



**Southend LSCB Annual Report on the  
Effectiveness of Safeguarding Children in  
Southend**

**October 2010 to September 2011**



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# Section 1

# Background



## **1. Introduction from the LSCB Chair and Background**

### **1.1 Introduction from the Chair of the LSCB**

The 2010-2011 Annual Report of the Southend LSCB shows evidence of the Boards development in both the range and depth of its activities, and in the degree of its engagement and embedding within the local context. The inclusion of the Board within the OFSTED Good Practice Guide endorses the partnership working within the Board which has enabled it to undertake its work with both vigour, and with a good understanding of the challenges and the context of this work.

The Board has used the feedback from inspections, the peer review and the scrutiny process, to prioritise and address key issues. It has also generated its own agenda using the comprehensive performance management framework and risk assessment processes, designed to aid this process. The Annual Report shows the range of these activities, and evidence of the improved safety and wellbeing of children and young people which has resulted.

The development of the Board's scrutiny process has been endorsed as a good practice model, and it offers the opportunity to include non-executive members of partner bodies more strongly in the governance process. I hope that over time the strength of this approach will increase. The Board has been assisted this year by the inclusion of two lay members. Over time it is hoped that the lay members will assist the Board, in particular, in understanding of the concerns of children and young people, and will enable stronger links with the community to be developed.

Looking the future, whilst the Southend LSCB is in a good position to carry out its roles of co-ordinating and assuring the safety of children's and young people in Southend, there can be no complacency, and there are a number of considerable challenges, and opportunities, ahead. These include the move to GP Commissioning, which will require a range of new relationships and understandings to be built across the Health system. There are considerable

budgetary pressures across the whole range of partners, and a general move towards a more community based approach towards service delivery.

Effective safeguarding requires a “joined up” approach, and it requires all agencies to be able to effectively prioritise and to be pro active where there are risks of neglect or abuse to children. Whilst making changes and managing budgets are an inevitable aspect of the management process, the partners to the LSCB must remain vigilant to ensure that these links, and a culture of pro activity, continue to be strengthened amongst the whole workforce, in respect of safeguarding issues.

Underpinning all of these changes is the implementation of the Governments review of Safeguarding, the Munro Review. This calls for a more systemic approach towards working with families, something that Southend with its local initiatives and partnership working is well placed to build on. The Munro Review has identified a stronger sense of professional discretion and judgement in social work, and a more focussed emphasis on achieving outcomes for children and their families as key areas. There are also implications for how Serious Case Reviews are conducted which the Board will need to consider.

Looking to the future, therefore, the Board will need to address these opportunities and challenges in a forward looking way during the next year, building on the strength of existing partnerships, but formalising some of the key new governance and partnership arrangements which will be required, and taking on board the full implications of the Munro review.

Chris Doorly  
Independent Chair, Southend LSCB

## **1.2 The Annual Report on the Effectiveness of Safeguarding**

This is the second annual report by Southend LSCB under the new requirement for LSCBs to produce and publish an annual report on the effectiveness of safeguarding in the local area (*Working Together to Safeguard Children*, HM Govt 2010).

The LSCB's reporting year now runs from 1<sup>st</sup> October to 30<sup>th</sup> September annually in order that the annual report is timely in informing future reviews of the Children and Young People's Plan (CYPP) by the Success For All Children Group. **Please note that because the plans in this report are to influence planning in 2012/13, the plan appears to miss 2011/12, however this is because the new planning arrangement looks forward to the next financial year whereas previous plans had looked to the current financial year.**

In line with the Health and Social Care Bill Southend is an early implementer of a shadow Health and Wellbeing Board. As a result the Southend Children's Partnership Board has been disbanded, and the Children's Partnership Executive has been replaced by the Success For All Children Group.

This annual report will be submitted to the Southend Health and Wellbeing Board; Chief Executive and Leader of Southend Borough Council and the Chief Constable of Essex Police (Local Police and Crime Commissioner from November 2012), as well as the Success For All Children Group, as recommended in the Munro Review of Child Protection (Munro 2011 p56).

## **1.3 Key Achievements**

**Some of the achievements of Success For All Children Group during 2010/11 include:**

- ❖ Ofsted has undertaken two unannounced inspections of contact, referral and assessment arrangements within local authority children's services, published in June 2010 and May 2011 respectively, which found much that

is strong, and no issues that seem to be putting children whose circumstances make them vulnerable, at risk of harm.

- ❖ It also found that good partnership working and a well-established common assessment process are being used to provide effective early support to families whose circumstances make them vulnerable.
- ❖ Launch of the Integrated Locality Working Practitioner's Toolkit, which is key to strengthening safeguarding practice in universal and targeted services

**Some of the achievements of the LSCB during 2010/11 include:**

- The involvement of practitioners in multi agency audits of:
  - the safeguarding children process;
  - domestic abuse referrals to children's social care and of
  - engagement with significant men in families;
- Review of the implementation of serious case review recommendations by partner agency internal audit teams;
- The work of the LSCB Scrutiny Panel; and
- Partner agency commitment to the identified theme of 'recognition, communication and response to child abuse and neglect',

These achievements were recognised by Ofsted in its report "Good Practice in Local Safeguarding Children Boards" (September 2011)

- Good engagement from partners and improved governance arrangements, including the appointment of a Youth Lay Member and a Community Lay Member to the Board, and extension of the membership of the LSCB Scrutiny Panel to include non executive members of partner agency boards in addition to elected council members.
- Implementation of the anti-bullying strategy and subsequent reduction in number of children who report as having experienced bullying

- Co-ordinating the quality assurance of safeguarding and child protection training across Southend, Essex and Thurrock and obtaining accurate information from partners on numbers of staff trained to the appropriate level.
- Implementation of the recommendations of working groups on meeting the safeguarding needs of children with disabilities and to ensure that issues of equality and diversity are incorporated into the work of member agencies.
- 100% of member agencies submitted self-evaluations of safeguarding efficacy
- A Domestic Abuse Strategy is being implemented by LSCB partners. The number of incidents of domestic abuse reported to the Police where children are in the home/family are carefully monitored. The Strategy aims to address measures that will identify whether the Partnership is reducing the harmful impact of domestic abuse on children (such as whether the notifications are reaching the team working with the child and family).

Initiatives which improve the experience of children in Southend to keep them safe include:

- Motivate the Estate – The project is intended to harness the capacity of individuals, agencies, young people and the community to transform the outcomes for two of our most deprived areas in Southend, the Woodgrange Estate and St Luke's, through changing the way we think, what we believe and how we behave about what is possible
- Think Family – The project provides support to families that have been identified to be most at risk.

- Risk Management Meetings - The purpose of the risk management meeting policy and procedure is to ensure that when young people are involved in behaviours which pose a high and/or complex risk to themselves or others, firstly, the resources of all community agencies are called upon and the risk is owned at an agency level, rather than being left with the individual worker and team manager; and, secondly, the risk and risk management plan is reported at the appropriate level within organisations.
- Implementation of the Children Missing from Care or Home Protocol from January 2011 enables a multi agency response to safeguard vulnerable children and young people
- Ofsted inspections of Early Years settings from 1 September 2008 to 31 March 2011 found that 87% were 'outstanding' or 'good' in their effectiveness of safeguarding children
- The Sexual Assault Resource Centre is now operational, with appropriately trained staff to undertake examinations of children in a purpose built setting.

The Success For All Children Group, Southend LSCB, and Southend Together have consolidated their work to ensure that the safeguarding of children in Southend is of a good standard and aspiring to provide outstanding services which will further improve the 'being safe' experience of children and young people in Southend.

## Section 2

# Progress on 20010/11 Priority Policy Areas



## **2. Progress on 2010/11 Priority Policy Areas**

Areas for development identified by the Success For All Children Group and LSCB in 2010/11 included:

### ❖ LSCB Key Theme 2010/11

The LSCB identified 'Recognition, Communication and Response across the stages of intervention and throughout the age range' as a key theme for 2010/11. This theme was identified from the learning from two serious case reviews completed by the LSCB in 2009/10. The theme was the focus of activity for LSCB sub groups to:

- Ensure individual professionals and staff teams are able to recognise, (within the context of their agency/service framework for managing the threshold of significant harm) investigate and hold risk where appropriate and refer on with full information when appropriate.
  - Ensure consistency of communication and information sharing within agencies and between agencies.
  - Ensure that discrete professionals/staff teams use the child protection system to meaningfully engage with each other
- 
- ❖ Continue to improve the safeguarding of children and young people in Southend through multi-agency work
  - ❖ Reduce the need for children and young people to be looked after
  - ❖ Reduce the number of children and young people who have experienced bullying, including face to face, text or internet
  - ❖ Continue to work with the Domestic Abuse Strategy Group on reducing the impact of domestic abuse on children and young people's life chances.

- ❖ Ensure systems are in place for the LSCB and Success For All Children Group to take account of, and collectively address, operational or other issues, including staff vacancy rates or high referral rates, which may impact on the effectiveness of the safeguarding system as a whole
- ❖ The LSCB has knowledge of the level of appropriate safeguarding children training in the children's workforce
- ❖ Implementation of recommendations from the Safeguarding Disabled Children report April 2010
- ❖ Contribute to raising aspirations and lifting children out of poverty (cross cutting priority)

**A detailed analysis of progress against priority policies for the Success For All Children Group and Southend LSCB in 2010/11 can be found in appendix 1.**

## Section 3

# Governance and Accountability Arrangements



### **3. Governance and Accountability Arrangements**

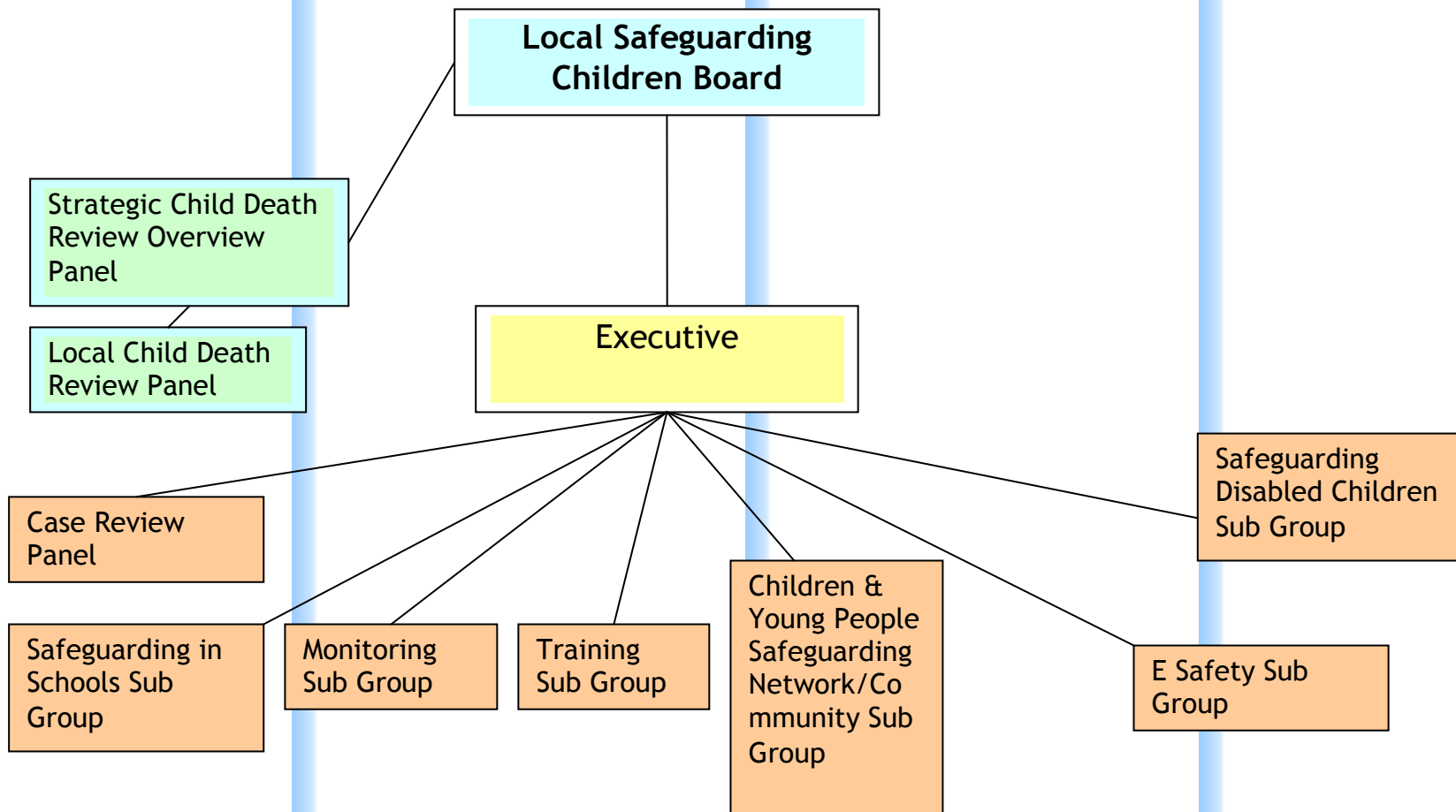
#### **3.1 Role, Function and Structure of the Board and Sub Groups**

The role of the LSCB is:

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

The functions undertaken by the LSCB reflect the requirements of the Children Act 2004, and are based upon the objectives set out in Chapter 3 of 'Working Together to Safeguard Children (2010)'.

The LSCB is structured as follows:



### 3.2 Relationship to Strategic Bodies

The LSCB has the lead responsibility for ensuring that the welfare of all children is safeguarded, and more specifically for ensuring children are actively protected from harm. The Success For All Children Group has the primary responsibility for improving outcomes across all five 'Every Child Matters' outcome areas for the whole population of children.

Arising from the Lord Laming recommendations in 2009 the relationship was further clarified resulting in the introduction of an annual reporting requirement to the Success For All Children Group by the LSCB and a responsibility for the LSCB to hold the Success For All Children Group to account in their work on safeguarding children. Locally the LSCB and the Success For All Children Group have reviewed their relationships as a result and a protocol agreed that clarifies respective accountabilities and work plans. The Health and Wellbeing Board is currently developing its governance arrangements in line with government guidance, and the role and link with the LSCB will form part of this.

Munro's review of child protection in 2011 recommended that LSCBs submit an annual report to the Chief Executive and Leader of the Council; local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. In light of the government's acceptance of this recommendation this annual report will be submitted to these bodies, with the exception of the Police and Crime Commissioner who will not be elected until November 2012. This report will therefore be submitted to the Chief Constable of Essex Police.

### 3.3 Membership and Attendance

Membership of the LSCB and attendance for 2010/11 is as follows:

<b>Member Agency/Organisation</b>	<b>%</b>
Independent Chair	66
Vice Chair - Southend Borough Council, Children & Learning	66
Youth Lay Member (from March)	100
Community Lay Member (from July)	50

Lead Member	66
Essex Probation Service	100
Southend Borough Council, Children & Learning	100
South Essex College	100
CAFCASS	66
Legal Advisor <i>(Agreement that advisor will attend as required/as necessary and be available by phone to the Board when it is sitting)</i>	N/A
Essex Police Child Abuse Investigation Unit	100
Southend Association of Voluntary Services	100
Primary Heads Association	33
NHS South Essex Partnership Foundation Trust	33
Chair of LSCB Executive - Southend Borough Council, Children & Learning	66
Southend Borough Council, Adult & Community Services	100
Secondary Heads Association	100
NHS Southend University Hospital Trust	100
NHS South East Essex Primary Care Trust	100
NHS South East Essex Community Health Care	66
Independent Schools	50
NOVA Partnership	33
Southend Police	33
Essex County Fire & Rescue Service	33

### **3.4 Role of Lead Member and Scrutiny by Council Members**

In February 2009 the LSCB developed an innovative approach to the proper scrutiny of the Board's work by Council Members, which has been recently extended to include non executive members of partner boards. A Scrutiny Panel meets prior to each Board meeting, considers key items on the agenda and their views are fed into the LSCB through the Lead Member for Children's Services, who sits as a participant observer on the Board. Action in respect of the issues raised by the Panel is monitored by the LSCB Executive. This model has received regional and national recognition as good practice. Outcomes of this scrutiny include:

- ❖ Scrutiny of safeguarding governance in schools. The Panel asked the LSCB to require school governors to submit an annual report on the compliance of schools in undertaking the responsibilities to safeguarding children.

- ❖ The Panel challenged local maternity and health visiting services. They requested clarification of changes in maternity and health visiting services with the apparent centralisation of midwifery services and concern about potential loss in continuity of care and resulting impact on the safeguarding of children. Arrangements were made for the Panel to meet with commissioning and provider services where the Panel members were able to submit questions from the perspective of their own local knowledge.
- ❖ Training for Council Members. Panel Members identified the need for safeguarding children training for all Council Members.
- ❖ Serious Case Reviews. The Scrutiny Panel took a close interest in reports relating to Serious Case Reviews and Panel comments were addressed in the completion of the Serious Case Reviews.
- ❖ Safeguarding publicity. The LSCB Scrutiny Panel asked that the LSCB implement a publicity campaign to encourage the public to report safeguarding children concerns in confidence.
- ❖ Houses of Multiple Occupation. The Scrutiny Panel took a strong interest in addressing concerns over safeguarding arrangements in houses of multiple occupation. Resulting from concerns identified in a Serious Case Review, the Panel asked the LSCB to consider the process around the safeguarding of children who live in houses of multiple occupation.
- ❖ Children able to swim. With Southend being a seaside town, and the associated drowning risk, the Panel asked the LSCB to monitor the level of swimming competence among children attending schools in Southend. The Safeguarding in Schools Sub-Group of the LSCB identified the numbers of year 6 pupils who were able to swim 25 metres and ensured targeted work was undertaken with those pupils who were unable to swim..
- ❖ Aid to development of Officers and Members. This process has led to a very informed scrutiny process taking place.

### 3.5 LSCB Budget 2010/11

The LSCB budgeted for a projected expenditure of £101634 for April 2010 to March 2011. The LSCB budget was funded by contributions from partner agencies using the following formula:

Agency	%age
Southend Borough Council	49.5%
Essex Police	16.5%
PCT	26.0%
Probation	7.2%
CAFCASS	0.8%

#### Projected and Actual Income and Expenditure

	Projected Income	Actual Income
Funding from partners	£101634	£101634
Additional Income (from training)	£2000	£14290
<b>Total Estimated/Actual Income</b>	<b>£103634</b>	<b>£115924</b>

	Projected Expenditure	Actual Expenditure
Employees	88834	86401
Serious Case Reviews	0	0
Supplies and Services	12800	8960
<b>Total Projected/Actual Expenditure</b>	<b>101634</b>	<b>95361</b>

## Section 4

# Monitoring and Quality Assurance Activity



#### **4. Monitoring and Quality Assurance Activity**

- 4.1 The LSCB Performance Management Framework comprises of 8 elements, Section 11 Audit; Single Agency Data; Performance Indicators; Themed Reports; Serious Case Reviews and Child Death Reviews and Multi Agency Audit programme. Serious Case Reviews and Child Death Reviews will be covered in sections 5 and 6 respectively. The LSCB also monitors complaints regarding the child protection process and procedures and the views of children, families and staff.
- 4.2 **All performance information is adjusted for the LSCB reporting year from 1<sup>st</sup> October 2010 to 30<sup>th</sup> September 2011 and does therefore not reflect performance information for the financial year, unless otherwise stated**

## 4.2 Summary of Quality Assurance/Monitoring Activity Undertaken

Quality Assurance Activity	Findings	Action Taken	Comment
<p><u>LSCB Performance Indicators</u></p> <p>Indicator 1 – Percentage of children who have experienced bullying.</p> <p>Indicator 2 – Percentage of children referred to children’s social care who received an initial assessment within 7 working days.</p> <p>Indicator 3 – Hospital admissions caused by unintentional and deliberate injuries.</p> <p>Indicator 4 – Number of deaths with modifiable factors identified through the</p>	<p>The Your Say Survey 2011 found 23% of children had experienced bullying</p> <p>76.6% completed within 7 working days</p> <p>49 admissions for the year Oct 2010-Sept 2011 compared to 58 for the same period in the previous year (reduction of 15.5%)</p> <p>3 deaths with modifiable factors identified by the child death review process during</p>	<p>Continued implementation of the anti bullying strategy</p> <p>Continued monitoring of improvement</p> <p>Continued monitoring of improvement</p> <p>Further analysis of data required</p>	<p>Reduction from 26% in the previous year</p> <p>Indicator criteria now changed to initial assessments completed within 10 days. Performance for the period is 87.9%</p> <p>The LSCB is addressing admissions caused by substance overdose, which make up a large proportion of admissions</p> <p>Removal of ‘potentially preventable’ category may have resulted in an increase in deaths</p>

<p>child death review panel processes</p> <p>Indicator 5 – Percentage of agencies achieving 70% of staff trained in accordance with Working Together.</p> <p>Indicator 6 - Numbers of privately fostered children known to the local authority.</p>	<p>the period compared to 1 in the previous year</p> <p>Southend Hospital – 88%; Essex Probation – 81%; SEPT – 83%; SEECHC – 86%; ECFRS – 75%; Schools – 92%; Commissioned Dental Practitioners – 94%; SEE PCT Directly Employed Staff – 100%; GP Practices – 78% completed level1/2 training and 42% clinical staff completed level 3 training (new requirement in 2011); SACC – 66% (March 2011); Essex Police – 72%; South Essex Homes 20%; Schools 94.6%</p> <p>There is 1 confirmed private fostering arrangement known to the local authority and 10 notifications, compared to 4 arrangements and 22 notifications in the previous year</p>	<p>Significant improvement in data collection by partner agencies and a commitment to improving levels of staff training</p> <p>Awareness of private fostering to be integrated into LSCB training standards</p>	<p>classified as ‘modifiable’</p> <p>Southend Borough Council and Essex Police have action plans in place to provide training performance information</p> <p>Significant reduction in the number of notifications received may be due to ‘filtering’ of enquiries, which are dealt with by First Contact Team as not meeting criteria for private fostering. Majority of all notifications are from professionals</p>
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<p>Indicator 7 - Percentage of case review recommendations implemented within timescale.</p>	<p>All case review recommendations are implemented appropriately</p>	<p>Continued monitoring of implementation of case review recommendations</p>	<p>rather than the public Partner agency internal audit teams now audit recommendation implementation before final sign off by LSCB</p>
<p>Indicator 8 – Number of CAFs completed by partner agencies</p>	<p>691 CAFs were completed by partner agencies during the period, a reduction of 50 from the previous year</p>	<p>The continued monitoring of CAFs and the outcomes for children</p>	<p>Majority of CAFs are completed by schools</p>
<p>Indicator 9 - Number of Board member agencies reporting single agency data to the Monitoring Sub Group quarterly.</p>	<p>100% of partner agencies report safeguarding children performance data to the Monitoring Sub Group compared to 75% in previous year</p>	<p>Continued development of the suite of performance information provided by each agency</p>	<p>Exception reports to LSCB Executive of agency performance information</p>
<p>Indicator 10 - Percentage of measures in annual audit programme showing progress.</p>	<p>All measures in annual audit programme progressing appropriately</p>	<p>Continued monitoring of the implementation of recommendations from the audit programme</p>	<p>Improvements in areas identified evidenced by re audit</p>
<p>Indicator 11 – Number of children killed or seriously injured in road traffic accidents.</p>	<p>13 children killed or seriously injured in road traffic collisions compared to 13 in the previous year</p>	<p>LSCB Community Sub Group working with partners to coordinate multi agency targeted interventions to reduce the numbers of children</p>	<p>Targeted, multi agency coordinated approach to casualty reduction in Essex County Council area achieved 50% reduction in children killed or seriously injured</p>

			killed or seriously injured	in road traffic collisions, which Southend LSCB will seek to replicate
<u>S 11 audit</u>		100% of LSCB partner agencies submitted section 11 audits and safeguarding performance report.	Continued scrutiny of section 11 audit returns to ensure improvements in compliance. Actions identified by non compliant agencies to be monitored by LSCB Executive.	Target 100% of agencies improving or maintaining levels of compliance
<u>Themed Reports</u> A themed report on partner agency engagement with significant men in families was undertaken in response to findings from serious case reviews and audits		Recommendations identified to improve partner agency engagement with significant men in families implemented. Subsequent audit identified improvements in agency engagement with men	Audit to be repeated to monitor continued improvements in partner agency engagement of significant men in families	Initiative recognised as good practice by Ofsted
<u>Complaints</u>		There were no complaints reported under the LSCB complaints procedures	Continued monitoring of complaints	Any disputes during the multi agency child protection conference process are dealt with effectively during the conference and do not require escalation to the LSCB complaints process

<u>Audits of the Child Protection Process</u>			
Child protection referrals	Initial audit identified variations in the quality of information provided by partner agencies in child protection referrals.	Partner agencies undertook work with practitioners to improve quality of information provided. Subsequent re audit found an improvement in quality of information provided in child protection referrals	Initiative identified by Ofsted as good practice
Section 47 enquiry/assessment process	In all cases the referral or other documentation provided sufficient information to enable an informed decision to be made by Specialist Services. Identification of sexual abuse requires further development	Identification of sexual abuse added to LSCB training programme and awareness raising materials in development	Improved identification of sexual abuse will be evidenced by: <ul style="list-style-type: none"> <li>• an increase in the number of children with a child protection plan under the category of sexual abuse</li> <li>• repeat of LSCB multi agency audit of the section 47 enquiry assessment process in 2012</li> </ul>
Child Protection Conferences & Planning	Audit identified improvements in the process compared to previous year including partner agency participation. No conference minutes were found to be	Areas for development include ensuring significant men in families are involved in the process and that child protection plans are SMART	Council internal audit team working with independent reviewing officers to develop SMART child protection plans. The audit will be repeated in 2012 to evidence improved

Core Group activity	<p>inadequate</p> <p>Core groups reviewed and developed outline child protection plans in all cases audited and identified what needed to be changed to reduce risk. The format and distribution of core group minutes required further development</p>	Core Group minutes format and distribution to be monitored for improvement by the LSCB	<p>outcomes. See below for comment regarding involvement of significant men.</p> <p>The format and distribution process for Core Group minutes has been reviewed. LSCB training for Core Group participants includes format and distribution of minutes. The audit will be repeated in 2012 to evidence improved outcomes</p>
Exit thresholds/decision making	Improvements in appropriate application of thresholds, and instigation of Child in Need Plans, although the quality of these plans was inconsistent; and completion of core assessments within timescales.	Monitoring of improvements in the consistency of practice in relation to Child in Need planning and intervention and completion of core assessments	<p>Council audit team working with independent reviewing officers to improve the development of Child in Need planning at the final child protection conference. Assessment template for partner agencies developed and implemented to improve quality and timeliness of core assessments. The audit will be repeated in 2012 to evidence improved outcomes</p>
Domestic Abuse Referrals	The audit found that children's social care responses to domestic	Monitoring of improvements in the provision of contextual and demographic information in	Majority of domestic abuse referrals are notifications received from Essex Police, which do not

<p>Agency Engagement with Significant Men in Families</p>	<p>abuse notifications were mostly appropriate and that fathers were involved in the assessment process. In 38% of referrals information provided was inadequate for the children's social care manager to make an informed decision</p> <p>The audit found an improvement in the engagement of men but also that they were not always identified by partner agencies</p>	<p>referrals</p> <p>Partner agencies reviewing systems to identify and engage with men in families</p>	<p>currently provide sufficient contextual information. Essex Police are addressing this issue with new processes expected to be in place during 2012. The audit will be repeated in 2012 to evidence improved outcomes</p> <p>All partner agencies will review their systems for ensuring the engagement of men in families and report these to the LSCB. The audit will be repeated in 2012 to evidence improved outcomes</p>
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# Section 5

# Serious Case Reviews



## **5. Serious Case Reviews (SCRs)**

### **5.1 Progress made in implementing actions from individual SCRs**

Progress on the actions from SCRs is monitored by the LSCB Case Review Panel. The Case Review Panel reports progress on the actions to the LSCB Executive and Board.

5.1.1 Southend LSCB contributed two reports as part of an SCR completed by Hertfordshire LSCB in April 2009. Such reports are not graded by Ofsted. The actions from this SCR relevant to Southend have been implemented, including the launch in November 2009 of a protocol for houses of multiple occupancy (HMO) accommodating young people and vulnerable adults, which has been adopted regionally. A recommendation for Government departments regarding a proposal that it considers enhanced licences for HMOs providing accommodation for these groups was declined on the basis that local authorities already have sufficient powers in licensing HMOs. The LSCB and Safeguarding Vulnerable Adults Board are consulted on licensing applications for HMOs providing accommodation to vulnerable young people and adults. All recommendations from this serious case review have now been implemented.

5.1.2 Baby Robert died aged 5 weeks in May 2009. His mother was homeless at the time of his death and had a troubled childhood and early adulthood. Baby Robert died after co-sleeping with his mother. The Baby Robert Case submitted in November 2009 was graded as 'good' by Ofsted, with some outstanding features, including the Executive Summary and Terms of Reference. The SCR Executive Summary was published on the LSCB web page on 6<sup>th</sup> April 2010.

5.1.3 A multi agency performance management team was established to undertake a multi agency audit of the implementation of the Baby Robert SCR recommendations, and most importantly the systems within each agency for evidencing these. This will now be extended to the implementation of recommendations from all case reviews. This initiative has been recognised

nationally as good practice by Ofsted and was the winner of the Chartered Institute of Public Finance and Accountancy's award for innovation and excellence in public service.

The recommendations from the SCR Overview Report were as follows and have all been implemented.

<b>Recommendation</b>
A review of the use of the CAF as a referral tool for child protection to be commissioned by the Board, to be completed within 6 months. The review will make recommendations in order to ensure that there is a sharp and effective focus on child protection issues within the Southend approach towards integrated working. The review should also take in to account the current work within the SET group to review the referral process and use of CAF, and the recent review of integrated working in Southend.
That within six months of the publication of this Review, the importance of checking an agency's historic records is emphasised in all safeguarding training being delivered.
That the LSCB receives regular updates with regards to the progress of each individual agency action plan in addition to updates on recommendations contained within the Overview Report.
That within six months from the publication of this Review the Board includes in its current regular audit of initial referrals those referrals that do not progress to a Section 47 assessment.
The LSCB, in conjunction with The Success For All Children Group should undertake a review, to report within 6 months, on the ways in which the agencies in Southend can better operate on an interagency basis in order to take account of, and collectively address, operational pressures and other issues which may impact on the effectiveness of the safeguarding system as a whole. These may include as they might arise high staff vacancy rates, varying operational pressures, or high referral rates in particular areas.
The LSCB in conjunction with The Success For All Children Group should

<p>undertake a review of the first line/supervisory processes within all agencies key to safeguarding, to report within a time scale of 6 months. The purpose of the review should be to determine how each agency can most effectively balance the achievement of its performance management targets with a high quality and reflective approach towards practice, both within and between agencies, and with a strong focus, in particular, on the dangers of normalisation</p>
<p>That within twelve months from the publication of this Review the LSCB should consider multi agency training focusing on the biennial analysis of Serious Case Reviews (SCRs).</p>
<p>That South Essex Homes be included in the review of the Joint Protocol and Communication Strategy being undertaken by Children's Specialist Services and Housing Services to ensure it is robust, fit for purpose and compliant with recognised guidance documented in Working Together 2006.</p>
<p>There is a detail at present unresolved in the overview report regarding the issue of a telephone call alleged to have been made. It is recommended that with immediate effect a joint Police/Specialist Services investigation is considered. This should establish whether a telephone call was made to Specialist Services, by the witness known to the Police, allegedly reporting concerns regarding Baby Robert's care three days prior to his death. It should specifically enquire into and interrogate telephone records used by the witness and Specialist Services recording and IT systems. It is suggested that the enquiry should be overseen by the Independent Chair for the LSCB.</p>
<p>That within six months from publication of this Review the Police should commence providing the LSCB, updates from their quarterly audits of completion of pregnancy markers for both perpetrators and victims of domestic incidents. This is in order to satisfy the Board that Police practice in relation to pregnant women who are subject to domestic abuse is maintained at an expectable standard and complies with procedures.</p>
<p>That the Department of Schools and Families discusses with the Department of Health an ongoing national campaign to warn parents of the</p>

dangers of co-sleeping with young babies.

5.1.5 The Baby Kathy case remains subject to judicial proceedings and details cannot therefore be disclosed at this stage

The Baby Kathy case was submitted in January 2010 and was evaluated by Ofsted as 'good' with some 'outstanding' elements.

The implementation of actions from the respective Individual Management Reviews (IMR) from participating agencies and the Overview Report are monitored by the LSCB Case Review Panel, and evidence of implementation will be reviewed by partner agency internal audit teams before final sign off of this review. As a result there has been some slippage in the timescales for complete implementation of all recommendations.

The recommendations from the SCR Overview Report were as follows and have all been implemented. This serious case review was subject to the same audit scrutiny as the Baby Robert serious case review (see paragraph 5.1.3) and the added scrutiny of effectiveness again resulted in some actions being completed out of timescale.

<b>Recommendation</b>
The LSCB should recommend to The Success For All Children Group that further multi agency training is commissioned to embed locality working and the use of CAF/TAC
The LSCB should ensure that there are robust and regularly reviewed interagency referral processes in place, with clear guidance about safeguarding thresholds, roles and responsibilities.
The LSCB should ensure that all commissioners of services are aware of their responsibilities in respect of safeguarding
The LSCB should ensure that all schools and early years settings within the Borough are made aware of the learning from this review, particularly with regard to the keeping and sharing of information about pupils.
The LSCB should require each agency to inform the Board of any restructure, with a robust analysis of risk in terms of the impact and

implications for service delivery and safeguarding issues during implementation.

The LSCB should commission a themed report with appropriate action plan on the topic of agencies' engagement with significant men in families they are working with.

The LSCB should ensure that it receives regular monitoring reports from NHS Direct

## **5.2 Plans to evaluate the impact actions and to monitor how improvements are sustained over time**

The IMR and Overview Report action plans for the Baby Robert Case and Baby Kathy Case include outcome measurement descriptors in order that the agencies and the LSCB can satisfy themselves of the impact of the actions identified. The LSCB Monitoring Sub Group's multi agency audit programme for 2010/11 and 2011/12 has been designed to monitor that improvements are sustained and include audits of:

- Of abuse/neglect and the quality of referrals
- Communication and Information Sharing in the S47 assessment process
- Recognition Child Protection Conferences and Plans
- Implementation of Child Protection Plans by Core Groups
- Exit from Child Protection Process
- Agency Engagement with Significant Men in Families
- Domestic Abuse Referrals to Children's Social Care

### 5.3 Common themes

- The LSCB identified a key theme arising from the Baby Robert and Kathy SCR and the national biennial analysis, of **“Recognition, Communication and Response across the stages of intervention and throughout the age range”** to focus the LSCBs activity on what it feels will make the most difference to the safeguarding of children in Southend. It is recognised that to achieve real progress this will require cultural and behavioural change in frontline staff and managers as well as comprehensive implementation of serious case review findings. The LSCB has monitored progress against the key theme objectives. The theme will continue to inform the work of the LSCB in its revised business plan for 2011-14.

## Section 6

# Child Death Overview Panel



## 6. Child Death Overview Panel

Child mortality rates in Southend have decreased since 2004, and are now lower than the average for the East of England. Southend LSCB has worked together with the LSCBs of Essex and Thurrock to successfully establish a Strategic Child Death Overview Panel (SCDOP), supported by Local Child Death Review Panels, with reporting directly to the Board. Southend partners are well represented on both the local and strategic panels.

	Modifiable	Not preventable
<b>Total</b>		
Essex LSCB	18	51
Southend LSCB	3	1
Thurrock LSCB	1	2

For the Southend LSCB area, reviews have been completed for 4 child deaths in 2010/11. Three child deaths have been classified as 'modifiable' in 2010/11 compared with a one return in 2009/10. The increase in modifiable deaths can be attributed in part to the change in classifications of deaths in 2010/11 which removed the 'potentially preventable' category. There have been further deaths in which inquests or the outcomes of queries are still pending and on which, therefore, reviews have not yet been completed.

Regional and national data, in addition to a local serious case reviews, identified co sleeping as major cause of modifiable deaths in babies. Southend LSCB is piloting a safer sleeping campaign aimed at parents and carers of young babies. An article was included in the Outlook magazine distributed to every household in Southend and a leaflet and poster campaign is also being implemented with all new parents receiving a leaflet from health visitors. The impact of this initiative will be monitored over the coming year by the LSCB.

The LSCB has also undertaken a pilot of the Foundation for Sudden Infant Death (FSID) baby check leaflet, which is a tool to assist parents/carers and health professionals in assessing symptoms and seeking appropriate medical attention.

Maternal smoking has also been identified as a modifiable factor in two deaths.

Emerging themes from pan Essex child death reviews also include:

- Recognition of serious illness
- Road traffic accidents related to driver behaviour
- Service provision factors within chronic and acute medical, neonatal and infection
- Supervision and home safety for children 1-4 years of age

These priority areas will be addressed where relevant by Southend LSCB.

## Section 7

# Policy Priorities for 2012/13



## **7. Policy Priorities for 2012 to 2013**

In identifying policy priorities for 2012/13 a number of national and local reports have been considered by the LSCB Executive. These include the Munro Review of Child Protection; the Family Justice Review and the green paper addressing the needs of children with special educational needs and disabilities. The LSCB has also agreed to retain the overarching theme of 'Recognition, Communication and Response to safeguarding children across the stages of intervention and throughout the age range' as a continuing priority for 2012-13. This is a vital process in the safeguarding of children which has been constantly identified in local and national serious case reviews over many years. In addressing this issue with targeted staff the LSCB intends to affect major changes in safeguarding practice.

The following priorities ensure the LSCB and its partners retain a focus on the safeguarding of children in the context of national and local changes to service delivery.

### **7.1 Southend Policy Priorities 2012 to 2013**

- Position the Board to become quickly effective in the anticipated enhanced roles currently being considered by the government (decided by Board at its meeting of 24.11.11)
- Develop a focus on reviewing the safeguarding effectiveness of the multi-agency range of early intervention and prevention services(decided by Board at its meeting of 24.11.11)
- Focus on ensuring that the wide range of services which have a children's safeguarding function, together with their children's safeguarding performance information, are considered by the Board and that the links and coordination between the services are reflected in next year's annual report(decided by Board at its meeting of 24.11.11)

- Ensure the governance arrangements between the Health and Wellbeing Board and LSCB are established and implemented by April 2013(decided by Board at its meeting of 24.11.11)
- Ensure the transition to GP commissioning arrangements is effective in continuing to safeguard children(decided by Board at its meeting of 24.11.11)
- In recognising that many services are subject to budgetary reductions and are in the process of transition, ensure that future plans by all agencies (commissioner and provider) are scrutinised to mitigate against any fragmentation of safe service delivery and that clarity is retained in relation to safeguarding responsibilities(decided by Board at its meeting of 24.11.11)
- Develop the strategic relationship between the LSCB and the Safeguarding Vulnerable Adults Board in order that safeguarding concerns which relate to both children and adults can be addressed by the two boards jointly(decided by Board at its meeting of 24.11.11)
- Ensure that learning from the community safety partnership and the learning themes from the child death review panel are considered for action by the Board(decided by Board at its meeting of 24.11.11)
- Continue to improve the safeguarding of children and young people in Southend through multi-agency work (*Working Together to Safeguard Children 2010; Children and Young People's Plan 2011-14; LSCB Business Plan 2011-14*)
- Reduce the need for children and young people to be Looked After (*Children and Young People's Plan 2011-14*)

- Ensure a continued focus on equality and diversity in safeguarding children. To particularly focus on the potential additional impact of reduced public expenditure and rising unemployment on marginalised families (decided by Board at its meeting of 24.11.11)
- Reduce the number of children and young people, and in particular those who have a disability or are carers, who have experienced bullying including face to face, text or internet (*Children and Young People's Plan 2011-14; Your Say Survey 2011; CEOP Reports*)
- Continue to work with the Domestic Abuse Strategy Group on reducing the impact of domestic abuse on children and young people's life chances (*Baby Robert SCR 2009; Ofsted Unannounced Inspection of Contact Referral and Assessment Arrangements; Children and Young People's Plan 2011-14; Southend Domestic Abuse Strategy*)
- Improve the quality of information provided in child protection referrals by all partner agencies (*Ofsted Unannounced Inspection of Contact Referral and Assessment Arrangements; LSCB Performance Management Framework*)
- Improve the contributions of key professionals to initial and review child protection conferences (*Ofsted Unannounced Inspection of Contact Referral and Assessment Arrangements; LSCB Performance Management Framework*)
- Improve the critical analysis of information submitted to child protection conferences to ensure plans are effective (*Ofsted Unannounced Inspection of Contact Referral and Assessment Arrangements; LSCB Performance Management Framework*)
- Reduce the length of time children require child protection plans. (*Children & Young People's Plan 2011-14; LSCB Performance Management Framework*)
- Reduce the numbers of children killed or seriously injured in road traffic accidents (*NICE Guidance 2011; LSCB Performance Framework*)

- Embed the Family Group Conference service to prevent the need for children to be removed from their family/network (*Children and Young People's Plan 2011-14*)
- Improve engagement with significant men in families in the child protection process (*Baby Robert and Baby Kathy SCRs; LSCB Performance Management Framework*)
- The use of systems methodology in Serious Case Reviews (SCRs) and the development of an accredited independent reviewer role for SCRs if implemented by government (*Munro Review 2011*)

# Appendix 1

# Summary of Progress Against Policy Priorities 2010/11



## 1. Progress Against Policy Priorities for the Year 2010 to 2011

Policy Priority 2010/11	Achievements	Challenges for 2012/13
<p>Recognition, Communication and Response across the stages of intervention and throughout the age range</p>	<ul style="list-style-type: none"> <li>❖ In August 2011 89.5% of referrals to children’s social care went on to initial assessment indicating that appropriate referrals are generally being made. LSCB audits audit of referrals by schools in March 2011 found 90.5% were appropriate and in 95% of cases the response from children’s social care was appropriate.</li> <li>❖ An audit of the quality of information provided in child protection referrals was undertaken in November 2010 and was repeated in June 2011. Overall, the quality of referrals, had improved, with a more consistent use of the CAF form to support referrals including providing contextual</li> </ul>	<ul style="list-style-type: none"> <li>❖ Continuing targeted support to identified partner agencies to improve the quality of information provided in child protection referrals.</li> <li>❖ Improving the quality and analysis in information provided by partner agencies to child protection conferences</li> <li>❖ Repeat audit of the quality of information provided in child protection referrals</li> </ul>

	information available to the referrer.	
Continue to improve the safeguarding of children and young people in Southend through multi-agency work	An integrated working model is used to support children and young people in order to meet their needs and improve their lives and has strong commitment from all agencies, as evidenced by the Southend LSCB Performance Management Framework	<ul style="list-style-type: none"> <li>• Improvements to safeguarding children will be a challenge for partner agencies within the current budgetary climate, and will be reliant on the continued strength of partnership working.</li> <li>•</li> </ul>
Reduce the need for children and young people to be looked after	260 were Looked After Children (LAC) in the LSCB reporting period 1 <sup>st</sup> October 2010 to 30 <sup>th</sup> September 2011, compared to 267 in the previous year, a reduction of 2.6%. This compares to a national increase of 2% for the period April 2010 to March 2011.	Continued improvements in early intervention work to further reduce the need for children to become looked after.
Reduce the number of children and young people who have experienced bullying, including face to face, text or internet	Your Say Survey December 2010 found 23% of children had experienced bullying, compared to 26% in the previous year	The Your Say survey found children with a disability and children who are carers are more likely to be bullied than other children

<p>Reduce the impact of domestic abuse on children and young people's life chances</p>	<p>During the period 1<sup>st</sup> October 2010 to 30<sup>th</sup> September 2011 there were 3037 domestic abuse incidents reported, involving 1907 children who were present at the time of the incident. This is a significant reduction compared to the same period for 2009/10 when 4375 incidents were reported involving 2363 children who were present at the time of the incident.</p>	<p>Continue to work with the Domestic Abuse Strategy Group in addressing the issue of how to measure 'reducing the impact' of domestic abuse, as well as continuing to evidence reductions in numbers</p>
<p>Ensure systems are in place for the LSCB and The Success For All Children Group to take account of, and collectively address, operational or other issues, including staff vacancy rates or high referral rates, which may impact on the effectiveness of the safeguarding system as a whole</p>	<p>The LSCB Executive has included a standing item on the agenda for all meetings where each agency reports operational or other issues, including staff vacancy rates or high referral rates, which may impact on the effectiveness of the safeguarding system. Issues identified are addressed by the partnership to minimize the impact on services to safeguard children</p>	<ul style="list-style-type: none"> <li>• Increasing challenge for partner agencies within the current budgetary climate, and will be reliant on the continued strength of partnership working.</li> <li>• The restructuring of PCTs, with commissioning responsibilities moving to general practitioners and designated posts facilitated</li> </ul>

		<p>by a new Safeguarding Children Clinical Network for Essex.</p> <ul style="list-style-type: none"> <li>• Restructuring by Essex Police of safeguarding children operations</li> </ul>
<p>The LSCB has knowledge of the level of appropriate safeguarding children training in the children’s workforce</p>	<p>Partner agencies have developed their performance information systems to report the following percentages of staff appropriately trained: Southend Hospital – 88%; Essex Probation – 81%; SEPT – 83%; SEECHC – 86%; ECFRS – 75%; Schools – 92%; Commissioned Dental Practitioners – 94%; SEE PCT Directly Employed Staff – 100%; GP Practices – 78% completed level1/2 training and 42% clinical staff completed level 3 training (new requirement in 2011); SACC – 66% (March 2011); Essex Police – 72%; South Essex Homes – 20%; Schools - 94.6%</p>	<p>The LSCB to develop its knowledge regarding the level of appropriate safeguarding children training in the voluntary and community sector</p>

<p>Implementation of recommendations from the Safeguarding Disabled Children report April 2010</p>	<p>The Safeguarding Disabled Children Sub Group has ensured that the recommendations from the Safeguarding Disabled Children Report 2010 have been implemented</p>	<p>The Sub Group has been commissioned by the LSCB to undertake a systems analysis of the protection of disabled children in light of the low numbers of such children with a child protection plan to identify whether this is due to effective early intervention or non recognition of child protection concerns.</p>
<p>Contribute to raising aspirations and lifting children out of poverty (cross cutting priority)</p>	<p>Improved early intervention has resulted in a 2.6% reduction in the numbers of children becoming looked after. Early interventions focus on raising parents' aspirations for their children and on raising children's own aspirations.</p>	<p>Continued multi agency development of early intervention work to safeguard children will be challenging within the current budgetary climate. The Board has identified as a priority for 2012 that attention is given to monitoring the impact of the country's financial situation on poverty and on the aspirations of our children</p>

## 2. Summary of Achievements of LSCB Sub Groups

### Monitoring Sub Group

- ❖ Performance Management Framework identified regionally and nationally as good practice.
- ❖ Practitioner involvement in LSCB multi agency audits develops understanding of the child protection process
- ❖ Embedded audit programme evidences implementation of recommendations from serious case reviews and other performance management processes

### Training Sub Group

- ❖ Development and implementation of training standards
- ❖ Development and implementation of quality assurance of partner agency training
- ❖ LSCB partners have developed systems to report the percentage of staff appropriately trained. Majority of partners have over 70% of their staff appropriately trained.
- ❖ Audit completed of partner agency provision of safeguarding children supervision and other professional support
- ❖ 532 practitioners completed LSCB training during the year.

### Case Review Panel

- ❖ All serious case review recommendations implemented

- ❖ One case review not meeting the criteria for a serious case review completed and implementation of recommendations being monitored
- ❖ Initiative with internal audit teams to evidence the implementation of recommendations and assist in the development of action plans identified nationally as good practice

#### Community Sub Group

- ❖ Implemented awareness raising campaign on the dangers of co sleeping. Impact to be monitored by Child Death Review Panel
- ❖ Re-launch of Private Fostering awareness campaign to maintain levels of notifications to the local authority
- ❖ Implementation of child abuse awareness campaign. Impact to be monitored regarding numbers of referrals received from members of the public.

#### Safeguarding in Schools Sub Group

- ❖ Development and distribution of safeguarding children guidance to all schools
- ❖ Implementation of the anti bullying strategy
- ❖ 100% of school governing bodies reporting on the efficacy of safeguarding children practice in their schools.
- ❖ Rolling programme of safeguarding audits for schools
- ❖ Identification of non swimmers and targeted action

#### E Safety Sub Group

- ❖ Awareness raising activity with schools and parents

- ❖ Resources for schools

#### Safeguarding Disabled Children Sub Group

- ❖ Ensured implementation of recommendations from the Safeguarding Disabled Children Guidance 2010
- ❖ Audit of disabled children and their siblings' experience of bullying