

Blackburn with Darwen Local Safeguarding Children Board (LSCB)

Annual Report (2014-15)
Business Plan (2015-16)



*Blackburn
with Darwen*





Contents

1. Introduction by the Independent Chair	page 1
2. Governance and Accountability	page 3
Relationship of LSCB with other partnership Boards	page 6
Budget & Resources	page 8
Attendance at Board Meetings	page 9
3. Blackburn with Darwen: the place, the people and their needs	page 10
4. Monitoring Activity of the LSCB	page 11
Case File and Practice Audits	page 11
Multi-Agency Concise Reviews (MACRs)	page 13
Serious Case Reviews (SCRs)	page 13
Performance Monitoring & Quality Assurance	page 14
5. Participation	page 21
Multi-professional Discussion Forums (MPDFs)	page 22
Child and Parent/Carer Consultations	page 22
6. Training Provision	page 23
7. Child Death Overview Panel	page 30
8. Examples of Multi-Agency Work and Outcomes	page 32
9. Business Plan Priorities, 2014-15 – Progress	page 38
Priority Areas (2015-16)	page 40
Appendix 1 – Health & Wellbeing Strategy, 2015-18 – Plan on a Page	page 41
Appendix 2 – Business Plan, 2015-16	page 42

Introduction by the Independent Chair

Dear Colleagues,

I am delighted to introduce the Blackburn with Darwen LSCB Annual Report for the year 2014 – 2015.

I would like to start by taking this opportunity to recognise and commend the dedication and commitment of all the staff across the LSCB partner agencies in working tirelessly to safeguard our children and young people and to improve outcomes for them.

There is much good work going on within Blackburn and Darwen, and all in the context of increasingly difficult and complex caseloads as the thresholds for child protection intervention continue to be refined.

Excellent partnership working is taking place across the borough at all levels of the continuum of need. This is evidenced by the case studies featured at the end of this report, demonstrating effective single and multi-agency working and summarising the impact of that work.

The following summary of activity highlights some of the work undertaken within the purview of the LSCB, but is by no means exhaustive.

A Memorandum of Understanding, outlining inter-relationships between key local partnerships has been implemented this year, further enhancing the effectiveness of joint accountability arrangements.

Although in the main excellent, there are still some issues of consistency of representation and attendance to be resolved with a small number of partners. This is an issue I will be pursuing in the forthcoming year.

The year has seen some significant increases in safeguarding activity with enquiries conducted at the threshold of significant harm up by 25% and Initial Child Protection Conferences up by 21%. The impact of this on workloads cannot be underestimated and the LSCB will continue to monitor this and other relevant data, raising concerns where necessary.

Child Sexual Exploitation has remained a top priority for the LSCB and the multi-agency work of the Engage team continues to offer a good service to young people on the verge of, or exposed to, risk from CSE.

Service User Voice has been a priority area through this year and it is pleasing to note significant improvements in this area with a good majority of service users reporting that they feel well informed and involved in decision-making.

It is pleasing to report that the Clinical Commissioning Group has exceeded its target in achieving 100% General Practitioner practice compliance with the safeguarding framework.

Introduction by the Independent Chair

This year saw the introduction of a series of Multi-Professional Discussion Forums enabling front line practitioners from across disciplines to come together to discuss a range of children's safeguarding topics. In the main these have been well attended and have generated lively discussion, culminating in a 'you said; we did' brainstorm for the LSCB to respond to.

Training is one of the most costly and valued elements of LSCB activity. In an environment where there are frequently waiting lists for attendance on courses it is disappointing to see an overall attendance rate of only 84%. Whilst this is an improvement on previous years, there is still some further improvement to be made

Training impact assessments have been introduced this year, requiring training attendees to demonstrate the value of the training they have received in terms of its impact on their work and outcomes for service users. This will help the LSCB plan and improve the training offer for future years.

Following national findings in relation to CSE, this year the LSCB has worked with the taxi licensing authority to bring about mandatory safeguarding training for all new taxi license applicants. Plans are in progress to extend this out to existing license holders.

I hope this brief summary of some of the LSCB's activities has been a useful introduction to this document, which I am pleased to commend to you.



A handwritten signature in black ink that reads "Nancy Palmer". The signature is fluid and cursive.

Nancy Palmer

Independent Chair, Blackburn with Darwen LSCB

Governance and Accountability

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

LSCB (Chair: Independent Chair)

- 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 identify how multi-agency arrangements can be improved and ensure the effectiveness of safeguarding arrangements and services

Business Group (Chair: Independent LSAB or LSCB Chair)

- 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)

(Chair: Lancashire County Council Public Health)

- Undertake comprehensive and multidisciplinary reviews of child deaths so that the LSCB better understands how and why children in the area have died 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 (Chair: Lancashire Constabulary)

- 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 (Chair: Safeguarding Unit)

- 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 (Chair: Safeguarding Unit)

- 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 the threshold for SCRs

Children's Quality Assurance Committee (Chair: LSCB Independent Chair)

- 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



Governance and Accountability

Safeguarding in Education Committee (Chair: Training 2000)

- 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 (Chair: LSCB Business Managers)

- 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 (Chair: LSCB Chairs)

- 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 number 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.

In 2014-15, the LSCB along with the key local partnerships agreed a Memorandum of Understanding that outlined how relationships between these partnerships will be maintained and monitored.

Children's Partnership Board (CPB) – The CPB is a sub-group of the Health & Wellbeing Board that leads on the priority area of 'Start Well'. The Start Well area has four key areas of actions that are:

- Implementation of the Early Help Strategy;
- Production of a borough-wide parenting skills offer;
- Take forward the recommendations from the children's emotional health and wellbeing strategic needs analysis; and
- Promote the multi-agency training programme for Adverse Childhood Experiences (ACE).

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 the Head of Safeguarding 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 (2015-18). The Health & Wellbeing Board's 'Plan on a Page' is provided in Appendix 1.

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.

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 Safeguarding attends the Youth Justice Service (YJS) Management Board;
- The Head of Safeguarding chairs the Channel Panel (referral panel to identify preventative work for children and young people at risk of extremism);
- The Head of Safeguarding is a member of the Lancashire MAPPA Strategic Management Board;
- The Head of Safeguarding attends the Strategic Domestic Abuse Group and the Safeguarding Development Manager advises on the domestic homicide review process and the prevent agenda.

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 in 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.

LSCB Independent Chair and Chief Officers – The LSCB Chair meets quarterly with the Chief Executive of the Local Authority and 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.

Prevent Governance – The Head of Safeguarding chairs the Lancashire Channel Panel. The Head of Safeguarding attends the Prevent Delivery Group and reports regularly to the LSCB.

Multi-Agency Public Protection Arrangement (MAPPA) – The Head of Safeguarding represents Blackburn with Darwen at the MAPPA Strategic Management Board.

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 2014-15, including ad-hoc contributions were as follows:

Children's Services & Education	£72,200
Adult Services	£50,000
NHS BwD Clinical Commissioning Group	£50,000
Primary & Secondary Schools	£32,900
Lancashire Constabulary	£13,260
Lancashire Probation Service	£5,967
Blackburn College	£4,000
Training 2000	£1,500
CAFCASS	£550
Total	£230,377

Contributions by partner agencies for the 2015-16 year will remain broadly similar.

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 £261,000 in 2014-15. Below is a breakdown of the Safeguarding Unit's spending for 2014-15:

Salaries	£194,640
Fees: Independent Facilitators, CDOP, TRI-X Site & Website	£50,991
Training Costs	£10,830
Office, Travel, Committee & Meeting cost	£4,877
Total	£261,338

The additional £30,961 spent by the Unit has been met from reserves from previous year under-spends.

Attendance at Board Meetings

For the four board meetings and two development days held during the 2014-15 year, the following is the attendance rates of the member agency and nominated board member:

Organisation/Member	2014-15 Attendance Rate (Agency)	2014-15 Member/ Nominated Deputy Attendance
Independent Chair	N/A	100%
Training 2000 (Vice Chair)	100%	100%
Lay Member	N/A	66%
Executive Member, Children's Services	N/A	83%
Director Children's Services	100%	100%
Placement Services, Children's Services (member from January 2015)	100%	100%
Adult Services	100%	83%
Safeguarding Unit	100%	100%
Designated Nurse/Doctor	83%	83%
BwD Clinical Commissioning Group	66%	66%
Public Health	100%	100%
NHS England	66%	66%
East Lancashire Hospitals NHS Trust	75%	75%
Lancashire Care Foundations NHS Trust (Adult Mental Health & Community Health Provider Services)	83%	83%
Great Manchester West NHS Foundation Trust (Adult Substance Misuse)	16%	0%
Lancashire Constabulary (Force Public Protection Unit)	100%	83%
Legal Services, Blackburn with Darwen Borough Council	100%	83%
Youth Justice Service	83%	83%
National Probation Service	50%	50%
Cumbria & Lancashire Community Rehabilitation Company	100%	100%
Community, Voluntary Services (CVS)	83%	83%
Children and Family Court Advisory and Support Services (CAFCASS)	66%	66%

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

Committee	2014-15 Attendance Rate – average for all meetings
Communications & Engagement	60%
Workforce Development Committee	57%
Quality Assurance Committee	80%
Safeguarding in Education Committee	65%

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 summary assessment below of the borough to identify priorities to improve the outcomes for children and young people in the borough.

The 2011 Census revealed that the borough had approximately 57,453 households and 147,489 residents, which was an increase on previous estimates. Blackburn with Darwen continues to have a younger than average age profile, with 28.8% of its population aged under 20, which is the fourth highest proportion in England. Based on the proportion of under-15 year-olds, Eurostat has identified it as one of the youngest towns in Europe. The borough's population is diverse, with 13.4% of residents having Indian heritage and 12.1% Pakistani. These are respectively the 11th highest and 6th highest proportions of any local authority in England.

Deprivation scores continue to be based on the 2010 Index of Multiple Deprivation, which ranks Blackburn with Darwen as the 17th most deprived borough in England. The borough has eight of its 91 Lower Super Output Areas (LSOAs) falling within the most deprived 1% nationally, and 31 falling within the most deprived 10%. The generally high levels of deprivation have consequences for the borough as a whole, and the contrast between neighbourhoods also leads to significant internal health and social care inequalities.

Across a range of indicators (poverty, families with multiple problems, children involved in risk taking behaviours, child/infant mortality, emotional health, sexual health, oral health, road traffic accidents, violent and sexual crimes) there remains challenges for the borough to ensure children receive the best start and foundation for their adult lives. The priorities in the Health & Wellbeing Strategy to address these needs are provided in Appendix 1.



Supported by the council, business leaders in the borough have come together to form an influential network known as the 'Hive', with the ambition of turning Blackburn with Darwen into nothing less than a 'world class' business area. Launched in 2012, the Hive is now an integral part of the Local Strategic Partnership. The Hive network has recently published its 'Plan for Prosperity' for the years 2014-2020, setting out its vision not only for business investment and employment, but for infrastructure and housing, quality of life, educational attainment and the general image of Blackburn with Darwen.

Monitoring Activity of the LSCB

Case File and Practice Audits

In last year's annual review and through the Quality Assurance Committee's timetable the following areas were identified where auditing and monitoring activities were to be focused for the 2014-15 year:

- Child Sexual Exploitation
- Children who go missing from home
- Neglect
- Functioning of Child Protection Conferences & Looked After Children Reviews
- Understanding of Continuum of Need & Response thresholds

Auditing activity in relation to the thresholds and missing from home audits is being progressed and will be reported on in the 2015-16 Annual report.

Child Sexual Exploitation

Children's Services commissioned a peer review of practice in child sexual exploitation (CSE) cases (all open cases and some recently closed) held by the Engage Team. The cases reviewed identified risk and need across the continuum of need including cases where services were provided to prevent children becoming vulnerable to CSE all the way through to cases where children had experienced CSE. The peer review included focus group activity with children, parents and practitioners across the multi-agency partnership.

The peer review identified that at the strategic level there were key strengths: CSE is prioritised by local leaders (political/governors and officer levels and partnership boards); that there are a good range of services covering the range of needs children vulnerable to and expiring CSE require, including services their parents require; and there is very strong partnership arrangements in place that have matured and developed over time resulting in all partners embedding a culture that CSE is 'everyone's business'.

At a practice level (operational level), both practitioners and children reported positively about the range of work that was undertaken to address need/vulnerability and risk, including numerous examples from children and families of how the practice had contributed to improved outcomes and reduction of risk.

Across the strategic and operational levels a number of areas of improvement were also recommended:

1. Renew strategic purpose around CSE work
2. Review the remit, structure and management of the Engage team
3. One child, one assessment, one plan
4. Improve practice by agreeing tools for direct work and developing a practitioners operational group
5. Align the Performance & Quality Assurance frameworks for CSE work with broader department processes

Children's Services will lead on monitoring actions from the peer review, reporting to the LSCB's new CSE & Missing from Home Committee on progress.

Monitoring Activity of the LSCB

Neglect

Social care, family support and partner files were audited to look at the quality of practice in neglect cases from the identification stage to service reviews.

Auditors found that the identification and assessment of neglect was of a good quality with areas around diversity assessment and inclusion of the child's voice requiring improvement. At the analysis stage within the assessment, auditors identified that analysis of risks and needs and parenting capacity/motivation for change were usually the most common areas requiring improvement.

The quality of the planning and review processes in the social care and family support files was more variable with just over a third of plans considered to be SMART. The voice of the child and of parents was not generally reflected in the planning stage.

Due to the findings in relation to planning, service reviews and voice of the child, auditors rated only around a half of cases as meeting expected standards.

The local authority has already begun to draft a Neglect Strategy and is looking at refreshing its use of the Graded Profile toolkit.

Child Protection Conference & Looked-After Children (LAC) Reviews

In four out of five initial child protection conferences observed, auditors felt the initial conference meeting was of a good or outstanding quality. The main area for improvement identified in a fifth of cases that were not of a good quality is the way in which reports (by all partners) were made available to the conference. Verbal reports in particular reduced the effectiveness of analysis and decision making in the conference.

In over a half of cases, the review child protection conference observed was considered to be of a good or outstanding quality. In the conferences that were below standard, the lack of updates to the conference and lack of analysis of the impact services had made to reduce risk and address need was highlighted.

In three-quarters of LAC reviews, auditors felt that the quality of the review meeting was of a good or outstanding quality. In cases where the quality of the review was felt to be below standards, the main issues related to the meeting receiving meaningful updates about the legal status of children and involving the child into the review process.

The Quality Assurance Committee will monitor the multi-agency agreed action plan from the audit to implement the learning.

Monitoring Activity of the LSCB

Multi-Agency Concise Reviews (MACRs)

In the 2014-15 year there was one referral considered by the SCR Panel for a MACR. A MACR review led by an independent reviewer using a systems method was commissioned and reported back towards the end of the year.

The MACR involved the review of practice in a number of agencies to look at if any preventative opportunities were missed and the quality of decision making at key points once the abuse in the case was identified.

The MACR found that no opportunities were missed to identify the abuse at earlier points in the review period, but did recommend that the processes for information sharing between hospital and community health services required review as the different departments within the hospital providing paediatric assessments had different thresholds for sharing information.

Once the abuse in the case was identified, the MACR found that processes and decision making around making safeguarding enquiries, undertaking assessment (in particular risk assessment) and planning safe care requires improvement. Social care and police practice in the case at the point when the abuse was identified, at the point the child became looked-after and at a further point in the case when risk was considered to have escalated, did not comply with existing LSCB policies and procedures resulting in an imbalance between a child's right to family life and agencies justifying intervention.

The Review Group set up to undertake the MACR will be completing an action plan from the findings and the Quality Assurance Committee will monitor its implementation and impact.



Serious Case Reviews (SCRs)

There were no SCR referrals received by the LSCB in 2014-15 and no reports received from the local authority or youth justice services of serious incident notifications that they had to make to their respective regulators.

At the end of 2013-14, one SCR consideration required further information before a decision could be made whether a SCR was required. The SCR Panel and LSCB Chair decided that this case did not meet the criteria. This decision was agreed by the National Panel of SCR Experts.

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 declaration seeks not only information on quality assurance activity and performance indicators, but seeks analysis from each agency on what that information means (the impact safeguarding activity has made to children's outcomes, the impact activity has made in improving the quality of practice and improving the safety of the local multi-agency safeguarding system).

Children's Services & Education – The number of children with Child & Family Plans (CAFs) has remained fairly steady through the year with 357 plans in place at the end of the 2014-15 year. Escalation from CAFs to social care led services and de-escalation to CAF planning has also stabilised at around eight cases moving between the different levels of the continuum per month. Partner agencies undertaking the role of Lead Professional for CAFs has seen some movement, away from half of CAFs being led by schools to a more equitable distribution across health, education, voluntary sector agencies and early years.

Demand for social care led services has increased by 13% in the year, leading to the number of referrals increasing by 24%, the number of enquiries conducted at the threshold of significant harm increasing by 25% and the number of initial child protection conferences being held increasing by 21%. The additional demand for assessment and child protection activity has led to timescales for conducting assessments (74% completed in statutory timescales) and holding initial conferences (77% in timescale) to be below target levels. The proportion of child protection plans where a child has been re-registered has increased from 10% in 2013-14, to 24% in 2014-15. Analysis of these cases highlights the difficulty for parents experiencing domestic abuse to sustain the change required or engage effectively with service provision so as to provide an environment for their children that is free from abuse. As a result of the increases the overall number of open cases held by the social work teams has increased by 7% in the year.

The number of looked-after children has decreased by 8%, with data on placement stability, applications for adoption and special guardianship orders and leaving care all showing positive movements.

191 referrals were made to the Engage Team, 92% of which required input from the team. Around a fifth of these cases identified that a child had been exposed to risks associated with exploitation and the remaining cases where the child had identified vulnerability indicators. In just over half of cases, the child received a service led by social workers and the remainder received services from the Engage Team.

242 children were reported as missing from home or care; 80% involved children living in their own homes and 20% involved children who were in care. All the children and families who consented to a return home interview to be conducted received an interview, with just over half receiving the interview within statutory timescales. Improving the percentage of children receiving a return home interview within statutory timescales remains an area of managerial focus to ensure statutory timescales can be met for all children.

Education data for children missing from education, children home educated, children receiving alternative education provision and children excluded from schools is positive with good progress being made to ensure their whereabouts are known.

Monitoring Activity of the LSCB

General case file auditing by team managers, Independent Reviewing Officers (IROs), heads of service and the Director of Children's Services (DCS) have all identified that around two-thirds of cases are meeting the required standard of practice. In the third of cases not meeting expected standards, case recording and case summaries are the consistent issues requiring improvement.

Thematic audits on Personal Education Plans (PEPs), s.47 strategy discussions, child protection plan re-registrations, missing from home for out of borough placements, CAF and CSE have been undertaken. Good practice was identified across all the audit themes with case recording being a consistent theme for improvement. For strategy discussions, missing from home and CSE, new processes have been designed following the learning identified in the audits.

Service user voice (child and parents) has improved significantly through the year with a number of teams within the department receiving or working towards Investors in Children accreditation. The vast majority of service users felt they were involved in decision making, that they were provided with information to help them understand why services were involved and satisfied with the service they received. Analysis of a sample of CAF and Child In Need cases that were closed, demonstrated evidence of needs being met and risk being managed at the point of closure.

Health Commissioners – information has been received from all the three health commissioners.

The Clinical Commissioning Group (CCG) has a Safeguarding Assurance Group which is a sub-group reporting to the Quality Performance and Effectiveness Group. 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 Group. 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 which rated their arrangements as providing 'significant assurance'. The action plan from the evaluation will be monitored via the CCG Quality Performance and Effectiveness Group.

The delivery of the GP Safeguarding eight point framework was one of the key targets of the CCG quality premium. The target is 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 target with 100% of practices reporting as compliant.

The Public Health team are involved in commissioning a range of services impacting on the health and social care of children: health visiting and school nurse services; alcohol and substance misuse; sexual health services; emotional health services; 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.

Monitoring Activity of the LSCB

As services are re-commissioned from their original primary care trusts (PCT) or local authority contracts, the Public Health team have been undertaking needs assessments to inform the commissioning process. The needs analysis continues to involve large numbers of service users through stakeholder engagement sessions to provide information on how they would like services designed and delivered. Contract monitoring processes collate information on contract compliance and performance statistics and the Public Health team are developing with Liverpool John Moores University a QA Framework to ensure data on the quality of services can be collated.

NHS England (Lancashire) facilitates and gains assurance from partners as well as providing strategic direction to health services in all elements of safeguarding. As part of its statutory duties, NHS England has undertaken quarterly assurance reviews in Blackburn with Darwen CCG. These reviews focus on the performance of the CCG in meeting their responsibilities. Effective safeguarding arrangements for children form part of the assurance process and there is regular scrutiny of governance that is in evidence in the CCG.

NHS England is a key partner in supporting the delivery of health economy wide action plans following CQC inspections and focus has been given over the last twelve months on supporting development of robust safeguarding arrangements in East Lancashire Hospitals Trust (ELHT) and Calderstones Foundation Trust following a recent Care Quality Commission (CQC) inspection.

Enhanced surveillance of local care providers, e.g. general practices/dentists takes place via the Lancashire Quality Surveillance Group which is hosted by NHS England on a monthly basis. This approach has enabled the local NHS England team to work in a preventative way with providers, as well as responding reactively, to reduce the risk of harm from occurring. Significant resource has been made available by NHS England over the past twelve months to train professionals, host educational events and there has been much development work on toolkits, guidance and assurance frameworks to continually improve performance in safeguarding.

In the past twelve months, the local NHS England team has set up a Health Safeguarding Advisory Forum. This forum helps to bring health partners from commissioning and provider organisations together and allows for robust discussion on national, regional and local issues. The establishment of the Collaborative Safeguarding Group was also set up this year to enable commissioners from across Lancashire to come together to commission safeguarding services in a robust way; NHS England as commissioners of primary care contributed to this group. The group have supported the development of contract quality standards and a joint assurance framework on which to base assessment of quality and safeguarding.

NHS England has ensured that prevent (preventing individuals from being radicalised or becoming extremists) is a key component of safeguarding training for all health professionals across Blackburn with Darwen. It is now a contractual requirement to deliver prevent training, thus ensuring that vulnerable children and young people who could be targeted by those intent on radicalisation are identified.

Monitoring Activity of the LSCB

Serious case reviews, domestic homicide reviews and mental health homicide reviews have provided significant learning both locally and nationally. In collaboration with CCGs, NHS England is commissioning appropriate support to ensure that GP involvement in the cases is reviewed and assessed in line with requirements in guidance. The learning from these are disseminated through the Lancashire Quality and Safety Meeting and the Health Safeguarding Advisory Forum hosted by NHS England. Recommendations from reviews are monitored by safeguarding professionals in collaboration with NHS England from a general practice perspective.

The NHS England local team are the link for the national work streams around safeguarding e.g CSE. There is regular feedback from national and regional safeguarding groups to inform the local safeguarding team in Blackburn with Darwen; there is also the opportunity due to these links to influence the regional and national agenda on safeguarding via the work that safeguarding professionals in Blackburn with Darwen are undertaking. An example of this is the work of the Engage team in Blackburn with Darwen whose good practice has been celebrated in national documents.

The services that NHS England commissions e.g health visiting, young offenders health services are monitored on a monthly basis via quality contract meetings. These providers are required to provide robust data in respect of all elements of service provision including safeguarding. Similarly, primary care contractors e.g. GPs are required to declare on a yearly basis that they are compliant with all elements of their contracts and this includes safeguarding practice. In Blackburn with Darwen, 100% of practices have declared their compliance. All practices are required to have a lead GP for safeguarding and these GPs are responsible for ensuring that their practice remains up-to-date with their statutory responsibilities. NHS England is responsible for ensuring that all GPs undertake revalidation. Locally the revalidation discussion includes safeguarding and other elements of quality clinical care.

Health Providers

Through the CCG's safeguarding audit findings, a key recommendation is to improve the quality assurance information from providers. In the declaration returns from community services and acute services, there is already evidence of how the providers are beginning to meet this requirement.

Community health and acute health providers have identified that through improved processes and communication across their network of services, the referrals to their specialist safeguarding services have increased throughout the year.

The community health provider has made good progress in the implementation of their Safeguarding Strategy and integrated this across their network of services. The strategy illustrates the vision for a three year strategic approach to maintain safe and effective safeguarding services, strengthening arrangements for safeguarding children, young people and adults and incorporating full implementation of the Mental Capacity Act (MCA). The community health provider has reported on a number of internal audits and action plans as part of a continuous quality improvement programme, these include, domestic abuse, quality of health assessments for young people looked after, young people known to the Engage team, training and supervision.

Monitoring Activity of the LSCB

Community health providers have identified that through improved processes and communication across their network of services, the referrals to their specialist safeguarding advice and consultancy teams have increased throughout the year, demonstrating an increased awareness of safeguarding responsibilities and actions required to promote safety and prevent harm.

The Safeguarding team of the community health provider are fully engaged in the Multi-Agency Safeguarding Hub (MASH) developments, members of the team are co-located with partner agencies to support delivery of this key multi-agency safeguarding model.

Health organisations have a responsibility to ensure employees have access to supervision support to enable them to fulfil their welfare and safeguarding responsibilities effectively. For the community health provider additional supervision processes for practitioners has been praised by staff and impact of new processes and training are being measured positively. Training compliance rates have remained consistently high throughout the year. Regular collation of case studies identifies for the service demonstrates how their practice and services are contributing to improving children's outcomes.

Throughout the year the community health provider has been effectual in ensuring that children in care have their statutory health assessments completed within timescale. Between 96% and 100% of all children in care had their health assessed and needs responded to. This figure is higher than the national requirement of 87% and of a general regional expectation of 90%. The community health provider is hosting a Care Leaver's Nurse post to be part of a multi-agency team approach to the needs of care leavers. This post has supported young people to engage in meeting their health needs and has resulted in improved health.

The Sudden Unexpected Death in Children (SUDC) service remains 100% compliant in undertaking the rapid response process for all unexpected child deaths in Blackburn with Darwen.

For the acute health provider systems and training improvements have continued to be made and across a number of safeguarding indicators that CQC will monitor the provider against, above target performance is being achieved in the use of safeguarding and early help processes (with the exception of training). Feedback from patients also continues to be strong. The provider has led and been involved in a number of revisions to LSCB policies and procedures with strong feedback from practitioners during the consultation phases.

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 and 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). Where referrals onto specialist services to meet education and health needs (including emotional health) or prevent further criminal activity are made, engagement and successful reduction of risks remains high. The Multi-Agency Risk Management (MARM) Panel focuses on cases where the child's vulnerability or risk level is high. The Panel is well established and is the key forum for making risk management decisions. Performance of the Blackburn with Darwen Youth Justice Service (YJS) is within the best performing YJS' in the country.

Probation services (NPS & CRC) provided information on 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 managers chair and attend MAPPA meetings, in which safeguarding children is prioritised.

British Transport Police (BTP) – data and section 11 audit information has been sent to all LSCBs for the first time from the BTP. BwD is within their Pennine sub-division covering most of the northern counties of England. As the geographical area is one of the largest in the country, the number of incidents is also the highest. Missing from home children and children committing offences are two of the highest incidents requiring BTP to refer to other territorial police forces or social care. Within missing from home incidents, around 60% relate to looked-after children.

The service is introducing stronger leadership and clearer processes to fulfil its safeguarding responsibilities, however provision in a number of areas (training, policy development, children's voice, HR, LADO, information sharing and partnerships) are rated as complete, but work remains outstanding to fully implement their safeguarding arrangements.

Monitoring Activity of the LSCB

Family Justice (Legal Services & CAFCASS) - The major pressure from a Legal Services & CAFCASS 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 16.5 weeks in January 2015 (20.8 weeks at the same point in 2014) compared to a Lancashire average of 18.2 weeks. In terms of the maximum age of a case, this has been recorded as 63.4 weeks in January 2015 (45.1 weeks in January 2014) compared to a Pan-Lancashire average of 84.4 weeks. A lower number of cases for the borough will cause some variation when averaged across a short period of time.

In terms of the RAG system, a total of three red, six amber and twelve green cases were recorded in the January 2015. 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. In private law, there were seven section 7 information sharing requests to the local authority and five section 37 requests for assessments in the four month period between December 2014 and March 2015. Across Lancashire, the trend appears to be downwards for private law cases as a result of the changes in legal aid thresholds.

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.

The overall trend in 2014-15 for CAFCASS' private law work has seen a reduction in the number of applications to court and also reduction in number of section 7 (information sharing) requests from the local authority. This decline in applications has resulted in more complex cases being dealt with by officers and the courts, as pre-court intervention and services cannot be used to ensure the safety of children. Where it is possible to use pre-court disposal services, the range of services now being offered by CAFCASS ensure that safeguarding is a key factor considered in every process. Services exist for parents to inform them of family justice processes and services also have been commissioned (regionally) that provide professionals in the family justice arena with advice and information.

Monitoring Activity of the LSCB

Voluntary, Faith, Youth, Housing, Learning and Community Sectors – information from these sectors is varied as some have extensive and daily contact with safeguarding issues, whereas others will only experience the need to make multi-agency referrals a few times a year.

For services in daily contact with safeguarding issues, information from these agencies appears to be more detailed with identified measures for outcomes and impact of services. For these agencies an increase in demand for services appears to be the trend; the additional demand resulting from improved processes and communication about their services.

For agencies with less contact with safeguarding issues, their targeted work with children and families is the key route by which safeguarding issues are identified and referred. For these services, demand for child protection services appears to be stable over the last two years.

Participation

To identify what issues and safeguarding arrangements require priority for improvement the LSCB collates information from direct and indirect participation activities with practitioners, children and their parents/carers.

The LSCB undertakes direct work with practitioners through Multi-Professional Discussion Forums and asks frontline practitioners and their managers about how safeguarding arrangements within a particular theme can be improved by the LSCB.

The LSCB uses the participation work of partnership bodies like the Health & Wellbeing Board, Children's Partnership Board and single-agency participation activity (through the Participation Steering Group) to identify what children and their parents/carers would like to be prioritised for service and process improvement.



Monitoring Activity of the LSCB

Multi-professional Discussion Forums (MPDFs)

The LSCB has undertaken six MPDFS during the 2014-15 year covering the following themes:

- Child & Family Plans (CAFs)
- Safer Sleeping Messages
- Hard to reach/engage families
- Local Authority Designated Officer (LADO)
- Information Sharing
- Continuum of Need & Response Framework Thresholds

A common theme that has been identified across all the six MPDFs has been about communication – ensuring changes made to policies are communicated to the frontline; ensuring up-to-date information is available about the range of services in the borough; ensuring information on websites and intranets is easily accessible; clarity in guidance and communication materials.

In a number of MPDFs, practitioners identified that additional multi-agency training was required to cover themes like information sharing, use of CAFs and the use of the borough's risk sensible model.

The MPDFs have not identified that additional services are required or that more policies/ procedures should be prescribed.

Practitioners who attended the MPDFs have been contacted with a summary of the learning they had identified and informed about what action is being taken to implement the learning.

Child and Parent/Carer Consultations

Children and young people have been involved in a range of activities where their participation has been sought that can be categorised as follows:

- Involvement in recruitment and ownership of meetings – involvement in panels and decision making to recruit team managers, social workers and IROs; participants and chairs of steering groups including partnership boards and council scrutiny groups
- Consultations regarding new/revised services – education health care plans, missing from home processes, youth court processes, problem-solving courts service, school nurse service and Transforming Lives panel
- Development of policies, communication tools and training of staff
- Involvement in conferences and communication campaigns – to ensure the voice of the child is reflected in awareness campaigns so that their experience of abuse/neglect is heard effectively and explain how services can assist

Through the variety of consultations, four issues can be identified as the most important (most commonly mentioned) for children and young people in improving safeguarding arrangements:

- Accessing appropriate health services;
- Availability of youth services and activities for children and young people;
- Services for improving emotional and mental health to be accessible; and
- Involving children and young people into consultation events about policies, services and processes.

Monitoring Activity of the LSCB

Training Provision

In Blackburn with Darwen there is a joint local safeguarding children and adults training programme which sets out the multi-agency training available to all statutory and non-statutory agencies to access.

The joint LSCB and Local Safeguarding Adults Board (LSAB) Workforce Development Committee has the responsibility for the development, planning and coordination of multi-agency safeguarding training provision. This includes the commissioning of training resources and evaluation of training delivered.

Overall in 2014-15, nearly all the courses offered in the core programme by the LSCB and LSAB were oversubscribed and additional briefings/workshops throughout the year were provided. The briefings were also very well attended. The tables below highlight the attendance across all training topics in 2014-15:

Safeguarding Courses 2014-15 – Full Courses			
Course	Attended	Did Not Attend (on day)	% overall of attendance
Working Together To Safeguard Children	212	36	85
Designated Safeguarding Lead (Education)	118	7	94
Managing Allegations (LSCB course)	58	9	87
Safeguarding & Safer Recruitment	34	7	83
Domestic Abuse Awareness & Effects On Children & Adults	78	15	84
Multi-Agency Risk Assessment Conference	37	5	88
Forced Marriage, Honour Based Violence & FGM	42	14	74
Mental Health Issues - Children & Adults	47	12	80
Working With Young People Who Self Harm	38	12	76
Safeguarding Adults-What you need to know	222	47	83
Medicine Matters-Induction & Awareness	70	25	74
Grand Totals	956	189	84

Safeguarding Courses 2014-15 – Briefings			
Course	Attended	Did Not Attend (on day)	% overall of attendance
Sexually Inappropriate Behaviour	100	14	88
Serious Case Review Briefing	11	2	85
CAF/CONR/Risk Sensible	140	35	80
Engage Partnership Briefings - 7 Topics	121	51	70
Grand Totals	372	102	79

Monitoring Activity of the LSCB

Impact Assessment

During the 2014-15 year it has been a priority area of work for both the LSCB and LSAB to develop a mechanism to gather impact of training information and to use this information to inform the development of future training. Both mechanisms have been delivered during the year.

Below are just a few example of how practitioners found the LSCB/LSAB training impacted on their development:

- I now know the MASH teams role more now, which has helped with referrals
- I have taken on board the issues effecting children and young people who self-harm and I have a better understanding now of the families I deal with
- Fed back to managers. More alert. Referred young people as appropriate
- Feel more confident in my role, therefore am more vigilant in my workplace
- Gave feedback to colleagues from the course and now hold regular 'safeguarding' team meetings
- Since the course, I have taken over as the safeguarding lead in my organisation, and I now feel confident that I am the right person for this
- We have a robust missing from home procedure that we follow for our young people and we liaise with the Engage team
- The training made me more aware of how and who to refer to when concerned about a child or family. I wouldn't say my practice has changed greatly but definitely more aware
- Being more aware of Children who go missing from home and my role in this process
- More aware of the external organisations that I can contact if there is safeguarding issue highlighted
- I'm a better listener to the many children I work with and I feel more confident in responding to any situation that might arise



Monitoring Activity of the LSCB

This will be expanded to include managers' feedback in 2015/16.

Training Needs Analysis

In January 2015 a joint LSCB/LSAB Training Needs Analysis (TNA) was carried out and the full report is available on the board's website (www.lscb.org.uk).

The TNA set out the levels for training that are aligned to the LSCB Competency framework as follows:

Competency level	Criteria
Level 1	All staff require a basic awareness about safeguarding children and adults irrespective of role. This can be delivered as part of an induction process or separate to this. This is often referred to as single agency or in house training.
Level 2	All staff who have any contact and may be in a position to identify concerns about maltreatment of children, young people and adults. This training is can also be referred to as in-house or single agency training and expands on basic awareness, though Level 2 multi-agency training can also be accessed
Level 3	All staff working regularly with children, young people (& parents/carers) or adults who have care and support needs, who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child, young person or an adults care/support needs where there are safeguarding/protection concerns.
Level 4	Specialist roles - those of the workforce who have specific safeguarding duties e.g. Designated Safeguarding Lead (education), Named Nurse (Health) etc.
Level 5	Senior managers responsible for the strategic management of services or board members from an agency, or equivalent role.

Board and committee members were sent a link to an electronic survey tool to disseminate to managers in their organisations. There was a wide response from across the borough which highlighted the following findings:

- Level 1 - 84% of training is delivered in-house, with much of this either as face-to-face or using online/e-learning;
- Level 2 – whilst the largest percentage of training in this group was delivered as in-house training, multi agency training was also accessed; online/e-learning was the least used method for practitioners requiring this level of training;
- Level 3 – The largest percentage in this group of practitioners accessed level 3 courses through LSCB/

Monitoring Activity of the LSCB

LSAB training, followed by in-house delivery from commissioned trainers and online/e-learning was the least used method;

- Level 4 –currently the only course accessed by practitioners at this level was the Designated Safeguarding Lead course. Respondents were asked their views for the courses required by practitioners at this level (and Level 5) with the following responses:
 - Managers responsibility for supervising safeguarding issues
 - Keeping safe with social media
 - More level 4/5 courses
 - Multi-agency working in threshold disputes
 - Mental Capacity Act
 - Shorter sessions

Respondents were then required to complete which courses of those currently on offer in the 2014-15 programme would their staff access over the next three years if they were to continue. The findings from this question along with the impact assessment findings has helped inform the 2015-16 training programme.



Monitoring Activity of the LSCB

E-Learning

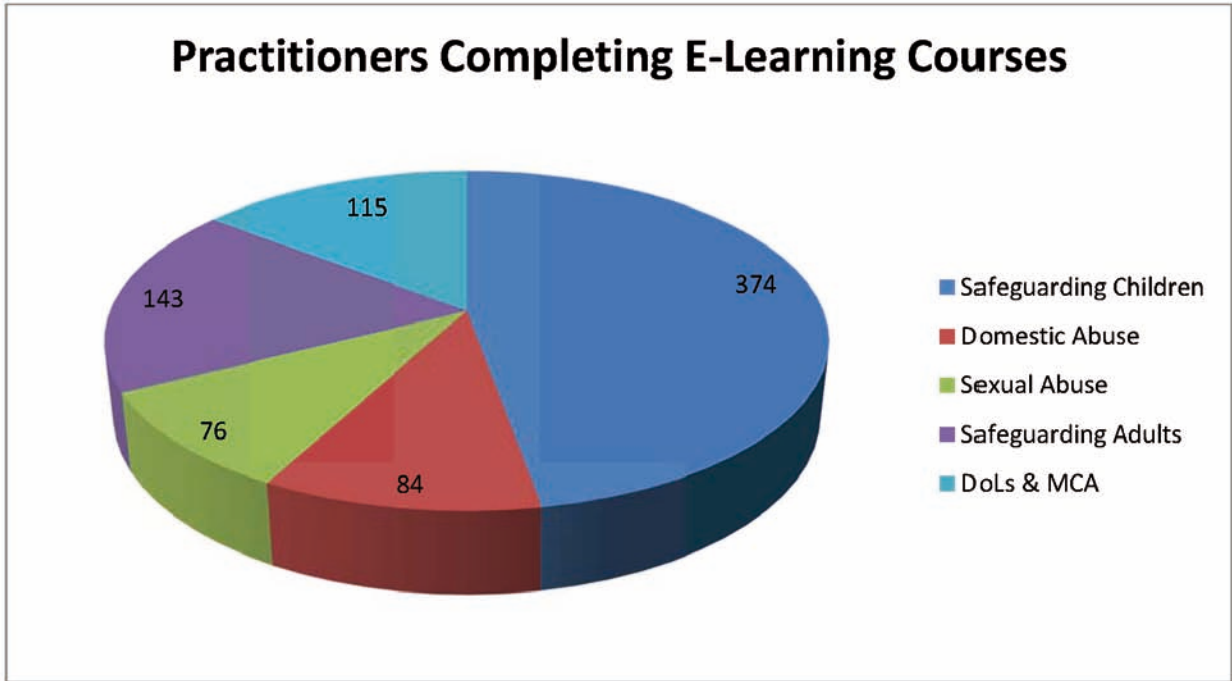
Following a review of the 2014 e-learning contract (which offered 13 courses across LSCB & LSAB) it was agreed that many of the courses would no longer run in 2015 as they were not being utilised sufficiently and to focus on courses the workforce valued most to enable them to carry out their roles. The following courses have been updated in line with national guidance and will continue to be available from 2015:

- Safeguarding Children
- Sexual Abuse (and Introduction to Child Sexual Exploitation)
- Domestic Abuse Awareness
- Safeguarding Adults
- Mental Capacity Act (level 2/3 course)

Child Sexual Exploitation (CSE) training was made mandatory by the LSCB in May 2015 for all practitioners working with children, young people and families. Agencies can choose which CSE course they use to fulfil this requirement (in-house, national courses, other LSCB courses), including the BwD Sexual Abuse & CSE e-learning/on-line course.

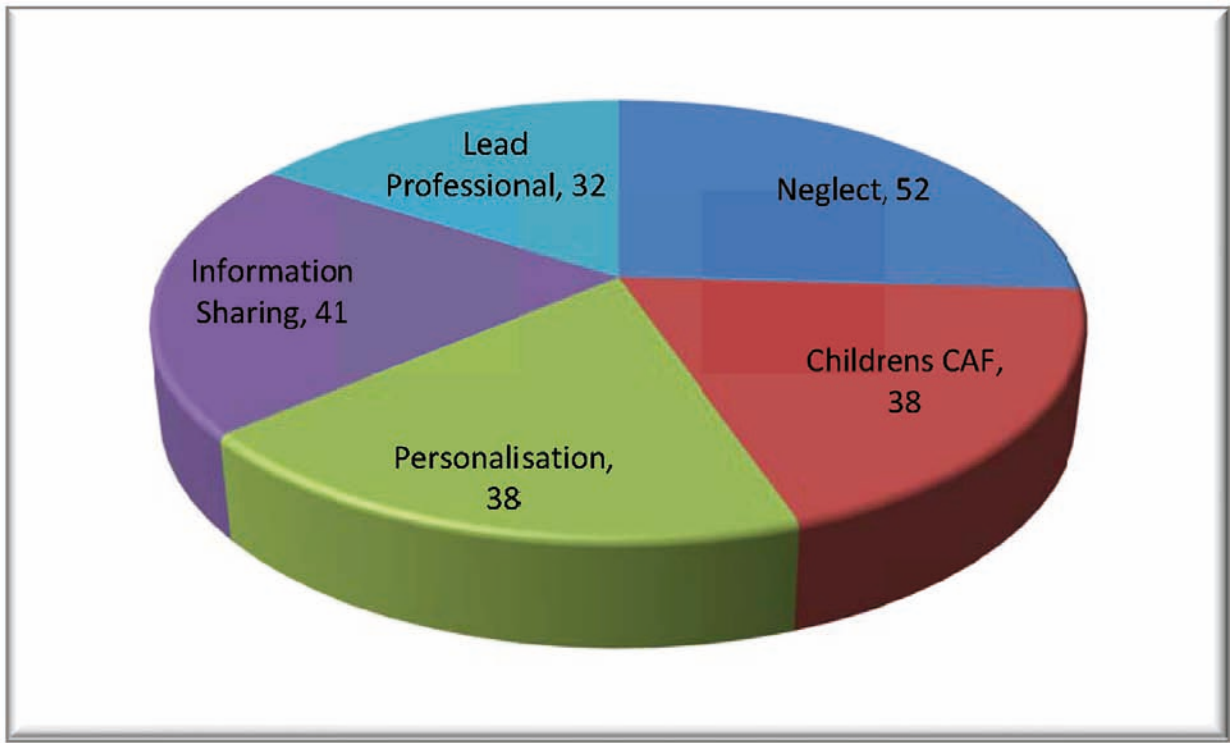
Overall, in the last year, 993 participants have completed LSCB/LSAB e-learning/online courses and there are a further 121 practitioners that have started a course but have yet to complete on 31.03.2015. Two charts are provided below breaking the overall completed courses by those that continue to be provided and those courses that were discontinued during the year.

The chart below outlines the number of participants that have completed the LSCB/LSAB's ongoing e-learning/on-line courses for 2014-15: The following chart shows the courses completed since September 2014 that were discontinued. Practitioners who had already registered for courses prior to January 2015



Monitoring Activity of the LSCB

were still able to complete them even though they were no longer being offered. The following chart shows the courses completed since September 2014 that were discontinued. Practitioners who had already registered for courses prior to January 2015 were still able to complete them



even though they were no longer being offered.

Of the above discontinued courses:
LSCB CAF (Common Assessment Framework) and Lead Professional courses are now offered as joint face-to-face training following a revision of CAF in 2014 (now locally referred to as Child And Family Assessment and Plan). Personalisation is offered as part of a number of Care Act courses that are provided by the Local Authority on the same on-line platform. Information sharing (in safeguarding) and neglect is included in other on-line and face to face training.

The on-line provider updated its learning platform in early 2015 which made registration for the courses much simpler and it allows access to the courses via any electronic device (smart phones and tablets) making them accessible at any time.

Safeguarding Workbooks

From the 2014-15 Workforce Development Committee priorities the Safeguarding Workbooks have yet to

Monitoring Activity of the LSCB

be evaluated and this will be taken forward for 2015/16.

Taxi Driver/Private Hire Training

National serious case reviews into Child Sexual Exploitation (CSE) have highlighted that taxi drivers and private hire drivers/operators require safeguarding training.

The Safeguarding Unit and Blackburn with Darwen Borough Council's licensing team have developed a basic safeguarding training programme for all successful (new) taxi and private hire licence applicants. This now forms part of the driver's/operator's mandatory training since January, 2015.

The training programme was also delivered to Blackburn with Darwen Borough Council and Pan-Lancashire Licensing Committees and was well received. District Councils within Lancashire have used the BwD course as the basis for developing their own courses to deliver as part of their licensing application processes.

Single-Agency Training of Practitioners

In addition to attending LSCB training and undertaking e-learning courses, agencies provide a range of in-house training for their practitioners. A number of VCF sector organisations now require staff to complete the LSCB e-learning courses as part of their induction.

Of particular note for 2014-15 has been the number of agencies that have provided additional training for staff (in the case of schools and colleges, for students/learners also) on CSE, E-Safety, Prevent and general safeguarding children. Within the health sector only one health trust is currently below the CQC's standard in terms of training compliance. This health trust has an appropriate training plan in place to become compliant with the CQC standard in 2015-16.

From the evaluations, training needs analysis, work of the LSCB/LSAB committees, the Workforce Development Committee has identified the following areas of action for the 2015-16:

- Promote e-Learning/on-line to a wider audience (in partnership with Communication and Engagement Committee)
- Evaluate the Safeguarding Workbooks and update in line with national guidance and local requirements
- Develop a safeguarding leaflet for existing taxi drivers
- Continue to offer short briefing/workshop type sessions, topical to local and national issues
- Use learning from Multi-Agency Discussion Forums (MPDF) to inform the improvement of training courses and the development of local training courses.

Monitoring Activity of the LSCB

Child Death Overview Panel

There were 17 child deaths for the borough in the 2014-15 year. For 13 of these deaths, CDOP were able to complete the review of the death within the year. Overall the Child Death Overview Panel (CDOP) reviewed 21 deaths for Blackburn with Darwen in 2014-15 (eight related to deaths prior to 2014-15). Reviews relating to four deaths in 2014-15 remain to be completed; all other deaths in the 2008-15 period have now been completed.

In total, in the period 2008-15 since CDOP has been operational, 142 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 six year period since CDOP has been functioning:

For the deaths reviewed in 2014-15:

Category 3 - Trauma and other external factors	below 5
Category 6 - Chronic medical condition	below 5
Category 7 - Chromosomal, genetic and congenital anomalies	7
Category 8 - Perinatal/neonatal event	5
Category 9 - Infection	below 5
Category 10 - Sudden, unexpected, unexplained death	6
Total	21

For the 2008-15 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	7
Category 7 - Chromosomal, genetic and congenital anomalies	55
Category 8 - Perinatal/neonatal event	38
Category 9 - Infection	9
Category 10 - Sudden unexpected, unexplained death	15
Total	142

Monitoring Activity of the LSCB

For the 2008-15 period, 21% of BwD deaths reviewed were found to have modifiable factors compared to 24% Pan-Lancashire and 19% nationally. The most common modifiable factors/risk factors in the family and the child's environment identified from all the BwD reviews included:

- 52% identified issues relating to parenting capacity (supervision, engagement with services, seeking medical help and compliance with medication/medical advice)
- 45% of cases identified smoking as a risk factor (smoking pregnancy and in the household by a parent/carer)
- 38% 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
- 34% of cases identified emotional, behavioural or mental health in parent as a risk factor.

CDOP Key Successes (2014-15)

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 2014-15 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.
- **E-learning for CDOP and SUDC** – the new e-learning course was launched in January 2014 on the Lancashire LSCB website. 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 (2015) guidance. Face to face training (in addition to the e-learning) on the new protocol has been delivered to practitioners in the police, social care, acute hospitals and community health agencies.
- **Suicide Thematic Report** - The report on the thematic review of suicide deaths was completed in March 2013. 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.

Examples of Multi-Agency Work and Outcomes

Local Authority Designated Officer (LADO) Case Study for LSCB

All agencies working with children and young people are required to report to the LADO where an allegation is made against an adult worker that the worker they may have harmed a child, committed a criminal offence against a child, or behaved in a way that may pose a risk of harm to children.

This case demonstrates the liaison between the BwD LADO and number of different agencies in order to safeguard a group of children and the alleged perpetrator's own children.

The initial referral was made by a LADO in another area. The alleged perpetrator had been arrested for sexual offences and downloading a large number of indecent images. The alleged perpetrator worked in another town and was not employed in a regulated activity, but lived in Blackburn and had two young children. In addition they were thought to be a volunteer within a youth organisation.

During the course of the case the LADO liaised with the following organisations:

- Police – from a different area
- LADO from another area
- Employers
- National safeguarding lead for youth organisation
- Blackburn with Darwen Borough Council, Children's Social Care who undertook an assessment in respect of the alleged perpetrator's own children.

Outcomes - The alleged perpetrator was arrested, tried, convicted and was dismissed from their employment. The youth organisation terminated the volunteering and notified the Disclosure and Barring Service (DBS).

Children's social care undertook an assessment in relation to the person's own children. A plan for each child was then developed. The children's plan involved social care, school, probation, health and mental health services. The children were appropriately safeguarded and their needs addressed. One aspect of the plan was that the children received individual support in relation to their emotional wellbeing.

Community Rehabilitation Company (CRC) Case Study

This case highlights the critical nature of information sharing between agencies. It demonstrates the importance of unannounced home visits in terms of assessing a family rather than relying solely on the 'face' families can present to agencies at pre-arranged meetings. This case also demonstrates the importance of a coordinated approach in safeguarding from the lead professional in order to challenge parents in addition to supporting them.

This case was discussed at a monthly child safeguarding meeting held at Blackburn Probation Office by Cumbria and Lancashire CRC – the probation officer was able to discuss the case in an open forum with peers and a senior social worker as it developed - this enabled the probation officer to reflect take on and share best practice.

Examples of Multi-Agency Work and Outcomes

Both parents received a 36 month Community Order with 36 months Supervision in relation to four child neglect offences. The probation officer worked with a number of agencies including social care, the children's school, mental health service, domestic abuse service, voluntary sector community wellbeing centre and drug services.

The parents initially worked well with the Child Protection Plan - their progress was monitored closely in a multi-agency remit through core groups at the children's school and child protection conferences. The parents attempted to disengage from services through non-attendance at various meetings and appointments. Through excellent communication and information services, these non-attendances were challenged and enforced through their Probation Order.

The probation officer undertook a number of announced and critically unannounced visits to the family home. These occurred alone and with the social worker assigned to the case.

At one particular unannounced home visit prompted by the parent's disengagement at appointments, the probation officer discovered various concerns. The probation officer reported these concerns to her manager and an action plan was initiated. Through liaising with the children's school, mental health services and the social worker, a coordinated approach was formed using real-time information.

A positive outcome was achieved in this case as the children were swiftly protected by children's social care. This was achieved through a coordinated multi-agency approach.

Working in Early Help (Child & Family Plan)

A children's centre registration form had been completed and handed in by a mother; she had requested some additional support and information around family support services. A member of the Children's Centre Outreach Team (CCOT) was allocated the responsibility to make contact and assess the level of need for the children and family and to offer early help.

During initial engagement the mother shared that she was currently homeless with two young children one aged two years and the other two months old. The family were currently residing with a family member after fleeing their home due to domestic violence and abuse. The mother shared that she was currently sleeping on the sofa, her eldest child was bed sharing with cousins and that the baby had a moses basket. The family income was limited due to a sanction on benefits and mother had not been eligible for a social housing property due to previous housing arrears. Through further engagement with the CCOT it was identified that mother was also experiencing low mood and ongoing depression.

The parent agreed to the voluntary offer of co-ordinating services through a Child & Family Plan (CAF) and shared that she had previous involvement with a children's centre in a neighbouring town.

A CAF assessment was initiated and this brought a range of professionals and agencies together to support the family including, health visitor, advocate from a voluntary sector domestic abuse service, outreach worker from the neighbouring town's children centre and children's social care. Actions and targets to achieve the actions were decided within the CAF and all professionals involved agreed to complete set actions.

Examples of Multi-Agency Work and Outcomes

The health team agreed to complete maternal mental health assessments on a regular basis and to encourage and offer further supportive services around depression and low mood and to provide safer sleep key messages.

The domestic abuse advocate agreed to support with the legal aid process to apply for a contact and residency order for the children and to offer support through empowerment and information programmes the service run for victims of domestic abuse.

The CCOT agreed to support addressing the family's challenging financial situation – support was offered around completing benefit and community care grant applications and support with budgeting. The CCOT also offered all the groups and services available from the children centre; encouraging mum to access the 'Tune into Your Baby' sessions to develop and build on the parents' confidence and to support the children's learning and development needs. Additional information was also provided on infant feeding, diet, weaning and provision of vitamin D supplements. The family were supported with housing applications and applying for a two-year free entitlement nursery place for the older child.

The family have engaged well with the CAF process and the achieved the desired outcomes of their Child and Family plan:

- All the family are safe and remain together
- Mum has completed the domestic abuse awareness programme
- Mum has sought legal advice over contact with the children and their father
- The family has secured a private tenancy agreement and through the Multi-Agency Risk Assessment Conference (MARAC), a vulnerable marker is placed on the address so that any future domestic abuse incidents reported to the police and other agencies can receive priority response
- All children have safe sleeping arrangements
- The older child is now accessing their free early childcare nursery place
- A mood assessment was completed and mother has accepted support to improve her emotional wellbeing
- A positive attachment remains between mum and both her children
- Both children are reaching their developmental milestones
- The family remained engaged with universal services

The parent has reported that "through the CAF process she can finally see things are starting to look up and move in the right direction and that she is focussing on the children and their future".

Examples of Multi-Agency Work and Outcomes

Engage Team Case Study

The specialist Engage Team nurse attended the urgent care centre with a 13 year old girl who had become known to the Engage Team, as there were concerns regarding her mental health. The girl was potentially a victim of exploitation and was admitted onto the children's ward due to self-harm. The girl was reluctant to engage with the police and due to this it was difficult for the police to identify her perpetrator who had groomed her over the internet, and following this had allegedly committed a sexual offence against her.

Following her admission onto the ward the specialist nurse attended the ward and spoke to the nursing staff. When hospital records were reviewed, it became clear that during her stay on the ward that the girl had constantly been asking other parents to use their mobile phones and was overheard having a conversation, to what they believed was an older male. The girl was also observed using the phone at the nurse's station and stated that it was her brother on the phone, despite this, the nurse on duty recorded the telephone number she had used, and checked it with her parents, who confirmed this was not her brother's number. The hospital shared this information with the Engage Team nurse which was then shared with police. The number was checked by police and it was found to be the alleged perpetrators number.

Staff working on the ward recognised indicators of exploitation and showed good initiative and persistence with regards to reporting their safeguarding concerns. The girl was provided with multi-agency support through the Engage Team and statutory services. The perpetrator was dealt with by the police.

CAFCASS Private Law Case Study

In a private law case the Family Court Advisor (FCA) had to make a referral to children's social care as the child was suspected to be suffering emotional harm caused by the family disputes.

The referral led to a Child Protection Case Conference and there was effective communication between the social worker and FCA in clarifying respective roles and acknowledging that both organisations had responsibilities towards providing services to safeguard the child.

There was also helpful input from the child's school which was able to advise as to the child's day to day experience from their perspective and assist in providing a venue to meet with the child.

Examples of Multi-Agency Work and Outcomes

Housing Case Study

Prior to moving into a supported housing project the family had resided in a private rented property. A referral was received from the council's housing needs team stating the family were facing eviction due to anti-social behaviour issues and rent arrears. The family were also involved with the Troubled Families project and a referral was made to social care as a result of the threat of becoming homeless. The eldest daughter was pregnant and known to be taking legal highs and smoking cannabis. She was also on a Youth Court Referral Order for stealing a scooter.

High risk indicators at time of referral were: older daughter's offending behaviour and tendency to gravitate towards other young people who have similar substance misuse issues; mother's inability to keep her children safe when living independently.

Underlying risk factors: youngest daughter being exposed to inappropriate/frightening adult behaviours; older daughter's pregnancy; previous anti-social behaviour.

A range of agencies were involved to ensure the children's needs and mother's risks could be addressed that included children's social care, supported housing project, youth justice services, health services (midwifery, mental health, teenage pregnancy, school nurse), schools, education and training services, drug/alcohol harm reduction services and voluntary sector social service advocates.

The family struggled initially moving into the supported housing project and it was difficult to engage with them, in particular the eldest daughter. She was still taking legal highs at this time although had expressed a desire to come off them. Several groups of service providers arrived at the housing project in the early days of them moving in which potentially would have been a problem if they were not in supported accommodation.

Over a period of time the family began to actively engage with services provided directly at the housing project and with other agencies. Mother's supervision of her children showed significant improvement and the youngest daughter's attendance at nursery improved, although this could be very sporadic at times. Eldest daughter engaged with the drug and alcohol team midwife and her drug/alcohol service worker to address her use of legal highs and cannabis use. Initially she missed several appointments with them, but again this improved significantly over time with support and encouragement.

The family were initially supervised by a social worker through a Child In Need plan and as risks reduced and the family addressed their needs it was later changed to a CAF (Child & Family Plan led by a Lead Professional). All agencies involved with the family believed at this stage that service provision could be managed at the non-statutory level due to the family's engagement and continued progress.

A Multi-Agency Safeguarding Hub (MASH) child protection referral was later submitted following threats made to the eldest daughter by an ex-partner. He was well known to both children's services and the police and had a history of domestic violence against ex-partners. He had seen her in town and threatened to "kick the baby out of her ". Given his history and the eldest daughter's vulnerability the case was escalated to child protection.

Examples of Multi-Agency Work and Outcomes

Outcomes - The family are still residing at the housing project and have made significant progress during their stay.

The eldest daughter in particular has made significant changes. She has attended several courses including the 'Grow' course which was an eight week course provided by the housing project. She has attended all the sessions and the feedback was extremely positive. She also had some work experience at a riding stable which she particularly enjoyed. She has continued to work with her midwife and her drugs/alcohol worker; she no longer takes legal highs or smokes cannabis. She completed a piece of work looking at the effects of taking legal highs whilst pregnant and the effects on the unborn child. She now talks to other residents at the housing project about what she has learned. Following the birth of her baby there has been no concerns in relation to her being able to care for her baby.

Following a change of school, the younger daughter's attendance at school has improved. Mother has several health problems and suffers from depression. This sometimes impacts on her ability to take the younger daughter to school. On these occasions the eldest daughter has adopted the parenting role and whilst there are still some difficulties there have been significant improvements.

There have been no incidents of anti-social behaviour whilst at the housing project and the project staff feel they will be ready to move on in the near future. Outreach support will be provided by the resettlement officer. All other agencies will remain involved following move-on.

The family have received a high level of support from all the agencies and will continue to require support when they move to their own accommodation. Without the support and the close partnership working by all agencies the outcomes may not have been as favourable for both the mother and the eldest daughter. Regular meetings, sharing of information and continued support have significantly improved the prospects for this family.

2014-15 Business Plan Progress

Priority Area	Actions	Lead Committee	Progress
Neglect	<ul style="list-style-type: none"> Audit the quality of practice relating to neglect cases Audit the quality of practice for all age groups of children and all communities Use findings from audit to recommend any changes to LSCB training, communications and policies/procedures Recommend any changes required to services provided for children experiencing neglect 	<p>Quality Assurance Committee</p> <p>Workforce Development, Communications & Engagement and Policies & Procedures Committees</p> <p>Children's Partnership Board</p>	<p>Audit findings are being consulted upon across partner agencies including the proposed recommendations.</p> <p>The Local Authority has drafted a Neglect Strategy and plans to apply to refresh the use of the Graded Care Profile toolkit.</p>
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 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 Audit the quality of practice and effectiveness of services for children who go missing or at risk of going missing 	<p>LSCB Board</p> <p>Engage</p> <p>Quality Assurance Committee</p>	<p>Changes in service provision following the LSCB's CSE & MFH audits in 2013-14 have been monitored and additional advice and guidance has been provided following the findings of the independent audit of all CSE cases.</p> <p>An audit was undertaken by an independent auditor of all open CSE cases. Findings were reported to LSCB in December 2014 and action plan monitored by the Engage Steering Group.</p> <p>A review has commenced including an audit completed by the local authority around MFH for children placed out of borough.</p>

2013-14 Business Plan Progress

Priority Area	Actions	Lead Committee	Progress
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	The local authority in December 2014 monitored the impact of services in reducing risk/addressing need for all CIN cases and CAF cases. Satisfaction ratings with services provided by social care are undertaken at case closure in all cases.
	<ul style="list-style-type: none"> Monitor the effectiveness of safety communication material provided by board agencies 	Communications and Engagement Committee	Included in the committee's 2015-16 workplan
	<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	Included in the committee's 2015-16 workplan
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 	CDOP and Health & Wellbeing Board	The draft strategy's main objectives are already in place and being monitored by both groups. Training and around suicide prevention has been very well received by practitioners.
	<ul style="list-style-type: none"> Monitor the actions and service recommendations from the Children's Emotional Health & Wellbeing Integrated Strategic Needs Assessment (ISNA) 	Children's Partnership Board	The actions from the ISNA now form part of the Health & Wellbeing Strategy under the leadership of the CPB

Priority Areas (2015-16)

From the board members' discussions at the 2015 Development Day, members identified three issues from practitioners that required action:

- **Dangerous Pets** – provision of guidance for staff on how to keep safe when visiting homes and information to parents/carers on how to keep children safe around pets;
- **Use of social media for case work;**
- **Mobile working reduces team interaction and team working strengths.**

The MPDFs have identified that communication of LSCB policies, procedures and involvement of the frontline in shaping services requires improvement and should be prioritised.

From child/parent participation activities from across partners, it has been identified that the LSCB should involve children and young people into consultation events about policies, services and processes.

From national issues the following themes require additional local prioritisation to ensure policies, procedures and communication are effective for practitioners and families:

- **Prevent**
- **E-Safety.**

From last year's business plan, the following are ongoing priorities:

- **Children's Voice**
- **CSE/MFH, including LAC.**

All these priority areas are further developed in the 2015-16 business plan set out in Appendix 2.



Appendix 1 – Health & Wellbeing Strategy, 2015-18 – Plan on a Page

Blackburn with Darwen Joint Health & Wellbeing Strategy Refresh 2015 – 2018:

Our Approach:

- Tackle the wider determinants of health and wellbeing
- Focus on things we can do together to make the biggest difference
- Evidence based action across the life course

Challenges	Principles	Cross cutting themes			Priority Actions	
<p>Continuing poverty, deprivation and disadvantage.</p> <p>Increasing inequalities in unemployment and worklessness.</p> <p>Increasing harmful impact of alcohol</p> <p>Poor quality and diversity of housing</p> <p>High levels of fuel poverty</p> <p>Poor health outcomes in children.</p> <p>High premature mortality and disability from long term conditions.</p> <p>Increasing numbers of older people needing support to remain socially included and independent.</p> <p>Significant sections of the population socially isolated</p>	<ul style="list-style-type: none"> • Work together • Build on strengths (assets) • Good governance • Integration • Addressing inequalities (fairness) • Health in all policies including social value 	Identification, prevention & early intervention	Promoting positive mental health & wellbeing	Reducing poverty & financial inclusion	Start Well (0-25yrs): <ol style="list-style-type: none"> 1. Implement the Early Help Strategy 2. Produce a borough-wide Parenting Skills Offer 3. Take forward the recommendations of the Emotional Health and Wellbeing ISNA 4. Promote a multi-agency training programme for Adverse Childhood Experience (ACE) 	OUTCOMES & PROXY MEASURES
		e.g.	e.g.	e.g.		
		5 Ways to Wellbeing	Partnership approach to public mental health	Social value		
		Making Every Contact Count	Loneliness & social isolation	Fairness		
		ACE (Adverse Childhood Experiences)		Living wage	Live Well (people of working age): <ol style="list-style-type: none"> 1. Develop and support opportunities for employers to improve workplace health and wellbeing 2. Ensure people have opportunities to live in healthy homes and neighbourhoods 3. Encourage people to take control of their own health and wellbeing 	
					Age Well (50+): <ol style="list-style-type: none"> 1. Develop BwD as a dementia friendly community 2. Plan and coordinate developments to address social isolation and loneliness 3. Develop an holistic approach to tackling poverty including finance, employment, housing and fuel poverty 	
OPPORTUNITIES/DRIVERS /ENABLERS		Locality Working, Transforming Lives, Welfare Reform, ISNA, Early Help, Social Value Act, Better Care Fund, Adverse Childhood Experiences (ACE), other				

Appendix 2 – Business Plan, 2015 - 16

Priority Area	Actions	Lead Committee/Partnership Group	Timescale
Development of Policies & Procedures on: <ul style="list-style-type: none"> • Dangerous Pets • Use of social media for case work • Mobile working (hot-desking) • Prevent (radicalisation & terrorism) • E-Safety 	<p>Development of Pan-Lancs policies & procedures</p> <p>Involvement of parents, children and practitioners in the development of policies and procedures</p> <p>Communication of LSCB policies, procedures and services in the borough</p>	<p>Pan-Lancs P&P Group</p> <p>Communications & Engagement Committee</p> <p>Communications & Engagement Committee</p>	<p>March 2016</p>
Child & Parent Voice in the shaping of services and LSCB priorities	<p>Develop methodology for the LSCB to capture directly and indirectly the voice of children and parents in the setting of LSCB priorities</p> <p>Seek assurance that in the development and design of new services, child and parent voice is captured</p>	<p>Communications & Engagement Committee</p> <p>CPB</p>	<p>June 2016</p>
CSE & MFH	<p>Implement a new LSCB committee to oversee the arrangements and services on CSE & MFH</p> <p>Seek assurance that services and arrangements keep children safe in the borough</p>	<p>Safeguarding Unit Business Group</p> <p>CSE & MFH Committee & LSCB QA Committee</p>	<p>August 2016</p> <p>March 2016</p>