

Hampshire Safeguarding Children Board Annual Report 2016/17



Foreword from Derek Benson, Independent Chair of Hampshire Safeguarding Children Board



I am pleased to introduce the 2016/17 Annual Report for the Hampshire Safeguarding Children Board (HSCB). I would like to thank all the partner agencies represented on the HSCB for their commitment to the Board and in particular place on record my thanks to my predecessor, Maggie Blyth, under whose stewardship the HSCB oversaw continued strengthening in the safeguarding of children and young people in Hampshire.

The purpose of a Local Safeguarding Children Board is to co-ordinate safeguarding arrangements across agencies and to ensure these are effective. In my view, this has never been more important as changes in legislation and associated guidance will require an increased commitment to partnership working based on mutual trust, respect and cooperation. The annual report covers the local and national context, governance and accountability arrangements, priorities, achievements and learning, and concludes with a formal summary statement about the sufficiency of arrangements to ensure children are safe in Hampshire.

HSCB receives a range of data and information from partner organisations as well as conducting audits and reviews, which allow the Board to assess child protection and safeguarding in the county. Our focus spans the work of children's social care services, education, health, the police and other agencies, both in terms of their individual service provision and how effectively they work together.

Having been in post since December 2016 I have formed the view that Hampshire remains exceptionally well placed to maintain a high standard of service provision, with strong partnership arrangements in place and a determination to deliver further improvement.

HSCB will closely monitor the anticipated guidance emerging from the Children and Social Work Act 2017, implementing change where it will lead to improved safeguarding and better outcomes for children in Hampshire, an aspiration in keeping with the Board's record to date.

HSCB played a key role in the Joint Targeted Area Inspection (JTAI) of Hampshire agencies during the year. The feedback from the joint Inspectorates was both highly positive and assuring, stating that ‘the HSCB is dynamic and forward thinking’. They commented that ‘it was evident that individual leaders take responsibility for their organisation’s role within the board and that this has led to tangible improvements in multi-agency arrangements. Consideration and analysis of the regular multi-agency audits undertaken by the partnership promotes a high degree of self-awareness, and this knowledge is used to ensure that learning is fully shared and makes a difference to improving practice’ (*Joint targeted area inspection of the multi-agency response to abuse and neglect in Hampshire, February 2017*).

Having developed a comprehensive multi-agency dataset during 2015/16, considerable work has been undertaken within the Partnership Support Team who support the work of the Board, and across the wider Board membership, to ensure that the shared dataset informs partnership working by focusing on the key criteria.

The Joint HSCB / IOWSCB Neglect Strategy was launched during 2016 and has been well received from professionals across a wide range of agencies. This positive work will be embedded further during the coming year with the development of a toolkit, evaluation framework and a multi-agency training package.

Our priorities for 2017/18 were agreed with partners with the aim of delivering improvements in key areas that affect the lives of children and young people. This includes: how to develop a better

understanding of and response to neglect; the impact of domestic abuse, substance misuse and mental health in the home; and how to deliver effective, co-ordinated approaches to issues such as child sexual exploitation, children who go missing and those who self-harm. Critical to achieving successful outcomes will be improved communication with children and young people, understanding their ‘lived experience’ and giving them a voice that is not only listened to but acted upon. The Board is also committed to maintaining its robust quality assurance framework to enable scrutiny of the quality and impact of front-line practice to be assessed and continuously improved.



Derek Benson
Independent Chair

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The Board

What is the Hampshire Safeguarding Children Board (HSCB)?

HSCB is the key statutory body overseeing multi-agency child safeguarding arrangements across Hampshire. The work of the Board is governed by statutory guidance Working Together to Safeguard Children 2015.

Section 14 of the Children Act 2004 sets out the statutory objectives of Local Safeguarding Children Boards, which are:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area.
- To ensure the effectiveness of what is done by each such person or body for those purposes.

How the Board works

Everything we do is underpinned by two key principles:

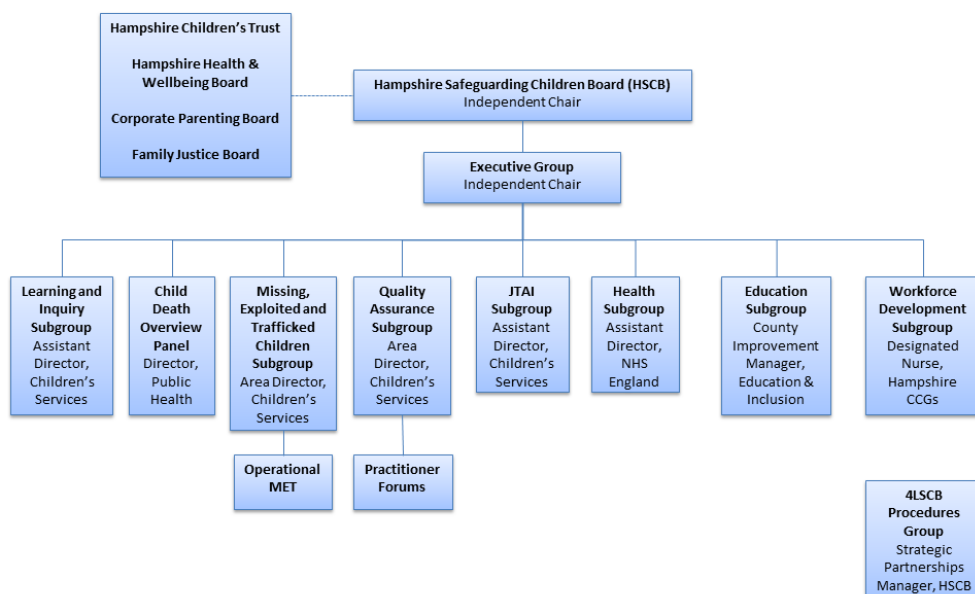
- **Safeguarding is everybody's responsibility** - For services to be effective each professional and organisation should play their full part.
- **A child centred approach** - For services to be effective they should be based on a clear understanding of the needs and views of the individual children whilst recognising the support parents and carers may require.

HSCB has an Independent Chair and members who are senior representatives from a range of agencies. The Board is collectively responsible for the strategic oversight of local safeguarding arrangements. It does this by leading, co-ordinating, challenging and monitoring the delivery of safeguarding practice by all agencies across the county.

HSCB's independent chair is Derek Benson and he is accountable to the Chief Executive of Hampshire County Council. He met the Chief Executive and Council Leader and the Director of Children's Services for Hampshire regularly throughout 2016/17 and worked closely with them on safeguarding related challenges.

Structure of HSCB in 2016/17

The main Board is supported by a range of sub-groups that enable its functioning. The overall structure is illustrated below.



Day to day, the work of HSCB includes

Undertaking multi-agency thematic audits and partnership reviews into the effectiveness of services. In 2016/17 this included work in relation to:

- Safeguarding disabled children and young people self-assessment.
- Multi-agency safeguarding hub (MASH) file audit.
- Missing, exploited and trafficked children effectiveness self-assessment.
- Prevent training audit self-assessment.

Scrutinising quarterly data and analysis reports so that HSCB is clear on the needs of children and the challenges in relation to safeguarding in Hampshire.

Overseeing the training and learning opportunities that are available for the children's workforce, and reviewing the effectiveness of these through evaluations, observations and longer term impact audits.

Managing the completion and publication of Serious Case Reviews (SCRs) and Partnership Reviews ensuring that the learning from these improves services for children.

Checking partners are fulfilling their statutory obligations in relation to safeguarding and promoting the welfare of children within their organisations through audits, visits and challenge days.

Finance

The budget for HSCB in 2016/17 was £375,900. This was based on the same level of Board partner contributions as 2015/16 and a carry forward underspend of £31,700.

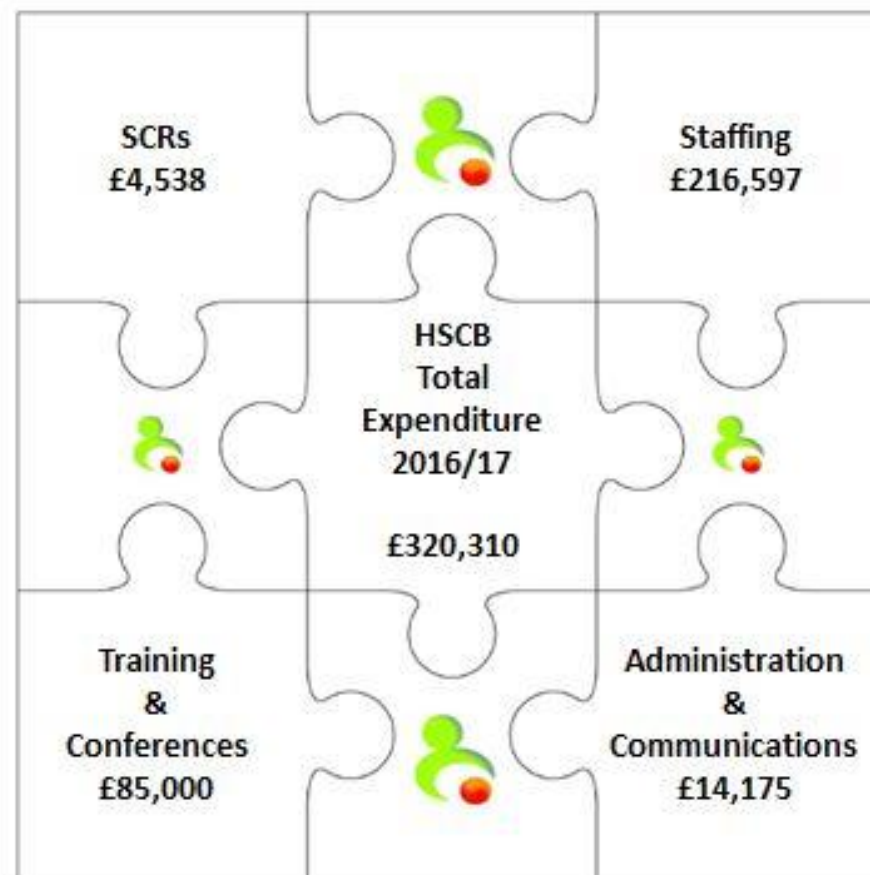
The year end position provided an under-spend of £55,590, largely due to the fact there were no new SCRs commissioned during the year.

The Board have agreed to carry forward the under-spend to support new SCRs commissioned and specific activities and projects during 2017/18.

The low spend on the SCR budget offset small pressures on the administration and communications budget (£675) and staffing budget (£1,297).

Income received from non-attendance at training courses was used to support the increase in training costs as a result of staff absence.

HSCB Expenditure



The local partnership and accountability arrangements

Independent Chair

The Board is led by an Independent Chair, Derek Benson, ensuring a continued independent voice for the Board. The Independent Chair is directly accountable to the Chief Executive of Hampshire County Council and responsible with partner agencies for the effective working of the Board and delivery of its agreed objectives. The Independent Chair works closely with the Director of Children's Services and the Executive Lead Member for Children's Services

Local Authority

Hampshire County Council is responsible for establishing an LSCB in their area and ensuring that it is run effectively. The ultimate responsibility for the effectiveness of the HSCB rests with the Leader of Hampshire County Council. The Chief Executive of the Council is accountable to the Leader.

The Lead Member for Children's Services is the Councillor elected locally with responsibility for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Member contributes to HSCB as a participating observer and is not part of the decision-making process.

District Councils

The 11 District and Borough Councils were represented on the Board by Simon Eden, Chief Executive of Winchester City Council for part of the year before he retired. Bob Jackson, Chief Executive of New Forest District Council joined the Board in September 2016. There is also District/Borough representation on the Learning & Inquiry Group (formerly the Serious Case Review Committee), Quality Assurance Group, Workforce Development Group and the Strategic Missing, Exploited and Trafficked Children Group.

'The involvement of District/Borough Councils in the work of the Board can help improve the welfare chances of children in Hampshire. Within our community, safeguarding is everybody's responsibility. Although District/Borough Councils do not have a direct statutory responsibility, many of the services provided can help with child safety at a local level, examples being housing management and taxi licencing. In addition, District/Borough Councils have significant knowledge of their local communities and are accessible local points of contact that can help with public engagement. Being part of the Board helps ensure that there is a coordinated approach and provides a challenge to the contribution that each agency represented can make to improving the lives of children in Hampshire' (Bob Jackson, Chief Executive of New Forest District Council).

Lay Members

HSCB had two Lay Members on its Board through 2016/17, both of whom played an important role challenging, supporting and holding partners to account in the way they meet their safeguarding duties. They also assist in developing stronger public engagement and awareness of children's safeguarding issues.

Lay Members help the Board stay in touch with local issues so that its work is relevant to Hampshire's communities. One Lay Member stood down from their position at the end of the year having served for six years on the Board. Their position will be recruited to during 2017/18.

'As a Lay Member of the board I am not, nor would expect to be, privy to the internal occupations of all the constituent bodies that provide such a valuable and effective service to the people of Hampshire. However, because of that separation, I am able to maintain an independent scrutiny of safeguarding activity.

My observations have not caused to me to waver in my opinion that most of the organisations that find themselves with responsibility for the safeguarding and welfare of children and young people perform their functions with the utmost endeavour and professionalism.

Despite the complexities of the safeguarding agenda, I am confident that the structure of the board and its supporting committees enables weaknesses to be identified and addressed in a timely

fashion. The constant reassessment of safeguarding priorities, trends and strategy, informed and supported by audit and "challenge" activities, such as the Missing, Exploited and Trafficked Children Challenge Day, is effective and detailed.

The quality and quantity of training offered to and shared among the organisations is impressive and reflects current concerns. The board and committees are supported by a committed and professional, if somewhat overworked, administration and management team. The support offered to me personally has been most welcome and any matters that I considered to be of concern have been dealt with quickly and I have been kept informed of any outcomes.

As an independent Lay Member, I cannot help but be concerned that going forward and facing further cuts in funding, safeguarding organisations will find themselves extending their already stretched resources in caring for the children of Hampshire to the point where this may adversely affect their ability to do so. I hope that this will not be the case and have the utmost confidence in the determination of professionals such as social services, probation service, medical services and police to continue to offer a continuing high level of care' (Graham Cull, HSCB Lay Member).

Designated Health Professionals

The Designated professionals provide the Clinical Commissioning Groups, NHS England, Public Health, HSCB and partners with advice and support to ensure that outcomes for children continue to improve. Four Named GPs joined the Hampshire safeguarding and looked after children's team in May 2015. In November 2016 an audit of GPs told us that 100% of GPs knew who their local Named GP was and 97% knew how to contact them. 35% of staff who attended training had contacted the team on a previous occasion, and 100% found the advice helpful.

'We work with colleagues to provide advice and support to GPs and practice nurses. We provide safeguarding training to primary care staff through educational half days (supported by our designated nurse for children in care and senior leads from children's services), practice visits, biannual training for GP practice safeguarding leads, a quarterly newsletter and an annual conference. We are present on sub-groups for Health, FGM, MET and neglect. We also participate in serious case reviews; attend review panels and learning outcome events. We work closely with our Wessex and Surrey counterparts to build cross-border links and attend the Wessex Safeguarding network. Nationally we are members of the Primary Care Children's Safeguarding Forum' (Hampshire Named GPs).

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NHS England (Wessex)

NHS England South (Wessex) in collaboration with CCG safeguarding leads and partner agencies has successfully implemented a safeguarding programme. The aim of the programme is to identify and share best practice models of safeguarding across the Wessex region (Hampshire, Southampton, Portsmouth, Isle of Wight and Dorset) to ensure consistent and sustained responses to improve outcomes for vulnerable people. Some of the work streams include:

- Multiagency task and finish group established to identify clear information sharing processes for early risk (with a focus on domestic abuse).
- Dataset to measure activity and progress against the national priority areas.
- Leadership programme for designated and named professionals.
- Mapping of post abuse therapeutic support services across Wessex and development of a quality assurance framework to support high quality services.
- Development of the safeguarding leaflet 'Pocket Principles of Protection' for healthcare staff which has been cascaded to 50,000 frontline staff across Wessex.
- Comprehensive webinar safeguarding programme for primary care successfully rolled out in collaboration with CCG designated professionals and named GPs.

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National Probation Service

The National Probation Service (NPS) are responsible for the management of offenders who pose a high or very high risk of serious harm. In addition, the NPS provide assessments to the Courts to inform sentencing decisions and understanding of risk. The NPS also manage all offenders who are subject to Multi Agency Public Protection Arrangements including: most registered sex offenders, people who have committed serious violent offences (receiving more than 12 months custody either served or suspended) and other offenders who present a significant risk where a coordinated approach is required to manage them. As well as the direct management of offenders, the NPS provide a network of hostel places for high risk offenders as well as programmes to address sexual offending.

Hampshire and IOW Community Rehabilitation Company

Hampshire and IOW Community Rehabilitation Company (HIOW CRC) supervise offenders aged 18 and over in the community who are sentenced by the court to either a Community Order or a Suspended Sentence Order, and are low or medium risk of serious harm. It also supervises people allocated to the service who are in custody and those released from prison on licence. HIOW CRC commissions a service called Through the Gate which aims to help prisoners preparing to make the transition from custody through to the community.

HIOW CRC provides more than 120 group work spaces each year for men convicted of more serious or persistent domestic abuse offences, who have been made subject to Community Orders with a requirement to attend Building Better Relationships – a 26 week accredited programme targeted at reducing domestic violence. These men are often living within the family home, where children could be impacted by their behaviour. While on the programme, a participant's partner will be visited and supported by a Partner Link Worker.

In addition, the CRC is commissioned by CAFCASS to provide a limited number of spaces on the BBR programme to men ordered by the Family Courts to undertake a targeted domestic abuse intervention.



Key relationships with other partnerships

Hampshire Children's Trust

Hampshire Children's Trust is responsible for developing and promoting integrated front line delivery of services which serve to safeguard children. The Chair of HSCB is a member of the Children's Trust and the Chair of the Trust sits on HSCB. HSCB presents its annual report to the Children's Trust outlining key safeguarding challenges and any action required from the Children's Trust.



The Health and Wellbeing Board

The Health and Wellbeing Board brings together leaders from the County Council, NHS and District and Borough Councils to develop a shared understanding of local needs, priorities and service developments. The two Boards have an established protocol outlining how they will work together including consultation on commissioning proposals that affect how children are safeguarded. HSCB reports annually to the Health and Wellbeing Board and checks how it is tackling the key safeguarding issues for children in Hampshire.

Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is an elected official charged with securing efficient and effective policing services in his or her area. The Police and Crime Commissioner's Youth Commission is actively involved in the work of HSCB. During 2016/17 this included attending and participating in the HSCB annual conference.

Local Demographics and Safeguarding Context

Local Demographics

Hampshire County Council is the third largest county in the country (based on population) with 1.32 million people including 309,462 children and young people aged 0 – 19 (ONS Census, 2011). For 2017, the population is predicted to be 1.83 million based on SAPF (April 2016).

Hampshire has a predominantly white ethnic population 90.9% of children of compulsory school age and above of white ethnicity (DfE sfr/28/2017).

94% of children in Hampshire of compulsory school age and above have English as their first language (DfE sfr/28/2017).

The county is a mix of urban and rural populations, with areas of affluence and areas of significant deprivation. There are six areas in Hampshire that are listed in the 20% most deprived in England, including Eastleigh, Gosport, Havant, New Forest, Rushmoor and Test Valley (Index of Multiple Deprivation, 2015).

Hampshire Safeguarding Children Board's (HSCB's) underlying philosophy has been to focus attention on those children who are most vulnerable and at risk of suffering harm.

Vulnerable groups

Many groups of children in Hampshire are vulnerable and are at increased risk of being abused and / or neglected. These groups are not exhaustive and many factors, such as going missing from home, living in households where there is domestic abuse, substance misuse and / or parents with mental health difficulties can place children at increased risk of harm. The needs of these children, and other vulnerable groups, are outlined below to provide an understanding of local context.¹



¹ Please note some figures in this section will be subject to official validation.

Children with a child protection plan

Children who have a child protection plan (CPP) are considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of one or more of these. The CPP details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how we will know when progress is being made.

There has been a gradual decline in the number of children subject to a CPP across the previous 12 months with 1,265 at the end of March 2017 (48.8 per 10,000 under 18 population) compared to 1,435 (52 per 10,000 under 18 population) at the end of March 2016. Although the number of referrals has increased over the same period, single-agency audits evidence that there has not been a lowering or change in thresholds.

The HSCB routinely scrutinises child protection activity at a county level and where required looks at what is happening at a local level to understand any specific trends or issues impacting on safeguarding activity.

Children in Care

Children in care are those looked after by the local authority. Only after exploring every possibility of protecting a child at home will the local authority seek a court decision to move a child away from his or her family. Such decisions, whilst incredibly difficult, are made when it is in the best interest of the child.

There were 1,439 children in care at the end of March 2017 compared with 1,309 at the end of March 2016. While the total number of children in care has risen, in part due to an increase in the number of Unaccompanied Asylum Seeking Children, there are robust systems in place to ensure that the correct children become looked after. Significant work is ongoing to identify children who could either reunify home or have an alternative care plan such as a Special Guardianship Order.

All children in care are subject to regular independent reviews to ensure that their circumstances are reviewed and their needs are met. The local authority and other agencies work together to ensure that children are offered the best possible care and this work is co-ordinated and overseen by the Hampshire 'Care Matters Board'.

The vast majority of these children are placed in foster care (75%). 10% of children were in some form of residential placements with 27% of those being children with disabilities and complex needs. The ethnic profile of children in care in Hampshire is similar to the general population and the overall profile is similar to that of England as a whole.

Unaccompanied Asylum Seeking Children (UASC)

There was a sustained increase in the number of Unaccompanied Asylum Seeking Children (UASC) over 2016/17 from 28 at the end of March 2016 to 74 at the end of March 2017. This trend will continue to rise due to proximity of the Portsmouth port and the agreement that Hampshire will take children from Kent and Portsmouth Local Authorities under the National Dispersal Scheme.

Hampshire County Council continues to offer foster care as a first response including all of the support that comes with a wrap-around Children Looked After plan. This includes a trafficking risk assessment and support through the Barnardo's Independent Trafficking Advocates (ICTA) Service. Children's Services also consider Section 47 planning if children are deemed to be trafficked.



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Children who are privately fostered

When a child is 'privately fostered', that is placed by their own parents with another carer who is not a close relative for 28 days or more, the local authority has a duty to safeguard the child through a process of assessment and ongoing monitoring. There is an onus on all those who work with children to recognise and report such situations where they come across them.

The number of reported and assessed privately fostered children in Hampshire is monitored through the Board's Quality Assurance Subgroup. This has always been a low number, given the size of the county, and at the end of March 2016 the Local Authority was aware of 12 children who were privately fostered. This figure has remained consistent to previous years but is suspected to be an inaccurate reflection of actual private fostering arrangements. The Board recognises that an emphasis on raising awareness with front line staff, and the public, is important to ensure that appropriate referrals and checks are made so that all children are kept safe. Further work will be undertaken by the Quality Assurance Subgroup in the coming months to recommunicate the message regarding responsibility to refer private fostering situations to children's services.

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Disabled children

The need to safeguard disabled children and provide effective support to children and their families is a priority nationally and locally. In 2016/17, the local authority integrated its disabled children services into the governance structure for its mainstream children's social care services for children and young people to ensure that disabled children are 'everybody's business'.

In light of the local authority's integration of its disabled children services into its mainstream services for children and young people, HSCB's Disabled Children Subgroup was discontinued and outstanding work was incorporated into the workforce development, data and participation work-streams. This ensured that the voice of disabled children was reflected across the broad range of HSCB activity and its associated subgroups.

The Board's disabled children audit questions have been mainstreamed into the revised 4LSCB 'Keeping Children Safe' audit programme, which ensures that agencies consider the needs of this group of children across all areas of core business.

Disabled Children	2013/14	2014/15	2015/16	2016/17
Referrals to Children's Services	2,097	1,817	2,495	2,765
Total number of children who became subject to a Child Protection Plan in the year	73	52	80	104
Number of children subject to a Child Protection Plan at year end	69	45	84	84
Total number of children Looked After by the Local Authority across the year	332	318	311	334
Total number of children Looked After by the Local Authority at year end	258	250	245	248

Since 2014/15, the number of referrals to Children's Services for disabled children has increased by 52% and twice as many disabled children became subject to Child Protection Plans during the year 2016/17 compared to 2014/15. However, the number of disabled

children in the care of the local authority has remained steady with a reduction of two children over the same period.

The YPEG (Young People's Engagement Group) is well established and has provided disabled children's services with robust feedback and challenge and is supporting schools and short break providers to ensure that the voice and views of disabled children informs the planning and development of services. The Hampshire Parent Carer Network (HPCN) also provides feedback from a parent/carer perspective.

The training and development offer has been revised and strengthened in regard to the safeguarding of disabled children and further work is being undertaken to develop an advanced training offer for social workers and the police.

The Department for Education is working with leading local authorities as Partners in Practice to understand how local authorities get to good and what it takes to move from good to excellent. Hampshire County Council Children's Services is a Partner in Practice. This government programme aims to use partnership between local and national government to improve and reform services for children and young people.

As part of the Partners in Practice Programme, Hampshire Children's Services with partners are driving process and cultural changes to develop a more personalised and strength-based model of practice to enhance families to build their resilience and keep children living in their communities wherever possible and

appropriate. To do this, services and social work tools need to be developed to provide targeted and timely responses to a family's identified needs.

Hampshire is also exploring a new model of multi-disciplinary working and potentially integrated teams. An integrated approach will be piloted during 2017.

Children who offend or are at risk of offending

Children involved with Hampshire Youth Offending Team (HYOT) often present with complex needs requiring significant support both in and out of custody. HYOT has continued to see the number of children they work with decrease from previous years. The number of children worked with through pre-court disposals and community orders has reduced from 604 in 2015/16 to 332 in 2016/17. Similarly, the number of children in custody (on remand or sentenced) has decreased in each of the last three years from 40 in 2015/16 to 28 in 2016/17. The overall decline is consistent with a national reduction in the number of children formally entering the criminal justice system.

In December 2016 Youth Crime Prevention (YCP) came back under the responsibility of HYOT and they have worked on Prevention Programmes and Community Resolutions with a further 416 young people.

Early Help

The ten early help hubs continued to operate during 2016/17 providing a single point for the coordination of level 3 targeted early help across Hampshire. Detailed work commenced on the proposed Family Support Service (FSS) and following extensive consultation, and an Executive Member Decision Day in July 2016, work commenced with the new model being operational for December 2016. Despite the changes and impact on staffing and delivery, the level 3 offer to families remained and the numbers being supported remained steady. At 31st December 2016, 1,183 families (2,699 children) were open to early help hubs and 1,247 families (2,787 children) at 31st March 2017.

Between December 2016 and March 2017 developments continued to align the FSS and Supporting Troubled Families programme with the implementation of new processes from April 2017.

There was a focussed programme to ensure FSS staff were appropriately trained for the requirements of FSS and all ten hubs published timetables for delivery for evidenced based groups and surgeries sessions from April 2017.

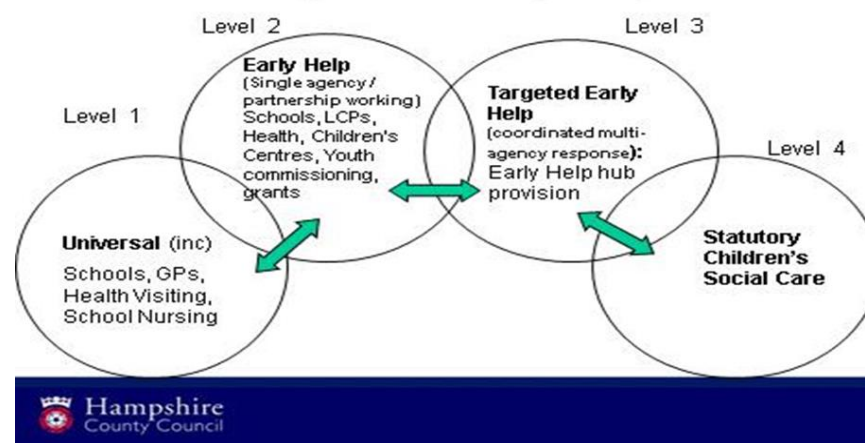
Spotlight on: The Family Support Service

The Family Support Service (FSS) is Hampshire County Council Children’s Services contribution to the overall Hampshire early help offer. The local FSS manager is the local strategic link and facilitates the early help hub which coordinates the multi-agency level 3 offer.

The level 3 offer comprises of 1 to 1 direct work with families and an evidenced based group work offer (some places in each group can be filled with families at a lower level of need and also those open to statutory social care). For families with level 2 needs (lower level / single issue) there is a group work offer, often called priority groups, which aims to respond to local needs, e.g. young parents, service families and also appointment based 30 minute surgeries.

Building capacity and confidence in practitioners is key to the early help developments in Hampshire and the FSS is currently working alongside partners to continue to develop opportunities including training, peer supervision, surgery consultations and joint home visiting. There is also an updated online service directory and FSS webpages.

The Hampshire Early Help model



Children's Reception Team Contacts2

Children's Reception Team Contacts 2016/2017			
Total CRT Contacts	Police Contacts	Combined Contact Calls/ Emails	Out of Hours Contacts (not included in total CRT Contacts)
72,717	34,471	38,246	42,984

In 2016/17, the Children's Reception Team (CRT) in Hampshire was managing in excess of 6,060 contacts per month, peaking at 7,621 in March 2017. The volume of Children & Young People Referrals (CYPR's) from Hampshire Constabulary accounted for approximately half of the contacts received. In order to address this high volume the following was undertaken:

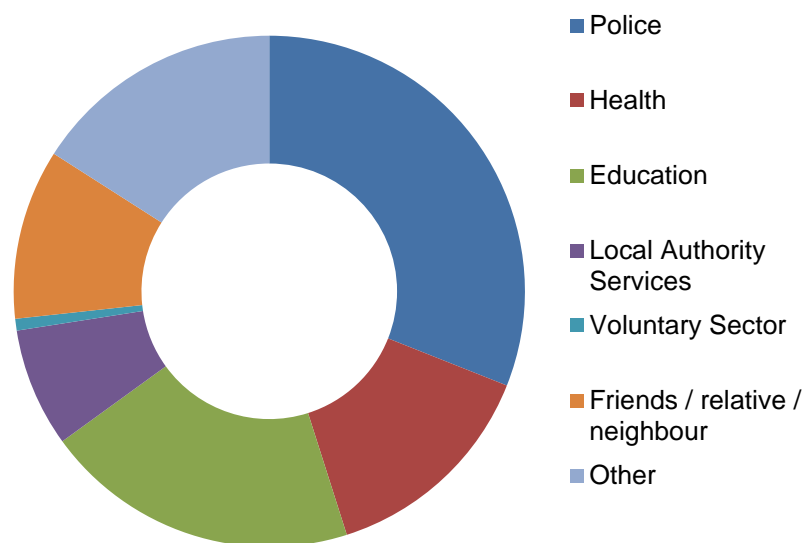
- Streamlining the CYPR process
- Out of Hours assisting with the triaging of CYPR's.
- Commencing work between Children's Services and Police to ensure that incidents being reported via a CYPR are around child welfare concerns.
- Discussions have now occurred at MASH Board.



² Figures as at 4 August 2017

Referrals to Hampshire Multi-agency Safeguarding Hub (MASH)

Referrals to MASH 2016/17

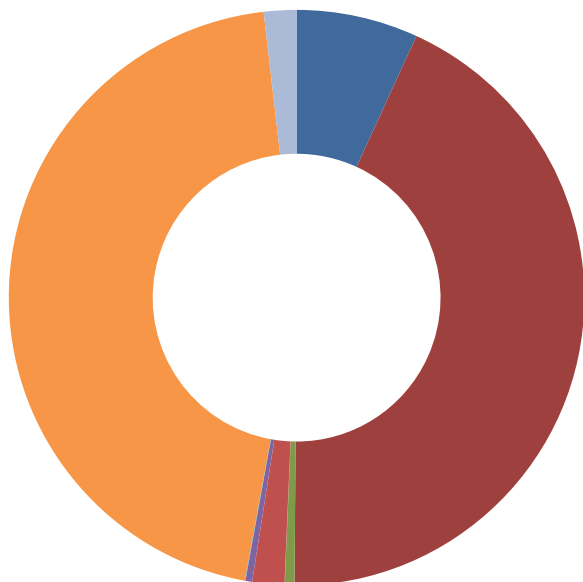


Referrals to MASH 2016/17	
Police	10,784
Health	4,898
Education	6,928
Local Authority Services	2,617
Voluntary Sector	258
Friends / relative / neighbour	3,744
Other	5,548
Total	34,777

Police and education are the main sources of referrals. Police account for 31% of the total number of referrals into MASH with education making up 20%.

Outcomes Following Referral to Hampshire Multi-agency Safeguarding Hub

Outcome of Referrals to MASH 2016/17



- S47 Investigation
- Specialist Assessments
- Progress to Guardianship application
- Fast Track Disabled Children Team
- Early Help Attendance Legal Panel referral
- Referral to another agency
- No Further Action
- Single Assessment
- Progress to Mental Health Assessment
- Progress to Assessment (A&OP)
- Early Help
- Other Local Authority Child Protection Plan
- Advice Information

Outcomes of Referrals to MASH 2016/17	
S47 Investigation	2,377
Single Assessment	15,051
Specialist Assessments	188
Progress to Mental Health Assessment	0
Progress to Guardianship application	0
Progress to Assessment (A&OP)	5
Fast Track Disabled Children Team	1
Early Help	625
Early Help Attendance Legal Panel referral	1
Other Local Authority Child Protection Plan	131
Referral to another agency	12
Advice Information	15,748
No Further Action	636
Total	34,777

Over the last 12 months, 43% of all MASH referrals progressed to C&F Assessments, which is consistent with figures from 2015/16. Over 2016/17, MASH have managed a total of 34,775 referrals of which 2,377 (7%) progressed to Section 47 investigations.

The progression rate outlined above illustrate that thresholds within CRT and MASH have been consistent over the last 12 month period. This is particularly relevant for the percentage of contacts resolved and progressed to referral. Regular audit of work

undertaken within MASH along with the multi agency audit days, led by HSCB support ensure that the thresholds in MASH are consistent and robust. This has been further reinforced within findings from Ofsted inspections plus the Joint Targeted Area Inspection of the multi-agency response to domestic abuse in Hampshire which stated that ‘thresholds for referral into children’s social care are clearly understood and consistently applied’.

CRT/MASH have worked closely with the Willow Team to review and update the initial SERAF screening tool used at first contact, to assist with the identification of Child Sexual Exploitation. This screening tool is completed for all contacts where a child is over the age of ten years and ensures that the need for a full SERAF is identified where required. The use of the SERAF screening tool is due to commence in the Out of Hours Service during August 2017.

The Inter Agency Referral Form (IARF) has been reviewed and updated and will replace email referrals, enabling staff within CRT to manage contacts and referrals more effectively.

Children who are at risk of exploitation

Multi-agency work to identify children and young people who may be at risk of exploitation and trafficking in Hampshire remained a Board priority for 2016/17. Children deemed at risk are managed through the Hampshire operational Missing, Exploited and Trafficked Group. The work from this group is carried forward through the multi-agency specialist Willow Team and Hampshire Constabulary’s Missing and Exploited Team. At the end of March

2017, 24 children were assessed as being at high risk of exploitation and 75 were assessed as being at medium risk.

The dominant themes of child sexual exploitation in Hampshire, as nationally, continue to present as:

- **The Boyfriend Model** - This model has become increasingly evident in relation to transient drug dealers exploiting teenagers both sexually and criminally with the exploited party trafficking drugs on behalf of the dealers.
- **The Party Model** - Older males orchestrating situations where drugs and alcohol are provided to vulnerable young people and sexual offences and CSE take place.
- **Peer on Peer** - Particularly notable in cyber enabled CSE offences where there are higher levels of young people communicating.

There are cross-overs between all three models where social groups are seen to offend collectively, typically against a group of younger females.

The majority of Willow Team cases are linked to grooming via the Internet or ‘peer on peer’ incidents.

90% of offenders are white males in the age range of 18 to 25 and the victim profile has parity with the South East regional data, indicating that mid-teen white British girls form the core group

targeted by perpetrators. The impact of exploitation on boys is not always recognised and this will be a priority for the HSCB's Strategic Missing, Exploited and Trafficked Children Group.

Over the coming year, HSCB will also be strengthening the remit of it's Missing, Exploited and Trafficked Children Group to cover gang-related activity.



Missing Children

There were 4,092 missing episodes and 496 absent reports (no apparent risk of harm to either the subject or the public) for under 18 year olds in 2016/17 (Hampshire Constabulary).

Analysis of Children's Services data indicates that approximately three quarters of children that go missing are not looked after or not known by the local authority. Children who are looked after by the local authority accounted for half of the total number of incidents, highlighting the vulnerability of such children.

The UK Missing Persons Bureau highlights that the 12-17 year old age range was the most likely age grouping to go missing in 2014/15, representing 56% (104,714) of the total missing incidents (187,947). The data from Hampshire is consistent with the general trends in the UK. As expected, there is evidence that the summer periods with the warm weather/lighter evenings see an increase in missing incidents within Hampshire.

Processes for monitoring children going missing include rigorous follow-up actions including a welfare check by the Police as well as return interviews with volunteers or social workers, to ascertain why the child went missing, where they have been, what they were doing and what support should be put in place to prevent this happening in the future.

Young people with mental health issues

During 2016/17, 8,335 children and young people were referred to the specialist Child and Adolescent Mental Health Service (CAMHS). This is a 17.8% increase on the previous year of 1,491 referrals. Of the children referred, 6,175 children went on to receive a full assessment. 3,926 assessment appointments and 2,900 first treatment appointments were undertaken. In excess of 80,000 clinical appointments were undertaken throughout the year. At the end of March 2017, there were 6,275 open cases of young people receiving an on-going service.

The service has seen a significant increase in the number of urgent and crisis presentations requiring immediate assessment. These are both those who present in Accident and Emergency departments, often with high levels of deliberate self-harm, as well as those referred directly into the service with complex and high risk behaviours.

Waiting times

The waiting times for both assessment and treatment are much longer than the service would like. This is due to the significant increase in demand and lack of capacity within the service to meet this. 42.5% of young people were assessed within the 4 weeks target, 56.3% of young people were treated within 18 weeks. The service received 531 urgent referrals which needed to be seen within a four hour period, 100% of these were responded to within the required timeframe.

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Inpatient admissions

The total number of young people admitted to psychiatric inpatient care throughout 2016/17 was 79; this was 11 more than 2015/16. There are on average 35 young people in hospital at any one time. Less than half of these young people are placed locally either at Leigh House or the Priory in Marchwood. The remaining children and young people are placed in provision outside of Hampshire, sometimes hundreds of miles from home, making this very difficult for families to provide support as well as making care planning and transition arrangements more challenging for the local CAMHS teams. There is often significant delay in securing an appropriate bed and some young people have had extended stays on paediatric wards, or being risk managed at home whilst a bed is identified and secured.

Specialist Eating Disorder Team

In 2016 CAMHS received some additional funding to develop a county wide specialist eating disorders team, which was launched on the 6th of June.

The service modelled approximately 150 referrals a year. However up to the end of March 279 referrals had been made. A number of cases have presented as acutely unwell due to late detection of their eating disorder or due to rapid weight loss requiring intensive treatment sometimes by multiple teams to manage their risk, this can include admission to a paediatric setting.

www.twitter.com/HampshireSCB

Increasingly the team have found that there have been challenges where parents have struggled to see the severity of their child's illness and have consequentially struggled to engage in the treatment plan. On these occasions we have worked closely with our safe guarding lead and where appropriate children services. The newly developed service has been externally evaluated against national frameworks and, whilst the service is still developing, the treatment model appears to be effective and we are already seeing positive outcomes for young people.



Troubled Families

Since the start of the Supporting (troubled) Families Programme in 2012, over 4,500 Hampshire families have been identified and engaged by the programme. Phase 2 of the expanded programme commenced in 2015 and government targets have increased accordingly. In 2016/17 Hampshire was short of their increased target number of families by 170 families, although the current rate that families are identified/engaged is still significantly higher than the early years of the programme. The programme remains targeted at level 3 families and so far positive outcomes have been recorded for nearly 2,000 families under the Government's payment by results element of the programme. In 2017 a new local objective has been added to assist the step down of families from level 4 to 3 and prevent them from escalating back to requiring a level 4 intervention.

Under Phase 2 of the programme a significant number of families with mental health issues (62%) have been nominated to the programme. About half of the families nominated to the Phase 2 programme have children who have poor school attendance/exclusion or require early help or are claiming out of work benefits. There are also significant numbers of families where anti-social behaviour, domestic abuse or substance misuse exists. Only a small number of families who engage with the programme contain adult offenders, or have with children who don't take up the early years offer, or with malnutrition issues.



Children who are Electively Home Educated

Elective Home education (EHE) numbers have continued to rise to over 1,300 at April 2017, a 38% rise since April 2016. These figures reflect national trends. Reasons why parents choose EHE vary but the underlying factors include dissatisfaction with school for one reason or another including SEN, alleged bullying and a general unhappiness with the curriculum. Changes in modern life style also mean that parents can more easily EHE especially parents who work from home. However the term EHE is a legal term and, whilst the vast majority of parents do provide an adequate education there are no common standards.

During 2016/17 there have been around 300 new pupils who are EHE, all parents have been written to and offered a home visit. Around 30% accepted and visits have taken place – 105 reports have been produced. Links are maintained with local EHE groups including liaison over some difficult cases that has involved social services. The Area Strategic Manager (ASM) has also been involved extensively as Chair of the Association of Elective Home Education Professionals (AEHEP) to encourage the Department for Education to review the guidance around EHE. The guidance was written in 2007 is out of date and is not in line with later safeguarding advice and guidance.



Progressing the Board's business plan

During 2015/16, HSCB focused on the following five priorities:

- Priority 1: Neglect.
- Priority 2: The impact of substance misuse, mental health problems and domestic abuse in adults on children and young people.
- Priority 3: The multi-agency response to missing, exploited and trafficked children; female genital mutilation, suicide and self harm and novel psychoactive substances.
- Priority 4: Quality assurance, measuring impact and embedding learning.
- Priority 5: Stakeholder engagement.

Priority 1 – Neglect

Neglect seriously impacts on the long term life chances for children. Neglect in the first three years of life can seriously effect brain development and have significant consequences through adolescence and into adulthood.

Working Together to Safeguard Children (2015) defines neglect as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- *Provide adequate food, clothing and shelter (including exclusion from home or abandonment);*
- *Protect a child from physical and emotional harm or danger;*
- *Ensure adequate supervision (including the use of inadequate care-givers); or*
- *Ensure access to appropriate medical care or treatment.*

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

The table below indicates a reduction in the number of children in Hampshire who are subject to a Child Protection Plans (CPP) under the category of neglect since 2015/16. The proportion of cases on a CPP due to neglect has increased over the previous four years. It is thought that this is due to greater awareness of the indicators of neglect among professionals.

Number of children who were the subject of a child protection plan (CPP) at 31 March 2017 by initial category of abuse

		Period				
		2012-13	2013-14	2014-15	2015-16	2016-17
Hampshire	CPP	1,145	1,111	1,354	1,441	1,263
	Neglect	534	584	828	916	829
	%	46.6%	52.6%	61.2%	63.6%	65.6%
South East	CPP	6,010	7,200	7,790	8,070	Published October 2017
	Neglect	2,480	3,090	3,850	4,340	
	%	41.3%	42.9%	49.4%	53.8%	
England	CPP	43,140	48,300	49,690	50,310	
	Neglect	17,930	20,970	22,230	23,150	
	%	41.6%	43.4%	44.7%	46%	

Each period is a snapshot as at 31 March of each statutory year. Statutory year statistics extracted from DfE published reports.

Neglect has also featured in a number of serious case reviews (SCRs) commissioned by HSCB. The recommendations from SCRs into Child E, Child M and Child X all highlighted a need for an enhanced understanding and more coordinated multi-agency responses to the complex issue of neglect.

In response to the rising numbers of neglect cases, as well as findings and recommendations from serious case reviews, the Board established a multi-agency task and finish group focussing on neglect. The group, in partnership with colleagues from the Isle of Wight Safeguarding Children Board, developed a strategy including an Indicators Matrix and Neglect Thresholds Chart to assist professionals in recognising neglect in children and understanding what level of support and help they, and their families, may need. The strategy was launched in October 2016 at events in both Hampshire and the Isle of Wight. These events were well attended and allowed practitioners an opportunity to use the guide to recognising neglect and undertake analysis of real case studies using the four types of neglect described in the strategy. This proved an effective way to introduce the strategy and make it 'real' for practitioners. Feedback from the launch events was extremely positive, and an evaluation of the impact of the strategy will take place over the coming year.

This was an excellent informative event; the strategy tool provided is a really helpful document, both informative and practical. I will be using it in our next safeguarding newsletter

Really helpful I have shared it across my organisation

Priority 2 - The impact of substance misuse, mental health problems and domestic abuse in adults

Family Intervention Team (FIT)

Hampshire County Council Children's Services piloted multi-disciplinary Family Intervention Teams (FIT) during 16/17 as part of the Innovation Programme. The FIT Pilot set out to provide more creative and holistic interventions to improve overall family functioning, particularly for families with 'toxic trio' issues including: domestic abuse, parental substance misuse and parental mental health. The pilot programme involved small teams of three workers (FITs) experienced in either domestic abuse, adult mental health or adult substance misuse, working closely with some Child in Need teams to benefit families with a Child in Need or Child Protection Plan and at least one of the three toxic trio issues.

FIT continues to be a positive resource across social work teams and continues to encourage good collaborative working across partner agencies. The FIT allows Social Workers to access immediate advice and support in respect of domestic violence and substance misuse issues, and allows for much greater joined up working across services to respond to safeguarding concerns and risks within these areas quickly.

Since FIT workers have been a shared resource across social work teams, as oppose to being allocated to one team, we have seen a greater emphasis on them becoming involved from the outset, especially where high risk referrals for domestic violence and

substance misuse are received, requiring Child Protection investigations. This has worked well in ensuring that immediate resources are in place to work with the family and respond to the risks.

Having the FIT workers based within Children's Services encourages open and good communication and a more coordinated family approach. There continues to be positive feedback from Social Workers that this is beneficial, contributing to much better information sharing and ultimately a better service for clients and outcomes for our families.

The FIT workers are able to be persistent in their approach, especially with families that may be more challenging or harder to engage. This has led to better outcomes on families engaging with the work that is set out in plans, and overall families have largely engaged well with FIT interventions.

Joint Targeted Area Inspection of Domestic Abuse

Between 5 and 9 December 2016, Ofsted, the Care Quality Commission (CQC), HMI Constabulary (HMIC) and HMI Probation (HMIP) undertook a joint inspection of the multi-agency response to abuse and neglect in Hampshire. This inspection included a 'deep dive' focus on the response to children living with domestic abuse. Key aspects of this approach were as follows:

- Joint - truly joint - balanced team of inspectors working together to look at what is happening for children
- Targeted - not universal; targeted on areas and targeted on specific groups of children
- Area - not a local authority inspection - inspection of how police, health, probation, youth offending services and the local authority work in Partnership in any given area

The inspection report, published in February 2017, stated that 'Strategic arrangements for responding to domestic abuse in Hampshire are robust and effective. Across all partners, the overall standard of practice is strong and the areas for improvement are minor'.

A range of good practice was highlighted by the inspection team from across HSCB including the following:

Local Safeguarding Children Board

- 'The HSCB is dynamic and forward thinking. During inspection, it was evident that individual leaders take responsibility for their organisation's role within the board and that this has led to tangible improvements in multi-agency arrangements'.
- 'Consideration and analysis of the regular multi-agency audits undertaken by the partnership promotes a high degree of self-awareness, and this knowledge is used to ensure that learning is fully shared and makes a difference to improving practice'.
- 'There are a number of effective sub-groups that support and feed into the HSCB'.
- 'Considerable work has been undertaken within the HSCB to ensure that the shared dataset informs partnership working by focusing on the key criteria and supporting any partner who requires additional input to provide the most relevant data'.

Leadership

- 'Strong, established and mature partnership working'.
- 'The open style of leadership and innovation is creatively driven by the director of children's services. Considerable support for this innovation is offered from both the lead member and the chief executive'.
- 'The five clinical commissioning groups within the complex health economy of Hampshire work collaboratively on the safeguarding agenda, including on policies, strategies and working groups. The senior safeguarding leads show commitment to improving quality across provider organisations within the county'.
- 'Police leaders are highly committed to the partnership and have prioritised the protection of children living in homes where domestic abuse occurs'.
- 'Domestic abuse steering group in place for over five years'.
- 'Strategic intention successfully translated into practice'.
- 'Clear culture of strong, co-ordinated leadership underpinned by a commitment to continuously improving services'.
- 'Senior leadership keep in touch with frontline practice and individual outcomes for children'.

Services

- 'Sophisticated understanding of domestic abuse evident through the innovative role of the domestic abuse workers in the family intervention teams'.
- 'Clarity in commissioning arrangements that have streamlined domestic abuse services effectively into two key providers supported by smaller localised grant-supported projects and individual agency work'.
- 'Significant investment to co-locate key partner agencies and share systems'.
- 'Clear referral pathways with clearly understood and consistently applied thresholds'.
- 'Family intervention team (FIT) includes specialist domestic abuse workers'.
- 'Range of perpetrator programmes and interventions available'.

Professionals and Managers

- 'Frontline social workers are committed and highly knowledgeable about individual children and strive to ensure that each child has their needs met at an appropriate level of intervention'.
- 'Focused, skilled practitioners who understood the needs of children and the impact of domestic abuse'.
- 'The partnership in Hampshire has thoughtful and accessible senior managers who are visible to practitioners and who know their services well'.

- ‘GPs spoken to were aware of the named GP in their locality and could offer examples of work undertaken by them in relation to practice’.
- ‘Examples seen in all the teams of management oversight and analysis to improve outcomes for children’.

Engagement

- ‘The voice of the child is well understood and is given a high profile across partners. The voice and lived experience of children was particularly well recorded in perinatal mental health, child and adolescent mental health service (CAHMS) and health visitors’ records considered by inspectors. Social workers place a high priority on the voice of the child and know children with whom they work well’.

Hampshire’s Five Clinical Commissioning Groups

- ‘A strong commitment has been made to the Named GP role across Hampshire. The four Named GPs work collaboratively and lead on initiatives to support safe practice in primary care. GPs spoken to were aware of the Named GP in their locality and could offer examples of work undertaken by them in relation to practice. Impact at an operational level is shown through the safeguarding primary care meetings and through Named GP safeguarding leads meetings held regularly. In one practice, a range of professionals including a health visitor, a school nurse, a community mental health worker, a community police

officer, and a troubled family worker attended. An invitation had also been made to the military welfare office, and the inspector saw evidence of a number of domestic abuse cases being discussed’.

A small number of areas for improvement were identified and these are being addressed via HSCB’s JTAI Group, which was established in early 2016 to coordinate and manage delivery of the joint action plan submitted to the inspectorates.



Priority 3: Key safeguarding issues

Missing, exploited and trafficked children

Hampshire, like every other area of the country, is faced with the challenge of tackling the issue of children going missing, being exploited and/or being trafficked (MET). These issues are a key priority for HSCB and the multi-agency response in Hampshire is led by the HSCB Strategic MET Group along with a number of supporting work streams.

There are clear links between child exploitation and those children who are trafficked and/or go missing and the matters cannot be dealt with in isolation. HSCB has combined these three areas to ensure a robust multi-agency response.

Identification and risk assessment

HSCB continues to promote use the Barnardo's Sexual Exploitation Risk Assessment Framework (SERAF) to assess CSE risks to children along with an adapted Child Sexual Exploitation Risk Questionnaire (CSERQ4) for acute health settings. The latter was developed and implemented by an HSCB task and finish group with significant input from the 5CCGs.

The Willow Team

The Willow Team is a children's social care led multi-agency specialist MET team launched in October 2015. The team comprises

a team manager, three social workers, two nurses, one child and family support worker and administrative support. The team work collaboratively with Barnardo's workers, Hampshire Constabulary's Missing & Exploited Team, Hampshire's Youth Offending Team and the Children & Adolescent Mental Health Service (CAMHS).

The team operates across Hampshire and works directly with children identified at risk of one or more elements of MET. The team receives referrals from Hampshire's Multi Agency Safeguarding Hub (MASH) relating to children who are not currently open to Children's Services and where concerns are raised that they are at high risk of MET; and / or children who are in contact with known perpetrators of exploitation or trafficking. The team will also support all unaccompanied asylum seeking children (UASC) and will undertake trafficking risk assessments.

The team also requests for support for children currently open to Children's Services. In such cases support can be offered in a number of ways such as:

- Direct work with the child/parent/carers/residential workers.
- Mentoring to professionals including teachers, social workers, school nurses etc. to support them to undertake direct work with the child.
- Consultation advice and support to professional groups.
- Undertaking awareness raising.
- Disruption of perpetrators in collaboration with Hampshire Constabulary.

An external evaluation was undertaken by The Institute of Public Care at Oxford Brookes University, which focussed on the quality and impact of support to young people identified as being at risk of sexual exploitation. The report highlighted that:

- ‘Local agencies have a good understanding of the remit of the Willow Team and that there is strong support for a dedicated multi-disciplinary team providing a range of services including 1:1 work with children at risk, or who have suffered from CSE’.
- ‘Where the young person engages with the Willow worker, they and their key carer(s) almost invariably appreciate the warm, non-judgemental approach and the ability of the Worker to educate both the young person and the broader family about risks relating to sexual exploitation (through use of one to one conversations, DVD’s, and worksheets)’.

Willow Team Case Study

Ali is a 15 year old and at the time of referral into the Willow Team was living part time with her father and part time with mother. A police report was generated that Ali had been coerced into sending indecent images and videos to an unknown male online.

The case has been opened for a formal assessment due to these concerns and part of the assessment was around how well the family were being protective around social media use.

The assessment showed that Ali had repeatedly been contacted and groomed by the male. Ali was made to feel good by the contact and this was a ‘pull’ factor to her continued contact with the male.

The assessment showed that Ali was having her basic care needs met. We identified though that parents were behaving very differently in their approach to boundaries. One parent was very liberal and not enforcing appropriate boundaries whilst the other was stricter and took more of an interest in the child’s behaviour with social media. Parents were encouraged to take protective steps by stopping internet use and her use of alcohol whilst with one of the parents. Whilst assessing it was clear that the separation of the parents was a challenge. Neither were working together to keep Ali safe and boundaries were so different with each parent that the risk was increased due to lack of communication and joined up parental working.

The assessment was completed with the social worker recommending direct work by Willow to support Ali being better aware of healthy relationships, grooming issues and the dangers of using the internet. Parents also were part of the keeping safe work and we encouraged more joined up conversation around parenting and boundaries.

When the case was closed the risk had been greatly reduced and we further supported school staff around risks which benefitted many other children.

In addition, the team seek to identify victims and perpetrators at the earliest opportunity and to coordinate the initial police response, as well as raising awareness within districts of vulnerable individuals, directing any intervention and safeguarding work where it is appropriate to do so, allowing leaders to better manage and reduce the risk of harm.

In 2016/17, the ME Team was led by Chief Inspector Debra Masson, with support from Detective Inspector Julia Fabrizi and Detective Sergeant Abigail Leeson.

Health MET Task & Finish Group

In November 2015, the health sub group of HSCB commissioned a task and finish group to enable health partners to engage in the MET agenda. The purpose of the group was to raise awareness of the issues across all frontline health staff in Hampshire and enable them to make referrals to support those young people at risk.

The terms of reference of the group included inclusion of the HSCB training slides to be included in health organisations training and improved uptake in the use of the agreed assessment tool for individual children thought to be of risk of child exploitation (CSE).

The group was chaired by the Designated Nurse for looked after children and the membership was drawn from across the health economy. The group comprised Primary Care (GPs), Acute Providers (Hospitals), Community Health Services, Child and Adolescent Mental Health Services (CAMHS), Dentists, Opticians,

Pharmacists, Sexual Health Service, Drug and Alcohol Services, Out of Hours GP Services and the Ambulance Service.

The membership adopted the training slides in early 2016 into their safeguarding training programmes for their organisations and then progressed to look at the assessment tool. The tool agreed for use by HSCB was the Sexual Exploitation Risk Assessment Framework (SERAF) developed by Barnardo's. The documentation was reviewed and the group felt that it was appropriate for certain services such as Sexual Health, Drug and Alcohol and Maternity services but was not practicable for other areas of health.

The Named GP for Safeguarding, representing Primary Care on the group, sourced some research undertaken in Wales who were early implementers of the Barnardo's SERAF. The researchers had consulted just under 1,700 young people in the development of a shortened questionnaire that could be used in areas of health with reduced capacity to complete a full SERAF.

The membership of the group reviewed the research and agreed to progress to the four question shortened assessment for a number of health areas. This was to be known as the Child Sexual Exploitation Risk Questionnaire 4 (CSERQ4).

A matrix was developed to identify which health agencies would be expected to complete the full SERAF and those where the CSERQ4 was appropriate. The questionnaire and the user matrix was taken to HSCB in June 2016 and approved with roll out commenced in July across all health partners.

Following implementation, a GP made a referral following completion of the CSERQ4, which resulted in a young person being protected via the section 47 safeguarding process.

In 2017/18, an audit will be undertaken across some of the health provider’s frontline staff to establish their level of knowledge about CSE and the CSERQ4.

Female Genital Mutilation

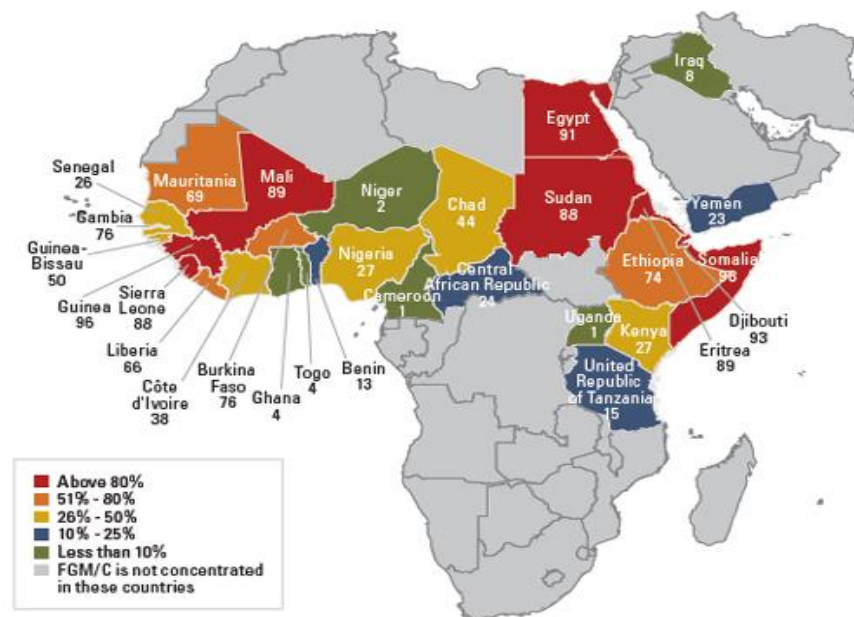
Female Genital Mutilation (FGM) is medically unnecessary, extremely painful and has serious health consequences for women who undergo it both at the time when the mutilation is carried out and in later life. From 31 October 2015, and the publication of the FGM Duty Guidance, health and social care professionals and teachers in England and Wales must report known cases of FGM in under 18 year olds to the police.

The HSCB Health Safeguarding Group established a Task and Finish Group to develop resources to support professionals meet their responsibilities included in the new Duty Guidance.

The Group developed a multi-agency FGM Strategy. The Strategy, which was jointly developed by the Hampshire Safeguarding Children Board (HSCB) and Hampshire Adult Safeguarding Board (HASB), provides frontline staff with guidance on safeguarding women, children and young girls who have undergone or at risk of undergoing FGM. The Strategy is supported by a range of practical guidance and procedures for frontline staff including:

- Flowcharts for under 18s.
- Flow chart for adults over 18s.
- Risk assessment tool for use in practice.
- Guidance on reporting and recording of FGM.

The Strategy was published in October 2016 and is supported by e-Learning, which is available at no cost to all staff in Board partner agencies.



Percentage of girls and women aged 15 to 49 years who have undergone FGM/C, by country (WHO, 2016).

How the views of Children and their families inform the work of CAMHS

Hampshire CAMHS considers working innovatively and creatively with families and young people as integral to its philosophy and certainly a key to future success. Over the last 12 months The Fit Fest health and wellbeing events continue to build on the early success which to seek to build resilience and coping skills with young people, and introduce the ethos of balanced well managed lives through arts and physical activity. CAMHS have seen approximately 600 young people through both the events and mobile Fit Fest.



Spotlight on Fitfest

Fit Fest continues to be a real hit with young people and schools. Over the last 12 months resources have allowed for one Hampshire wide event and 7 mobile Fit fests to take place (2 secondary schools and 5 junior schools). This has amounted to 563 young people in Hampshire that have had input that supports their emotional and psychological health, provided life skills, encouraged them to be physically active and given them an experience of how the arts can benefit them. They had opportunities to see for themselves the amount of different organisations that are available to support them whatever their needs areall in just one day. Some of the feedback from YP has included:

I now know what to do in a crisis

I learnt how to deal with panic attacks

There are lots of organisations that can help

There are lots of others like me

This year CAMHS are looking forward to a mobile Fit Fest in an Aldershot school and a Havant Fit Fest event that will see approximately 150 young people from the Havant area benefitting from these events.

A brand new development is PACE (Parent and Carer Events). These events provide access to a number of relevant organisations that provide advice and information. The events run 12 different 45

minute workshops delivering on what to look for, top tips and signposting where to go for support, on a range of issues from managing anxiety, challenging behaviour, Autism, gender identity to talking to your child about sex and relationships or substance use.

The feedback from the evaluations on the 2 events to date that were attended by over 320 people at each event stated that 92% would recommend the event to others, and 84% said that the event met their expectations. Some professionals have attended including teachers, GPs and school nurses who have found the training well balanced with the information that they needed for their role. These events are rolling out across the county.

The participation of young people and parents through the ACE programme (Advise/consult/experience) is more embedded into local teams with regular ACE groups happening and participation in various ways happening on a regular basis. This includes interview panels, developing self-help for YP/Parents, preparing a short film about CAMHS and participating in staff induction.

During the year a group of multi-agency professionals developed a Self Harm pathway in response to recommendations made in a multi-agency learning review. The purpose of the document is to provide practitioners with a clear pathway to follow in the event that a child is self harming, or tells them that they have self harmed. The Pathway was published in April 2017.

New Psychoactive Substances

Following a presentation from Hampshire Constabulary's Mental Health Lead on Acute Behavioural Disturbance/Excited Delirium/Excited Delirium Syndrome and the link to usage of psychoactive substances, the Education and Health Subgroups of HSCB commissioned task and finish groups to develop guidance for professionals. This followed implementation of the Psychoactive Substances Act, which came into force on 26 May 2016 and made it an offence to produce and/or supply any substance intended for human consumption that is capable of producing a psychoactive effect.

The guidance was developed in collaboration with HSCB partner agencies and addressed recognition of symptoms, effects and responses. The final version of the document was published in October 2016 and can be found on the HSCB website.

www.hampshiresafeguardingchildrenboard.org.uk/procedures/resource-library/

Priority 4: Quality Assurance

HSCB undertakes regular auditing of multi-agency child protection in Hampshire. This work is commissioned by the Quality Assurance Group and learning is disseminated to front-line practitioners via partner agencies. Over the last year, the Board undertook a programme of thematic multi-agency audits to establish how well agencies work together to identify and respond to key safeguarding issues.

Multi-Agency Safeguarding Hub (MASH) Audits

In May and October 2016, a multi-agency group comprising members of the Quality Assurance Groups of HSCB along with staff and partners who work as part of the Multi Agency Safeguarding Hub (MASH), reviewed 10 cases referred to MASH.

The audits followed the journey of each child from the point of referral into MASH through to the actions and outcome reached, including decisions taken by district social work teams. For the October audit, the cases reviewed featured alleged domestic abuse.

These audits identified timely and appropriate information-sharing between partner agencies, good multi-agency understanding of risk factors that led to robust case decisions, clear application of thresholds, timely responses to child protection investigations and good management oversight along with examples of professional challenge. These audits also identified the need to strengthen the

‘voice of the child’ across HSCB activity, which is being taken forward as a priority in 2017/18. There is confidence that the ongoing multi-agency auditing of MASH is ensuring the Board, and partners, understand the effectiveness of current practice and where improvements may be needed.



MET Local Effectiveness Assessment

HSCB's 'Challenge Day' on Missing, Exploited and Trafficked (MET) children took place on in May 2016. The purpose of this day was to explore the extent to which MET / CSE was embedded within partners' policies and procedures, assessment tools and training. It was also intended to establish how linked in partners are to the work of HSCB's strategic MET subgroup and to better understand any barriers to effective partnership working.

The panel comprised leaders from across HSCB who received presentations from 14 agencies on their responsive to issues of MET. Agencies presenting included:

- Children's Services
- Hampshire Constabulary
- West Hampshire CCG
- Adult Services – Transition Team
- Youth Offending Team
- Southern Health
- Hampshire Hospitals
- Sussex Partnership NHS Foundation Trust / CAMHS Provider
- National Probation Service
- Hampshire & Isle of Wight Community Rehabilitation Company
- Borough Councils (Eastleigh, Fareham and Gosport)
- CAF/CASS

This event proved highly effective in identifying areas of strength across HSCB and opportunities for further improvement. All agencies received written feedback from the Independent Chair of the Board, which will be revisited in 2017/18 to ensure that progress has been made.

Section 11 Audit

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. As part of its statutory duty to ensure the effectiveness of what is done by each organisation in relation to safeguarding and promoting the welfare of children, Hampshire Safeguarding Children Board undertakes annual monitoring of compliance with Section 11 safeguarding standards.

In March 2016, a 4LSCB audit tool was issued to leaders of the following 33 agencies. Strengths and areas for improvement were identified by Board partner representatives who attended one of six evaluation days, which took place between June and July 2016.

A clear commitment to keeping children safe was evident along with positive examples of how agencies ensure a child-focus across their services. Agency feedback was issued formally via the HSCB Independent Chair, which identified areas of good practice and opportunities for strengthening safeguarding arrangements. For

2017/18, the Section 11 audit will review progress made against areas identified as requiring improvement in 2016.

Section 11 GP Audit

For the first time, GPs were also involved in the Section 11 audit with a 94% response rate from Hampshire's 150 practices. This highlighted some excellent work with most practices having both a safeguarding lead and deputy, which was later recognised in the Joint Targeted Area Inspection of Hampshire. Practices were aware of how to access training and were sharing lessons learnt from incidents and reviews back to staff.

Safeguarding in Education Audit

In 2016, there was a 97% return rate from education settings, across all sectors, in relation to the annual education audit (compared to 99% in 2015). This small drop in the return rate has been addressed by the Education Subgroup and changes have been made to the audit process to improve communication between HSCB and education settings, particularly the further education sector.

The returned audits indicate compliance across all areas and evidence good levels of compliance with statutory obligations under Section 157 and Section 175 of the Education Act 2002. Schools were able to show they undertake child protection training, adhere to safer recruitment guidance and implement their own child protection procedures.

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This year, for the first time, the Southern Internal Audit Partnership conducted a supplementary quality assurance review, which was designed to assess the effectiveness of safeguarding frameworks in maintained schools. The review focused on:

- Policies, procedures and training.
- Governance.
- Record retention and transfer of records.

The audit was undertaken in March 2017 and the findings will be reported within the 2017/18 annual report.

HSCB have organised the second annual conference for designated safeguarding leads across all sectors. This conference will highlight changes in guidance, learning from local and national safeguarding experiences, Board developments and key changes in children's social care. The events will be delivered in multiple locations across the county during the summer term 2017.

Local Authority Designated Officer (LADO)

The LADO should be informed of all allegations against adults working with children, providing advice and guidance to ensure individual cases are resolved as quickly as possible. LADO work is measured over academic years due the weight of referrals involving school staff. The number of referrals has continued to remain high at 761 in the year 2015/16 (up 12% on the previous year); a similar

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total is anticipated for the year 2016/17. In Hampshire, the LADOs also offer advice on child safeguarding issues.

The range of organisations referring positively reflects a continuing awareness of this statutory within the broadly defined children's workforce. In the last year the LADOs repeated a survey of customers' views. This again demonstrated high levels of positive feedback across the range of indicators. In particular, people found the service easy to contact, understood the role after speaking to the LADOs and were clear what would happen next. Feedback included:

*Excellent and calm support given at a potentially difficult time.
Thanks to all.*

*I was thoroughly impressed with the speed of response from the LADO, the advice and information given and the overall experience.
I would rate it as outstanding.*

Children Living in Secure Accommodation

Swanwick Lodge

Swanwick Lodge, a Secure Children's Home, is a national resource registered with Ofsted to care for 16 young people of either gender aged 10 to 17 years who are deemed to be at such a significant risk of harm to themselves and others that they need to reside in

secure accommodation. This provision is usually made under section 25 of the Children Act (1989). Four beds were previously offered under a block bed contract to the Youth Justice Board (YJB) which expired on 31 March 2016. Hampshire County did not seek an extension to the contract and all young people are now placed at Swanwick Lodge on welfare grounds.

During the reporting period of 2016/17, Swanwick Lodge delivered a range of improvements to the premises including:

- New offices have been implemented to improve the working conditions for the staff at the home.
- A large refurbishment of its soft furnishings, living spaces and dining rooms to make the home more comfortable and user friendly for the children that live here. This included new dining room tables and chairs and graphics and wall art throughout the home (chosen by young people).
- Additional safe works were undertaken on a designated bedroom on each unit to allow the room to function for children with more complex needs (a high dependency room).
- The library was converted into two visitor rooms to allow for more capacity for young people to have both professional and personal visits and contact. One of the visitor rooms has also been set up with full video conference facilities for court appearances etc.
- A fully furnished hair and beauty salon has been built in the home with the aim of promoting educational/vocational opportunity's for young people at the home.

- The gym underwent a full security upgrade and cosmetic refurbishment to both reduce the risk of absconding, and to make the gym more user-friendly. Additional ventilation was installed as well and the gym is currently in the process of having solar panels installed also.
- Works on the homes high & low level windows to provide additional security and reduce the risk of absconding and potential harm.
- Anti climb works have been completed around the home, including a high wall in garden and anti climb up grades in the admissions courtyard to reduce the risk of absconding in the home.

In light of improvements to the premises, staffing vacancies and the challenging and complex needs of the cohort of young people accessing the secure welfare estate, Swanwick Lodge was not able to achieve full occupancy in 2016/17. However, occupancy has increased to an average of 71.5% compared to an average of 50% for previous reporting periods.

During the reporting period, there were a total of 317 instances of restraint, a decrease from 344 restraints in the previous reporting period. The vast majority of restraints continued to be brief with only 2% of holds used lasting no more than five minutes (compared with 6% in 2015 and 8% for both 2014 and 2013). The level of recorded injury was proportionate to the amount of restraints that had been undertaken. Each restraint will usually involve multiple holds with the majority (97%) being guided moves and lower-level techniques.

The majority of incidents and restraints during 2016/2017 reflect the challenging behaviours and complexity of need among a small proportion of the young people accommodated. Three particularly complex young people accounted for 30% of all restraints over the 12 month period.

Swanwick Lodge Case Study

Child X arrived having had eight placements in the last two years from foster care to open children's home. She had absconded numerous times and displayed other risk taking behaviours. The local authority considered her to be at very high risk of CSE, had absconded frequently and was found in the company of a number of unknown males.

Child X presented as low in mood often, with extremely low self-esteem on arrival at Swanwick Lodge. A POP (Pillars of Parenting) consultation was held with advice and guidance from the Swanwick Lodge Psychologist. A work plan of intervention was formulated and this ran alongside a stabilisation programme overseen by the Head of Health and Wellbeing, Recovery Support Workers and care staff through Stage 1, building positive relationships with adults, role-modelling, building self-esteem, emotional attachments, structure and routine, life skills etc.

Child X moved onto Stage 2 whilst at Swanwick Lodge where by she was able to manage her emotions more effectively, focus on her achievements, build confidence and self-esteem. Her self-harm significantly reduced and then stopped prior to her leaving. She

worked with the CSE worker and recovery workers to identify how she was putting herself at risk.

She attended education regularly and prior to her leaving, sat her functional skills tests Level 1. She enjoyed her activities, taking pride in displaying her art work and projects and made some amazing cakes in life skills sessions. She also engaged in child development and realised she had a passion for working with children, identifying a future goal as a nursery worker or similar.

When Child X left, she bought gifts for all the staff and wrote in her exit interview

'Dear all staff, I would like to say thank you for everything you have done for me, you have made me a better person'.



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Bluebird House

Bluebird House is an adolescent forensic medium secure unit and part of the national network of adolescent medium secure services. It is a national unit, commissioned by NHS England, and admits young people from all over the country. Young people are aged between 12 and 18 years and admission criteria include that they suffer from a mental disorder, are detained under the mental health act 1983 and pose a high risk of harm to other people. There are three wards with 20 beds altogether.

Use of restrictive interventions

Young people admitted to Bluebird House pose many high risks of harm to others, and as such, present with a range of severely challenging behaviours. This sometimes requires the use of restrictive interventions such as restraint in order to manage the immediate risk, in order to keep not only that young person, but the other young people as well as staff members safe. All restraint is carried out in accordance with legal framework as prescribed in the mental health act code of practice, and trust policies and procedures.

All incidents, including episodes of restraint, are reported on the trust incident reporting system. This information is available to clinical teams in Bluebird house to identify emerging trends, and to track the progress of individual young people.

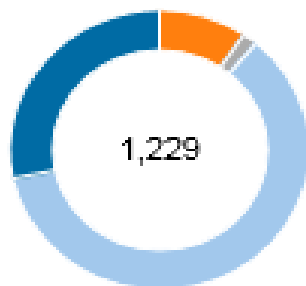
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Restraint use in 2016/17

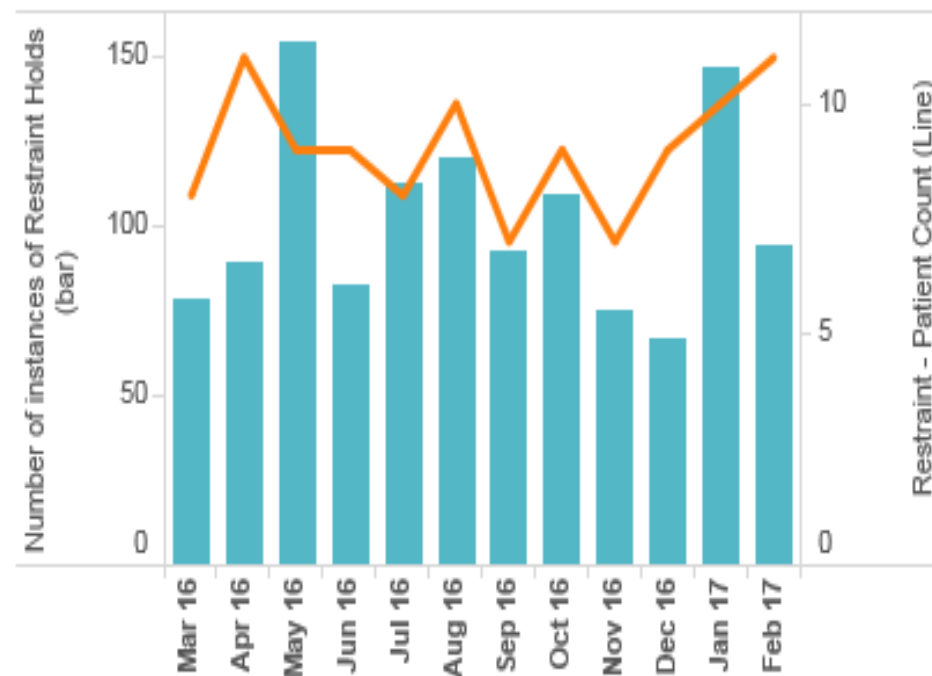
As can be seen in the following graph, there were 1,229 episodes of restraint between April 2016 and February 2017. Of these, the majority (745) were required to manage the risk of harm to others, 347 interventions were to manage risk of harm to self, 117 to stop patients from inflicting serious damage to property and in 20 cases the incident forms did not specify the cause for use of restraint.

Reasons for Restraint

- Damage To Property
- Not Known
- Risk Of Harm To Others
- Risk Of Harm To Self



A peak in the use of restraints was noted in May 2016, when restraints were used 155 times, followed by a similar peak in January 2017, when restraints were used 147 times. Restraint was only used 67 times in December 2016. The increase in the use of restraint in May 2016 and January 2017 can be explained by the admission of new patients, whilst a number of staff were on leave in December 2016, which has the effect of changing the interpersonal dynamics on the ward, which in turn also has an impact on risk incidents.



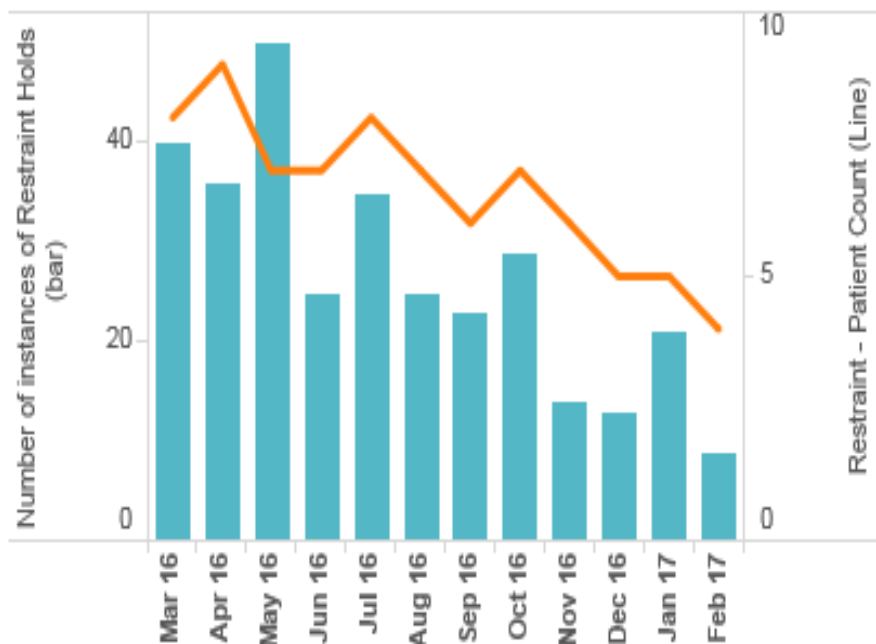
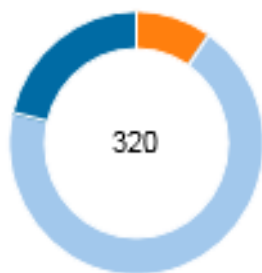
Of the 1,229 episodes of restraint recorded in this time period, 320 episodes involved the use of prone restraint, while 100 episodes involved the use of supine restraint. The hold known as ‘walking figure of four’ was used 165 times, whilst the hold described as ‘seated figure of four’ was used 127 times.

The next graphs show the use of prone restraint in Bluebird House in this time period. As can be seen, the use of this particular hold has decreased steadily in recent months. This has coincided with training being provided to the Bluebird house staff team in the use

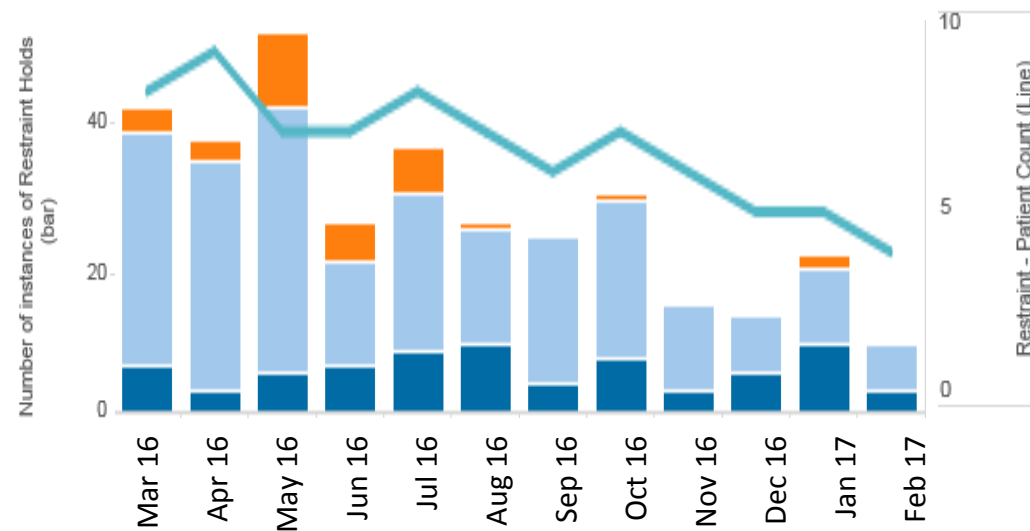
of supine restraint, and where possible, supine restraint has been used in preference to prone restraint.

Reasons for Restraint

- Damage To Property
- Risk Of Harm To Others
- Risk Of Harm To Self



The following graph shows the use of prone restraint for each cause group - risk to others, risk to self and damage to property.



Damage To Property
Risk Of Harm To Others
Risk Of Harm To Self

31
221
68

Bluebird House Case Study

CK came from a disrupted background, like so many of our young people. Both her mother and father have mental health difficulties. Her parents separated when she was 3 years old and has had limited contact with her father. She had a turbulent relationship with her mother, and her mother had a partner who was physically abusive towards both CK and her mother. CK's family have been known to the social services prior to CK's birth, and at the age of one she was placed on the child protection register under the category of neglect. CK then became a Looked After Child in 2011 and subsequently placed in foster care. She had numerous placements before being admitted to an adolescent mental health unit.

CK had a positive relationship with her maternal grandmother, who was suddenly killed in a hit and run accident in November 2013, which was a significant loss for CK.

CK was placed under section 3 of the Mental Health Act following escalation in risk taking behaviours in September 2013 whilst in Alpha Hospital, Woking. She frequently absconded as well as engaging in self-harm behaviours. Her behaviour deteriorated further following the death of her grandmother, including a serious incident where she sustained multiple fractures and required a splenectomy. CK also displayed increased physical violence towards staff, and due to continual escalation of incidents she was transferred to Bluebird House in September 2014.



CK initially appeared as settled, before displaying behaviours such as assaults and self-harm in an inconsistent manner. She also spent time in high care due to the high levels of anxiety she experienced. We recognised that due to frequently feeling let down and abandoned by those she cares about meant she both felt the need for care and attunement from others but also was very frightened of getting too close and being let down.

Working within an attachment and trauma model meant that our initial therapeutic task was to help CK build stable, reliable relationships at Bluebird House in order to help her manage her emotions and distress. This was done by listening to CK and involving her in her care, creating care plans with her, providing

consistency and creating new skills as well as developing her existing ones. By creating this secure base with the nursing team CK was able to engaged in different therapies as well as developing skills to help her regulate her emotions and cope with the difficult thoughts she experienced. Work with the psychology team focused on building her knowledge of her emotions as well as specific anxiety work increasing her confidence in things such as leave and meeting new people.

When she initially came to us, the thought of going on leave caused her such high levels of anxiety that she did not want to access it. The secure base we built with CK meant she was able to say when she needed help, when things were too much for her and also when she was having urges to hurt herself. These skills helped with her access to section 17 leave, which progressed from escorted car leave to unescorted community leave and solo train travel.

CK also engaged very well in family therapy which lead to re-engagement with her mother and grandfather and then later on with her father. Within family therapy CK worked on managing her family relationships and their complexities without feeling responsible for them. It also helped to build communication skills within the whole family, increasing the support around CK.

CK's presentation during her admission changed dramatically from high levels of assaults on staff and frequent incidents of self-harm, to occasional incidents of self-harm. As described above, CK built skills managing her emotions and behaviours meaning she could access a community placement and in May 2016 CK commenced

extended section 17 leave to a supported accommodation placement before being discharged to this community placement in April 2017.



Priority 5 – Stakeholder Engagement

In its 2015/16 annual report, HSCB identified improvements around engagement with stakeholders, communities, the wider public and children and their families.

Voluntary Sector

HSCB has a positive relationship with the Hampshire Voluntary Alliance. The Alliance is open to any charity / voluntary organisation working with children and young people in the local authority area of Hampshire. Through this relationship, HSCB has gained voluntary sector representation on the Board and a number of sub groups. Voluntary Sector organisations have also participated in the Child M Serious Case Review published over this period.

The HSCB Annual Conference was directly informed by the views of children and young people. Members of the Police and Crime Commissioner’s Youth Commission, along with sociology students from a Post 16yrs college attended the day. They worked with groups of multi-agency professionals, listening to the presentations and actively engaging in discussions. A student from the college opened and closed the conference jointly with the Independent Chair of the Board and members of the Youth Commission delivered a presentation on adolescent mental health. Their engagement provided professionals with the opportunity to hear the views of young people on what they consider to be the safeguarding risks and challenges facing adolescents in Hampshire.

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What do you bring to the Board?

As a doctor I listen to children and try to bring their viewpoint to our work with the Board.

Simon Jones, Designated Doctor

HSCB website

It was with great pleasure that Hampshire Safeguarding Children Board (HSCB) launched its new website in November 2016 for both Board partners and the public.

The new website was developed in consultation with professionals, parents and young people. Members of the Hampshire Foster Network, the Parent and Carer Network and parents from across Hampshire were given the opportunity, via an online survey, to share their views on how they would use a LSCB website. They told us that they would look to the HSCB website to give them information on a broad range of safeguarding themes, and to also be signposted to local contacts and other agencies who can provide more detailed information should they require it.

Young People from the Youth Parliament, and the Youth Commission, told us that they wanted pages aimed at them and their peers, that signposted them to local agencies and support networks that they could contact if they or a friend needed them. They told us that they were more likely to access this information

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via the website which would come up via an internet search than download a specific app on their device.

HSCB has used this feedback in developing the new website. The website has a clear layout and structure which enables relevant safeguarding information to be found more easily. The site is updated on a regular basis and further developments are planned for 2017/18.

From the website launch in November 2016 up to 31 March 2017, there were a total of 10,919 hits.

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Communication from the Board

Newsletters are produced after each Board meeting for dissemination across the HSCB network. They provide an overview of decisions made by the Board, signposting to any new policies or resources and give notice of upcoming events and training.

Case Study: Linking in with Local and National Campaigns

HSCB and Hampshire County Council supported the Department for Education's campaign: "Together we can tackle child abuse" with a press release to Hampshire media that included copy of the DfE's campaign poster, adapted to carry the Hampshire County Council logo and Hampshire Safeguarding Children Board logo and the Hampshire reporting telephone number. A news item for County

Council staff was carried on Hantsnet, the Health and Wellbeing Newsletter and the County Council's Newsletter to Parish Councils, an article placed in Your Hampshire (Hampshire County Council's e-magazine for residents) and social media activity was undertaken through the Council's social media channels on Facebook, LinkedIn and Twitter, and utilising the DfE campaign graphics.

HSCB contributed to, and promoted, Hampshire Constabulary's online child exploitation campaign, which launched in May 2016. This social media campaign highlighted the dangers of child sexual exploitation and featured a blog written by 15-year-old 'Alice', her friends, family and teachers, which goes into detail about how exploitation happens and how it can be identified by those around her.



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Workforce Development

HSCB continues to support agencies in meeting their responsibility to ensure staff receive safeguarding training by providing a multi-agency training programme. The development of the 2016/17 programme was based on themes from the HSCB annual training needs analysis, HSCB business plan priorities and national and local learning from serious case reviews.

A total of 47 learning interventions were delivered over this period and were attended by 1010 people from multi agency settings and voluntary sector. As well as core safeguarding courses the HSCB provides training for practitioners working with vulnerable groups such as disabled children.

Key training provided by the HSCB

- 2 day Working Together training was offered on 9 occasions and was attended by 144 people in total.
- Training on working with hostile families and disguised compliance was offered on 5 occasions and attended by 102 people in total.
- Training on child sexual exploitation was offered on 4 occasions and attended by 68 people in total.
- Learning Lessons workshop was run on 10 occasions and attended by 134 people in total.
- Training was offered on Safeguarding Disabled Children and was attended by 66 people.

Feedback from the courses continues to be positive, as indicated by the following:

Working with Hostile Families and Disguised Compliance

'I would highly recommend to all practitioners working with families to attend this training'.

'I came away from the day knowing that it was the best piece of learning I had done in a long time. I have started to put in to practice what I have learnt and will carry this into my practice for a very long time'.

Working together in Child Protection

'Every, professional involved and working with children should attend this training in order to understand their role and responsibilities'.

'I realise the importance of clear communication and cross agency collaboration'.

Listening and Responding to Children Who May Be At Risk of Harm

'Fantastic course very useful. I have been able to put into practice straight away. Thoroughly recommend'.

The Impact of Domestic Violence

'Training was factual dynamic and involved everyone. The information was very useful'.

'This event was very interesting and helped me to widen my knowledge about the impact of DV on children and family. Extremely pleased to have done the training'.

HSCB Annual Conference

The HSCB annual Conference for 2016/2017 was themed on Adolescents at Risk, and included sessions on Missing, Exploited and Trafficked Children, Suicide and Self Harm and Domestic Abuse and Coercive Relationships. Evaluations indicate that there was an increase in understanding of the health impacts on adolescents at risk as well the impact of domestic abuse on adolescents.

I thought this day was very good well organised with a good selection of speakers

True and effective multi-agency working in safeguarding is the coming together of partner agencies for a common goal. We are very lucky in Hampshire to have a significant number of examples of effective multi-agency working and partnership aimed at improving outcomes for children and young people. A good example was our HSCB annual conference in 2016. As part of a multi-agency planning committee, we pulled together a conference programme that incorporated a young person co-hosting the day with the independent chair, 15 young people joined the conference, a powerful drama from "Alter Ego" and attendance reflected a good multi-agency audience. As we embrace the new children and social work act, I look forward to continued partnership working in Hampshire

Cynthia Condliffe, Designated Nurse

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Moving forward – A Blended Approach to Learning

In addition to the above HSCB, in partnership with Children Services Workforce Development, have purchased a licence for access to Virtual College which offers the alternative to class room based learning. The Virtual College offers an extensive suite of e-learning courses that will be available, for free, to all staff in Board partners' organisations and across the voluntary sector from April 2017. Some of the Virtual College courses will be partnered to form a pre-requisite for in-person training delivered as part of the Board multi-agency training programme.



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Serious case reviews and child deaths

Serious Case Reviews (SCRs)

Working Together 2015 defines a serious case requiring review as one where:

- (a) abuse or neglect of a child is known or suspected; and
- (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

The update to Working Together in 2015 also stated that ‘serious harm’ includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- A potentially life-threatening injury.
- Serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

LSCBs must always undertake a review of cases that meet the criteria of a SCR. The purpose of an SCR is to establish whether there are lessons to be learnt from the case about the way local professionals work together to safeguard and promote the welfare of children.

HSCB is also committed to undertaking smaller scale multi-agency case reviews in instances where the case does not meet the criteria for a serious case review but it is considered that there are lessons to be learnt for multi-agency working.

During the year the number of referrals made to the Learning and Enquiry Group (LIG) has remained steady in comparison to recent years. Between 1 April 2016 and 31 March 2017 the SCRC received 12 Referrals. Of these:

- Two resulted in SCRs being commissioned.
- Four resulted in MARs being commissioned.
- Six did not result in any requirement for review.

Outcome	2012/13	2013/14	2014/15	2015/6	2016/17
Referrals	36	13	11	17	12
No further action	32	9	2	10	6
SCRs	1	3	4	1	2
MAR/Single agency reviews	3	1	5	6	4

Publication of reviews

During 2016/17 HSCB has published the SCRs on Child M and the Position of Trust Learning Review, both of which are available on the HSCB website.

Case Study: Child M

HSCB commissioned a SCR following the accidental death of a child who at the time of death was on a child protection plan for Neglect.

Learning from the SCR included:

- The importance of effectively involving faith and community groups in assessments of families.
- The need to understand parental capacity to sustain change in cases of neglect.
- The need for a whole family approach when considering interventions.

Work has been undertaken on all areas of learning including the launch of the HSCB and IOW Neglect Strategy in October 2016. A toolkit of local interventions is currently being produced and will be available for practitioners to use in autumn 2017.

This case was included in the Learning Lessons Workshops highlighting the importance of the voice of the child and the need to contact all agencies who may be involved in a families life to inform assessments.

Details of all recommendations and actions undertaken by the Board and Partner agencies for all published reviews can be found on the HSCB website.

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Disseminating Lessons Learnt from reviews

10 Learning Lessons workshops were held during 2016/17 utilising learning from SCRs and MARs completed since 2014. Case studies were written to include a mixture of the complex needs identified in some of our reviews. The sessions were aimed at frontline staff and Team Managers in all agencies involved in working with families. The sessions were interactive and required frontline staff to consider what information on a family may be held within other agencies and the importance of information sharing.

Feedback from the events included:

Very good; informative session that had the right balance of delivery and participation. Good opportunity to liaise with multi agency partners.

Very good and worthwhile session

An area highlighted for improvement was that greater communication was required when SCRs are published, as only 41% of those attended had knowledge of this.

Task and Finish Groups

In addition to commissioning and overseeing SCRs and MARs the Hampshire Learning and Inquiry Group established two task and finish groups in early 2017. The first group was to undertake a thematic review of SCRs and MARs completed since 2014. The

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report will be published during the summer 2017. It will include a number of themes that have arisen in previous reviews, examples of good practice and useful tools including guidance, policies and training available to support staff working with children and families.

The second task and finish group was set up to review awareness within the workforce of hidden adults, which is a theme that arises nationally as well as locally in SCRs. Having undertaken the review the group has developed a best practice guide including agency flow charts and a top ten tips to identify hidden adults in a child's life. This will be published summer 2017.

Child deaths

The arrangements for the review of child deaths continued from 2015/16 with deaths being reviewed individually by the 4LSCB Child Death Overview Panel's (CDOPs) across the Pan-Hampshire area. Data and analysis is shared to identify any common themes and patterns, and, to inform the 4LSCB CDOP Annual Report.

The CDOP in Hampshire have worked with agencies to improve the quality, timeliness and data analysis provided to the CDOP. This has been undertaken in a number of ways including updated recording forms tailored to individual agencies to improve the receipt of targeted information; cross-agency awareness raising of the correct process and importance of notifying a child death; and the development of a new CDOP database.

During 2016/17 the Hampshire CDOP were notified of 61 child deaths. Of these 54 were reviewed within the year.

The largest proportion of child deaths was in very young babies between 0-27 days old. This is in line with national findings.

There was an increase in the number of child deaths with identified modifiable factors. This is likely to an increased understanding of modifiable factors within the Hampshire CDOP, and, a more consistent approach to applying them. Modifiable factors identified during 2016/17 included; smoking in the household; emotional/ behavioural/ mental health conditions in the parent/ carer; substance/ alcohol misuse in the parent / carer; poor management of a long term medical condition.

A number of these areas are already reflected in the HSCB Business Plan for 2017/18, including mental health and substance misuse challenges in parents and carers. Further information on the full range of recommendations made to HSCB can be found in the CDOP Annual report 2016/17 available on the HSCB website.

Priorities for 2017/18

A range of work has been achieved over the previous financial year, which has seen the developments of key strategies and plans and the strengthening of our quality assurance framework. The Board felt it was important to maintain momentum and continue to develop these areas of work to ensure that professionals across the partnership are best equipped to identify, protect and support children at risk in Hampshire.

The priorities for 2017/18 are:

- **Priority 1:** To enhance the understanding of neglect amongst professionals across Hampshire, and give them the tools to better identify indicators of neglect, and, understand what interventions are available to support and protect children affected by and / or at risk of neglect. This will build on the information contained in the joint Hampshire and Isle of Wight Neglect Strategy that was published in 2016.
- **Priority 2:** Ensure that Board partners recognise the needs of children and young people when considering the impact of domestic abuse, substance misuse, and mental health in adults.

- **Priority 3:** To ensure a coordinated multi-agency approach and response to key safeguarding issues including: Missing, Exploited and Trafficked Children, Suicide and Self Harm, Elective Home Education and Unaccompanied Asylum Seeking Children.
- **Priority 4:** Quality Assurance, Measuring Impact and Embedding Learning.
- **Priority 5:** Improve the way the Board communicates with and engages key stakeholders.

Key threads that run through all priorities

- Voice of the child - to ensure that our work is child centred and we continually seek to engage and involve young people.
- Multi-agency partnership working - including the voluntary, faith and community sectors.
- Lessons are identified and shared from case reviews and multi-agency audits.