Halton Safeguarding Children Board

Annual Report 2017-18

and

Business Plan 2017-19

October 2018

CONTENTS

1. Independent Chair's Introduction

I am pleased to present the 2017 - 2018 Halton Safeguarding Children Board Annual Report. As the Independent Chair of the Board, I challenge the partnership to meet its responsibilities to work together effectively to safeguard our local children and young people. This year has been challenging in light of the legislative changes enacted around the Children and Social Work Act 2017. The Board has already made some structural changes to support effective transition to new arrangements in 2019 but the partnership has remained focused on our priorities for improving the safety and wellbeing of children and young people.

This report will provide an overview of the work we have undertaken, and progress against our agreed priorities. Throughout the period we undertook a number of multi–agency audits and case reviews, highlighting the strengths and areas of development for agencies in Halton and identifying any key lessons to be learned. We have recognised emerging risks of Modern Slavery and Trafficking of children and have already identified and disseminated learning and good practice from analysis of early case work. Strong progress has been made in raising awareness of the impact of Neglect and Domestic Abuse on children & young people and in improving systems to monitor the effectiveness of earlier intervention and support in these key areas.

Richard Strachan
Independent Chair
Halton Safeguarding Children Board

2. The Structure of the HSCB

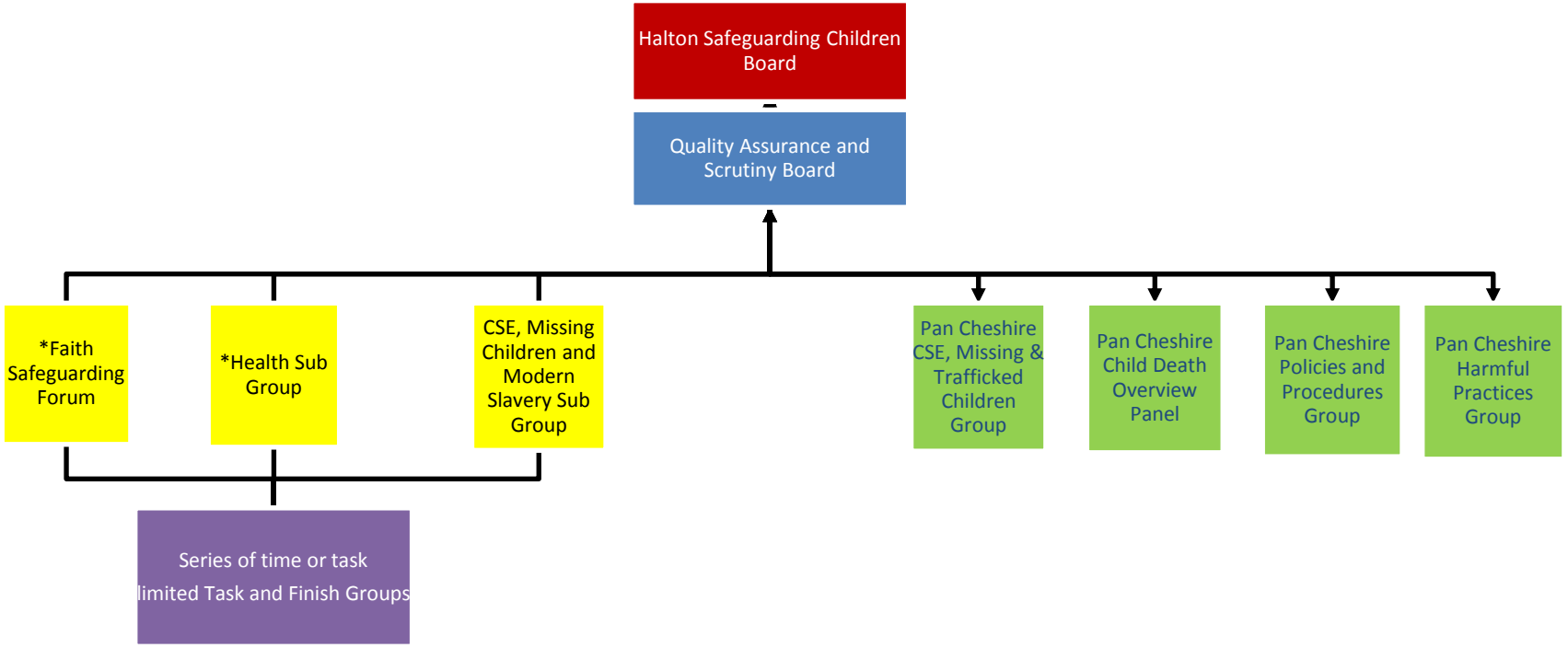
In order to refocus the work of the Board and to ensure a more timely response to priorities and actions, the Board revised its structures during 2017-18. The functions of the Scrutiny and Performance and Safer Workforce and Development Sub Groups and Executive were merged into the Quality Assurance and Scrutiny Board. Membership of the Executive was revised to ensure that the Quality Assurance and Scrutiny Board included representation from Education and children's commissioners, including Public Health.

The HSCB currently comprises of a strategic Main Board, a Quality Assurance and Scrutiny Board and a number of sub groups, both local and Pan Cheshire. All sub groups have defined terms of reference, work plans under the HSCB Business Plan and are accountable to the Strategic Board. The Main Board is the overarching decision making body whilst the Quality Assurance and Scrutiny Board drives the business on behalf of the Board, with the sub groups reporting directly to it.

There are clear overlaps and common issues between children's and adults' services in relation to safeguarding vulnerable groups, whatever their circumstances. Examples include: Sexual Exploitation, Trafficking and Female Genital Mutilation. The behaviours and personal situation of an adult at risk in a family can impact significantly on any children and young people in that family, and may impair parenting abilities. In addition, childhood experiences may have lasting effects into adulthood. For this reason, Halton has strong links between the Safeguarding Adults and Children Boards. The Health Sub Group and Faith Safeguarding Forum are accountable to both Boards.

The Pan-Cheshire sub groups - Child Sexual Exploitation, Missing & Trafficked Children; Policies & Procedures; Harmful Practices; and Child Death Overview Panel (CDOP) – support the four Cheshire LSCBs to work more effectively. The arrangement supports and enables improved information sharing arrangements to address issues which do not recognise local authority boundaries, such as Child Sexual Exploitation or Trafficking.

HALTON SAFEGUARDING CHILDREN BOARD STRUCTURE



*Denotes joint Sub Group of the HSCB and Safeguarding Adults Board

3. Demographics of Halton

Halton has an estimated population of 127,595, of which approximately 28,337 children aged between 0-17 years are living in the borough. (Source: ONS, 2016 Mid-Year Population Estimates). The population is largely White British, with only 3.2% of the population identified as being from a minority ethnic group. (Source: 2011 Census)

Halton is the 27th most deprived local authority area in England out of 326. 26% of the population live in areas that fall in the top 10% most deprived nationally. (Source: Index of Multiple Deprivation, 2015) In 2014, 12% of children and young people were living in poverty. (Source: DWP, Out of Work Benefit Claimant Households, 2015)

4. Key Priorities 2017-18:

The HSCB's 2017-19 Business Plan identified four strategic objectives:

1. Ensuring that the Board has effective and efficient structures, processes and resources in place to undertake its objectives and functions effectively.
2. Engage with children, young people and families in the work of the Board and safeguarding activity undertaken by partners.
3. Assuring the quality of practice in the local safeguarding context.
4. Support the development of a safe and informed workforce, including volunteers.

In addition to the strategic objectives, the HSCB has four areas of focus to be considered across all of the strategic objectives:

a) Neglect
b) Domestic Abuse
c) Emotional Health and Wellbeing
d) Missing Children, Child Sexual Exploitation and Modern Slavery

The areas of focus were identified from the information collated through performance monitoring, audit of practice, the outcome of reviews, feedback from frontline staff and engagement work with children & families. Progress against these priorities is detailed in the body of the Annual Report.

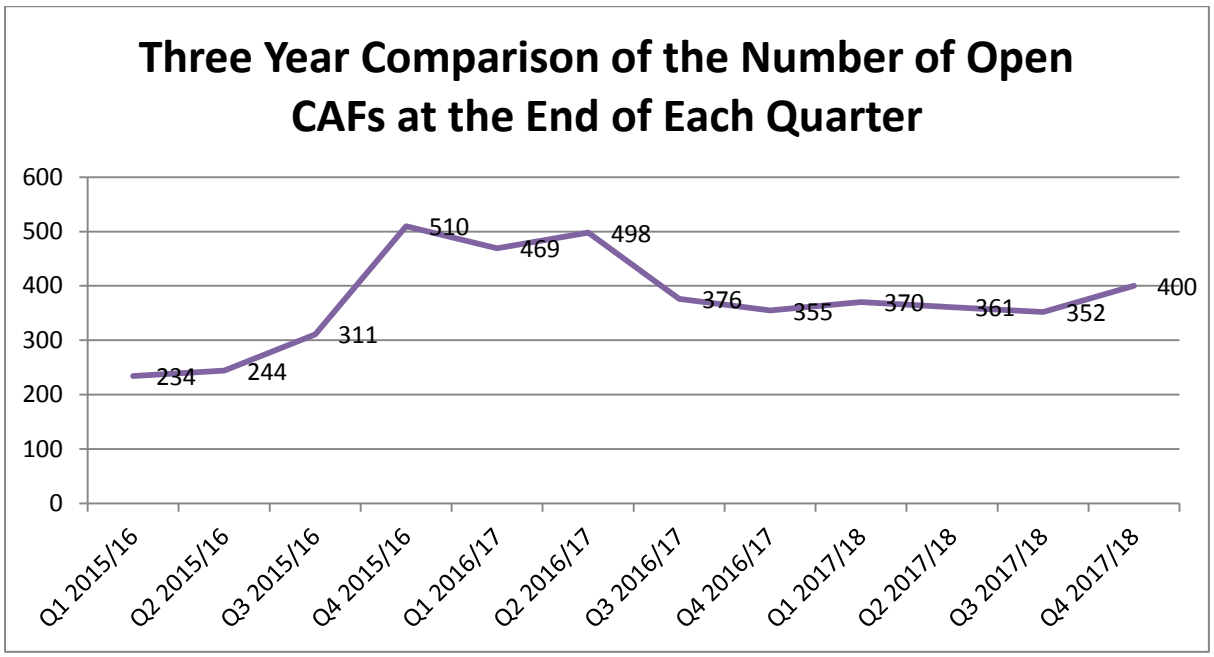
5. How Safe are our Children and Young People in Halton? Safeguarding Activity 2017-18

5.1 Early Intervention

Halton's Early Intervention Strategy ensures that identified and assessed needs of children and families are met at the lowest, safe level of service possible. In some instances children may have additional needs which if addressed at an early stage will prevent the need to refer to Children's Social Care at a later point. The child and family may need a range of supportive services to address these additional needs. Partners across Halton use the Common Assessment Framework (CAF) to assess early intervention needs. This is a voluntary assessment process, requiring informed consent of the family or young person, dependent upon age and understanding. The child's needs are assessed holistically, services delivered in a coordinated manner with progress and outcomes reviewed regularly.

The CAF may also be used when the level of risk has been reduced so that families no longer need a service from Children's Social Care. This is to ensure that any ongoing needs of families continue to be met and/or that families and young people are supported to access universal services.

From Quarter 2 2016-17 there were some data quality issues identified where CAFs may have been closed with the family but had not been closed on the recording system, resulting in the number of open CAFs reducing by approximately 30%. During quarters 1 to 3 in 2017/18 the figures remained relatively stable (370 highest and 352 lowest). Then in Q4 the number of open CAFs increased to 400. This was due to an improved electronic recording system being rolled out across the multi-agency partnership during Quarter 3. The new system is improving performance reporting on CAF.



Data in relation to step ups from CAF to Children's Social Care shows that a total of 198 cases were stepped up during the year. However, as this data was unavailable for the previous two years, a comparison cannot be made at this time.

From Q3 this financial year, data has been available in relation to the number of CAFs advised by the integrated Contact & Referral Team (iCART) and how many CAFs were subsequently put into place. This data is included in the HSCB Data Scorecard and is scrutinised by the Quality Assurance and Scrutiny Board. This data will be reported in next year's annual report, due to there only having been two quarters worth of data available in 2017-18. The tracking of this data was a recommendation from a local Practice Learning Review (PLR) which recognised the importance of being able to monitor this so that partners, where necessary, can be challenged as to why a CAF was not initiated as advised.

5.2 Children in Need and Child Protection

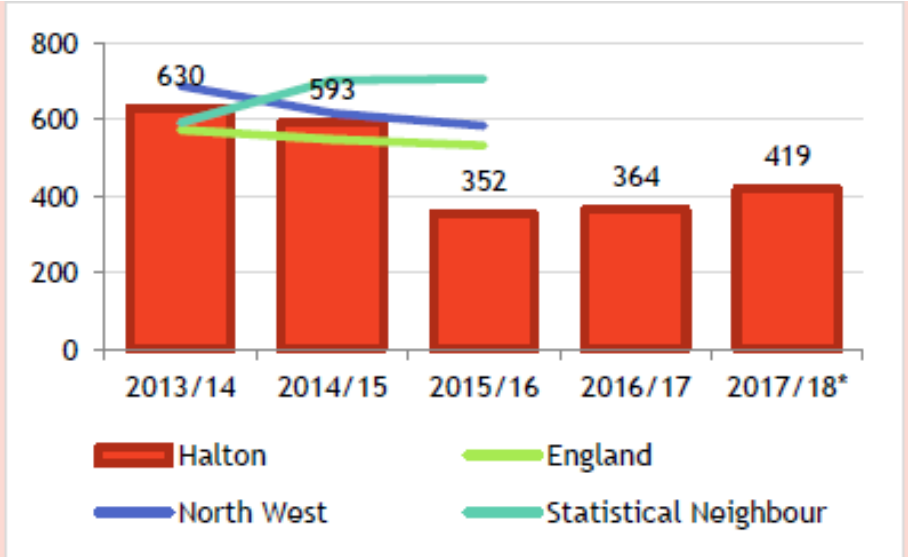
All services and the community in Halton need to be vigilant and have the confidence to report concerns where they think that a child may be at risk of harm. We also need to ensure that children have opportunities to speak out when they are at risk, or are being harmed. Specialist services such as Children's Social Care and the Police can only intervene to protect children if they are alerted to concerns. The HSCB promotes messages to both the public and staff regarding what to do if concerned about a child's welfare. In addition, specific campaigns are also promoted by the HSCB, such as the "Know and See" Child Sexual Exploitation campaign and the Child Criminal Exploitation campaign.

The following information is about children and young people in Halton who have been identified by the Local Authority and partner agencies as being in need of safeguarding.

The rate of Children in Need in Halton has seen an increase on last year, but has remained relatively stable throughout the year. The provisional rate for Halton at the end of 2017-18 was 421 per 10,000 population based on those children and young people who have been involved with Social Care across the Levels of Need Framework (see Appendix B Halton Levels of Need Framework). This includes those receiving an assessment, subject of Child Protection Plans, Children in Need and Care Leavers. The most recent available data from 2016-17 shows that Halton's rate remains higher that the North West average (372 per 10,000) and England average (330 per 10,000), but below the rate of its statistical neighbours of 469 per 10, 000 population.

5.3 Referrals

A referral is information received by Children's Social Care where there are concerns about a child. The response may be to provide advice, a single agency response, signpost to early intervention services or to undertake a Social Worker led single assessment.



iCART has experienced higher numbers of contacts this year (on average more than 70 extra per month) compared to last year. The demand is balanced between Social Care (Level 3) and Early Intervention (Level 2). [See Appendix B Halton Levels of Need Framework.]

In relation to comparators the referral rate is low. It should be noted that Halton's processes for recording referrals may differ to other local authorities. For instance, some local authorities record all contacts whether they resulted in a referral or not, and as a result they would have a significantly higher rate of referral, and are likely to also present a higher proportion of those deemed no further action. Halton has a very low number of referrals leading to no further action.

5.4 Re-Referrals:

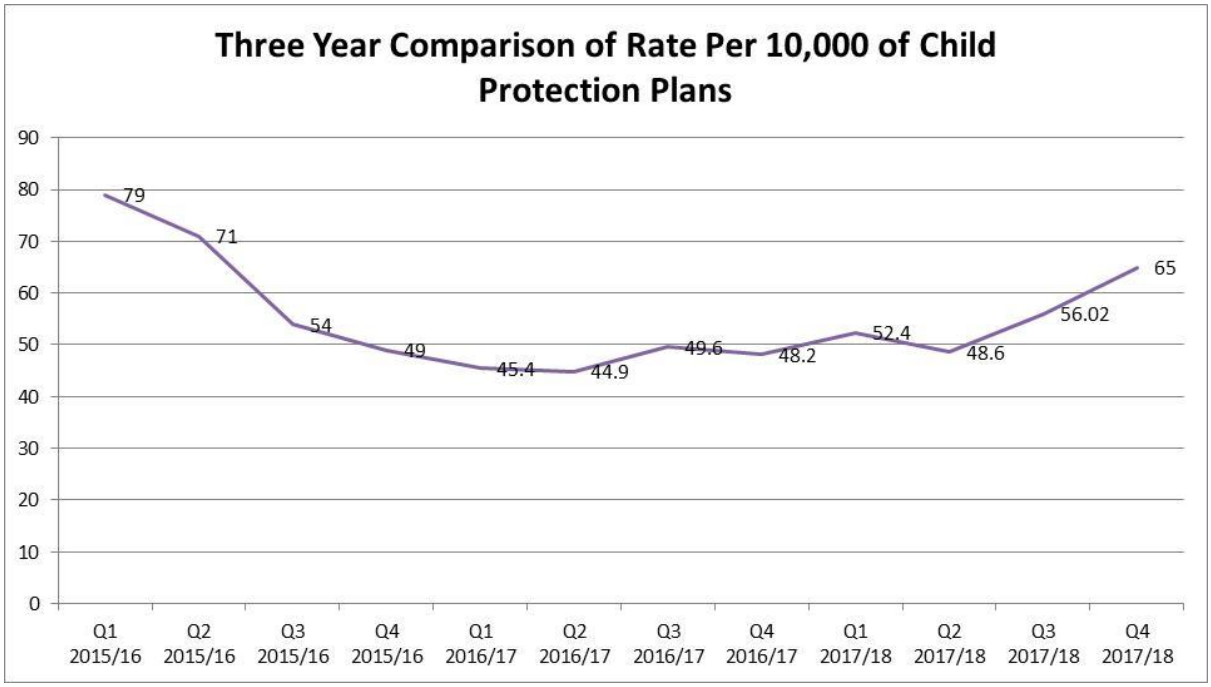
Re-referrals to Social Care are defined as a referral being received within 12 months of the previous referral. Provisional data suggests that in 2017-18 the level of re-referrals in Halton remained reasonably stable with an average of 7%; this is similar to an average of 6% the previous year. All re-referrals are discussed monthly by the Local Authority's Senior Management Team and if applicable learning is identified and fed back into practice.

5.5 Assessments:

When Children's Social Care accepts a referral an assessment is undertaken by a Social Worker. Checks are built into the process to ensure that the child is seen in a timely manner and that the assessment is progressing to timescale. Social workers have up to 45 working days to complete their assessment and determine what services, if any, are appropriate for that child/children and family. The HSCB set a target to complete 95% of Single Assessments within 45 days. This target has been exceeded for the past two years. At the end of 2017-18 96% of assessments had been completed within the 45 day timescale.

5.6 Children Subject to Child Protection Plans:

Children become the subject of a Child Protection Plan when it has been identified that they are in need of protection from either neglect, physical, sexual or emotional abuse. Only the most vulnerable children have Child Protection Plans.

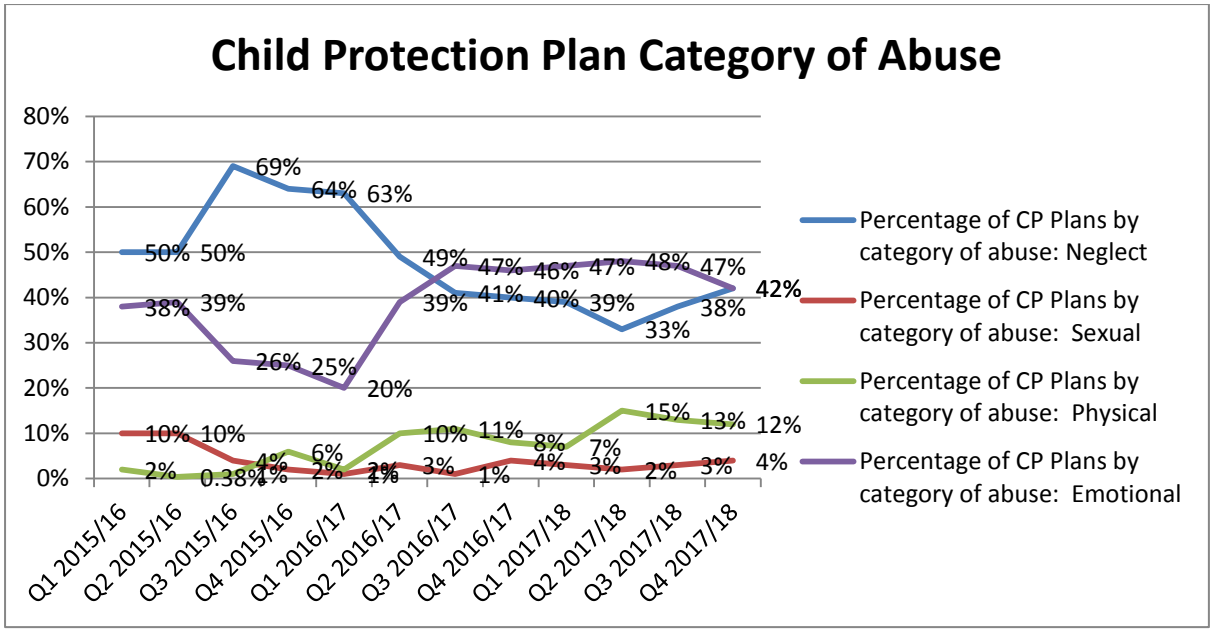


The rate per 10,000 of Child Protection Plans had remained in line with where it was at the end of quarter 4 2015-16, until Quarters 3 and 4. At the end of Quarter 4, the rate per 10,000 had increased by 16.8 to 65. The rise is in line with a 17% increase in the number of referrals that has been seen at the end of the year. The latest available data from 2016-17 shows that Halton was slightly above its statistical neighbours' average of 59 per 10,000 and also above the North West average of 53 per 10,000.

Category of Abuse for Child Protection Plans:

The category of abuse reflects the most significant risks to the child.

Emotional Abuse remained the highest reported category for Child Protection Plans until Quarter 4. In Quarter 4 Neglect and Emotional Abuse were equally the highest categories of abuse recorded for Child Protection Plans. The percentage of plans with Physical Abuse has increased by 4% at the end of year to 12%.



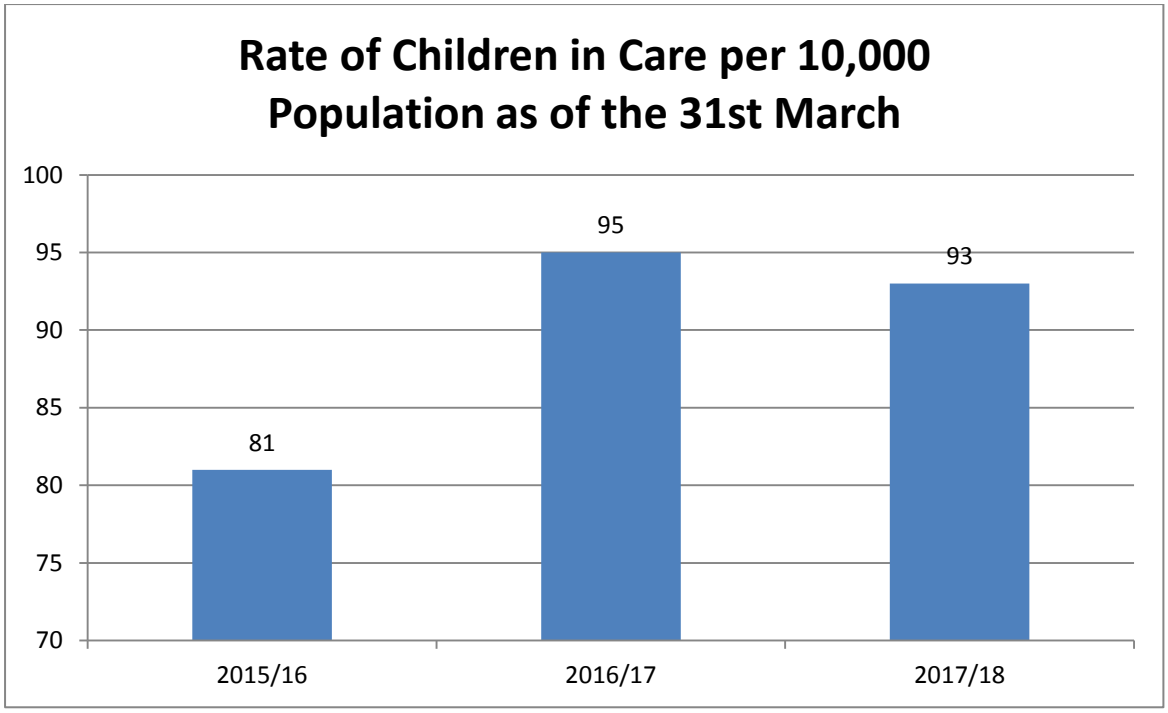
5.7 Children in Care

At 31st March 2018 there were 262 Children in Care. This is a slight reduction of 1.5% compared to the previous year. This is a rate of 93 per 10,000 population. The latest available data in relation to statistical neighbours from 2016-2017 shows that Halton's rate is slightly lower than the statistical neighbour average of 95 per 10,000 population. Halton's rate remains higher than the North West average of 86 and an England average of 62. The numbers of Children in Care remained relatively static during the year.

In January 2018 there was an HSCB Multi-Agency Audit carried out on 10 cases involving Children in Care. The audit identified good evidence of identifying and addressing root cause analysis with positive outcomes for children; thorough pre-birth assessments; good multi-agency working and communication and the child's voice captured and used to inform their plan leading to positive outcomes for the child. Two examples of positive outcomes from cases were:

The care episode led to a parent making significant changes within their life. The parent was using substances and not considering the impact that this was having on their child. The parent no longer uses substances and is now a mentor on a programme for the Adult Substance Misuse Service.

A case involved a trafficked child from Asia. The child absconded and was located approximately 2 years later. The child was being charged with offences and several escalations were made by the Social Worker, Independent Reviewing Manager and Youth Justice Service to the court in relation to treating the child as a victim of trafficking, rather than as an offender. Charges were subsequently dropped by the court and an appropriate placement was located for the young person by the multi-agency team



5.8 Children Living in Halton in the Care of Other Local Authorities

Some children living in Halton are Children in Care of other local authorities (this means that they live in foster care placements, independent children's homes or within a Leaving Care/Semi Independent placement in Halton where the placement has been arranged by another Local Authority.)

Each Local Authority is required to maintain a current list of the children placed in its area. On 31st March 2018 there were 135 children placed in Halton from other local authorities, which is a 10% decrease on last year.

The children in care placed in Halton by another Local Authority are recorded on Halton's systems by iCART when a notification has been received that the child has been placed in Halton or left Halton. There is very little fluctuation in the numbers and often delay in receiving notification that the child has left Halton can lead to a false increase in numbers. Data cleansing was undertaken in March 2018 to ensure a more accurate understanding of the local picture. This supports the multi-agency partnership in ensuring that these vulnerable children are receiving services, including universal services such as a GP, School Nurse and education, which they are entitled to.

5.9 Private Fostering

Private fostering is an arrangement, usually made by a parent, for a child under 16 years (or under 18 years if they have a disability) to be cared for by someone other than a close relative (ie grandparent, brother, sister, aunt or uncle) for 28 days or more. It does not apply to children who are looked after by the Local Authority.

LSCBs are expected to ensure that effective processes are in place to promote the notification of private fostering arrangements in their local area. This includes raising awareness amongst staff and the public of what constitutes a private fostering

arrangement, and the requirement to notify Children's Social Care. The local authority is required to provide an annual Private Fostering Report to the HSCB, which the Board reviews and responds to any findings as necessary.

Whilst private fostering spans most age groups it more commonly occurs for young people between the ages of 13-16 years old. In research undertaken in 2015 the reasons for being privately fostered were identified as follows:

- 25% said they became privately fostered because their parents were on holiday;
- 17% said they were privately fostered because their parents had long term health problems;
- 17% said their parents were working away from home;
- 10% said their parents were living somewhere else;
- 9% said they'd had a row with their mum and dad;
- and 5% said their parents were in prison.
- A further 34% cited 'other' as the reason they became privately fostered. (British Association of Adoption & Fostering)

Following on from activity undertaken last year the lead for private fostering wrote to solicitors in Halton in order to promote earlier identification of any children who entered into a private fostering arrangement as a result of their parent, or person with parental responsibility, receiving a custodial sentence. This action was undertaken due to the research in respect of the overriding reasons why children are entering private fostering arrangements. The HSCB had made contact with the National Probation Service, Cheshire & Greater Manchester Community Rehabilitation Company (CRC) and prisons locally in order to ensure that their awareness of private fostering was sufficient to identify specific cases and refer them to Children's Social Care. As a result of this a new system was implemented by CRC whereby a specific question was asked of new prisoners about whether they had a child and where they were living during the custodial sentence.

Meetings took place with Everton Football Club Safeguarding Team to ensure a clear process for the identification, assessment and monitoring of those families that host a child. The assessments completed by the club are thorough and cover the areas that would be required to be assessed by a Social Worker. Exploration of how best to manage these arrangements moving forward was discussed with the view that this should be undertaken in conjunction with neighbouring local authorities in order to ensure consistent systems and approaches in order to keep children safe.

A new checklist was created along with a flow chart to assist agencies in identifying whether a child is living in a private fostering arrangement. These were circulated to the multi-agency partnership and uploaded to the HSCB website. The checklist was shared with Adult Social Care teams and hospitals to specifically identify and support children whose parents are detained under the Mental Health Act.

Private Fostering activity during 2017-18 was as follows:

	2017/18
Notifications received during the report year	2 (28 abandoned referral notifications*)
Private Fostering Arrangements starting during the reporting year	2
Arrangements open during the year	4
Average age of those children & young people with Private Fostering arrangements during the year	15.4yrs
Private Fostering arrangements ending during the reporting year	3 (3 families)
Number open at end of reporting year 31st March 2017	1 (1 family)

*Abandoned referral notifications relate to cases whereby the child's circumstances have changed – for example, where they return to live with a parent/close relative or the carer obtains a Child Arrangement Order – or the child is identified to be living with a close relative.

5.10 Children who are Adopted

The number of adoptions from care during the reporting period was 23, a significant increase on the previous year's number of 13. Of these, 21 (91%) were placed with prospective adopters within 12 months of the decision to adopt.

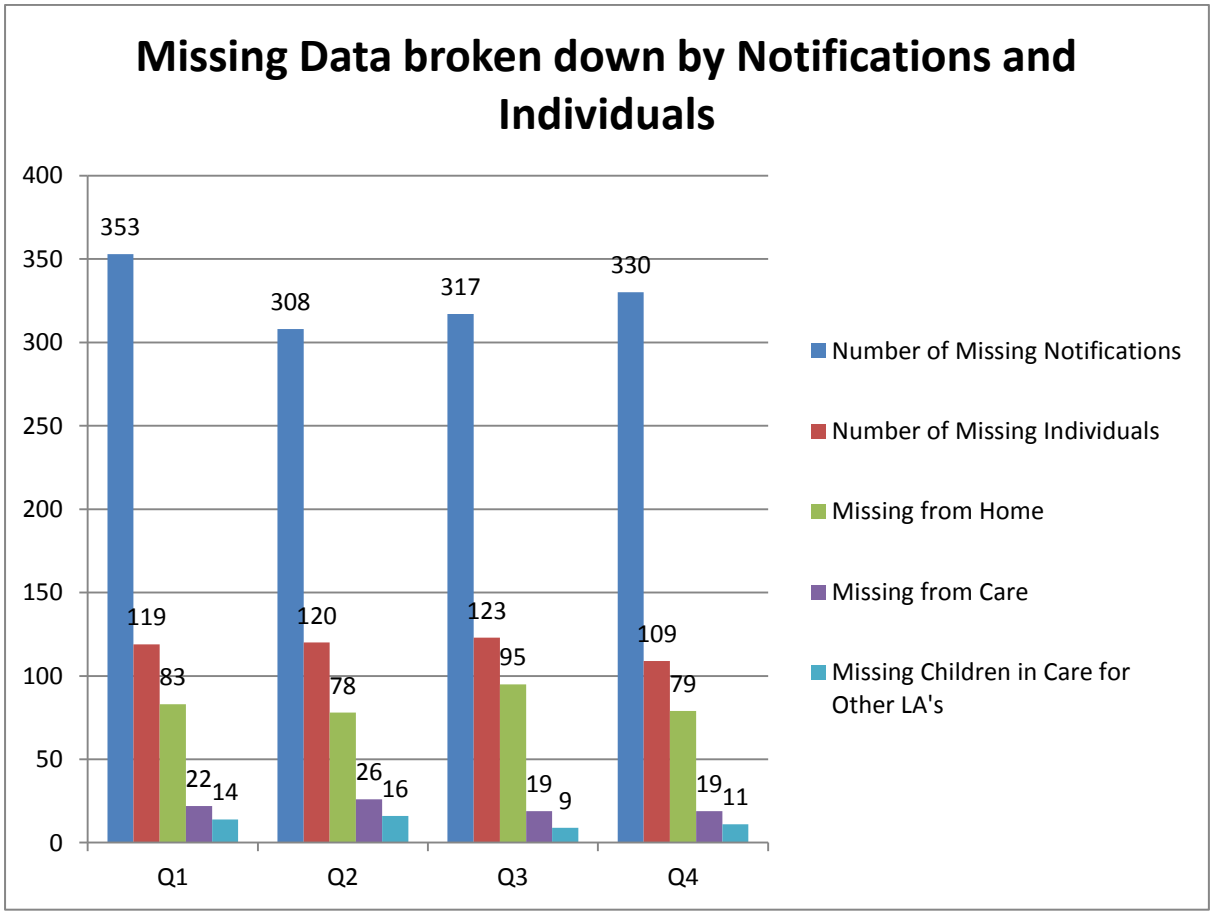
The government sets two threshold measures for adoption:
A1: Average time between a child entering care and moving in with their adoptive family. The threshold is 426 days and Halton's forecast is 420 days suggesting both an improvement from the previous three year period, and meeting the threshold.
A2: Average time between the Local Authority receiving court authority to place a child, and the Local Authority deciding on a match to an adoptive family. The threshold is 121 days and Halton's forecast is 161 days, which is an improvement from the previous three year period, but not yet below the threshold.

Data is awaited to confirm the position for the three year period ending 31 March 2018; however given previous published data it is unlikely that many local authorities will have met both thresholds.

5.11 Missing Children

Catch22 has been commissioned to provide the Missing from Home Service across Cheshire since 2012. Staff from Catch22 work closely with the police Missing from Home Coordinator and other partners. They undertake return interviews and assessment, followed by direct intervention work as required. They also undertake independent return interviews with Halton's Children in Care, placed outside Cheshire, but living within a 20 mile radius.

Missing Children Data April 2017 – March 2018



In total, the Local Authority have recorded 1308 incidents relating to children being reported missing. This is a 20% increase over last year when 1050 incidents relating to children being reported missing were recorded.

Of the 1308 reported incidents, there were 471 individuals who were reported missing.

335 were missing from home
86 were missing from care
50 related to children placed in Halton

The CSE, Missing Children and Modern Slavery Sub Group scrutinises activity on behalf of the Board. This has included the impact of the multi-agency Weekly Meetings; how Return Interviews inform the child's plan; and practice in relation to the Missing from Home Strategy.

5.12 Child Sexual Exploitation (CSE)

Sexual exploitation can happen to boys and girls from any background. Any child under the age of 18 may find themselves in a situation that makes them vulnerable to CSE. Perpetrators can be male or female, adults or other young people.

Further detail of CSE work in Halton is set out in the section on the CSE, Missing and Modern Slavery Sub Group.

5.13 Domestic Abuse

Since 2016 Catch22 have been commissioned to provide a Domestic Abuse Service for families in Halton. In 2018 the service was adapted to offer support to both early help as well as families known to Children's Social Care. The service offers a range of interventions for both individual adults and young people who are victims of domestic abuse. These include:

- Safety planning for children to support them in keeping safe within the home; a structured programme for victims/survivors that ensures risk reduction strategies and education and awareness around domestic abuse and the impact on parenting.
- The Gateway Programme to raise awareness of the impact and dynamics of controlling relationships.
- The Jigsaw Programme to provide children who have lived with Domestic Abuse the opportunity to share their experiences in a safe and supportive environment.

Catch22 uses evidence-based methodology to enable young people to monitor and track their own progression, including the 'Outcomes Star'; a unique suite of tools for supporting and measuring change when working with victims of varying ages and needs and also for assessing skills and knowledge gained from involvement in the service. 'My Star' which focuses on categories of need in relation to how the victim perceives others look after them and how they are managing themselves.

Following involvement with the service there have been 32 families who have maintained a step down and 15 parents who have accessed employment or training. There are 9 peer champions that support with pre-gateway sessions.

Operation Encompass where the Police contact a trained member of staff at school/college to offer appropriate support to the child following domestic abuse incidents continues across Halton.

5.14 Emotional Health & Wellbeing:

Following on from Practice Learning Reviews and a Serious Case Review undertaken by the HSCB, emotional health and wellbeing was identified as a priority area of focus across all of the Board's strategic priorities. During 2017-18 CMAHS has reported the outcome of an audit undertaken in relation to one of the Practice Learning Reviews, with CAMHS cases closed following the child not being brought to appointments being the focus of a Multi-Agency Audit.

5.15 Neglect

The Board reviewed and published a new Neglect Strategy. Work is being undertaken in 2018-19 to produce a Neglect Protocol which will include a range of assessment tools to support practitioners in the identification of neglect. Neglect was also the focus of one of the Board's Multi-Agency Audits.

6.0 The Work of the Sub Groups

6.1 Child Sexual Exploitation, Missing Children and Modern Slavery Sub Group

The Sub Group achieved the following in 2017-18:

- Sub Group terms of reference were revised to include Modern Slavery.
- Reviewed learning from a child trafficking case identified by Health practitioners.
- Sub Group members were involved in development of the Pan Cheshire Modern Slavery training package to be rolled out in 2018-19; NHS Trusts also incorporated Modern Slavery into their level 3 safeguarding training packages and Police included on crime courses.
- Partners completed CSE case audits and CSE was included in themes of the Multi-Agency Audits.
- Peer champions from the Missing and CSE Service advised and helped develop future service provision.
- Partners engaged in activity for national CSE awareness day.
- Snaptrap theatre performance delivered in 14 Primary Schools for Yr 5 and 6 children which looked at online grooming and a range of related risks, with pre and post performance work undertaken with the children.
- Pan Cheshire Modern Slavery Strategy launched that covered children and adults.
- CSE training in place across a range of partner agencies which compliments multi-agency training.

Priorities for 2017-18 include:

- Revising the terms of reference and membership of the Sub Group to reflect the importance of Contextual Safeguarding included in *Working Together* 2018.
- Revising terms of reference and working of the CSE Operational Group to reflect the risks of wider Criminal Exploitation to children and young people.
- Ensuring that partners use the Child Criminal Exploitation screening tool and protocol to assess risk to children and young people and develop plans which address need and reduce risk.
- Delivering Pan Cheshire Modern Slavery training across the workforce to embed pathways and good practice.
- Ensuring that all partners are using one up to date list of young people at risk of CSE.

6.2 Health Sub Group

The Health Sub Group reports to both the Safeguarding Adults and Children Boards. For the purposes of this report the focus is upon reporting the Sub Group's achievements in relation to children and young people.

NHS Halton Clinical Commissioning Group (CCG) appointed a Deputy Chief Nurse Designated Nurse Safeguarding Children & Children in Care and Designated Nurse Safeguarding Adults during the year. The Deputy Chief Nurse took over chairing of the Health Sub Group from the Chief Nurse. The Designated Doctor post remained vacant. The Designated Nurses supported Primary Care whilst the Named GP took a sabbatical and have taken over the lead for the Safeguarding Practice Leads meetings. This has increased the number of safeguarding consultations by Primary Care to the CCG. In 2018-19 Halton CCG will consider alternative models to a Named GP supporting Primary Care, based on the approach in Warrington of the appointment of a Nurse. Halton CCG has also identified a suitably skilled and knowledgeable individual to undertake the role of Designated Doctor, and is expected to finalise the appointment during 2018-19.

The Sub Group achieved the following in 2017-18:

- Implementation of responsible commissioner guidance for Children in Care supporting coordination of health provision for Halton's children placed out of borough and for children placed in Halton by other local authorities.
- Roll out of Child Protection Information Service (CPIS) across acute settings to ensure social workers are alerted when Children in Care or those subject of Child Protection plans receive emergency hospital treatment.
- Reflection and sharing of learning from a child trafficking case identified by Health practitioners.
- Scrutiny of Health Sector Safeguarding Annual Reports.
- Ensured that safeguarding was embedded in the contract for the 0-19 Service.
- Warrington & Halton Hospitals Foundation Trust and Bridgewater Community Healthcare Foundation Trust undertook work jointly to develop a policy on children not brought to health appointments.

Priorities for 2018-19 include:

- Develop pathways, reporting, quality assurance and safeguarding processes within Primary Care
- Ensure audit activity of Health partners is scrutinised by Sub Group.
- Development of a case management model for Children in Care over 5 years old.
- S11 scrutiny of Primary Care and small contracts commissioned by NHS Halton CCG.

6.3 Faith Safeguarding Forum:

The Faith Safeguarding Forum reports to both the Safeguarding Adults and Children Boards. For the purposes of this report the focus is upon reporting the Sub Group's achievements in relation to children and young people.

During 2017-18 the Forum increased engagement with the Faith Sector across Halton. The majority of settings have provided details of their safeguarding leads which means that we have been able to send out targeted communications. This has raised awareness of issues such as Forced Marriage and Honour Based Abuse, Hate Crime, suicide and has increased attendance from the Faith Sector on safeguarding children training.

Priorities for 2018-19:

- Completing S11 audits across Faith organisations in Halton, including a redacted version for smaller organisations.
- Faith Forum representatives to join Halton's Child Poverty Group to inform its work with the grassroots information they hold, including the work of Street Pastors and Foodbanks.

6.4 Pan Cheshire Policy & Procedures Sub Group

The Pan Cheshire Policy & Procedures Sub Group meets twice a year to coordinate revisions to the Pan Cheshire LSCB Multi-Agency Safeguarding Children Procedures Manual and to identify topics which can benefit from a Pan Cheshire procedures approach. During 2017-18 the group worked with the Pan Cheshire Harmful Practices Group to ensure that a new Harmful Practices Strategy, incorporating Female Genital Mutilation, Forced Marriage and Honour Based Abuse was included in the procedures. The work on Harmful Sexualised Behaviour was progressed, but formal ratification will not be completed until 2018-19.

The Sub Group achieved the following in 2017-18:

- Coordinated revisions to the Pan Cheshire LSCB Multi-Agency Safeguarding Children Procedures Manual including additional chapters on: Children & Young People Involved in Gangs and Dangerous Dogs
- Ratified procedures for dealing with Child Protection Appeals (when parents appeal the decision)

Priorities for 2018-19 are:

- New chapters in the Pan Cheshire LSCB Multi-Agency Safeguarding Children Procedures Manual on Concealed Pregnancy and Child Sexual Abuse in the Family
- Harmful Sexualised Behaviour
- Bruising in Babies and Non-Mobile Children

7.0 Child Death Overview Panel (CDOP)

All Boards have a statutory requirement to review the circumstances of the deaths of every child under the age of 18 years (excluding infants live-born following planned, legal terminations of pregnancy and stillbirths), who normally reside in the borough. This is in order to identify any potentially preventable child deaths in the future.

Preventable child deaths are defined as those in which "modifiable factors" may have contributed to the death. These are factors which, if changed, could help to reduce the risk of injury or death in other children, although we cannot say that they would have prevented this particular child from dying.

The review of child deaths for Halton is undertaken by the Pan Cheshire Child Death Overview Panel. The Panel has an Independent Chair, Mike Leaf.

In 2017-18 there were seven deaths of Halton children reported to the Pan Cheshire Child Death Overview Panel. This is in line with previous years of eight deaths in

2016-17 and six deaths in 2015-16. Six Halton child deaths were reviewed and closed by the Panel during the year; one from 2016-17 and five from 2017-18.

The Pan Cheshire CDOP Annual Report is published on the HSCB's website.

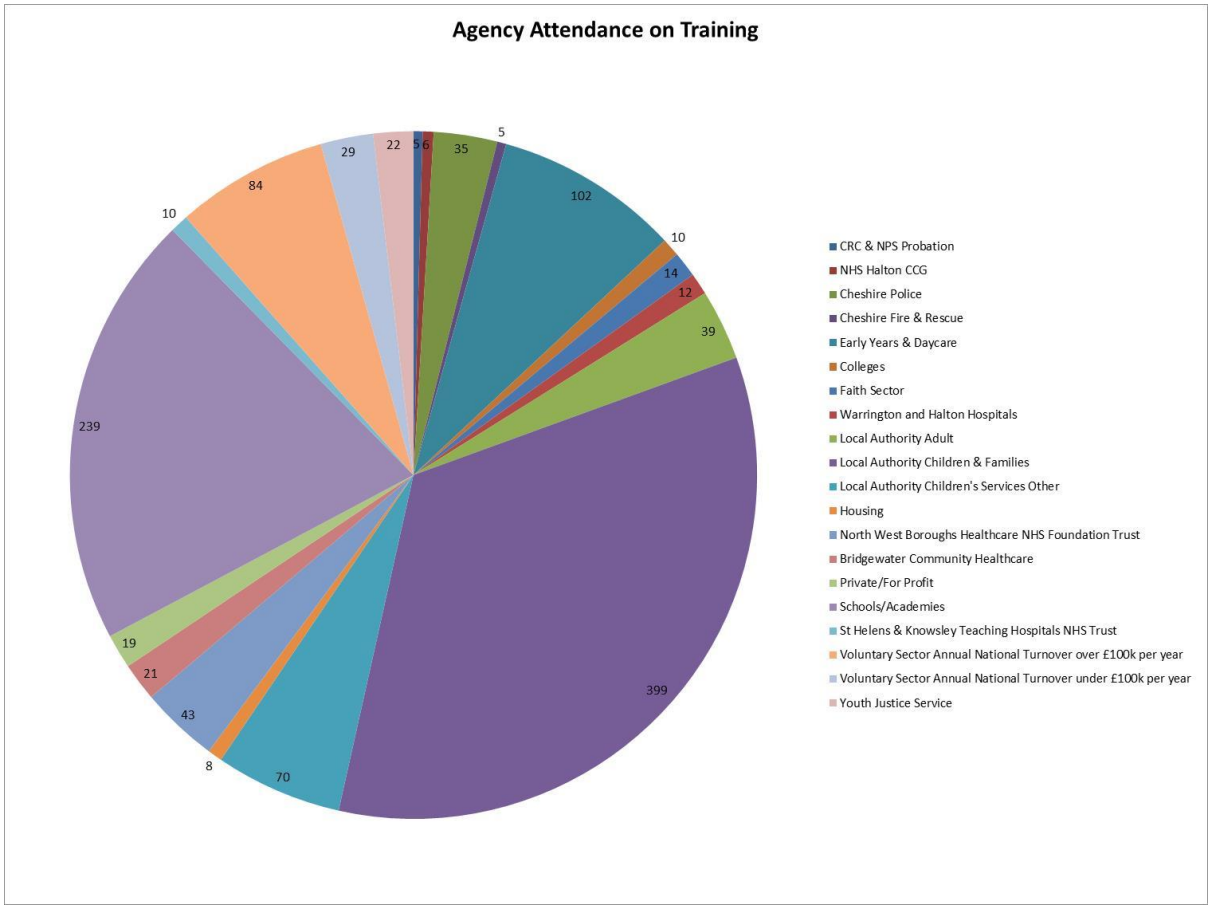
8.0 Training Activity 2017-18

The HSCB has a responsibility to ensure that appropriate safeguarding training is available to the workforce across the borough.

The 2017-18 training programme saw 56 courses delivered with 1172 participants attending. This was an increase of 32% on the previous year. The HSCB also promoted a range of local and national e-learning. In addition bespoke training was delivered by the Board to a range of Voluntary Sector organisations, School Crossing Patrol staff, a Multi-Academy Trust, nurseries and childminders.

Overall Agency Attendance on HSCB Courses 2017-18:

Between 1st April 2017 and 31st of March 2018 18 different courses were offered in the HSCB Training Programme, with 1172 participants attending. Delivery ranged from 2 hours to two day face to face courses. In addition a range of local and national e-learning courses were also available. The pie chart below indicates the overall distribution of training places by agency and across sectors.



All courses are subject to immediate post course evaluation which is collated and used to develop delivery of future courses. In addition key personnel in partner

organisations, alongside the HSCB Support Team, undertake post course impact evaluation telephone interviews with a sample of participants. The telephone interviews provide an opportunity for reflective interviews with course participants in order to identify how learning has made a difference to their day to day practice with children and families.

Examples of how training had made a difference to practice include:

- "I have been able to demonstrate my knowledge of safer recruitment during a recent recruitment process e.g. recognising the need to check any gaps in employment history and omissions on the application forms and ensuring these were followed up." *School Governor*
- "I have recently been involved with a case of potential honour based violence. I used my knowledge from the study day to screen the woman who was also a victim of domestic abuse. I was also then able to share my concerns and be her advocate to ensure that she and her unborn got the help she needed." *Specialist Nurse, Warrington and Halton Hospitals*
- "Now when I am in supervision I am mindful to this fact, to ensure that where young people have been exposed to traumatic episodes in their lifetime that this is considered as part of our assessment and that this is reflected in any intervention work identified for this to be considered." *Youth Justice Worker, Youth Justice Services*
- "I feel more confident to talk to parents about issues and to identify any parents who may need that little bit more support before issues escalate. Parents have become more open and are accepting the help and support they are being offered. We currently have one family who this has worked brilliantly with as they were closed and didn't want to discuss anything with the nursery. Now they contact us regularly with any updates or changes and understand we are there to help." *Nursery Manager, Early Years and Daycare*
- "I work with survivors of abuse and at the time of the training there was a particular case where pre-trial therapy was going to take place. This was the first pre-trial therapy I had been involved in. I was able to consult with the trainer as to what this might entail; the limits, expectations and benefits." *Safeguarding Co-ordinator, Faith Sector*
- I have completed 2 CSE screening tools since my training." *Divert Support Worker, Youth Justice Service*
- I often find that the young people I come into contact with do not feel that they are at risk of CSE even when identified as high risk. My increased understanding of CSE enables me to tailor my questions to enable me to explore areas of potential risk." *School Nurse, Bridgewater Community Healthcare NHS Foundation Trust*
- "Staff now investigate more about the child's home life if they suspect domestic abuse. More concerns are recorded even if minor as they can then build into a bigger picture." *Senior Nursery Manager, Early Years & Daycare*

- "The parents of the children were surprised by the content that was available to children online and how this might be being misused. The parents were really positive that we were taking this interest about safeguarding their children. The parents now see me as a point of reference for guidance. It was apparent after talking to parents that they were not taking adequate precautions and were not appreciating the many sites that children are going onto." *Safeguarding Lead, Faith Sector*

9.0 Local Authority Designated Officer (LADO)

Each local authority must have a Designated Officer (LADO), or team of officers, to oversee all allegations relating to adults who work with children whether they are a paid member of staff, foster carer or volunteer, where there is concern or an allegation that the person has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The LADO role includes providing advice and guidance to employers and voluntary agencies; management and oversight of individual cases; monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. This is part of the process of ensuring that safer workforce practices are in place to safeguard children from individuals and practices which may be harmful. This process also safeguards staff by ensuring that malicious or unsubstantiated allegations are thoroughly investigated and resolved in a timely manner. In Halton the LADO functions are undertaken by staff from the Safeguarding Children Unit, under a duty system, which ensures the functions are covered during office hours.

In 2017-18 the LADO team received 153 consultations. This was a slight increase on 140 consultations in 2016-17 and 73 consultations in 2015-16. Of these 60 were dealt with as allegations that resulted in strategy meetings, compared with 59 in 2016-17 and 33 in 2015-16. Proportionately this shows a slight reduction in the number of consultations converting into referrals, at 39% compared with 42%. This demonstrates the positive links and awareness of the LADO role, and that agencies feel able to contact the LADO team for advice and guidance. It also reflects the expectations of OFSTED on providers to contact the LADO team even when it is clear that the threshold is not met.

Due to the particular vulnerabilities of disabled children the LADOs operate slightly differently for such cases. Where a child is non-verbal these allegations are overseen by the LADO regardless of whether there is a specific professional identified. In the main this is due to non-verbal children not making the allegation themselves rather they tend to be made by other caregivers and often relate to injuries that cannot be explained. Cases have identified the importance of employers regularly updating risk assessments following new information, particularly where staff members regularly change shifts. It is also important that any

new equipment or adaptations to equipment used to support children with disabilities is included in the risk assessments.

The HSCB Chair was asked to escalate the response in relation to a recommendation to bar an individual made by the LADO to the Disclosure and Barring Service. Despite the apparent escalation in the individual's behaviour the Disclosure and Barring Service did not agree with the recommendation to bar the individual from working with children. The HSCB Chair challenged the Disclosure and Barring Service in relation to the case, but as the individual was now working outside of Halton, would not review the decision and would not share any information with Halton. This underlines the importance of the safer recruitment process as a whole in safeguarding children, and how reliance on DBS checks to identify unsuitable members of the children's workforce is a flawed approach. This message is clearly underlined in the training HSCB delivers on Safer Recruitment.

Strategy meetings should be convened within 7 working days of the point of referral. 30% of strategy meetings were convened outside of this timescale compared with 8% in 2017-18. This was due to factors including: it not being possible to get the right professionals together within the time period; the referral may have been received late and therefore a meeting is held retrospectively or may be managed virtually; or due to a small number of historic allegations.

Training this year focused upon Codes of Conduct due to the type of consultations received during 2016-17. From cases in 2017-18 training in the following year will focus upon the quality of investigation reports and the parameters of investigation prior to referral to LADO.

10. Learning and Improvement Activity:

The HSCB undertakes a range of activity under the Learning and Improvement Framework including case reviews, audits and performance reporting.

An audit schedule of Multi-Agency practice audits continued. Themes for 2017-18 were: Neglect, Domestic Abuse, Children in Care and CAMHS cases. The themes were identified to understand the effectiveness of multi-agency working in such cases. In addition the Domestic Abuse audit was undertaken to test the impact of learning from a previous audit undertaken in 2015. The audit of CAMHS cases was as a follow up to an audit undertaken by CAMHS following learning from a local Serious Case Review and Practice Learning Review. The Board identified a gap in their understanding of the effectiveness of multi-agency working where children are discharged from CAMHS as a result of not being brought to appointments. This was the focus of the Multi-Agency Audit.

Across all of the audits the following was evidenced in good practice cases:

- Good attendance at multi-agency meetings
- Good communication between agencies
- SMART plans – where everyone was clear of the aims and outcomes and were clear as to what work they needed to undertake to improve outcomes for the child
- Child's voice was captured and had influenced the plan

- Evidence of improved outcomes

Good practice identified in specific audits included:

- Root cause identified and work undertaken to address resulting in positive outcomes for the child and the parents understanding the impact of their actions on their child.
- Use of evidence based assessment tools which clearly showed the impact of the work undertaken, helping families to see improvements and engage in change

(Neglect Audit)

- Family Nurse Partnership worked with a Mother to improve her self esteem and resilience.

(Domestic Abuse Audit)

- Good use of referral to KOOTH (online mental health service)

(CAMHS Audit)

Learning from the audits included:

- Signs and indicators of Neglect being addressed instead of the root cause in some cases.
- Evidence based assessment tools not used in all Neglect cases.
- Escalation Policy not being used in cases of professional disagreement.
- Practitioners lacking understanding of their role in the MARAC and MAPPA process.
- Practitioners failing to take a Think Family approach, not understanding how the work of both Adults' and Children's workers impacted on the plan for the child or adult.
- CAMHS workers lacking creativity in engaging with children and families, relying on telephone calls and letters.
- Unclear threshold for discharge from CAMHS as there did not appear to be a specific number of missed appointments which would lead to the case being closed.

The learning from the audit schedule continues to be used to inform practice with specific briefing sessions to the workforce every six months, including learning from case reviews. The Quality Assurance & Scrutiny Board oversee progress against the actions identified from Learning and Improvement Framework activity.

11.0 Key Priorities 2018-19:

Following the passing into law of the Children and Social Work Act 2017 the Board awaits the publication of Working Together to Safeguard Children 2018 which will outline the functions of the Multi-Agency Safeguarding Arrangements which will replace Safeguarding Children Boards in 2019. The Board will ensure that the three safeguarding partners responsible for the new arrangements – the Local Authority, Police and Clinical Commissioning Group – have a plan in place to scrutinise the effectiveness of multi-agency working in Halton to safeguard children.

HSCB Business Plan 2017-19

1.0 Strategic Priority - Ensuring that the Board has effective and efficient structures, processes and resources in place to undertake its objectives and functions effectively.					
	Outcomes to be achieved		**Actions undertaken**	**Impact**	**Key milestones in Year 1**
	That an effective LSCB operates during process of transition to new arrangements under the Children & Social Work Act.	1.1	The budget for the Board will sustain the core business for the Board.	All partners continue to be engaged in the work of the LSCB enabling the Board to achieve its statutory objectives and functions.	• Budget agreed and core business reviewed regularly. • Any shortfall in the projected budget has been met by income generated from the Training Charging Policy, including commissioning of bespoke training from the Board.
		1.2	In the context of the Children & Social Work Act and the abolition of LSCBs, partner agencies will continue to commit to engaging in robust arrangements and co-ordination and ensure the effectiveness of local arrangements to safeguard young people.		• 6 monthly reporting from Safeguarding Unit identifies any issues within the partnership of non-engagement in core arrangements. • Multi-Agency Audits have identified good practice running across the levels of need.
		1.3	Partners successfully deliver against the Board's business plan		• Board's Business Plan and Sub Group work plans regularly reviewed by Quality

			and Sub Group plans.		Assurance & Scrutiny Board with quarterly updates provided to Main Board.
		1.4	To continue to engage in local and sub regional partnerships.		• Board has representation on Pan Cheshire Sub Groups. • Updates from Pan Cheshire Sub Groups reported to Quality Assurance & Scrutiny Board who report to Main Board.
2.0 Strategic Priority - Engage with children, young people and families in the work of the Board and safeguarding activity undertaken by partners.					
	Outcomes to be achieved		**Actions undertaken**	**Impact**	**Key milestones in Year 1**
2.0	Children, young people & families have a voice in safeguarding matters and partners can evidence how their views are informing decisions and service delivery. The partnership is able to evidence communication and awareness raising activity on safeguarding issues with the general public which supports an understanding that safeguarding children is everyone's business.	2.1	Monitor and scrutinise the work of partners in their engagement with young people and families via S11/S175 Audits, Multi-Agency Audits, Frontline Visits, Case Reviews.	Those living and working in the borough understand that safeguarding is everyone's business and report safeguarding concerns to the appropriate bodies.	• S175/157 Audit 2017-18 identified a range of examples whereby children and young people were engaged in safeguarding activity undertaken by schools. • Crucial Crew delivered safeguarding messages to 1,654 Yr5 children. • Peer champions from Catch22 developed "Snaptrap" drama delivered in 14 Primary Schools. • Partners engaged in awareness raising for national CSE day on 18th

					March. • Engagement of children and families in the Multi-Agency Audit process remains a challenge.
3.0 Strategic Priority - Assuring the quality of practice in the local safeguarding context.					
	Outcomes to be achieved		**Actions undertaken**	**Impact**	
3.0	Children and young people in Halton who are most vulnerable and at risk receive a timely response at the earliest opportunity. That they receive support and services to reduce the risk of harm and protect those who have been harmed.	3.1	Monitoring the ongoing effectiveness and impact of the partnership in responding to the priority areas in Halton. Priority Areas: • Neglect • Domestic abuse • Emotional health and wellbeing • Missing Children/CSE/Modern Slavery	The LSCB evidences an improvement in the effectiveness of safeguarding process and practice across the priority areas.	• Multi-Agency Audits on Neglect, Domestic Abuse, CAMHS and Children in Care. • Audits and dip samples of CSE cases, Missing cases and CP Plans. • CAMHS audited cases following the PLR on Child A. • Learning from child trafficking case disseminated via HSCB training and is to be included in the Pan Cheshire Modern Slavery training.
		3.2	To monitor and scrutinise the work of partners to deliver comprehensive multi-agency arrangements that improve safeguarding outcomes in relation to the safeguarding priority areas.		

4.0 Strategic Priority - Support the development of a safe and informed workforce, including volunteers.					
	Outcomes to be achieved		**Actions undertaken**	**Impact**	
4.0	Staff from all agencies have access to quality single and multi-agency safeguarding children training appropriate to their role to ensure that Halton has a skilled, knowledgeable and confident workforce. That robust Allegations Management processes are in place across all partners to ensure that	4.1	Development and coordination of a skilled multi-agency training pool to support delivery of HSCB Training Programme which supports the Board in delivering its priorities.	Halton retains a skilled and knowledgeable workforce which work together to safeguard children.	• HSCB Training Pool further developed with staff from the Bridgewater CHFT, Catch22, Halton BC, North West Boroughs Trust, Schools, Warrington & Halton Hospitals Trust and the Youth Justice Service delivering training alongside the HSCB Support Team.
		4.2	Engagement with all partners, including Voluntary, Community & Faith Sector, and promotion of inclusion in learning and development activity.		• The Learning & Development Activity Annual Report 2017-18 includes attendance figures and evidence of training impact evaluation from across the workforce, including Voluntary, Community & Faith Sector.

	there is a prompt response to cases where allegations are made against staff, including volunteers, in order to support safer organisations providing services to children.	4.3	Monitor and scrutinise partners' engagement with LADO processes.		• LADO Annual Report 2017-18 shows range of roles reported under LADO procedures. • Health providers to include further evidence of management of allegations in their Safeguarding Annual Reports.
		4.4	Monitor and scrutinise partners' compliance with Safer Recruitment processes.		• Health partners provided assurance against Lampard Report recommendations. • The S175/157 Audit 2017-18 reported on compliance across education sections in relation to safer recruitment practices, allegations management and training.

12.0 Budget Information

Income 2017-18	
HBC – Children & Enterprise Directorate	45, 140
HBC - Schools	29, 000
NHS Halton Clinical Commissioning Group	45, 817
Cheshire Constabulary	25, 000
National Probation Service (NPS)	634.59
Community Rehabilitation Company (CRC)	1, 158
Cafcass NW	550
Training Income	28, 390
Carry Forward 2016-17	16, 616
Total Income:	**192, 305.59**

Expenditure 2017-18	
Staffing	126, 069
Multi-Agency Training	8, 477
Learning & Improvement Framework Activity	21, 351
Total:	
Carry Forward 2017-18:	36, 680

Appendix A
Halton Safeguarding Children Board Membership & Attendance 2017-2018

Attendance Log			Meetings 2017-2018				
			04.07.2017	12.09.2017	05.12.2017	20.03.2018	
Independent and Overseeing Members	Richard Strachan, Independent Chair		✓	✓	✓	✓	
	Cllr Tom McInerney, Lead Member Children & Young People (Participant Observer)		A	A	✓	✓	
Lay Members	Marjorie Constantine, Lay Member		✓	✓	✓	✓	
Local Authority	Mil Vasic, Director People		A	✓	✓	✓	
	Ann McIntyre, Operational Director, Education, Inclusion and Provision		R	✓	✓	✓	
	Tracey Coffey, Operational Director Children & Families		✓	✓	✓	✓	
	Senior Manager, Safeguarding & Quality Assurance		✓*	✓*	-	-	
	Marie Lynch, Divisional Manager, Adults		D	D	✓	D	
	Eileen O'Meara, Director of Public Health		✓	D	✓	✓	
Health	Kristine Brayford-West, Associate Director for Safeguarding, Bridgewater Community Healthcare Foundation Trust		✓	✓	R	R	
	Lyn Mcglinchey, Quality Manager, NHS England North (Cheshire & Merseyside)		A*	A*	R	✓	
	David Lyon, Named GP		D*	D*	D	D	
	Michelle Creed, Chief Nurse, Halton CCG		✓	✓	✓	R	
Police	Peter Shaw, Detective Superintendent, Cheshire Police		R	✓	R	D	

Attendance Log			Meetings 2017-2018				
			04.07.2017	12.09.2017	05.12.2017	20.03.2018	
Criminal Justice Services	Donna Yates, Assistant Chief Executive, Cheshire & Greater Manchester Community Rehabilitation Company		A	✓	R	A	
	Lisa Jenkins, Senior Operational Support Manager – Cheshire LDU Cluster, National Probation Service		✓*	✓*	✓	✓	
	Gareth Jones, Head of Service, CWHW YOS		A	D	A	D	
CAFCASS	Joe Banham, Service Manager		A	✓	A	✓	
Schools and Colleges	Rachel Tainsh - Primary Headteacher Rep		A*	-	✓	A	
	Secondary Headteacher Representative		A*	A	-	-	
	Paula Mitchell, Programme Manager, Riverside College		✓	✓	✓	A	
VCF Sector	Donna Wells, Service Manager Young Addaction, Voluntary Sector Rep		R	D	R	R	
Advisors to the Board	Tracey Holyhead, Business Manager		✓	✓	✓	✓	
	Hayley McCulloch, Designated Nurse, Safeguarding Children, Halton CCG		✓*	A	✓	✓	
	Designated Doctor for Child Protection		V	V	V	V	
	Marion Robinson, Legal Advisor		NR	NR	NR	NR	

Key:
A = Apologies
R = Designated Rep
D = Did Not Send Apologies
V – Post is vacant
NR – Attendance not required
*Denotes attendance of previous Board Member in this role

Appendix B

Halton Levels of Need Framework

The Halton Levels of Need Framework aims to support agencies to meet the needs of children, young people and their families to ensure the best possible outcomes. It aims to assist practitioners and managers in assessing and identifying a child's level of additional needs and how best to respond in order to meet those needs as early as possible to prevent needs escalating further.

Halton Levels of Need Framework was revised and launched in April 2013. The framework sets out three levels of additional needs above Universal Services that captures the full range of additional needs as they present. Universal Services remain at the heart of all work with children, young people and their families and are in place for all whether additional needs present themselves or not.

The fundamental relationship between Universal Services and the three levels of additional needs is captured in the diagram below:

The key principles of the Framework include:

- Safeguarding runs throughout all levels.
- Provide early help and support at the first possible stage and meet needs at the lowest possible level.
- The focus is on Halton's more vulnerable groups and directing service responses at preventing vulnerability.
- Builds on existing good multi-agency working and formalises shared responsibility for meeting all needs.
- Supports work of all agencies and is equally applicable to all agencies.
- Flexible and fluid, allows free movement between levels as additional needs increase or reduce.
- Clear and understandable
- Focus on the needs of the child and family to ensure the best outcomes for all.

Working Together 2015 seeks to ensure that all local areas have effective safeguarding systems in place and sets out two key principles that should underpin all safeguarding arrangements:

SAFEGUARDING IS EVERYONE'S RESPONSIBILITY: for services to be effective each professional and organisation should play their full part; and

A CHILD CENTRED APPROACH: for services to be effective they should be based on a clear understanding of the needs and views of children

The Halton Levels of Need Framework has been developed in line with this guidance and meets the requirement for the publication of a 'thresholds document' for Halton. It is based on a robust application of the Framework for the Assessment of Children (underpinned by the Children Act 1989), Team around the Family procedures and is consistent with LSCB procedures. The Halton Levels of Need Framework can be used as a central focal point to bring the right agencies together at the right level.

In terms of the **Children Act 1989**, our responsibilities include:

Where a child is accommodated under section 20 (when parents retain the parental responsibility for the child), the local authority has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Under section 31A, where a child is the subject of an Interim Care Order or a Full Care Order, the local authority (who in these circumstances shares responsibilities, as a corporate parent, for the child and becomes the main contact around the child's every day needs) must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.