improvement in day-to-day working relationships with the Police and Health professionals. The remoteness of Rutland from the multi-agency hub, coupled with changes in staff and managers in Rutland, has meant considerable effort has been required to build multi-agency trust and confidence.

Work has focused on three key areas:

- Strengthening the working relationships with the Police through regular liaison and case discussion
- Delivering training to schools on safeguarding issues using case studies
- Developing revised multi-agency guidelines to improve strategy discussion arrangements.

The impact has been:

- Better joint working in relation to strategy discussions with the Police and Section 47 investigations

- Some improvements in the quality of information sharing and trust and confidence with schools
- Better application of thresholds.

This is evidenced by:

- Increasing numbers of appropriate referrals from the Police and schools
- Evidence from auditing shows a strong an improving picture with regard to multi-agency working.

Further improvement sought in 2015/16 will be:


- Embedding improved strategy discussion arrangements with Health professionals.

Looked After Children

Looked After Children are safe and achieve health and education outcomes

(Please note: all data is provisional end of year or quarter 4 information)

The number of children looked after by Rutland County Council has shown a generally increasing trend since 2007/08.



Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of LAC – Rutland	34	39	34	31	34	39	
Rate of LAC per 10,000 – Rutland	43	51	44.2	40.3	44.2	50.7	

Note: the England average Rate of LAC per 10,000 for 2014/15 was 60.

Looked After Children Placement Stability

Placement stability is a very positive factor in ensuring Looked After Children achieve good health and education outcomes as this means children will, in most cases, have a stable place of education and be with the same GP throughout their placement.

(Please note, indicator definitions changed from 2014/15, so previous results are not directly comparable)

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% looked after children with 3 or more placements in the year – Rutland	0%	3%	0%	0%	0%	3%	LOW IS GOOD 
% of children who have been looked after for more than 2.5 years and of those, have been	92%	88%	100%	94%	94%	88%	

in the same placement for at least 2 years or placed for adoption – Rutland							
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Note: the England average % looked after children with 3 or more placements in the year for 2014/15 was 10. The England average % of children who have been looked after for more than 2.5 years and of those, have been in the same placement for at least 2 years or placed for adoption for 2014/15 was 67%

Looked After Children Reviews

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of looked after children cases reviewed within required timescales – Rutland	100%	90%	100%	100%	100%	90%	

Care Leavers

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Care Leavers in suitable accommodation – Rutland	100%	100%	100%	100%	100%	100%	
Care leavers in education, employment or training – Rutland	67%	87%	96%	96%	96%	87%	

Note: the England average for Care Leavers in suitable accommodation for 2014/15 was 81%. The England average for Care leavers in education, employment or training for 2014/15 was 48%.

Outcomes for Looked After Children in Rutland are very strong with excellent placement stability, timely permanency planning, access to physical health assessments & services and good educational outcomes. However, accessing Child and Adolescent Mental Health Services (CAMHS) is challenging, particularly when children are placed outside Leicestershire/Rutland. This is being addressed with the local East Leicestershire and Rutland Clinical Commissioning Group (CCG).

Rutland has experienced an increase in numbers of Looked After Children. A significant proportion of children are placed with connected persons often just outside the County borders. Although connected persons placements are recognised to promote placement stability and better outcomes, there are some challenges in relation to the provision of local foster carers to meet this increased demand.

During 2015/16 Rutland has:

- Developed and utilised a performance management framework to monitor outcomes for Looked After Children
- Worked with Health to improve performance in relation to initial and review health assessments
- Strengthened and improved processes in respect of Strength and Difficulties Questionnaires (SDQs)

- Escalated individual cases of concern where health assessments or CAMHS intervention had not been provided in a timely manner
- Strengthened permanency planning and tracking arrangements to ensure Looked After Children receive secure care as quickly as possible
- Involved the 'Virtual Headteacher' in case tracking and planning arrangements
- Increased numbers of children for whom adoption is the plan
- Introduced Signs of Safety into LAC planning and Foster care
- Reviewed arrangements for return interviews for missing Looked After Children.

The impact of this work has been:

- Good, placement stability for Looked After Children
- Significant numbers of Looked After Children planned for adoption
- Educational attainment across all key stages good and on a par with other children in Rutland
- Children receiving a timely physical health intervention and support.

Evidence to support this impact includes:

- Only one child, experienced three placement moves
- Positive peer review which focused on Looked After Children, adoption, and care leavers
- Internal auditing shows strong outcomes and effective intervention.

Service User Feedback


The examples below are recent case studies relating to children in care:

Child A came into care last year – he reported being happy; he has been told he can stay with his foster carers until he is 17+. He has good contact with his birth mother. He has plans for his future in terms of education and career aspirations. Prior to coming into care he rarely left his bedroom. He did not attend school regularly and he was overweight. Being placed in foster care has changed his life for the better – WW is now a member of the Youth Council and British Youth Council (BYC) Deputy Representative. He is also a member of the Children In Care Council (CICC).

Young person, Child B aged 17, recently accommodated, has reported feeling safer. She has started to plan for her future and has secured some part time work. Previously she was at risk of Child Sexual Exploitation (CSE) and self-harming. She is still open to Child, Adolescent Mental Health Services (CAMHS) but acknowledges she is starting to feel more positive about her life.

Children are Safe in Leicestershire

Contact, referral and assessment

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of contacts to children's services – Leics	14632	12773	3453	3045	3297	2978	

Leicestershire Children's Social Care data demonstrates a (13%) decrease in the number of contacts and enquiries by partners and the public from 14632 in 2014/15 to 12773 during 2015/16. However, numbers have remained stable at around 1,000 per month, showing consistent understanding of the thresholds, and the conversion rate of contacts leading to a referral of safeguarding concern remains at 32% across both periods.

Leicestershire has continued to develop and embed work in First Response to ensure consistent application of thresholds for children/young people requiring a service from Children's Social Care (CSC) and those whose needs can best be met via Early Help Services. The co-location of an Early Help (EH) desk within First Response (FR) ensures timely discussions and responses.

The consultation line is used pro-actively by professionals seeking advice and ensures that those who move onto contact/referral are those children who require a higher level of intervention.

The co-location of social work staff (urgent responders) with the police continues to see close partnership working and timely responses to Section 47 investigations.

The embedding of the Early Responders to complete SAF for Section 17 cases and to take, when appropriate, enquiries to determine if a single assessment is required is ensuring a timely and proportionate response to children/young people and families.

Monthly audits involving the Heads of Service, Senior Managers and Team Managers in First Response have taken place over the last 6 months to explore themes and ensure learning is disseminated across the service to continually improve performance at the 'Front Door'.

Audit have also taken place on cases stepping up to CSC and stepping down to EH to ensure a robust application of thresholds. This has led to work in respect of Children in Need (CiN) and the production of a practice guide for CiN cases to improve the robust approach to this group of children and their families. Work has been undertaken to improve strategy discussions to ensure that key agencies are always engaged and that careful consideration is given as to whether a Section 47 is required.

Audits evidence strong management oversight and strong multi-agency working. Appropriate escalation processes are in place to ensure robust challenge and focus on safeguarding practice.

A key area of development is the multi-disciplinary Child Sexual Exploitation (CSE) team. Work is well underway to establish a LLR CSE Hub. The team have established close multi-agency practices across Leicestershire and Rutland to identify and safeguard young people at risk of CSE. The team work closely with schools.

During 2015/16 Leicestershire has:

- Developed a continuous improvement plan and performance systems to drive service improvement
- Strengthened strategy discussions
- Reviewed Section 47 practice
- Completed a number of 'themed' Senior Managers audits: repeat Child Protection (CP) plans, CiN, safeguarding children with disability
- Produced a practice guide for CiN to strengthen our offer/practice to this group of children and families
- Completed a number of practice summits: Child Protection, Safeguarding children with disability
- Reviewed the systems at First Response including the Early Help desk
- Embedded and strengthened audit processes and how to cascade learning to continually improve practice
- Reviewed and strengthened management oversight on all stages
- Embedded Signs of Safety (SoS), the use of the CSE risk assessment tool and the Merton Risk assessment tool
- Focus on children/families living with neglect and the impact
- A pilot in the Loughborough area beginning in September 2016 to bring learning and practice together.

The headline impact has been:

- Evidence of strong partnership working
- Evidence of consistent thresholds
- Appropriate deployment of Early Help services
- Strong evidence of voice throughout our work
- Improve performance management information this helps drive practice improvement.


Qualitative audits show:

- Strong evidence of the embedding of SoS and voice in practice
- Good understanding of thresholds
- Partnership work is strong
- Good management oversight.

Priorities for improvement 2016/17

- Reducing number of repeat Child Protection plans
- Safeguarding children with disabilities
- Improving performance on availability and social worker reports to conference two days before meeting.

A re-referral is defined as a referral to Children's Social Care made within 12 months of the previous referral. The rate of re-referrals in Leicestershire has decreased steadily from 29% in 2012/13 to 18% in 2015/16.


Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of re-referrals to social care – Leics	24%	18%	25%	17%	16%	18%	

- The rate of referrals in recent years has been below that of England and our statistical neighbours, but the rate of re-referrals has been close to or slightly above this comparator group
- We need to understand why this is and to minimise re-referrals, although it is promising that the rate of re-referral within 12 months declined from 2013 to 2014 and again from 2014 to 2015
- The objective is not to achieve a statistical balance for its own sake but to provide services in such a way that the help and protection offered has a lasting benefit
- There has been a steady increase in the number of referrals from summer 2015 after changes to the process in First Response
- This now more accurately reflects the level of work and intervention at First Response
- Re-referral rates since August 2015 have remained below 20% demonstrating a better response/assessment of need at the point of first referral.

Quality of Assessment

Increased quality of assessment is secured

An initial single assessment is required to take place following each safeguarding referral. This has to take place within 45 days of the referral. Leicestershire Children's Social Care completed 92% of single assessments within 45 days during 2015/16, which is above the national average of 81.5%.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of single assessments completed in 45 days – Leics	96%	92%	93%	95%	90%	91%	

Note: the England average for 2014/15 was 81.5%

- On average 190 Single Assessments are completed each month
- Most are undertaken at the point of referral in First Response but Strengthening Family Services, Disabled Childrens Service and Locality teams also complete them
- Current performance consistently outperforms the statistical neighbour group and England as a whole.
- Work continues to improve the quality of analysis in assessments and smart outcome/focussed planning. Signs Of Safety (SoS) continues to be embedded across the service and specific workforce development within First Response is planned in the autumn of 2016.

Early Help

Early Help Services (including NHS provision) are successful in sustaining improvements to the lives of children and young people and their families and reducing children experiencing abuse or neglect or coming into care

What has been done?

- Set out the LCC and partnership Early Help Offer and developed an Early Help assessment, planning and review process (detailed in EH Manual).
- Worked in partnership with other Early Help providers (District/Borough Councils, Health, Police, etc.) at both strategic and operational levels to join up service delivery for those families with multiple and complex issues to ensure best response to needs.
- The Children's Centre 0-2 Pathway has been developed as a coherent response to the needs of families with additional vulnerabilities.
- Developed the role of the EH Social worker in order to provide social work oversight of cases that require escalation to statutory services.
- Developed a flexible workforce across localities to meet children and family's needs
- Supporting local families in their communities, where needs are identified early and difficulties resolved quickly.

What has been the impact?

- Locality Hubs – 94% of family referrals are allocated or processed within 28 days (target is 95%)
- Early Help – quarter upon quarter, an increase of families in receipt of EH support; Q4 figure is 6793 individuals (assessed)

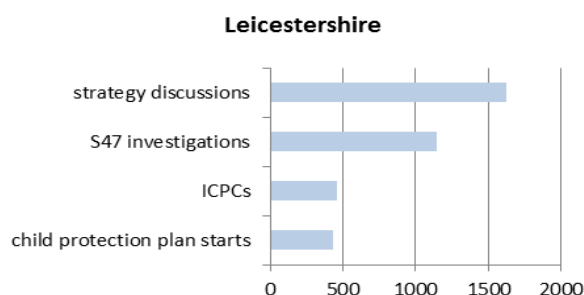
- Children's Centre – continued increase in children engaged in the Programme within the year reaching 91.6% of target (further numbers still to be ratified)
- SLF – Approximately 2000 assessments of Children and Families completed each quarter
- Troubled Families Claims – total claim for Phase 2 to date is 244 outcomes, which maintains Leicestershire as the highest performing Authority in the East Midlands
- Workforce – aligning Services has enabled a flexible and responsive workforce
- Case studies of family stories produced
- Family Star material
- Voice of the child and families captured
- User satisfaction demonstrates improved level of satisfaction with Children's Centre services
- Staff feedback and voice capture regularly through supervision and service meetings
- Staff utilising Signs of Safety tools and improved confidence in practice.

Residual Issues

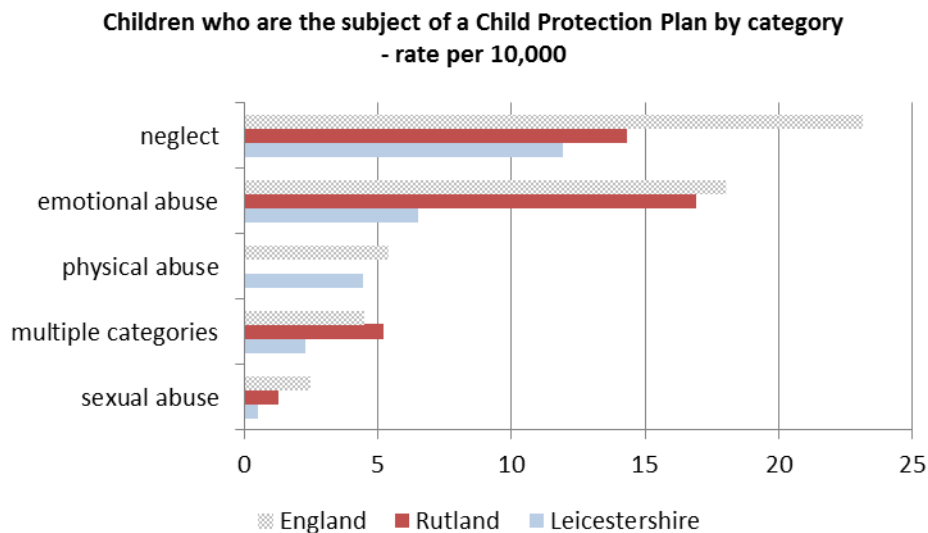
- Partnerships – demonstrate the Early Help Pathway across all partners; progress multi-agency evidence based group work programme and pathway; continue to build on multi-agency approaches to avoid duplication and ensure joined up working across agencies
- Practice Improvement – embed and develop Early Help systems and processes to drive up quality
- Workforce – continued use of flexible workforce to manage demand
- Improved Monitoring and Performance Systems – continued monitoring of work flow in order to manage demand; continue to improve the performance reporting mechanisms including the roll-out of the Troubled Families Dashboard.

Child Protection

During 2015/16, Leicestershire undertook 1628 strategy discussions. As a result, 1147 children were the subject of Section 47 Enquiries, with 39.6 % of these leading to an Initial Child Protection Conference (ICPC). During 2015/16, 86.9% of ICPCs resulted in a Child Protection Plan.



In Leicestershire, at the end of 2015/16, the largest reason for a child having a Child Protection Plan was neglect. This included 161 of the 347 children with Child Protection Plans (see chart overleaf).



Assurance has been received that in Leicestershire 99.1% and in Rutland 100% of child protection cases were reviewed within required timescales by the respective Children's Social Care departments. This assurance is protecting against cases being subject to drift or delay in achieving protection for children.

Consultation with Leicestershire parents following child protection conferences showed 86% of parents having a good level of understanding of what they need to do to end the plan.

Weekly performance reports show a high level of visiting to children subject to CP plan (over 85%). For those who do not receive a visit management oversight is recorded to explain the case circumstances.

During 2016-17, the LSCB is undertaking a review with Leicestershire Children's Social Care and partners to examine the reasons why 30.5% of Child Protection Plans were children becoming subject to a Plan for a second or subsequent time during 2015/16. The national average figure is 16.6%.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of children becoming the subject of CPP for a second or subsequent time – Leics	17.2%	30.5%	34%	31%	29%	29%	

Note: the England average for 2014/15 was 16.6%

- Leicestershire has generally had a child protection plan rate higher than its statistical neighbours but a lower rate of repeat plans
- Child protection plan numbers peaked in August 2014, but despite a significant fall since in the number of open plans, the rate of repeat plans has risen markedly

- In Leicestershire, the Children's Rights Service supported a total of 119 young people in relation to child protection processes during 2015/16. 64 young people were represented at their Child Protection Conference by the Children's Rights Officer, and 30 young people attended their own Child Protection Conference.
- There has been a thematic audit on repeat plans, a staff conference, discussion at the LSCB and a senior management team audit. The conclusions and implications for practice are that procedures and oversight of the step-down child protection to Child in Need services requires reinforcement, particularly in cases where the 'toxic trio' of domestic violence, substance misuse and parental mental health problems are factors.

Looked After Children

Looked After Children are safe and achieve health and education outcomes

(Please note: all data is provisional end of year or quarter 4 information)

The number of children looked after by Leicestershire County Council increased steadily from 2007/08 until levelling off over the past 2 years.

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of LAC – Leics	470	470	495	483	478	470	
Rate of LAC per 10,000 – Leics	35	35	36.7	35.8	35.5	34.9	

Note: the England average Rate of LAC per 10,000 for 2014/15 was 60.

Looked After Children Placement Stability


Placement stability is a very positive factor in ensuring Looked After Children achieve good health and education outcomes as this means children will, in most cases, have a stable place of education and be with the same GP throughout their placement.

(Please note, indicator definitions changed from 2014/15, so previous results are not directly comparable)



Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% looked after children with 3 or more placements in the year – Leics	14%	13%	14%	13%	13%	13%	
% of children who have been looked after for more than 2.5 years and of those, have been in the same placement for at least 2 years or placed for adoption – Leics	62%	68%	57%	63%	67%	68%	

Note: the England average % looked after children with 3 or more placements in the year for 2014/15 was 10. The England average % of children who have been looked after for more than 2.5 years and of those, have been in the same placement for at least 2 years or placed for adoption for 2014/15 was 67%

Looked After Children Reviews

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
% of looked after children cases reviewed within required timescales – Leics	88.2%	98.1%	90%	83%	90%	89%	

Care Leavers

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Care Leavers in suitable accommodation – Leics	82%	72%	-	54%	59%	72%	
Care leavers in education, employment or training – Leics	48%	42%	-	-	37%	42%	

Note: the England average for Care Leavers in suitable accommodation for 2014/15 was 81%. The England average for Care leavers in education, employment or training for 2014/15 was 48%.

The increased performance in placement stability and permanence planning has improved outcomes for Looked After Children in Leicestershire. Although 14% of children in 2014/15 had 3 or more placement moves, this has reduced to 13% in 2015/16 and maintained this level over the quarter 2, 3 and 4.

Leicestershire have also improved placement stability for children being looked after in the same placement for over 2 years or placed for adoption from 62% to 68%.

Leicestershire has improved the timeliness of children's looked after review meetings from 88.2% to 98.1% by reviewing the key performance indicator within the Safeguarding Improvement Unit (SIU) 2016/17 delivery plan and changing internal administration systems. This improvement has had a positive impact on the placement stability and permanence planning for children with Independent Reviewing Officers (IROs) ensuring appropriate plans are in place to safeguard and promote the overall welfare of our children.

During 2015/16 Leicestershire has:

- Reviewed Key Performance Indicators in the SIU service delivery plan, on when SIU are notified of a child entering care. SIU are running weekly reports to identify new LAC from data entered on Framework I by Social Work Teams
- Continued to escalate cases through to the Assistant Director where a delay in care planning and permanence is unresolved for Looked After Children
- Established an agreement with County Judges for the IRO view of care plans to be considered within care proceedings

- Continued worked with Health to improve performance on initial and review health assessments taking place for Looked After Children and improving health outcomes for Looked After Children
- Escalated individual cases of concern where Child and Adolescent Mental Health Services (CAMHS) intervention has not occurred in a timely manner
- Increased the numbers of children whom adoption or legal permanency via Special Guardianship Order (SGO) is the plan
- Increased outcomes for Looked After Children subject to a CSE plan
- Reviewed processes for return interviews of missing Looked After Children, improving communication between agencies
- Progressing Signs of Safety (SoS) to Looked After Children's review meetings
- Joined a forum of placement availability across the East Midlands region, giving a wider range of placements available to our children.

The impact of this work has been:

- Better matching of Looked After Children and placement availability resulting in placement stability
- Increased number of children being matched and placed for adoption
- Looked After Children receiving health assessments in a timely manner
- Children's educational attainment across all of the key stages is good. Young people are considered for assisted boarding where appropriate in meeting their educational needs.

Evidence to support this impact includes:

- A reduction in the number of children having 3 or more placement moves since 2014/15. This has been maintained in quarter 2, 3 and 4 of 2015/16
- Internal audits outcomes demonstrate good team manager oversight of cases with effective intervention and outcomes for Looked After Children
- Positive peer review which focused on Looked After Children in Leicestershire
- An increase in young people leaving care who have been offered higher education placements.

Service User Feedback

The examples are current case studies relating to children in care.

Child A is 16 years old and of mixed heritage; he came into care under section 20CA1989 on 30 November 2012 following a period of child protection planning. Child A was made subject to a full care order in August 2013. Child A was described by professionals prior to being in care as presenting as traumatised; at times he displayed extreme anger and other times withdrawn and unable to voice his worries. Child A was placed with foster carers. Unfortunately this placement broke down in November 2013 due to his risky behaviours and he moved to a residential unit. Child A is academically very bright and has sat his GCSEs in July 2016. In January 2016, consideration was made for him to be offered assisted boarding placement for his A levels. Child A was supported by his IRO and Children's Rights Officer to explore this offer in detail and alternative post 16 options. Child A made an informed

decision not to progress with assisted boarding but preferring to remain in his current placement to sit his A levels. Child A has stated he is happy in his placement and it has been his home for the last 3 years. Child A is able to express his voice and clearly states he wants to remain in his placement until he goes to University in September 2018. Child A is an active member of the Children in Care Council and represents the voice of his peers attending subgroups, such as with LAC nurses looking at children's view of health services to LAC children. Child A is able to confidently express his voice regarding his own future care plan including contact, placement, education and health.

Child B is 17 years old. She came into care on 17 October 2012 following a period of child protection planning. Child B was presenting CSE risk, missing from home, behaviour difficulties and none school attendance. She was placed in a foster placement under section 20CA1989 where she has remained. Child B was supported by her Foster Carer and Social Worker and began to engage in her education on a part time basis through Blue print. In September 2013 (year 10), she made the decision with support to return to school on a full time basis and sat her GCSEs in July 2015. Child B joined a local youth group and progressed to becoming a volunteer supporting the staff team on activities such as climbing walls etc. Child B secured an apprenticeship as a teaching assistant in a Pupil Referral Unit and is now in her second year; she has also taken her wall climbing instructor exams and is the youngest qualified instructor in Leicestershire. Child B attends her LAC reviews and is able to express her voice regarding her care plan. Child B has stated that she wants to remain living with her Foster Carer into supported lodgings and complete her 3 year apprentice as a teaching assistant. Child B states that without being in care she does not envisage that she would have been able to re-engage in her education and would not be working with troubled young people to support them in their own education success.

Other Safeguarding Priorities

Child Sexual Exploitation

Increase in the identification of children and young people who are at risk of Child Sexual Exploitation (CSE) and reduction in the number who experience CSE / Effective prevention, investigation and recovery for children and young people who are or have experienced child sexual exploitation

What we did and the impact of what we did

Child Sexual Exploitation (CSE) remains a key strategic priority for the Local Safeguarding Children Board (LSCB) reflecting its national and local status. The government has elevated CSE to the level of a national threat and established an Independent Inquiry into Child Sexual Abuse which will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse including CSE. CSE is deemed to be a local threat evidenced through high profile cases across Leicester, Leicestershire and Rutland and also demonstrated in the Leicestershire Police problem profile (using

2014/15 data) for CSE, Missing from Home and the Paedophile & Online Investigation Team that highlights a number of threat and risk areas.

A joint LSCB CSE, Missing and Trafficking Subgroup covering Leicester, Leicestershire and Rutland, established in August 2012, is tasked with coordinating the local response.

During this business year key principles established last year to strengthen the local response have been progressed:

- Consolidation of a single Leicester, Leicestershire and Rutland (LLR) approach to tackling the issues of CSE, trafficked and missing children
- Sharing, pooling and an equitable distribution of resources within a single multi-agency specialist CSE team in line with emerging threat and need

In June 2015 a CSE Coordinator for Leicester, Leicestershire and Rutland was appointed to support the work of the LSCB subgroup and focus on a number of identified priorities:

- Support the implementation of the local action plan
- Ensure protocols, policies and procedures are up to date and effective
- Co-ordinate partnership activity with the aim of creating an accurate and up to date multi-agency CSE problem profile
- Monitor the effectiveness of practice, to protect and support children and young people at risk of CSE and make recommendations for improvement
- Ensure effective information sharing between partners and at a local level.

Progress has been made on a number of the identified priorities:

- A Local Authority data set has been established and key information is emerging. It has resulted in improved profiling of victims and those at risk of CSE and also risky persons and peers. The appointment of a multi-agency intelligence analyst through the Strategic Partnership Development Fund (SPDF) CSE Project (see below) will bolster this area of work and support the development of a comprehensive multi-agency data set
- Children and young people at risk of or subjected to CSE are now flagged on their health records and available to frontline health services
- Frontline police officers are now using a CSE checklist when completing a Vulnerable Children's Report to support identification, prevention and timely referrals
- An operating protocol for the multi-agency specialist CSE team has been developed.

The growth and development of the specialist multi-agency team response to CSE has continued apace with confirmation of investment from the NHS and Leicester City Council to add to the existing contributions from Leicestershire Police, Leicestershire County Council and Rutland County Council.

The development has been further bolstered by a successful partnership bid of £1.23 million to the Strategic Partnership Development Fund (SPDF) of the Police and Crime Commissioner aimed at funding provision over the next two financial years.

The aim is to utilise the funding to build capacity, capability and improve the effectiveness of the partnership in preventing, identifying and tackling CSE. The SPDF CSE Project is intended to fund both one-off and non-recurring initiatives, as well as extending existing initiatives and good practice. In addition, it will provide a temporary increase in structures and staffing. Planned initiatives include the extension of Warning Zone provision to include an innovative e-Safety programme and the development of a comprehensive school prevention activity programme including re-commissioning 'Chelsea's Choice'. Additional posts include the recruitment of a multi-agency CSE analyst, a forensic psychologist, parenting support coordinator and specialist health professionals into the multi-agency team.

The CSE Coordinator is the nominated project manager for the SPDF CSE Project.



One of the initiatives, C.E.A.S.E. (Commitment to Eradicate Abuse and Sexual Exploitation), was launched at an event in February 2016. At the event, partner agencies publicly pledged their commitment to tackle CSE by signing up to C.E.A.S.E. This marked the start of an internal and external awareness raising campaign designed to complement the communications activity already being delivered under phase three of the wider 'Spot the Signs' campaign led by the LSCB Subgroup. Phase two of C.E.A.S.E. includes the launch of an educational film focusing on e-Safety based on a recent local case.

Leicestershire agreed to participate in trialling the development of a new inspection regime. The two day Joint Targeted Area Inspection trial, held in September 2015, involved the inspectorates for children's services (Ofsted), Police (HMIC), Health (CQC) and Probation (HMIP) – combining their resources to undertake a multi-agency inspection focusing on the theme of CSE and missing children. Following feedback provided by the inspectors, a number of actions have been progressed through the Subgroup. This includes ensuring CSE concerns are flagged on health records.

A seminar hosted by the East Midlands Assistant Directors of Children's Services (ADCS) Group was held in October 2015 involving senior leaders from a wide range of agencies from across the region. Keynote contributors included Ofsted and the Crown Prosecution Service. The event provided an opportunity to reflect on CSE practice and critical issues, highlighted improvement themes and engaged delegates in a discussion about regional approaches. The local approach in achieving a unified approach to tackling CSE across three local authorities and two LSCBs was cited as an example of good practice. A regional CSE framework, encompassing a range of regional principles and standards, has been finalised and endorsed by the regional ADCS group.

Work of the Subgroup

In order to effectively respond to the developments outlined above, the pace and trajectory of the work of the Subgroup has been increased and accelerated during this business year. A wider range of agencies are now represented on the Subgroup reflecting the increased scope and breadth of the agenda.



A second run of the applied theatre production *Chelsea's Choice* was commissioned by the Subgroup and rolled out across local schools and colleges during the autumn term – the evaluation and feedback was very positive. Coordinated media relation activity took place to promote key messages in relation to CSE. In addition to the agreed communication strategy, a package of CSE related materials was disseminated, including: briefing slides for head teachers, a letter and presentation to school governors, revised sex and relationships teaching resources and endorsed material for school websites. Future engagement is planned with primary schools to ensure messages reach all age groups and bolster work in relation to e-Safety and healthy schools.

The Subgroup's communication strategy has been updated and refreshed outlining the approach over the next 18 months. The updated plan has a broader scope, including the multi-agency specialist CSE team and the SPDF CSE Project – it outlines the overarching communications approach across Leicester, Leicestershire and Rutland to ensure there is an overview of all CSE activity (including agency led work), and coordination of message and timing.

In March 2016 a seminar was held with over 60 faith and community leaders from across Leicester, Leicestershire and Rutland with the aim of raising awareness of CSE and gaining joint engagement and involvement in future developments, including taking forward funding arising from the SPDF CSE Project.

A comprehensive dataset with analysis from partners has been developed. This is produced quarterly and reported into the LSCB Performance Reporting Framework.

Analysis of the data



Considerable work has been undertaken by the CSE Coordinator during the last three quarters of 2015/16 to develop the local data set and improve the breadth and quality of data and analysis provided by partners.

Overall, the data is showing evidence of the following trends:

- The numbers of CSE referrals continues to rise. Children's Social Care in Leicestershire and Rutland received 311 referrals during 2015/16 compared to 188 referrals during 2014/15. The increase highlights greater professional and public awareness following national media attention and success of the local 'Spot the Signs' awareness raising campaign. Furthermore there is evidence that the existence of shadow LSCB action plans at an agency level

is also having the desired impact. This has translated into an increasing number of joint investigations and operations with the Police, increased levels of partnership disruption activity and a number of successful prosecutions during the business year.

Numbers of CSE referrals to Children's Social Care:

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Number of referrals where CSE is the main feature – Leics	184	303	49	75	89	90	
Number of referrals where CSE is the main feature – Rutland	2	8	2	2	2	2	

- There has been some improvement in the range of agencies making CSE referrals. The source of the majority of referrals continues to be the Police, Children's Social Care and Early Help
- Referrals have been received from a variety of sources including GP practices, non-Accident & Emergency hospitals and sexual health clinics highlighting a wider awareness of the issue. The specialist health professionals who are joining the multi-agency CSE team have a target to increase the number of referrals received from their health colleagues
- Schools and colleges have been increasingly engaged in the agenda locally. However, direct referrals received from educational institutions remain low – this requires further investigation
- Use of the CSE risk assessment tool in making referrals remains poor. The tool is designed to provide a consistent approach to identifying, measuring, analysing and reviewing the risk. Further work is planned in 2016/17 to promote use of the tool
- A majority of the referrals across LLR are for white females aged 13-15 years old
- The percentage of referrals in relation to boys and young men has increased from 8% in 2014/15 to 19% in 2015/16, close to the local target of 20%
- A concern remains that there is under-reporting in relation to children from BME groups considering the diversity of the area
- Children at a younger age are being targeted, predominately online. On occasion this has resulted in contact abuse
- The data highlights that a majority of children reside at home with their families, reinforcing the need for campaigns to raise awareness with parents around online and offline CSE
- Data on risky adults or peers is now more regularly provided; however full data is required to identify patterns. The data available highlights a varied age group though the most consistently reported age group is 19-25 years old. A majority are males of White British origin though there are also reports of some female risky adults or peers
- Leicestershire referrals for out of authority children placed in Leicestershire reflect the large number of private children's homes in Leicestershire and

highlight the need for placing authorities and partners in Leicestershire to work together to safeguard these children.

A data set has been established and key information is emerging. However to improve strategic planning a richer picture is needed. This is planned to be achieved in 2016/17 through developing performance measures and questions through the combination of data, audit, operational intelligence, inspection and voice of staff and service users.

A local and regional problem profile has been developed assisting in agencies targeting resources and informing strategic developments. A regional problem profile was developed with input from partners from across Leicestershire and Rutland. This has led to improved profiling of risky persons and offenders.

Impact of the specialist multi-agency CSE team

The purpose of the team is to identify and take action to safeguard and protect children at risk of CSE, or who are being sexually exploited (online or in the real world), trafficked or have gone missing or run away. The team provides a victim-centred approach combining criminal investigation, safeguarding and educational programmes. The team coordinates the response to a number of high profile and cross boundary investigations.

It is envisioned that the emerging local operational approach will be based on the application of a 'hub and spokes model'. This approach aims to ensure that, whilst the multi-agency CSE team will have overall responsibility for coordinating the response to CSE, tackling CSE will remain everyone's business. To achieve this aim and strengthen the current approach CSE Champions will be embedded in all agencies.

Co-location of partner agencies has led to much better information sharing and more effective action in a greater number of CSE related cases. Working in a more joined up way has allowed the sharing of relevant intelligence and improved coordination of responses. This has already resulted in an improved ability to disrupt and prosecute perpetrators and provide early intervention to reduce harm and promote wellbeing. In addition it is clear that co-location has improved the timeliness of joint decision making about cases of concern, it has assisted in a greater understanding of the respective partner roles, and it has significantly assisted in the development of the collective understanding of those at risk of CSE. Earlier referrals into the team has enabled earlier intervention and resulting profile of the cases in relation to the level of harm dealt with by the team changing since its inception.

Raising the profile of the work of the team continues to be a priority so that Leicestershire and Rutland residents and bodies such as schools can continue to 'spot the signs' and make referrals if they have concerns.

Children going Missing

In Leicestershire and Rutland the dataset for children going missing was under development in 2015/16. Partners are working to ensure there is robust data on children going missing, this will be completed in 2016/17.

Provisional Local Authority data for the latter part of 2015/16 indicates that the number of missing children has not markedly changed during that period, and the number of return interviews being undertaken with children who have gone missing has increased.

A risk area regarding children reported missing continues to be in relation to those placed in the area by other Local Authorities in Private Children's Homes.

Barnardo's has been commissioned locally to undertake return interviews with those children deemed to be at the highest risk of CSE and/or who go missing most frequently. The impact of this work is to be fully evaluated in 2016/17.

Future Priorities

The Subgroup identified the following forward priorities at a development day in February 2016:

- Developing our response to online CSE
- Developing our approach to risky persons, offenders and serious and organised crime groups
- Broadening awareness raising activity in relation to CSE, trafficking and missing whilst targeting identified underrepresented groups
- Seeking assurance that the implementation of the Strategic Partnership Development Fund CSE Project leads to enhanced safeguarding outcomes for children.

A number of the above priorities have been factored into the LSCB Business Development Plan for 2016/17 and cut across 2016/17 Strategic Partnership Board (SPB) priorities including Serious and Organised Crime and Cybercrime. CSE remains a SPB priority.

At the development day it was also agreed that, although overall significant progress had been made against the existing Subgroup action plan, a number of key priority areas remain:

- Monitoring compliance with local policy and procedure – a CSE themed audit is planned by the LSCB Multi-Agency Audit Subgroup during Q3 2016/17
- Providing effective support and recovery services for victims of CSE and their families that meet the spectrum of their needs – the shadow Health CSE Group has been tasked to take this forward during 2016/17.

In addition ensuring the dataset for Children going missing is robust is a priority for completion in 2016/17.

Challenges

- The breadth, depth and scope of CSE related activity continues to increase. A proposed revision to the existing CSE governance arrangements is under consideration. The proposal is aimed at ensuring that activity across the partnership is effectively coordinated, enhanced and strengthened
- The resources dedicated to tackling CSE and establishing a specialist multi-agency team are considerable and have been deployed innovatively, and thus

far, successfully. However these resources may need to be reviewed in the light of the continuing increasing referrals and demand as the true scale and nature of CSE becomes evident

- Establishing comprehensive, consistent and accurate data in relation to risky persons and offenders to enable a more targeted approach remains a challenge
- Further work needs to be undertaken in relation to tackling online CSE within the context of the increasing accessibility of technology and social media. The response needs to be flexible and up to date
- As above, consideration of how to approach the sensitive issue of raising awareness of CSE risks among year 6 and year 7 students, as abusers appear to be targeting younger children
- Ensuring children and young people understand the issues surrounding consent and the nature of healthy sexual relationships through continued work in schools and colleges
- Tackling the under-reporting in relation to BME children and engaging all communities in the agenda to ensure the range of referrals and response reflects the diversity of the population.

Education

Children Missing from Education are identified, safe and supported

In Leicestershire at the end of 2015/16, a total of 107 children and young people were recorded as missing education. In Rutland the equivalent figure was 4 young people.

Rutland

- The Social Inclusion Officer covers both Children Missing from Education (CME) and attendance in schools. Senior leaders in the Secondary Schools meet weekly with the Social Inclusion and Development Officer (SIDO) to discuss all absences from school and termly in primary schools. This excellent relationship has led to a reduction in the number of pupils who go missing from education as information is shared immediately there is a concern
- At the time of referral, all contact details are tried in an attempt to establish the child/family's whereabouts
- A visit to the last address is undertaken either by the school or the SIDO. Neighbours and known friends are questioned
- Where there are Child Protection (CP) concerns Social Care are informed
- Referrals to out of county CME and admissions officers are made
- Details are collected on the Local Authority database.

Leicestershire

- The team has an excellent relationship with the First Response Children's Duty Team (FRCDT) – if there are any concerns then a referral is made as a matter of urgency

- The Child Missing from Education (CME) referral form incorporates 20 risk indicators and Signs of Safety to ensure a full picture about the family
- Risk assessments are completed at the point of referral
- A Merton Risk Assessment is completed prior to case closure
- A Case Closure Panel is in place to discuss cases that have been open for a long time and all routes of investigation have been tried – the Caldicott Guardian signs these cases off to complete the process.

Children and young people, who are not receiving their statutory education, are monitored to ensure they are safe

Rutland

- Children missing from education with medical needs on roll at a school are monitored by the Student/Client support services in school, SIDO, Tutors and/or Medical professionals
- Requests for medical need tuition are made either through medical services or through the school
- Medical evidence must be produced and updated fortnightly
- The SIDO has excellent relationships with Health Care professionals and communicates regularly with them regarding the pupil's ongoing medical needs
- Tutors provided are all DBS checked and only work with the pupil when there is another adult present
- Tutors have regular contact with the school teachers to ensure continuity of learning, lesson planning is shared
- Tutors are made aware of any learning needs, disabilities, working levels, examination boards and syllabus
- Pupils give verbal feedback about the tutors provided and tutors are changed if the pupil reasonably requests this
- Details of tuition are held on the Local Authority database
- When tuition is taking place out of the home, the venue is risk assessed and third party insurances checked
- Children placed in alternative provision are monitored either by telephone contact or by visits. Visits usually take place each term, more often if there are difficulties
- All alternative provision is assessed and accredited by Ofsted
- Views of the pupils and parents are sought orally at each visit and any concerns raised are dealt with
- Data collected is held on the Local Authority children's files and is subject to auditing.

Leicestershire

- The team has an excellent relationship with First Response Children's Duty Team FRCDT – if there are any concerns then a referral is made as a matter of urgency

- The Pupil Missing from Education (PME) referral form and the referral form for Children with Medical Needs (CMN) incorporates 20 risk indicators and Signs of Safety to ensure a full picture about the family
- The CMN referral form also asks the school to provide details of where the child was at, in relation to achievement levels, academic attainment, subject and topic areas – this enables the Alternative Provision tutors / practitioners to plan for the child's education
- Pupil voice is obtained during the time with child who receives alternative education and also at the end of the provision in the form of feedback
- Parental feedback is sought at the end of the provision in the form of feedback
- Risk assessments are completed at the point of referral
- A Merton Risk Assessment is completed prior to case closure
- A CMN Panel discusses and ratifies all referrals for pupils with medical needs
- The PME data collection collates data on a monthly basis from schools and services – this information is scrutinised and information in relation to vulnerable groups is shared e.g. CSE, pupils who go missing during the school day etc.

Children that are home educated are safe

Children who are educated at home are required to receive statutory checks from the councils in whose boundaries they are living.

During 2015/16, 87-90% of children living within Leicestershire received statutory checks. 100% of children living within Rutland and educated at home received statutory checks.

Rutland

- Requests for Elective Home Education (EHE) are recorded and held on the Local Authority database
- At the time of the request, the last school (if there is one) is contacted for information regarding the family history or other relevant information
- Social Care database is checked
- The first part of the Local Authority Policy and application form is sent out to the parent for them to register with the LA
- On receipt of the application form, the monitoring documents are sent out to the parent and a diary date for the SIDO to visit
- The SIDO will visit the home and assess the suitability of the education plans provided and talk to the pupil (if allowed) to collect their views about being taught at home. Pupils will sometimes complete the views sheet in the EHE pack
- Guidance and advice is offered at this meeting and long term plans discussed – e.g. GCSEs, FE, and University
- After the initial visit, a further visit is agreed within 6 months to ensure that appropriate education is taking place
- After the second visit, if appropriate, education is in place visits will take place each year

- If the education being provided is unsuitable, the parent is advised how to improve and targets are set. A further visit will take place 6 weeks later
- Where the education is unsatisfactory and steps to improve this have not taken place, the parent is advised to return the pupil to school
- If the parent does not do this the Local Authority will pursue this through the Magistrates Court

Leicestershire

- Risk assessments are completed at the point of referral
- A Merton Risk Assessment is completed prior to case closure
- Elective Home Education (EHE) visits are commissioned to an alternative provider (someone we have been using for 3 years in a different capacity)
- At least 85% of EHE families are happy to have a visit or meet at a mutually convenient venue
- Once a child's education has been deemed 'suitable' and 'efficient' then the LA send out a questionnaire after 6 months to ensure the relationship with the family is maintained and to ensure any early warning signs are picked up
- The EHE referral form incorporates 20 risk indicators and Signs of Safety to ensure a full picture about the family
- The referral form also asks the school to provide details of where the child was at, in relation to achievement levels, academic attainment, subject and topic areas – this enables the EHE Officers to make judgements about progress over time
- When a parent starts to home educate a pack is sent to assist parents with planning etc. – we ask for these to be returned to the LA and they are chased
- If education is deemed 'unsuitable' then advice is given and a return visit planned within 12 weeks. After 3 visits, if the situation is the same, then the case is referred to the Court Team to issue a School Attendance Order
- Traveller families are visited with colleagues from the Multi-Agency Traveller Unit
- Pupil voice is obtained during the visits
- If families do not engage then we encourage them to send work samples – video clips etc. so we can determine what education is taking place
- The team has an excellent relationship with First Response Children's Duty Team (FRCDT) – if there are any concerns then a referral is made as a matter of urgency.

Private Fostering

Children and young people are appropriately identified and supported in private fostering arrangements

Rutland

Under reporting of private fostering in Rutland remains a concern. Advertising and publicity has not been successful



to date, and we will need to review our approach to this issue.

The aim of work this year has been to increase the reporting of children who may be placed in private fostering arrangements.

Action taken included:

- Conducting a publicity campaign to educate professionals and the public about private fostering and action. They should take action if they believe a situation constitutes private fostering
- Using case studies with education staff to illustrate private fostering situations.

This appears to have had no impact on referrals, however. Despite a small number of private fostering inquiries, there were no private fostering referrals in 2015/16.

Leicestershire

In Leicestershire a total of seven private fostering referrals were received during 2015/16 and, at the end of the year, four children were living in private fostering arrangements. All of these children received checks within the required timescales.

Of the seven referrals for 2015/16, four individual private fostering notifications to LCC are of the normal profile expected in this locale.

An example of a sibling/friendship group of young people, outside the normal profile, is shown below:

This group is of three students placed in Leicestershire for educational reasons by a 'host' organisation.

These host companies are prevalent in the South West of England and London because of the high concentration of language schools and Further Education opportunities therein.

They operate by arranging for the children of foreign nationals to reside with third party individuals living near or within commuting distance of the child's educational establishment, and for a fee. There are no specific regulations pertaining to such organisations; however Private Fostering legislation fully applies.





We continue to be concerned that, in spite of an awareness campaign mounted by the Authority with specific emphasis on targeting likely referrers (GPs, teachers, Police), private fostering figures have continued to stagnate at a level below that expected.

Therefore, we intend to revise awareness raising campaigns in this area for 2016/17 and beyond.

Robust emotional health of children and young people

Assurance from CAMHS tier 1 to 4 is sufficient

The number of young people referred to CAMHS each quarter increased from 642 in Q1 of 2015/16 to 1099 in Q4. The number of young people receiving CAMHS treatment increased from 2034 during Q1 to 2684 during Q4. During 2015/16, the % of patients that received treatment in CAMHS within 13 weeks for 'routine' cases declined from 81.9% in Q1 to 60.2% in Q4.

Indicator	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Trend chart
Number of young people referred to CAMHS – L&R	642	584	882	1099	
Number of young people receiving CAMHS treatment – L&R	2034	1935	2687	2684	
% of patients that received treatment in CAMHS within 4 weeks (urgent) – L&R	99%	100%	100%	100%	
% of patients that received treatment in CAMHS within 13 weeks (routine) – L&R	81.9%	76.7%	71.2%	60.2%	

Children living on Military Bases

Children living on military bases are safe with correct and appropriate reporting measures to and from the military

The key objective in this area was to work more effectively with the Army Welfare Service (AWS) and SSAFA (the Armed Forces Charity).

Work undertaken has included:

- Regular meetings with the AWS
- Delivery of training courses on base
- Working together to develop Tri X procedures for working with the Military
- Future training courses planned in Child Sexual Exploitation (CSE) and Domestic Violence.

Impact has included:

- More robust working together and a better understanding of each other's roles and responsibilities
- More robust reporting of incidents and sharing of information
- Better outcomes for children of military personnel by the Local Authority working more closely together with other agencies.

E-Safety

Young people engaged in social media are aware of the risk and avoid risk appropriately

Our plans across 2015/16 were to:

- Conduct an e-safety survey of Leicestershire and Rutland Year 6 and Year 9 pupils
- Train Designated Safeguarding Leads in e-safety awareness and updates
- Update and make available to schools e-safety resources for parents and staff awareness raising
- Update and make available resources to Police Young People's Officer and LCC YOS team for parent awareness training
- Administer and assess schools for the Leicestershire E-safety Award
- Train Foster Carers in e-safety awareness and make available resources to Fostering Team Training Officer to continue
- Give advice and guidance to schools around e-safety concerns.

Outputs were as follows:

- Over 5,000 students completed the survey and schools received their own results and the county wide data for comparison
- E-safety awareness was delivered during 40 x Designated Safeguarding Lead (DSL) training sessions (that is, approximately 1,000 senior leaders in schools and colleges)
- E-safety presentations were updated and 1,000 disks with resources distributed to DSLs in schools and colleges including Police and YOS Officers
- 18 schools have now achieved the e-safety award with a total of 128 registered
- Two sessions were delivered to foster carers
- Telephone advice was offered to schools and colleges.

Examples of impact are as follows:

Quantitative

Year 9 Survey 2016 (age 13-14): 2,626 responses

- 70% use a webcam or camera phone
- 6% of these use it to chat to new people
- A third of these were threatened, harassed or blackmailed
- 70% have learned about e-safety at school in the last year
- Instagram and Snapchat are now more popular than Facebook
- 10% have met up with strangers following an online introduction
- 35% of these went alone
- 8% of those meeting up said the person lied
- 7% admitted sending a self-taken indecent picture or video

Year 6 (age 10-11): 2,518 responses

- 50% say their parents take an interest

- 37% use a webcam or camera phone
- 4% of these talk to new people
- 70% have learned about e-safety at school in the last year
- 55% have a social network profile
- 25% have never met over 10 “friends”
- 10% have felt unsafe or uncomfortable online.

E-safety continues to feature in DSL training sessions with resources distributed to schools and other agencies for parent awareness sessions and curriculum. Comments in school Ofsted reports are overwhelmingly positive about children’s knowledge of how to stay safe online. A minority of children continue to get caught up in inappropriate communication with grooming adults and there is an ongoing need to highlight this issue to young people. Risk of Child Sexual Exploitation via the internet is a significant ongoing concern and is highlighted in training.

Leicestershire schools have received positive comments in Ofsted reports about e-safety provision for pupils and about pupils’ awareness of how to be safe online. No Ofsted reports have been negative about this.

In surveys, pupils report that schools are addressing e-safety effectively in the curriculum.

Voice of the Child

Year 6 children were asked in the survey if anything upset them and the following responses are a selection of those given in a free text response box. This highlights the need for parents to be continually alert to the possibility that their children may get caught up in unsuitable or risky communication online.

Year 6 Boy – NW Leicestershire

“a man i think he was aisien tried to friend me and his profile pic was of a pinis”

Year 6 Girl - Charnwood

“Me and my brother were on my phone. A link popped up and he pressed it there was a video of a lady kicking her child. She was swearing with her mouth and her fingers.”

Year 6 Girl - Charnwood

“nudes have been sent me by a person I don't know”

Year 6 Boy - Charnwood

“I travelling 3 year old got hit bye a train because his dad chucked him on the rails when the train was coming”

“calling me the n word just because I am black”

Year 6 Girl – NW Leicestershire

“it was then I was on my phone and I saw something and It said watch out girls and it said that I will rape you”

“I was on oovoo and this man said that I was ugly and thick”

Year 6 Girl – South Leicestershire

“someone called me names and asked for information and where i live and asked if he can visit me.”

Frontline staff perspectives

The safeguarding compliance returns suggest that schools address e-safety with staff and pupils. Almost 100% of schools reported addressing e-safety in staff meetings. Materials prepared and supplied by the LCC Safeguarding Development Officers for staff and pupils have been distributed to all schools attending Designated Safeguarding Lead training.

What are the residual issues?

Schools report that parents are often reluctant to attend e-safety awareness sessions. Advice to schools on how to more effectively attract parents is offered.

What do we need to do in the future?

Whilst progress has been made in these areas, the priorities for the 2016/17 Business Plan will pick up the following issues:

- Application and understanding of safeguarding children thresholds
- Alignment of CAMHS thresholds to sit alongside safeguarding thresholds as has been achieved with CSE
- Continued monitoring of the supply of safe places for children and young people with mental health issues
- Broadening of awareness raising activity in relation to CSE, Trafficking and Missing whilst targeting identified underrepresented groups
- Providing effective support and recovery services for victims of CSE and their families that meet the spectrum of their needs.



Priority 3: To be assured that services for children, services for adults and services for families are effectively coordinated to ensure children and adults are safe

What we planned to do

The priorities for action identified in the Business Plan 2015/16 were:

Female Genital Mutilation (FGM)

- Reduction in number of girls who suffer from FGM
- Increase in identification of girls at risk of FGM
- Increased community awareness of risks of FGM in identified communities

Prevent – Channel

- Reduction in number of young people involved in terrorism
- Increase in identification of young people at risk of becoming involved in terrorism
- Increased community awareness of people at risk of becoming involved in terrorism

Transition to adult services

- Care leavers and disabled young people are appropriately supported by children's services to work towards independence
- Disabled young people successfully transition to be supported in adult services

Think Family

- Effective joint working between the various inter-agency professionals and teams involved, particularly focusing on relationships within the family and joint oversight of the ongoing work between services for adults and services for children

Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC)

- Fully coordinated response to people who are at risk of domestic abuse
- Improved attendance and participation by agencies at MARAC

Teenage Peer Domestic Abuse

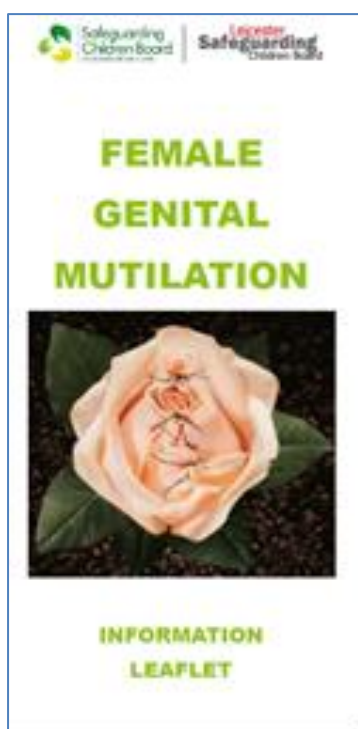
- Young people at risk of or who experience domestic abuse in their peer relationships are supported and safe

What we did and what has been the impact

Female Genital Mutilation (FGM)

Reduction in number of girls who suffer from FGM / Increase in identification of girls at risk of FGM / Increased community awareness of risks of FGM in identified communities

The LSCB and partner agencies have supported the commitment to ensure recognition and response to FGM, safeguarding girls and women at risk in our communities.



This work was undertaken collaboratively with the Leicester City LSCB and included:

- In July 2015 a LSCB FGM communication plan was sent out to all schools across Leicestershire and Rutland raising schools' awareness in recognition and response to FGM prior to the school holidays. This included the LSCB supporting a YouTube FGM awareness video: <https://youtu.be/2XdHwHGJHck>
- In September 2015, following the work of a LSCB FGM Task and Finish Group, chaired by the CCG Designated Doctor for Safeguarding Children, the LSCB, in conjunction with Leicester City LSCB, launched the revised FGM procedures at a practitioner event in the City Hall, Leicester.
- In October 2015, the LSCB participated in a mini 'Engagement Summit' involving members of the Somali community. The success of this event highlighted the benefits of community engagement to address FGM. This work is being continued into 2016-17 with the support of relevant communities.

Indicator	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
FGM cases presenting to UHL – pregnant women referred to and seen at midwifery clinic (Leics & Rutland)	0	0	14	14
LCC – FGM cases referred to Social Care	-	-	0	0
RCC – FGM cases referred to Social Care	-	-	0	0

During Q3-Q4 there were 28 disclosures of FGM from women attending appointments with the UHL Midwives. All disclosures are risk assessed using the DoH tool that is available in the LSCB FGM Procedures. All risk assessed disclosures are analysed by the Midwifery Safeguarding Team. Referrals to Children's Social Care are made as warranted.

The Safeguarding Effectiveness Group is seeking the number and outcome of women subjected to FGM who have been referred for consultation with a UHL Gynaecologist. This data has been requested for Q1 2016/17.

Negotiations commenced in May 2016 with Leicester City Public Health that aim to take forward an agreed community engagement plan; this is to ensure that a city and county wide strength based model ensures communities affected by FGM understand the legal and medical implications and promote and end to the practicing of FGM.

Prevent – Channel

Reduction in number of young people involved in terrorism / Increase in identification of young people at risk of becoming involved in terrorism / Increased community awareness of people at risk of becoming involved in terrorism

During the 2015/16 business year, the local PREVENT website has been reviewed, revised and improved, following consultation with safeguarding leads across the sub-regional local authorities, to make it clearer to access by anyone across Leicester, Leicestershire and Rutland: <http://www.leicesterprevent.co.uk/>

Local Authorities across Leicestershire & Rutland have contributed to a partnership Prevent Officer post for the area. The main activity of this Officer has been delivering training to staff working in communities, particularly in schools across Leicestershire & Rutland. In 2015/16 “Workshop to Raise Awareness of Prevent” (WRAP) training was delivered to over 1000 people in over 40 locations. This training has resulted in increased referrals to the Police Prevent team. The Officer has also supported schools to implement the Prevent strategy and supported Local Authorities to develop and deliver their Prevent action plans.

Prevent awareness is also delivered in the Leicestershire Safeguarding in Education Training Programme Sessions, managed by The Safeguarding Development Team, to Maintained Schools, Academies, Independent Schools and FE colleges which is available across Leicestershire & Rutland. Articles and guidance on Prevent safeguarding issues are also included in their electronic newsletter to schools and Prevent awareness has been a regular agenda item at the LLR FE Colleges Safeguarding meetings.

The Leicestershire & Rutland Safeguarding Boards Business Office has developed a webpage providing safeguarding signposting and links to training and the LLR Prevent Website: <http://lrsb.org.uk/prevent>

Further WRAP training is scheduled in the coming year through trained staff from across agencies and Local Authorities are supporting a range of awareness interventions for young people, parents and vulnerable adults. This includes enabling attendance of young people, parents and vulnerable adults at Warning Zone, which has a new E-Safety zone raising awareness of the dangers of grooming and radicalisation online, and developing a theatre type production regarding extremism in the vein of the Chelsea’s Choice production regarding Child Sexual Exploitation.

Transition to adult services

Care leavers and disabled young people are appropriately supported by children's services to work towards independence

Disabled young people successfully transition to be supported in adult services




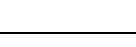
The Board explored the transition processes between child protection and adult services and was assured that appropriate and effective measures were in place to ensure successful transition and ongoing safety. Further work regarding children at risk of sexual exploitation and children supported by mental health services will be considered within the Board's priorities for 2016/17.

Think Family

Effective joint working between the various inter-agency professionals and teams involved, particularly focusing on relationships within the family and joint oversight of the ongoing work between services for adults and services for children

The reporting of Think Family is included in the Early Help section (see Priority 2a).

Domestic Abuse: Multi-Agency Risk Assessment Conference (MARAC) and Teenage Peer Domestic Abuse

Indicator	2014/15	2015/16	2015/16				Trend chart (4 quarters)
			Q1	Q2	Q3	Q4	
Calls to the DA helpline from members of the public (Leicestershire County helpline)	742	1027	134	165	191	537	
Calls to the DA helpline from members of the public (Rutland)	Call data not collected	92 (Q2-Q4)	Call data not collected	8	40	44	
Numbers of referrals to DA specialist support services (16+) (Leicestershire County)	1191	1400	422	326	326	326	
Numbers of referrals to DA specialist support services (16+) (Rutland)	Not collected	116	35	37	25	19	

A new single Leicester, Leicestershire & Rutland Domestic Abuse and Sexual Violence service commenced in December 2015 with a single helpline. This was launched publicly in March 2016 – previous helpline numbers forward people to the new service. Early data for the new service suggests an increase in demand; this will be reviewed in May 2016 after four months of operation.

Indicator	2015/16			
	Q1	Q2	Q3	Q4
MARAC referrals (L&R) (12 month rolling)	382	398	416	396
MARAC repeats (L&R) (12 month rolling)	28.5%	26.9%	26.6%	27.8%

Multi-Agency Risk Assessment Conference (MARAC) referrals continue to increase. There are currently no concerns regarding MARAC attendance by any particular agency.

Fully coordinated response to people who are at risk of domestic abuse / Improved attendance and participation by agencies at MARAC / Young people at risk of or who experience domestic abuse in their peer relationships are supported and safe

What did we intend to do?

- Joint commissioning of Domestic Abuse (DA) & Sexual Violence (SV) support services across Leicester City, Leicestershire and Rutland (LLR)
- Implement Operation Encompass information sharing between Police and schools regarding DA incidents
- Develop approaches to support for young people as primary and secondary victims of domestic abuse
- Review pathways for information sharing regarding domestic abuse
- Develop Integrated Offender Management (IOM) approach to incorporate domestic abuse offenders.

What did we do?

- Joint commissioning of single Domestic Abuse & Sexual Violence helpline and crisis and recovery support for primary victims of domestic abuse and sexual violence aged 13+ across Leicester, Leicestershire & Rutland
- Implemented Operation Encompass information sharing between Police and schools regarding DA incidents
- Set up Rutland Multi-Agency Risk Assessment Conference (MARAC)
- Started to develop approaches to support for young people as primary and secondary victims of domestic abuse. Interim approach for young people as primary victims of domestic abuse embedded in MARAC
- Commenced review of pathways for information sharing regarding domestic abuse
- Piloted IOM approach to incorporate domestic abuse offenders
- Extended Project 360 intensive engagement and support project for repeat victims of domestic abuse through Police and Crime Commissioner's (PCC) funding
- Commenced one DHR and completed one multi-agency Appreciative Inquiry into a domestic abuse related death of an adult that did not meet DHR criteria

What was the impact?

- More requests for support regarding domestic abuse and sexual violence through new service: 778 calls to new helpline from County & Rutland in 4 months (Dec 2015 to March 2016) compared with 408 in 8 months (April to November 2015) under previous arrangements
- In the first 4 months of the new LLR support service all Leicestershire and Rutland service users felt safer following support and 87.5% had experienced a reduction in violence following support
- Information shared with schools regarding domestic abuse in the home of 360 children between September 2015 and March 2016 through Operation Encompass.
- Increase in referrals to MARAC regarding young people under 18 (7 last year to 11 this year).
- Early signs of reduction in offending by priority domestic abuse perpetrators who had been worked with through IOM framework.

Qualitative Output

- Good attendance from all agencies at MARAC.

Quantitative Output

- Approximately 1400 people supported by domestic abuse support services including Independent Domestic Violence Advisors (IDVAs) and outreach
- 396 cases considered at MARAC compared to 336 in 2014
- 11 referrals to MARAC aged under 18 compared to 7 in 2014.

Service User Feedback

A service user panel is in place as part of the contract management of the new support services. The panel has fed their views into the progress of the LLR service, including areas for improvement, such as call answering and waiting times for therapeutic support.

Service user feedback on the new UAVA services show 81% of service users surveyed feel their needs have been met and identify the need for joined up support for child secondary victims in Leicestershire & Rutland.

Frontline Staff Perspectives

Schools have given positive feedback about the Operation Encompass scheme and having additional information to support their pupils.

Domestic Abuse Champions in Children & Family Services in Leicestershire have welcomed the opportunity to develop practice with regards to working around Domestic Abuse.

What are the residual issues?

- Further work to develop and embed approach to support child secondary victims of domestic abuse

- Complete information sharing pathway review
- Increasing demand on MARAC and support services, potential risks regarding caseloads
- Fully evaluate Operation Encompass in Leicestershire after first year of operation and roll out in Rutland
- Explore ways to address lack of community DA perpetrator behaviour change provision in Leicestershire & Rutland
- Implement approach to review impact of actions arising from Domestic Homicide Reviews (DHRs).

What do we need to do in the future?

Whilst there has been progress in many of the areas of work, the 2016/17 Business Plan priorities will continue to focus on: Domestic Abuse, Prevent, Child Sexual Exploitation and Mental Health.

It is important that future focus on Think Family considers the impact of a growing elderly / dependent population will have on families.



Priority 4: To be assured that our Learning and Improvement Framework is raising service quality and outcomes for children and young people

What we planned to do

The priorities for action identified in the Business Plan 2015/16 were to:

- Ensure that outcomes for children and young people are improved through the application of the Learning and Improvement Framework
- Review the Learning and Improvement Framework to ensure it is Working Together and Care Act compliant
- Seek assurance that appropriate settings are receiving and embedding appropriate recommendations from SCRs and other review processes
- Extend our capacity to provide comparative quality assurance and performance data to test performance in Leicestershire and Rutland against national and benchmark authority performance

What we did and what has been the impact

Ensure that outcomes for children and young people are improved through the application of the Learning and Improvement Framework

The Framework describes the processes by which the Safeguarding Boards review the effectiveness of our local safeguarding partnerships and individual agencies by using a comprehensive range of local information to evaluate the quality of local activity and outcomes against agreed practice standards. The Safeguarding Boards oversee any areas where single or multi-agency improvement has been identified within safeguarding reviews, audit or safeguarding performance review activity.

The Serious Case Review Subgroup uses the Learning and Improvement Framework to determine the most suitable method of reviewing a particular case. This can range from a Serious Case Review for the most serious cases, resulting in death or serious injury to a child or young person, to a less serious case where it is felt lessons can be learned for the development of procedures or improvements to service delivery.

For any review undertaken by the Board, the dissemination of the learning is achieved by a number of means:

- The key messages are shared with partners at Board meetings, with the expectation that Safeguarding Leads will then disseminate these messages within their own agencies/organisations. Briefing presentations are made available to Safeguarding Leads to assist in the sharing of key messages
- Learning from reviews is incorporated to inform the development and content of inter- and multi-agency training and learning content. A formal system of reporting learning outcomes is fed into the commissioning group

- Half-day workshops for multi-agency groups take place as soon as possible after the Board has been briefed on the review outcomes (timing is subject to legal and publication considerations)
- Key learning is featured in the Safeguarding Boards newsletters of the safeguarding messages that are most relevant to the range of disciplines covered by the Boards
- The learning is shared with other Board colleagues at a range of joint business meetings (LLR Procedures and Development Subgroup, the Joint City and County Executive Groups etc.)
- The learning is shared with colleagues in Children's Services via the mutual attendance on each other's Adult Review Learning Group (ARLG) or Children SCR Groups and Board meetings
- The Board's website features any published review.
- Reviews undertaken in other LSCB areas were scrutinised. Any issues that were considered to be relevant to Leicestershire and Rutland were included in a report which was considered at the Boards development day in order to inform the Business plan priorities for the next year.

All of this activity has resulted in a substantial increase in the number of cases referred to the SCR Subgroup by agencies. This has meant the Subgroup has had the opportunity to scrutinise what has been put in place for agencies to review individual cases (single agency appreciative inquiries and significant incident reports in Health) and for the SCR Subgroup to commission a wider range of multi-agency reviews.

The Learning and Improvement Framework is available at:

<http://lrsb.org.uk/seriouscasereviews>

Review the Learning and Improvement Framework to ensure it is Working Together and Care Act compliant

The Learning and Improvement Framework has been reviewed and made Working Together 2015 compliant. Work was also undertaken to reflect the various review methods we use to undertake both SCRs and Alternative Reviews. The new LLR Referral Form is reflected in the Framework. This has been a very successful method of capturing potential cases requiring either a formal or informal review from member agencies. There is further work to be undertaken to finally agree the Framework with Leicester City.

Seek assurance that appropriate settings are receiving and embedding appropriate recommendations from SCRs and other review processes

During 2015/16, the LSCB SCR Subgroup has undertaken 3 Child Serious Case Reviews (SCRs) and 2 other case enquiries that did not meet the criteria for SCRs. The completion and publication of the SCRs has been delayed due to ongoing judicial processes.

However, work has continued to ensure the recommendations from the SCRs are communicated and have been embedded into frontline practice.

What have we done?

- Presented the lessons learned from SCRs at three LSCB led learning events to frontline practitioners
- Ensured partner agencies have “sign off” of the relevant recommendations from the SCRs and submitted evidence of disseminating to frontline staff
- Published recommendations on the LSCB website
- Published recommendations in “Safeguarding Matters”.
- Incorporated lessons and learning from both national and local SCRs and other reviews into themes which were considered when devising the LSCB Business Development Plan for 2016/17.

What do we need to do?

- Refresh the information Health receives about potential/actual adoptive parents to ensure that Health reports parental emotional /mental health, substance misuse or domestic violence to Social Care
- Negotiate across the partnerships a Domestic Violence (DV) Pathway to ensure agency awareness of incidents of domestic violence where children are in the family
- Ensure that the Initial Health Assessments for Looked After Children are available for the time of the child’s first placement review
- Refresh the Immobile Babies and Bruising Procedures to ensure referral of immobile babies and bruising is understood by partners to be directive
- Ensure dissemination and evaluation of the Neglect Toolkit.

All of the above items are being actioned by dedicated work streams.

Extend our capacity to provide comparative quality assurance and performance data to test performance in Leicestershire and Rutland against national and benchmark authority performance

Through the new performance framework managed by the Leicestershire County Council Business Intelligence Team available comparative performance information is considered by SEG for benchmarking purposes.

The Chair of the Safeguarding Effectiveness Group (SEG) has provided a report on all the work of the SEG under Priority 1 above.

What do we need to do in the future?

Considerable progress has been made in this area, a number of issues have been identified for further development. These would include issues identified from both national and local SCRs:

- Young people at risk of Suicide and Self-Harm
- Bruising to non-mobile babies
- Effective Information Sharing
- Case Supervision
- Vulnerable Looked after Children
- Transient families
- Domestic Abuse in families with children.

Priority 5: To be assured that the workforce is fit for purpose.

What we planned to do

The priorities for action identified in the Business Plan 2015/16 were to:

- Be assured that agencies are compliant with Competency Framework
- Workforce has appropriate level caseloads and are well supported in safeguarding children and young people through reflective professional supervision
- Safeguarding training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard children and young people

What we did and what has been the impact

Local Authority Designated Officer (LADO)

The Local Authority Designated Officer (LADO) gives advice or deals with allegations against adults who are working or volunteering in a position of trust with children or young people.

The national requirement for Local Authorities to appoint a designated officer, to manage allegations against adults who work with children, was introduced in Working Together (2006), Safeguarding Children and Safer Recruitment in Education (2006) and in Keeping Children Safe in Education (2014, updated March 2015).

In 2015/16, in Rutland, 14 referrals were received by the LADO, down from 27 in 2014/15, and 5 of these were substantiated.

During 2015/16 the numbers of contacts and referrals to the LADO in Leicestershire stayed level at around 500 contacts and 250 referrals (248). These have resulted in 125 allegations being considered at a strategy meeting compared to 120 in 2014/15.

Types of allegation have not changed notably over the past three years. Physical abuse is the most frequent allegation. The Leicestershire LADO has analysed this and identified that this is related to the number of allegations made by children in residential care placements, following being physically restrained, but that there is little evidence that residential staff members are abusing children by the overuse of restraint.

In Leicestershire there has been a notable increase in allegations against individuals in a role classified as “voluntary” though numbers are low (17 this year compared to 5 and 7 in the previous 2 years) and this may be a recording issue as recording

practice has changed and numbers of individuals classified as in 'other' roles has reduced significantly.

Just under a third of the 125 allegations (39 – 31.2%) were deemed to be substantiated. This is greater than the previous year (27 – 22.5%) following a change of practice to bring Leicestershire in line with practice in the East Midlands that this refers to whether the alleged action took place, rather than whether it was substantiated that these people were a danger to children.

In the majority of cases a strategy meeting takes place within 3 days of the decision that one is required, in line with local procedures. In Leicestershire 72.1% took place within 3 days in 2015/16 compared to 72.5% in 2014/15. A smaller proportion took place ten or more days after the decision, 13.8% compared to 17.6% in 2014/15.

More than 66% of all allegations that proceed to a strategy meeting are resolved at the first meeting, with less than 2% of allegations requiring more than three meetings. These figures represent a significant reduction in the number of meetings held per allegation as compared to previous years.

The role of the LADO has been promoted in Leicestershire through attendance at a variety of venues and events including LSCB training days, Community Homes and Head Teacher training events. The Leicestershire LADO has developed good partnership arrangements with local agencies and other LADOs, including a trial of Leicestershire as lead authority for all allegations re: serving police officers across LLR during 2016/17.

The Leicestershire LADO is part of East Midlands and National networks to ensure continued learning and sharing of good practice and the LADO will play a part in national development of guidance and procedures.

Further work is to be carried out in 2016/17 will include developing a suite of closure letters to round off the process for individuals involved and improving consistency in recording numbers with regard to allegations regarding households, e.g. foster carers.

Workforce has appropriate level caseloads and are well supported in safeguarding children and young people through reflective professional supervision

In 2015 the LSCB Learning Event, attended by 160 delegates, focused on Building Confidence in Practice and Learning Lessons from SCRs.

In Spring 2016, the LSCB Safeguarding Matters special edition publication focused upon Building Confidence in Practice.

During 2015/16, the LSCB Safeguarding Effectiveness Group (SEG) was consistently assured by SEG member representative of partner agencies that all caseloads that identify safeguarding children as a concern are allocated and managed.

Business Plan Priority: Workforce has appropriate level caseloads and is well supported in safeguarding children and young people through reflective professional supervision				
Agency	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Leicestershire Partnership NHS Trust	FA	FA	FA	FA
University Hospitals of Leicester NHS Trust	PA	PA	FA	FA
Leicestershire Police	FA	FA	FA	FA
CAFCASS	FA	FA	FA	FA
Leicestershire Children & Family Services	FA	FA	FA	FA
Rutland Children & Young People's Services	FA	FA	FA	FA
Key				
Full assurance (FA)				
Partial assurance (PA)				
Assurance required (AR)				

In the recent Frontline Section 11 report, 73% of respondents in the sample group across agencies stated that they have supervision meetings with their supervisor or manager.

At these meetings:

- 95% stated they discussed workloads
- 86% discussed individual cases they are involved in
- 90% discussed their professional development
- 65% had these meetings either monthly or more frequently.

It is worth noting that, whilst a number of professionals may not have supervision meetings, they do have access to advice on specific safeguarding issues. For example, CCG and LPT offer an advice line.

Be assured that agencies are compliant with Competency Framework / Safeguarding training is relevant and effective in ensuring the workforce has appropriate skills and knowledge in working to safeguard children and young people

What did we intend to do?

- Promote understanding, and application of the revised 2014 strategy and minimum standards for all (single and multi-agency) safeguarding learning including standards for delivery (Best Practice in Safeguarding Training) and knowledge (LLR LSCB Competency Framework)
- Gain assurance and evidence of application of the use of the Framework and competency based approach on an operational level
- Support local trainers and commissioners in the delivery of safeguarding learning via networking and events and guidance
- Provision of funded essential awareness training for the Private, Voluntary and Independent (PVI) Sector

- Strengthen strategic links with Safeguarding Effectiveness Group (SEG) and other LSCB groups
- Deliver a multi-agency programme of Learning, Training and Development which reflects the requirements of the Business Plan, including the Competency Framework, the findings of Serious Case Reviews (SCRs) and revisions to legislation and guidance
- Ensure that the programme is delivered on a 'mixed-economy' basis, with partner agencies contributing equitably in relation to their time, expertise and venue resources
- Ensure that as many practitioners as possible have access to and benefit from the events in the programme
- Capture the level and quality of individual learning from the programme, both immediate and longer-term, in relation to the application of the Competency Framework.

What did we do?

- A rolling programme of briefing sessions to strategic leads, commissioners and trainers to introduce and update about the strategy and use of a competency based approach. To date, over 800 people have been briefed over a range of different sessions, bespoke meetings. Website materials and documentation revised and refreshed. Specialist work with early years – supported wider engagement with the Private, Voluntary and Independent (PVI) Sector Specialist sessions around assessing competency and effectiveness commissioned.
- Undertaken assurance surveys and sought qualitative and quantitative information. Request for data collection and assurance questions to be built into S.11 audits and 4 stage evaluation process for the inter-agency programme.
- As above – continued engagement via Network, events and emails / networking. Updated materials shared with local trainers.
- Funding for 20 sessions throughout the year for PVI sector across LLR. (Match funded with Leicester City).
- Continued liaison with SEG and SCR Subgroups in order to link action plans from SCRs to training and development.
- Implemented a programme for 2015/16 to meet the requirements made by the LSCB.
- Through the work of the Subgroup, maintained an appropriate balance between partner agencies in the burden of delivery
- Delivered a programme of 46 events over the year, meeting the requirements of the Business Plan and changes as they occurred, with the exceptions set out in (4).
- By monitoring delivery agents via the Subgroup, ensured that contributions were as equitable as possible.

What was the impact?

The specialist sessions for the Competency Framework have been well received and positively evaluated. There has been increased engagement with the non-statutory

sector, which has increased the LSCB's reach and impact with these smaller organisations. This work has promoted best practice, and also given advice about standards, policy and procedures and underpinned and strengthened organisational practice.

The ongoing work with the Early Years sector continues to develop and specialist sessions will be commissioned to continue to support learning and development.

The newly developed process for sharing and embedding key learning has been endorsed by the LSCB and will be used to provide an auditable process that will link the work of SCR Subgroup, SEG, Communications Subgroup and Safeguarding Learning Subgroup. This process will offer consistency and clarity about key messages from reviews and support them being disseminated in a consistent and targeted way.

The funded essential awareness programme has been consistently oversubscribed, well attended and evaluated.

Inter-agency Programme:

- In 2015/16 – 1600 delegate spaces were offered, 1,286 people participated in the 46 events in the programme, with an overall attendance rate of 80%. In addition to this, an extra 140 delegates attended the L&R LSCB SCR event. Participation generally reflects the size of the relevant workforce in the partner organisation.
- The number of events was lower than 2014/15 (65), as was the level of overall participation (1,661).
- Levels of satisfaction were high, with participants identifying improvements in knowledge, skill and confidence arising from the programmed events; although, in some cases, this reduces after three months. Details are collated, analysed and included in quarterly update reports produced to the Subgroup by Voluntary Action Leicester and Leicestershire (VAL).
- There was an increase in delegates from the wider PVI sector and also from the adult and wider workforce
- 'Taking specific action in the workplace' (65% of respondents) provides strong evidence of the practical effect of the programme.

As a result of Voluntary Action LeicesterShire (VAL) training, there is a more informed, knowledgeable and confident workforce in relation to safeguarding. Training participants report enhanced awareness of safeguarding good practice and an increase in skills and knowledge. This has been identified through information obtained from the inter-agency training data in relation to Voluntary and Community Sector (VCS) access to the training and its impact on knowledge, skills and confidence:

- 75% of the delegates attending the inter-agency training during Q4 stated that the Competency Framework has supported their role and identification of learning
- 71% confirmed reference is made to the Framework as part of their organisations' supervision process

- 71% of delegates attending inter-agency training reported improved knowledge of other roles and confidence to work with other agencies.

What are the residual issues?

- The continued need to reinforce the critical role played by effective supervisors in (re)enforcing the use of learning in practice.
- The links between training provision and business planning.
- The need for organisational support for training, development and learning, both to enable people to attend and in providing courses/events for the programme, in line with the training strategy.
- The need for more work to identify and respond to the voice of the child.
- The increased focus and requirement of assurance for partner and non-partner agencies about the application of the strategy and framework. This work will be a priority for LSCB and should be able to start to provide evidence of how they are applying the strategy in the final year of application.

What do we need to do in the future?

As workforce development is a cross cutting theme in our 2016-17 Business Plan, it is a priority that

- Partner agencies, in particular Local Authorities, are able to supply data regarding attendance on training
- Being assured that all agencies are able to assess, design, deliver and evaluate use of the Competency Framework.



Chapter 4: Additional items to be reported on

Child Death Overview Panel (CDOP)

VCS Reference Group

Engagement and Participation Subgroup

Neglect Task & Finish Group

Child Death Overview Panel (CDOP)

The detailed functions of the CDOP are set out in Chapter 4 of Working Together 2015. It is a key part of the LSCB's Learning and Improvement Framework since it reviews all child deaths in the Local Authority areas and identifies any modifiable factors, for example, in the family environment, parenting capacity or service provision and considers what action could be taken locally, regionally and nationally to address these.

The local CDOP covers Leicester, Leicestershire and Rutland and held 11 panels, reviewing 104 cases, in 2015/16. The membership has been reviewed (along with the terms of reference).

During 2015/16, 104 child death cases were reviewed of which 69 cases related to Leicestershire and Rutland.

Of those 69 cases:

- 12 were identified as having modifiable factors
- 10 were identified as having areas of learning (this includes learning identified prior to the case coming to panel).

All modifiable factors and learning are monitored in order to ascertain if there are emerging themes.

Listed below are the modifiable factors identified during 2015/16:

- Smoking by mother in pregnancy
- Smoking by parent/carer in household
- Accessing health care sooner
- Co sleeping
- Substance misuse (by parent)
- Domestic violence
- Consanguinity.

All of the factors are considered at panel and a discussion is undertaken in order to ascertain whether they are currently within an ongoing work stream or whether additional work is required.

As well as identifying modifiable factors, CDOP seeks to identify learning that has occurred during the review process.

Key areas identified within the cases reviewed related to:

- Access to healthcare
- Escalation of care
- Cross site coverage for neonates
- Communication
 - Professional to professional
 - Professional to patient/client

As with the modifiable factors, the leaning identified is discussed in order to ascertain if this has been actioned/disseminated or whether further action or dissemination is required.

Voice of the Child

The 'Voice of the Child' is considered at every panel for every case. Due to the nature of the work of CDOP, this is extended to try and capture the voices of the siblings. Issues considered in all cases include whether:

- The child's wishes regarding preferred place of death were supported
- Steps were taken to secure coordination of care (minimising transfers)
- Support was provided for surviving siblings
- Wishes were supported in relation to organ donation.

The named nurse role has recently extended and now (for unexpected cases) the named nurse will remain in contact with the family until the case has been reviewed at panel. Through this process it is envisaged that the voice of the child and family can be more robustly captured and represented within the CDOP process.

Frontline staff perspectives

As part of the CDOP review, professionals who have been involved with the child/family are contacted and asked to contribute to the process.

For unexpected cases, professionals will also be invited to attend a final case discussion (prior to the case being reviewed at panel).

During the review at panel, areas of exceptional practice are noted and fed back to practitioners.

In the cases reviewed the following areas were noted in a number of cases and this was fed back to the professional's involved:

- Prompt action by professionals
- Support offered to staff following the death of a child.

Six Year Analysis of CDOP Reviews

A key objective for CDOP during 2015/16 was to undertake and complete a 6 year analysis of all completed child death reviews within Leicester, Leicestershire and Rutland.

The analysis was undertaken and completed. The findings have been presented to the respective LSCBs and the recommendations have been noted. Work will continue on these areas throughout the next year.

The analysis has allowed key recommendations to be drawn out; these have been segregated into recommendations for partners and recommendations for CDOP.

The recommendations are as follows:

Recommendations for partners

- 1) There is evidence of a disproportionate number of child deaths in the more deprived population groups. All partners should assess the work currently in place to target vulnerable groups and develop an action plan to identify how the number of deaths can be reduced.
- 2) It is a consistent feature, both locally and nationally, that children under the age of 1 account for the majority of child deaths. These deaths have common features which include low birth weight, prematurity and maternal smoking and associated issues of hypertension, diabetes and obesity and their links to poverty and infant nutrition. Given that year on year the percentage of deaths remains high, all partners should ensure that appropriate action plans are in place to address the areas identified.

Action – Child Death Review (CDR) Manager will take to the next Infant Mortality Group meeting to progress (June 2016).

- 3) A community engagement exercise should be commissioned to explore certain ethnic groups' views on consanguinity and access to universal and specialist services.

Action – CDOP Members agreed that the action for point 3 would be for CDR Manager to email other CDOPs for information on work undertaken in other areas, then a national evidence trawl to be undertaken. Taking account of the following:

- *What is the issue?*
- *What is the evidence that community engagement makes a difference?*

Recommendations for CDOP

- 1) The proportion of child deaths aged 1-4 years is significantly higher than the national average: CDOP should undertake further analyses on this in order to inform partners' action plans.

Action – Find out the proportion of death rates in each age group compared to national figures. This will be obtained from national statistics.

- 2) The rate per 100,000 of child deaths for Pakistani children is significantly higher than the LLR average: CDOP should undertake further analyses on this in order to inform partners' action plans.

Action – Public health registrar to undertake analysis.

- Registrar has been identified to undertake this work.
- 3) CDOP should develop a tool to standardise decision making on categorisation of modifiable factors in all cases reviewed.

Action – CDR Manager to raise to the regional forum.

- This has been placed on the agenda for the May meeting.
- 4) CDOP should provide assurance to the LSCBs on its action plan to improve the rate of completed reviews.

Action – Ongoing – data will be submitted to the Department for Education (DfE) at the end of May 2016. A statistical analysis will be available (from the DfE) in July.

- This will allow for regional and national comparison. CDOP will also continue to provide 6 monthly updates to the LSCB regarding case progression.
- 5) Further supplementary reports should be undertaken, pooling data as appropriate in order to look closely at trend, with this report providing a baseline.

Action – This will be based on the findings of points 1-4.

Currently there are no residual issues that have been identified as part of the 6 year analysis. All areas of work have been noted and a pathway for progression has been agreed.

The information outlined in this part of the Annual Report is a summary based on data CDOP has submitted to the Department for Education (DfE) for 2015-16 (covering 1st April – 31st March). At present the data has not been verified.

A full CDOP Annual Report will be available (following verification of the data and review by panel) for September 2016.

Voluntary and Community Sector Reference Group

In the last 12 months the Voluntary and Community Sector (VCS) Reference Group of the LSCB has continued to undertake its key functions on behalf of the Board. In the area of the LSCB's Core Business, the Group has:

- Provided representatives who have regularly attended LSCB and various Subgroup meetings

- Disseminated information from the Board to the VCS
- Inputted VCS issues and impacts to the LSCB
- Delivered Essential Awareness Training across the VCS (via Children, Young People and Families Team, Voluntary Action LeicesterShire [VAL])
- Shared and disseminated key learning and resources across the sector
- Invited Chairs of the LSCBs (Leicestershire and Rutland / Leicester City) to meet the Group and develop stronger links
- Promoted the thresholds document via Children's Workforce Matters e-bulletin, newsletters and websites.

One of the functions of the Group is to ensure improved, and reciprocal, information sharing between the VCS and the LSCB, with the necessity for this being highlighted through anecdotal feedback from the Voluntary and Community Sector and evidence that had been obtained from earlier VCS Workforce data audits.

Membership on the VCS Reference Group is low. However, experience has shown that information dissemination has a much greater reach than the membership of the group due to Voluntary Action LeicesterShire (VAL) training, on behalf of the Safeguarding Boards, the Children's Workforce Matters website and dissemination of information through Reference Group members' own networks etc.

Given the extremely limited resources and capacity of the VCS Reference Group, and its members, it is felt that it has made a significant contribution to the work of the LSCB, in sharing information, learning and resources within its membership and to the wider VCS workforce and enabling participation and engagement from children, young people and practitioners. The VCS Reference Group's contribution to other LSCB Subgroups and Task and Finish groups is included in those sections of this report. In addition, the group regularly offered the VCS as a vehicle for enabling the voice of the child to be heard.

In the area of Children's Workforce Development, we have:

- Coordinated, evaluated and reported on 45 individual inter-agency training sessions
- Provided data and quarterly reports on the training delivered, the learning and development that has taken place, the application of learning into practice and evidence to show impacts made – both on a whole training programme level to the LSCBs and to individual organisations
- Re-vamped the Children's Workforce Matters Website to improve accessibility and relevance to VCS groups/organisations
- Delivered 25 Essential Awareness Training Sessions to the VCS.

Practitioners within the VCS that have accessed the training have increased knowledge, skills and confidence as demonstrated by their pre, post and 3-month self-evaluation scores.

In the area of learning and improvement, we have:

- Shared learning from SCRs and other reviews via meetings, training that has been delivered and dissemination of information via the Children's Workforce Matters website and e-briefings
- Shared learning regarding CSE and Missing from the VCS Return Interview post / resources / information sharing toolkit
- Regarding Partnership working, continued to champion Think Family/Whole Family working practices and how this should always include the Adult Services workforce (Trilogy of Risk).

There has been an increasing number of hits and unique visitors to the Children's Workforce Matters website – most specifically those pages linked to safeguarding.

Engagement and Participation Subgroup

The Engagement and Participation Group has continued to work to ensure children, young people and adults in need of safeguarding are fully and meaningfully involved at all levels in the planning, design, implementation, monitoring and evaluation of work undertaken by the LSCB and SAB.

During the year the group has worked with partners to incorporate board priority information within broader engagement and worked to develop a calendar of engagement activities to support partnership join up.

However, despite the attempts and effort of the group, it has continually struggled to obtain suitable information from partner organisations and gain engagement from agencies in its approaches to joining up engagement.

Whilst the group's approaches have had some response this has not been consistent, and has had overlaps with information provided to the Safeguarding Effectiveness Group (SEG) on voice of children and vulnerable adults.

The Board is aware that partner agencies are undertaking a broad range of engagement and participation work and the children's voice is evident in planning and work. Future engagement work of the Board will be led by the leads for individual business priorities.

Neglect Task & Finish Group

Neglect was identified as a feature in national and local SCRs, and locally in learning reviews and multi-agency audits, resulting in neglect being identified as a priority by the Leicester City LSCB and the Leicestershire & Rutland LSCB. A LLR Neglect Reference Group was established with representation from key agencies/services across LLR, including the Voluntary and Independent Sector, who provided the Chair for the group. The group met from June 2015 to May 2016 and during this period a number task and finish groups were set up. The work completed has aimed to ensure that the profile of neglect is raised, that there is early recognition of neglect and that, where neglect is identified, the child protection or child in need plans are SMART and drift is avoided. The views of children and young people, as well as

practitioners, were also sought and incorporated into the development of the resources on neglect, including through the VCS reference group.

During 2015, a dip-test and LSCB neglect deep dive audit took place.

In December 2015, a survey to ascertain front line practitioners' knowledge and confidence in identifying and assessing neglect was conducted to inform the development of the neglect strategy and toolkit. It found that out of the 96 surveys that were completed across Leicester, Leicestershire and Rutland, 75% were completed by frontline workers. Confidence in identifying neglect was at 81%, but assessing levels of neglect was at 51%. A wide range of tools and guidance were used to inform assessments, but practitioners wanted a universal cross-agency toolkit and guidance.

A cross Leicester, Leicestershire and Rutland Task and Finish Group has developed the following:

- Neglect toolkit
- Neglect strategy
- Neglect vision
- Refreshed Neglect procedures.

The strategy, tool kit and updated practice guidance were all completed by the end of the business year with the following plans in place:

- Communication of the new neglect documents at the LLR Safeguarding Learning Event on 4th May 2016
- A formal LLR LSCBs Launch Event of the strategy, tool kit and updated procedure on 7th July 2016
- A further Frontline Practitioner survey on neglect.

During 2016/17 the Board will be:

- Monitoring neglect referrals on a quarterly basis to determine whether there is a rise in referral rates to both Early Help and Duty and Assessment Teams
- Developing qualitative tools that will include a feedback sheet to both practitioners and families when the assessment tool has been submitted along with referrals to Social Services either through Early Help or Duty and Assessment Teams.



Chapter 5: Looking Forward to 2016/17

This Annual Report sets out in detail the work that the LRLSCB has undertaken during 2015/16, with an analysis of the impact on service performance and safeguarding outcomes for children and young people in Leicestershire and Rutland.

Much has been achieved across the partnership of agencies that make up the Boards. However, our learning and improvement processes identify what now needs to be done, both to sustain and develop our work and to respond to new challenges that have arisen through national and local change.

The Board has set out its intentions for the next year in its new Business Development Plan published in April 2016. Our priority actions have been identified against a range of drivers. The drivers include:

- National policies strengthening safeguarding arrangements and the roles of LSCBs, including Working Together 2015
- Recommendations from inspections that have been undertaken in member agencies, including the most recent Ofsted inspections of the Local Authorities
- The Ofsted framework for the review of LSCBs
- Peer reviews/challenges undertaken as part of the East Midlands arrangements
- The outcomes of SCRs – emerging from both national and local reports
- Evaluations of the impact of previous Business Plans and analysis of need in Leicestershire and Rutland, including the Joint Strategic Needs Assessments (JSNA) carried out in both counties
- Key areas of safeguarding specific to Leicestershire and Rutland – as evidenced by Quality Assurance and Performance Management (QAPM) data
- Priorities for action emerging from QAPM operated by the Boards
- Responses to the views of stakeholders, including the outcomes of engagement activities with children and young people
- Best practice reports issued by Ofsted, Association of Directors of Children's Services (ADCS) and others including the Jay Report on CSE arrangements in Rotherham and the subsequent Casey Report.

We have continued the business planning model introduced in 2014/15, which aligns the Business Development Plan with the QAPM, the budget and our risk registers.

We have adopted a new approach to our business planning this year, moving away from the five strategic priorities that have been in place for the last three years and

focusing on areas that we have identified as priorities for development and improvement. At the Development Day, Board members identified areas in which we had reached good levels of performance and agreed that these would not be included in the Business Development Plan but rather monitored through a core quality assurance and performance management framework to ensure performance remained at levels judged to be good or better. By focusing the Business Development Plan on areas identified for improvement we also hope better to target work on a reduced number of priorities in recognition of the need to be SMART at a time of increasing pressures on capacity.

The specific priorities that have arisen for the LRLSCB are:

- Early Help
- Evidencing the impact of the threshold protocol and outcomes from our Learning and Improvement Framework (including Serious Case Reviews and Domestic Homicide Reviews)
- Signs of Safety
- CSE
- Neglect.

The priorities that have arisen for the Joint part of the Business Development Plan are:

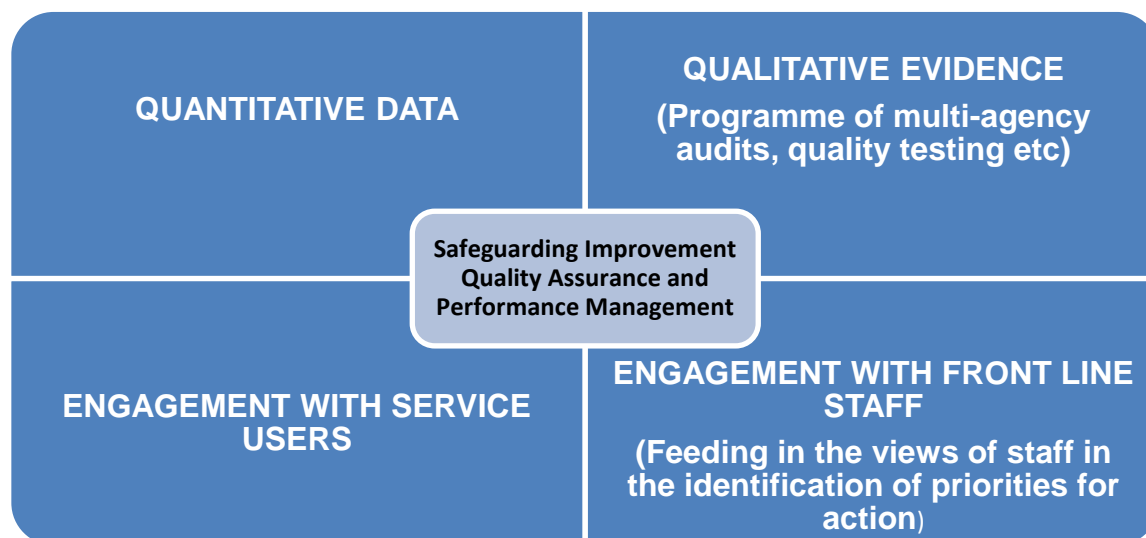
- Domestic Abuse
- Reducing safeguarding risk arising from mental health issues – including monitoring of the implementation of the Mental Capacity Act and DoLS and its application to 16-18 year olds
- PREVENT.

The specific priorities that have arisen for the LRSAB are:

- Building Resilient Communities – that can safeguard themselves but know how to report risk when it arises
- Securing consistent application of safeguarding thresholds
- Championing and securing the extension of Making Safeguarding Personal across the partnership to improve service quality and outcomes for service users
- Assuring robust safeguarding in care settings – including health care at home, residential and nursing care settings
- Tackling neglect and omission.

Against each of these priorities the Boards have identified key outcomes for improvement and the actions that will need to be taken over the next year to achieve these improved outcomes.

The Quality Assurance and Performance Management Framework for the Boards will be revised to ensure that they reflect the new Business Development Plans and enable ongoing monitoring of performance of core business that is not covered in the Business Development Plan. Quality Assurance and Performance Management will continue to be framed around our 'four-quadrant' model as set out below:



A further change to our Business Development Plan this year is that against all priorities for action we will include cross-cutting themes that must be addressed both to strengthen safeguarding practice and also secure stronger evidence of impact for the quality assurance framework. The cross-cutting themes are set out in the grid below.

Priorities for improvement	Learning and Improvement drivers	Audit / data implications	User views and feedback	Workforce implications	Communications implications
Priority 1					
Priority 2					
Priority 3					

These cross-cutting activities will be agreed by those mandated to lead on each specific priority.



Leicestershire and Rutland Local Safeguarding Children Board Business Development Plan 2016-17

LSCB Priority 1 – Lead: Victor Cook; Board Officer: Andy Sharp				
Secure robust and effective arrangements to tackle Child Sexual Exploitation (CSE), Missing and Trafficking				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
To broaden awareness raising activity in relation to CSE, Trafficking and Missing whilst targeting identified underrepresented groups	Implement the CSE, Trafficking and Missing Subgroup communications strategy Revise, update and deliver the training strategy	Develop a programme of communication activity and training initiatives appropriate and relevant to a wide range of individuals and groups	CSE, Trafficking and Missing Subgroup CSE Communications Coordination Group Training and Development Subgroup CSE Coordinator	September 2016
To reduce the number and frequency of missing episodes for children deemed to be at highest risk of harm	Partners meet their statutory duties in relation to children returning from missing episodes including where CSE is a potential or known risk factor	Develop and implement a specialist response to those children at the highest risk Ensure learning from return interviews is collated and acted upon	CSE, Trafficking and Missing Subgroup	December 2016
To seek assurance that the implementation of the Strategic Partnership Development Fund (SPDF) CSE programme leads to enhanced safeguarding outcomes	Implement the 13 projects linked to the programme arising from the SPDF Ensure linkage between implementation of the SPDF programme and the LSCB CSE,	Identify audit opportunities to test improved safeguarding outcomes Monitor and review progress of programme	CSE, Trafficking and Missing Subgroup CSE Executive Group SPDF Programme Board	September 2016

for children	Trafficking and Missing Strategy	implementation		
To provide effective support and recovery services for victims of CSE and their families that meet the spectrum of their needs	Post abuse services are sufficient and effective	<p>Review current commissioning arrangements to determine whether they are well planned, informed and effective</p> <p>Assess and evaluate the sufficiency of current services to offer specialist interventions, specifically post abuse</p> <p>Ensure the needs of children and young people are represented in the Health and Well-Being Strategy</p>	CSE Executive Group	December 2016

LSCB Priority 2 – Lead: Chris Nerini; Board Officer: Chris Tew				
To maximise the impact of learning from SCRs and other reviews				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
<p>To ensure that recommendations from SCRs and other reviews locally and nationally are disseminated, acted upon and positively impact on the quality of safeguarding services and their outcomes for children, young people and families</p> <p>These would include issues identified from both national and local SCRs:</p> <ul style="list-style-type: none"> • Young people at risk of Suicide and Self-Harm • Bruising to non-mobile babies • Effective Information Sharing • Case Supervision • Vulnerable Looked after Children • Transient families • Domestic Abuse in 	<p>Identify the key learning and action points arising from local and national SCRs</p>	<p>Twice per year the “themes” identified from new National SCRs are reported on at the SCR Subgroup and those themes that need further work in Leicestershire and Rutland are identified and incorporated into the Business planning process</p>	<p>SCR Subgroup</p>	<p>April / May and November / December 2016</p>
	<p>Disseminate relevant recommendations and learning points to those that need to implement and secure improvement</p>	<p>Regular updates, including progress of reviews and early learning from reviews, are posted on the members’ section of the website to ensure that members are aware of progress in a timely manner</p> <p>Ensure each multi-agency early learning point from local SCRs has a suitable lead</p>	<p>SEG</p>	<p>June 2016</p> <p>April 2016</p>

families with children		officer identified ensuring that any changes are implemented as soon as possible		
	Ensure that appropriate workforce development takes place to ensure staff can implement required change	<p>Learning events taking place on the 7th March 2016 and 2nd April 2016 will feature the issue of bruising to immobile babies</p> <p>Other communications opportunities will be identified throughout the year to highlight other issues identified from SCRs. These opportunities will include the Safeguarding Matters publication and other media and learning events</p> <p>Trigger appropriate workforce development activity by ensuring the identified issues are included in the needs assessment framework which manages multi-agency training and individual agencies are</p>	<p>SCR Subgroup</p> <p>SCR Subgroup and LLR Communications Subgroup</p> <p>Training and Development Subgroup (Multi-Agency)</p> <p>SCR Subgroup members (single agency)</p>	<p>Ongoing April 2016 to Spring 2017</p> <p>By April 2016 and ongoing as new themes emerge</p>

		aware of the issues to include them in their single agency training and awareness events		
Undertake a Quality Assurance and Performance Management Framework to test impact on service quality and outcomes for children, young people and families		<p>Young people Suicide and Self-Harm – this issue is being managed under Joint Board priority 3</p> <p>Bruising to non-mobile babies - ensure escalation issues are picked up in the dataset to ensure appropriate implementation of procedures</p>	<p>SCR Subgroup (where changes are required to ensure effective service delivery)</p> <p>Safeguarding Effectiveness Group (SEG) (where data required to give assurance)</p>	<p>By receiving professional reports from agencies in Q3 2016 -17, seek assurance that escalation procedures in agencies</p> <p>Data monitored at four SEG meetings throughout the year and reported to Executive Group and Board</p>
		<p>Effective Information Sharing – test by case file audit</p> <p>Case Supervision – test by case file audit</p> <p>Vulnerable Looked after Children – test by multi-agency and single agency case file audit</p>	<p>LR Multi-Agency Audit Subgroup (where case file audit is required)</p>	<p>Audit programme throughout 2016-17</p> <p>By receiving professional reports from agencies in Q3 2016 -17, seek assurance that escalation</p>

		<p>Transient families – following implementation of cross-border protocol, monitor compliance by Leicestershire & Rutland</p> <p>Domestic Abuse in families with children – continue to monitor via case file audit</p> <p>Domestic Abuse in families with children – continue to monitor via case file audit</p>		<p>procedures in agencies</p>
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LSCB Priority 3 – Lead: Moira O’Hagan; Board Officer: Helen Pearson				
To champion and support the extension of Signs of Safety (SoS) across the Partnership and secure assurance of the effectiveness of multi-agency processes/working and evidence of positive impact for service users				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
Through Signs of Safety (SoS), secure improvement in multi-agency practice across the child’s journey through service provision. Through a shared understanding of the approach, language and full participation, improve outcomes for the children and families	Disseminate learning on the impact of the Innovation Programme in Leicestershire which ends on the 31st March 2016	Programme ends on 31 st March 2016 – receive project evaluation	LR SoS Task and Finish Group	30 th April 2016
	Share learning to support the rollout of SoS in Rutland / Leicester	Learning to be integrated into Programme proposal		April/May 2016
	Formulate a multi-agency programme of action to embed SoS across the Partnership in both Leicestershire and Rutland	Programme Proposal: 3 options with costings	Multi-Agency Task and Finish Group with proposal for – Development and Procedures, Communications, SEG and Training and Development	Task and Finish Group: March-June 2016
	Phase 1 Plan – September 2016	- Leadership - Align/process – from referral to LAC		Draft Report to Executive: 9 th May 2016
	Phase 2 Plan – Sept 2016-March 2017	Workforce Development – relevant and proportionate		Report to Executive: 6 th June 2016
		Communication – Tools, Website, WikiLeaks		Report to Board: 8th July 2016
				Programme

		Quality Assurance – key areas of improvement as identified in the PRF – e.g. Repeat Child Protection Plans		starts: September 2016 Evaluate Programme: March 2017
Receive Qualitative Data – Voice of Parent, Practitioners and Children	Oct-Dec 2016 Case Conference Audit	LCC	SEG: Quarter 3	
	Oct-Dec 2016 CIC Reviews	LCC	SEG: Quarter 3	
	Audit – Quality of Care Plans	LCC	SEG: Quarter 3	
	Audits for Rutland TBC	Rutland	Quarterly	
	Data currently provided on Conference/Reviews and Care Plans	LCC/Rutland	Sept 2016 March 2017	
	Training Data and feedback	Training and Development Subgroup		

LSCB Priority 4 – Lead: Janette Harrison; Board Officer: Chris Tew				
Be assured that thresholds for services are understood across the partnership and applied consistently				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
<p>Be assured the LSCB children’s safeguarding thresholds are robust and that implementation is consistent across all agencies</p> <p>These would include the following issues:</p> <ul style="list-style-type: none"> • LCC – Early Help occasionally not escalating cases soon enough • LCC – Child Protection Conference repeats • LCC – CSE – higher level of consciousness required across service including First Response Children’s Duty • LCC/Rutland – shared language and decision making regarding the 	<p>Test multi-agency understanding and application of safeguarding thresholds in Leicestershire and Rutland through the four quadrant QAPM framework, tracking the data through SEG and reporting issues to the Executive Group and the Board</p>	<p>Consistent reporting to SEG of performance through the Performance Reporting Framework (PRF)</p>	<p>Safeguarding Effectiveness Group (SEG)</p>	<p>April 2016 and ongoing</p>
	<p>Ensure that referrals to Children’s Social Care are made in accordance with current thresholds</p>	<p>Dip sample audit of referrals to First Response in Leicestershire and Children’s Duty and Assessment Team in Rutland</p>	<p>Social Care managers in the Local Authorities</p>	<p>April 2016 onwards</p>
	<p>Ensure that appropriate referrals are being made to Early Help from the Healthy Child programme</p>	<p>By obtaining data from the Health Visitor Healthy Child programme of Universal, Universal plus and Universal partnership plus levels of service and monitoring through</p>	<p>SEG</p>	<p>September 2016 onwards</p>

use of “No Further Action” to referrals		SEG		
	Establish the levels of referrals to CSC from the public and encourage appropriate referrals by an awareness campaign	Media awareness campaign to be conducted and results monitored through SEG	SEG	November 2016
	Establish and report on what constitutes NFA in regard to referrals and encourage a shared consistent language across LLR	Arrange meetings between relevant staff across LLR to understand the current picture and report on the findings	Board Office to Executive Group	May 2016

LSCB Priority 5 – Lead: Bernadette Caffrey; Board Officer: Gary Watts				
Be assured that Early Help Services are effectively coordinated across the LSCB Partnership and secure outcomes that reduce pressure on child protection and care services				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
To be assured that Early Help Services are effectively coordinated across the LSCB Partnership that secure better outcomes for children and families and that reduce pressure on child protection and care services	Deliver a robust Early Help Offer across Leicestershire and Rutland through integrated working and implementation of the Early Help Assessment (EHA) and team around the family approach	a) Devise an outcomes framework for Early Help b) Review and evaluate local programmes once a year in order to ensure quality, equity and value for money c) Monitor and manage the performance of delivery plans that support the strategic priorities assigned to the Children’s Trust , (Rutland) and the Partnership Board (Leicestershire) – for example Children Centre Improvement Plan, Changing Lives Outcomes Plans	Head of Service, Early Intervention, RCC and Head of Service, Supporting Leicestershire Families	March 2017

LSCB Priority 6 – Lead: Julie Quincey; Board Officer: Gary Watts

**To be assured that the LLR Neglect strategy increases understanding, identification, risk assessment and management of neglect and reduces prevalence in Leicestershire & Rutland
(Identifying neglect earlier within families and supporting parents to enable change through partnership working, in order to reduce the impact of neglect on the emotional and physical wellbeing of children)**

Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
Be assured that the LLR Neglect Strategy is effective in safeguarding children in Leicestershire & Rutland	Develop and publish the Neglect Strategy to create a standard across Partnership Agencies to identify, assess risk and manage Child Neglect	Consultation with LLR Neglect Reference Group members and national resources	LLR Neglect Reference Group, Chair: Julie Quincey	June 2016
Seek assurance that the LLR Neglect Toolkit is effective in safeguarding children in Leicestershire & Rutland	Develop and launch Neglect Toolkit to ensure improved and consistent identification, risk assessment and management of Child Neglect across LLR partnership agencies	LLR-wide Frontline Practitioner Survey to gather evidence on existing ways in which neglect is identified, risk assessed and managed	LLR Neglect Reference Group Toolkit Task & Finish Group, Chair: Julie Quincy (CCG Hosted Safeguarding Team)	Toolkit launch (May 2016) The Board / Executive need to provide a steer regarding whether the use of this Toolkit should be mandatory throughout the partnership
Seek assurance that LLR Neglect procedures	Procedures – promote LLR Practice Guidance to ensure	Promote LLR Practice Guidance	LLR Neglect Reference Group, Chair: Rama Ramakrishnan	March 2017

<p>are effectively safeguarding children in Leicestershire & Rutland</p>	<p>buy-in of frontline practitioners Review and update LLR procedures</p>	<p>Promote local dispute resolution process to consider neglect cases where appropriate protection is not achieved</p>	<p>(NSPCC Service Manager)</p>	
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Leicestershire and Rutland Local Safeguarding Children Board and Safeguarding Adults Board Joint Business Development Plan 2016-17

Joint Priority 1 – Lead: Jonny Starbuck; Board Officer: Gary Watts				
Domestic Abuse – To be assured that there are robust and effective arrangements to tackle domestic abuse				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
A) To scrutinise the new Domestic Abuse Pathway for services for victims (including children, young people and adults) ensuring it is fit for purpose and embedded across the partnership (UAVA)	1) Identify pathways through which service users access help and support regarding DA 2) Scrutinise and where necessary challenge pathway(s)	Domestic Violence Delivery Group (DVDG) chair will hold UAVA representative to account via DVDG meetings, asking them how they can offer assurance that pathways to access their services are fit for purpose	Chair of Domestic Violence Delivery Group (DVDG) – Jonny Starbuck	March 2017
B) Ensure that there are effective information sharing arrangements in place to support the effective delivery of the pathway for services	Review and reality check individual information referral pathways between key agencies with responsibilities for supporting DA victims	Through a Task and Finish Group, chaired by DI Tim Lindley, convened in March 2016 for this specific purpose		September 2016
C) To be assured that there are effective preventative processes and/or intervention services in place for DV perpetrators	1) Further develop existing use of Integrated Offender Management methodology around DV perpetrators 2) Seek to develop DV perpetrator intervention programme in Leicestershire and Rutland, similar to the Jenkins project in the City	1a) Improve suite of performance data 1b) Start to measure reoffending rates, post IOM interventions, to establish efficacy of process 2) Continue to pursue (via Community Safety Partnership and DVDG) opportunities to source and fund such a programme		March 2017

Joint Priority 2 – Lead: Rachel Bradley; Board Officer: Helen Pearson				
To be assured that Mental Health Services incorporate robust arrangements to reduce safeguarding risk to children and adults in particular areas: e.g. Suicide, Self-Harm, Emotional Wellbeing, Adolescent Mental Health, those supported through MCA/DoLS and the Learning Disability Pathway				
<i>NB – Meeting with the Priority Lead took place on 05.04.16 – Preliminary discussions with multi-agency colleagues regarding this Priority suggest there is a need for a shared understanding of Better Care Together Pathways / Health and Wellbeing Boards / Joint Strategic Needs Assessments, governance and reporting structures. Are issues of risk/safeguarding to children and adults integral to the pathways? Do they use a strengths based model?</i>				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
A) Self-Harm – seek assurance from the Self-Harm Prevention Strategy Group that the strategy is reducing risk	Review the existing local self-harm prevention plan to assess its effectiveness in relation to children, young people and adult safeguarding	This column to be determined in collaboration with the Better Care Together Programme Board and LSCB/SAB lead in conjunction with a Board Officer	To be agreed	March 2017
	Develop an appropriate action plan to address any identified weaknesses	Plan Extra ordinary Board/Executive Meeting or Workshop		March 2017
B) Self-Harm – seek assurance that current information and resources available to children, young people and adults on Self-Harm are used across the	Agree with the Better Care Together Programme Board the means of securing action on key elements of this priority Understand the current information and resources	As above	To be agreed	March 2017

LSCB and SAB partnership	available to children, young people and adults on Self-Harm, including what to do if someone you know is self-harming			
C) MCA DoLS – to be assured that there is appropriate understanding and implementation of the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) across the LSCB and SAB partnerships	Agree with the Better Care Together Programme Board the means of securing action on key elements of this priority For the Subgroup to ensure that the workforce, across both Children and Adults services, have an appropriate understanding of Mental Capacity Act and Deprivation of Liberty Safeguards	As above	To be agreed	March 2017
D) Emotional Health and Wellbeing Pathway – to be assured that the pathway is robust and fit for purpose	To be assured that the safeguarding elements of the transformation plan for mental health and wellbeing, overseen by the Better Care Together Programme, effectively safeguard children, young people and adults (including transitions)	As above	To be agreed	March 2017
E) CAMHS – to be assured that the CAMHS review includes improved safeguarding outcomes	To seek assurance that the CAMHS review will result in better safeguarding outcomes for children and young people	As above	To be agreed	March 2017

<p>F) Learning Disability Pathway – to be assured that the pathway includes safeguarding outcomes</p>	<p>The LLR Health and Social Care Learning Disability Pathway, planned within the BCT programme, is being developed. The Board needs assurance that the safeguarding elements of services and pathway are robust</p>	<p>As above</p>	<p>To be agreed</p>	<p>March 2017</p>
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Joint Priority 3 – Lead: Jane Moore; Board Officer: Chris Tew				
To be assured that the Safeguarding element of the PREVENT strategy is effective and robust across Leicestershire and Rutland				
Objective	What are we going to do?	How are we going to do it?	Who is responsible?	When is it going to be done by?
The LSCB and SAB to be assured by regular reporting that the safeguarding element of the PREVENT strategy is effective across Leicestershire and Rutland	Ensure that the Boards and their partner agencies have the information to be able to direct appropriate resources towards those areas that are identified as needing a safeguarding response to PREVENT issues	The Joint Section of the LSCB/SAB receive quarterly reports on PREVENT including the C.T.L.P. (Counter Terrorism Local Profile)	Jane Moore / Gurjit Samra-Rai	April 2016 and ongoing
Seek assurance that the PREVENT actions agreed by the Boards are delivered effectively	By participating in, and monitoring, the progress, training and awareness events to particular groups of professionals and the public involved in safeguarding	Awareness events, including the Workshop to Raise Awareness of Prevent (WRAP), and the new Young People's awareness tool (when developed) to be offered to members of the LSCB/SAB Board, Executive and Subgroups	Gurjit Samra-Rai / Chris Tew	September 2016 (when tool developed and before delivery to young people)

		LSCB/SAB members to support and promote PREVENT awareness sessions with young people across LLR	Jane Moore / Gurjit Samra-Rai	October 2016 (when tool developed)
		LSCB/SAB members to support and promote the PREVENT awareness training of foster carers and prospective adopters across LLR	Jane Moore / Gurjit Samra-Rai	September 2016
		LSCB/SAB members to support and promote the PREVENT awareness training of carers and parents of people with learning disabilities	Jane Moore/ Gurjit Samra-Rai	March 2017



APPENDIX 3

ADCS	Association of Directors of Children's Services
AWS	Army Welfare Service
BIA	Best Interest Assessor (Mental Capacity Act)
BME	Black / Minority / Ethnic Groups
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group (two in area: East Leicestershire and Rutland and West Leicestershire. There is also a CCG for Leicester City)
CDOP	Child Death Overview Panel
CFS	Children and Family Services (formerly CYPS)
CIC	Child in Care
CICC	Children in Care Council
CLR	Changing Lives Rutland
CME	Child Missing from Education
CMN	Children with Medical Needs
CP	Child Protection
CPC	Child Protection Conference
CP-IS	Child Protection – Information Sharing
CPP	Child Protection Plan
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
CYPS	Children and Young People Service (for Leicestershire and the Services for People in Rutland)
DASH	Domestic Abuse, Stalking and Harassment

DFE	Department for Education
DHR	Domestic Homicide Review
DLNR CRC	Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company
DoH	Department of Health
DoLS	Deprivation of Liberty Safeguards
DSL	Designated Safeguarding Lead
DV	Domestic Violence
EH	Early Help
EHA	Early Help Assessment
EHE	Elective Home Education
EMAS	East Midlands Ambulance Service
EMCARE	East Midlands CARE
EYFS	Early Years Foundation Stage
FE	Further Education Colleges
FGM	Female Genital Mutilation
FII	Fabricated and Induced Illness
FM	Forced Marriage
FRCDT	First Response Children's Duty Team
FreeVa	Free from Violence and Abuse (Charity)
FWI	Framework-I (UK Social Services Casework Management System/Database)
FYPC	Families, Young People and Children Division (Rutland County Council)
HealthWatch	HealthWatch has statutory powers to ensure the voice of the consumer is strengthened and heard
HMIC	Her Majesty's Inspectorate of Constabulary
HMIP	Her Majesty's Inspectorate of Prisons
HO	Home Office
ICPC	Initial Child Protection Conference
IDVA	Independent Domestic Violence Advocacy
IHA	Initial Health Assessment
IOM	Integrated Offender Management

ISA	Information Sharing Agreement
JSNA	Joint Strategic Needs Assessment
KIDVA	Children's Independent Domestic Violence Advocate
LA	Local Authority
LAC	Looked After Children
LADO	Local Authority Designated Officer
LCC	Leicestershire County Council
LFRS	Leicestershire Fire and Rescue Service
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership NHS Trust
LRLSCB	Leicestershire and Rutland Local Safeguarding Children Board
LRSAB	Leicestershire and Rutland Safeguarding Adults Board
LRSB	Leicestershire and Rutland Safeguarding Boards
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MCA	Mental Capacity Act
MSP	Making Safeguarding Personal
NHS	National Health Service
NPS	National Probation Service
NSPCC	National Society for Prevention of Cruelty to Children
Ofsted	Office for Standards in Education, Children's Services and Skills
PCC	Police and Crime Commissioner
PME	Pupil Missing from Education
PRF	Performance Reporting Framework
PSHE	Personal, Social, Health and Economic (education)
PVI	Private, Voluntary and Independent Sector
QAPM	Quality Assurance and Performance Management
RCC	Rutland County Council

SAB	Safeguarding Adults Board
SAR	Safeguarding Adult Review
SBBO	Safeguarding Boards Business Office
SCIE	Social Care Institute for Excellence
SCR	Serious Case Review
SDQ	Strength and Difficulties Questionnaire
Section 11(of Children Act 2004)	Arrangements to safeguard and promote welfare
Section 47 (of Children Act 2004)	Local Authority's duty to investigate
SEG	Safeguarding Effectiveness Group
SIDO	Social Inclusion and Development Officer
SILP	Significant Incident Learning Process
SLF	Supporting Leicestershire Families
SoS	Signs of Safety
SPOC	Single Point of Contact (CPOC = Central; NPOC = Nominated)
SRE	Sex and Relationships Education
SSOTP	Staffordshire and Stoke-On-Trent Partnership NHS Trust
Swanswell	Alcohol, Drug and Support Services
ToR	Terms of Reference
UAVA	United Against Violence and Abuse
UHL	University Hospitals of Leicester NHS Trust
VAL	Voluntary Action LeicesterShire
VAR	Voluntary Action Rutland
VARM	Vulnerable Adult Risk Management
VCS	Voluntary and Community Sector
YOS	Youth Offending Service