Brighton & Hove Local Safeguarding Children Board

Annual Report

2012 / 2013

Brighton & Hove LSCB local safeguarding children board

Brighton & Hove City Council

Sussex Police

Surrey & Sussex Probation Trust

NHS Brighton and Hove CCG

East Sussex Fire & Rescue Service

NHS England

Brighton & Hove Community & Voluntary Sector FORUM

Cafcass Children and Family Court Advisory and Support Service

Brighton and Sussex University Hospitals NHS Trust

Sussex Community NHS Trust

Sussex Partnership NHS Foundation Trust

Preface

This report covers 1st April 2012 to 31st March 2013. This period is effectively prior to the publication of the revised Working Together to Safeguard Children in March 2013. The revised statutory guidance makes specific reference to the content of the LSCB annual report. These requirements are mostly reflected in this annual report but will be fully covered in subsequent years when our recording systems and monitoring arrangements have been updated. Working Together states:

- The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area, including early help.
- The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.
- The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period (under the Learning & Improvement Framework and Child Death Overview Reviews).
- The report should also list the contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.

This report will be submitted to the Chief Executive, Leader of the Council, the Local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

Whilst this report covers the period 2012-13, reference has been made to significant changes or events from April 2013 which will assist the reader in understanding changes in personnel and the context of ongoing developments planned by the LSCB for 2013-14.

1 Introduction from the Chairperson

There is nothing more important than the protection and safeguarding of our children. Too often we hear of occasions where children have been abused, put at risk or simply not provided the opportunities they deserve. The solution to those wrongs lies not with one agency, not with one family, not with one community but with everyone. Safeguarding children is everyone's responsibility.

I write this report on behalf of my predecessor as independent chair of Brighton and Hove Local Safeguarding Children Board (LSCB) Mr. Alan Bedford under whose stewardship the critical functions that fall to the LSCB have thrived over the last four years. I assumed the privilege of this challenging role upon Alan standing down in April 2013. I owe him a huge debt of gratitude for his vision, commitment and leadership which has resulted in a vibrant Board which has at its core the interests of children and has by its nature a culture of continuous improvement and challenge.

I will not repeat here the content of the body of the report as that is well articulated but, as with all public services, those who are charged with protecting our children are experiencing huge change in their structure, governance and resourcing. We have seen the NHS reforms come to fruition, new types of schools, the election of Police and Crime Commissioners, changes to the local authority, differing commissioning arrangements for the voluntary sector, new statutory guidance and inspection models and, rightly, greater expectations from the public, the media and those elected to serve us.

None of this can ever be a reason to take our eye off our central mission of protecting our children. As a Board and as a society we need to be flexible enough to adapt to the changes which are inevitable, work closer together, understand how the decisions taken at the highest levels improve outcomes for children and encourage new evidenced based practice and innovation.

I have made a number of changes to the structure and strategic functions of the board to meet these new challenges with everything we do coming down to one simple question - 'How did we improve the lives of children?' If we can't answer that question or the answer is neutral we have let those children down.

I have a unique role in that I am independent of all of the agencies that constitute the Board yet have little statutory power. My task is to provide an independent voice and independent challenge on behalf of children and I am blessed with working amongst a whole range of agencies and individuals who understand this, who are wholly committed to giving our children the best start in life, wholly committed to improving their services and wholly committed to working together to that end.

I commend this report to you and invite you to feedback your thoughts on how we can develop and improve so that Brighton and Hove becomes one of the safest places to grow up as a child in the world.

Graham Bartlett
Independent Chairperson, Brighton & Hove LSCB
October 2013

2 Governance and Accountability Arrangements

2.1 The functions undertaken by the Brighton & Hove LSCB follow the requirements of the Children Act 2004 and are based on the objectives set out in Chapter 3 of the revised '*Working Together to Safeguard Children*' issued in March 2010[1]. The core objectives of Local Safeguarding Children Boards (LSCB) 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 the area of the authority by which it is established; and
- to ensure the effectiveness of what is done by each such person or body for that purpose.

See extract from Working Together to Safeguard Children (2010) on page 7 for an outline of the objectives and functions of the LSCB.

2.2 Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment; preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
- undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

The Board does this by gathering information about the safety and wellbeing of children in the community, by monitoring partners' performance and by producing policies and procedures to improve safeguarding outcomes.

2.3. The Board met four times during the year and was attended by senior managers from statutory and voluntary organisations, and part way through the year by Lay Members. There was a high commitment by partner agencies to attendance and engagement at the Board's meetings.

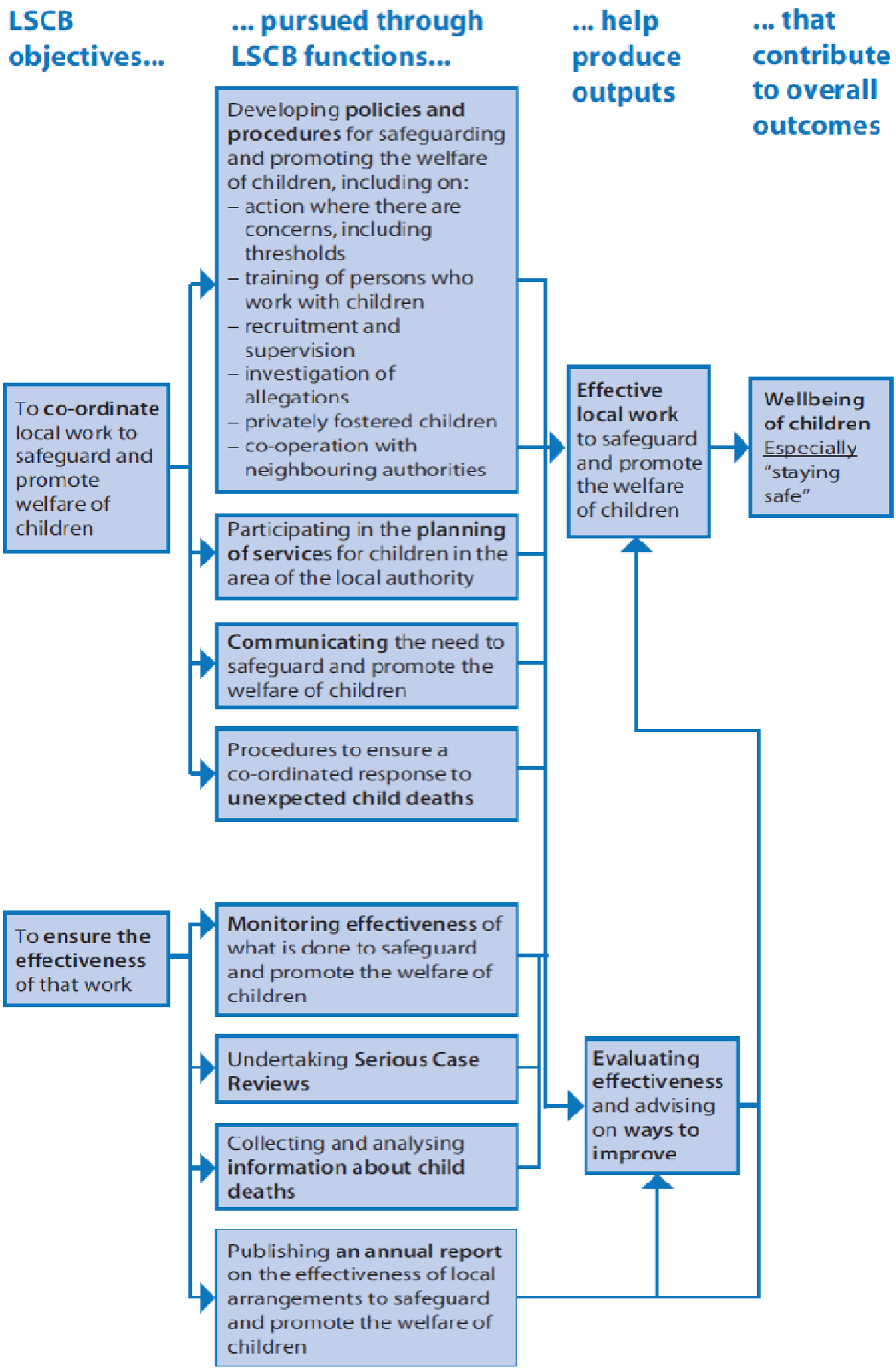
2.4. A significant amount of the LSCB's work was undertaken in various sub groups which mostly met on a regular basis and helped to progress many of the detailed actions in the Business Plan.

- Executive
- Monitoring & Evaluation
- Child Protection Liaison Group
- Training
- Child Sexual Exploitation
- Education Safeguarding
- Serious Case Review Panel
- Child Death Overview Panel
- Pan-Sussex Procedures

See Appendix A for a summary of each group.

[1] This annual report covers the period prior to the publication of the revised statutory guidance 'Working Together to Safeguard Children' in March 2013.

Extract from Chapter 3: Working Together to Safeguard Children (2010)



Accountability

2.5. The LSCB is not accountable for the operational work of member agencies. Board members retain their own lines of accountability for safeguarding children. The LSCB does not have the power to direct other organisations. The Chairperson is presumed to be independent of member agencies, and is required to secure an independent voice for the LSCB. The LSCB must be able to form a view of the quality of local activity and if necessary to challenge organisations on their contribution to safeguarding children. Local Authority members and non-Executives on other bodies should hold their Officers to account for their contribution to the effective functioning of the LSCB. An LSCB is not an operational subcommittee of the Council and the LSCB should not be subordinate to, nor subsumed within, any other structure in a way that might compromise its separate identity and independent voice.

2.6. Working Together to Safeguard Children (2010) states that to enable the LSCB to exercise its local challenge function effectively and to ensure an independent voice for the LSCB, there is an expectation the Board will be chaired by someone independent of the local agencies. In line with this requirement, Alan Bedford has been the Board's first Independent Chairperson since January 2009. Alan Bedford was succeeded by Graham Bartlett in this role in April 2013.

2.7. Under Working Together to Safeguard Children (2010) the LSCB Chairperson is accountable to the Director of Children's Services (DCS) and this working arrangement was well established with regular formal briefings and discussions. During the year, the DCS role was undertaken by interim arrangements (until the permanent appointment of Pinaki Ghoshal as DCS in July 2013). Under Working Together to Safeguard Children (2013) the LSCB Chairperson is now appointed by and accountable to the LA Chief Executive. Penny Thompson was appointed at the BHCC Chief Executive in December 2012.

2.8. During the year, Councillor Sue Shanks, Brighton & Hove City Council's Lead Member for Children Services attended the LSCB as a 'participating observer' and challenged the work of the LSCB through discussion, asking questions and seeking clarity. This role provides an additional scrutiny function to the Board and further ensures the Board is supported by the City Council.

2.9. Working Together to Safeguard Children (2010) sets out the requirements concerning members. The Board is made up of statutory and non-statutory representatives that reflect those who work closely with children and families in the community. Primary and secondary schools are represented on the Board. Terri Fletcher (Director of Safety Net) represents the local community and voluntary sector.

2.10. In line with statutory requirements and as part of the LSCB's commitment to engaging communities in safeguarding and promoting the welfare of children and young people, two Lay Members were successfully recruited in early 2012. Gabriella Howard-Lovell and Andrew Melrose were both appointed in May 2012. Their role has been to bring a more 'grass roots' perspective to the work of the Board on safeguarding children; to think as a member of the public; to play a part in the oversight and scrutiny of decisions and policies made by the Board. An induction was organised and both had a member of the LSCB to guide them through their introduction to the Board.

2.11. Throughout the year, the LSCB has been consistently supported by partner agencies at the appropriate level of seniority for the Board to make the necessary strategic decisions. See Appendix B for a list of Board members and respective roles. Board members have demonstrated this through regular attendance and effective engagement, providing expertise to scrutinise and challenge the local multi-agency safeguarding arrangements and holding their own organisation to account in terms of safeguarding practice. In addition, Board members have actively contributed to the planning, implementation and monitoring of the LSCB Business Plan. The Board is made up of representatives from the following agencies and groups:

- Brighton & Hove City Council (DCS, Children's Services, Education, Youth Offending - with the Lead Member for Children as a participant observer)
- Head Teachers representing schools
- Sussex Police
- Surrey & Sussex Probation Trust
- South East Coast Strategic Health Authority
- East Sussex Fire and Rescue Services
- NHS Brighton and Hove
- Brighton & Sussex University Hospitals NHS Trust
- Sussex Community NHS Trust
- Sussex Partnership NHS Foundation Trust
- South East Coast Ambulance
- Community and Voluntary Sector Forum
- Domestic Violence Forum
- CAFCASS
- Two Lay Members (appointed during 2012)

2.12. In addition to the Senior Representatives above, the LSCB values the input of professional advisers; the Designated Doctor and Designated Nurse, the City Council's Head of Safeguarding (who is the LA Child Protection Adviser) and the Police Safeguarding Adviser. Agencies can bring at least one named professional to Board meetings.

2.13. A Member's Guide to the LSCB was published in March 2011 but needs to be revised following the publication of Working Together to Safeguard Children in March 2013.

2.14. The B&H LSCB through the Independent Chairperson has been an active contributor towards the local safeguarding children's agenda led by the City Council. The LSCB Chair was invited to the Shadow Health & Wellbeing Overview Board. Health and Wellbeing Boards will bring together elected Councilors, local authority officers, patient representatives and clinical commissioning groups to develop a shared understanding of local need, develop joint local priorities, and encourage commissioners to work in a more integrated and joined up manner. The Government's intention is that Health and Wellbeing Boards will play a key part in the broader plans to modernise the NHS to ensure stronger democratic legitimacy and involvement, to strengthen the working relationships between health and social care, and to encourage the development of more integrated commissioning of services. They will help give communities a greater say in analysing and addressing their local health and social care needs and potentially involve the wider influencers of health such as transport, housing and leisure services. The LSCB Chair has participant observer status at the Council's Children and Young People's Committee which has subsumed the functions of the Children's Trust.

2.15. The NHS has undergone considerable changes during the year in relation to its commissioning arrangements. The Board and Executive have been regularly updated by NHS Sussex to prepare for the LSCB engaging with the Clinical Commissioning Group (CCG) which took on many PCT safeguarding functions from April 2013. Both the CCG and the NHS Commissioning Board for Surrey/Sussex became members of the LSCB during 2013 (instead of the now disbanded Primary Care Trust and the Strategic Health Authority (now subsumed within NHS England).

2.16. The Brighton and Hove LSCB Health Advisory Group is a forum for child protection designated and named professionals across Brighton and Sussex University Hospitals, Sussex Partnership, Brighton and Hove City Primary Care and the Children and Young Peoples and South Downs Health Trusts. The group informs health services and health organisations operating in the city, as well as the LSCB concerning safeguarding children risks and issues. The group's purpose is to consider and influence joint working practice in the health sector in respect of child protection and to enable increased understanding of safeguarding issues in the services or organisations for which each named professional is responsible.

LSCB Finance & Resources

2.17. All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be well organised and effective. In principle, members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on one or more partner agencies. Locally, the City Council has contributed around 70% of funding. National guidance for LSCBs states that the budget and contributions made by each member organisation should be agreed locally and consequently there is no recognised formula. Whilst it is possible for LSCBs to budget for planned activities, SCRs or other learning reviews present new financial pressures as and when these are agreed. It is therefore essential that LSCBs maintain a contingency to cover up to two reviews per year.

2.18. During 2012-13 the LSCB budget was routinely monitored and the balance of £15,072 has been carried over to the new financial year. Quarterly statements have been provided to the Board or Executive and have been available at any time to Board members. See Appendix C for costs of expenditure and funding contributions.

2.19. The LSCB budget will need to be totally revised in 2013-14 as Children's Services have historically funded the multi agency training programme and other LSCB work. These costs are effectively 'hidden' and the LSCB budget does not represent the true costs of the Board's business and development work. Also, for 2013-14, it is most likely that member agencies will need to increase their contribution as we have greater aspirations in evaluating the effectiveness of safeguarding services (including early help) and undertake more learning reviews.

3. Monitoring & Evaluation

3.1 This year represents a very busy period for the Board in undertaking audits across a range of issues and implementing actions based on the audit findings. This has enabled the Board to be well placed to assess the effectiveness of local multi agency practice.

3.2 Audits concerning Neglect, Child Protection Plans (2nd time) and CAF cases are planned for 2013-14, plus other sampled multi agency work.

LSCB Evaluation Role

3.3. Kevin Ball (Independent Children's Safeguarding Adviser) was commissioned to carry out a scoping exercise on the LSCB's evaluation role and presented his findings to the LSCB in November 2012. This was in response to the Board's awareness that there was no framework for quality assuring the functions of the Board and in particular multi agency safeguarding work. Various recommendations were presented to the LSCB as to how quality assurance work could be strengthened with the Monitoring & Evaluation Sub Committee cited as key to coordinating this area. It was accepted that there was limited capacity within the LSCB business arrangements and across partner agencies to plan and carry out quality assurance (QA) work. Sharing quality assurance resources across partner agencies was discussed but considered too problematic. A solution agreed was for the LSCB to fund one day per week of the Designated Nurse's time to be ring-fenced for LSCB QA work. Unfortunately there was delay in someone being recruited to this role (the vacancy was not actually filled until July 2013). It is accepted that the development of a local approach to QA could have been achieved in a shorter timescale, but this was mainly due to the lack of dedicated time and resources.

Child Sexual Abuse (CSA)

3.4. An audit was carried out of 12 CSA cases as there was concern that referrals for medicals remained low and there were only 5% of children with a child protection plan assigned this category. The key issues identified in the recent audits were:

- insufficient use of medical advice when no medical was arranged
- weaknesses in recording of multi agency work (which then made it difficult to assess the quality of work)
- limited record of checks of other siblings
- insufficient referrals for therapeutic support
- health representatives not being included in strategy discussions (especially pediatricians).

The Board noted that these points echoed some of the findings from other audit work (such as on domestic violence).

3.5. In response, an action plan was implemented to ensure:

- strategy discussions are multi agency and as a minimum include involvement by relevant Health disciplines
- records of children who have made allegations of CSA are clear, accurate, up to date & include relevant information
- all children are spoken to in households where there are allegations of CSA
- better recording of Police requests for medical examinations or rationale for why no request is appropriate

- pan-Sussex joint investigation training for police and social workers should include a refresher session on responding to CSA referrals and recording.

3.6. By January 2013, significant progress had been made in implementing the work plan with the impact on practice and outcomes for children to be measured later in 2013.

Child Protection and Children In Need Plans

3.7. Data on child protection conference activity and performance is reviewed regularly at both Board and Executive meetings. An audit of child protection (CP) and children in need (CIN) Plans highlighted:
- it was not always obvious why a Plan had been put in place
- plans needed to be more outcome focused
- reports needed to be consistently of higher quality
- there was good representation from partner agencies at network meetings.

3.8. Action linked to the findings of other audit work within Children's Social Care was implemented to improve the presentation of information at conferences and network meetings, including the assessment of risk and what needs to change to protect the child.

Strategy Discussions & Section 47 Enquiries[2]

3.9. An audit of multi agency strategy discussions took place in December 2012 with positives found in all cases. It was noted that there was generally good engagement by agencies after the strategy discussion decisions, but these were not always multi agency in the first place. However, in 10 cases reviewed it was considered that the inclusion of other agencies would not have made a difference to the outcome for the child. Recording across all agencies also needed to be improved. An action plan was put in place primarily concerning improvements in the way strategy meetings are recorded and the 'triggers' needed to ensure the involvement of all relevant agencies. In addition improvements were cited in the way 'transfer in' cases were logged and followed up by all agencies.

Domestic Violence

3.10. Over 50% of children subject to a child protection plan live in families where domestic violence is a factor. During the year there was a concentrated focus on domestic violence including an audit of 12 cases. The findings from the audit informed an action plan across various agencies. In particular, work was developed to ensure strategy discussions, child protection conferences and core groups have full participation by all relevant agencies with expertise in effective risk management. In addition, during May – June 2012 work was carried out within Children's Social Care to ensure child protection plans are outcome focused and parents are clear on the issues of concern and what needs to happen to improve the safety of their child.

[2] Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required under Section 47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

Multi-Agency Safeguarding Hub

3.11. During the year the LSCB made some progress to developing a local Multi-Agency Safeguarding Hub (MASH). MASH involves key professionals being brought together into one place and managing together notifications on vulnerable children. Professionals share information within the MASH team to ensure the early identification of potential significant harm and trigger appropriate interventions. The attraction of this model is it is proven to be more effective in the identification of vulnerable children and improving the speed to which those children receive the most appropriate help, including early help, from single or several agencies. It has improved communication between professionals and avoided unnecessary duplication of assessments by agencies and visits to families. At the end of March 2013 the main obstacles to setting up the MASH appeared to be agreeing the model to be used and finding suitable premises that are secure and large enough to house all the personnel and IT systems. Encouraging progress on this has been made in recent months.

Child Assessment Framework (CAF) & Early Help

3.12. During the year, the Executive noted the number of recorded CAFs to be lower than expected (40 at April 2012). During this period, referrals to Children's Social Care had risen and 45% of these cases did not meet the criteria for a service. A significant number were deemed as 'information' only and not actually a referral for a service. It was agreed that further work was needed through policy and training to clarify what is meant by a referral to Children's Social Care.

3.13. The Board noted that the reduction in Child Protection Plans over the last 2 years and questioned whether this may have resulted in an increase in repeat referrals. This was investigated and whilst a small number of repeat referrals were noted - all of these were checked and deemed to be appropriate. It was considered that thresholds for accessing Children's Social Care assessment and services had not changed and there was a greater distinction between child protection and Children in Need (CIN) cases - which had not been the situation 2 plus years ago.

3.14. The proposal to establish a local MASH is actively supported by the Board and seen as a way of improving responses to children and ensuring responses to child concerns are effective. In addition the development of the early help offer should over time reduce the number of children needing additional services. The launch of the local Early Help Strategy is planned for 2013.

Child Death Overview Processes

3.15. B&H LSCB has continued to work in collaboration with East Sussex LSCB regarding maintaining the child death overview processes, including the rapid response arrangements. The Single Point of Contact (SPOC) for notifications is well established and managed by East Sussex LSCB.

3.16. The Child Death Overview Panel (CDOP) is the inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It is a sub-group of the two Local Safeguarding Children Boards (LSCBs) for Brighton & Hove and East Sussex and is therefore accountable to the respective two LSCB Chairpersons. If during the process of reviewing a child death, the CDOP identifies:

- an issue that could require a Serious Case Review (SCR);
- a matter of concern affecting the safety and welfare of children in the area; or
- any wider public health or safety concerns arising from a particular death or from a pattern of deaths in the area;
- a specific recommendation is made to the relevant LSCB(s).

3.17. The CDOP annual report for 2012-13 will be presented to the Board later in 2013. In summary, the total number of children in the Brighton & Hove area who died in 2012-13 was 19 which is consistent with numbers over the last 4 years.

All deaths notified to CDOP from 1st April 2008 to 31st March 2013

	1/4/08-31/3/09	1/4/09-31/3/10	1/4/10-31/3/11	1/4/11-31/3/12	1/4/12-31/3/13
Brighton & Hove	16	20	11	21	19

3.18. The CDOP held 11 meetings in the year (including 2 Brighton & Hove neonatal panels and 3 East Sussex neonatal panels). The main work of the Panel is reviewing the deaths of all children who are resident in Brighton & Hove and East Sussex, on behalf of the two Local Safeguarding Children Boards (LSCBs). Between April 2011 and March 2012 the CDOP was notified of 45 deaths of children who were resident in Brighton & Hove (19) and East Sussex (26) which is a reduction in numbers of deaths since the previous year. The CDOP has reviewed a total of 45 deaths during 2012/13 (17 in Brighton & Hove and 28 in East Sussex). Numbers of child deaths and reviews will not tally as there is always a delay between the date of a child's death and the CDOP gathering the necessary information. Consequently some reviews will be held in the following year.

3.19. The purpose of the review is to determine whether the death was deemed preventable, that is a death in which modifiable factors may have contributed to the death. If this is this case the Panel must decide what, if any, actions could be taken to prevent such deaths in future. Of the 198 deaths reviewed across both areas from 2008 to 2013, 20 have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths. Modifiable factors identified through reviews included factors associated with sudden unexplained death in infancy such as parental abuse of alcohol, smoking and the baby not sleeping in appropriate environments. Other issues included the need for services that are able to engage vulnerable adolescents as well as the risks associated with adolescents using mobile phones and other electronic devices whilst crossing roads.

3.20. There were no recommendations made to the LSCBs regarding the need for a serious case review and one case was referred to this LSCB for a learning review and was still ongoing at 31st March 2013. Some recommendations were made regarding matters of concern about the safety and welfare of children and wider public health concerns.

3.21. Recommendations made to the Brighton & Hove LSCB for 2013/14 are:

- The LSCB should request that Brighton and Sussex University Hospital Trust explore the possibility of increasing the provision for specialist neonatal counselling, because the current service is part time and limited.
- The LSCB should request that public health with relevant agencies consider how to promote understanding of the risks that can be associated with birth, particularly if women go against professional advice based on National Institute for Health and Clinical Excellence (NICE) guidelines.
- The LSCB should raise with a London Hospital the concerns expressed by some parents about how families are supported in receiving and responding to news about their children having a terminal condition.

3.22. Additional recommendations are made to member agencies of both LSCBs which relate to issues specific to particular case histories and not necessarily having general relevance.

3.23. Deaths notified to CDOP in both East Sussex and Brighton & Hove decreased during the last year. There had been an increase in deaths in the previous year however it seemed likely that this was cyclical and so the decrease is not unexpected. Data will need to be monitored for a much longer period before trends can be identified as numbers are relatively low.

Complaints Regarding Child Protection Conferences

3.24. The LSCB has dealt with 3 complaints about Child Protection Conferences during 2012-13. The decisions were reviewed by a multi-agency panel made up of LSCB members and chaired by the panel member who is most independent. This is in line with the Sussex Child Protection and Safeguarding Procedures. The options open to the panel are either to uphold the decision of the original Child Protection Conference or to reconvene the conference with a different chairperson. The original child protection conference decision however stands whilst the complaint is investigated.

3.25. The nature of these complaints were:

Complaint 1: Procedures not adhered to within the initial child protection conference and linked to a complaint about a social worker.

Complaint 2: Various aspects of the child protection conference:
- No interpreter available
- Report given less than 24 hours before conference
- Chair did not involve all concerned as per procedures
- A specific worker was not invited to be part of the process
- No information about appeals or complaints was given.

Complaint 3: Manner of the conference chairperson and bias towards the social worker.

3.26. Complaints 1 and 2 were partially upheld and Complaint 3 was not upheld. Therefore the decision of the conference was not reversed in any of the complaints. In Complaint 1, there were a series of resolution actions for Children's Social Care with the LSCB requested to ensure agencies improve the timeliness of sharing and submitting to the conference and in particular for parents not to be overburdened with a large number of agency reports.

Private Fostering Information[3]

3.27. The numbers of privately fostering children is constantly changing as new arrangements are referred and children move on - sometimes back to their parents - or when they reach 16 years (or 18 years if disabled). Numbers of privately fostered children are likely to be low in many areas and identifying these children remains a challenge as the public - and to some extent professionals - are often unaware of the regulations. This means a significant number of these care arrangements are likely to remain hidden and this may leave some children vulnerable to abuse or neglect. The local authority is required to check on the suitability of private foster carers, ensure that advice and support is made available when needed and make regular visits to the child to monitor the overall standard of care.

3.28. At 1st April 2012 there were 3 children in private fostering arrangements. During the year, 21 new notifications were received and 17 were confirmed as being private fostering within the definition. 13 arrangements ended during the year, leaving a total of 7 children in Private Fostering arrangements at 31st March 2013. The number of new arrangements has increased from 4 in 2011-12 to 17 in 2012-13. This is mainly due to raising awareness with a local college with a high number of international students who live with host families but within the private fostering regulations.

3.29. All new notifications received an initial visit, with 19 out of 21 (90%) taking place within 7 working days. The reason why two of the notifications did not receive a visit within 7 days is because in one case the notification was postponed and in another it was cancelled. The England average for 2012-13 is 72% and for South East England is 84%.

3.30. Using the Department for Education (DfE) counting rules, in 59% of cases visits were carried out within the timescales required by the private fostering regulations (which is at least 6 weekly in the first year) for children who began their arrangement on or after 1st April 2012. This is an improvement on the previous year (50%) but below the England average of 69% (2012-13). Performance in this area should be 100%. Therefore, mandatory training for relevant Children's Services staff will take place in Oct 2013 to raise the profile of private fostering and the statutory requirements. In addition, formal challenge will be raised with operational managers in cases where visits are outside timescales.

3.31. Almost all children living in private fostering arrangements are aged 10 to 15 and one child is aged 5-9. Four children were born in the UK, and thirteen children were born overseas.

3.32. Under the National Minimum Standards for Private Fostering each local authority is required to report annually to the Chairperson of the Local Safeguarding Children Board on its assessment of the welfare of privately fostered children. The Council's report for 2012-13 will be presented to the LSCB in September 2013.

Management of Allegations of Adults who work with Children

3.33. Chapter 5 of Working Together to Safeguard Children (2010) contains the statutory guidance surrounding this issue and requires the Local Authority to investigate any situation where a person may have:

[3] For more information on private fostering, go to: www.privatefostering.org.uk

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against, or related to, a child or;
- behaved towards a child or children in a way that indicates s/he is unsuitable[4] to work (or volunteer) with children.

3.34. In addition, and in accordance with DfE statutory guidance 'Dealing with Allegations of Abuse against Teachers and other Staff' 1st October 2012, schools have regard to a person who may have;

- behaved towards a child or children in a way that indicates he or she would pose a risk of harm if they work regularly or closely with children.

The previous differing definitions of suitability versus risk of harm created confusion and different standards being applied across different employment sectors. DfE research 'Allegations of abuse against teachers and non-teaching staff' (2012) also made comment about this issue:

> *"There is concern that the different guidance could create a two tier system: one system for those working with children in schools and one for those working with children elsewhere. There is also concern that this will create further ambiguity in terms of whether or not schools will refer or seek advice from the LADO. "*

3.35. Previous DfE research indicates a growing trend of increasing referrals over the past 4 years and it appears there is no different in Brighton and Hove. The increased reporting from last year (184 – 2012/13; compared to 112 – 2011/12) is in line with the general increase nationally according to DfE statistics and locally, according to figures provided by other Local Authority Designated Officers (LADO). This may be attributable to the role of the LADO having a raised profile amongst agencies, but may also be due to the impact of recent high profile cases in the media involving teachers, members of various faiths and celebrities.

3.36. Two other significant trends are highlighted by the data and these relate to the significant number of referrals concerning the suitability and conduct of professionals. As previously mentioned, concerns about an individual's private live raises questions about their suitability to work with children. There have been cases in the last year where the conviction of a partner has also had an impact significantly on the professional's role if they choose to remain with their partner.

3.37. Through the LADO role and high level of multi agency work the LSCB is reassured that safe recruitment procedures are robust and that children or others who make allegations about those charged with caring for them are dealt with in an appropriate and timely manner. The table below illustrates the types of referrers and the types of allegations that have been dealt with in 2012-13.

[4] Note: Since the publication of Working Together to Safeguard Children 2013, the criteria of 'unsuitable' has been removed to align with the definition by the DfE, which states, "…behaved toward a child or children in a way that indicates they may pose a risk of harm to children." (Reference WT, 2013, Chapter 2, paragraph 4)

Allegation by employer and type:

Referrals by Employer and Type							
Employer	**Neglect**	**Suitability**	**Sexual Abuse**	**Emotional Abuse**	**ICT/On-Line Internet Abuse**	**Physical Abuse**	**Total**
Early Years	7	6	1	0	0	7	21
Child Minders	1	4	0	0	0	2	7
Schools Maintained	1	26	4	1	0	16	48
Schools Non Maintained	1	11	1	0	0	8	21
Schools Non Teaching Staff	0	11	2	0	0	1	14
Council	0	1	0	0	0	0	1
Faith Groups	0	1	6	0	0		7
Health	0	3	3	1	0	2	9
Other	0	1	4	0	0		5
Police	0	1	0	0	1	1	3
Foster Carer L.A	4	6	2	0	0	1	13
Foster Carer Non L.A	5	7	1	2	0	3	18
Children's Residential Unit Non L.A	0	2	0	0	0	2	4
Voluntary Organisations	0	4	6	0	1	2	13
TOTAL	**19**	**84**	**30**	**4**	**2**	**45**	**184**

3.38. All allegations are monitored and the outcome recorded. Just over half the allegations are substantiated with the remainder deemed to be unsubstantiated, unfounded, false or malicious.[5]

[5] Definitions:
Substantiated – A substantiated allegation is one which is supported or established by evidence or proof.
Unsubstantiated – An unsubstantiated allegation is not the same as a false allegation. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
Unfounded – This indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it is necessary to have evidence to disprove the allegation.
Malicious or Deliberately Invented – This implies a deliberate act to deceive. For an allegation to be classified as malicious, it is necessary to have evidence, which proves this intention.
False - there is sufficient evidence to disprove the allegation.

Allegation – Outcomes:

Referral Outcomes		
Outcome	**Total**	**%**
Malicious	4	2.2%
False	5	2.7%
Unfounded	28	15.2%
Unsubstantiated	50	27.2%
Substantiated	97	52.7%
TOTAL	184	100%

3.39. There is a range of responses by employers following the conclusion of a management investigation into an allegation against a member of staff. These must be proportionate and ensure children are protected from harm.

Referral Outcomes	
Outcome	**Total**
Cessation of use	17
Police criminal investigation	58
Criminal prosecution or use of Police Caution	5
Deregistration	2
Disciplinary procedures	80
Dismissal	11
Individual learning needs/practice adjustment	14
No further action after Initial Evaluation	58
Organisational learning needs/practice adjustment	1
Referral to the DBS for barring consideration	13
Referral to regulatory body	18
Children Act 1989 S.47 child protection investigation	39
Suspension	24
Reinstatement following suspension/cessation of use	10

3.40. The allegation management procedure within Brighton and Hove appears to be well embedded in a range of statutory and voluntary organisations. There is always more work to be done to raise the profile across all services and employers. There appears to be a lack of consistency in applying thresholds in relation to concerns about an employee's conduct and suitability verses a risk of harm to a child. This is an ongoing training and development issue across the children's workforce.

Serious Case Reviews

3.41. Under Chapter 8 of *Working Together to Safeguard Children* (2010), LSCBs are required to consider whether to initiate a serious case review when a child dies (including death by suspected suicide) or is seriously injured and abuse or neglect is known or suspected to be a factor. The prime purpose of a serious case review is to learn lessons to improve the way in which agencies and professionals work both individually and collectively to safeguard and promote the welfare of children.

3.42. There was one Serious Case Reviews (SCR) initiated during the year and was still ongoing at 31st March 2013. The Executive Group and the SCR Sub Committee was chaired by the LSCB Independent Chairperson. Two management reviews were progressed during the year and one learning review (using the principles of Chapter 4 in Working Together 2013) was pending to start by the end of March 2013. It had been agreed to use the Social Care Institute for Excellence's (SCIE) model. This methodology had been highlighted in the Munro Review of Child Protection (2011). A total of eight LSCB members were identified to be trained using the SCIE model in Spring/Summer 2013, in preparation for the impending learning review and potentially any others during the year. This would ensure the LSCB had the capacity and experience 'in house' to undertake learning reviews.

Unannounced Ofsted Inspection 2011-12

3.43. In 2011-12 a comprehensive service improvement plan was put in place following the unannounced Ofsted Inspection of Safeguarding and Looked After Children in March 2011. During the year the improvement plan was updated and monitored by the LSCB with the key issues noted for ongoing action as:

- the LSCB's lack of capacity to undertake quality assurance work and large scale audit work;
- the consistency of multi agency work;
- developing a greater mutual understanding of each other's practice quality; and
- the depth of understanding of race, culture and identity across the children's workforce.

3.44. The LSCB's response was to ring fence funds to ensure the Monitoring & Evaluation Sub Committee is chaired by an independent person who will lead on developing the quality assurance programme for the Board (from late Spring 2013). In addition, the newly appointed Designated Nurse for Child Protection would be allocated 1 day a week for audit work. Improvements in the consistency of multi agency work will be gauged through further audit work. Single agency audits will be routinely presented to the Monitoring & Evaluation Sub Committee. Issues relating to race, culture and ethnicity will in part be addressed through the training programme, but the extent to which improvements have had an impact will also be gauged through the multi agency case audits.

Section 11 Audits

3.45. The most recent Section 11 audits were carried out in late 2011 with the findings being made available to the Board in 2012. A revised Sussex section 11 audit toolkit was sent out to partner agencies in December 2011 and they were given 3 months to complete it. The revised version, agreed across Sussex, had detailed guidance with examples given to demonstrate evidence across 8 overarching standards. All agencies completed it with the addition of the Fire Service (who completed it on behalf of East Sussex) and the City Council's Youth Services who requested to use it as part of a review of their safeguarding standards. Safety Net on behalf of the CVS weren't sent it initially given the difficulties in capturing the entire community & voluntary sector, but later were able to facilitate it being used by larger CVS organisations which occurred later in the year.

3.46. In summary, agencies had clearly used the audit exercise to address certain gaps immediately and ensure a particular standard is met or will be met within a set timescale. Several agencies indicated that they were confident they have met a standard but were unable to evidence this due to a lack of information and have started or planned to address this. Others decided to implement other mechanisms to ensure the information is available to managers on a periodic basis – rather than just when until an audit is being carried out.

3.47. The positive common themes across agencies showed that the following standards were being maintained:

- Staff are kept up to date with statutory requirements and findings from serious case reviews and inspections
- Strong strategic leadership in multi agency working is demonstrated by regular attendance at LSCB meetings
- Staff participate in Serious Case Reviews (SCR) and Case Reviews when required to do so
- The agency has a clear process for: completing actions from SCRs, gathering evidence required, embedding recommendations into practice
- Staff must be confident about what they can and should do under the law, including how to obtain consent to share information and when information may be shared even though consent hasn't been obtained
- Data and information is held appropriately and securely in line with government guidance.

3.48 Some standards were identified by more than one agency as not being met or partially met and required action by the Board through the sub groups. These related to:

- When commissioning a service from another organisation there are robust mechanisms in place to ensure that they are compliant with s11 requirements regarding safeguarding and promoting the welfare of children
- The agency has written e-safety policies and procedures that are reviewed regularly
- There are strategies and systems in place to secure the views of children and families regarding service provision and service development
- Staff involved in recruitment are suitably trained (e.g. at least one member on the short listing/interview panel must have been on safer recruitment training).

3.48. Each agency was requested to develop an action plan in relation to their audit. A further Section 11 audit will be coordinated across the three Sussex LSCBs in early 2014.

4. Progress on Priority Areas 2012-13

4.1 The LSCB Business Plan 2012-13 was previously developed to reflect the key objectives and actions needed in order to help make children and young people safer in Brighton and Hove. The plan took into account the Government's response to Professor Munro's Review of Child Protection (final report published in May 2011) and anticipated changes to the statutory guidance (i.e. Working Together to Safeguard Children). This section gives an overview of the priority policy areas identified for action in the previous year's annual report. By the end of March 2013 considerable progress had been made on the business plan:

Actions completed or significantly progressed

- Funding and personnel agreed for the LSCB to have a dedicated post to enhance the Board's capacity to evaluate local services (started July 2013).
- Requirements for the LSCB in the revised statutory guidance Working Together were disseminated and implemented.
- Work completed with NHS partners to ensure new NHS organisations are embedded with the LSCB and that accountabilities are clear.
- Ensure the Board facilitates the progress of recommendations from 2011 Ofsted reviews.
- New methods for learning reviews have been considered and eight LSCB members identified to be trained in the SCIE model with the expectation that this model will be used on a local learning review which does not meet the criteria for a SCR. (Other models will need to be considered by the SCR Sub Committee).
- Actions from Local Management Reviews have been monitored.
- A Sussex wide conference on child sexual exploitation was successfully delivered in 2012 to 110 practitioners.
- Two statutory Lay Members were appointed in 2012 (with each Lay Member having a Board member to assist with their induction).
- Some progress to ensure the effectiveness of links between the Board and 'Education' (taking into account any new requirements in Working Together) – although more could be done to engage academies and private schools.
- Good engagement by umbrella voluntary sector organisation with assurance that considerable progress has been made by Safetynet to engage the community and voluntary sector in safeguarding children issues.
- An annual programme of multi-agency audits was identified, but not started (until July 2013) due to capacity issues and the concentration on themed audits.

Actions delayed or not significantly progressed

- A programme for monitoring single agency audits was not put in place due to capacity issues and the concentration on themed audits. This will be progressed in 2013-14 via the Monitoring & Evaluation Sub Committee.

- Local Early Help Strategy awaiting further development due for launch later in 2013, but has been a focus of direction from the LSCB over the year. And, the LSCB Annual Report for 2013-14 will include an assessment on the effectiveness of local early help.

- Further work needed to ensure the lessons from national SCRs are shared with members of Board and link with learning and improvement in frontline practice. This is a priority action for the LSCB Training Manager in 2013-14.

- Due to capacity issues the multi-agency training programme has not been effectively evaluated and the methods for doing this are under-developed. This is a priority action for the Training Sub Committee in 2013-14.

- Due to capacity issues monitoring compliance of mandatory single agency training has not been explored. This is an action for the Training Sub Committee in 2013-14.

- A LSCB communications plan was not progressed due to other priorities. A LSCB Task & Finish Group will be convened to progress this action in 2013-14.

- Limited engagement between LSCB and Adult Safeguarding - but lines of communication established between respective Board Chairpersons and Business Managers. Further work is needed in 2013-14 to agree areas for collaboration.

5. Training

5.1 The LSCB annual training programme for 2012-13 was planned and successfully delivered. The training programme includes three 'core' child protection courses and a series of other courses covering specialist areas. There is a heavy demand for the training programme with some courses being oversubscribed resulting in a waiting list being used. The LSCB Training Manager, Michael McCoy, plans and manages the multi agency training programme and has achieved a considerable amount within limited resources.

5.2 Partner agencies are responsible for arranging Level 1 training (which covers a basic understanding of child protection such as signs and symptoms, how to make a referral) and the LSCB is responsible for multi agency training. During the year, 19 child protection courses (Level 2) were delivered with 395 practitioners attending. A further 22 specialist courses (Level 3) were delivered with 326 practitioners attending. Schools and designated teachers will continue to receive training from the dedicated training services within the City Council's Education Services.

B&H LSCB: Multi-Agency Training Attendance for 2012-13		
Course Title	**Number of Courses**	**Number of Attendees**
Level 2		
Developing a Core Understanding	7	161
Assessment, Referral and Investigation	7	132
Child Protection Conferences and Core Groups	5	102
Level 3		
Domestic Violence and Abuse	4	57
Preventing and Disrupting the Sexual Exploitation of Children & Young People	4	54
Case Review Workshop	2	100
Substance Misuse and Parenting Capacity	1	18
Mental Health & Children's Services: Working Together with Families	2	25
Joint Investigation for Social Workers 4 days	1	14
Undertaking Safeguarding Children Assessment Workshops	5	12
Multi Agency Public Protection Arrangements (MAPPA)	2	30
Safeguarding Children with Disabilities	1	16
Total	**41**	**721**

5.3 A pan-Sussex conference was held on 18th October 2012 and the theme was Child Sexual Exploitation, Trafficking and Missing Children. There was a range of presenters from Sussex Police, the National Working Group for Sexually Exploited Children, the local "What is Sexual Exploitation" (WiSE) Project and the Alter EGO Theatre Company. The purpose of the day was to raise awareness of the issues faced by children and young people who are sexually exploited, trafficked or missing and to raise the profile of the work that a range of agencies are undertaking to address these issues. This was a positively evaluated event with excellent attendance (110 delegates from across partner agencies in Brighton & Hove, East Sussex and West Sussex).

5.4 Of the training sessions scheduled very few did not go ahead as planned. These courses were cancelled due to low take up or the unavailability of the trainer at short notice. When applications total less than eight, a course will not usually go ahead and applicants will be offered priority for the next available course date.

5.5 The Training Sub Committee continued to report to the main LSCB regularly on the progress to deliver the multi-agency training programme and developments for discussion and resourcing. The Sub Committee did not meet regularly during the year and attendance by partner agencies at meetings was poor. This meant the Board's oversight of the training programme and forward planning for the next year's programme were limited.

5.6 A Train the Trainers programme is in place to ensure there is a pool of practitioners to facilitate the training programme in addition to the LSCB Training Manager. A two day course is run each year after which delegates are expected to co-lead as trainers at 2-4 courses per year.

5.7 Ongoing evaluation helps to shape the training programme and verify quality standards. Generally good feedback was received from attendees regarding all courses. The LSCB training programme for 2013-14 should be able to draw on partner agency feedback and the ongoing monitoring and evaluation of each training session.

5.8 Due to some recording problems a report on course evaluations for the whole of the year could not be produced. The most reliable data available is from January 2013 onwards. A report subsequently commissioned (for the period January – July 2013) has helped to inform the ongoing training programme and planning for 2013-14. Course participants are asked to rate their knowledge on the course objectives prior to the course and then at the end of the course. This data provides an opportunity to assess whether the course content and the teaching methods are effective. Participants are asked to score their knowledge for each unique learning objective between 1 (low) to 6 (high) before and after the course. There were other questions on the overall training, equality issues, the voice of the service user and the effectiveness of the trainer, which are rated 'poor', 'average', 'good' or 'excellent'. There is no current method of evaluating whether the learning has a direct impact on practice – which is an area for development in 2013-14.

5.9 A provisional assessment has been made based on the data for 240 delegates attending 21 courses (this does not cover all courses during the period due to recording problems). The findings from this exercise were:

- The arrangements for collating the evaluation forms and checking against the actual attendance list needs to be improved. Trainers should remind participants to complete all questions on the evaluation form.
- The Training Sub Committee should consider reviewing the:
  - participant's evaluation form (including making the ratings for the learning objectives more descriptive), and
  - trainer's evaluation form.
- The voice of the service user/carer and equality and diversity issues need to be given more prominence in the content for some courses.
- A quarterly and an annual report should be presented to the Training Sub Committee showing trends and findings based on the evaluation data.
- Currently there is no method of evaluating the impact of training on practice and this is an area for development in 2013-14.

5.10 The B&H LSCB Training and Development Strategy was published in July 2011, but this needs to be reviewed in 2013 to ensure it is compliant with the revised Working Together to Safeguard Children and the aspirations of the LSCB.

5.11 The LSCB Training Officer will continue to maintain links with the South East England LSCB Training Managers who meet quarterly.

6. Activity & Performance Information

6.1 The year's figures show again a high volume of activity. The Board noted a slight rise in the number of referrals to Children's Social Care, but a reduction in the number of Initial Assessments. The number of Core assessments carried out by Children's Social Care was in line with the previous year. However, the number of Section 47 enquiries significantly increased on the previous year. The number of children subject to an initial child protection conference and those who were made subject to a child protection plan decreased from the previous year. There was also a marked drop in the number of children made subject to a child protection plan for the 2nd or subsequent time and a slight decrease in the number of children with a child protection plan for 2 years or more. The key data is shown in graphs below.

6.2 Significant work has been carried out during the year to ensure the child protection conference process is effective in protecting children from harm. It is essential that child protection plans result in objective, tangible improvements in the wellbeing of children and their families within timescales. Also, children and their parents can identify positive improvements in the child's safety and wellbeing as a result of the plan being put in place. The Safeguarding & Quality Assurance Unit, BHCC, regularly reports on the performance of child protection process and the following is noted for the period October 2012 – March 2013 (whole year figures not available). Some key highlights are:

Child Protection Conferences

- 100% of child protection conferences chaired by an Independent Reviewing Officer
- 99% of child protection conferences held within timescales
- 4% of cases there was a delay in the child protection plan outcomes being achieved

Multi Agency Working

- Attendance by partner agencies at child protection conferences is good (over 90% for agencies other than Children's Social Care which is 100%)

Feedback from Young People (over 12 years)

- 75% of children invited to attend or contribute to the child protection conference
- 28% of children contributed to the child protection conference (15% attended with an advocate, 6% attended on their own, 7% had their views represented by an advocate)
- 61% considered the conference took their views into account with 31% stating their views were partly taken into account
- 62% stated they understood why the conference was being held with 38% reporting partial awareness of the reasons

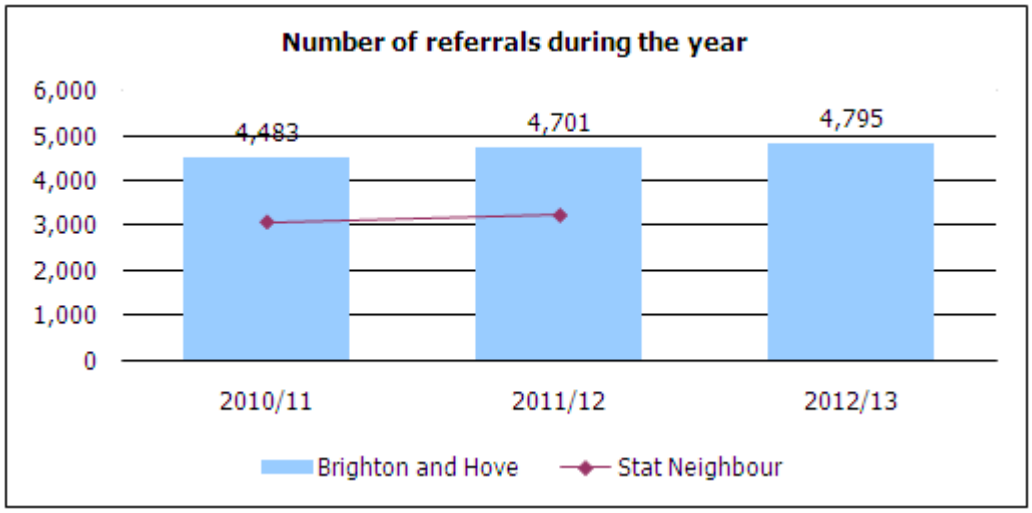
Feedback from Parents & Carers

- 95% of parents reported being able to give their views at the conference
- 92% of parents stated they understood what needs to change in order for the child protection plan to end

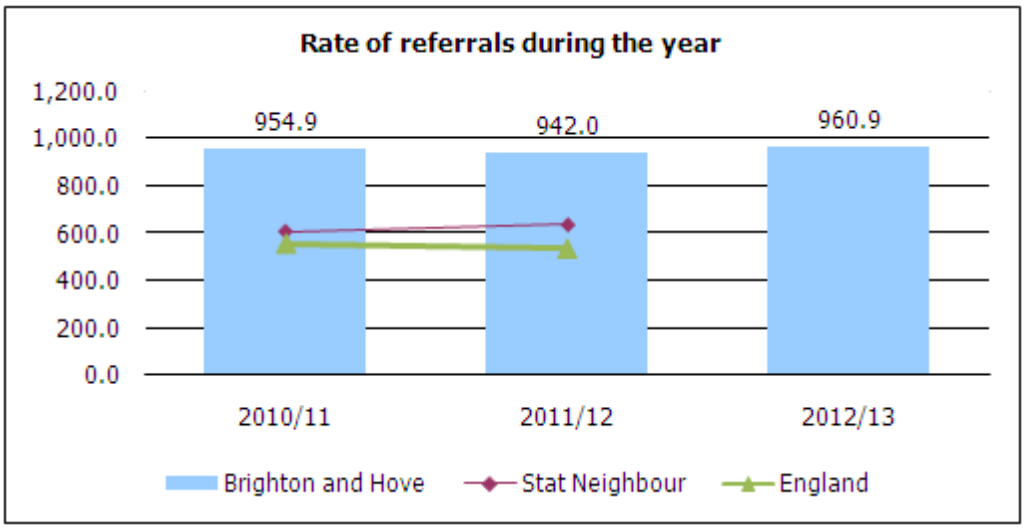
- 95% of parents understood why professionals are concerned about their child(ren)
- 98% of parents stated they had a good understanding of the child protection conference process prior to the meeting starting.

6.3 The LSCB has regularly reviewed the child protection activity and performance data that is available. However, by the end of the year it became clear that the existing dataset was lacking in specific multi agency detail and did not give the Board a complete and assured picture of whether our work is making a difference to children and adequately alerting the Board of any risks in the system. The Monitoring & Evaluation Sub Committee will address this by completely revising the dataset during the first part of the year.

6.4 Referrals



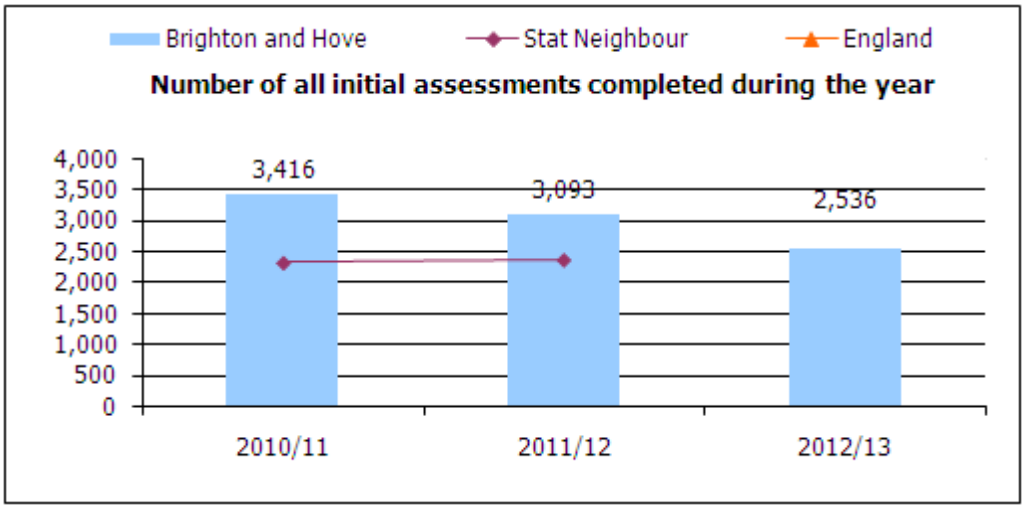
The number of referrals to Children's Social Care has risen from 4,483 in 2010/11 to 4,795 in 2012/13, a 7% increase.



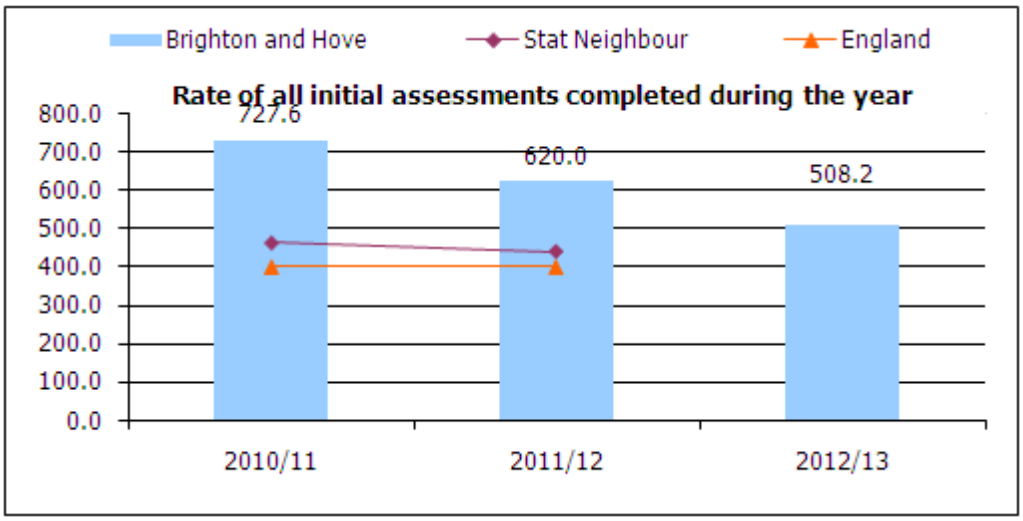
The rate of referrals per 10,000 children has risen from 954.9 in 2010/11 to 960.9 in 2012/13, above the England average of 534 and statistical neighbour average of 635. Brighton and Hove's referral rate for 2011/12 was ranked 6th highest out of 150 Local Authorities who submitted data. It should be noted that the reason that our rate per 10,000 has fallen despite the number of referrals increasing is because the mid-year

2011 projection for children aged 0-17 based on 2011 Census is 49,900 and the 2010 mid-year projection was 46,900.

6.5 Initial Assessments



The number of initial assessments completed has fallen from 3,416 in 2010/11 to 2,536 in 2012/13, a 25.8% decrease.

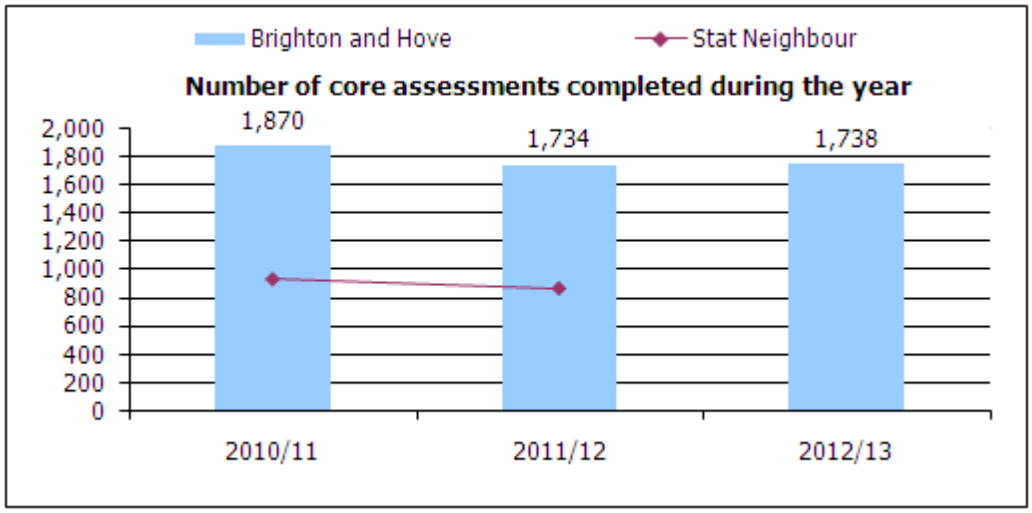


The rate of initial assessments per 10,000 children has fallen from 727.6 in 2010/11 to 508.2 in 2012/13, above the 2011/12 national average of 398.1 and the statistical neighbour average of 439. Brighton and Hove's initial assessment rate per 10,000 for 2011/12 was ranked 13th highest out of 144 Local Authorities who submitted data.

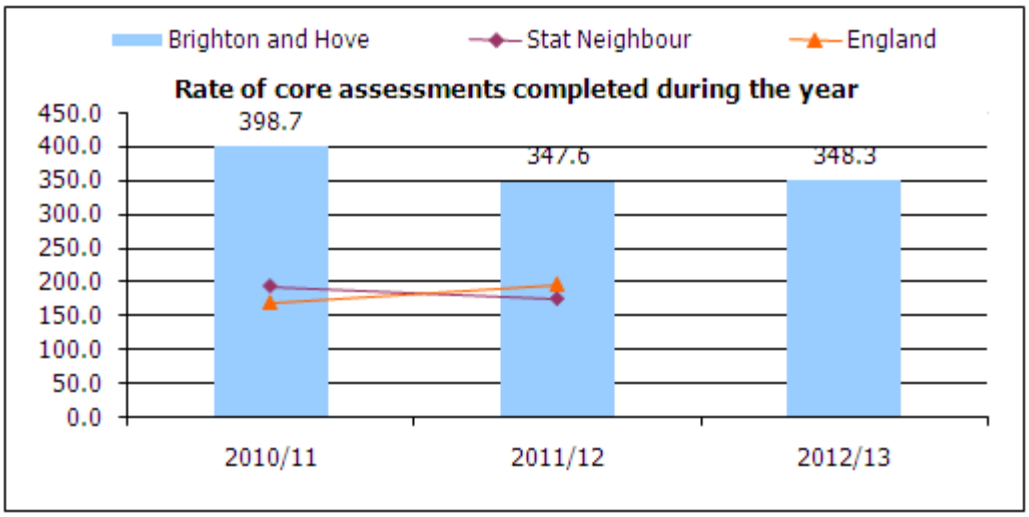
6.6 Section 47 Enquiries

1,577 children were subject to a Section 47 enquiry in 2012/13 (1,332 in 2011/12) and the rate was 316.0 per 10,000. This is an increase on the previous year.

6.7 Core Assessments

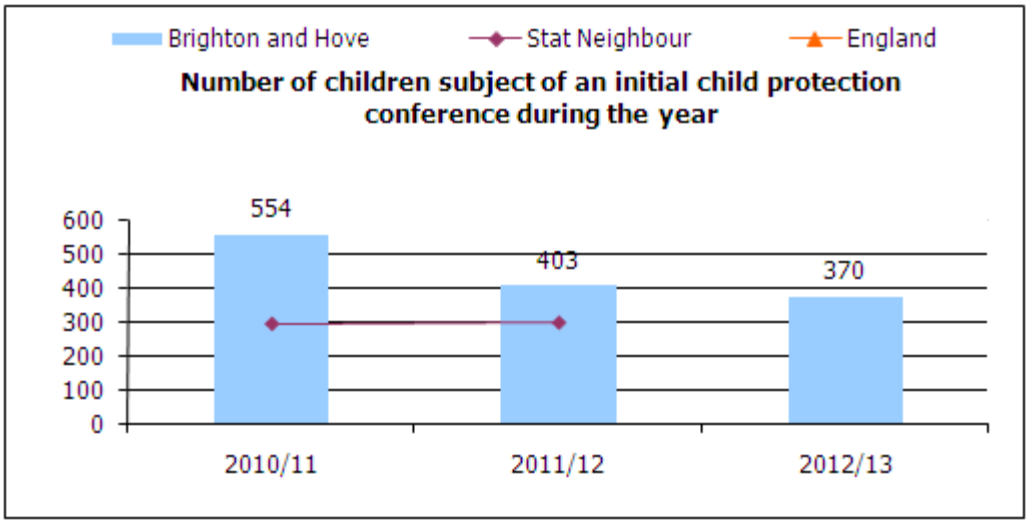


The number of core assessments has fallen from 1,870 in 2010/11 to 1,738 in 2012/13, a 7% decrease.

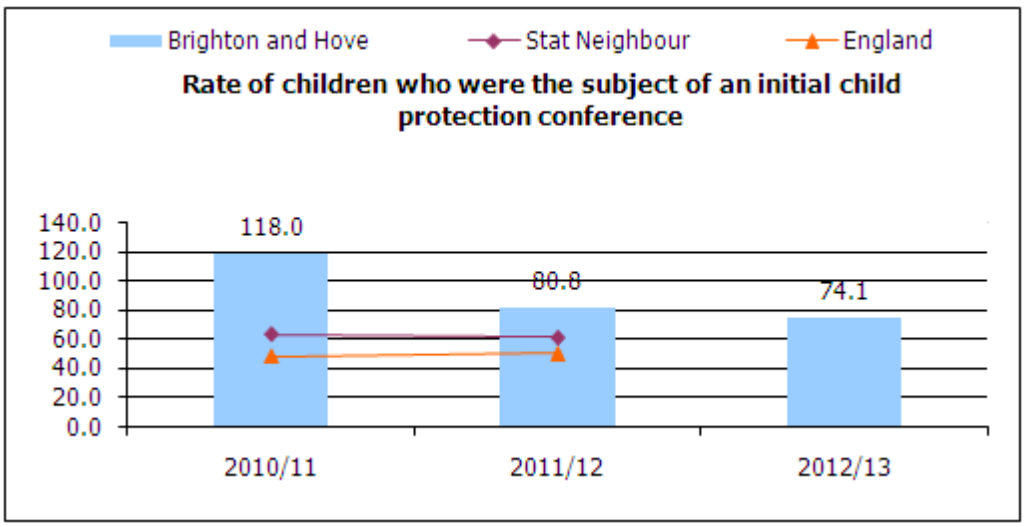


The rate of core assessments per 10,000 children has fallen from 398.7 in 2010/11 to 348.3, above the 2011/12 national average of 194.6 and the statistical neighbour average of 173.4. Brighton and Hove's core assessment rate per 10,000 for 2011/12 was ranked 5th highest out of 144 Local Authorities who submitted data.

6.8 Initial Child Protection Conferences

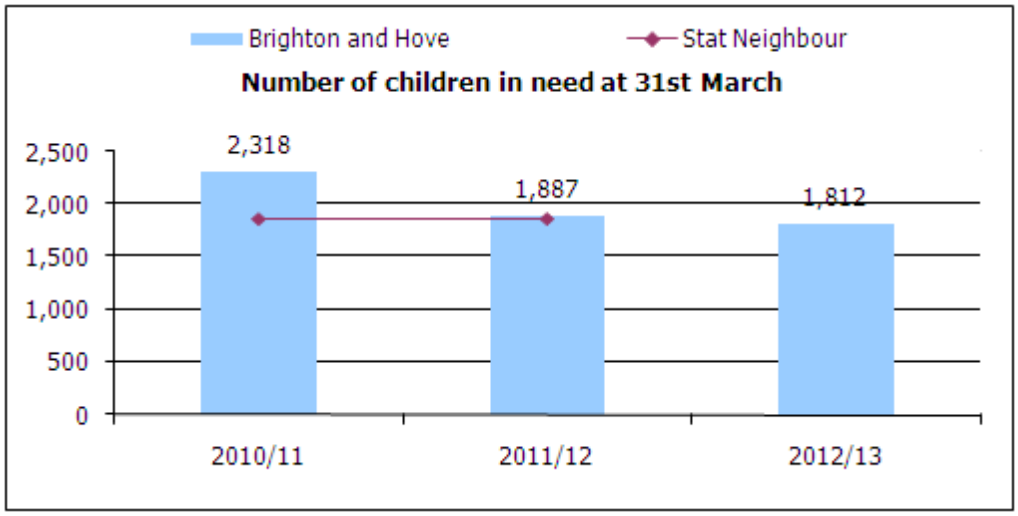


The number of children subject of an initial child protection conference has fallen from 554 in 2010/11 to 370 in 2012/13, a 33.2% decrease.

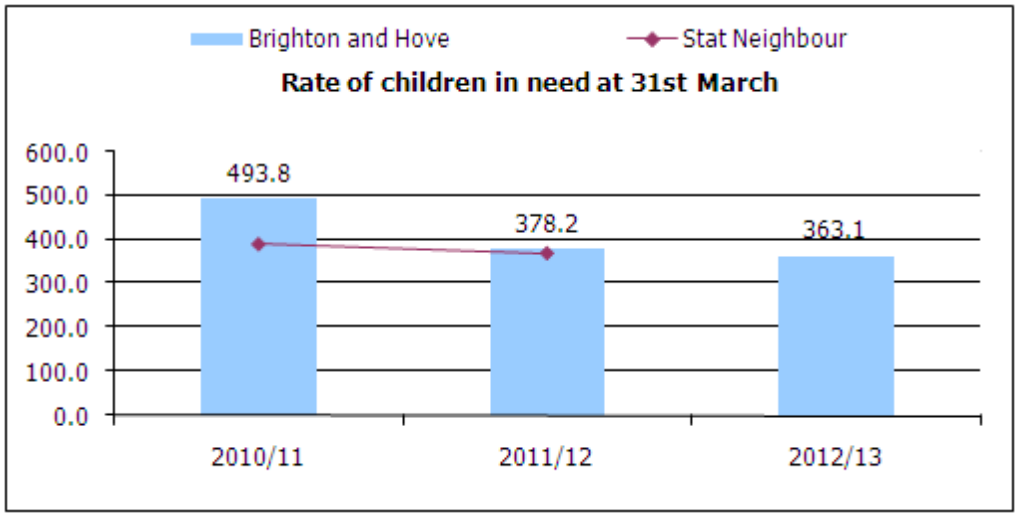


The rate of children subject of an initial child protection conference per 10,000 has fallen from 118 in 2010/11 to 74.1 in 2012/13, above the 2011/12 national average of 49.6 and statistical neighbour average of 60.6. Brighton and Hove's ICPC rate per 10,000 for 2011/12 was ranked 16th highest out of 146 Local Authorities who submitted data.

6.9 Children in Need

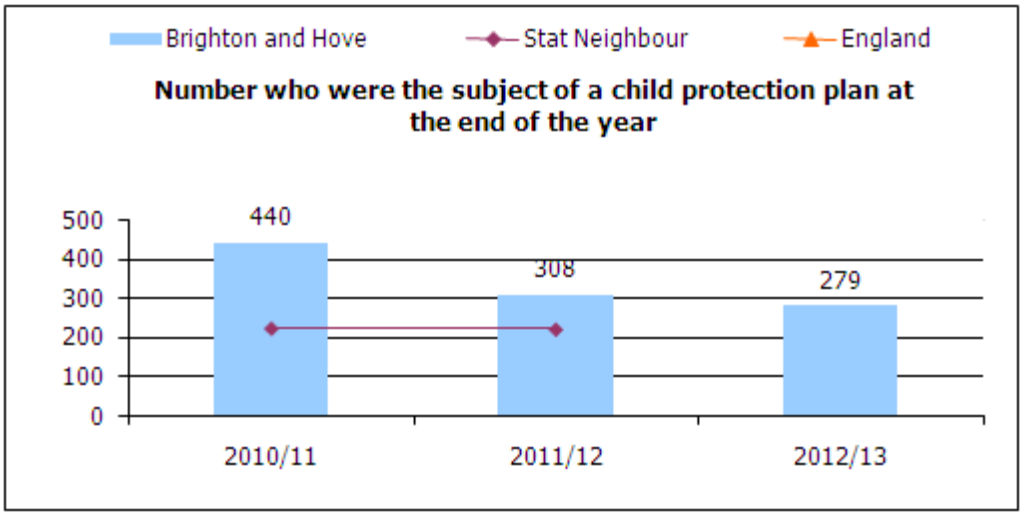


The number of Children in Need has fallen from 2,318 in 2010/11 to 1,812 in 2012/13, a 21.8% decrease.

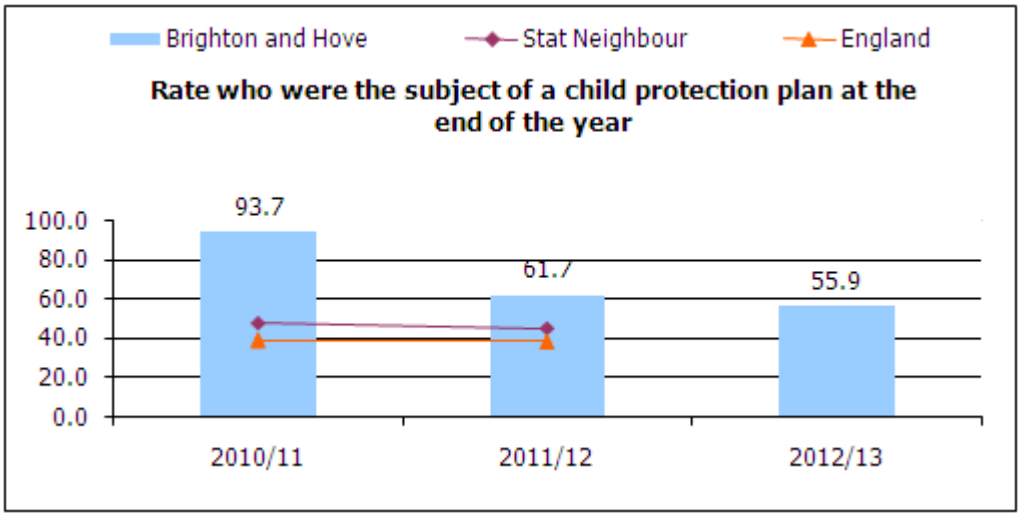


The rate of children in need per 10,000 has fallen from 493.8 in 2010/11 to 363.1 in 2012/13, above the national average of 325.7 but below the statistical neighbour average of 370.2. Brighton and Hove's CIN rate per 10,000 for 2011/12 is ranked 55th highest out of 150 Local Authorities who submitted data.

6.10 Children Subject of a Child Protection Plan



The number of children subject of a child protection plan has fallen from 440 in 2010/11 to 279 in 2012/13, a 36.6% decrease.



The rate of children subject a child protection plan per 10,000 children has fallen from 93.7 in 2010/11 to 55.9 in 2012/13, above the national average of 38 and statistical neighbour average of 44.5. Brighton and Hove's Child Protection rate per 10,000 for 2011/12 is ranked 12th highest out of 150 Local Authorities who submitted data.

7. LSCB Member Agencies' Safeguarding Reports 2011-12

7.1 Since 2010 the LSCB has agreed that member agencies would submit an annual report for the Board to inform its annual review of safeguarding in the city. The aim is to ensure agencies review their own progress on safeguarding, and that the LSCB can see that this is done, and at the same time gain assurance of their local work. We ask agencies to report on governance, supervision, audits, training, and lessons learned from reviews. Key points from the reviews submitted (relating to Brighton and Hove) are set out below.

7.2 Brighton and Hove Domestic Violence Forum

The Brighton and Hove Domestic Violence Forum acts as the multi agency forum for Brighton and Hove in responding to domestic violence and to promote joint working, co-operation and mutual support. Furthermore it aims to increase awareness of domestic violence and its effects within the community and the public at large, voluntary organisations and statutory agencies. The Forum's key responsibilities to the LSCB are:

- To give the Domestic Violence Forum perspective in the development and evaluation of safeguarding children policies, procedures and practices.
- To contribute and to comment on documents/issues presented at the LSCB and to disseminate relevant information to Domestic Violence Forum members
- To attend LSCB meetings and development days.
- To promote greater awareness of domestic violence issues, developments and services, and to disseminate information, policies and procedures to LSCB members
- To participate in the audits and evaluations of the LSCB and those carried out by the LSCB.
- To identify gaps in service provision and training needs for members of both forums
- To promote effective communication between the LSCB and Domestic Violence Forum.
- The Domestic Violence Forum Chair attends the Safeguarding Adults Board providing a link between adult and child safeguarding Board issues from a domestic violence perspective.

A summary of key activities in 2012-13 relating to safeguarding children are:

- The Domestic Violence Forum Chair regularly attends and contributes at LSCB meetings
- RISE the local specialist domestic violence provider delivers training on domestic violence as part of the LSCB training programme
- RISE took part in the Domestic Violence Audits of 2010-2011/2011 -2012.
- Third sector members of the Domestic Violence Forum completed Section 11 Audits.
- Representatives from Children services and RISE IDVA Service attend Multi-Agency Risk Assessment Conferences (MARAC)
- The Domestic Violence Forum received presentations from the partnership project between Public Health and RISE on its Healthy Relationship programme in Primary and Secondary Schools in B&H.

- The Domestic Violence Forum received presentation from young Oasis on their work with children and young people experiencing substance misuse and domestic violence.
- A summary of the LSCB meeting is presented at every Domestic Violence Forum Meeting.
- The DV Forum Chair attends Domestic Homicide Reviews. The recommendations will be considered at future forums and LSCB meetings where relevant.

The Forum and members have identified the following differences made to safeguarding children:

- Ensured the safety of children and young people affected by domestic violence is paramount.
- Raised awareness of the impact of domestic violence on children, young people.
- Raised awareness of services providing support to survivors of domestic violence including the gaps in knowledge and provision to equality groups such as BME and LGBT.
- Raised awareness of services providing support to perpetrators of domestic violence.
- Raised awareness of preventative /early help interventions and programmes working across the range of domestic violence, including child to parent violence.
- Promoted good practice in working with survivors of domestic violence, especially children and young people.
- Improved identification of domestic violence across statutory and voluntary sector.
- Improved survivor pathways to support and satisfaction with services provided.
- Provided a forum for information sharing and sharing of good practice for professionals.

7.3 Sussex Police

Although all police officers have a duty to protect life and property, safeguard children and bring offenders to justice, the specialist provision for protecting children from harm and abuse is the responsibility of the officers from the Brighton and Hove Child Protection Team (CPT). This is one of five such teams located across the Sussex Police area. Officers within these teams are all trained detectives who have received additional specialist national training to be accredited child abuse investigators, and joint training with colleagues from children's social care.

The Protecting Vulnerable People Branch (PVPB) is responsible for providing the strategic lead for a number of portfolios including child protection, and its role includes the development of policy, audit and review, and representation at the LSCB.

The findings from a number of serious case reviews has related to trying to improve the collation of the large amount of information Sussex Police receives about children that is located within a number of IT systems. A long term project has been looking at this issue, including a move away from the current use of paper based child protection files. The introduction of a new IT system during 2013 will enable this goal to be progressed.

A major review is also being undertaken of the specialist investigative crime departments within Sussex Police. This is likely to lead to a major change in the way a number of units operate, including child protection teams, and the LSCB will be updated and consulted as this review progresses.

In addition, the police are keen to encourage closer joint working with multi-agency colleagues, especially through the development of a MASH (Multi-Agency Safeguarding Hub).

The quality and effectiveness of investigations is managed via local CPT supervision arrangements and IT systems that include mandatory reviews of all cases under current investigation. At a Force wide level the current quantitative CPT statistics are being reviewed with a view to developing more qualitative indicators. These indicators will enable outcomes for children to be better assessed, and will be shared with the LSCB

All police officers and police community support officers receive basic child protection training based on national requirements.

Since the last Section 11 audit steps have been taken to confirm that current training involves an element relating to e-safety, and the position of the police in relation to the use of CAF has been clarified with the Chair of the LSCB

Engagement between the police and children and their families is often led by the response to an alleged offence or the requirement to enforce legislation. In these circumstances participation is really dependent on the procedural and legislative requirements relevant to any contact. The key factor is ensuring that the child is at the centre of any intervention.

Similarly in response to allegations of abuse no particular group of children is targeted. The requirement is to respond to all referrals, the focus being on prioritising the most vulnerable children and those at the greatest risk of significant harm.

Members of PVPB have continued to attend and contribute to board and executive meetings, and are members of the Serious Case Review Panel, Child Death Overview Panel, Pan Sussex Procedures Group, and Training Sub-Group. Officers from the local CPT attend the Monitoring and Evaluation Sub-Group, and CPLG. Officers from both departments are involved in the Child Sexual Exploitation Group.

7.4 Brighton & Hove Commissioning Clinical Group (CCG)

CCG is a relatively new organisation which has taken on some of the functions of the PCT's but is not a replacement organisation. The CCG has in place a Director who is lead for safeguarding children. The safeguarding team consists of:

- Designated Nurse safeguarding children 1wte (1 day funded by LSCB) - this post was vacant for 10 months and current post holder has been in permanent employment since July 2013
- Designated Doctor Safeguarding 0.2 WTE
- Designated Doctor Child Death 0.1 WTE provided by Sussex Community Trust
- There is also a Named GP.

In addition there is a Designated Doctor and Nurse for Looked after Children employed through Sussex Community Trust.

The Lead is a Board member of the LSCB and the Designated professionals sit on the Board as professional advisors. The Designated Doctor chairs the Health Advisory

Group, and the designated Nurse chairs the training group. In addition the Designated Professionals are members of LSCB subgroups.

As a result of previous SCR or local issues several task/focus groups have been held including:

- Feeding to Thrive team leadership (recommendation from an LSCB SCR)
- Maintenance of Self-Harm multi-agency system at Royal Alex County Hospital
- Feedback from professionals re complex cases and complex Failure to Thrive
- Effectiveness of NAI and CSA medical services

The CCG has a statutory responsibility for ensuring that the organisations from which they commission services provides a safe system that safeguards children and adults at risk of abuse. The CCG has in place a safeguarding work plan to ensure it is compliant with its duty. There are internal safeguarding Governance structures in place. The CCG is developing a monitoring tool to be used by health provider. In turn the local area team of NHS England will be monitoring the performance of the CCG.

The Designated Professionals will be ensuring health providers have systems in place to report safeguarding concerns, serious incidents and allegations against staff. The CCG monitors (in partnership with the LSCB sub group) the action plans of providers resulting from SCR or Serious incidents.

Safeguarding Training for CCG staff is overseen by the Designated Nurse for safeguarding. Staff receive safeguarding information at induction and all employees are required to complete mandatory safeguarding training to the appropriate level as outlined in the intercollegiate document. The Named GP has worked with GP practices to ensure each practice has a lead for safeguarding. 85% of leads have attended training within the last year. All health providers have safeguarding training programmes in place.

Part of the role of the designated professionals is to provide advice and support to the Named Professionals in the health provider organisations. Named Professionals also receive regular supervision with the Designated Professionals. The Designated Professionals can be available to give advice as required. The Designated Professionals sit on a number of safeguarding groups and attend various meetings with staff and managers.

Issues which have been highlighted by named professionals include

- lack of therapeutic services for children affected by sexual abuse
- lack of services for children suffering emotional harm
- Home educated children
- Neglected children
- Fabricated induced illness spectrum.

The CCG has highlights the following examples of how they have contributed to multi-agency work:

- systems in place for managing NAI cases
- Inter-safeguarding professional systems picking up and addressing problems
- Perplexing Cases – many examples of interventions
- Self-harm systems for initial management; queries about subsequent management
- CSA audit led to ACAS liaison and various case outcome examples

7.5 East Sussex Fire & Rescue Service

There have been significant organisational and structural changes within East Sussex Fire and Rescue Service (ESFRS) since the last report. Safeguarding/Child Protection referrals are received almost daily within ESFRS.

Internal referrals, monitoring of child protection and safeguarding issues continue to be fully integrated within the policy, procedures and practices dealt within the day to day task for ESFRS staff. ESFRS staff complete Coming to Notice Forms (CTN) when they come across safeguarding and child protection issues. Since the last report a more secure recording system has been put in place. We have made a few changes to the administration, giving a more robust audit trail to all functions involving vulnerable adult and children, giving staff the ability to work more effectively.

Effective partnership working with a variety of agencies signed up to the ESFRS Care Providers Scheme continues across the county. We work with, for example the Advice Contact and Assessment Service, (where a Child Protection Plan is in place or being considered) which has resulted this year in ESFRS receiving 46 referrals, each of which received a Home Safety Visit (HSV). The visits provided the occupiers with the education needed to keep them safe from fire in their home and the fitting of free 10 year smoke alarms. HSV referrals are received daily from over 70 partner/agencies which can result in working with vulnerable children and adults. ESFRS continues to work daily with children; this work includes safeguarding and child protection issues.

The Fire Setters Intervention Scheme continues to work with young people and adults who are fascinated by fire. Five young people in the Brighton & Hove area received an intervention to help them understand and control the feelings that lead them to fire setting, the intervention programme also teaches the individuals about fire safety awareness.
Quality and effectiveness arrangements and practice

Internal audits of children and adult safeguarding/protection issues are fully embedded in policy. Every 6 months a full audit on both Firesetter and Safeguarding is carried out and the findings of the audits were positive. The audits have proven that the new administrative procedures have been successful in ensuring a robust and efficient working practice.

Service wide training delivered to key members to improve awareness, skills in wellbeing and safeguarding concerns about vulnerable adults and children continued. The Safeguarding Training and E- learning Training for staff continued internally. The training has given confidence to staff to report safeguarding, which has increased in numbers of cases since last year.

The LIFE project, Coaching for a Safer Community, Firesetter Scheme and Schools Education Team still continues to be essential services for ESFRS working with children and parents.

Further improvements may need to be carried out on practices and service delivery at the interface between ESFRS and Children's Services to ensure that effective support has being provided to parents and children, giving feedback on the outcome of cases. The Education Team are piloting a new way of working with the Firesetter Scheme, giving some input in the school environment instead of the home environment. They

are looking at the whole family not just the Firesetter themselves. In some circumstances it was found that if the child was taken out of the noisy environment at home the intervention worked better. Working also with the family offering them a home safety visit, meant the home was also visited to keep the whole family safe from fire.

Quarterly training to our front line staff has been carried out to help improve their skills and knowledge. External training has provided them with the tools needed to carry out Home Safety Visits (HSVs) or address safeguarding issues. Also, regular campaigns and supporting material were given out, again to provide support for all staff. This financial year, 10227 Home Safety Visits were carried out, of which 2983 where in the Brighton & Hove Borough.

Each year staff engage with our priority groups undergoing activities throughout the year, involvements in Safety In Action, youth intervention activities, the LIFE Project, Schools Education Visits, which now involve high risk schools (based on incident data) and the Firesetter Scheme. All these engagements involve our staff working closely with other agencies such as the Police, Children's Services and Youth Offending Services.

7.6 Sussex Community Trust (Brighton & Hove) & Brighton & Hove Children & Family Service

The Annual Safeguarding Children Report 2012-13 was ratified by the Sussex Community Trust (SCT) Board. The objective of the 2012-13 plan was to reduce the risks associated with all Trust activities by continuing a programme of appropriate safeguarding children advice, support, governance, training, auditing and management systems. This has been directed in some part by the Munro review (2011) setting out reform to enable professionals to make best judgements about how to keep children, young and families safe. In addition, the allegations of child abuse involving Jimmy Saville and others, has led to a review of our own arrangements and practices relating to vulnerable people to ensure policies and procedures to protect vulnerable people from abuse. The Named Professionals and Safeguarding Children Executive lead on this area.

Brighton and Hove Named Professionals have been active members of a multi-agency complex case group which has in particular concentrated on the complexities of Fabricated and Induced Illness cases and has had external facilitation from Dr Danya Glaser, an expert in this field.

The Named Professionals also regularly attended the multidisciplinary case discussions at the Clermont Unit to give a health perspective and to learn from the cases which result in court interventions. The Named Doctor or SC representative attend a weekly meeting to discuss Strategy meetings and medicals. Named Professionals key part of the Neglect Working group driving a more structured approach to neglect with improved outcomes for children

In 2012 – 2013 a total of 24 MARAC meetings have been held in Brighton and Hove. During this year 369 cases were discussed of which 192 were families with children and they involved a total of 339 children. A Children Centre Team Manager or a Safeguarding Children Nurse attends this meeting on a regular basis, enabling Health Visitors and School Nurses to contribute to this process

BHCFS Health Visitor and School Nurse Managers give clinical and managerial supervision to health visitors and school nurses, which include Safeguarding Children, on a 4 – 6 weekly basis.

The Named Nurse clinically supervises the managers on a three monthly basis –and this standard is 100% compliant. Live Supervision sessions to assure the quality of the Safeguarding supervision sessions continue to be rolled out by the Named Nurse. Supervision for staff in Adult Services is given on an individual needs basis dependent on their caseload.
The Named Professionals held professional meetings for complex cases which have "got stuck" and need a risk assessment and future plan.

SCT employ a Specialist Nurse for Child Death rapid responses, within the Paediatric Liaison team, who co-ordinates bereavement support and information to families and staff following the death of a child. All of the bereaved families have had access to this support immediately following their child's unexpected death and it is routine for these families to be allowed to hold their child, be offered photos and mementos and to be given clear and impartial information about the post-mortem process. The Specialist Nurse also reviews Health Visitor and School Nurse records for each child as well as ensuring parental feedback is represented at Panel.

The Designated Paediatrician for Child deaths is also employed by SCT and attends the Child Death Overview Panel which meets on a bi-monthly basis which includes preparation, oversight and audit on behalf of the LSCB . The Paediatrician also does home visits, professional meetings, multi professional advice in individual cases.

Named Professionals and other key staff are active involved in planning and delivering multi-agency training via the LSCB Training program or out of recommendations from case reviews

A Universal Health Visiting Service is offered to all families with children under five where no additional needs have been identified (77%). The percentage receiving Universal Plus (19%) are families identified as having an additional need for example postnatal depression. In addition Health Visitors in Brighton and Hove are key professionals in the provision of "Early Help". Common Assessment Framework (CAF) is used for families with complex health and social needs (2%). Health Visitors also work with all children who have a child protection plan, attend and report to child protection conferences and plans (2%).

SCT have a revised Safeguarding Children Training & Development Strategy which was ratified in March 2013. Staff groups have different training and development needs to fulfill their duties to safeguard children, depending on their degree of contact with children and families and their level of responsibility and autonomy in decision-making. Six levels of competency have been identified acknowledging there will be a continuous spectrum of competency required as set out in The Intercollegiate safeguarding children and young people roles and competencies framework (RCPCH 2010).

7.7 Brighton and Sussex University Hospitals (BSUH) NHS Trust

The BSUH Safeguarding Children Committee meets quarterly and:

- ensures internal governance arrangements are in place and effective
- works towards completing the BSUH safeguarding action plan.
- maintains and monitors the Health Care Commission standard 7 (was section 2) with evidence available electronically and updated as required.

During 2012/13 Brighton and Hove LSCB have requested various reports from BSUH, such as:

- A second report on the organisation & development of the of the child protection medical service within BSUH.
- A report of the safeguarding children audits undertaken by BSUH
- A BSUH safeguarding update to contribute to the LSCB annual report.

The Named Doctor continues to give safeguarding supervision to medical staff on an ad hoc basis, and participates in the Monday teaching sessions and the Thursday peer review meetings. The Named Nurse continues to give safeguarding supervision to nursing/midwifery staff who carry high risk caseloads and ad hoc to all staff as required. Daily safeguarding ward visits continue at RACH enabling improved case discussion for nurses on approximately 450 children. The safeguarding midwife continues to attend the TMBU/SCBU psycho-social meeting The action plan made following Supervision is filed in the patient's notes as well as given to the professional.

In addition to participating in LSCB audits, BSUH has undertaken audit work concerning Child protection flagging, staff confidence of caring for young people with eating disorders and babies under a month attending A&E with feeding issues.

As an acute hospital we see all children and need to be aware any of them can be abused. The hospital is the centre for child protection medicals relating to non accidental injuries. There is a service linked with social workers and CAMHS for children and young people who self harm. Maternity services are involved with risk assessing pregnant women and there is a specific service for teenage pregnant mothers, those who are homeless, travellers or misuse substances. Screening questions about domestic abuse should be asked if the woman is alone.

The total BSUH workforce of around 7,000 requires some level of statutory safeguarding children training and is given with reference to the Children Act 2004, Working Together to Safeguard Children (HM Government 2010 & 2013), Safeguarding Children and Young People: Roles and Competences for Health Care Staff (RCPCH 2010), Common Core of Skills and Knowledge Framework for Children's Workforce (DfES 2005), Protecting children and young people: the responsibility of all doctors (GMC 2012). The frequency for training at different levels are:

1. Level 1 (All non clinical staff) requires 3 yearly update.
2. Level 2 (All clinical staff who see adults) requires 3 yearly update.
3. Level 3 (All clinical staff who see children) requires annual update.

Training figures are monitored but it is likely that not all training is logged when completed meaning the Trust does not achieve the required figure of 80%. In April 2013 (latest figures) it was noted that attendance was 68.8% (Level 1), 55.5.% (level 2) and 46.9% (Level 3). The current attendance figures at the mandatory training will not enable the majority of Trust staff to be trained within time scales which has been reported to the Safety & Quality Committee, the safeguarding children committee and the Trust Board. The use of e learning has been offered but is often problematic and not widely used.

The profile and associated child protection issues for victims of domestic violence throughout the in-patient adult areas is being raised via the level 2 training. In addition the domestic abuse project in maternity and A&E is progressing well with increasing numbers of referrals and will be rolled out to support the Claude Nichol service soon. A weekly medical peer review meeting has been set up, and is well attended by Paediatric Consultants involved including Community Paediatric colleagues.

BSUH continues to be a statutory member of Brighton and Hove Local Safeguarding Children Board (LSCB) and the Named professionals have attended the Board meetings and the sub groups. The Named professionals are members of the B&H health advisory group & the child protection liaison group. The Named Nurse is a member of the LSCB training group. Claude Nichol staff have participated in the new LSCB sexual exploitation sub group forum.

7.8 Safeguarding & Child Protection in the Community Voluntary Service (CVS) Sector

Brighton and Hove has a vibrant, active and diverse community and voluntary sector which plays a major role in providing a range of (usually) free, high quality services in communities, and engaging and supporting the most vulnerable, marginalized and disadvantaged children, young people and families. For example; young carers, LGBTU young people, BME young people and their families, children and young people with special needs and disabilities and gypsy and traveller families. The sector also offers specialist support in relation to families affected by domestic violence, bullying, emotional well-being and mental health and substance misuse.

These locally based organisations often play a crucial role in safeguarding children and young people in communities and it is therefore crucial that they have appropriate arrangements in place and are confident in managing their safeguarding responsibilities.

A safeguarding survey circulated by Safety Net and the CVSF in 2012 indicated a high level of commitment to safeguarding in CVS organisations, an awareness of their roles and responsibilities and a majority with a designated person. All organisations indicated that they have child protection policies and procedures in place, but there were development areas for wider safeguarding policies, most notably in relation to e-safety, and to a lesser degree whistle blowing. 89.5 % of the organisations who completed the online survey ensure that staff and volunteers receive basic child protection training every 3 years.

Brighton and Hove has a well-established Community and Voluntary Sector Forum, which provides a mechanism for bringing together the voice and concerns of the Third sector. The Children and Young People's Network operates under the umbrella of the

CVSF to provide a forum for organisations across the city who are providing services and support to children, young people and families. Safeguarding is a standing item on the quarterly meetings. Larger organisations in the CVS may also have their own safeguarding forums in place.

Safeguarding Training
Organisations and groups in the community and voluntary sector access child protection training from a range of sources including: in-house (for larger organisations),
E-safeguarding training provided by Brighton & Hove and Educare, (accredited by the NSPCC) as well as from Safety Net as a safeguarding support organisation.

There has historically been a very low take up by the CVS sector on the LSCB Training Programme, with only 17 staff and volunteers completing LSCB training during the year 2010 -11 (no figures available for 2011–12).

In 2011-13 Safety Net secured 2 year funding for the 'Let's Protect Project which provides a range of support to CVS groups including:

- Safeguarding support to individuals and organisations
- A rolling programme of free child protection training for community and voluntary sector organisations, delivered in community venues across the city.
- The 'Simple Quality Protects' scheme was bought in from Slough Council for Voluntary Services and amended to be Brighton & Hove specific. It provides a framework for organisations to create, review and develop their safeguarding policies and procedures and share good practice, and be supported and assessed by Safety Net to achieve their Bronze, Silver & Gold awards.
- A DBS checking service and support

Over the 2 years of the Let's Protect Project (2011-13) 19 safeguarding and child protection introductory training courses were provided to 115 organisations and 317 staff and volunteers. In-house child protection training was delivered to 11 organisations and 164 staff and volunteers. Professional boundaries training delivered to 5 organisations and 72 staff.

All staff and volunteers who attend training are encouraged to take up further development opportunities via the LSCB programme, which has resulted in a significant increase in the uptake of CVS staff to the LSCB multi-agency training; with 66 attending Day 1: developing a core understanding, 46 attending Day 2: assessment, referral and investigation and 24 attending day 3: conference and core groups. A further 42 CVS staff attended other LSCB courses. Feedback from CVS staff suggests that further training needs could include: an advanced session on managing serious safeguarding issues, safer recruitment, e-safety, training for Designated Child Protection leads and for some CVS groups the CAF remains an area for development.

CVS organisations access DBS checks from a range of organisations, including Safety Net who provide a Disclosure and Barring Service. In 2012 -13 604 applications were processed from CVS groups in Brighton & Hove, comprising 298 paid staff and 311 volunteers. Safety Net was also able to signpost groups to the LADO where there were issues in relation to staff and volunteers which required more detailed knowledge.

Quality Assurance
A Number of larger organisations have quality assurance marks from national schemes such as PQASSO, MATRIX and Investors in People. Locally, the Simple Quality Protects Scheme provides a simple 3 level model of quality assurance standards, bronze, silver and gold to enable groups to evidence that they meet standards of practice in a range of area, including safeguarding. This scheme was developed by Slough CVS as a means of smaller groups evidencing safe practice and standards. Over the last 2 years 30 organisations have undertaken the Simple Quality Protects scheme, with 13 achieving bronze level, 10 silver and 7 gold. Safety Net and The CVSF are also promoting the NSPCC/Children England Safe Network site which provides a range of resources for community and voluntary sector groups as well as the Safe Network standards which groups can self-assess against. Safety Net is a Safe Network champion for Brighton & Hove and The Safe Network has reported to us that we have achieved one of the highest visit rates in the country to the site.

The CVS continues to be an active member of the LSCB. Terri Fletcher from Safety Net is the current elected rep, her role has included membership of the LSCB full board, executive sub-group, training sub-group and the Early Help task and finish group. In addition:

- Sussex Central YMCA runs the WISE Project working with children and young people at risk or experiencing sexual exploitation. An LSCB sub-group on sexual exploitation has been established as a result of this work, with SCYMCA a key partner who are also contributing on a national level to the National Working Group on CSE.
- The Brighton and Hove Domestic Violence Forum acts as the multi-agency forum for Brighton and Hove in raising awareness of the effects of domestic violence, responding to domestic violence and promoting joint working, co-operation and mutual support. The chair of the domestic violence forum is Gail Gray, the CEO of RISE. The chair of the Forum attends the LSCB to promote effective communication between the LSCB and Domestic Violence Forum.

7.9 Surrey Sussex Probation Trust

Public Protection is a core responsibility of Surrey Sussex Probation Trust and safeguarding of children is a key element of public protection. All Surrey and Sussex Probation Trust (SSPT) staff have a role to play in safeguarding children and all staff are required to be familiar with SSPT's Child Protection Procedures and to understand their role in relation to them. The Children Act 2004 requires that the probation service as a 'relevant partner' co-operates with Children's Services in its responsibilities to provide children's services. The act also requires the service to carry out its duties in a way that protects children and safeguards and promotes their welfare. This requires probation staff to undertake their duties in such a way that they ensure they are:

- Protecting children from maltreatment;
- Preventing impairment of their health or development;
- Ensuring they grow up in circumstances consistent with the provision of safe and effective care and
- Enabling children to have optimum life chances and to enter adulthood successfully.

There are currently 1124 offenders in Brighton and Hove managed by SSPT of these 223 are under Multi Agency Public Protection Arrangements (MAPPA). The MAPPA cohort includes registered sex offenders and violent offenders. SSPT also manages offenders convicted of a current domestic violence offence. A significant number of these offenders pose a higher risk to children. There are 122 offenders in our Integrated Offender Management cohort. These offenders pose the highest risk of reoffending and a number of these offenders have substance misuse and/or mental health problems. Children living with or coming into contact with this group of offenders may be at greater risk of neglect or harm.

SSPT works in partnership with Inspire for the delivery of interventions to women offenders. Inspire is a partnership involving five women's organisations based in the city: Brighton Women's Centre; RISE; OASIS; Threshold BHT; and Survivors Network. The specialisms covered by Inspire include substance misuse, domestic abuse and mental health issues. The service includes a family worker and crèche facilities. SSPT have two practitioners seconded to the Local Authority Integrated Team for Families.

The key responsibilities of Probation staff in safeguarding children are information sharing, risk assessment and risk management. Staff receiving training are made aware of factors that may indicate a risk. These may relate directly to offending against children. However staff are made aware of other risk factors that may be present in cases where those we supervise are parents or carers, particularly domestic violence and substance misuse.

All operational staff are subject to a quality assurance audit of their risk assessments (2 per quarter). Middle managers are required to monitor all known safeguarding cases assessed as posing a medium risk of harm to children in individual supervision on a monthly basis. Cases identified as fulfilling the criteria for inclusion in MAAPA are subject to rigorous internal and external audit processes. The MAPPA Strategic Management Group takes responsibility for co-ordinating learning attached to national reviews and inspections (e.g. Lifer Thematic Inspection).

In 2012 there was a thematic audit with a focus on safeguarding. The Trust ensures that cases identified as meeting the published criteria are managed through the MARAC. SSPT is subject to regular audit and thematic inspections by HMIP. The outcomes and findings from reviews and inspections are disseminated to staff through the Senior Management Team (Trust Executive Team), middle manager's briefings and a cross grade Offender Engagement Group.

SSPT is a commissioner of services for offenders and has processes in place to ensure the robust management of resulting contracts. All contracts set out a requirement that the service provider has regard to the guidance contained in section11 of the Children's Act 2004.

SSPT has a clear written accountability framework which covers individual, professional and organisational accountability for safeguarding children. All staff are made aware of this on induction and this is further embedded through a programme of annual safeguarding training for SSPT's operational staff. Our supervision and appraisal policies clearly outline levels of accountability and this is further supported by our safeguarding policy which makes clear the responsibilities for all grades of staff. Each role in the organisation has a clear job description which explicitly identifies responsibilities around safeguarding and promoting the welfare of children. Capability and disciplinary policies are also in place and available on our intranet.

SSPT have a range of forums designed to share best practice and to maintain the effectiveness of practice. SSPT's Offender Engagement Group is chaired by the Chief Executive Officer and members are drawn from across the Trust. In 2013 we commissioned a series of workshops on 'Professional Curiosity' as a direct response to the learning from Serious Case Reviews. The workshops are mandatory for all Brighton and Hove practitioners. Quality Development Officers (QDOs) are attached to each functional team. QDOs are qualified Probation Officers who are supported to develop additional skills in coaching and mentoring. They work alongside staff to support their individual development and also devise and deliver an annual programme of practice workshops. QDOs retain a small caseload to ensure that a link with practice is maintained.

All staff undertake training in our Risk of Harm procedures and these include a strong safeguarding element. SSPT's staff supervision and appraisal policies are designed to address and record training needs and an individual's record of training. Training is recorded locally on staff files and shared with the central training team who retain copies of all staff inductions and individual staff training records. Further support is available for staff who are deployed to particular areas of specialism or as a need is identified. This support includes arrangements for a stress assessment with a psychologist and/or consultation with a psychiatrist.

A small number of staff have been trained to administer the CAF. The CAF covers the development of the baby, child or young person, including health and learning, information on parents and carers and their capacity to look after the child, family and environmental factors that influence the needs of the child.

Probation staff may be asked to contribute to the development of a CAF but are not expected to undertake a CAF assessment. Wherever there is any indication of significant harm to a child or young person a referral must be made to Children's Social Care without waiting for the completion of a CAF assessment.

We are working in partnership with Brighton and Hove City Council and others to delivery on the objectives of the 'Safer Families Stronger Communities Team'. Where appropriate we share the learning from this approach with our wider staff group to inform their approach to engagement with and assessment of families with complex needs.

Our middle management group attend quarterly Leadership Meetings with the CEO and Executive Team. Operational Managers Meetings are led by the Trusts Operational Directors. In 2012-13 agenda items have included, exercising Professional Judgement and implementing the learning from Serious Further Offences and Serious Case Reviews.

The lead Director for Brighton and Hove is a member of the LSCB and Chair of the LSCB SCR Sub-Group (since July 2013).

7.10 Sussex Partnership NHS Foundation Trust:

During 2013, three, Level 3 training days have been held for CAMHS and other eligible staff, with 140 staff being trained. Topics included in this years Level 3 training sessions included:

- MAPPA
- MARAC
- Signs of Safety
- CSE
- Learning from SCRs
- Discussion regarding referral threshold issues with Children's Social Care colleagues
- A Paediatrician facilitated session on physical abuse – signs and symptoms

A flexible rolling agenda supports this training, ensuring that when members of staff receive update training they learn about different topics. In the past we have also had sessions on Domestic Violence, Fabricated and Induced Illness and Internet Exploitation. We are currently reviewing our Level 2 training and plan to deliver this in-house, as part of mandatory staff update training from 2014. All Trust staff undergo Level 1 training as part of their induction and subsequent annual update training.

All training is evaluated, and feedback indicates that participants believe safeguarding training informs and shapes their practice.

During the last year our senior (Band 6) Mental Health Practitioner post has been located in the Brighton ACAS team, providing advice, support and consultation to Social Care colleagues. This includes dealing with enquiries from Sussex Partnership staff. This role has been well received by all agencies and has been extended until April 2014. The nurse undertaking the role has visited many mental health teams across the Trust, highlighting safeguarding procedures in the city and dealing with enquires regarding referrals, complex cases liaison points when raising concerns. This post is supervised by the Trust's Named Nurse for Safeguarding in Brighton & Hove, who in turn works alongside the Named Doctor for the patch.

The Named Nurse and ACAS Mental Health Practitioner have recently re-established the Link Practitioner meeting. This well regarded forum enables all Safeguarding Link Practitioners in clinical teams to meet on a regular basis to discuss safeguarding themes which have arisen in teams, ACAS and national policy or guidance.

Sussex Partnership NHS Foundation Trust has contributed to the LSCB priority setting exercise and participated in local hub meetings such as the Safeguarding Health Advisory Group (HAS).

CAMHS submit a quarterly report to June Hopkins Designated Nurse for Safeguarding Children in Brighton & Hove CCG. This contains information collated by the ACAS Mental Health Practitioner and includes the number of referrals received, the number or referrals accepted and the number of referrals signposted.

The Trust's Quality Committee (a sub committee of the Board of Directors) in addition to the Trust-wide Safeguarding Group (chaired by the Executive Director of Nursing and Quality) have continued to discuss safeguarding throughout the year, and ensure that learning from SCRs, and initiatives from all six of the LSCBs of which the Trust is a member, are shared across the Trust as a whole.

7.11 Brighton & Hove City Council Children's Services

Social work for children in need of safeguarding and protection continues to be delivered by the Advice Contact & Assessment Service, the Children in Need Team and the Children in Care Team, supported by the Fostering Service and the Adoption and Permanence Team. These teams are managed at a senior level by the Assistant Director, Health Safeguarding & Care and supported and challenged by the Head of Safeguarding. Both posts have direct accountabilities to the Executive Director of Children's Services. The Director of Children's Services is accountable for education services, social care and health services seconded in through a S75 agreement from Sussex Community Trust.

In 2012-13 the Council had a number of committees overseeing work with children. The Children & Young People's Committee is chaired by the lead member for children, who is a participant observer at the LSCB, and the LSCB Chair is a co-opted member of the Children & Young People's Committee. There is also the Health & Wellbeing Board and the Child Review Board.

A Core Training programme has continued to be delivered to Children's Services staff, in addition to that provided by the LSCB. In 2012-13, the Council delivered 269 training events for 3445 staff, a significant increase from 2011-12.

From 1st December 2012, a new Disclosure & Barring Service (DBS) was formed, replacing the previous Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA). The driver behind this change was the review of the Vetting & Barring Scheme and central government's intention to shift the focus from the reliance on criminal record and barred list checks to broader employer safeguarding monitoring i.e. Safer Recruitment.

To ensure the best possible services for children and their families, activity under the CIN/CP Quality Assurance Framework has continued throughout 2012-13. Quality assurance (QA) is an on-going process to assess the quality of practitioner's interventions with children and young people. Findings from QA activity are used by senior managers to monitor and evaluate the quality, effectiveness and efficient of services. QA also helps to identify good practice and any areas for improvements. During 2012-13, QA activity included a "deep dive" into ACAS activity; an audit of cases where children are subject to Child Protection Plans (CPP) and Child in Need (CIN) Plans; and a themed audit of CIN cases that are no longer subject to a CPPs. Key points from the 2012-13 QAF are:

- Majority of S47 cases are good with a prompt & effective response evidenced
- Child in Need work generally adequate but areas for improvement included improved recording and management oversight
- More effective consideration of children's identity needs across the spectrum of social work intervention

During Q1 and Q2 of 2012-13, future QA activity will include practice observations; feedback from service users; regular team based audits; CIN deep dive; themed audits around Initial Contacts, CIN plans, 2nd Time CPPs, CP in adoption cases.

The Activity and Performance Information in section 6 contains more detail on Children's Services performance.

A key area for development in 2012-13 has been identified as the review of the Child Protection Conferencing process and a shift to outcome based planning and practice. This will involve the support and input of partner agencies across the LSCB.

7.12 CAFCASS

The Children and Family Court Advisory Service (Cafcass) is an executive non-departmental public body, accountable to the Secretary of State in the Department for Education (the Department) which was established on 1st April 2001.

We work to support the delivery of the Department's strategic objectives and to contribute to the wider Government objectives relating to children. Our principal functions, as set out in the Criminal Justice and Court Services Act 2000 in respect of family proceedings where the welfare of children is or may be in question, are to:

- Safeguard and promote the welfare of children
- Give advice to the family courts
- Make provision for children to be represented
- Provide information, advice and support to children and their families

At 31st March 2013 Cafcass employed 1,667 staff; 92.6% of whom are frontline staff consisting of:

- 69.8% Family Court Advisers
- 6.5% Frontline Managers
- 16.3% Frontline Administration Support.

The remaining 7.4% are specialist staff including Operational Area Senior Managers (Heads of Service), Human Resources (HR); Finance; Legal Services; Policy; Governance; Management Information; IT and Communications.

During 2012-13 we have worked closely with staff and managers to develop our workforce in a number of ways, including an individual and team-level health and wellbeing agenda, enhanced recruitment, induction and retention processes, Health and Safety training, Policy and Procedure revision and streamlining, and the provision of more detailed and accessible management information. We have seen tangible results from this work, in terms of improved performance and progress towards organisational improvement targets, increased attendance and improved wellbeing amongst staff.

There was the highest ever care application (public law) demand in 12/13 with 11,055 applications, a rise of 8.3% on 11/12. There was also the highest ever private law case demand, with 45,881 cases received, a rise of 9.7% on 11/12. However, shorter case durations (within s31 cases), together with proportionate working and more efficient working practices have led to the stock of open cases reducing in both private and public law.

In March 2013 the Cafcass Board considered a report which pulled together the learning from complaints, compliments, MPs enquiries, Ombudsman investigations and Subject Access Requests regarding the experiences of the children and families who are using our services. The report also suggested ways in which we can improve our service users' needs, with a view to improving our services. Changes aimed at further improving our Complaints Procedure, including increasing the time limit for responding to service users, amending the time period in which complaints may generally be raised, and improving means for local resolution were proposed to, and subsequently endorsed by, the Board. These changes were introduced in April 2013.

Cafcass continues to work in partnership with:

- **Local Safeguarding Children Boards (LSCBs):** Cafcass is a statutory board partner of every LSCB in England, under s13 (3) of the Children Act 2004, reinforced in Working Together (2013), and contributes to Serious Case Reviews and s11 audits as a statutory partner. A significant challenge for Cafcass is to provide meaningful input to all LSCBs in England, particularly within the context of Cafcass being a national organisation facing increasing operational demand and limitations on resources. Our proportionate working model means we have a defined strategy with each LSCB ranging from full involvement with a clear role in some, to a watching brief in others. Linked named Service Managers define the level of appropriate involvement in each LSCB and agree this with each LSCB Chair.

- **Multi-Agency Public Protection Arrangements (MAPPAs)**: Cafcass attends Multi Agency Risk Assessment Conferences (MARACs) in some individual cases, and the degree of involvement is proportionate to the risks involved and the contribution we can make.

- **Multi-Agency Risk Assessment Conferences (MARACs):** Cafcass attends MARACs where it is in the interests of children to do so, but the extent to which we are able to disclose information is restricted by statute and by the court rules.

Cafcass's key achievements during 2012-133 were:

- Arrangements for the sharing of information between Cafcass and the police are set out in Cafcass Operating Framework; and the Cafcass / Cafcass Cymru /ACPO Disclosure Protocol. In the last year the process for providing level 1 checks in private law cases has been dramatically improved by delivering these checks through police staff based in the Cafcass National Business Centre. Following the government response to the Family Justice Review, a Home Office circular, supported by the Association of Chief Police Officers (ACPO), will be published later this year to set out how police forces will discharge their responsibility for undertaking level 2 checks without charge.

- The protocols between Cafcass and ADCS on s7 reports, children relinquished for adoption and the discharge of care applications have been updated and were re-launched in March 2013 as Good Practice Guidance. Cafcass and ADCS have also produced new Good Practice Guidance on Social Work in the Family Courts and an accompanying Practice Note on Contact.

- Membership by Cafcass Legal of a working party, chaired by Mr Justice Hedley, which has produced guidance on MARACs and disclosure into court proceedings; and on Cafcass' input to MARACs.

- Arrangements for the sharing of information between Cafcass and SSAFA are also set out within a Protocol.

- Cafcass' Operating Framework (launched in April 2012) sets out the principles of engagement with partner agencies, where this helps Cafcass to fulfill its functions and duties.

8. Conclusion and Challenges for 2013-14

8.1 This report has provided an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children. It has evidenced that safeguarding activity is progressing well in the area and the local LSCB has a clear consensus on the strategic priorities for the coming year. The LSCB is aware of and working to fulfill its statutory functions under the revised Working Together to Safeguard Children (2013). Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

8.2 In July 2013 the LSCB held an awayday for Board members. This learning 'space' gave an opportunity for the Board to reach a consensus on priorities over the next 3 years. Also through the preparation of this annual report, agencies have highlighted the key issues and challenges for the year ahead and beyond. There is a consensus that:

- The development of a Multi Agency Safeguarding Hub (MASH) and our local approach to Early Help both need to be rapidly progressed to support an assured and timely response to any child care concerns and reduce the need for more statutory interventions
- We need to raise the profile of the LSCB with the public and also frontline staff as awareness of what is being done locally is not well known
- We need to facilitate new ways of getting feedback from the public and frontline staff on 'what works' and what could be done better or differently
- Unless there is a change in the economic situation public services will continue to be operating in an environment of financial constraint – and we must ensure the safety of children is not compromised
- National and local changes in the way Health services are commissioned and delivered is still to imbed and the relatively new Clinical Commissioning Groups do not have the same remit or budgets as the previous Primary care Trusts
- Partner agencies need to ensure their in house safeguarding training arrangements are effective and consistent with the LSCB Training Strategy
- Our response to children affected by neglect, child sexual abuse and child sexual exploitation in terms of identification, interventions and trauma recovery needs to be reviewed and improvements made where needed
- Our response to families affected by domestic violence needs to remain a high priority (cited as a factor in the lives of over 50% of children subject to a child protection plan)
- We need to strengthen or approach to e-safety as the advancements in social media technology have created new negative opportunities for children and young people to harm each other by bullying
- The Board needs to be better coordinated (particularly across the sub groups) and ensure our monitoring and evaluation functions are well resourced and help inform the Board of what difference we are making to keep children safe in the local area.

8.3 We have also agreed that our key priorities for Brighton & Hove LSCB should be realistic and addressing these will take time as not everything can be done within one year. Our current business plan will cover the next 3 years and has four priority areas. The Sub Committees will be the main drivers for ensuring the business plan is implemented. The plan will be reviewed at each quarterly LSCB and kept under regular review in the Sub Committees. See Appendix D for the LSCB Business Plan 2013-16.

8.4 We are confident that our member agencies will continue to:

- identify and act on child protection concerns,
- work effectively to share information appropriately,
- collectively make decisions about how best to intervene in children's lives where their welfare is being compromised, and
- collectively monitor the effectiveness of those arrangements.

8.5 Our child protection policies and procedures to keep children safe are well imbedded, regularly reviewed and ensure agencies have a clear reference point to undertake single and multi-agency work. We are confident that these ensure children are best protected from harm and their families offered the right support when they most need it. Our local policies and procedures also enable the right decisions to be made about the safe recruitment, induction and supervision of frontline staff, as well as respond to allegations against staff.

8.6 One serious case review was initiated in the year and we continued to ensure we were well placed to respond to any referrals under Chapter 8 of Working Together to Safeguard Children (2010). We have taken steps to ensure we are compliant with the requirements under the revised Working Together to Safeguard Children 2013.

8.7 Our learning culture has been enhanced by beginning a programme of undertaking multi-agency case audits. These give a valuable insight into the child protection system and how single agency service delivery and working together impacts on outcomes for children.

8.8 We will continue to provide robust challenge to the work of the Children & Young People's Committee in securing improvements in the safeguarding of local children and young people and in promoting their welfare.

8.9 Our aim year on year is to make sure that children in Brighton and Hove are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture. We need to be constantly reflecting whether children in the area are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

APPENDIX A

LSCB Sub Groups 2012-13

During 2012-13 the following nine LSCB sub-groups were coordinated within Brighton & Hove:

- LSCB Executive
- Child Death Overview Panel
- Child Protection Liaison and Safeguarding
- Sexual Exploitation Sub Group
- Training
- SCR Standing subcommittee
- Monitoring and Evaluation
- Education Safeguarding Child Protection Strategy
- Pan Sussex Procedures

LSCB Executive

This was the third year of the Executive which is a chief officer led sub-group designed to keep top managers aligned with safeguarding and ensure prompt clear decisions if needed in between main Board meetings. Key safeguarding advisers also attend. The chief officers take turns to present their organisations safeguarding audit for peer scrutiny. The Executive has maintained a special interest in case reviews, and has duties in relation to advising on holding serious case reviews.

Child Death Overview Panel

The Child Death Overview Panel (CDOP) is the inter-agency forum that meets regularly to review the deaths of all children normally resident in East Sussex and Brighton & Hove. It is a sub-group of the two Local Safeguarding Children Boards (LSCBs) for Brighton & Hove and East Sussex and is therefore accountable to the respective two LSCB Chairpersons.

Child Protection Liaison and Safeguarding Group

The Child Protection Liaison and Safeguarding Group (CPLG) is a multi-agency forum that meets on a monthly basis. Its main purpose is to review and improve joint working practice in respect of multi-agency child protection processes; including analysis of examples of operational practice within the context of child protection enquiries and investigations. The CPLG also acts as an additional quality assurance and audit mechanism on behalf of the LSCB.

Education Safeguarding Child Protection Strategy Group

The purpose of the Education Safeguarding Strategy sub-group is to share information, consider best practice and implement a clear plan of action for child protection and safeguarding for all children's services' education and school-based staff. The group also ensures that all education and school services are clear of their responsibilities and follow agreed procedures.

Monitoring and Evaluation Sub-Group

This sub-group has been responsible for initiating and undertaking both multi-agency and single agency audits and reviews of safeguarding activities on behalf of the LSCB to ensure compliance to the child protection and safeguarding procedures.

Pan-Sussex Procedures Sub-Group

The Pan Sussex Procedures Sub Group meets 6 times a year, and has a membership drawn from across Brighton & Hove, East and West Sussex LSCBs and Sussex Police. Its main purpose is to act as a steering group for the development and publication of procedural guidance. This includes reviewing and updating the Pan-Sussex child protection and safeguarding procedures regularly in response to lessons learned from Serious Case Reviews. The group addresses local and national issues, changes in legislation and any gaps emerging from practice.

Serious Case Review Sub committee

This committee has met as and when required to carry out any serious case reviews on behalf of the LSCB as set out in Working Together to Safeguard Children (2010). Due to the new requirements for a Learning and Improvement Framework (as set out in the revised Working Together, 2013) the purpose and function of this sub committee has been reviewed (and was fully functional by July 2013).

Sexual Exploitation Sub Group

This is a city-wide multi-agency group which seeks to engage all relevant agencies and enables and promotes the delivery of an enhanced service to children and young people at risk of or experiencing sexual exploitation across Brighton & Hove. Membership is from a range of statutory and voluntary sector organisations across the city including Sussex Central YMCA, the police, BHCC, LSCB and Health and is chaired by Sussex Police. The group supports the work of Sussex Central YMCA's WiSE Project (What is Sexual Exploitation?). The key aims of the sub group include:

- To support Community Safety Partnership/Police/LSCB Strategic plans.
- To understand the city problem profile regarding child sexual exploitation (CSE).
- Monitoring ongoing prevalence and responses to CSE.
- To develop and maintain an effective local strategy ensuring that there is a co-ordinated Multi-agency response to CSE.
- Increase understanding of CSE in both the professional and wider communities.

Training Sub Group

The Training sub-group is responsible for ensuring that single agency and multi-agency training on safeguarding and promoting welfare for children and young people is provided at different levels in order to meet local needs in accordance with the Safeguarding Children Training and Development Strategy 2012 and Working Together 2010.

APPENDIX B

Local Safeguarding Children Board Members as of March 2013

Statutory Members:

Alan Bedford	Independent Chair of LSCB
Brighton & Hove City Council (BHCC):	
Heather Tomlinson	Interim Director of Children's Services
Rosalind Turner	Head of Children & Families
Jo Lyons (Dr)	Assistant Director Learning & Partnership
Linda Beanlands	Head of Community Safety
Sussex Police	
Nev Kemp (D/Supt)	Head of Specialist Investigations
Jez Graves (A D/Supt)	Brighton & Hove Division
Sussex & Surrey Probation Trust	
Leighe Rogers	Director, Brighton & East Sussex Local Delivery Unit
Youth Offending Service	
Anna Gianfrancesco	Head of Service
Strategic Health Authority	
Trish Dabrowski	Strategic Lead for Children & Young People
Primary Care Trust (PCT) / Clinical Commissioning Group (CCG):	
Soline Jerram	Director of Clinical Quality and Primary Care
Anne Livesey (Dr)	Designated Doctor
Lorraine Smith	Designated Nurse
Mary Flynn (Dr)	Named Doctor (GP representative)
NHS Trusts	
Sherree Fagge	Brighton & Sussex University Hospitals (BSUH) Board Lead
Graham Nice	Sussex Community Trust (SCT) Board Lead
Helen Greatorex	Sussex Partnership Foundation Trust (SPFT) Board Lead
Jane Mitchell	South East Coast Ambulance Service Safeguarding Lead
CAFCASS	
Nigel Nash	Service Manager
East Sussex Fire & Rescue Service	
Andy Reynolds	Director of Prevention & Protection
Schools	
Wendy Harkness	Head Teacher, West Hove Infants
Haydn Stride	Head Teacher, Longhill Secondary
Lorraine Myles	Head Teacher, ACE

Lay Members

Andrew Melrose (Professor)
Gabraella Howard-Lovell

Domestic Violence Forum

Gail Gray	Chair, B&H Domestic Violence Forum

Community & Voluntary Sector

Terri Fletcher	Director, Safety Net

Advisors:

Carwyn Hughes (DCI)	Protecting Vulnerable People Branch, Sussex Police
Debi Fillery	Named Nurse (BSUH, NHS Trust)
Jane Doherty	Head of Safeguarding (BHCC)
Katrina Lake (Dr)	South East Coast SHA
Sharon Healey	Brighton & Hove LSCB Business Manager
Sue Shanks (Cllr)	Lead Member, BHCC Children's Services
Vicki Maroki (DS)	Brighton & Hove Police Child Protection Team
Eddie Hick	Child Protection and Safeguarding Manager, Sussex Police
Fran Boulter	Named Nurse, Sussex Partnership NHS Trust
Jamie Carter (Dr)	Named Doctor, SCT/BHCC
John Trounce (Dr)	Named Doctor, BSUH, NHS Trust
Lorraine Smith	Designated Nurse, NHS Sussex
Yvette Queffurus	Named Nurse – Safeguarding (BHCFS/SCT)

APPENDIX C

LSCB Budget 2012-13

Detail	Original Budget	Revised Budget	Actual
Staffing			
Training Manager	30,400	30,400	30,435
Business Manager	49,100	49,100	49,065
Admin Officer	11,100	11,100	11,179
Independent Chair	20,000	20,000	25,544
Agency Staff	0	0	6,840
Other Costs			
Contingency for SCR Panels	10,000	21,000	16,515
Venue Hire	1,500	1,500	1,631
Transport Costs	300	300	29
Printing	4,000	4,000	0
Office Stationery	200	200	0
Telephone	300	300	192
Computer Costs	100	100	65
Communications	2,000	2,000	1,950
Conferences	2,500	2,500	709
Hospitality	300	300	514
CWDC	16,200	16,200	1,510
Other Fees	2,250	2,250	0
Total LSCB Expenditure	**150,250**	**161,250**	**146,178**

LSCB Budget 2012-13 Continued

Funded By:	Original Contribution	Revised Contribution	Actual
B & H City Council Core Funding	84,700	84,700	84,700
B & H City Council Extra Funding	0	11,000	11,000
B & H City Council CWDC Carry/Fwd	16,200	16,200	16,200
B & H City Council Bal of Carry/Fwd	3,800	3,800	3,800
B & H City Teaching PCT Contribution	32,000	32,000	32,000
Probation Service (Surrey & Sussex)	4,000	4,000	4,000
Sussex Police	9,000	9,000	9,000
CAFCASS	550	550	550
Total Funding	150,250	161,250	161,250
2012/13 Carry Forward to 2013/14:			**15,072**

Appendix D

Brighton and Hove LSCB Business Plan 2013-2016

PRIORITY AREA 1: RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
OUTCOME FOR 2013-2016	**PERFORMANCE MEASURMENT**	**LEAD**	**KEY MILESTONES IN YEAR 1**
Children and young people in Brighton & Hove are protected effectively from neglect.	Timely, assured and measurable interventions which evidence children are effectively safeguarded from neglect.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1st October 2013
Children and young people in Brighton & Hove are protected effectively from sexual abuse.	Timely, assured and measurable interventions which evidence children are effectively safeguarded from sexual abuse.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1st October 2013
Children and young people in Brighton & Hove are protected effectively from sexual exploitation	Timely, assured and measurable interventions which evidence children are effectively safeguarded from sexual exploitation.	CSE Sub Group	Audit programme to be agreed as part of CSE Strategy and implemented by end December 2013
	LSCB CSE Strategy updated and sets out actions for next 2 years.	CSE Sub Group	CSE Strategy to be approved by LSCB and implemented by end December 2013

PRIORITY AREA 2: PARTICIPATION & ENGAGEMENT			
OUTCOME FOR 2013-2016	**PERFORMANCE MEASURMENT**	**LEAD**	**KEY MILESTONES IN YEAR 1**
The views of parents and carers are contributing to learning and practice.	Audits and other programmes evidence a link between quality assurance and feedback from parents and carers.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1st October 2013
The views of children and young people are contributing to learning and best practice.	Audits and other programmes evidence a link between quality assurance and feedback from children and young people.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1st October 2013
Parents, carers and members of the public have an improved understanding of the LSCB.	LSCB Communications Plan implemented.	LSCB Business Manager in conjunction with Lay Members	Task & Finish Group to be convened by 31st December 2013
Staff and managers have an improved understanding of the LSCB.	LSCB Communications Plan implemented.	LSCB Business Manager in conjunction with Lay Members	Task & Finish Group to be convened by 31st December 2013
Staff and managers are informing learning and improvement.	Audits evidence a link between quality assurance and feedback from staff and managers.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 1st October 2013

PRIORITY AREA 3: SERVICE RESPONSES			
OUTCOME FOR 2013-2016	**PERFORMANCE MEASURMENT**	**LEAD**	**KEY MILESTONES IN YEAR 1**
The process for the early help assessment and the type and level of early help services to be provided is effective in meeting the needs of children and families.	Local Threshold Document is published.	Early Help Task & Finish Group	Early Help Strategy to be approved by LSCB and implemented by31st December 2013
	Timely, assured and measurable interventions which evidence children's welfare is promoted and they are safeguarded from harm.	Monitoring & Evaluation Sub Committee	Audit Programme to be agreed by 31st December 2013
There is a prompt and assured response when referrals are made or new information is received about child care concerns.	Establishment of local MASH.	MASH Task & Finish Group	MASH to be operational by 31st March 2014
	Timely, assured and measurable interventions which evidence children's welfare is promoted and they are safeguarded from harm.	MASH Task & Finish Group	Audit Programme to be agreed by 31st March 2014

PRIORITY AREA 4: ACCOUNTABILITY			
OUTCOME FOR 2013-2016	**PERFORMANCE MEASURMENT**	**LEAD**	**KEY MILESTONES IN YEAR 1**
The Board is better coordinated and ensuring the effectiveness of what is done by partner agencies.	Review completed of Board arrangements and changes confirmed.	LSCB Independent Chairperson in conjunction with LSCB Business Manager	Review to be completed and action agreed by 17th September 2013 (LSCB Meeting)
	Outcome Based Accountability (OBA) is established as a model for informing the LSCB of the quality of partner agency work.	Monitoring & Evaluation Sub Committee	OBA to be incorporated into LSCB's Quality Assurance Framework by 31st January 2014
	Learning & Improvement Framework published.	Monitoring & Evaluation Sub Committee	Learning & Improvement Framework to be agreed and implemented at 17th September 2013 (LSCB Meeting)
	Review completed of LSCB core data requirements.	Monitoring & Evaluation Sub Committee	Review of LSCB core data to be completed by 31st October 2013 Recording & reporting arrangements to be implemented by 31st December 2013.

Further Information & Contact Details

All the following documents (including this publication) and other information are available on the Brighton & Hove LSCB webpages:

http://www.brightonandhovelscb.org.uk/index.html

- Brighton & Hove LSCB Annual Report 2012-13
- Brighton & Hove LSCB Annual Training Programme
- Brighton & Hove LSCB Training Strategy
- Brighton & Hove Council's Private Fostering Annual Report

All enquiries regarding the Brighton & Hove LSCB should be made to:

Brighton & Hove LSCB
Safeguarding and Quality
Assurance Unit
Moulsecoomb Hub North
Hodshrove Lane
Brighton,
BN2 4SE
Tel: 01273 292379
Email: lscb@brighton-hove.gov.uk