

Blackburn with Darwen Local Safeguarding Children Board (LSCB)



Annual Report (2013-14)
Business Plan (2014-15)



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Introduction by the Independent Chair

I am very pleased to introduce the 2013–2014 annual review of Blackburn with Darwen LSCB, following my first full year in post as Independent Chair.

This review reflects another productive year for the LSCB in which partners have co-operated effectively to ensure continued progress in the arrangements for children’s safeguarding and have worked together to respond to new challenges posed by local, regional and national agendas.

Not least of amongst these challenges have been those faced by a number of partner agencies as a result of significant changes and churn within their own organisation and the ongoing budgetary strictures resulting from the Government austerity agenda.

Notwithstanding these factors, the prioritisation of children’s safeguarding has not been compromised in Blackburn with Darwen and the content of this review gives testament to partnership commitment to this priority.

The LSCB has fully implemented the new Working Together 2013 guidance (WT13), including developing and implementing a revised Continuum of Need, a revised Assessment Framework, and a revised Information Sharing Protocol, all of which were fully consulted on and agreed across partner agencies. The LSCB recognises the task of reviewing all these revised procedures to test for impact and this will form a part of the 2014–2015 work plan.

Considerable focus has been given this year to developing greater self-awareness across all partners, as a part of the LSCB quality assurance and inspection readiness activity. Partner agencies were asked to complete a full and frank self-assessment which was reviewed by the strategic planning group. This was followed up by challenge sessions with individual partner agencies, leading to plans to achieve the standard of a ‘good’ grade.

Commitment to this process and to the work of the LSCB in general has been endorsed at the highest level within partner agencies. Chief Officers have agreed to continue to participate in an annual briefing session with myself and the Local Authority Chief Executive. The commitment of the LA Chief Executive to his accountability for the LSCB has been clearly demonstrated by the regular meetings with me and by his participation in the LSCB development day.

There continue to be some issues in relation to consistency of membership/ participation/attendance in the LSCB and this was unfortunately evident in the annual development day. In order to overcome this for next year a date has already been set for the development day and members will receive several reminders. Again, the LA Chief Executive has committed himself to participation next year and this is highly commended.

I would like to express my personal thanks to all the LSCB partners and to the Safeguarding Unit team. All these colleagues have made me very welcome in this first year as Independent Chair and have impressed me with their hard work and dedication to the work of the LSCB.



A handwritten signature in black ink that reads "Nancy Palmer". The signature is written in a cursive, flowing style.

Nancy Palmer
Independent Chair, Blackburn with Darwen LSCB

Governance and Accountability

The structure of the LSCB remains broadly the same as the previous year with just the change that the previous joint adult and children Quality and Improvement Committee's work has been transferred to the respective Quality Assurance Committees.

The objectives of each of the groups that make up the LSCB are provided below:

LSCB

- Strategic oversight of the Board's fulfilment of its statutory functions
- Strategic Partnership reporting on their fulfilment of their safeguarding responsibilities – Health & Wellbeing Board, Children's Partnership Board, Community Safety Partnership, Youth Justice Service, Engage, Multi Agency Public Protection Arrangements (MAPPA), Domestic Violence partnerships, Local Family Justice Board etc.
- Examination and scrutiny of key safeguarding and child protection themes to ensure the quality of multi-agency arrangements and the effectiveness of services

Business Group

- Co-ordinate the business and set the agenda of the Board
- Co-ordinate and monitor the business of the committees
- Provide guidance and direction to the LSAB/LSCB business of the Safeguarding Unit
- Production of annual reports
- Strategic sign-off for serious case reviews (SCRs)

Pan-Lancashire Child Death Overview Process (CDOP)

- Undertake comprehensive and multidisciplinary reviews of child deaths so that the LSCB better understands how and why children in the area die and use the findings to prevent other deaths and improve the health and safety of children
- Identify from death reviews significant risk factors and trends in individual child deaths and in the overall patterns of deaths in the area
- Ensure all unexpected deaths of children receive a co-ordinated response from all relevant agencies

Communication & Engagement Committee

- Multi-agency alignment of public safety messages, communication and engagement activities
- Raise the profile of the Board's activity on training and safety messages
- Communication to practitioners and public of strategic and operational planning messages
- Multi-agency practitioner awareness of lessons from reviews, training opportunities and practice change
- Multi-agency co-ordination of messages from participation and engagement of service users
- Direction on the maintenance and development of Board website and use of social media and technology for dissemination of safety messages

Governance and Accountability

Workforce Development Committee

- Monitor the effectiveness of single agency and multi-agency training provision
- Plan and provide LSAB/LSCB training courses (workshops, briefings and e-learning) through the Training Needs Analysis
- Collate and report single agency and multi-agency training activity data
- Use training evaluations to revise and improve multi-agency training courses and recommend improvements to single agency training
- Development and implementation of a Learning & Development Strategy
- Development of e-Learning packages and monitor their effectiveness, impact and reach
- Inform and implement the Learning and Improvement Framework

Serious Case Review (SCR) Consideration Panel

- Consider if cases meet the statutory threshold for undertaking a SCR
- Commission SCRs
- Recommend cases for multi-agency reviews or individual agency reviews where they do not meet threshold for SCRs



Governance and Accountability

Children's Quality Assurance Committee

- Provide the LSCB with information and improvement recommendations about the quality, effectiveness and impact of inter-agency working in safeguarding and promoting the welfare of children
- Undertake and analyse Section 11 audits
- Collate findings from case reviews, audits and multi-professional discussion forums (MPDFs) to inform the Learning & Improvement Framework
- Monitor action plans from the case reviews undertaken through the Learning & Improvement Framework

Safeguarding in Education Committee

- Monitor the effectiveness with which schools, colleges and educational establishments fulfil their statutory safeguarding responsibilities
- Ensure effective safeguarding arrangements for children in education and learning settings outside maintained schools
- Monitor single agency arrangements and facilitate multi-agency working on digital and e-safety in learning settings
- Facilitate interagency communication and strengthen links between Primary, Secondary, Further/ Higher Education and work-based learning provision
- Lead on safer working practices and tackle issues relating to the safeguarding culture in educational establishments
- Monitor and develop safeguarding arrangements in line with statutory guidance including Ofsted inspection framework and disclosure and barring regulations

Pan-Lancashire & Cumbria Policies & Procedures Group

- Develop and launch multi-agency policies and procedures on how different organisations will work together on safeguarding and promoting the welfare of children and young people
- Revise multi-agency policies and procedures informed by audit findings, case review findings, communication/participation findings, national guidance, research and best practice
- Develop policies and procedures across a wider footprint (sub-regional and regional) that ensures consistency for service users and service providers whilst retaining local determination of practice and management oversight

Pan-Lancashire & Cumbria Chairs & Business Managers Group

- Strategic direction on cross border/sub-regional work on safeguarding issues
- Sub-regional consultation on national safeguarding issues
- Commission sub-regional protocols, policies and procedures
- Share learning across the sub-region on board leadership and governance issues

Governance and Accountability

Relationship of LSCB with other partnership Boards

The LSCB, through the Independent Chair and officers within the Safeguarding Unit, attend and contribute to the working of a vast array of partnership meetings where children's safeguarding is a significant area of business. The key partnerships outlined in Working Together to Safeguard Children are listed below with a brief description of bi-lateral reporting arrangements.

Children's Partnership Board (CPB) – The CPB replaced the previous Children's Trust arrangements and is a sub-group of the Health & Wellbeing Board. The CPB has responsibility to ensure there is strategic oversight and operational delivery of the priorities (programme areas) of the Health & Wellbeing Board. To ensure that work to monitor safeguarding and promote the welfare of children by partners is effective at both the strategic and operational levels, the LSCB's officers maintain a number of links with the CPB and its priority areas.

At the strategic level, the Independent Chair of the LSCB and Head of the Safeguarding Unit are members of the Children's Partnership Board. The Head of Safeguarding and the Safeguarding Development Manager are members of a number of groups that monitor the priority areas, including groups constituted for short periods to undertake joint strategic needs analysis on the priority areas.

The Chair of the Children's Partnership Board attends the LSCB and provides regular updates on progress in relation to the priorities. The LSCB is consulted and has contributed to the joint strategic needs analysis and the priority setting in the Health & Wellbeing Strategy (2012-15). The Health & Wellbeing Board's 'Plan on a Page' is provided in Appendix 1.

The Children's Partnership Board oversees the delivery of programme area 1 (Best Start for Children and Young People) - the Health & Wellbeing Board has initiated a number of groups to ensure there is focus on the principles and outcomes. The LSCB is involved directly in the groups addressing the priority actions, like Early Help, Parenting and Emotional Health of Children and in groups focusing on principles and outcomes like groups on child injuries, mental health and suicide prevention.

Health and Wellbeing Board – The Independent Chair of the LSCB attends the Health and Wellbeing Board to present the LSCB's Annual Report. The Director of Children's Services and Executive Member for Children's Services are both members of the Health and Wellbeing Board. Officers from the Public Health team (which manages the business of the Health and Wellbeing Board), are members of the LSCB.

Governance and Accountability

Community Safety Partnership – The Head of Safeguarding attends the Community Safety Partnership Steering Group and the following links are made with groups within the partnership:

- The Head of the Safeguarding Unit attends the Youth Justice Service (YJS) Management Board;
- The Head of the Safeguarding Unit Chairs the Channel Panel (Referral Panel to identify preventative work for children and young people at risk of violent extremism);
- The Head of the Safeguarding Unit is a member of the Lancashire MAPPA Strategic Management Board and the Safeguarding Development Manager attends the MAPPA Performance and Audit group;
- The Head of the Safeguarding Unit attends the Strategic Domestic Abuse Group and contributes to the task and finish groups on implementing the 2011-14 domestic abuse strategy, changes to the national definition and audit/inspections by national bodies and government agencies. The Safeguarding Development Manager attends the operational group on Domestic Abuse, Forced Marriage and Honour Based Abuse and advises on the Domestic Homicide Review Process;
- The Safeguarding Development Manager has regular liaison with the Drug and Alcohol Team (DAAT) to ensure commissioned services, policies and procedures are compliant with statutory child protection and safeguarding guidelines.



Governance and Accountability

Family Justice Board – CAFCASS (Children and Family Court Advisory and Support Service), the Local Authority's Legal Services and Children's Services are all members of the Local Family Justice Board (LFJB). Board members from CAFCASS and Legal Services report annually to the board on the progress made by the LFJB with the implementation of the reforms from the Family Justice Review. The updates provide an overview of the local and regional co-operation between the services and oversight by the Judiciary on improving services and improving the timeliness of services for children and families subject to proceedings in both public and private law processes.

Regional and Pan-Lancashire Groups – The Safeguarding Unit officers maintain a close link with regional (North West England) and sub-regional (Pan-Lancashire and where applicable Cumbria) groups to co-operate on joint initiatives and the sharing of knowledge/good practice. These groups allow the Board to be involved in, and on many occasions lead on, changes to safeguarding arrangements and allows changes that affect partner agencies, who work across a number of local authority areas, to be consulted upon in an effective manner.

In 2013-14, the Board has not been involved in any major national initiatives or working groups, but has contributed to promoting and presenting on initiatives from previous years. The Community Safety Partnership and the Children's Partnership Board have both been involved in national audits and accreditation for areas of their work around domestic abuse and early help.

LSCB Independent Chair and Chief Officers – The LSCB Chair meets quarterly with the Chief Executive of the Local Authority and meets regularly with the Director of Children's Services. Through the board's Business Group, the LSCB Chair also meets on a quarterly basis with the Local Authority's Executive Director of People (responsibility for Children's Services, Education, Adult Services and Public Health). Through the Business Group the Independent Chairs of the Children and Adult Boards maintain contact so that learning can be discussed and joint work can be agreed across the two safeguarding agendas.

Annually the LSCB Chair with the Chief Executive of the Local Authority hosts a meeting with Chief Executives and Regional Directors of all the statutory partners of the board. This meeting allows the chief executives to discuss developments, locally and nationally and at strategic and operational levels, in the safeguarding agenda to identify key risk/improvement areas requiring chief officer oversight and individual/collective commitment.

Relationship of the LSCB with Political Structures - The Executive Member for Children's Services attends the LSCB (as a 'participating observer') and the Director of Children's Services and Education reports through the Local Authority's accountability structure to the Leader of the Council, Opposition Lead Member, Chief Executive's Strategy Group and Council Committees (including scrutiny committee and corporate parenting structures).

Budget & Resources

The Safeguarding Unit is funded by a range of agencies to deliver the functions of the Boards across both the children and adult safeguarding agendas. Agreed contributions by partner agencies for 2013-14, including ad-hoc contributions were as follows:

Children's Services & Education	£76,700
Adult Services	£50,000
NHS BwD Clinical Commissioning Group	£50,000
Primary & Secondary Schools	£32,900
Lancashire Constabulary	£13,260
Lancashire Probation Trust	£5,967
Training 2000	£3,000
CAFCASS	£550
Independent School Contribution	£400
Total	£232,777

Contributions by partner agencies for the 2014-15 year will remain broadly similar with Blackburn College making a contribution of £4,000 going forward.

As well as the above financial contributions, many LSCB agencies provide their staff to deliver the multi-agency training programmes and agencies commit staff time to attending as members of the committees.

The Safeguarding Unit's staffing and costs were approximately £249,000 in 2013-14. Below is a breakdown of the Safeguarding Unit's spending for 2013-14:

Salaries	£196,866
Fees: Independent Facilitators, CDOP, TRI-X Site & Website	£39,228
Training Costs	£9,522
Office, Travel, Committee & Meeting cost	£3,505
Total	£249,121

The additional £16,344 spent by the Unit has been met from reserves from previous year under-spends.

Attendance at Board Meetings

For the four board meetings held during the 2013-14 year, the following is the attendance rates of the member agency and nominated board member:

Organisation/Member	2013-14 Attendance Rate (Agency)	2013-14 Nominated Member/ Deputy Attendance
Independent Chair	100%	100%
Vice Chair	100%	100%
Lay Member, BwD Governor's Forum	100%	100%
Lay Member, BwD CVS Children & Families Forum	66%	66%
Executive Member, Children's Services	75%	75%
Director Children's Services	100%	100%
Director of Education (member until December 2013 & represented schools)	66%	66%
Adult Services	100%	100%
Safeguarding Unit	100%	100%
Designated Nurse/Doctor	100%	100%
BwD Clinical Commissioning Group	75%	33%
Public Health	100%	100%
NHS England Area Team	100%	100%
East Lancashire Hospitals NHS Trust	75%	75%
Lancashire Care Foundations NHS Trust (Adult Mental Health & Community Health Provider Services)	100%	75%
Great Manchester West NHS Foundation Trust (Adult Substance Misuse)	50%	50%
Lancashire Constabulary (Force Public Protection Unit)	100%	50%
Lancashire Constabulary (Divisional Team)	100%	100%
Legal Services, Blackburn with Darwen Borough Council	100%	100%
Youth Justice Service	100%	100%
Lancashire Probation Trust	100%	100%
Community, Voluntary Services (CVS)	100%	100%
Children and Family Court Advisory and Support Services (CAFCASS)	25%	25%

The average attendance rates of all meetings of the committees are detailed below:

Committee	2013-14 Attendance Rate (average for all meetings)
Communications & Engagement	43%
Workforce Development Committee	64%
Quality Assurance Committee	69%
Safeguarding in Education Committee	79%

The acceptable attendance rate at board and committee meetings remains at 75%. The Independent Chair and Safeguarding Unit staff challenge throughout the year attendance likely to fall below the acceptable rate by any agency.

Blackburn with Darwen: the place, the people and their needs

The Integrated Strategic Needs Assessment (ISNA) by the Public Health and Policy teams of the local authority has produced the following assessment in relation to identifying priorities to improve the outcomes for children and young people in the borough:

The combined impact of poor housing, low incomes, deprivation and child poverty means poor health outcomes for our children and high levels of inequalities in health. Blackburn with Darwen had the highest rate of infant deaths (under one year of age) of any PCT or upper-tier local authority during the years 2008-10; our relative position in the most recent data (2010-12) has improved, but remains in the bottom 25% quartile in England.

With a very young population, addressing the health needs of children and young people provides crucial support for the future needs of the people of Blackburn with Darwen. Evidence shows that giving children the best start in life improves their life chances. For the children of the borough, child poverty is a fundamental determinant of inequalities in health with a quarter of children living in poverty in Blackburn with Darwen, many of them in working families, reflecting low incomes as a key issue.

Although our children are active and less likely to be overweight than would be expected given our deprivation levels, there remain one in five that are overweight or obese by the end of primary education (an improvement from one in three in the period 2008-10). At birth, the percentage of babies having a low birth weight is higher than the national average and in the bottom 25%.

As teenagers, our young people are more likely to be frequent consumers of alcohol, although the South Asian population also gives us a large group unlikely to consume alcohol at all. More than a quarter of young people smoke, and problem drug use is relatively high compared with the North West. Rates of teenage pregnancy are similar to the England average as are rates of acute STIs.

Oral health is poor; rates of self-harm for young people are higher than the national rate; deaths and serious injuries from traffic accidents for children are higher than nationally; and hospital admissions for injuries remain higher than nationally.

In statutory education, children attain at similar levels to the England average, but children in early years attain below the England average in the 'achieving a good level of development' measure and NEET (not in education, employment and training) rates for 16 to 18 year olds are higher than the national average.

Through the Board's activities to fulfil its statutory objectives (co-ordinating the work of partners and monitoring the effectiveness of local safeguarding arrangements) as summarised in earlier parts and in latter sections in this report, the Board maintains an oversight and identifies co-operation opportunities to affect the wider initiatives to impact on children's outcomes. There has been considerable local investment in the borough during 2013-14 through the Regeneration and Culture, Leisure and Sport portfolios that has an indirect impact on education, health/wellbeing services and improving directly economic wellbeing and our local asset base. The overall cut in public services funding has resulted in services in all portfolios to re-think how to more efficiently provide services and the Board has, along with the Children's Partnership Board and the wider Health & Wellbeing Board, reviewed and challenged service provision to ensure the widest possible services are available to meet local needs for our children and families.

Monitoring Activity of the LSCB

Case File and Practice Audits

In last year's annual review the following areas were identified where auditing and monitoring activities were to be focused for the 2013-14 year:

- Children who are offenders and victims of crime
- Characteristics of practice from cases with good outcomes
- Effectiveness of the Multi-Agency Safeguarding Hub (MASH) arrangements
- Section 11 audit
- Review of safeguarding arrangements from learning highlighted in recent Ofsted Inspections.

Children who are offenders and victims of crime

The performance monitoring undertaken by the LSCB had identified from quarterly data that whilst overall crime figures were falling, figures relating to children had increased in the year 2012-13 from the previous year.

Further analysis of the data was undertaken by the police analyst and the safeguarding unit that identified that the data provided in each quarter had varied in terms of the age parameters for children and had led to a higher number of offences against and by children. From the analysis it was determined that the overall trend in reported crime was the same for children as it was for adults, except for sexual offences against children, where increases were due to the higher number of historical sexual offences reported following the increased national awareness.

Characteristics of practice from cases with good outcomes

In July 2013, Children's Services produced a guidance document, following consultation with staff, that outlined what 'good' practice looked like at all stages of work with children and young people. The guidance outlined what good referrals to services looked like, what good assessments looked like, including the components of what analysis should contain, and how to measure outcomes for children and young people. The guidance also provided qualitative and quantitative ways to ensure that plans and services were being monitored and receiving management oversight.

The guidance was discussed and shared through the LSCB's Quality Assurance Committee and continues to inform quality assurance work at both single and multi-agency levels.

Monitoring Activity of the LSCB

Effectiveness of the Multi-Agency Safeguarding Hub (MASH) arrangements

In July 2013, a multi-agency group of professionals audited the quality of practice in the MASH focusing on: the quality of referral; the quality of decision making; and, the appropriateness of step-down service advice provided.

A total of 63 cases were audited by the multi-agency group of professionals and the cases selected reflected the referral patterns by the different agencies. The audit process involved considerable discussion amongst the auditors to understand the systemic features of the MASH and hence provide recommendations both on process/procedures and systems to improve the functioning of the MASH.

The findings highlighted that in the three areas of focus of the audit, there were strengths and many examples of good practice and to ensure consistency thirteen recommendations were made; four relating to processes/procedures, seven relating to systemic changes required to improve the functioning of the MASH and two relating to further audit/assurance work. The audit's conclusion stated:

The audit identified that the cases explored appeared to have been assessed and signposted to appropriate step down services. It also provided us with the opportunity to explore the information sharing, risk assessment and analysis processes and the decisions which were made. This snapshot of cases identified that the MASH does not appear to be in its true sense operating as a MASH currently. From the audit evidence and the professional discussion it was felt that at best it is currently operating as a DASH (dual-agency safeguarding hub i.e. police and social care and with some cases the decisions were still being made within a single agency model). Recommendations and areas for consideration have been provided by the audit team which if embraced will strengthen the partnership arrangements and governance systems within the MASH which will enable the culture of multi-agency risk assessment, analysis and decision making to develop.

The recommendations were reflected in a multi-agency action plan that is being monitored by the LSCB and the multi-agency MASH Steering Group. The latter is additionally ensuring that all appropriate activities to complete the actions are being undertaken.

Section 11 audit and review of safeguarding arrangements from learning highlighted in recent Ofsted Inspections

The LSCB approved during the year the use of a Pan-Lancashire section 11 process and audit self-assessment tool. The process will ensure for those organisations providing services across the Pan-Lancashire footprint a consistent methodology, avoiding duplication and variation in requests for information.

During the year, in preparation for future external inspections, the LSCB requested statutory agencies of the Board to complete a self-assessment on early help, safeguarding, looked after children and care leaver service arrangements. This self-assessment encompassed the arrangements listed in section 11 audits and also covered wider questions on the effectiveness and impact these arrangements had to protect and safeguard children.

Monitoring Activity of the LSCB

The self-assessment process involved each agency being 'challenged' by the Safeguarding Unit officers on the ratings they gave and the evidence provided to support the ratings. The challenge sessions also discussed with each agency the additional action recommended to them to ensure a minimum of a 'good' rating.

The self-assessment identified the following areas where a number of agencies were recommended to improve their arrangements:

- Evidencing that children are listened to and delivery of services reflects their wishes and feelings
- Measuring the effectiveness of early help service provision
- Ensuring processes are in place to report allegations against staff working with children
- Ensuring that information sharing arrangements are effective and timely
- Providing clarity for staff in the application of thresholds, including staff knowing how to access internal or social work advice on thresholds
- Improving outcomes for Looked After Children in health, safety, education and leisure; with particular focus on outcomes for children placed outside the local authority area
- Improving health and education outcomes and reducing risks associated with Child Sexual Abuse (CSE), offending and substance misuse for care leavers
- Ensuring management oversight over safeguarding practice and that the oversight leads to improved quality of decisions and the provision of help.

Agreement on actions individual agencies need to undertake are still in the process of being agreed and a combined action plan will be produced in the coming year. Monitoring of the action plan will be undertaken by a group of senior leaders from the main partner agencies, including the LSCB Chair, Executive Member for Children's Services and the Director of Children's Services. The Chief Executive of the local authority has personally written to agencies requesting their prioritisation on these actions and discussed the findings of the self-assessment with Chief Officers of partner agencies.

Child & Family Plan (CAF)

In addition to this audit work, the LSCB also undertook an audit of the assessment and planning practice of the Common Assessment Framework/Child and Family Plan. This audited a number of areas where the functioning and quality of practice in this area was seen to be key in ensuring strategic changes were being implemented; implementation of the early help strategy and ensuring that actions from the findings of the LSCB's case reviews were having an impact on practice and children's outcomes.

The audit in March 2014 examined cases relating to 35 children in 19 families. The selection of cases for audit reflected the different agencies that were lead professional and reflected the characteristics of children in the borough. The audit focused on the quality of the assessment and the quality of the initial plan.

Monitoring Activity of the LSCB

The audit concluded that:

The reasons for the CAF being initiated were often recorded, however information on historical involvement is not always evident to auditors.

In just over half of the cases audited, the quality of information in the body of the assessments in respect of need was deemed to be outstanding/good. In just over a third of cases, auditors felt that this information required improvement. Information in the categories of 'emotional warmth and stability in terms of parenting' was rated significantly higher, whilst in the category of learning and engagement it was rated significantly lower.

There is a clear link between the CAF Assessment and the TAC plan in terms of identifying need. Whilst need is well evidenced auditors commented that in some cases the plan focused on the needs of the parents rather than the child. Auditors recorded that risk wasn't well demonstrated and since the recent 'risk training' auditors were keen to see evidence that consideration has been given to underlying risk factors and high risk indicators. However, it was noted that as the cases selected for audit were from October 2013, partner agencies (excluding Early Years) would not have undertaken this training. In this respect, the results from the audit relating to the depth of needs and risks school lead professionals identify, is very pleasing.

In cases that were judged as requiring improvement/inadequate comments from auditors were that key information within the CAF assessment and TAC plan was missing or left blank. This was key in the voice of the child and voice of the family within the CAF assessment. Although at times it was clear the parent/family had been involved in the assessment, no clear views of either the child or parent/family were recorded. It was felt that in order to gain child and family focused outcomes the views of the child/family need to be recorded to support the outcomes of assessment.

TAC plans on the whole addressed need better than risk and school's lead professional TAC plans addressed both need and risk better than other agency led plans. Overall, the quality of TAC plans in having SMART objectives and reflecting the voice of the child and family were judged below the quality of a 'good' plan.

Health and school lead professionals are more likely to secure consent in working with the family.

Eight recommendations have been made, seven relating to processes and the other recommending additional training to improve practice.

In April 2014, the first Multi-Professional Discussion Forum will be held on the subject of CAF, where frontline workers and managers will provide their views and wishes to improve the functioning of CAF. The resulting recommendations from this learning activity and the audit will be combined into one action plan for improvement.

Monitoring Activity of the LSCB

Multi-Agency Concise Reviews (MACRs)

In the 2012-13 annual review the collated learning from multi-agency reviews was listed. Below is a summary of that learning and the action taken by the LSCB to address the issues:

<p><i>A lack of shared multi-agency understanding of what constitutes 'good enough' parenting restricts practitioners from assessing a shared understanding of acceptable standards of physical and emotional care</i></p>	<p>The LSCB's Continuum of Need and Response Framework was revised following the publication of the 2013 Working Together guidance. The local Framework outlines the characteristics and indicators of 'good enough' parenting for all local practitioners.</p> <p>The Framework was introduced in April 2014, following consultation with partner agencies and a number of briefing sessions to all partner frontline and managerial staff. The briefing sessions were attended by over 400 practitioners and further briefing sessions have been planned for 2014-15. The briefing sessions outlined the new Framework and provided training on the new Risk Sensible assessment model introduced in Children's Social Care and Early Years during 2013. The Risk Sensible model has also been incorporated into the LSCB's Working Together to Safeguard Children training workshop to ensure ongoing training and knowledge is provided for wider partner agencies.</p>
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Monitoring Activity of the LSCB

<p><i>Repeated exposure of professionals to intractable and long term family problems normalises practitioner's response, leading to over identification with parents and adversely impacting on practitioner's ability to understand deviant and risky parental problems</i></p> <p><i>Assessment and management of risk, especially at a sub-significant harm level, is not managed at early help, targeted and universal service levels with the tools used, especially at the early help level, not assisting practitioners in this function</i></p> <p><i>Individual incidents or crisis are viewed in isolation and inhibit the identification of patterns and inconsistencies in care provided by parents; this has a significant impact in identifying, early, issues like neglect and disguised compliance by parents and can impact in care planning that needs to be dynamic.</i></p>	<p>Children's Social Care developed a new 'Risk Sensible' model for assisting social workers to assess need and risk and develop outcome focused actions and plans. This model was rolled out by the LSCB in November 2013 to all partners and a specific briefing session was also delivered for school safeguarding leads.</p> <p>The implementation of the MASH has led to all agencies involved in the Hub to use a consistent language on risk and need. Health, criminal justice and voluntary agencies involved in the MASH process now regularly collate chronologies to avoid viewing incidents in isolation and assess the information with a shared language on 'high risk indicators' requiring social work led services versus 'underlying risk factors' requiring co-ordinated early help and/or single agency led services.</p> <p>Auditing activity of the LSCB on MASH and CAF has identified further improvements to both processes and systems that are required and further training to improve the skills and knowledge of practitioners.</p> <p>Multi-professional discussion forums will assist in ensuring the voice of practitioners is captured so that the necessary tools they require are identified.</p> <p>The Local Authority's Legal Services and Children's Social Care commissioned a specialist firm of family law barristers to brief partners and produce guidance on the changes to the Public Law Outline (PLO). The briefing session was provided to LSCB partners and highlighted the requirement to provide analytical information for court processes. Ongoing guidance and co-operation has been maintained with statutory partners that provide information regularly for family law proceedings.</p>
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In the 2013-14 year, there were no referrals made to consider any cases for a multi-agency concise review.

Serious Case Reviews (SCRs)

The LSCB received one case to consider for undertaking a serious case review. The SCR Panel are awaiting further information on the case to help it determine if the threshold has been met to undertake a SCR. Ofsted and the Department of Education have both been informed of this decision.

Monitoring Activity of the LSCB

Performance Monitoring & Quality Assurance

The LSCB introduced the Performance Monitoring and Quality Assurance Declaration to replace the multi-agency dataset it had used to collate performance information. The new declaration seeks not only information on quality assurance activity and performance indicators, but seeks analysis from each agency on what that information means for the impact safeguarding activity has made to children's outcomes, improving the quality of practice and the safety of the local multi-agency safeguarding system.

Children's Services – the number of contacts received by the MASH has marginally fallen (2%) and number of these being classed, after screening, as requiring further investigation (a referral) has also fallen by around 12% compared to the previous year. The proportion of referrals resulting in an assessment under s.47 of the Children Act has increased (32% in 2013-14 compared to 23% the previous year). This would imply that in 2013-14, 68% of assessments conducted by social care were under s.17 of the Children Act compared to 77% in the 2012-13 year.

The overall number of open cases has fallen throughout the year, being around 6% lower than the previous year and the biggest movement has been in the number of Child in Need (provision of services under s.17) cases. The focus on cases meeting the s.47 threshold has resulted in the number of children subject to child protection plans to increase (by 51% compared to the previous year) and also resulted in an increase in the number of children with a CAF (Child and Family Plan), up by 80% from the previous year.

The average number of CAFs escalating to Social Care has increased through the year from a range of 45 to 50 in the first six months of 2013-14 to around 60 in the last six months of 2013-14. The average number of cases in a six month period receiving 'step-down' services has remained stable at around 70 to 75 cases. The increase in the number of CAFs is linked to the implementation of the borough's Early Help Strategy. The borough is working with the Early Intervention Foundation (EIF) to ensure the commitment of local partnership working is maximised through the implementation of the Early Help Strategy. The EIF is also assisting in developing an evaluation framework so that the strategy's impact on outcomes for children and families can be measured.

The number of children in care has remained broadly similar and overall performance relating to looked after children has shown improvement through the year. Continued focus has remained on measuring health actions and outcomes for looked after children with additional action identified to improve the number of children receiving timely access to health services once in care. The number of care leavers in education, training or employment has continued to decline, in line with national trends.

A key performance measure within Children's Social Care is the timeliness of completing/arranging certain tasks and one such measure is the timeliness of completing statutory assessments. Assessments allow for needs and risks to be identified and from this plans and services to be put in place. The percentage of statutory single assessments completed within the 45 working days national timescale is too low at 65% and is the focus of managerial and leadership action (monitoring performance and workloads at individual and team levels to assist the allocation of cases and drive the timely completion of tasks). A target has been set for the first six months of 2014-15 for 90% of assessments to be completed within timescale. In addition to the target set on timeliness of assessments, the service has also introduced further training on the quality of assessments (in addition to the risk sensible model training already provided to all social care and family support staff) and training for managers on effective supervision.

Monitoring Activity of the LSCB

Quality assurance activity within Children's Social Care has focused on the quality of planning (and hence the provision of effective services) in Child in Need, Child Protection and Looked-After Children cases, the quality of record keeping and the quality of supervision/management oversight. In all the areas, the improvement recommendations will be monitored by the Quality Assurance Steering Group (team managers, the Quality Assurance team and the Principal Social Worker) to ensure learning and improvement activity can be tailored at both team and individual levels.

The overall number of Children Missing from Education (CME) cases reported (431) in 2013/14 has increased compared to the previous year (401). Within this figure, there has been a significant increase in the number of reported 'outgoing' CME cases (no longer residing in the borough), rising from 288 cases in 2012/13 to 351 in 2013/14. However, over the same periods, the number of notifications received about CME who are believed to be 'incoming' to Blackburn with Darwen has declined from 113 in 2012/13 to 80 in 2013/14.

For 2013-14 there were 351 reported outgoing CME cases, 272 of which have been found. Of the remaining 79 children & young people still missing, 49 are believed to be abroad. This equates to 91% of outgoing cases either found or now living overseas, compared to 96% of cases that were found or abroad in 2012-13. The remaining 30 cases that are still classed as missing are still under ongoing investigation.

Incoming to BwD CME cases have remained stable in terms of cases classified as 'found' or 'still missing' – over 2013-14, 96% of cases have been located, exactly the same level of success as in 2012-13 when 96% of cases were also found.

The Education Welfare team are reviewing and updating the local authority CME policy, which will now include how the 'Schools and Education' will improve work with:

- the Engage team to close the gap between 'missing out on education' and 'going missing from home and care'; and
- Lancashire Care NHS Foundation Trust (LCFT) under their pan-Lancs 'CME Pathway'.

Members of the Engage Team will meet with the Pupil Tracking and Licencing Officer on a termly basis, to discuss individual cases and help deliver end-to-end targeted prevention, monitoring and support. Under this arrangement, the Pupil Tracking Officer will seek to obtain and share relevant information on cases where it has proved hard to establish the current whereabouts of children, including where they attend school and/or how they are accessing educational provision.

LCFT has developed a Children and Families Health Team Care Pathway for Children Missing from Education to facilitate the identification, communication and support for any children who are missing from education. This should ensure that children who are not receiving, or at risk of not receiving, a suitable education are identified quickly, and arrangements put in place to assess their health needs and provide interventions where necessary.

Monitoring Activity of the LSCB

Permanent exclusions in Blackburn with Darwen have been fairly constant over recent years (23 in 2010-11, 19 in 2011-12 and 20 in 2012-2013). The latest national data available (2011-12) shows that we are broadly in line with other authorities in the North West. Head Teachers use exclusion as the sanction of last resort and utilise a wide range of strategies to avoid exclusion wherever possible.

The number of fixed period exclusions has reduced over the same period (520 in 2010-11, 491 in 2011-12 and 418 in 2012-13). The latter figure being the lowest number of fixed period exclusions since unitary status and comparing favourably to the regional average.

Health Commissioners – information from commissioners has been received from the Clinical commissioning Group (CCG) and Public Health. A particular challenge for commissioners like Public Health and NHS England (also witnessed through the s.11/inspections audit) has been their ability to gather together information they hold from contract monitoring processes. For all the commissioners, this information tends to be held in different units of their organisation or sub-commissioned to another organisation to undertake. Whilst the declaration forms report on the process commissioners use to monitor contracts and its link to quality assurance systems, an area of development is for commissioners to be able to provide information/measures on the effectiveness of safeguarding arrangements in any of its commissioned services.

The Clinical Commissioning Group (CCG) has a Safeguarding Assurance Committee which is a sub-group reporting to the Quality Performance and Effectiveness Committee. This sub-group provides oversight, challenge and scrutiny to the safeguarding arrangements of CCG commissioned services as well as to those of the CCG. A Blackburn with Darwen Safeguarding Unit representative is a member of the Safeguarding Assurance Committee. The CCG declaration identifies the safeguarding risks currently on their corporate risk register and the actions being taken to mitigate the risks. The CCG has recently commissioned an external independent evaluation of their safeguarding arrangements; this has recently reported and an action plan has been developed. This will be monitored via the CCG Quality Performance and Effectiveness Committee.

The delivery of the GP Safeguarding eight point framework was one of the key targets of the CCG Quality Premium in 2013/14. The target was for 90% of GP practices to be compliant with the safeguarding framework. The framework includes: initial training needs analysis; signposting to relevant training; promoting safeguarding leadership within practices; support with policy development; and the development of a CCG safeguarding intranet/internet web page. Performance exceeded the 2013/14 target with 100% of practices reporting as compliant.

Internal audit activity by the CCG had a particular focus on the provision of services for looked after children (the quality of health assessments, quality of planning and service provision and the timeliness of services, including the timeliness of initial health assessments). The audits focusing on LAC have resulted in 20 recommendations that will be monitored by the CCG's Quality Performance and Effectiveness Committee and progress reported to the Council's Voice groups.

Monitoring Activity of the LSCB

All public health commissioned services, were transitioned to Public Health Local Authority on the 1st April 2013 in their current state, as developed via the NHS. The Public Health team have reviewed and are continuing to review in 2014-15 the redesign of commissioned services, in line with the Local Authority processes, which includes the voice of local people, including children and young people.

Public Health has undertaken engagement with children and young people through the development of the Health and Wellbeing Strategy and the Children and Young People's Action Plan. It has also developed a Joint Strategic Needs Assessment for the emotional health and wellbeing of children and young people, which has a big role in engaging and listening to children and young people. Over two hundred have been involved in the engagement work so far including individuals from Black, Minority, Ethnic (BME) communities and young people leaving care.

In addition to the population level work of Public Health, the team has also focused on identifying and addressing health needs of the most vulnerable children in the borough through commissioning revisions and strategic analysis of: alcohol and substance misuse; sexual health services, mental health services and emotional health services (with the CCG); child accident prevention, infant mortality, suicide and self-harm, intimate partner violence strategy, adverse childhood experiences (ACE), tobacco and shisha control strategies, hospital-police liaison service, school health services for children outside the maintained school provision, pharmacy services, healthy living services, early help strategy, parenting provision and looked after children strategy.

Health Providers – information from community health, mental health, acute and maternity health and drug/alcohol providers shows that agencies providing these services generally know the demand and supply issues faced by their agencies in relation to safeguarding and child protection activity. The level of safeguarding activity their staff are involved in at both single-agency and multi-agency levels is monitored in detail in their internal reporting/performance monitoring mechanisms. All the big provider services, including acute and maternity health (that has been the subject of several CQC inspections recently), have detailed analysis of the training their practitioners have received on safeguarding; the data across the different providers shows a very high level of compliance with CQC standards.

Child mental health services are delivered locally through the acute hospital trust's child and adolescent services and through the young people's service of Lancashire Care Foundation Trust. Both service providers are monitored through the CCG's contract monitoring processes and Public Health's strategic needs analysis. The recent emotional health and wellbeing needs analysis and suicide/self-harm strategy by Public Health will identify any further changes required to ensure services meet local needs.

In all the provider services, considerable quality assurance and auditing activity has taken place including the contribution provider services make to the auditing activity of the Pan-Lancashire LSCBs. Safeguarding practice areas where internal practice audits were undertaken include: compliance with SCR learning; routine enquiry for domestic abuse; quality and completion of child risk assessment tools; compliance with information sharing requirements for children attending A&E who are on Child Protection Plans; quality of CAF assessments; review of fabricated, induced illness cases; review of delays in discharge for new-borns being taken into care; and Looked after children health planning and medicals. Appropriate action plans are in place to monitor progress with the recommendations and actions.

Monitoring Activity of the LSCB

Criminal Justice (Police, Probation, Youth Justice & Community Safety) - The youth justice data identifies that on a range of nationally reported indicators (first time entrants, number receiving custodial sentences, re-offending) the data is very strong. For indicators based on small numbers of children there continues to be year on year variability (offending rate of LAC, children committing violent offences). Just under a quarter of cases at assessment were identified for referral to the Multi-Agency Risk Management (MARM) Panel due to the child's high vulnerability or risk level. The Panel is well established and is the key forum for making risk management decisions.

Use of assessment tools, the functioning of the MARM Panel and a number of court-related reports were quality assured by the Youth Justice Service and HMIP-led thematic inspection into the provision of services for female offenders. Recommendations were made on ensuring that diversity/gender specific needs are met at service level and considered regularly at the strategic level. This is being progressed but the full inspection report is yet to be published.

Police data focused on the domestic abuse and vulnerable child referrals captured on their 'Protecting Vulnerable People' database. Whilst monthly comparisons of the data show a stable level of demand, comparison to previous years undertaken by the police identifies a significant increase in the demand for police protective services. The police attribute the additional demand to the safeguarding training officers have received and improvement in their skills to identify vulnerable children.

Probation services provided information of how child protection or child concern cases are flagged internally and that offender managers receive supervision on such cases. Where children, whose parents or carers are known to the probation services, are subject to child protection plans, the service attends the relevant conferences and core groups. Staff within the services receive mandatory safeguarding training and attend LSCB courses and briefings. Probation services chair and attend MAPPA meetings, in which safeguarding children is prioritised.

Family Justice (Legal Services & CAF/CASS) - The major pressure from a Legal Services perspective centres on the implementation of the revised Public Law Outline (PLO) and the drive towards a maximum 26 week period for the conclusion of care proceedings.

The Court Service uses its Care Monitoring System, which analyses key data in terms of care proceedings to identify those cases at risk of not achieving this target as early as possible using a Red Amber Green (RAG) system. This also categorises reasons for adjournments in proceedings, records the length of each set of proceedings and provides data in terms of the longest set of proceedings held by each local authority and its average case length.

In terms of the average age of a case, this has been recorded as 19.8 weeks in October 2013, 20.8 weeks in January 2014 and 19.5 weeks in April 2014. All of these figures are therefore lower than the Pan-Lancashire averages, which were recorded as 20.4 (October 2013), 22.8 (January 2014) and 21.4 (April 2014).

Monitoring Activity of the LSCB

In terms of the maximum age of a case, this has been recorded as 71.0 weeks in October 2013, 45.1 weeks in January 2014 and 56.9 weeks in April 2014. Again all of these figures are lower than the Pan-Lancashire averages, which were recorded as 79.4 (October 2013), 81.4 (January 2014) and 84.0 (April 2014).

In terms of the RAG system, a total of 14 Red, 17 Amber and 61 Green cases were recorded in the three reporting periods between October 2013 to April 2014. The Principal Solicitor and Service Leader for the Assessment and Safeguarding Team (Social Care) meet to discuss the cases, which cause concern (i.e. Red) and are then discussed with the practitioners involved in those cases to assist in analysing any issues and learning, which can then be shared internally and with other colleagues via the available forums involving the family justice sector and the judiciary. The data produced is subject to challenge at the Local Family Justice Board meetings to promote learning and achieve further reductions in delay, which in turn puts the needs of the children first in accordance with the central principles of the Family Justice Review. Local and regional discussions currently form the structure of quality assurance activity for the service.

Internally, measures have been implemented to record each new set of care proceedings, formal pre-proceedings and private law applications. This assists in terms of identifying trends and workload pressures within Legal Services.

The quality of work is measured via formal feedback from the Court and those representing the local authority, and via client feedback forms, which are sent to social work teams at the conclusion of each case. However, further work is required in this area in terms of formal file reviews and the proposed establishment of a panel to consider the quality of the documentation submitted to the Court following each application, which should promote learning, drive up the quality of work and identify any training needs.

Voluntary, Faith & Community Sector – information from this sector has been limited to a few agencies that are directly commissioned to provide services and so a summarised overview of the sector's safeguarding activity will not be possible given the very different services they provide. In general, information from these agencies appears to be more detailed with identified measures for outcomes and impact of services (more likely due to outcome focused contract monitoring processes the services are subject to).

Monitoring Activity of the LSCB

Training Provision

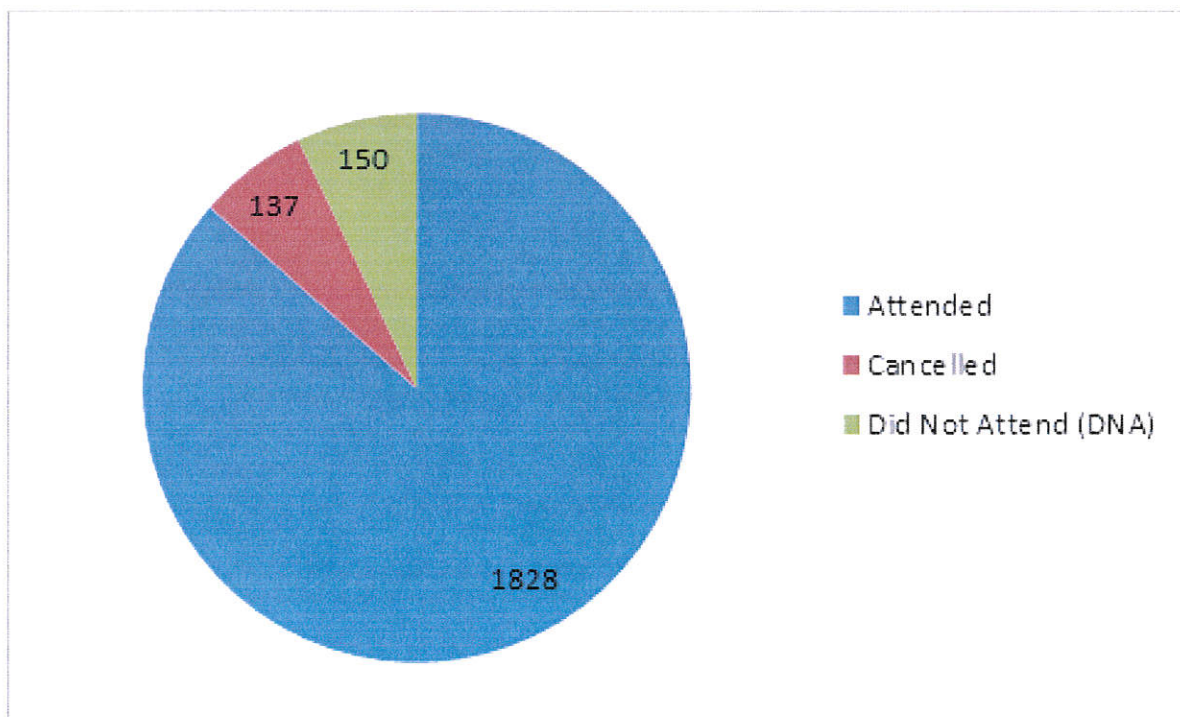
The 2013-14 academic year was another successful year with a total of 78 workshops being offered covering 18 topics, across the adult and children's workforce.

2,115 places were offered, representing an increase of 69% compared to 2012-13. 1,944 were booked, representing a booked rate of 92%, which is slightly higher compared to the previous academic year (90%). The overall attendance rate is 94% (1,828 attendees). This represents an increased attendance rate of 22%. The significant increase of available places and attendance is as a result of a series of extra briefings offered during the year. Briefing sessions on the new Risk Sensible Model and the revised Continuum of Need and Response Framework were attended by 450 people across all board partner agencies.

Cancellation - Fewer delegates cancelled (137) compared to the previous year (236). This represents 7% of all bookings.

Five courses were cancelled due to no trainer being available (sickness) and a low booking rate of less than 10 delegates.

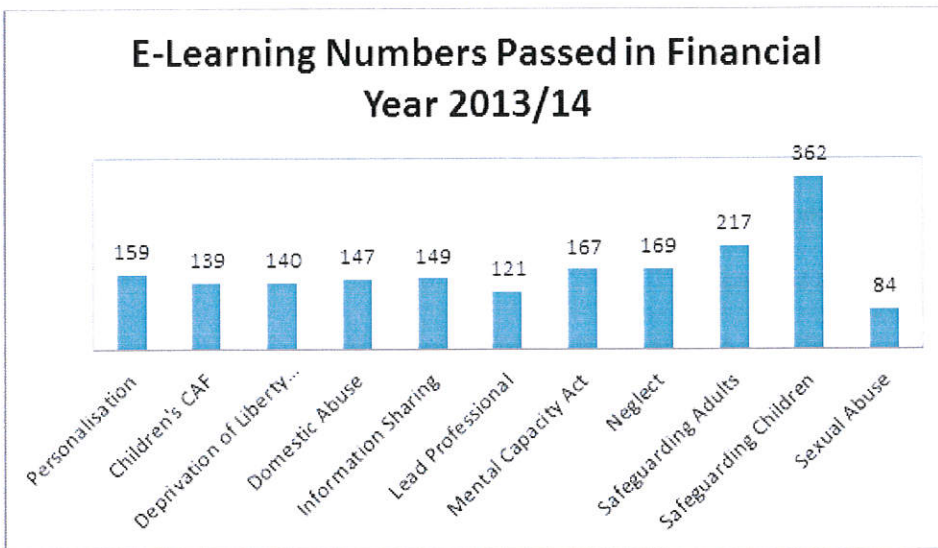
Did Not Attend (DNA) - From the 1,944 places booked, 150 delegates failed to attend and did not cancel in-line with the cancellation policy. This equates to £11,250 as per the £75.00 non-attendance charge.



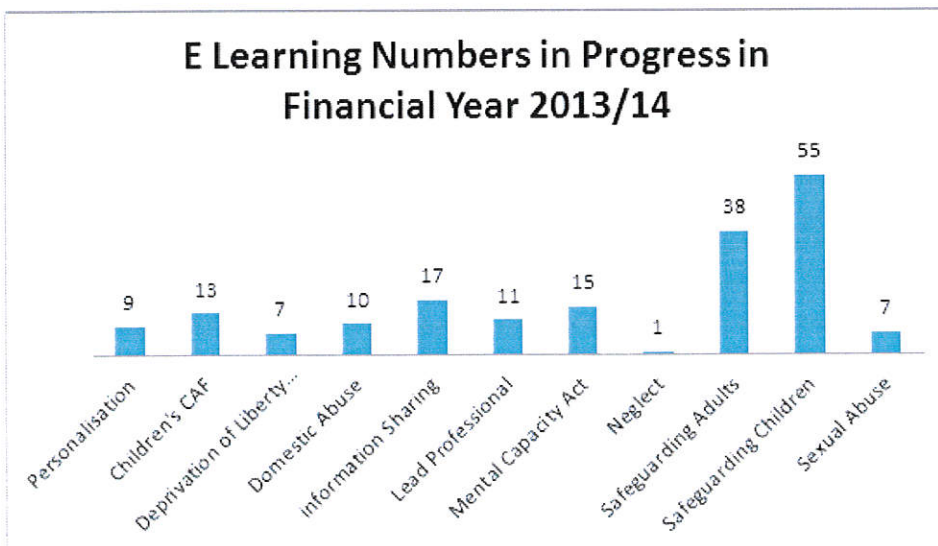
Monitoring Activity of the LSCB

E-Learning - 1,854 individual successfully completed e-learning courses between 1 April 2013 and 31 March 2014. 380 individuals are currently in progress which is a total of 2234 people accessing the e-learning portal.

Completed E-Learning Courses:



Completed E-Learning Courses:



Monitoring Activity of the LSCB

Summary of Evaluations and Feedback

From the evaluation forms completed at the end of each workshop, delegates provided the following reflective comments:

- Helped me to understand the local developments and thresholds
- Provided an update regarding the single assessment
- Enabled me to recognise the signs and indicators of abuse and neglect
- Useful to meet colleagues and share experiences and best practice
- Enabled me to support children, young people and families

Summary of how the workshops will influence practice

- Share learning with colleagues and teams
- Enhance multi-agency working
- Improve information sharing between colleagues and external agencies
- Develop techniques to communicate effectively with children, young people and adults
- Listen to service users
- Offer appropriate challenge

Quality Assurance – Peer Observations

Throughout the year colleagues from across the safeguarding committees completed peer observations of partner agency safeguarding training and the LSAB/LSCB multi-agency workshops.

A total of five partner agencies were observed with positive feedback and good practice being seen. Nine multi-agency workshops have been observed and the feedback has been positive with evidence of multi-agency engagement, sharing of best practice and identification of future practice developments to improve outcomes for children, young people and adults at risk.

Monitoring Activity of the LSCB

Single-Agency Training of Practitioners

The list below summarises training information provided by agencies in the LSCB's Performance Monitoring and Quality Assurance Declaration:

- Children's Social Care & Education – For social care, leaving care, youth justice and early years staff an ongoing programme of training to improve the quality of risk assessments and care plans has been delivered by the Interim Head of Social Work supported by the Principal Social Worker (PSW) and the Social Work Advanced Practitioners (APs). The training on the new Risk Sensible model and producing SMART care plans has been supported by workshops held by the PSW, APs and team managers to support and provide specific guidance for issues that may arise. The Local Authority has also developed a mandatory introductory safeguarding course for all Local Authority staff to attend and this in addition to the Information Sharing and Information Governance that was made mandatory in 2012-13.
- Health – all provider services and the CCG are compliant with CQC standards on children's safeguarding training
- Criminal Justice – Youth Justice Service staff have attended the LSCB's Continuum of Need & Response Framework briefings; all public facing police officers and detectives have received safeguarding training and in Eastern division all detectives have received additional bespoke safeguarding training; probation officers receive mandatory safeguarding and officers with safeguarding responsibilities attend local or Lancashire LSCB's courses
- Family Justice – PLO training and a programme of 'floor briefing' sessions for Local Authority solicitors has been provided in 2013-14
- Voluntary, Community Faith sector – a mixture of qualitative and quantitative information has been provided from some agencies outlining the multi-agency training or e-learning they have accessed.

Training Priorities, 2014-15:

- Develop shorter themed briefing sessions to reflect local need and feedback from the professional discussion forums
- Review the e-learning contract to ensure the courses are fit-for-purpose and demonstrate best value
- Enhance the evaluation of training to capture the impact on outcomes for children, young people, adults and families
- Conduct a full training needs analysis to inform 2015-16 workforce planning
- Evaluate the success and impact of the safeguarding workbooks

Monitoring Activity of the LSCB

Child Death Overview Panel

The Child Death Overview Panel (CDOP) reviewed 15 deaths for Blackburn with Darwen in 2012-13. In total, in the period 2008-13 since CDOP has been operational 99 deaths of children have been reviewed.

The CDOP, on reviewing each death, categorises the death using a standard typology and in the tables below the categorisation is presented for the past year and the five year period since CDOP has been functioning:

For the deaths reviewed in 2013-14

Category 1 - Deliberately inflicted injury, abuse or neglect	below 5
Category 3 - Trauma and other external factors	below 5
Category 4 - Malignancy	below 5
Category 6 - Chronic medical condition	below 5
Category 7 - Chromosomal, genetic and congenital anomalies	9
Category 8 - Perinatal/neonatal event	below 5
Category 9 - Infection	below 5
Category 10 - Sudden, unexpected, unexplained death	below 5
Total	22

For the 2008-14 period, all deaths were categorised as:

Category 1 - Deliberately inflicted injury, abuse or neglect	below 5
Category 2 - Suicide or deliberate self-inflicted harm	below 5
Category 3 - Trauma and other external factors	below 5
Category 4 - Malignancy	7
Category 5 - Acute medical or surgical condition	below 5
Category 6 - Chronic medical condition	6
Category 7 - Chromosomal, genetic and congenital anomalies	48
Category 8 - Perinatal/neonatal event	33
Category 9 - Infection	8
Category 10 - Sudden, unexpected, unexplained death	9
Total	121

Monitoring Activity of the LSCB

For the 2008-14 period, 17% of deaths reviewed were found to have modifiable factors compared to 23% Pan-Lancashire and 22% nationally. The modifiable factors/risk factors in the family and the child's environment identified from all the Pan-Lancashire reviews included:

- 35% of cases identified having issues relating to service provision (access to health, social care or housing services) and knowledge of services available for targeted support
- 31% of cases identified smoking as a risk factor (smoking pregnancy and in the household by a parent/carer)
- 31% of cases identified alcohol/substance misuse as a risk factor
- 26% identified issues relating to parenting capacity (supervision, engagement with services, seeking medical help and compliance with medication/medical advice).

CDOP Key Successes (2013-14)

In order that the Panel fulfils its statutory functions, it identifies through its own annual reporting process a number of priority areas of action. Below is a summary of the key achievements in the 2013-14 year:

- **Safer Sleep Campaign** – the campaign has continued to supply practitioners in health, early years and through Registrars with materials to support them in providing consistent messages to parents/carers about safe sleeping and the risks associated bed sharing and unconventional sleeping arrangements outside of cots. The Pan-Lancashire Sudden Unexpected Death in Children (SUDC) Prevention Group undertook an evaluation of the campaign material with parents/carers and the vast proportion of the 421 responses had seen the campaign and found it useful. Respondents to the evaluation provided a range of settings and practitioners they had received the safety messages from, though no one source reached the majority of parents/carers. The source least recalled by respondents was the radio campaign (24%) and this has now been withdrawn to concentrate resources on providing additional materials (cot hanger, cot thermometer, teddy bear postcard) for distribution from hospital, health visiting and children centre services. The campaign was entirely funded through the CDOP budget in 2013-14.
- **E-learning for CDOP and SUDC** – the new e-learning course was launched in January 2014 and in the last three months of the 2013-14 year, 69 practitioners had completed the course. Detailed monitoring on the range of practitioners that complete the course and any further targeted work required to increase practitioner uptake will be analysed by the CDOP Business Group. The course provides practitioners information on implementing the procedures relating to CDOP and sudden unexpected deaths.
- **SUDC Protocol** – the protocol on multi-agency working and single agency responsibilities on sudden unexpected deaths was revised following the revised Working Together to Safeguard Children (2013) guidance. This included a detailed consultation period with Coroners across Pan-Lancashire. Face to face training (in addition to the e-learning) on the new protocol will be delivered to practitioners in the police, social care, acute hospitals and community health agencies.

Monitoring Activity of the LSCB

- **Suicide Thematic Report** - The report on the thematic review of suicide deaths was completed in March 2013 and throughout 2013-14 the findings have been disseminated across the Pan-Lancashire partnership groups (Health & Wellbeing Boards, Children's Partnership Boards) and the children's workforce. In Blackburn with Darwen, the report has informed the work of the Health & Wellbeing Board (Suicide and Self-Harm Strategy) and the Children's Partnership Board (Children's Emotional Health & Wellbeing Joint Strategic Needs Analysis). The latter work has already assisted in identifying gaps in training for preventing and responding to suicide and this has been organised and funded through the Public Health team.
- **Neonatal Mortality Report** - The report reviewed the modifiable factors identified in neonatal deaths across the different death categories. The factors identified are now reviewed as part of the work of the Pennine-Lancashire Infant Mortality Group. Access to targeted services (domestic abuse, substance misuse, teenage pregnancy), improving midwifery assessment processes to better identify the need for targeted and protective services, effectiveness of smoking cessation services, effectiveness of breastfeeding services, expanding the genetic counselling services across Pennine-Lancashire are all areas the Infant Mortality Group have reviewed and comprehensively try to address in one group, the range of modifiable factors identified by CDOP.



Examples of Multi-Agency Work and Outcomes

Example of Child Sexual Exploitation (CSE) Public & Practitioner Awareness:

The Constabulary, the Police and Crime Commissioner for Lancashire and many partner organisations worked closely together through Operation Toledo to achieve a highly effective CSE Week of Action, which commenced on Monday 9th September 2013. The main objectives for Operation Toledo were to keep children in Lancashire safe from abusers, provide communities with confidence in the service and protection provided and focus attention on the commitment to bringing offenders to justice.

Engage – Assemblies delivered to Year 7 and Year 8 at a High School around internet safety involved 250 young people in total. This coincided with the NSPCC child abuse national launch. Awareness delivered to professionals in the health sector to encourage early identification of risk to CSE and promote referrals.

Neighbourhood officers, with Media Representatives from the BBC, Granada & Lancashire Telegraph, conducted a high visibility initiative around Blackburn Bus Station. The officers displayed posters on all bus shelters and entered into dialogue with bus drivers and passengers in respect of raising awareness around child vulnerability and sexual exploitation. A total of 12 bus drivers and approximately 20-30 passengers were spoken to during this initiative.

Engage Officers attended Darwen Vale High School and completed an awareness raising presentation to approximately 200 Year 10 students. The presentation involved providing an understanding of CSE and vulnerability of young people, including internet awareness.

Examples of Multi-Agency Work and Outcomes

Example on Domestic Abuse/Honour Based Abuse:

Blackburn College safeguarding team received information that a 17 year old female was being abused by her brother. The student informed the college that her brother had been violent towards her, after finding out about her being in a relationship. Her brother took her mobile phone off her and she was not allowed to leave the house or come to college. Her sister contacted the college Safeguarding Team regarding the situation at home; and explained that her parents tried to intervene but the brother refused to listen to them. The college Safeguarding Team contacted the Community Cohesion Team and Children's Services as they were already working with the student.

Every effort was made by the Police and Children's Services to keep the young woman safe, Children's Services provided her with emergency accommodation via the Wish Centre; she remained at the emergency accommodation overnight and subsequently went to live with her sister outside of Blackburn for a period of two weeks until things were settled at home. Police agreed for the student to live with her sister and felt that she would be safe. The police had placed her under protection for her safety, whilst they tried to apprehend the brother.

The young woman is now doing well at college and has moved back home with her parents. The brother is no longer living in the family home. She is in her final year of her course and is hoping to start university in September 2014 to complete a course in Nursing. The multi-agency intervention and support protected the student from harm. The outcome of the intervention was positive and enabled her to receive the support and assistance with the abusive situation.

Examples of Multi-Agency Work and Outcomes

Example on vulnerabilities due to being involved in criminal justice:

The Youth Justice Service (YJS) began to work with LB through Re-connect which is a multi-agency Anti-Social Behaviour (ASB) prevention programme. The aims and objectives of the programme are to provide a robust, structured package of education, intervention and support to young people at risk of causing ASB. LB was referred to the programme by the Community Safety Team due to constant reports of ASB in the community. At the time of referral she was subject to an Acceptable Behaviour Contract

LB is a white British 16 year old female with Special Educational Needs (SEN) in education and with a long history of involvement with Children's Social Care. LB is from a one parent family and relationships between siblings and parent were strained. LB occasionally displayed anger issues towards her family and members of the community. LB was of low mood and agencies found LB and her family difficult to engage. YJS workers carried out a home visit and encouraged LB to join Re-connect. She agreed to attend the programme on a voluntary basis. LB engaged well with the programme and attended every session. Reports of ASB involving LB reduced dramatically throughout the time she was on the programme and beyond. LB achieved an ASDAN award for citizenship.

Throughout the programme it became obvious to YJS workers that LB was anxious and troubled by something. LB later made a disclosure to YJS workers stating that she had been the victim of sexual abuse. The YJS worker encouraged LB to report this to the police, her social worker and her Troubled Families worker. Further support was provided to the family whilst the investigation proceeded. Good multi agency liaison ensured that LB was safeguarded and supported throughout. During this period LB received a Caution for a low level offence – The YJS were successful at advocating for the Caution to be rescinded and replaced with a Triage disposal, which was both proportionate and also avoided LB getting a criminal record.

YJS were also able to assist in formulating a Child in Need plan to help safeguard LB. The YJS also referred LB to Targeted Youth Support for her to attend positive activities. LB was very interested in sports, these activities helped keep LB off the streets, engaged and encouraged alternative activities thus keeping her out of trouble. LB was also referred to the Challenge Programme, a two week positive activity residential. During one home visit the family were in financial crisis as they had not received their appropriate benefits. YJS workers together with the social worker arranged for food parcels for the family.

LB completed the Re-connect programme and this culminated in LB being taken off her Acceptable Behaviour Contract due to the positive changes she had made. The agencies involved with LB have witnessed improved relationship between her and family. She now attends college full time and openly engages with all agencies involved. LB is a much happier, confident and positive individual who avoids causing ASB in the community.

Outcomes –

1. Achieved a nationally recognised qualification – ASDAN award
2. Attends a full time college course
3. Had Acceptable Behaviour Contract terminated on completion of Re-connect
4. Caution rescinded and replaced with TRIAGE preventing criminal record
5. Improved family relations
6. Safeguarding - support frameworks in place
7. Improved self-esteem and confidence

Examples of Multi-Agency Work and Outcomes

Example on Multi-Treatment Foster Care (MTFC) for Adolescents

- 11 Year old girl
- Parents both have diagnosed learning difficulties
- Much older sister with mild learning difficulties and older brother in prison.
- Taken into care in 2012 due to neglect and inconsistent parenting.
- Five placements between early 2012 and move onto MTFC programme in 2014, all of which have broken down.

Presenting problem in previous placements:

- Frequent temper difficulties. Verbal/physical aggression
- Demanding constant attention
- Self-harming behaviours – pulling hair, pinching self
- Sexualised behaviour
- Swearing
- Preoccupied with food
- Difficulties in forming and maintaining friendships with peers.

She has made very good progress on the programme, although her behaviours are still challenging, she has not broken down the placement given the high level of multi-agency working and support that is 24 hour wrap around and the team are working hard at preventing risk. The consistent approach from the team and services around her are enabling her to settle and is setting her up for best success in her current placement, her education and social integration into the community.

Given what we know of the young woman's emotional and behavioural needs and the intense support that is needed, it is vitally important that this level of support be provided for the aftercare/follow on for at least 3-6 months in order to help strengthen the chances of long-term success. Children come onto the programme for on average one year before moving onto what we hope will be their long term placement. Our Birth Family Coach provides the main follow up support post- graduation from the programme.

As this service is an evidence-based intervention service, what we know is that the outcomes for children and young people when providing them with a multi-agency team who can all work together under one umbrella and using one particular method of intervention, is positive. The service has been running since 2006 and has experienced many children graduating and who have successfully sustained their long term placements since.

Examples of Multi-Agency Work and Outcomes

Example of a Child Protection (CP) Plan:

Unborn child made the subject to a CP plan as parents had mental health difficulties and no experience of parenting. It was expected that mother's mental health would be potentially significantly impacted upon around the birth of the baby and immediately following.

Risks were considered high and consideration was given to alternatives for mother and baby, including mother and baby assessment unit and care proceedings to secure the baby in safe place whilst assessments concluded.

There was agreement to fund 24 hour carer support and provide financial support to family members to maintain mum and baby together at home during a potential high risk period. This was in place from birth until November 2013.

The core group included mental health services, social worker, health services, family, private care agency, and housing support agency. A child support officer undertook parenting assessment.

Outcomes –

- Good multi agency working
- Child is thriving in mum's care
- Removed from CP plan to Child in Need. Consideration being given to de-escalating to early help
- Creative use of resource to enable the baby to remain in mum's care whilst very careful supervision was required and intensive support to manage the risks.

Examples of Multi-Agency Work and Outcomes

Multi-agency Working in Early Help and the use of Child & Family (CAF) Plans

One of the borough children's centres received information from colleagues in midwifery services regarding a 'mum to be' who needed additional support.

The young woman was an asylum seeker, who was eight months pregnant and residing in a shared property with three other asylum seekers. She was sleeping on a mattress in her own room, but shared a kitchen and bathroom with the other people in the house. Due to her asylum seeker status her income was limited.

Through the engagement of the Children's Centre Outreach Team it was identified that she had been subject to human trafficking which had resulted in her pregnancy. Her health and wellbeing was compromised and she was taking medication for sleep deprivation and depression.

A Child and Family (CAF) assessment was initiated and a referral. This brought a range of professionals and agencies together to support this young woman including, City Hearts (a support agency for trafficked families), NAS housing, Health Outreach Worker, Midwives, Health Visitor and Children Centre Geographical Outreach Team and Family Support Worker. Concerns were evident regarding whether she would accept or bond with her baby given the circumstances around the pregnancy

Midwifery and Health Outreach workers supported her to address her own health needs during pregnancy so that she understood labour, birth and care of her baby. After the birth of her son she remained in the birthing centre for a week to ensure she was adequately supported in the very early days.

One to one breastfeeding support was made available through the Infant Feeding team, which was enhanced by introducing her to groups.

NAS supported the family to move to a property more suitable and continued to fund the property until her asylum seeking status was addressed through the legal system.

City Hearts supported the young woman with her asylum claim, finances, trafficking, building relationships and appointments.

The Children Centre Geographical Outreach Team introduced the new family into groups and activities into the community and shared all children's centre services. The team shared additional health information such as her and her son taking vitamin D and where this could be accessed. Safer sleep information was discussed and practical examples shown to ensure she fully understood the six steps guidance. She was made aware of the food bank and credit union service. The family have accessed HENRY training, accessing groups and toy library.

A family support worker was allocated to continue to support with the learning and development of her son, monitoring that appointments are attended, encouraging her to explore the community and access services and also support with finding accommodation, sourcing benefits and grants for equipment and furniture for when her asylum claim has been accepted

Outcomes :

- The family have stayed together
- A positive attachment has been formed between mum and her son despite circumstances of conception
- The family are becoming more self-sufficient, but have access to the right help at the right time
- The child is meeting his developmental milestones
- Mum and son's health and wellbeing are good

Examples of Multi-Agency Work and Outcomes

Early Help - Family Support

A two parent family with seven children, and the imminent arrival of the eighth, was referred to the Family Support service in Children's Social Care. The request was for the family support service to take the Child and Family (CAF) lead professional role. The identified areas of support were :

- consistent routines and boundaries for all the children
- behaviour management
- regular and punctual school attendance
- attendance at medical appointments
- improve and sustain home conditions.

Father worked full time and long hours and so was not able to increase his support for the home situation. Mother suffered with anxiety problems and felt unable to leave the home unless a family member was with her. Older children in the family were taking caring responsibilities for younger children due to mother's pregnancy, and hence were missing school.

A number of the children were missing medical appointments due to the family circumstances and concerns existed around parent's poor engagement with professionals.

A CAF was initiated bringing together the range of professionals involved with the family. The family support team allocated two workers to the family each taking the lead professional role for four children.

Through discussion with the mother it was established that she found difficulty in attending meetings regarding her children as they were often overwhelming due to the number of professionals in attendance to support all the children's needs.

It was agreed therefore that the CAF process of TAC (Team around the Child) meetings would continue, but parents would not need to attend. Instead support workers would meet with parents before the meeting to gather their view on progress and gather the views and opinions of the children; these would be shared with the meeting and feedback given to the family after the meeting.

Examples of Multi-Agency Work and Outcomes

The family support team undertook a range of work with the family that included:

- Daily home visits were undertaken in the early days of the work to support getting the children ready for school and walking children to school, especially as mother's pregnancy progressed
- 1 to 1 sessions with individual children in a local children's centre to gain their thoughts and feelings and look at their individual needs such attendance at college for the eldest child and address risk taking behaviour for another - this was also to promote positive relationships within the family
- Support for mother to prioritise medical appointments for the children and family support also accompanied them to all appointments - Family Support workers liaised with health professionals including Manchester Children's Hospital to co-ordinate health appointments for two children to ensure health needs were met
- The service provided financial assistance to purchase beds for three of the children a cooker and washing machine - this supported addressing home conditions and organisation
- Introduced parenting strategies
- Encouragement and support for mother to become more independent

Outcomes:

- The family engaged well with the family support workers and good relationships have been built up with the children ensuring that the voice of the child is taken into consideration
- All health appointments have been followed up and are being attended resulting in diagnoses being made for the children and appropriate support being put in place
- Mother now independently accesses GP and dentist appointments with the children
- Regular TAC meetings take place to ensure appropriate package support for the family - parents still do not attend meetings but work to achieve positive outcomes on the TAC plan
- School attendance has been improved
- Assessment of one of the children by Educational Psychology team which Family Support arranged
- Home conditions improved and are being maintained
- Parents are working together to put appropriate boundaries in place
- Family relationships have improved.

2013-14 Business Plan Progress

Priority Area	Actions	Lead Committee	Timescale	Progress
Reviewing the quality of safeguarding practice	<ul style="list-style-type: none"> Evaluation tools developed for monitoring effectiveness of single agency training; single agency training to be evaluated with a regular program 	Workforce Development Committee	June 2014	Tools completed and programme developed
	<ul style="list-style-type: none"> SCR learning to be impact assessed 	Quality & Improvement (QI) Committee	December 2013	Learning collated and reviewed by QI Committee
	<ul style="list-style-type: none"> Monitoring of safeguarding arrangements in non-maintained schools and mosques 	Safeguarding in Education Committee	March 2014	Reviewed by the Education Committee and appropriate representation from sector secured
	<ul style="list-style-type: none"> Review of E-Safety policies 	Safeguarding in Education Committee	December 2013	Revised policy guidance has been developed and young people have drafted an e-safety charter.
	<ul style="list-style-type: none"> Monitoring MASH effectiveness 	Quality Assurance Committee	October 2013	Audit complete, action plan agreed
	<ul style="list-style-type: none"> Monitoring CSE/MFH effectiveness – revision of procedures 	Pan-Lancs Policy & Procedures	December 2013	Pan-Lancashire protocol revised following publication of national guidance
	<ul style="list-style-type: none"> Multi-agency Inspections preparation; review of local arrangements following lessons from inspections findings 	QI Committee	November 2013	Local agency and LSCB arrangements reviewed using the new Ofsted framework using self-assessments and challenge processes

2013-14 Business Plan Progress

Priority Area	Actions	Lead Committee	Timescale	Progress
Development of the LSCB, Implementation of WT(2013)	<ul style="list-style-type: none"> Management and assurance of risks; partners and partnerships risk assurance for the Board 	QI Committee	March 2014	Sector updates at all Board meetings
	<ul style="list-style-type: none"> Governance of Board: agenda setting; profiles of members; partnership involvement by members; attendance at committees/meeting; business planning and priority setting by partners 	Safeguarding Business Group	December 2013	Board, Business Group & Strategic Planning Group meetings now effectively used to increase participation and involvement of all partners to direct governance of the Board
	<ul style="list-style-type: none"> Working Together Implementation: <ul style="list-style-type: none"> – QA Framework/Minimum data requirements – LI Framework/SCRs – Training evaluation – Thresholds/Assessment Framework – Information Sharing Protocols 	QI Committee QI Committee Workforce Development Policies & Procedures Policies & Procedures	October 2013	New QA/PM Declaration piloted from February 2014 Implemented from June 2013 Tools completed and programme developed Thresholds to be live from April 2014 & Assessment Framework live from October 2013 Agreed by Board in December 2013
	<ul style="list-style-type: none"> Implementation of the revised Safeguarding Education guidance 	Safeguarding in Education Committee	March 2014	Awaiting national guidance to be published – model policy for all schools developed

2013-14 Business Plan Progress

Priority Area	Actions	Lead Committee	Timescale	Progress
Improving communication and participation	<ul style="list-style-type: none"> Strengthen public safety messages from monitoring activity of Board Direct engagement with schools, children and frontline practitioners Effective communication of the Board's key messages Service user involvement in service reviews and service design 	Communications & Engagement Committee	March 2014	<p>LSCB website regularly updated with key safeguarding information</p> <p>Twitter feed established (February 2014)</p> <p>Engagement is captured and fed back to the Board via the Participation Officer</p> <p>Strong links continue to be established between schools and the education committee and safeguarding in education lead. An education category is now available on the LSCB website</p> <p>Key Messages circulated after each board meeting and posted on the LSCB website</p> <p>Service User engagement is captured and fed back to the board via the Participation Officer</p>

2013-14 Business Plan Progress

Priority Area	Actions	Lead Committee	Timescale	Progress
Implementation of the Early Help Strategy and Joint Commissioning Principles	<ul style="list-style-type: none"> • Early Help Strategy agreement and implementation • Development and agreement of multi-agency commissioning principles for safeguarding services 	Children's Partnership Board	March 2014	<p>Agreed and progress report on implementation reported to LSCB in September 2013</p> <p>Commissioning principles have been agreed and distributed amongst key partners</p>
Improving interventions and public services to reduce infant mortality rates	<ul style="list-style-type: none"> • Review all services for effectiveness in reducing infant mortality 	Infant Mortality Group	March 2014	<p>Pennine-Lancashire group, co-chaired by BwD Public Health team has reviewed all services relating to maternal and child health for their availability, reach, access and effectiveness. Ongoing action plan developed and monitored by the group</p>

Priority Areas, 2014-15

From the board members' discussions at the 2014 Development Day, members identified the four key LSCB safeguarding priorities areas for 2014-15:

- Neglect
- Child Sexual Exploitation and Missing From Home
- Children's Voice
- Suicide and Self-harm

Across all priority areas, the LSCB has agreed to monitor the impact, outputs and outcomes for children in all the diverse communities in the borough.

The LSCB's business plan outlines the actions associated with each priority area and the relevant LSCB, Children's Partnership Board or wider partnership group with responsibility to complete the relevant actions.



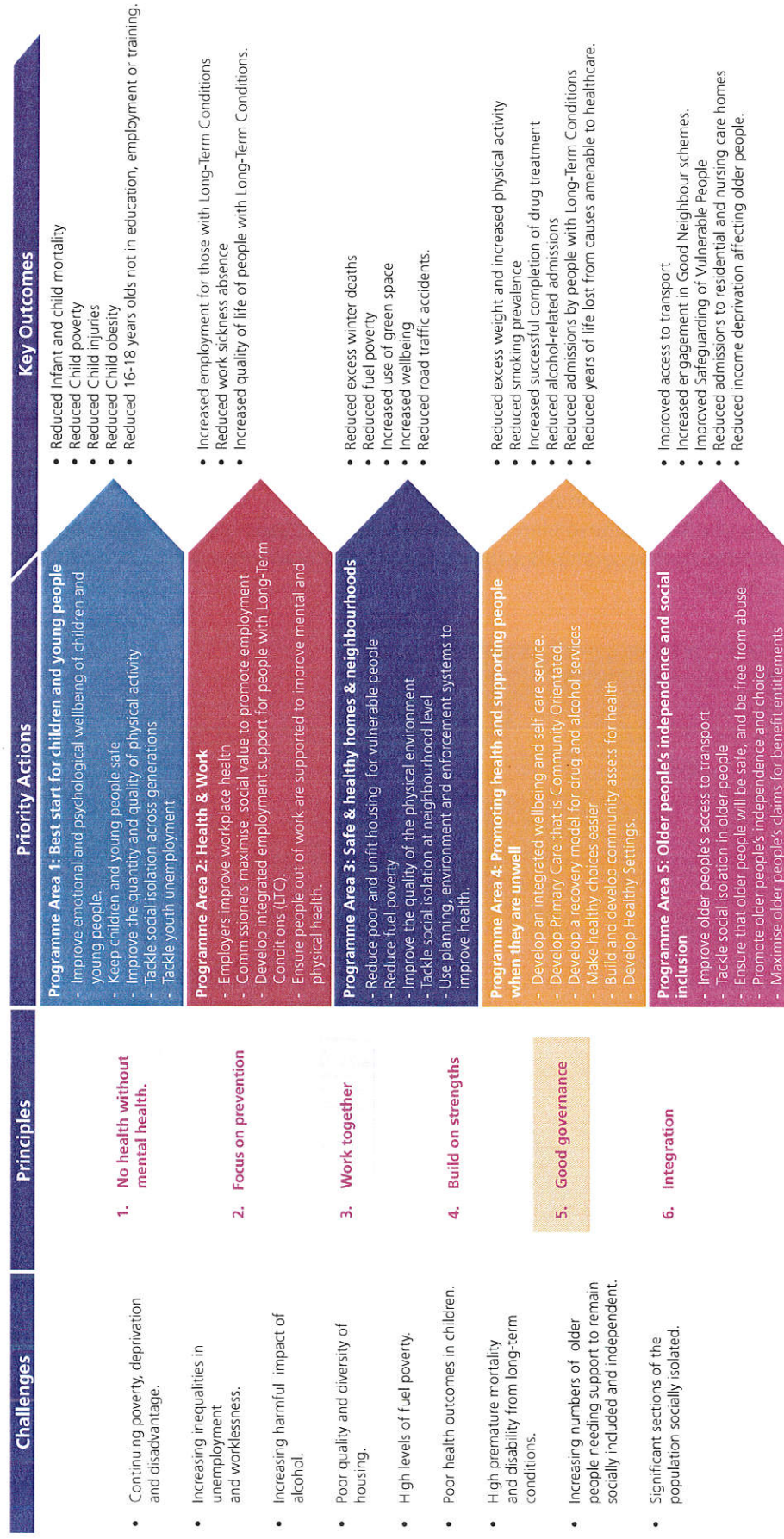
Health and Wellbeing Strategy - Plan on a Page

Our overarching goal is:

Year on year, to increase the life expectancy of Blackburn with Darwen citizens, and to reduce differences in life expectancy between Blackburn with Darwen and the national average.

To address the challenges identified, five priority programme areas for shared action across partners have been agreed by the Health and Wellbeing Board, based on public and stakeholder consultation and evidence of what works. The Board will focus on these five priority programme areas to improve the physical and mental health and wellbeing of Blackburn with Darwen's residents, using the approach and principles described in the previous two sections. In each of these programme areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups.

For each programme area we have also identified a number of Key Outcomes, such as infant mortality and admissions to residential care, improvements in which will demonstrate the difference being made locally, by delivery of this strategy and all the other plans and actions it influences.



Business Plan, 2014-15

Priority Area	Actions	Lead Committee / Partnership Group	Timescale
Neglect	<ul style="list-style-type: none"> Audit the quality of practice relating to neglect cases 	Quality Assurance Committee	September 2014
	<ul style="list-style-type: none"> Audit the quality of practice for all age groups of children and all communities 		
	<ul style="list-style-type: none"> Use findings from audit to recommend any changes to LSCB training, communications and policies/procedures 	Workforce Development, Communications & Engagement and Policies & Procedures Committees	October 2014
	<ul style="list-style-type: none"> Recommend any changes required to services provided for children experiencing neglect 	Children's Partnership Board	December 2014
Child Sexual Exploitation and Missing From Home	<ul style="list-style-type: none"> Monitor and assist in the implementation of changes to service provision for children experiencing or at risk of CSE and/or MFH 	LSCB Board	December 2014
	<ul style="list-style-type: none"> Audit the quality of practice and effectiveness of services for children experiencing or at risk of CSE, including for children from the different communities of the borough 	Engage	December 2014
	<ul style="list-style-type: none"> Audit the quality of practice and effectiveness of services for children who go missing or at risk of going missing 	Quality Assurance Committee	March 2015
Children's Voice	<ul style="list-style-type: none"> Monitor the child and family's view of the impact of services provided at early help, child in need and child protection levels 	Children's Partnership Board	March 2015
	<ul style="list-style-type: none"> Monitor the effectiveness of safety communication material provided by board agencies 	Communications and Engagement Committee	March 2015
	<ul style="list-style-type: none"> Monitor the views and wishes of children and families on the work of the LSCB 	Communications and Engagement Committee	March 2015

Business Plan, 2014-15

Priority Area	Actions	Lead Committee / Partnership Group	Timescale
Suicide and Self-Harm	<ul style="list-style-type: none"> • Monitor through the CDOP and Health & Wellbeing Board the implementation of actions from local suicide and self-harm strategy • Monitor the actions and service recommendations from the Children's Emotional Health & Wellbeing Integrated Strategic Needs Assessment (ISNA) 	<p>CDOP and Health & Wellbeing Board</p> <p>Children's Partnership Board</p>	<p>December 2014</p> <p>December 2014</p>