

## Notice of Meeting

# Social Care Services Board

**Date & time**

Monday, 25 January  
2016 at 10.00 am

**Place**

Ashcombe, County  
Hall, Kingston upon  
Thames, KT1 2DN

**Contact**

Ross Pike or Joseph Jones  
Room 122, County Hall  
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**Chief Executive**

David McNulty

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**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andy Spragg or Joseph Jones on 020 8541 7368 or 020 8541 8987.**

### Elected Members

Mr Keith Witham (Chairman), Mrs Margaret Hicks (Vice-Chairman), Mr Ramon Gray, Mr Ken Gulati, Miss Marisa Heath, Mr Saj Hussain, Mr Daniel Jenkins, Mrs Yvonna Lay, Mr Ernest Mallett MBE, Mr Adrian Page, Mrs Dorothy Ross-Tomlin, Mrs Pauline Searle, Ms Barbara Thomson, Mr Chris Townsend and Mrs Fiona White

### TERMS OF REFERENCE

The Committee is responsible for the following areas:

The Social Care Services Board is responsible for overseeing and scrutinising services for adults and children in Surrey, including services for:

- Performance, finance and risk monitoring for social care services
- Services for people with:
  - Special Educational Needs
  - Mental health needs, including those with problems with memory, language or other mental functions

- Learning disabilities
- Physical impairments
- Long-term health conditions, such as HIV or AIDS
- Sensory impairments
- Multiple impairments and complex needs
- Services for Carers
- Social care services for prisoners
- Safeguarding
- Care Act 2014 implementation
- Children's Services, including
  - Looked After Children
  - Corporate Parenting
  - Fostering
  - Adoption
  - Child Protection
  - Children with disabilities
- Transition
- Youth Crime reduction and restorative approaches

## AGENDA

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

### 2 MINUTES OF THE PREVIOUS MEETING:

(Pages 1  
- 18)

To agree the minutes of the 30 October 2015 and 25 November 2015, as a true record of the meeting.

### 3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

#### Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

### 4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

#### Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (18 January 2016).
2. The deadline for public questions is seven days before the meeting (18 January 2016)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### 5 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD

There are no responses to report.

### 6 SOCIAL CARE IN PRISONS

(Pages  
19 - 26)

**Purpose of the report:** Scrutiny of Services

The report provides a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements of the service.

### 7 ADULT SOCIAL CARE QUALITY ASSURANCE TASK & FINISH

(Pages

**OUTCOMES** 27 - 38)

**Purpose of the report:** Policy Development Review

The outcome of the Quality Assurance task and finish group work, to review of Surrey's multi agency Quality Assurance framework and identify opportunities for improvement.

**8 THE SURREY FAMILY SUPPORT PROGRAMME** (Pages 39 - 54)

**Purpose of the report:** Policy Development and Review

This is a report on the progress made by the Surrey Family Support Programme. The report covers the progress made in Phase 1 of the Programme; How the Programme has developed a multi-agency partnership approach to working with families and communities; How the programme has been developed to meet the Government's Extended Troubled Families Programme, and; How the Programme is to be taken forward as part of the Surrey Early Help Strategy.

**9 SURREY SAFEGUARDING CHILDREN BOARD (SSCB) ANNUAL REPORT** (Pages 55 - 152)

**Purpose of the report:** Scrutiny of Services

The Board to review and note the findings of the Surrey Safeguarding Children Board's annual report.

**10 CHILDREN'S QUALITY ASSURANCE** (Pages 153 - 162)

**Purpose of the report:** Scrutiny of Services

Scrutiny of Performance Management was requested following the findings of the Internal Audit of June 2015 in respect of the work of the Quality Assurance Team.

**11 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 163 - 172)

The Board is asked to review its Recommendation Tracker and Forward Work Programme.

**12 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at Friday 4 March 2016 at 10.00am

**MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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**MINUTES** of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 10.00 am on 30 October 2015 at Council Chamber, County Hall, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Scrutiny Board at its meeting on Wednesday, 25 November 2015.

**Elected Members:**

- \* Mr Keith Witham (Chairman)
- \* Mrs Margaret Hicks (Vice-Chairman)
- \* Mr Ramon Gray
- \* Mr Ken Gulati
- \* Miss Marisa Heath
- \* Mr Saj Hussain
- \* Mr Daniel Jenkins
- \* Mrs Yvonna Lay
- \* Mr Ernest Mallett MBE
- \* Mr Adrian Page
- \* Mrs Dorothy Ross-Tomlin
- \* Mrs Pauline Searle
- \* Ms Barbara Thomson
- A Mr Chris Townsend
- \* Mrs Fiona White

**Ex officio Members:**

Mrs Sally Ann B Marks, Chairman of the County Council  
Mr Nick Skellett CBE, Vice-Chairman of the County Council

**Co-opted Members:**

**34 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Chris Townsend

Nicholas Harrison substituted for Chris Townsend

**35 MINUTES OF THE PREVIOUS MEETING: 7 SEPTEMBER 2015 [Item 2]**

The minutes were agreed as an accurate record of the meetings.

**36 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**37 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

The Chairman emphasised that Board Members can submit questions to the Board.

**38 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 5]**

**Issue referred to 22 September 2015 Cabinet:**

The Board recommends that the Cabinet raise these concerns regarding the new responsibilities placed on the council with central government, and the insufficient funding made available to meet their duties.

The Board was asked to note the Cabinet's response (see Annex 1)

**39 CHILDREN'S IMPROVEMENT PLAN 2015 - UPDATE [Item 6]**

**Witnesses:**

Caroline Budden, Deputy Director for Children, Schools and Families

**Key points raised during the discussion:**

[Dorothy Ross-Tomlin arrived at 10.15 am]

1. Officers outlined the context of the Children's Improvement Plan and asked the Board to note its governance actions. This included a requirement for the Board to establish a performance and finance sub-group in order to track the progress of the improvement plan.
2. The Board raised a question concerning taxi licensing and how individual cases of licenses being revoked were passed to the relevant agency. Officers agreed to clarify the process for doing this with the Board. The Cabinet Member commented that the success of the Improvement Plan was dependent on engaging with all agencies, including district and borough partners.



3. The Board discussed communication with services and key workers and how areas for improvement were fed back. Officers commented that there was ongoing communication between management, the services and the key workers regarding spotting signs of neglect and abuse. The Deputy Director also noted that Surrey Safeguarding Children's Board (SSCB) and the Multi-Agency Safeguarding Hub (MASH) was moving towards an agreed methodology for an approach to safeguarding. The Board was informed that multi-agency training methodologies were being implemented through the SSCB.
4. The Board commented on the need for strategic leadership in delivering the Children's Improvement Plan. The Cabinet Member highlighted the need to make changes in the culture of Children's Services and that this would be a long term challenge. The Cabinet Member praised the leadership of the Deputy Chief Executive and the Deputy Director in tackling this through the Children's Improvement Plan.
5. The Board asked for further detail on the difficulties faced in recruiting social workers. Officers commented that retaining staff was a key issue, and that a number of options were being explored in order to incentivise staff and recognise their value. The approach taken to retaining staff in residential homes had highlighted some areas of good practice which could be applied across the wider service.
6. The Board highlighted that it would want to see a further report on how the views of young people and children were taken into account in the delivery of the Children's Improvement Plan. The Chairman informed the Board that there would be independent training provided for Members on how to scrutinise Children's Services and social care.

**Recommendations:**

1. That the Board to establish a Performance and Finance Sub-Group that will track Children, Schools and Families progress against key performance milestones set out in the plan, in addition to budget planning.  
  
Membership: Keith Witham, Margaret Hicks, Ken Gulati, Yvonna Lay, Ramon Gray, Ernest Mallet and Fiona White.
2. That officers clarify the formal mechanisms by which District and Borough Councils can share information and concerns related to safeguarding issues, particularly in relation to housing, taxi and premises licensing.
3. That the board receives an update on what actions have to be taken in line with the Improvement Plan to ensure the views of children and young people are heard.
4. That the report receives a further report on the step-down processes in place for children's and families receiving support from children's services.

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**40 ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 6a]**

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care, Independence and Wellbeing

**Key points raised during the discussions:**

1. The Chairman and the Board noted that the Strategic Director of Adult Social Care was retiring and praised and thanked the Strategic Director for the work he had done and appreciated the improvements realised.
2. The Strategic Director commented that he chaired the recent Better Care Board and that the section 75 agreements with the NHS Clinical Commissioning Groups on pooled budgets were likely to be signed in late November or early December. The Strategic Director noted that the pace of change had increased. In light of this, the Board have sought a further meeting with the Better Care Board.
3. Regarding the Adult Social Care Assessments, the Strategic Director noted that Internal Audit reported difficulties with the Adults Information System (AIS) system. The Strategic Director informed the Board that officers were monitoring all 18,000 scheduled reviews and have decreased the number of cases with no review date to less than 5% of the total.
4. The Strategic Director discussed the Government's Transforming Care agenda - the Government's response to Winterbourne View. In Surrey, the Strategic Director noted that since 1983, bed spaces in psychiatric institutions have been continually decreasing as care moved into the community and that there were just 17 Assessment and Treatment beds today all provided by the NHS.
5. The Strategic Director noted that the Area Director for East Surrey had been on secondment for two days a week working on the Transforming Care agenda with the Local Government Association. There was also a small pot of funding available from the Surrey CCGs to develop Surrey's response.
6. The Strategic Director advised the Board that he had been working with the Cabinet Member for Adult Social Care, Independence and

Wellbeing as well as working with registered social landlords to develop alternatives to meet the needs of service users.

7. The Cabinet Member noted that the Accommodation with Care and Support Strategy outlines the future priorities of the service following the closure of the six homes for older people. The Cabinet Member also highlighted the work that has been done with Human Resources regarding a flexible approach to the corporate recruitment policy which included initiatives such as recruitment of friends and relatives of existing staff as well as further payment if employees have worked for the council for a number of years.
8. A concern was raised that the contractors providing Adult Social Care Services were not paying the living wage to its employees nor ensuring that they were paid for travel. The Strategic Director assured the Board that the contracts request that workers were paid the minimum wage and recognised the travel time and that these conditions were regularly monitored. There was an admission that the demands of a living wage duty could stretch the sector.
9. A Board Member raised the concern over the occasional challenging behaviour of people with a mental illness and the subsequent safety of those around them. The Strategic Director commented that the number of people who needed treatment and were at risk to themselves and the people around them is low. The vast majority of cases do not need to be institutionalised, that treatment in the community with family, friends that would promote their independence and their mental wellbeing was most beneficial. Furthermore, admission to an institution could be harmful and escalate their mental illness.

**Recommendations:**

1. Democratic Services to organise a private meeting with the Better Care Board before the end of 2015.
2. An item on Adult Social Care's approach to reducing Transforming Care (reduction of Assessment and Treatment beds) to be presented to the Scrutiny Board in 2016.

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**41 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014 - 2015 [Item 7]**

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care, Independence and Wellbeing

**Key points raised during the discussions:**

1. The Cabinet Member for Adult Social Care, Independence and Wellbeing informed the board that the Surrey Safeguarding Adults Annual Report 2014 -2015 was presented to the Cabinet on Tuesday 27 October 2015 by the Independent Chair and was accepted by the Cabinet with minor concerns. The Cabinet Member noted that the Chair had taken those concerns on board. Overall it was noted by the Board that it was a positive report.
2. A point was raised regarding the language of surveillance used in the report as it felt that inclusion should be emphasised. Further comments included inclusion of the topic of deprivation in Safeguarding Board related to the impact of increased demand for Deprivation of Liberty Safeguards (DOLS) assessments.

**Recommendations:**

None.

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**42 CARE ACT 2014: REVIEW OF PHASE 1 (1 APRIL 2015) [Item 8]**

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care  
Sonya Sellar, Area Director (Mid-Surrey)

**Key points raised during the discussions:**

1. The Area Director for Mid-Surrey informed the Board that the Guidance to the Care Act was published in October 2014 prior to implementation of the legislation in April 2015. However, formal evaluation of Adult Social Care's implementation programme was completed and the Council's Internal Audit report validated the approach taken by concluding that the preparations were 'effective'.
2. The Area Director noted that Phase One of the Care Act had been implemented this was overseen by the 'Project Management Group'. The Directorate assessed the implementation and sought staff feedback for any improvements. An embedding practice group is in place to support the service to continue to embed the Care Act changes.

3. The Area Director was asked about the duty to provide social care to prisoners and stated that the referral rate to the service in Surrey is higher than the national average with our current information showing 12 prisoners per prison compared to seven prisoners referred per prison nationally. Further to this, the Area Director commented that a quarter of referrals received in prisons were for occupational therapy and equipment.
4. The Area Director advised the Board that the funding was provided on a Surrey basis for any prisoner with a social care need in one of the county's prisons. Following release, the ongoing care needs were met by the returning Local Authority and therefore, not Surrey County Council
5. A Board Member expressed disappointment with the delay to the introduction on a cap on care costs. The Finance Manager responded that the cap would have placed significant demands on Adult Social Care if implemented. There was now a fair degree of confidence with funding received for 2015/16 which was split into two to cover 'Dilnot' burdens and prisoner social care. However, the future of funding intended for phase two is uncertain.

**Recommendations:**

None.

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**43 MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE [Item 9]**

**Witnesses:**

Jane Bremner, Senior Commissioning Manager  
 Sheila Jones, Head of Countywide Services  
 Stan Masawi, Home Treatment Team Manager, NHS Surrey and Borders Partnership Foundation Trust (SABP)  
 Gary Dicken, Senior Approved Mental Health Professional (ASC & SABP)  
 Laura Hoyles, Senior Social Worker, HOPE Service

**Key points raised during the discussions:**

1. The Head of Countywide Services advised the Board that the HOPE Service, an integrated social care, health and education provision for children and young people with complex needs, received additional

funding to operate an extended range of services at evenings and weekdays and to offer two additional respite beds

2. The Council and partners have successfully bid for funding that has totalled over £2 million for projects for people with mental health needs. It was highlighted that Surrey and Borders Partnership NHS Foundation Trust (SABP) had recruited three members for the Aldershot Safe Haven and building work for the Trust's new 24/7 mental health hospital in Guildford was to be completed in December.
3. The Home Treatment Manager explained that Safe Havens were a service for people who had experienced mental health crisis and aimed to avoid Police contact or hospital admission. The service in Aldershot had been extended during the winter months and had successfully provided support from 8am to 11pm on weekdays. The Home Treatment Manager stated that the service supported carer as well and that the service has received praise and commendation for its work and the results produced.
4. The Board enquired how many people the service supported and were advised that there were around 15 to 25 people entering and leaving the service per day with most cases being repeat users however referrals are set to expand as the service broadens its publicity. Further to this, the Home Treatment Team Manager commented that they had three members of staff.
5. The Board queried the development of the Safe Haven model and were advised that health and care partners want to expand the model and the continuing peer support offer for successful implementation. The Senior Commissioning Manager stated that the Surrey Heath Haven is due to open in mid-November and explained that the havens are intended to be in each CCG area rather than each District & Borough.
6. The Board raised a concern that the Chief Constable of Surrey Police had notified the Surrey Police and Crime Panel that there were still people with mental health issues that were inappropriately consuming Police time and resources. Furthermore, the Board heard that Surrey Police had not known that the Safe Haven facilities were in place to help those with mental health problems suggesting a need for improved communication between the mental health services and Surrey Police.
7. The Home Treatment Team Manager noted that Hampshire Police were aware of the service as well as the ambulance trust and confirmed that there would be further communications to ensure greater use of the Havens. Another Board Member praised Safe Havens and raised the issue that arrests could escalate mental health problems whereas Safe Havens reverse those effects. The Strategic Director commented that Adult Social Care had been working with the Chief Constable for a number of years and that the statistics on the avoidable use of police custody for those in mental health crisis have significantly improved.

8. In response to a question raised by a Board Member regarding to the response of the out of hours service, the Senior Commissioning Manager noted that work is underway with the Ambulance Trust to co-locate SABP staff with the 999 and 111 call centres to support patients out-of-hours and in the long-term develop a single point of access for people in mental health crisis.
9. A Board Member raised the concern of funding and the service's ability to realise savings. The Senior Commissioning Manager noted that the plan was to reduce admissions to hospitals and to reduce police deployment and as a result efficiencies would not necessarily be found in the Safe Haven service but across the system as a whole.
10. The Board stated that there were too few acute mental health beds in Surrey the Head of County Wide Services responded that the beds that were available were mostly for adults with children and young people often placed in foster or care homes although the number of beds were monitored by Children's Services. The Vice Chairman echoed concerns that children were often placed far away from their homes due to this limited number of beds and the availability of appropriate homes.

**Recommendations:**

1. That the Scrutiny Board reviews the roll out of the Safe Havens across the remaining five Clinical Commissioning Group areas in Surrey including the financial sustainability of these projects.
2. That an update is provided on the implementation of the Single Point of Access Project.
3. That there is liaison between Surrey Police and Hampshire Police on good practice usage of the Aldershot Safe Haven for people in mental health crisis [To be taken forward by the Scrutiny Board Chairman and Police and Crime Panel Chairman].

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**44 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 10]**

1. The Board were advised that Corporate Parent item scheduled for the 25 January 2016 is to be taken at its 4 March 2016 meeting.

**45 DATE OF NEXT MEETING [Item 11]**

The Board noted that its next meeting will be Wednesday 25 November 2015 at 2pm.

Meeting ended at: 12.46 pm

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**Chairman**



**MINUTES** of the meeting of the **SOCIAL CARE SERVICES BOARD** held at 2.00 pm on 25 November 2015 at Council Chamber, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 9 December 2015.

**Elected Members:**

- \* Mr Keith Witham (Chairman)
- \* Mrs Margaret Hicks (Vice-Chairman)
- \* Mr Ramon Gray
- \* Mr Ken Gulati
- A Miss Marisa Heath
- \* Mr Saj Hussain
- \* Mr Daniel Jenkins
- \* Mrs Yvonna Lay
- \* Mr Ernest Mallett MBE
- A Mr Adrian Page
- \* Mrs Dorothy Ross-Tomlin
- \* Mrs Pauline Searle
- \* Ms Barbara Thomson
- \* Mr Chris Townsend
- \* Mrs Fiona White

**Ex officio Members:**

Mrs Sally Ann B Marks, Chairman of the County Council  
Mr Nick Skellett CBE, Vice-Chairman of the County Council

**46 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Marisa Heath and Adrian Page.

**47 MINUTES OF THE PREVIOUS MEETINGS [Item ]**

The minutes of both of the 25/6/2015 and 7/9/2015 were agreed as accurate record of the meetings.

**48 DECLARATIONS OF INTEREST [Item 2]**

There were no declarations of interest.

**49 QUESTIONS AND PETITIONS [Item 3]**

There were no questions or petitions.

**50 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SCRUTINY BOARD [Item 4]**

There were no items referred.

**51 CHILDREN'S SERVICES ANNUAL COMPLAINTS REPORT 2014-2015 [Item 5]**

**Witnesses:**

Belinda Newth, Head of Rights and Participation  
Caroline Budden, Deputy Director – Children, Schools and Families

**Key points raised during the discussions:**

1. The Deputy Director noted that there was a slight reduction in referral rates in 2015 because of the increase in identification of issues outside the complaints system as well as identifying issues early. The Board were advised that most complaints were resolved by explanation and that the vast majority of complaints were at stage 1, a small number of complaints in stage 2 and there were no complaints at stage 3. Importantly, the Deputy Director noted that this meant complaints were being managed at the right level.
2. A Board member noted that people want to be treated fairly and that their complaint be dealt with quickly therefore remember the targets for resolution should be high. The Deputy Director stated that most of the complaints were processed within 20 working days and accepted that timing is key for young people but the resolution has to be right for that individual. Further to this, the Deputy Director noted that they used to be more ambitious with time scales, however, issues such as court processes and disengagement of service users have caused delays in the processes.
3. The Board inquired how many service users had a mental illness and were the officers fully trained to work with those with mental disability

or mental illness. The Board also inquired what support the service users receive after their complaint and do they come back with repeat complaints in the short or long term. The Deputy Director noted that some service users have mental illnesses and that staff were trained to support them. The Deputy Director also informed that the levels of direct complaints from young people were low but that there was an advocacy service available. Post-complaint the Participation Team made services available such as the Care Council and tried to build relationships with complainants.

4. Regarding the point raised on the timing of responses and actions to complaints, the Deputy Director noted that the service strives to manage the complaints as quickly as possible and that the first response was most critical. The Deputy Director stated that services were weighted towards the best response rather than timelines though this has improved over the last five years. The Board recognised that the service would need to take the time to get the right response; however, it praised the service's progress on timescales.
5. The Chairman raised a question regarding why 183 complaints were not taken further into the process and was there any correlation between the complaints that were not taken further and the Ofsted report that was published earlier in 2015? The Deputy Director replied that the complaints were collective and not specific therefore further action may not be identified because it relates to the work of a partner organisation. There would be some correlation between the Ofsted report and the complaints but without an individual audit of all the complaints it would be difficult to make a direct link.
6. The Board challenged the assertion that an increase in the rates of complaints is not a positive approach. The Deputy Director noted that the past, the increases in complaints were received positively, however, the service must reach a point where there is not an increase in complaints. Today the priority is the response timescale and the nature of response to the complaints.
7. Concern was expressed regarding the limited availability of accommodation for care leavers. The Deputy Director stated that care leavers were supported but that the council is not a housing authority. The Head of Rights and Participation emphasised that care leavers have other routes and mechanisms where they can raise issues and be heard such as the Care Council, through advocacy services, they are supported right through to the outcome. The Head of Rights and Participation also noted that there was a *Settling in Scheme* piloted in Redhill which offered a basic DIY skills programme as well as encouraging a positive relationship with housing and benefit advice officers.

**Recommendations:**

The Board agreed the report.

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**52 ACCOMMODATION WITH CARE AND SUPPORT [Item 6]****Witnesses:**

Jean Boddy, Area Director

Matt Lamburn, Project Manager (Accommodation with Care & Support)

Mel Few, Cabinet Member for Adult Social Care, Independence and Wellbeing

**Key points raised during the discussions:**

1. The Cabinet Member for Adult Social Care, Wellbeing and Independence discussed with the Board the outcomes of Comprehensive Spending Review that included the potential 2 per cent increase in council tax to pay for adult social care and the expansion of the Better Care Fund.
2. The Cabinet Member for Adult Social Care, Wellbeing and Independence noted that the Accommodation with Care and Support Strategy which stated there was an increasing demographic demand on health and social care services, especially on accommodation as residents choose to stay in their communities to receive care.
3. The Cabinet Member emphasised that the individual should be given control and Adult Social Care has been told by service users that they want to access and support in their local areas. As Surrey residents were actively choosing to stay in their homes, the demand on services have changed. The Cabinet Member emphasised that clear communication was key to support residents, especially the elderly regarding accommodation needs. The next generation of service users, however, will have different needs and will demand greater personal control, individualisation and the use of digital technologies in their own homes.
4. The Board welcomed the report and the strategy on accommodation, however it was noted that they Adult Social Care would need to work with the market and develop links with District & Borough Council Planning Services to ensure the right kind of accommodation was available and affordable. It was commented that devolution of further housing powers combined with deepened health and social care integration could provide background to stimulate the market.
5. The Cabinet Member informed the Board that the service was stepping up integration in Surrey Heath as there was greater demand for nursing rather than residential care there. There was also discussion of much closer infrastructure planning with district and borough planners to check the appropriateness of developments.

6. The Board queried the whether any of the six former older people's homes were suitable for accommodating people with learning disabilities. It was stated that Adult Social Care was in discussions with the Surrey Clinical Commissioning Groups (CCGs) to use these homes for reablement step up and/or down facilities but that not all six homes were in areas of need in the county.
7. The Cabinet Member informed the Board that they were working with CCGs and hospitals and there has been a positive response from two CCGs to use extra care facilities going forward with Surrey's growing elderly demographic. The Cabinet Member also informed the Board that there were discussions about how the block contract provider could contribute towards meeting residents' changing tastes.

The Board inquired about the opportunity for the Council's trading company to become involved in providing these new services. They were advised by Officers that Surrey Choices were part of the ongoing discussions to realise the Accommodation with Care and Support Strategy.

**Recommendations:**

The Board supports the proposed way forward as outlined in the Strategic Intent Document

**Actions/further information to be provided:**

None.

**Board next steps:**

None.

**53 ADULT SOCIAL CARE BUDGET MONITORING FOR SEPTEMBER [Item 7]**

**Witnesses:**

Jean Boddy, Area Director  
William House, Finance Manager

Mel Few, Cabinet Member for Adult Social Care, Independence and Wellbeing

**Key points raised during the discussions:**

1. The Finance Manager discussed the September 2015 monitoring report and informed the Board that there was a balanced budget forecast for September however there was a financial pressure of £6.5 million for the year. The Finance Manager stated that they were using the Care Act funding for the 2015/2016 financial year however future funding was uncertain so this adds pressure to the following year.

2. The Cabinet Member also noted that the change in discharge processes and four under pressure acute hospitals, which have opened up additional wards to cope with the demand, has meant that Adult Social Care has come under pressure to take patients out of the acute sector.
3. The Finance Manager informed the Board that they had made £35 million in savings in the 2015/2016 financial year as well as forecasting to achieve £10.4 million via the reassessment program which was doing well. The Finance Manager noted that the demand for services and new packages of care meant Adult Social Care were struggling to achieve savings. However, they had seen some savings in home packages and hospital care spending.
4. The Finance Manager noted that the stretch annual savings target for Family , Friends and Community Support of 20 per cent and £4 million through reassessment is unachievable whereas 15 per cent of savings programme through the programme was more likely. New packages of care are still an area of struggle.

[Dorothy Ross-Tomlin left at 3.24pm].

5. Concern was raised the Family, Friends and Community Support savings based on reclaiming would eventually run-out. Due to people living longer, the Board member noted that packages would need to be longer which would be more costly and complex unless Surrey drastically restricts its services. The Finance Manager acknowledged that these savings were finite and the surplus created by re-assessment of packages had been removed from the system.
6. The Cabinet Member stated that that they had achieved £163 million of savings over the last four years despite an increase in case load and he wished to commend Adult Social Care frontline staff for their work in this period. The Area Director remained sure that further health and social care integration would help meet demand in a time of reduced budgets.

**Actions/further information to be provided:**

None.

**Board next steps:**

The Board agreed to convene a Performance and Finance Sub-Group to review the draft Adult Social Care budget and report any findings.

Membership: Keith Witham, Margaret Hicks, Ramon Gray, Ken Gulati, Ramon Gray, Yvonna Lay, Ernest Mallet and Fiona White.

**54 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]**

**55 DATE OF NEXT MEETING [Item 9]**

The date of the next meeting will be on Monday 25 January 2016 at 10.00am.

Meeting ended at: 3.35 pm

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**Chairman**

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Social Care Services Board  
25 January 2016

Social Care in Prisons Update Report

**Purpose of the report:** The report provides a briefing on the current position of social care provision in Surrey prisons and explores considerations and impacts of proposed future working arrangements of the service.

**Introduction:**

1. Surrey County Council's (SCC) duties and responsibilities to provide social care in prisons were introduced under the Care Act from April 2015. In relation to social care, as far as possible, people in prisons should be treated consistently and on the basis of equivalence to those in the rest of the population. This is a key principle enshrined in the Act. However, people in prison cannot qualify as carers, have a choice of accommodation nor receive direct payments.
2. Annex 1 provides a case study as an example of social care activity carried out in prisons in Surrey.
3. A report was received by the Adult Social Care Select Committee on 10 April 2015 which recommended that the committee support the development of a new service model to meet these duties; the service to be managed by Surrey and Borders Partnership Foundation Trust (SABP). It was also recommended that the service be reviewed after one year and an update report brought back to the Committee.
4. This report highlights data from the first six months of operation as well as areas for development in line with a service evaluation stage 2 report commissioned by the Adults Leadership Team (ALT) and approved by the Care Act Project Team.
5. The report considers the progress made in the first six months and compares where possible to the national picture described by The Association of Directors of Adult Social Services (ADASS) survey of

social care activity published in September 2015. A key finding is that SCC referrals are showing very high activity, in the top levels nationally, which is indicative of a successful implementation.

6. It is important to consider future service development with the impact of the expansion of HMP Highdown (1100 to 1240 prisoners) and the closure of Holloway. There is an intention to reopen HMP Downview to accommodate approximately an additional 350 female prisoners, and to expand the capacity of HMP Send (female sentenced prisoners) and HMP Bronzefield (to accommodate female remand prisoners) from HMP Holloway closure from April 2016.

#### **Service specification**

7. The Prison Social Care team sits within SABP Older Adults and Specialist Services directorate under an agreement for the management of Surrey Prison Social Care within Surrey and Borders Partnership Trust (SABP) by the SCC Senior Manager for Specialist Services.
8. The provision of social care was recognised as a risk. We fully explored offering the opportunity to staff from in – house older people’s homes closures, external agencies and discussions with the primary care providers (which was not supported by HMP Bronzefield or the public prisons commissioners). The primary operational challenge for the team over the past few months has been the recruitment of support, time and recovery (STR) workers to provide hands-on care for those assessed with eligible needs, which cannot be met solely through peer support or the provision of equipment. However, the situation has been carefully monitored so that no clients have suffered unmet need, and during October and December 2015 recruitment took place which will address the challenge from January onwards.
9. The service operates as a Single Point of Referral via a secure email address into SCC Prison Social Care Team with an identified lead that links into each prison (but staff work across the prisons dependent on presentation for assessment). Referrals are made via the prison staff, health care staff, outside services and self referrals. People referred have had a range of needs including OT equipment, needs which have been met via the prison provision/peer supports and social care input or assessment for need to be released/transferred. There have also been a small number recognised to require full health provision including end of life care.
10. **There were a total of 99 referrals** in the first 2 quarters with a mixture of presentations including mental health, substance misuse, physical disability, autism and illness. The number per prison is :

- a. Highdown (43)
- b. St Catherines Approved Premises (2)
- c. Bronzefield (28)
- d. Send (14)
- e. Coldingly (12)

11. These numbers are higher than had been predicted and the ADASS survey supports that Surrey's activity is in the top 5 nationally (HMP Highdown and HMP Bronzefield) and highest in the southern region. Our self referrals have tripled in HMP Bronzefield and are increasing across the other establishments, which evidences our presence in the prisons. There is a need to recognise that developing social care in prisons early on includes developing peer support programs for those with low need. There is an effective system in operation at HMP Coldingly which is being explored with the other establishments. Data from quarter 3 is also supporting this higher than expected activity and we would expect a growth with the impact of the closure of HMP Holloway and the increase to HMP Highdown.

12. All prisons have now agreed to be signatories of a Memorandum of Understanding (MOU), which outlines roles and responsibilities, has been supported by the National Offender Management Service (NOMS).

13. Initially there were issues regarding referrals being accepted for advocacy due to them not being deemed to fall within the terms of the Care Act. The ADASS report recommends that authorities 'review their thresholds for providing advocacy to ensure that they are compliant with the Care Act'. This situation is now under review by the Senior Commissioning manager for advocacy services, who is concerned that support should be available to ensure that the user voice is heard and that all have access to services to which they are entitled based on the principle of equivalence. We have now seen a marked increase in these referrals being accepted.

#### **Future considerations**

14. It is important to plan for the impact to Surrey with the closure of HMP Holloway and the expansion of HMP Highdown, HMP Bronzefield, expected changes to HMP Send establishment and the reopening of HMP Downview to accommodate serving female prisoners from HMP Holloway.

15. Along side this unknown impact there is a need to explore future models including :

- a. Continuing with current arrangements (direct SCC service hosted in SABP) where the main advantage has been the linkage into substance misuse and forensic mental health services where social care responsibility falls under the same SCC manager.
- b. Commercial enterprise.
- c. Primary care providers (referrals are low in areas where this model has been adopted).
- d. Full re-procurement (would be helpful to have full year's data and the impact of the closure of Holloway if considering this model).

### **Conclusions:**

16. Surrey's data nationally is in the higher levels which includes taking into account the impact of multiple prisons. In Surrey we have established a peer support system in Coldingly which we are developing in the other establishments and our self referrals are increasing which supports our impact and presence in the prisons.
17. It is important to recognise that it has been difficult to provide social care provision in the prisons. Several ways have been explored but none to date have been successful. The recruitment of STR workers is underway and will address this issue.
18. After only 8 months in operation, the service is still in the process of developing and it is too soon to be clear on costing's especially with the impact from the expansion to HMP Highdown, and the closure of HMP Holloway to HMP Send, HMP Bronzefield and the opening of HMP Downview.
19. The current recommendation from the external report is to maintain the current arrangements. This will also provide time to explore the enterprise approach and if longer term evidence shows Surrey's approach continues to be successful this may be a structure to be considered to other LA's.

### **Recommendations:**

20. It is recommended that following the success of the first year, the Board support the continuation of the current model of service for a further two years.

### **Next steps:**

- Draft operational procedures to be circulated (February 2016)
- Recruitment to STR posts (current)
- Explore impact of HMP Holloway closure and HMP Highdown increase (April 2016)

- Stage 3 evaluation to be completed and focus on impact and costings.
  - To develop self referral process across HMP Highdown and HMP Send (process in place at HMP Coldingly and HMP Bronzefield).
  - Explore peer prison support for low and non personal care across HMP Highdown, HMP Bronzefield and HMP Send (process in place at HMP Coldingly).
- 

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**Sources/background papers:**

- ADASS report on early evaluations
- Team data
- Evaluation report (Stage 2) by Stella Charman (October 2015)

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## **Annex 1 - Prison Social Care Case Study**

### **Background and Referral**

JV was a young female from a travelling background who originated from a London area who was remanded to a Surrey prison for an offence of serious violence to a family member during a domestic dispute. She had very serious long term health conditions including mitochondrial disease, visual impairment, epilepsy following meningococcal meningitis when a teenager, blocked arteries and had suffered 2 strokes which had left her partially paralysed down one side. JV did have input from a social care team in London in the community prior to coming into prison.

She was referred to prison social care team from the prison primary health care provider due to her vulnerable presentation and high need.

### **Assessment and Social Care input**

The practitioner liaised with the previous team for background information on needs, presentation and package of care that had been provided which included support with administering medication [she would forget the prescribed regime] and preparing meals. It was evident very early on that JV was vulnerable with eligible social care needs and would require more support than was reported whilst in the prison.

JV was unable to carry out her personal care, keep her cell clean/ tidy, change/ make her bed, mobilise around the prison and struggled with fine motor movement including light switches/light her cigarettes. The practitioner undertook the following:

- Liaised with safer custody regarding support that could be offered and it was highlighted that close family member was also in the prison.
- Discussion with JV regarding sister providing support where it was disclosed that she had been receiving some support as she did not want strangers to provide intimate personal support (ie bathing).
  - It is recognised that generally other prisoners cannot support with intimate personal care other than in circumstances of close family members. It became apparent that prior to being remanded that close family members had supported her with intimate care.
- Discussion with JV's sister who wanted to support her sister and further family dynamics information was disclosed.
- Referral for advocacy to support JV through the assessment process under the Care Act.
- Support provided in her ACCT reviews (prison self harm assessment tool) to ensure her views were considered.

- JV was struggling with her sight to see the controls on her TV, CD player and to find the right light switch. The practitioner liaised with the community sensory worker who had known JV in the community, and she supplied coloured raised stickers to place on switches in order to help identify them.
- Incidents of seizures were increasing and issues regarding medication were highlighted as the GP had reduced her access due to a potential for her to misuse her epilepsy drugs. The practitioner liaised with prison security who could verify that there was no evidence to support any substance misuse. The practitioner advocated on JVs behalf with health regarding the medication issues which led to a review change in access to her medication.
- During the assessment process it was evident that JV struggled to process complex information and to retain information which also raised questions on her capacity to instruct a solicitor and understand the process. The practitioner liaised with her solicitor and shared her assessment including the issues in relation to mental capacity. The solicitor had also raised these queries and was intending on presenting to the court these concerns as this did raise questions on her ability for fitness to plead and if remand in prison was the right place.

## **Outcome**

The case was presented to the court and she was released to an alternative bail address whilst the criminal justice system made decisions regarding prosecution in the public interest coupled with her ability to plead and provide instruction on the process. This required the practitioner to liaise with the home area to provide a package of care on release and concerns were raised on how JV would get to the address due to her vulnerable physical state and ability to use transport. This was highlighted to home based area and a taxi was arranged.





Social Care Services Board  
25 January 2016

Quality Assurance Task and Finish

**Purpose of the report:** The outcome of the Quality Assurance task and finish group work, to review of Surrey's multi agency Quality Assurance framework and identify opportunities for improvement.

**Executive Summary:**

1. The Care Act 2014 describes the responsibilities of local authorities to reduce the risk of provider failure or the impact of a failure should one occur.
2. Whilst Quality Assurance (QA) best practice exists for providers, there is limited guidance or models for commissioners. This creates an opportunity for Surrey to develop a framework that could be shared with and used by others.
3. Although there are many elements of the existing QA framework that work well, it was identified that more work could be done to gather and share soft intelligence, and if resources allowed, more proactive work to be undertaken to improve the quality of services. In addition, whilst there are areas of good practice in Surrey, a more consistent approach would be preferable, including a system for sharing intelligence.
4. It is recognised that during the course of the task and finish work, there have been related initiatives underway which have also helped take this work forwards. These have been reflected in the proposals and it is recommended that the links continue.

**Introduction:**

5. In December 2014, following safeguarding action by Surrey Adult Social Care (ASC) and enforcement action by the Care Quality Commission (CQC), a nursing home in Surrey closed and the people who were living there moved to other accommodation. Details of the QA responsibilities of statutory organisations can be found in **annex 1**.

6. Following the closure of the home a multi agency seminar was held. Concerns were shared that the nursing home had not been of particular concern to any of the agencies involved until the visit of the Safeguarding Advisor. The following were also highlighted:
  - 6.1. It was noted that 12 external professional disciplines would have had visited the home prior to its closure
  - 6.2. The many individuals who visited had concerns about poor care but as they were not patient specific or did not fall into Safeguarding concerns they were not shared
  - 6.3. Concerns had been raised by Surrey Fire and Rescue Service and Surrey ASC Quality Assurance teams but had not been acted upon by the home
  - 6.4. Families did not appear to fully understand what constitutes good care or had not raised concerns on behalf of their relatives.
7. It was agreed that a Surrey multi-agency task and finish working group be established to review the current Quality Assurance framework (for commissioners) and develop an integrated model of best practice to pro-actively monitor the quality of service provision in Surrey. The group was formed in February 2015. Group membership can be found in **annex 2**.

<b>Review of current Quality Assurance framework</b>
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### **Definition**

8. In this context, Quality Assurance (QA) is the process of checking whether a service being delivered meets good practice guidance, specified requirements and regulatory standards. The scope of the task and finish group was to review the framework for commissioners, including policy, processes, systems and resources.
9. The Task and Finish Group divided the Quality Assurance framework into the following elements:
  - 9.1. Information gathering
  - 9.2. Information sharing
  - 9.3. Response
  - 9.4. Reporting
10. Whilst the original brief stated that the group would develop 'an integrated model' it is important to note that the degree of integration may be restricted by existing infrastructure and resources. With this in mind, it may be that collaborative and partnership working is a more accurate description of the working relationship, particularly in the short term.

### **What good looks like**

11. Partner organisations and other local authorities were engaged to gather information about what constitutes good practice, quality and sustainability. Along with a review of national guidance, initial research showed that there is no one recognised model of best practice for commissioners and similar sized two tier authorities did not have integrated health and social care models. Therefore the group focused on

some of the common themes found through the research undertaken and what currently works well.

12. The group agreed that they wanted to develop a model that improved outcomes for individuals and:
  - 12.1. that integrated health and social care QA practice (as far as possible)
  - 12.2. was multi agency
  - 12.3. was pro active
  - 12.4. had a robust system for gathering and sharing intelligence
  - 12.5. was consistent across Surrey
  - 12.6. was sustainable and future proof

## **Research**

13. Each of the partner organisations involved agreed to submit information about the Quality Assurance activity their organisation undertakes for each of the elements of the commissioning model. This information was developed into both individual and combined visual maps to help identify opportunities for improvement and promote consistency of approach.
14. In addition, research showed that there are a number of related initiatives underway. The most significant areas the project linked with were:
  - 14.1. The development of a new case management system for Adult Social Care (Local Authority System) and related areas of work, including the eBrokerage system
  - 14.2. The development of the Information Sharing Protocol
  - 14.3. Surrey Downs CCG business case development for Quality Care Team and related initiatives including the development of a Care Homes Forum in mid Surrey and risk stratification tool.

## **Issues Analysis**

15. Through the visual mapping work, the group reviewed both what was working well in the current framework and where there might be areas of improvement. This can be found in **annex 3**.

### **Options for the future Quality Assurance framework**

16. The task and finish working group developed options for a future QA framework based on the identified areas of improvement and research undertaken. These can be found in **annex 4**.

### **Options analysis and proposals**

17. The options were then analysed based on the existing initiatives underway, resource implications and agreed criteria for the future model.
18. The following proposals are made to take the work forwards in the short term (first phase of implementation and areas of further work):
  - 18.1. Implement the identified quick wins:

- 18.1.1. Further work with key partners, including Healthwatch and Surrey Care Association, to agree how best to gather, manage and share soft intelligence, including low level concerns and best practice. This would potentially have benefits across the whole health and social care economy not just nursing homes, care homes and home based care agencies.
- 18.1.2. Realign current ASC QA team in line with CCG areas / Area Director areas
- 18.1.3. Develop Area Quality Meetings with local CCGs
- 18.1.4. QA and Customer Relations teams to work more effectively together to gather and share information raising concerns and best practice
- 18.1.5. Plan and undertake an awareness raising communications campaign with professionals and a variety of stakeholders on their QA responsibilities in sharing concerns and good practice and the support available to improve the quality of services.
- 18.2. Continue to work closely with the SD CCG Quality Care Team development, including risk stratification tool
- 18.3. Further review of resources, including roles and responsibilities and interdepartmental synergies
- 18.4. Utilising the system requirements developed by the task and finish group, investigate possibility of using eBrokerage system for information sharing within ASC / SCC
- 18.5. Further work to investigate possibility of the use of eBrokerage by partners and/or another shared information system
- 18.6. Review of reporting arrangements for further opportunities for improvement
- 18.7. Continue to link with work on Information Sharing Protocol and Commissioning Support Unit.

### **Conclusions:**

- 19. Whilst Quality Assurance best practice exists for providers, there is limited guidance or models for commissioners. This creates an opportunity for Surrey to develop a framework that could be shared with and used by others.
- 20. Although there are many elements of the existing QA framework that work well, it was identified that more work could be done to gather and share soft intelligence, and if resources allowed, more proactive work to be undertaken to improve the quality of services. In addition, whilst there are areas of good practice in Surrey, a more consistent approach would be preferable, including a system for sharing intelligence.
- 21. It is recognised that during the course of the task and finish work, there have been related initiatives underway which have also helped take this work forwards. These have been reflected in the proposals and it is recommended that the links continue.

### **Recommendations:**

- 22. It is recommended that the Board :

- 22.1. Support proposals as outlined above, concluding the task and finish work.
- 22.2. Support the first phase of implementation and areas of further work, as outlined above, to be set up and managed as a new multi-agency project.

<b>Next steps:</b>
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23. Consult with partner governance boards on proposals as follows:
  - 23.1. January 2016 – Workshop with CCGs to plan the first phase of implementation and areas of further work
  - 23.2. February 2016 – Feedback to Adults Leadership Team and CCG Quality Leads meeting

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## **Annex 1 – Summary of QA responsibilities of statutory organisations**

### **The Care Quality Commission (CQC)**

- The CQC register and regulate a range of health and social providers across England who are involved in delivering care
- The CQC expect all regulated providers to comply with their Fundamental Standards and will then regularly inspect providers to ensure the service they deliver is safe, effective, caring, responsive to people's needs and well-led.
- The CQC rate regulated providers they inspect and make these findings publicly available on their website. Following their inspection, providers will be rated as either, Outstanding, Good, Requires Improvement or Inadequate.

### **Surrey County Council**

- The Adult Social Care QA team undertake QA visits to services. These visits focus on outcomes for people using the services and the QA Managers support providers, when appropriate to do so, with the aim of improving people's experiences. Following a QA Manager's visit a QA report is written and these are accessible to SCC staff and are shared with CCG colleagues and the CQC.
- All staff have a professional responsibility to monitor services that they come into contact with. If staff observe any concerns about a service they also have a responsibility to ensure that they do something about it.
- The Care Act introduces a duty for local authorities to maintain oversight of the local provider economy
- Surrey Fire and Rescue Service (SFRS) will liaise with SCC ASC, Continuing Health Care and CQC regarding any fire safety non compliance by a registered service that pose a serious risk to people using a service

### **Healthwatch Surrey**

- Healthwatch Surrey is an independent organisation that gives the people of Surrey a voice to improve and shape services and help them get the best out of health and social care services.
- Healthwatch Surrey enables people to share views and concerns about local health and social care services, provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans and provides or signposts people to, information about local services and how to access them.
- They have the power to enter and view health and social care services across Surrey as well as produce reports and recommendations to influence the way services are designed and delivered.

- They can report concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

### **Clinical Commissioning Groups (CCGs)**

- CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area
- CCGs have a statutory role to improve quality, safety and outcomes for their patients across the local healthcare system
- CCGs identify key quality issues and ensure systems are in place to monitor progress and levels of compliance with the relevant provider, working with the Adult Social Care QA Team as appropriate, e.g. joint visits to services.
- Intelligence about the quality of service provision is shared with CQC and SCC at a Surrey-wide forum and a regional Quality Surveillance Group.

## Annex 2 – Quality Assurance Task and Finish Group Membership

Who	Role, organisation
Vernon Nosal	Project Sponsor Interim Head of QA and Safeguarding, ASC, SCC
Stella Smith / Becky Pettitt	Project Manager, ASC, SCC
Cathie Sammon	Consultant Nurse, Older People's Mental Health, SABP Trust
Charlotte Langridge	Business Intelligence Lead, ASC, SCC
Chris Hastings	Quality Assurance Manager, ASC, SCC
Christine Caines	Assistant Senior Manager Mental Health, SCC
David John	Audit Performance Manager, SCC
Dilip Agarwal	Customer Relations Manager, ASC, SCC
Eileen Clark	CCG lead* Head of Clinical Quality, Surrey Downs CCG
Ian Lyall	Senior Category Specialist, Procurement, SCC
Jean Boddy	Commissioning lead AD for Farnham and Surrey Heath, ASC, SCC
Jim Poyser	Practice Development Manager, ASC, SCC
Jo Poynter	Link to Winterbourne Review AD for East Surrey, ASC, SCC
Lorna Hart	Head of Continuing Health Care (CHC), Surrey Downs CCG
Juliette Flynn	SABP Integrated Mental Health Service
Matthew Parris	Consumer Champion (Evidence & Insight Manager), Healthwatch Surrey
Neil Cox & Clare Creech	CQC
Paul Coleing	QA Manager Service Delivery, ASC, SCC
Philippa Alisiroglu	Interim AD Service Delivery, ASC, SCC
Simon Willis	IMT Service Delivery Manager, SCC

\* Each of the CCGs in Surrey take leads in certain areas. Surrey Downs CCG hold the Safeguarding and Quality lead on behalf of the other CCGs in Surrey and therefore were involved in the task and finish work. All of the CCGs will be engaged in the next phase of the work.



## Annex 3 - Issues Analysis

1. It was felt that the following areas of the current Surrey QA framework work well:
  - a) Good relationships across Surrey between ASC QA team and CCG partners, with some variances in practice in different CCGs, e.g. employed pharmacist in North West Surrey
  - b) Joint reporting format for ASC and Continuing Healthcare QA visits
  - c) Surrey-wide QA forum with ASC, CCGs and CQC
  - d) CQC horizon scanning process, whereby ASC Business Intelligence review CQC intelligence about recent inspections of Surrey providers and share that information with colleagues so that appropriate action can be taken. For example, support from Surrey Skills Academy for those who are 'inadequate' or 'require improvement'.
  - e) Willingness and commitment to improving QA across Surrey
  - f) Separate ASC QA and contract monitoring functions that work effectively together to ensure QA can focus on improving outcomes and experience of people who use services
  
2. The following are areas where it was felt that the ASC QA Team in particular are currently work well:
  - a) Outcome focussed to improve quality and individual experiences based on 'I statements' and recognised good practice
  - b) Supports effective contract monitoring
  - c) Excellent relationship management with providers
  - d) Good albeit limited partnership working
  - e) Evidence of effective improvement of services
  - f) Provider leads for large organisations across Surrey to maintain the Surrey-wide picture
  - g) Networking at an area and locality level
  - h) Highly skilled and knowledgeable QA team
  - i) Good at sharing information with key partners
  
3. The research gathered shows that, whilst Surrey residents using regulated service providers are generally protected by the current quality assurance framework in place, there are some areas where improvements can be made, as follows:
  - a) Intelligence about providers may be diluted / may not get to the right place due to multiple contact points
  - b) Low level concerns and good practice are not always captured and/or shared, or acted upon.
  - c) There is no shared IT system for gathering and sharing intelligence, both internally and between partners
  - d) It is not clear how non Safeguarding information is captured for Mental Health providers, as there are non integrated teams for older adults Mental Health
  - e) There is a lack of resource to do more proactive work, following up recommendations and interventions to improve quality. Comparatively, Surrey has a high number of providers per member of ASC QA staff.
  - f) There is a lack of resource to capture and share good practice (in service provision)

- g) Lack of consistency of QA activity and resources across Surrey, for example, within the different CCG areas.

## **Annex 4 – Options for future Quality Assurance Framework**

The options were recorded under the four elements of the model, as follows:

### **1. Information Gathering**

- a) More effectively gather low level concerns and good practice
- b) Review the role of Customer Relations teams and local front line staff in gathering QA information about providers
- c) Consult with Healthwatch about developing a single point of contact for people who use services, their families, visitors to services, the public etc to share low level concerns and good practice. This would include an awareness raising communications campaign.
- d) Utilise an IT system for gathering intelligence – online?
- e) Utilise ‘talk to us’ feedback mechanism, currently used by GPs in NW Surrey, to alert the CCG
- f) Undertake an awareness raising communications campaign with a variety of professionals and stakeholders on their QA responsibilities in sharing concerns and good practice and the support available

### **2. Information Sharing**

- a) Develop area QA meetings with relevant, local health and social care commissioners / professionals
- b) Develop a system for storing and sharing information about providers which is:
  - (1) internal (ASC / SCC) only
  - (2) shared between commissioners
  - (3) public
- c) Seek stakeholder feedback and involvement in promoting best practice
- d) Review formal processes and forums for sharing information, for example, information from the CCG Serious Incident scrutiny panel and information collected by ASC Locality Teams

### **3. Response**

- a) Review staff resources to support more effective and proactive work
- b) Risk stratification tool development (currently SD CCG only)
- c) Further develop the use of ‘I statements’ in survey work for strategic providers across sectors
- d) Develop QA software / tool for monitoring and recording information (see examples below)
- e) QA professionals to be involved in training other professionals on ‘what good looks like’ and how to respond to concerns etc

Some examples from other local authorities are as follows:

- f) Slough Borough Council have developed a Combined Quality Assurance Framework (Excel spreadsheet) to reduce duplication in monitoring activity
- g) Windsor and Maidenhead CCG and ASC have developed a dashboard of data updated on a monthly basis. It provides information affecting the quality of care

- h) West Sussex, working with an external IT company, have developed Quality Assurance Software, which gives in-depth and high level market oversight from which a dashboard is created.

#### **4. Reporting**

- a) Consider which stakeholder reports can be shared between colleagues and partners
- b) Reconsider forums for sharing and reviewing reports
- c) Consider opportunities for shared reporting (e.g. to regulatory and governance bodies)
- d) Shared governance arrangements for reporting (if shared)
- e) Consider how to use information in reports for proactive monitoring
- f) Consider wider publication of QA reports, e.g. to the public and other local authorities (they are already shared with CQC and the relevant CCG)

#### **5. Staff resources**

The following staff resourcing options should be taken into consideration. It is recommended these are further developed in the next phase of work:

- a) Realign current resources of ASC QA team in line with CCG areas/ Areas Director areas (quick win)
- b) Align ASC resources with Quality Care Team (SD CCG) and other CCG resources and agree how will work together – structure, location, roles and responsibilities
- c) Review ASC resources for QA including Service Delivery resources & commissioning resources, with reference to the Commissioning Support Unit
- d) Additional resources for ASC QA team to allow for proactive work.



Social Care Services Board  
Monday 25 January 2016

## The Surrey Family Support Programme

### **Purpose of the report:** Policy Development and Review

This is a report on the progress made by the Surrey Family Support Programme. The report covers the progress made in Phase 1 of the Programme; How the Programme has developed a multi-agency partnership approach to working with families and communities; How the programme has been developed to meet the Government's Extended Troubled Families Programme, and; How the Programme is to be taken forward as part of the Surrey Early Help Strategy.

### **Introduction:**

1. The Surrey Family Support Programme is a multi-agency programme targeted at families who present the County Council and other Surrey public agencies with a range of issues across two or more family members. The families often have a wide range of complex issues and will usually have been known to local public agencies for a long time. The Programme seeks to identify and prioritise those families who are of the most concern and highest reactive cost to local agencies and offer these families a joined up support package. This will include a key worker, who supports the family and a Team Around the Family made up of the practitioners and agencies contributing towards a single joined-up assessment and Family Action Plan. Those families with greater needs are also given 12 to 18 weeks of intensive support provided by a Family Coordinator. A Family Support Programme case study is included as Annex 1 to this report.
2. The Surrey Family Support Programme is the name we have given to the local implementation of the Government's Troubled Families Programme. For the first phase of the Programme The Surrey Programme was among the highest performing services in the national Troubled Families Programme.

3. This paper summarises the Surrey Family Support Programme's strategy and implementation for working with families with complex and multiple needs. The report covers the progress made in Phase 1 of the Programme; How the programme has been developed to meet the Government's Extended Troubled Families Programme, and; How the Programme is to be taken forward as part of the Surrey Early Help Strategy.

## Overview

### 4. The Government's Troubled Families Programme – Phase 1

- 4.1 The national Troubled Families Programme (Phase 1) sought to target interventions at those families who have the most problems and who can sometimes cause the most problems in their communities. The government estimated that £9 billion is spent each year on these families and that the national programme would reduce these costs, and seek to ensure that the children of these families do not themselves have troubled families of their own.
  - 4.2 The government planned to turn around the lives of 120,000 families by May 2015. The coordination of the National Programme is through the government's Troubled Families Unit, based in the Department for Communities and Local Government (DCLG) with the local management of the programme given to upper tier authorities. The government funding for the programme was through a payment by results arrangement whereby local authorities are paid £4,000 for each family supported towards better outcomes by the 2015 deadline. Some of the payment by results money was made available in advance to 'pump prime' local services.
5. Through the Family Support Programme Surrey agencies planned to achieve the following outcomes:
    - Improve outcomes for all the vulnerable families who take part.
    - Make a step change in the quality and volume of multi-agency working with vulnerable families and children, introducing a single family assessment and plan;
    - Prioritise multi-agency working with those families with the greatest difficulties where we can make the most progress;
    - Developing effective family support practice and a sustainable model of partnership working for all vulnerable families, and;
    - Shift the balance of resources away from high cost acute services to lower cost preventative services and to help make service efficiencies for all participating agencies;

## **6. Families with multiple needs in Surrey**

- 6.1 The convention in Surrey has been to define families with multiple and complex problems as those families who have three or more professionals working with the family from two or more agencies. It is estimated that each year there may be over 5,000 such families living in the county.
- 6.2 The government defined the families eligible for Troubled Families (Phase 1) as those who meet each of the following criteria:
- have children not attending school - +15% unauthorised absence, excluded pupils, etc;
  - are involved in anti-social behaviour, e.g. young offenders, adults with Anti-Social Behaviour Orders (ASBO), families with an anti-social behaviour related housing order; and
  - have an adult claiming an unemployment benefit.
- 6.3 Surrey was given the government target of turning around the lives of 1050 families by May 2015. In this instance turning around a family meant that for each of the family members who met the Troubled Families criteria set out above: Children's school attendance improved to +85% over three consecutive terms; Family involvement in crime and or anti-social behaviour reduced by at least 60% over six months; And, or an adult who was claiming unemployment benefits was helped into continuous employment.
- 6.4 We were required to include in the local programme all those families that meet all three of the criteria cited above. Where the number of these families falls short of the 1050 target we could then take those families who meet two of the criteria and make up the number by adding in a local discretionary criteria. We chose as the local discretionary factor: 'families of concern.'
- 6.5 A family of concern was defined as a family where one or more of the following issues were present: Children in Need (CiN), mental ill-health issues, drugs and alcohol problems, Not in Employment Education or Training (NEET) and or at risk of becoming NEET, families at risk of becoming homeless, ex-prisoners, high cost families and families with incidences of domestic abuse. Further local categories were added as the programme developed.

## **7. The Surrey Family Support Programme model: A Local Partnership Approach to Working with Families and Communities**

- 7.1 In developing a local Programme it was agreed to take a multi-agency partnership approach in designing the way to work with families. It is important when working with families that the service

offer is both local and community based – close to the home or in the home. Because the families we wanted to target through the Programme were getting services from across many Surrey agencies it was important that all relevant Surrey public agencies would share the responsibility for them. All local partners would need to work towards agreed goals for every family for each headline problem, which are shared jointly and owned across the partners.

- 7.2 In 2012 Surrey public agencies agreed that families with multiple and complex needs are the responsibility for all agencies, and that a multi-agency approach was required to successfully support these families. A programme was developed and based around public agencies agreeing to the following arrangements:
- 7.3 *The local coordination of support to these families is led by Surrey's eleven Borough and District councils, supported by all other agencies.* Each borough and district council manages a Family Support Team that brings together local agencies to identify the families who will benefit from the programme, and coordinate the local partnership working around the families. Because some borough and district Councils joined up their resources this resulted in six teams covering the county as follows: A North East Team comprised of Elmbridge, Spelthorne and Epsom & Ewell; a South East Team comprised of Mole Valley, Tandridge and Reigate & Banstead; a joint Surrey Heath and Runnymede team; with Woking, Waverley and Guildford going with single council teams.
- 7.4 *All relevant agencies will work as part of a Team Around the Family for each of the families in the programme.* The local Family Support Team will bring together the practitioners working with each family and facilitate them in working systematically as a Team Around the Family with one of the professionals taking on a lead professional role to coordinate support to the family. The professionals and agencies involved in Team Around the Family include schools, Police, Health Visitors, Probation Officers, Youth Workers, Education Welfare Officers, Job Centre Advisers and Housing Officers amongst others.
- 7.5 *All the families in the programme will undergo a single multi-agency assessment of their needs and have a single multi-agency support plan.* This single assessment and plan will be developed by the Team Around the Family who will meet with the family on a six weekly basis to review progress and adapt the plan.
- 7.6 *The families with the greatest needs in the programme will be given a period of intensive support.* In addition to support from the Team Around the Family, this support will be carried out in the families' home for an average of 12 to 18 weeks and provided by a locally based Family Coordinator.
- 7.7 *Adults involved in the programme will be helped into work-* for most adults in the programme there will be a clear expectation that



getting a paid job will be a key outcome for their family. For some adults this it might be volunteering and/or effective engagement in education, training and or other activities that promote good health and positive community participation. The DWP has seconded three staff into the Family Support Programme to support families in accessing back to work support and employment opportunities;

7.8 *All arrangements will be governed through the partnership approach.* Local teams and networks are supported through professional support from the countywide agencies.

7.9 This localised and multi-agency approach has underpinned the way the Programme and its partner agencies have worked with families and communities to great success.

## **8. Achieving the Troubled Families Target**

8.1 Work started implementing the Programme in 2012 and by September 2013 the Programme had been implemented countywide.

8.2 By February 2015, and ahead of the Governments May 2015 deadline, Surrey agencies achieved the Troubled Families Phase 1 target of turning around the lives of 1050 families. Of these families, 898 had children whose attendance and behaviour at school significantly improved. 366 families significantly reduced their involvement in anti-social behaviour and youth crime. 152 adults were helped to move off out of works benefits and into continuous employment, with another group of parents supported into temporary working and training opportunities.

## **9. Department for Communities and Local Government (DCLG) and Ofsted**

9.1 The Surrey Family Support Programme was considered as part of the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers in November 2014. In their report, inspectors included the Family Support Programme among a list of the Council's strengths and stated that "The local authority has been successful supporting troubled families who have older children and who require intensive intervention through the troubled families initiative...This demonstrates a positive picture in improving the lives and circumstances of children."

9.2 Louise Casey CB, the DCLG's Director General for Troubled Families, wrote to the Council in 2015 commending Surrey on its strong performance and for being one of the top programmes nationally.

9.3 The DCLG and Treasury have taken a keen interest in Surrey's innovative model of working and in particular how partnership practice and the joint working with borough and district councils has

been developed.

## **10. Extending the National Troubled Families Programme (Troubled Families Phase 2):**

- 10.1 Included in the 2013 Comprehensive Spending Review was an announcement to extend the national Troubled Families Programme to 2020 and expand the families to be included to 400,000 families by April 2020. The funding for the Extended Programme through to 2020 was confirmed in the 2015 Comprehensive Spending Review.
- 10.2 In Troubled Families Phase 2 the focus will continue on those families with multiple problems and who are a high cost with an expansion of the on the families who may be brought into the programme. The expanded programme has further objectives around transforming local services who work with families and making efficiencies across local and national public services.
- 10.3 The Programme will be expanded through increasing the eligibility criteria for families who may be funded through the programme. To be eligible for the Programme, each family must have at least two of the following six problems:
- Parents and children involved in crime or anti-social behaviour
  - Children who have not been attending school regularly
  - Children who need help, e.g. a child with an early help assessment and/or supported by social services
  - Adults out of work or at risk of financial exclusion and young people at risk of worklessness
  - Families affected by domestic violence and abuse
  - Parents and children with a range of health problems

## **11. Extending the Surrey Family Support Programme**

- 11.1 As part of the local implementation of the Extended Troubled Families Programme in Surrey the Council, with key partners, has agreed with the Government to turn around the lives of a further 3,660 Surrey families by April 2020. Like the first programme, the Government funding in support of the work is through payment by results, i.e. £1,800 for each family that makes a significant improvement in their outcomes through joining the programme. It should be noted that the Government funding per family is significantly less than in the first programme where the payment by result was £4,000 for each family.
- 11.2 As part of expanding the Programme locally the Council and its partners was required to consult on, agree and publish a local plan that sets out:
- Which families will be prioritised in the local Programme (this may be revised over time)

- What a significantly improved outcome is for all of the six headline family problems covered by the Programme
- What will be measured to establish that this outcome has been achieved, and
- The timeframes against which the sustainability of these outcomes will be measured

This Plan was consulted on in the Autumn of 2014/15 and agreed at Cabinet on 3 February 2015. A Copy of the Framework is included as an annex 2 to this report. The Framework is due to be reviewed in the Spring.

11.3 Because of Surrey's high performance in Phase 1 of the Government Programme we were able to bring families into the programme under the new criteria from Autumn 2014 – in effect overlapping the beginning of the Extended Programme with the end of the Phase 1 Programme.

11.4 At the end of December 2015, 621 families have joined the Family Support Programme under the new criteria. The Programme is working to the Corporate Strategic Goal of supporting 750 families by April 2016.

11.5 An analysis made of a sample of 402 families in the Programme shows that of these families:

- 55% have a recent involvement in crimes and or anti-social behaviour
- 79% have education concerns such a poor school attendance and schools exclusions
- 86% have children who either have been or are at risk of becoming Children in Need
- 32% reported of recent domestic abuse and or violence at the point of referral and assessment
- 91% have adults who are workless with 14% having a NEET young person in the family
- 65% have ongoing health concerns
- 21% have alcohol and or substance misuse problems
- 60% report on having poor mental health

11.6 Of these families:

- 9% have six concerns
- 25% have 5 concerns
- 34% have 4 concerns
- 28% have 3 concerns
- 4% have 2 concerns

## **12. The Family Support Programme and Early Help**

12.1 As part of preventative arrangements for and in support of local safeguarding responsibilities all local areas are required to have a

multi-agency approach to Early Help in order to bring together local agencies to:

- Identify vulnerable children and families who will benefit from additional support that will prevent any difficulties from escalating
- Support local agencies in determining what additional support a vulnerable child or family may need
- Ensure that vulnerable children and families have access to a wide range of local services that will act to intervene early prevent families from needing greater support
- Coordinate local agencies to participate in a joined up early help offer to their local community with services coordinated around families and children

12.2 The Council with Surrey partners introduced an Early Help Strategy in 2014 and this Strategy is now under review by the Council and public service partners.

12.3 As part of this review of the Early Help Strategy a pilot of a new approach to Early Help is being delivered in the South East (Tandridge, Mole Valley and Reigate & Banstead) of the County. This pilot is based on the Family Support Programme approach to multi-disciplinary working and work on evaluating the pilot will be reported in late February 2016.

12.4 This review of Early Help is part of the Council's Children, Schools and Families Change Programme – Confident in our Future. The Early Help Programme sits alongside and is connected to reviews of Safeguarding Services, SEND Services and Learning and Skills Services.

12.5 Subject to further work and agreement with partner agencies it is proposed that the Family Support Programme be integrated within the new Early Help Strategy and local models for preventative and early interventions services. This will give the advantages of enabling the Early Help Strategy to :

- a) Offer intensive support to c.650 families each year through the local Family Support Teams based in the borough and district Councils
- b) Enable families offered a multi-agency intervention as part of the Early Help Strategy to count towards the Surrey target of turning around 3660 families as part of the Extended Troubled Families Programme.

### **13. Costs and Savings**

13.1 In support of developing and delivering the Surrey Family Support Programme the Council has received some funding from

the government. This funding has come in the way of a Payment By Results scheme which for Phase 1 of the Troubled Families Programme was paid at £4,000 per family successfully turned around and now at Phase 2 £1,800 per family. Subject to achieving targets this funding averages out at c.£1.3 million per annum over the two phases of the Programme This revenue is used to fund the six local Family Support Teams based in borough and district councils with these councils also contributing additional funds to their local Team.

13.2 The government sees its Troubled Families Programme as a transformative programme that will make financial efficiencies across local public services. DCLG research advises that nationally the families targeted through the programme cost on average £75,000 each across public agencies. Through the programme it is assumed that these costs will be reduced

13.3 It can be said that the Programme does and will realise a range of financial benefits across Surrey agencies. For example, in phase 1 of the Programme 152 adults were helped into continuous employment and this will have achieved upwards of £4 million savings in benefits payments by the Department for Work and Pensions (DWP). Reducing family involvement in anti-social behaviour and improving school attendance will also have achieved some financial benefits across Surrey agencies but identifying and or realising these as cashable benefits is difficult. . We are working with the DCLG on the evaluation of the Troubled Families Programme in identifying the social, economic and financial benefits of this work.

13.4 The emerging Preventative and Early Help Strategy will include the development of a business case for the Council to demonstrate and realise savings and efficiencies for the Council and with partner agencies.

## **Conclusions:**

14.1 The Surrey Family Support Programme has proven to be a great success in supporting multi-agency working with Families. Surrey is recognised by Government as a local area that leads the way for working with families with multiple needs and developing the multi-agency approach in large and complex two tier local authority area. The Ofsted inspection of local services in 2014 listed the Family Support Programme as one of Surrey's strengths.

14.2 The Family Support Programme is able to be part of and contribute to the wider Surrey agenda for preventative and early intervention services such as the Friends, Families and Communities strategy and initiatives to reduce crime and getting unemployed people into work. The model of working with borough and district councils could provide a model of localised working for other services.

14.3 The Governments Extended Troubled Families Programme gives

Surrey an opportunity, and some additional funding, to work towards turning around a further 3660 Families. This will be best achieved through building on the current model of delivery and integrating the Family Support Programme in what will be the new Multi-agency Early Help Strategy for Surrey

### Recommendations:

- 15 Members are asked to note:
- a) the success of the this multi-agency and preventative approach to working in achieving the first phase of the Family Support Programme
  - b) the significant contribution the Family Support Programme can play as part of the emerging Preventative and Early Help Strategy and other preventative initiatives across the Council and with Surrey partners.

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### Sources/background papers:

DCLG (March 2012) The Troubled Families Programme: Financial Framework for the Troubled Families programme's payment-by-results scheme for local authorities (<https://www.gov.uk/government/organisations/department-for-communities-and-local-government/series/troubled-families-programme-financial-framework>)

DCLG (July 2012) Listening to Troubled Families

(<https://www.gov.uk/government/publications/listening-to-troubled-families>)

DCLG (December 2012) Working with Troubled Families: a guide to evidence and good practise (<https://www.gov.uk/government/publications/working-with-troubled-families-a-guide-to-evidence-and-good-practice>)

DCLG (January 2013) The Cost of Troubled Families

(<https://www.gov.uk/government/publications/the-cost-of-troubled-families>)

## Family Support Programme Case Study

### Pre-Intervention

Following referral by the Education welfare team an Early Help Assessment was undertaken by a Family Support Coordinator and the following strengths and needs were identified. The family were experiencing a lot of problems and stresses related to mum's depression and low self-esteem, partner coping with mental health issues and three children under 12, all with different health issues. The middle child (Child B) was finding it difficult to engage in family life. There was also a strained relationship between the adults, particularly between the mum and the biological father, who was verbally abusive to the children on some of his informal visits. The impact was stresses within family life.

There were also concerns mum being on benefits, poor school attendance of the eldest child (Child A), sibling conflict and a lack of boundaries in family routines

### Post Intervention

A series of multi-professional TAF meetings took place and with the support of a dedicated key worker from the Family Support programme and an evolving action plan based on the needs and strengths of the family the following outcomes were achieved. The family appear to have made significant progress in a number of areas thanks to their efforts and the multi-agency support provided by the TAF. Mum appears to be, and reports, to feeling more resilient in dealing with issues relating to the children, having set boundaries into place. This has reduced conflict between the children and family life was much calmer. Mum was particularly pleased that the middle child was becoming more independent, allowing her time to support her partner.

Mum has worked with the DWP advisor to resolve her benefits issues and the attendance of the eldest child is consistently improving. CAMHS have also started working with the eldest child to resolve some of the mental health issues.

### **Referrer and appointed lead agency/lead professional**

The family were referred by Education welfare and Education acted as the lead agency

### **Identified family strengths at beginning of intervention**

- Step-dad working
- Good relationships between Mum and children
- Mum keen to get back to work
- Youngest child statemented and receiving support with speech therapy at school
- Initial CAMHS assessment had been carried out for eldest child

- Both Mum and partner very willing to engage and completely open and honest about the issues affecting them
- Good friends and family support
- Good relationship with neighbours
- Secure local authority tenancy
- Eldest child has several friends and gets emotional support from extended family
- Middle child loves school and has a good relationship with cousins. Child B also enjoyed sports.

### Identified family concerns at beginning of intervention

- School attendance for eldest child
- Mental health of eldest child
- Relationship between the eldest two children
- Relationship between step-dad and two eldest children
- Impact of the non-resident Dad on Mum and children
- Spending priorities and budgeting
- Relationship between Mum and partner
- Mum said the family was 'chaotic'
- Low self esteem of Mum and the eldest child
- Middle child follows Mum around constantly

### Referral criteria met

- Mum on out of work benefits
- Attendance for the eldest child below 85%
- Eldest child had been spoken to by police officer about behaviour -
- Child in Need of Help
- Parents and Children with a range of health problems

### Interventions offered

Intervention	By whom?
<ul style="list-style-type: none"> <li>• CAMHS appointments</li> <li>• Parenting Guidance and Support</li> <li>• Benefits advise</li> <li>• Sign posted to CAB for help with budgeting</li> <li>• Sign posting to Domestic Abuse Outreach</li> <li>• Support re Self –esteem for mum</li> <li>• Help with funding school trips</li> </ul>	<ul style="list-style-type: none"> <li>• CAMHS</li> <li>• Family co-ordinator</li> <li>• Troubled Families Employment Advisor</li> <li>• CAB</li> <li>• Chapter 1</li> <li>• Family Co-ordinator</li> <li>• Surrey Young Carers</li> </ul>



## Evidence/Impact

Changes	Evidence
<ul style="list-style-type: none"> <li>• Mornings are much calmer</li> <li>• Eldest child is attending regular CAMHS appointment</li> <li>• Eldest child's school attendance improved by 6/12 week TAF meeting</li> <li>• Eldest child doing well in school and much happier by 12 week TAF meeting</li> <li>• Relationship between Mum and partner improved</li> <li>• Relationship between partner and middle child improved</li> <li>• Middle child has stopped following mum around completely and is more independent</li> <li>• Benefits now in order</li> </ul>	<ul style="list-style-type: none"> <li>• Testimony from Mum</li> <li>• CAMHS records</li> <li>• Report from Education Welfare Officer and closure of their case</li> <li>• Report by School attendance Officer</li> <li>• Testimony from both Mum and partner</li> <li>• Testimony from middle child</li> <li>• Testimony from Mum</li> <li>• Report from TFEA/CAB</li> </ul>

## Team around the family members

HSLW from primary school  
 CAMHS  
 EWO  
 Attendance Officer from secondary school  
 SEN Caseworker from primary school  
 Family Support Worker from primary school  
 Surrey Young Carers  
 Tutor from secondary school  
 TFEA from DWP

## Team around the family ways of working/lessons learnt

The TAF meetings were well attended and meant that information gathered by the Family Co-ordinator could be shared with other professionals with the consent of the family –it was very useful for the multi-professional team to hear the difficulties caused by the complexities of the family and the impact of this on the whole family.

### **Family feedback**

Mum looked like a different person – more relaxed by the end of the Family Support intervention. She said that things were a lot calmer in the mornings in particular and she was very satisfied that the middle child was more independent. The relationship between her and her partner had improved and he was spending more time with the family rather than isolating himself.

Partner was very grateful for the help and gave thanks for the difference in the family dynamics.

## Annex 2 - Expanded Family Support Programme Outcomes Plan

V2.

DCLG Criteria (Family meets 2 or more)	Surrey Policy Objective	Eligibility Priorities	Progress				Sustainability	
			Level 4	Level 3	Level 2	Level 1		
Children who need help	To reduce the number of families requiring a statutory social care intervention	<ul style="list-style-type: none"> <li>A child identified and or assessed as needing early help</li> <li>A child 'in need' as per s17 Children Act 1989</li> <li>A child subject to an enquiry under s47 Children Act 1989</li> <li>A child subject to a Child Protection Plan</li> <li>A child previously reported missing and/or at risk of sexual exploitation</li> </ul>	<ul style="list-style-type: none"> <li>A Looked After Child</li> <li>Temporary fostered child</li> <li>Family with Child Protection Plan</li> </ul>	<ul style="list-style-type: none"> <li>A child 'in need' as per s17 Children Act 1989 (or equivalent)</li> <li>Complex family</li> <li>A child identified and or assessed as needing early help</li> </ul>	<ul style="list-style-type: none"> <li>Action plan completed and delivered for child assessed as needing Early Help</li> </ul>	<ul style="list-style-type: none"> <li>Thresholds for Early Help or above no longer apply</li> <li>Child supported in universal settings</li> </ul>	<ul style="list-style-type: none"> <li>Move down one or more levels</li> <li>No accepted re-referral causing re-opening of a case in 6 months after case closure</li> </ul>	
Adults out of work or at risk of financial exclusion and young people at risk of worklessness	All Families that can are engaged in employment, education and or training	<ul style="list-style-type: none"> <li>In receipt of out of work benefits (or Universal Credit)</li> <li>NEET or risk of NEET</li> <li>Financially excluded (or at risk of)</li> <li>Children eligible for Free School Meals</li> <li>Homeless or at risk of homelessness</li> <li>Significant unmanaged debt</li> </ul>	<ul style="list-style-type: none"> <li>Unemployed adult</li> <li>NEET young person</li> <li>Notice of Seeking Possession on home; Notice to quit; Possession order</li> <li>Court action for recovery of debt</li> </ul>	<ul style="list-style-type: none"> <li>Working towards employment, education and or Support Programme</li> <li>In work experience placement</li> <li>Agreed tenancy arrears or debt repayment plan</li> <li>Referral to and engagement with licensed debt/money management services</li> </ul>	<ul style="list-style-type: none"> <li>In paid or unpaid temporary work</li> <li>Attending training or support programme</li> <li>Engagement with arrears and or debt plan</li> </ul>	<ul style="list-style-type: none"> <li>Sustained employment, education and or training</li> <li>Attending Work Programme</li> <li>Financially stable</li> <li>Sustained engagement with arrears and or debt plan</li> </ul>	<ul style="list-style-type: none"> <li>Move down one or more levels</li> <li>Improvement sustained for 6 months or more</li> <li>Families with an arrears or debt plan receive no escalation in sanctions for 3 months</li> </ul>	
Children who have not been attending school regularly	To reduce children going into PRUs and or high cost alternative education provision for behaviour issues	<ul style="list-style-type: none"> <li>Child is in a PRU</li> <li>History of persistent absence (+10% absence across last 3 consecutive terms)</li> <li>Child of any age with at least 10 days of fixed term exclusion in the last 3 consecutive terms</li> <li>Child not registered with a school or otherwise educated</li> <li>Child subject to managed move</li> <li>Child with BESD</li> <li>Pupil of significant concern e.g. pupil on support plan or equivalent</li> </ul>	Pre-school children	<ul style="list-style-type: none"> <li>Pre-school children not in early years place</li> </ul>	<ul style="list-style-type: none"> <li>Very poor or no attendance at early years place</li> <li>Applied for FEET funding and name down at a nursery</li> </ul>	<ul style="list-style-type: none"> <li>Attending pre-school but less than entitlement</li> </ul>	<ul style="list-style-type: none"> <li>Attending pre-school at full entitlement</li> </ul>	<ul style="list-style-type: none"> <li>Over 3 consecutive terms all children have &lt;10% attendance , no permanent exclusions and &lt;3 fixed term exclusions</li> </ul>
			Children in primary phase education	<ul style="list-style-type: none"> <li>Permanent exclusion in the last 3 consecutive school terms</li> <li>Persistent absence (+20% absent)</li> </ul>	<ul style="list-style-type: none"> <li>At least 5 school days of fixed term exclusion in last 3 consecutive terms</li> <li>Persistent absence (+10% absent)</li> </ul>	<ul style="list-style-type: none"> <li>Persistent absence (+10% absent)</li> </ul>	<ul style="list-style-type: none"> <li>Regular school attendance (+90% in the last 3 consecutive school terms)</li> </ul>	
			Children in secondary phase education	<ul style="list-style-type: none"> <li>PRU or equivalent</li> <li>Persistent absence (+20% absent)</li> <li>Permanent exclusion in the last 3 consecutive school terms</li> </ul>	<ul style="list-style-type: none"> <li>Three or more fixed term exclusions in last 3 consecutive terms</li> <li>Persistent absence (+10% absent)</li> </ul>	<ul style="list-style-type: none"> <li>Persistent absence (+10% absent)</li> </ul>	<ul style="list-style-type: none"> <li>Regular school attendance (+90% across the last 3 consecutive school terms)</li> </ul>	

DCLG Criteria (family meets 2 or more)	Surrey Policy Objective	Eligibility priorities	Progress				Sustainability	
			Level 4	Level 3	Level 2	Level 1		
Parents and children involved in crime or ASB	To reduce repeat offending and or repeat anti-social behaviour	<ul style="list-style-type: none"> <li>One or more criminal convictions/ASB interventions in previous 12 months</li> <li>Adult prisoner with caring responsibilities on release</li> <li>Young offender (offence or ASB behaviour intervention in previous 12 months)</li> <li>Adult subject to licence/supervision in community</li> </ul>	Housing ASB	<ul style="list-style-type: none"> <li>Police or other agency receive multiple reports/complaints of ASB</li> <li>Home is at risk</li> <li>Family subject to a Community Trigger</li> <li>CBO/ABC in place</li> <li>Fast track/monitoring at CIAG</li> </ul>	<ul style="list-style-type: none"> <li>Family acknowledges the problem and positively engages with agencies</li> <li>No breaches of CBO</li> <li>No breaches of SPO</li> <li>CIAG agree to remove from rolling agenda</li> </ul>	<ul style="list-style-type: none"> <li>Significant reduction in ASB</li> <li>No further action from CIAG</li> </ul>	<ul style="list-style-type: none"> <li>No ASB</li> <li>Home is secure</li> </ul>	<ul style="list-style-type: none"> <li>Move down one or more levels</li> <li>Improvement sustained for 6 months or more</li> <li>No new complaint of ASB to Landlord for 6 months or more</li> </ul>
		Community ASB	<ul style="list-style-type: none"> <li>5 or more convictions in the past 12 months or intelligence to suggest regular offending</li> <li>Disengaged or poor engagement with probation</li> </ul>	<ul style="list-style-type: none"> <li>3-5 convictions in the past 12 months/intelligence suggesting pattern of offending</li> <li>Inconsistent engagement with probation</li> </ul>	<ul style="list-style-type: none"> <li>3 convictions or fewer in the past 12 months/some intelligence of offending</li> <li>Currently engaged with probation/support services</li> </ul>	<ul style="list-style-type: none"> <li>No convictions or intelligence of offending in the past 6 months</li> <li>Engagement in support services maintained for 8 weeks or more</li> <li>Restorative Justice intervention successfully completed</li> </ul>	<ul style="list-style-type: none"> <li>Offending rate of all family members reduced by 33% over 6 months</li> <li>Reduction in seriousness of offending over 6 months</li> <li>Sustained engagement with services such as probation for over 8 weeks</li> <li>No breach of sanctions or orders in 6 months</li> </ul>	
Parents and children with a range of health problems	For families to be able to manage their health problems avoiding frequent unplanned GP/A&E visits and the use of residential care/hospital	<ul style="list-style-type: none"> <li>New parent with mental health or substance misuse problem</li> <li>Family with a young carer</li> <li>Frequent unplanned health interventions</li> <li>Family behind on take up of immunisations</li> <li>A child, or an adult with parenting responsibilities, with:                             <ul style="list-style-type: none"> <li>a mental health problem</li> <li>drug or alcohol problem</li> <li>poor health impacting on whole family e.g. obesity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Family not engaging with appropriate health and social care support i.e. missed appointments</li> <li>Family unable to manage health problems</li> <li>No registration with GP</li> </ul>	<ul style="list-style-type: none"> <li>Family engages with appropriate health and social care support</li> </ul>	<ul style="list-style-type: none"> <li>Registered with GP</li> <li>Family sustains engagement with appropriate health and social care support, e.g. completes treatment.</li> <li>Health milestones for each child/YP are up to date</li> </ul>	<ul style="list-style-type: none"> <li>Registered with GP</li> <li>Stabilized with appropriate support and management</li> <li>No repeat missed appointments or non-engagement with health services where a chronic health condition is present</li> </ul>	<ul style="list-style-type: none"> <li>Move down one or more levels</li> </ul>	
Families affected by domestic violence and abuse	To reduce the occurrence and repeat occurrence of domestic violence and abuse	<ul style="list-style-type: none"> <li>Family where there is a known perpetrator of domestic violence including child on parent/sibling violence</li> <li>Family subject to a Police call out for one or more domestic incidents in the last 12 months</li> <li>Family where there is a known serial perpetrator or serial victim</li> <li>Adult subject to a DVPN/O</li> <li>Referral to MARAC</li> </ul>	<ul style="list-style-type: none"> <li>Regular police call outs</li> <li>Convicted or known perpetrator</li> <li>Family unsafe</li> </ul>	<ul style="list-style-type: none"> <li>Engagement with DA support services and/or programmes</li> <li>Reduced police call outs</li> <li>Victim in refuge or similar</li> <li>Family unsafe</li> </ul>	<ul style="list-style-type: none"> <li>Sustained engagement with DA services and support</li> <li>Reduced police callouts</li> </ul>	<ul style="list-style-type: none"> <li>No police call outs</li> <li>Family safety secured</li> </ul>	<ul style="list-style-type: none"> <li>Sustained reduction in callouts for 6 months</li> <li>Family safety sustained for 6 months or more</li> <li>No repeat referrals to MARAC</li> <li>DA has ceased or there is at least a 70% reduction in risks to safety based on completed Risk Assessment</li> </ul>	



Social Care Services Board  
25 January 2016

## Surrey Safeguarding Children Board (SSCB) Annual Report 2014-2015

**Purpose of the report:** The Annual Report 2014-15 reports on the effectiveness of safeguarding and child protection practice by partner agencies in Surrey and is presented to the Surrey Scrutiny Board for information, discussion and comment.

### Introduction:

1. The paper demonstrates how SSCB has fulfilled its statutory responsibility to co-ordinate and ensure the effectiveness of what is done by each person or body represented on the board, for the purpose of safeguarding and promoting the welfare of children within Surrey.

### Statutory Responsibilities

2. **As well as fulfilling the objectives of the SSCB as set down in 'Working Together to Safeguard Children 2015' to:**
  - To coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in their area; and,
  - Ensure the effectiveness of what is done by each such person or body for that purpose.

The SSCB has carried out a wide range of responsibilities across the Surrey area that included:

- Establishing and monitoring thresholds for the provision of services by partner agencies, including early help
- Developing policies and procedures for safeguarding and promoting the welfare of children in the area
- Commissioning and evaluating single and multi-agency training

- Establishing specific, local protocols to reflect local priorities
- Communicating and raising awareness of how to safeguard and protect children in the area
- Monitoring and evaluating the activities of partners through S11 and auditing activity
- Undertaking reviews of child deaths and conducting serious case reviews to identify lessons to be learned
- Maintaining and implementing a Learning and Improvement Framework.

### Targeted priorities

In addition to the delivery of core business the SSCB identified four areas of need on which to focus its attentions and resources during 2014 – 15. These were,

- **Targeted priority 1** To work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families.
- **Targeted priority 2** To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care.
- **Targeted priority 3** To ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after.
- **Targeted priority 4** To work with partnership agencies to develop, agree and implement a multi-agency child sexual exploitation strategy capturing and developing work undertaken CSE/missing children work plan.

### Conclusions:

This annual report describes the work undertaken by SSCB and partners during 2014 -15, however it is clear that much remains to be done.

The Independent Chair shares the concerns over recent OfSTED Inspection reports that graded Surrey children's services as **inadequate** and The Local Safeguarding Children Board as **requires improvement**

It is essential that chief executives, directors and members ensure that the protection of children and young people is considered in developing, commissioning and implementing all key plans and strategies.

## **Recommendations:**

Whilst there is a considerable amount of work to be undertaken in Surrey, SSCB recommends prioritising efforts to.

- ensure that efforts are made by all partners (including those working with adults) to secure effective early help for families and those children in need of protection are identified quickly and receive appropriate support.
- ensure staff across all a partner agencies share information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children, young people and/or their parents/carers.
- ensure that the priority given to child sexual exploitation by the SSCB is reflected within strategic planning and in partner agencies support for the ongoing work of the board's sub-groups.

**The priority for SSCB** is to ensure that the Board meets the OfSTED criteria for 'good', and aims at being outstanding thereby contributing to the improvement journey for Surrey Children.

### **An outstanding Board,**

- provides evidence of being a highly influential strategic arrangement that directly influences and improves performance in the care and protection of children.
- Ensures improvement is sustained and extends across multi-disciplinary practice with children, young people and families.
- Analyses and evaluates performance and helps the local authority and partners to properly understand the impact of services, the quality of practice and the areas for improvement.
- Ensures a comprehensive range of training for managers and practitioners that is directly related to multi-agency improvement priorities.
- creates and fosters an effective learning culture locally that extends to front-line practitioners.

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Safeguarding Children's Board

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**Sources/background papers:** Working Together to Safeguard Children 2015.

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# **Surrey Safeguarding Children Board (SSCB)**

## **Annual report**

**April 2014 - March 2015**



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# Foreword

I am delighted to present the Surrey Safeguarding Children Board (SSCB) 2014-2015 annual report.

During 2014-2015 the SSCB has rigorously carried out its statutory functions under regulation five of the local safeguarding children board (LSCB) regulations to enable it to achieve its objectives under section 14 of the Children Act 2004, which are to coordinate and ensure the effectiveness of what is done by each person or body represented on the board, for the purpose of safeguarding and promoting the welfare of children within Surrey.

The period covered by this report has been one of considerable challenge for partner agencies and the SSCB in response to statutory inspection outcomes, restructuring of services within organisations to achieve more effective use of resources and the associated impacts of change throughout the partnership. The SSCB has met its statutory duties by responding proportionately and effectively to national and local issues, and acknowledges that there is still significant work to be undertaken to improve safeguarding outcomes for children and young people in Surrey.

The SSCB is appropriately resourced and during 2014-2015 has successfully maintained its financial viability through reviewing both staffing of the support team and the work methods employed to ensure value for money for the partners. A review of financial contributions has been agreed to be undertaken with a view to increasing contributions for the financial year 2016-2017.

Significant restructuring of services as a result of both local and national initiatives have had varying impacts upon services to children and families. The SSCB continues to monitor such changes and provides challenge to partners to ensure that there is no adverse impact upon children, young people and families in Surrey as a result of change within local services.

The SSCB has a strong and effective governance structure in place, which as it has become embedded into the board's work is having a positive and measureable impact upon the board's impact and ability to challenge and influence service developments. In particular, links are strengthening with the Health and Wellbeing Board, the Surrey Safeguarding Adults Board (SSAB) and the Children and Young People's Partnership and the Community Safety Partnership Board.

During 2014-2015 the SSCB published three serious case reviews and commissioned two new serious case reviews. Two partnership reviews were also undertaken and SSCB has proactively piloted a number of different methodologies in

approaching reviews and adopting the systems approach, as detailed in the Munro Report 2011. Additionally, in response to the need to understand the common recurring themes in serious case reviews and domestic homicide reviews and to reflect on the learning from practice audits, the SSCB conducts a mapping exercise of serious case reviews, domestic homicide reviews and audit recommendations to inform the planning of a series of practitioner workshops.

The SSCB proactively implements its published learning and improvement framework to identify where barriers to learning from serious case reviews, case reviews and audits being taken into frontline practice occur. Partners are challenged to review their single agency practices and share their findings to inform the wider partnership. The SSCB holds regular development events throughout the year to raise strategic awareness of key issues, challenges and emerging practice relating to changes in Government policy.

During the 2014-2015 reporting year the section 11 audit of statutory agencies was undertaken, and in parallel to this, a section 11 audit for schools was launched. The findings of both these audits are used to drive forward improvement and provide a health check of services throughout the county. The SSCB follows up the audit outcomes by offering bespoke support to partner organisations to support single agency service improvement and safeguarding arrangements.

Surrey local authority, partner agencies and the SSCB took part in a pilot integrated inspection in October-November 2014, which was undertaken by five inspectorates. This was a demanding process and challenge was undertaken in relation to the inspection outcomes, which resulted in the SSCB report not being published and the local authority report being published in June 2015. However, the SSCB undertook its own action plan and to ensure that the key areas of concern identified in the local authority inspection were scrutinised.

As a result of feedback from partners and OFSTED, the multi-agency thresholds document was amended in January 2015 to explicitly clarify Children's Services involvement in children in need work and the level of needs document is currently subject to further review and clarification.

In March 2015, key partners presented an update to the board on early help arrangements and the Surrey Family Support Programme and considered the recommendations arising from the SSCB early help audit. As a result of this a number of actions have been taken forward to the early help governance board.

Additionally in March 2015, there was an extraordinary meeting of the SSCB to agree the revised governance and operational arrangements for children missing and at risk of child sexual exploitation (CSE). This included the development of a

CSE strategy and action plan, enhanced training programme and clear pathways and risk assessment tools.

This annual report for 2014-2015 clearly demonstrates the significant amount of effective safeguarding activity undertaken by all partners within Surrey and the continuing challenges. It details the progress made against the four SSCB priorities and how partners are held to account to deliver improvements.

My thanks to all those who chair or are members of the various groups which make up the SSCB and to all practitioners within the children's workforce who demonstrate their commitment and passion to protecting children and to improving practice.

The challenge for the SSCB, as it moves forward, is to support and challenge partners in their improvement work and to increasingly demonstrate and evidence the impact of this activity on children's outcomes.



**Alex Walters**

Independent Chair, Surrey Safeguarding Children Board





## The Surrey context

### Surrey's children

There are approximately 278,248 children and young people, aged 0-19 living in Surrey of which 246,600 are under 18. The majority are safe, well educated and cared for. They also experience good health and have good leisure and employment opportunities and benefit from higher than average socio-economic circumstances.

Surrey has one of the lowest rates of child deprivation in the UK, with the most recent data indicating that there are approximately 10% of children and young people in Surrey, aged 0-19, living in low income households. There are indications that the current economic climate and welfare reforms are likely to increase family stress and hardship.

Children and young people from minority ethnic backgrounds account for 20% of children living in the area compared to a national average of 22%.

In Surrey more than 187 languages are spoken, however the proportion of children with English as an additional language remains below the national average.

The joint strategic needs assessment (JSNA) for Surrey acknowledges the significant impact that a positive parenting experience has upon a child's emotional wellbeing and development. Conversely the impact of a negative parenting experience can hinder the development of positive outcomes.

The JSNA focuses on the four priorities of the Children and Young People's Partnership:

- early help (including healthy behaviours)

- complex needs (including paediatric therapies)
- emotional wellbeing and mental health
- safeguarding (looked after children and domestic abuse).

The JSNA considers interrelated issues which can adversely impact the lives of children and young people from early years through to adulthood:

- parental mental health
- parental substance and alcohol abuse
- living in poverty/hardship
- domestic abuse
  - 53% of survivors of domestic abuse have a child under 16
  - young women aged 16-24 are at increased risk of domestic abuse
  - there is an increased risk of domestic abuse during pregnancy.

Within Surrey, some families have been identified as having multiple needs and require additional support:

Between 1 April 2014 and 31 March 2015:

- 1091 early help assessments were completed across the county of which 50% (539) related to children between 0 to 5 years old. 2% related to an unborn child.
- 2060 children were on the Surrey Children with Disabilities Register.
- 6610 children and young people countywide were receiving disability living allowance.

## Key data at 31 March 2015

### Children's Services:

- 995 children were subject to a child protection plan compared with 925 in 2014. Of the 995, 516 were male, 454 female and 25 relate to an unborn child.
- The category of abuse recorded is as follows: neglect (506), physical (52), sexual (48), emotional (359) and multi category (30).
- 779 children were looked after children compared with 793 in March 2014.
- 102 unaccompanied asylum seeking children.
- 9,979 children in need referrals were received in the year to 31 March 2015 compared with 11,777 in the year to 31 March 2014.

- 16,450 completed contacts were handled through the Multi Agency Safeguarding Hub of which approximately 97% were referrals from the police.
- The number of children subject to a repeat plan has decreased but still remains high. The percentage at the end of the 2014-2015 reporting year is 17%, compared to 20.2% in 2013-2014.
- The numbers of children whose plans ended after being the subject to a child protection plan for more than two years was 6.5% in comparison to 6.8% in March 2014.
- There were 779 looked after children as at 31st March 2015, and a total of 102 adoptions and special guardianship orders (SGOs) during the year, which is in line with the national trend for lower figures than in 2013-2014.

## Education

- Educational achievement shows that Surrey children continue to perform better across all key stages, in the majority of performance areas than their peers regionally and nationally.
- Over 87% of Surrey schools are now rated as good or outstanding by OFSTED compared with 81% in 2013-2014.
- 72% (over 50,600) of Surrey children under five years old are now registered at a Surrey children's centre compared with 62% last year. 53% (over 37,000) visited a centre in the last year compared with 45% last year.
- 80% (just under 4,500) of children under five years old living in disadvantaged areas are registered at a children's centre (9% more than 2013-2014) with 65% visiting a centre in the last year (7% more than 2013-2014).

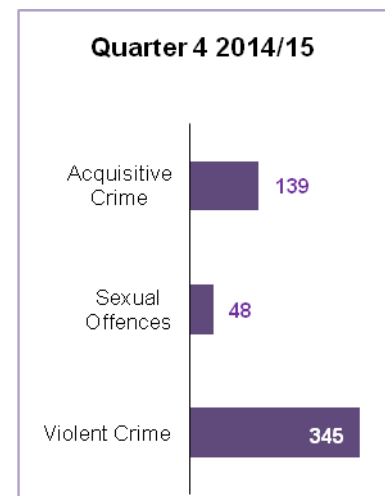
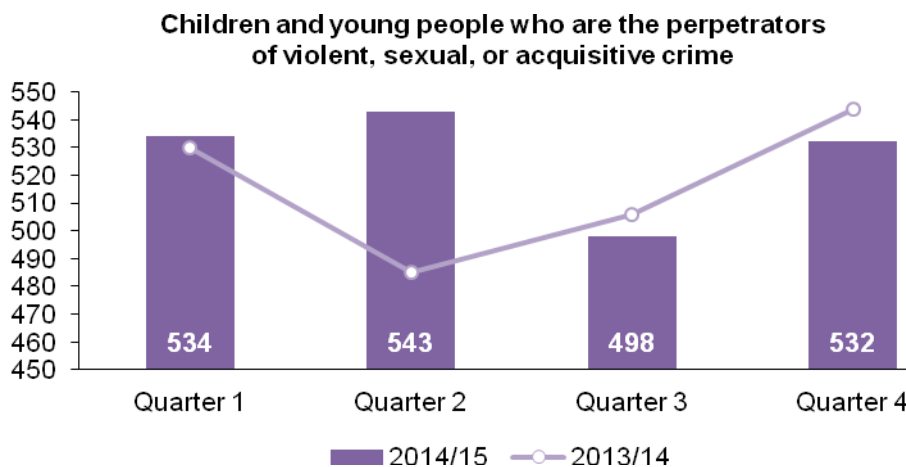
## Young People

- Number of children who are not in education, employment or training (NEET) in March 2015 was 548.
- The Youth Support Service homelessness prevention team placed 290 young people who presented as homeless in safe accommodation.
- Youth Support Services restorative intervention approach has contributed to a 90% reduction in the number of young people entering the youth justice system. Surrey had the lowest rate of first time entrants to the youth justice system of any youth offending team area in the country. At just 133 per 100,000 young people, compared to a national average of 409. Surrey achieved the lowest rate of young people who are NEET of any large local authority in England at 1.7%, compared to the south-east average of 4.2%.



- 326 young people at risk of becoming homeless were supported to prevent this happening, with only three young people spending one night each in bed and breakfast accommodation. Before the homelessness prevention service began there were usually more than 20 young people aged 16-17 in bed and breakfasts each night.
- Services for Young People engaged around 10,000 young people in high need communities in early help to build their resilience and reduce their risk of future negative outcomes.

### Children and young people who are perpetrators of violent, sexual or acquisitive crime



## Priority groups of vulnerable children

### Gypsy, roma, traveller (GRT) and electively home educated children

The Children, Schools and Families Directorate is currently working with partners to implement 'brighter futures' which is Surrey's strategy for gypsy, roma and traveller children and young people (2014-2017). Surrey's traveller communities include fairground (known as showmen), circus, gypsy roma and Irish travellers. The latter two categories are recognised as minority ethnic groups and as such are afforded protection under the Equality Act 2010. Across a range of health, educational and social measures, outcomes for ethnic travellers are often poor compared to their Surrey peers and nationally. 'Brighter futures' seeks to tackle local inequalities and to work collaboratively with local GRT communities to improve outcomes and aspirations for Surrey's GRT children and young people.

Parents from the GRT community are keen for their children to achieve a basic standard of literacy and many children leave formal education after Key Stage 2 and join the adult community. High mobility and disengagement from formal education leads to implications for safeguarding. The race equality and minority achievement (REMA) team work with Surrey's traveller communities. Currently there are 945 traveller children accessing education in Surrey. There are also many more children from the traveller community whose parents choose not to ascribe their ethnicity for fear of prejudice and discrimination. There are presently 135 traveller children who are known to Surrey's elective home education department.

Under the law, education is compulsory but not school attendance. Parents or guardians can therefore elect to home educate at their discretion. Section 7 of the Education Act 1996 applies, which states that 'parents are required to provide efficient and full time education, suited to the child's age, ability, aptitude and take account of any special need the child may have'.

Local authorities have no statutory powers to monitor the quality of home education but have a duty to intervene if it appears that parents are not providing a full time, efficient and suitable education. The local authority is working hard to ensure that the legislation and guidance relating to elective home education is applied consistently and equally to GRT children and young people, as historically their cultural beliefs have been allowed to impact on ensuring the provision of 'full time, efficient and suitable' and a poor provision has been allowed to 'drift'.

The timeline for monitoring engagement has been tightened and the uploading of all elective home education students onto EMS will result in better recording, reporting and monitoring of home elective home education students. This will enable the local authority to pass young people who are not receiving a 'full time, efficient and suitable' education outside of school (as required in legislation) onto colleagues in the Education Welfare Service more quickly and efficiently.

At the end of June 2015 there were 811 children on the elective home education register, an increase of 130 across the academic year 2014-2015. 55 elective home education children have a statement of special educational need (SEN) or education, health and care plan (EHCP). This is an increase of 13 across the academic year 2014-2015.

## **Female genital mutilation (FGM)**

In March 2015, the Department of Health published guidance for professionals on managing the risk from FGM. FGM became a criminal offence under the Female Genital Mutilation Act of 2003. Under the Serious Crime Act 2015, the law governing FGM has been strengthened.

All NHS organisations are required to have local safeguarding protocols and procedures for helping children and young people at risk of FGM. Under the new guidance, NHS organisations have been asked to review their procedures in handling cases where FGM or the risk of FGM is alleged. These will need to conform to the overarching principles of working together 2015, but there needs to be specific procedures in place that consider the characteristics of FGM. This includes the information sharing protocols with partners throughout a girl's childhood.

The SSCB has, in response to this, established a task and finish group to develop a partnership wide response to this guidance. The group has four main strands of work:

- Scoping the extent of the problem of FGM in the county and mapping areas of risk.
- Researching good practice throughout the country to inform local practice.
- Reviewing and updating SSCB policies and procedures for FGM.
- Developing a training package for practitioners across all agencies.

This group is due to reconvene in September 2015 to review progress against each of these strands and an update provided to the SSCB.

## **Forced marriage/honour based abuse**

The diversity crimes unit (DCU) is a small team of detectives with an office coordinator. The team are based in Guildford and cover the county and deal mainly with honour based abuse and forced marriage. Victims come to notice through various means. The DCU ensure that the victims of honour based abuse and forced marriage are safeguarded and a number of safeguarding measures are put in place.

Honour based crimes are particularly difficult to tackle without specialist knowledge or understanding. The abuse takes place at home, behind closed doors and victims are terrified of coming forward. They are fearful that the abuse will worsen, or worse case scenario that they might even be killed. Quite often it is fear of the unknown.

The DCU team ensure that a comprehensive honour based abuse risk assessment is completed. The history of the victim is very important. This includes how the victim has been brought up, their family routine, beliefs and culture which are essential in order to make the best risk assessment. When a potential victim of honour based abuse comes to the notice of the DCU, they are taken seriously and the risk is not underestimated. The victim is spoken to alone, away from family members, even if some creativity is needed to achieve this. The aim is to be victim led, taking into consideration their views and being mindful of not doing anything to heighten the risk

to them. Honour based abuse can escalate quickly from a not so serious incident to more serious incidents, especially when their family become aware of police or other agency involvement.

All agencies need to be aware that a person from a cultural background where honour is likely to be a risk factor, must give consideration to the implications of this even if this person comes to notice for an unrelated matter, such as a victim of sexual offence or even as a suspect for an offence. If this person is a child, the norm would be to inform the parents or use them as appropriate adults. However, in such circumstances this could make them a victim of honour based abuse or even a forced marriage.

In cases of risk of forced marriage, quite often evidence is questioned for a forced marriage protection order (FMPO) application by social services, legal teams and at court. The DCU works with legal services, the Forced Marriage Unit and social services to assist with the FMPO application.

The DCU aim to work together with other agencies and police departments to safeguard victims of honour based abuse or forced marriage. This includes raising awareness through training inputs.

Any challenges with the victim are usually overcome by gaining their trust and understanding their individual circumstances taking into consideration all factors. A single point of contact for the honour based abuse victim in the early stages is helpful as well as referring them to outside agencies for further support.

Between 1 April 2014 and 31 March 2015 there have been 57 recorded honour based abuse incidents:

- Eight people under the age of 18 have been victims.
- One incident has had two suspects under the age of 18 (assault).
- 42 people under the age of 18 years have been linked to incidents.

## **Private fostering**

The family and friends team within Surrey's Fostering Service is accountable for discharging the local authority's responsibilities in respect of private fostering arrangements, as stipulated under the Children (private arrangements for fostering) Regulations 2005. The care services manager provides the strategic, developmental and operational lead, in compliance with the national minimum standards.

Surrey's statement of purpose for private fostering is updated annually. The document is available to staff, key stakeholders and the public.

An inspection by OFSTED in October 2014 noted that 'where private fostering arrangements are identified, initial visits are carried out within a week and private fostering assessments are carried out in a timely manner.' It was noted that the number of children known to be privately fostered was low. Awareness raising done in 2013-2014 was acknowledged, but pointed out that data is not collated about high risk groups to inform targeting of awareness raising work. A new communications strategy is being developed to ensure ongoing and targeted awareness raising to include these high risk groups.

No awareness raising had been done in 2014-2015 due to a high volume of special guardianship orders and connected persons fostering assessments being completed by the family and friends team. There have been 31 notifications of new private fostering arrangements received in 2014-2015, seven more than the previous year.

21 new arrangements started and 22 arrangements ended in 2014-2015. There were 11 children in private fostering arrangements on 31 March 2015.

Surrey Children's Services has exceeded the Government's performance indicators for private fostering in all four measured areas in 2014-2015

- The local authority responded to 96.8% of the notifications by means of an initial visit to the child, carer and premises. 93.3% of these visits were undertaken within the regulated seven working days timescale, a 6% improvement on performance last year.
- 100% of the fostering assessments due within the reporting year were completed within the regulated 42 working days timescale. There is no required performance set by the Department for Education in this regard, but Surrey has set an internal target of 70%.
- Compliance with statutory visits every six weeks to arrangements that started after 1 April 2014 was 95.2%. This reflects an 11.9% improvement on the performance in the previous year.
- Compliance with statutory visits to arrangements that started before 1 April 2014 (which could include both six weekly and 12 weekly visits) was 75%, reflecting a 16.7% improvement on the performance in the previous year.

From analysing information it would appear that children aged 10-15 years old living in private fostering arrangements which they have made themselves when choosing not to live at home, are more likely to be living in unsuitable arrangements. The risk of harm may not necessarily be imminent, but should not be ignored.

An information leaflet about private fostering is provided to parents and carers once notification of a private fostering arrangement had been received. There is a separate information leaflet for children to share the same information in an age

appropriate manner. This leaflet is currently being reviewed by the Children's Right's Service to ensure information is pitched appropriately.

Children in private fostering arrangements, private foster carers and parents are provided with advice and support throughout the duration of the private fostering arrangement. Satisfaction surveys are completed on a regular basis by children in private fostering arrangements to get feedback about the quality of service and support.

Children who are in a private fostering arrangement at the time of their 16<sup>th</sup> birthday qualify for an assessment of needs, information, guidance and advice from the Care Leavers Service. They are advised in writing how to access this support in future. The information is also included in Surrey's family and friend's policy.

## **Areas for improvement in 2015-2016**

### **Strategic**

- Develop a communication strategy to promote ongoing and targeted private fostering awareness raising and identify and notify high risk private fostering arrangements.

### **Operational**

- Continue to maintain or exceed the Department for Education minimum requirements for private fostering performance indicators.
- Independent auditing of private fostering arrangements by the SSCB's quality assurance officer
- Further and regular auditing of private fostering arrangement by managers in the service
- Implementing any learning from auditing into practice

### **Development**

- Awareness raising to staff within Surrey's four referral, assessment and intervention service teams

## **Children with special educational needs and disabilities (SEND)**

### **Key achievements during 2014-2015**

- Developed a vision, principles and analysis around SEND.
- Published a local offer of SEND for families and professionals.

- Surrey's local offer website went live in September 2014 and was commended by Department for Education.
- Joint needs analysis for therapies completed.
- Joint therapy forum established with agreed terms of reference.
- Joint therapies commissioning strategy agreed.
  - Joint commissioning strategy for speech and language therapy was drafted and consulted on.
  - A review of the occupational therapy service was jointly commissioned and was underway. Phase 1 was disseminated to partners.
  - Co-design events for new speech and language therapy service were underway.
- Joint strategic review of short breaks undertaken - Cabinet and clinical commissioning group (CCG) boards agreed recommendations for future of Applewood and Beeches. Recommendations include:
  - Surrey County Council to continue to run Applewood as a short break service.
  - The responsibility for funding short break services for children and young people currently accessing Beeches will transfer from Surrey CCGs to Surrey County Council.
- Implemented the SEND pathfinder pilot.
- New 0-25 business processes and planning systems for education, health and care plans (EHCP) and pre-statutory plans launched on target, 1 September 2014.
- A new pre-statutory/step down process (pathway process) that aligns with the early help assessment was agreed with education settings.
- Information and training rolled out to frontline staff and education settings. Some additional capacity was secured so that training could be offered to some social care teams and health colleagues. E-learning on the new business process started with Surrey and non-Surrey staff through the portal and the Surrey Skills Academy.
- Surrey consulted on and published its transition plan setting out a timetable for the transfer of children and young people with special educational needs (SEN) statements and learning difficulties assessments. As of March 2015 transfers were underway in line with the timetable.
- Surrey's implementation of the new mediation requirements of the legislation was confirmed as compliant by the Department for Education.
- Additional capacity was secured to accelerate work around personal budgets.



The Department for Education announced continuation of SEN reform grant funding for financial year 2015-2016. The minister has invited OFSTED to formally inspect local areas on effectiveness in fulfilling new duties.

The impact of these achievements is:

- Understanding a family's view of support is crucial. Work is underway to agree with family representatives a way of monitoring whether the new system is a more efficient, joined up and family-friendly experience and delivers the right outcomes for children, young people and families.

### **Challenges for the future:**

- The SEND system continues to face some significant challenges; working collaboratively to deliver a holistic customer journey, managing demand and cost pressures, and meeting legislative requirements.
- These will be addressed through a transformational SEND programme, to be signed off by the SEND Governance Board in September 2015. This aims to:
  - Transform the customer experience.
  - Rebuild the system around the customer.
  - Reshape the local offer.
  - Develop inclusive practice.

This is a three to five year programme that will change processes, provision, culture and ways of working.

### **Radicalisation**

SSCB has received a presentation on the Prevent agenda and the flow chart below describes the pathway when cases are referred. An initial referral would be directed to the police and they would do the initial assessment to see if it fits the channel panel criteria. If it does, there would then be a multi-agency group meeting to discuss the case / issue and develop an action and / or support plan. If a referral does meet the criteria, there might still be a group discussion about how else the case / issue will be managed. All of this is predicated on the basis that the individual(s) concerned want to participate, they can choose not to and in that case the agencies concerned would want to discuss how they now deal with the referral.



# IDENTIFICATION

The diagram outlines the different stages within the channel process

**Screening referrals**

- Screen referral to ensure that there is a specific vulnerability around radicalisation and the referral is not malicious or misinformed
- Maintain proper records

appropriate



**Assessment**

- Determine suitability (alternative support mechanisms)
- Collective assessment of vulnerability and risk
- Review panel decisions at 6 and 12 months

Seek endorsement



appropriate

**Multi-agency panel**

- Review of vulnerability assessment and risk
- Collective assessment of support needs
- Develop action plan
- Identify and procure appropriate support package
- Review progress

review



**Delivery of support**

not appropriate

**exit**  
Or referral to alternative support



# Effectiveness of local safeguarding arrangements and outcomes for children

## The role of Surrey Safeguarding Children Board

Surrey Safeguarding Children Board (SSCB) was established in April 2006 and is chaired by an independent chair, Alex Walters, who is independent of any organisation working within Surrey. Alex Walters was appointed to the SSCB in September 2011.

The SSCB is the key statutory mechanism for agreeing how the relevant organisations in Surrey will cooperate to safeguard and promote the welfare of children and ensure the effectiveness of what they do and provide strategic oversight.

The two objectives of the SSCB as set down in 'Working Together to Safeguard Children 2015' are:

- To coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in their area.
- Ensure the effectiveness of what is done by each such person or body for that purpose.

This entails a wide range of responsibilities across the Surrey area including:

- Establishing and monitoring thresholds for the provision of services by partner agencies.
- Developing policies and procedures for safeguarding and promoting the welfare of children in the area.

- Commissioning and evaluating single and multi-agency training.
- Establishing specific, local protocols to reflect local priorities.
- Communicating and raising awareness of how to safeguard and protect children in the area.
- Monitoring and evaluating the activities of partners through S11 and auditing activity.
- Undertake reviews of child deaths and conducting serious case reviews to identify lessons to be learned.
- Maintain and implement a Learning and Improvement Framework.

In the wider Surrey context the SSCB has a statutory scrutiny and monitoring role in relation to the Children and Young People's Partnership (CYPP) and the themed partnerships working within the CYPP and holds them to account in their work to improve outcomes for children and young people. This scrutiny function applies to the Health and Wellbeing Board and other statutory partnerships such as the Community Safety Board (CSB) where there are issues that impact upon the safety of children.

In addition to the statutory functions of the SSCB, the 2012-2015 SSCB Business plan identified **four targeted priority areas** of focus. Progress towards these priorities is reported on throughout this annual report and in Appendix A.

## **How safe are children and young people in Surrey?**

In October/November 2014 OFSTED, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspector of Prisons (HMIP) and Her Majesty's Inspector of Probation (HMIP), undertook a joint integrated pilot inspection and review of the local safeguarding children board (LSCB) partnership, with agreement that only the local authority and the LSCB reports were to be published.

The SSCB was disappointed that the design and delivery of the joint review of the SSCB was flawed and resulted in judgements that did not reflect the evidence. The SSCB formally complained to OFSTED and the outcome was the decision not to publish the SSCB report.

The local authority report is being published during June 2015 and the findings of this report conclude that aspects of Children's Services work are inadequate and that in some contexts children are not being kept safe.

The SSCB has already sought assurance on key practice areas identified in the local authority report specifically in relation to early help, children in need, missing children and those at risk of child sexual exploitation and has identified through the range of audits undertaken by the SSCB specific areas for practice improvement.

The SSCB will continue to undertake an oversight and scrutiny role in relation to the improvements required from all partner agencies involved in this and subsequent inspections and the SSCB's own improvement plan.

### **Impact and role of SSCB in monitoring service effectiveness:**

The SSCB measures and monitors the effectiveness of safeguarding arrangements in a number of ways including:

- Individual case analysis including child deaths, serious case reviews partnership reviews and multi-agency audits.
- Review of performance management information.
- Monitoring single and multi-agency training.
- Section 11 safeguarding self assessment by all statutory partners including schools.
- Multi-agency reporting from area sub groups.
- Feedback from staff, children and young people and their families.
- Regular reports to the board providing evidence of key safeguarding performance i.e. independent reviewing officers' annual report, annual complaints reports, local authority designated officer (LADO) reports, MAPPA and MARAC arrangements.
- Challenges and concerns that are brought to the attention of the board by partners or regulators.

The SSCB maintains a challenge log, with separate more detailed logs being maintained relating to key issues requiring greater levels of scrutiny and monitoring. This ensures that focus is maintained on ongoing concerns and that a proportionate and appropriate response is achieved.

## SSCB: abridged challenge log June 2014 – March 2015

Date	Subject	Challenge	Action / update
2014-2015	<b>Private hospital provider</b>	Assurances relating to safe practice, tier 4 availability of beds, commissioning, sustaining improvement	Regular reports to SSCB from NHS England and CCG on progress against improvements.
10 Mar 2015	<b>Children and Family Court Advisory Support Service (CAFCASS)</b>	Impact of budget cuts.	Chair wrote to CAFCASS to seek some assurance about the impact of this decision to cut budgets and keep open 2 vacancies on the timeliness of the work of CAFCASS officers and whether this may mean delays in the system of both public and private proceedings for children.
09 June 2014	<b>Signs of safety</b>	Multi agency challenge to the impact of the proposed approach to adopting Signs of Safety in a short timescale / Funding (July 14).	Revisiting by Children's Service of proposals, further exploration of options and update to May 2015 board of the revised proposal to adopt a Strengthening Families approach. Further detailed presentation to July 2015 board of what this would look like for the partnership.
09 June 2014 Development Event	<b>Barriers to embedding learning from QA activity</b>	Event focussing on strategic issues relating to embedding learning into practice.	Presentations, discussion and challenge to partners to address identified barriers – which are through audit and practitioner feedback in workshops.
29 July 2014	<b>Child protection chairs report</b>	Lack of adequate narrative accuracy of data; actions of partners to address number of children on plan for over 24 months; why are cases getting stuck – are joint supervision opportunities / escalation procedures being followed. Attendance at conference.	Members to take back challenges and respond to these.  Further detailed narrative to be provided to September 2014 board.
10 Mar 2015	<b>Named GP</b> presented response to challenge re attendance at CP conferences.	Challenges for GPs: conflicting priorities; short notice of child protection conferences versus clinical responsibilities. Getting information to the table- GPs need to be engaged in decision making 97% non attendance reiterated to not be acceptable.	Task and finish group to be established to agree a way forward and present update to July 2015 board.

Date	Subject	Challenge	Action / update
29 July 2014	<b>CAMHS Provision</b>	SSCB had received two letters, from London LSCBs, in relation to CAMHS provision at an independent school for disabled children in Surrey.	Letters from chair to seek clarity and assurance from CAMHS commissioners.
30 Sept 2014	<b>Child death overview panel (CDOP) annual report</b>	Capacity issues in CDOP raised	CCG Commissioning a further report to review capacity and arrangements and report to SSCB when completed (July 2015).
30 Sept 2014	<b>CSE (Rotherham report)</b>	Assurance of the capacity in Surrey to respond to this report and other published reports. Assurance sought by council leader about sufficiency of Surrey provision.	See section on CSE development.
10 Mar 2015	<b>CSE update</b>	Insufficient time on agenda to discuss this priority area of work and the development work post Rotherham reporting.	Extraordinary meeting focusing solely on CSE agenda to be scheduled for late March 2015.
30 Sept 2014	<b>Training</b>	Negative impact on budget of non-attendees - need to increase fees; non returnable booking fee to be introduced.	£12 non-returnable booking fee for all delegates including partners to be introduced for courses for 01 April 2015. Partners to offer more free training venues for MA delivery.
10 Mar 2015		Operational systems not in place to reimburse staff the £12 fee.	£12 fee has had a significant impact now implemented – positive impact on budget in moving towards a break even position. Decision to charge £12 ratified by SSCB – agencies need to develop / agree systems.
25 Nov 2014	<b>School nurse / health visitor capacity report</b>	Capacity issues raised by Public Health. Report needed contribution from other health partners.	Report to May 2015 board.
25 Nov 2014	<b>Data set</b>	Incomplete data – CAMHS. No missing children data. Concerns re high number of home educated children. Narrative is incomplete – CSE Data needs greater analysis. Why are child protection referrals higher than statistical neighbours?	SSCB officer / quality assurance group to take forward actions and improve data set for Q3.
12 May 2015	<b>Data set Q3</b>	Gaps still evident - housing data problematic, education and police data missing.	Further actions for Q4 data reflected in minutes. Missing children return interviews

Date	Subject	Challenge	Action / update
		Return interviews remain non compliant with statutory guidance.	update to arrangements to report to SSCB in July 2015.
25 Nov 2014	<b>LADO report</b>	Lack of referrals from health capacity due to 50% increase in national fostering agency (NFA) referrals which require investigation.	Health colleagues to take forward and report back how concern will be addressed. Additional capacity recruited.
25 Nov 2014	<b>Private fostering report</b>	Data shows 29% reduction in children being privately fostered.	Professional challenge particularly awareness raising within health to encourage health visitors to challenge who children are when they visit homes and ask about arrangements. Named doctor to reinforce the need to identify private fostering and raise GP awareness of recent campaign.
25 Nov 2014	<b>Missing children</b>	CSE need to review and improve current arrangements - return interviews not in place assurance given that these will be in place by January 2015.	CSE sub group to take forward and update SSCB.
25 Nov 2014	<b>Safeguarding adolescents</b>	To all partners to develop adolescent centred services and raise awareness of specific challenges in keeping adolescents safe.	Development event theme for SSCB May 2015 to explore issues further.
27 Jan 2015	<b>NHS attendance at SSCB</b>	Proposed arrangements for CCG to cover and for NHS England to attend health sub-group not acceptable to board.	Chair to discuss with NHS England and resolve and take to National AILC.
27 Jan 2015	<b>Section 11 report</b>	Woking BC to complete section 11.	Head of safeguarding to discuss with Woking BC.
27 Jan 2015	<b>Prevent</b>	To clarify arrangements in Surrey through CSPB.	Presentation to May 2015 development day and opportunity to seeks assurance re processes in place/in development.
10 Mar 2015	<b>Early help</b>	Significant challenges highlighted by partners across different fora.	See separate <b>early help challenge log</b> .
10 Mar 2015	<b>Family Support Programme (FSP) and roll out to phase 2.</b>	Representation required on the SSCB.	Report to provide assurance to board presented May 2015. Strategic lead covers both FSP and early help from June 2015 and now sits on the SSCB.



## **SSCB – monitoring of business plan targeted priorities:**

**Targeted priority 1:** To work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families.

The Community Safety Board (CSB) leads on the multi-agency priority of domestic abuse for Surrey, linking closely with the Health and Wellbeing Board (HWB), who details domestic abuse within its safeguarding priority.

In January 2014, the domestic abuse strategy was presented and endorsed by the SSCB and throughout 2014-2015 there has been regular reporting of progress. The strategy is to be delivered by the domestic abuse development group through a variety of work streams and is overseen by the Community Safety Board.

The domestic abuse strategy has a shared partnership aim:

‘To ensure all those affected by domestic abuse have the right information, services and support, at the earliest opportunity, to live lives free from domestic violence or abuse and gain the personal confidence to build healthy relationships for themselves and their dependants.’

An action plan is in place which focuses on the three themes of prevention, early intervention and response.

SSCB undertook two audits in relation to domestic abuse in 2013-2014 and the learning from these informed the [domestic abuse strategy 2013-18](#).

### **SSCB audit findings:**

- SSCB audit demonstrated good multi agency working in high proportion of cases which was supported by feedback from professionals.
- Early help assessment is embedding into practice and was demonstrated to be being used to measure the impact of domestic abuse on the child.

### **Challenges/concerns**

- Domestic abuse risk assessment tools not adopted by all partners – some are not using any risk assessment tool.
- Perpetrator programmes not available to perpetrators not convicted of an offence to support behaviour change.



- Reach of support for victims raised as a concern.
- Counselling and support services for children experiencing / witnessing domestic abuse were found to be limited, not easily identified by professionals and not easily accessed.
- Male partners / fathers not seen in a timely way or included in the risk assessment.
- Lack of easily accessible information about where agencies can get information about resources, especially which domestic abuse outreach service covers which particular area. ESDAS and Your Sanctuary were well known, but are not the exclusive providers of services for the whole of Surrey.
- Information sharing was not taking place in a timely manner.

SSCB remains concerned that there is limited specialist support work currently being undertaken, which directly supports children affected by domestic abuse across the county and welcomes the approach to addressing this gap in service provision.

Children's Services has commissioned and awarded a two year grant to Surrey domestic abuse outreach providers to deliver support for children and young people affected by domestic abuse. This will cover prevention (healthy relationships), early help (step-down community support) and intervention (support for children and young people on a child in need plan or child protection plan). This grant will start on 1 June 2015.

The Office of the Police and Crime Commissioner (OPCC) has provided £16,000 to each of the four domestic abuse outreach providers to deliver 1:1 support for children affected by domestic abuse.

The LINX programme in Surrey is being rolled out to in recognition of the real need to support young people who have witnessed domestic abuse. 37 workers trained to deliver LINX, as at April 2015, have reported increased confidence in talking to young people about domestic abuse in their day to day work. The topic has been embedded in wider relationship and sex education programmes with groups of young people and within 1:1 work for those who are known to have witnessed domestic abuse or experienced poor treatment in intimate relationships.

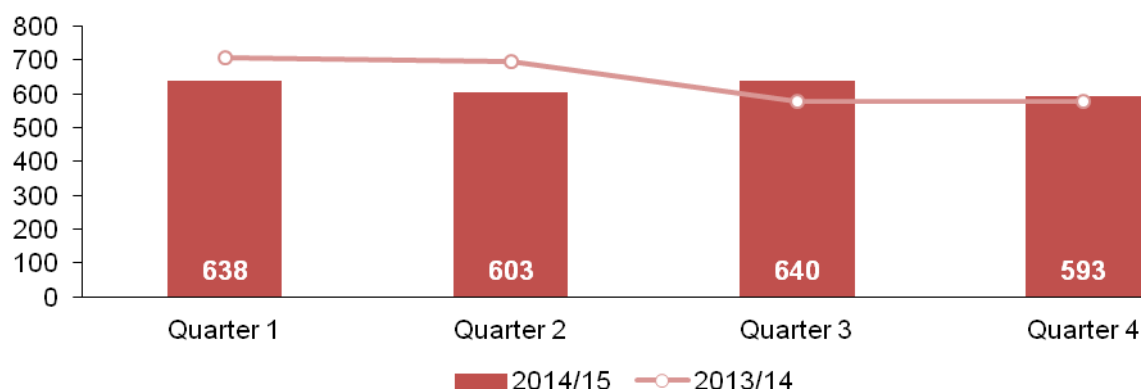
Work is also underway to develop a pilot perpetrator intervention programme and is expected to be commissioned for 2016-2017.

SSCB will continue to maintain this as a targeted priority for 2015-2016.

The SSCB report card was updated to provide data relating to support for children and young people living in households with domestic abuse.

	2014-2015	2013-2014	2012-2013
New contacts / referrals to Surrey domestic abuse outreach services.	3,573	3,313	3,210
Number of new services users with children under 16.	1,872	1,996	1,705
Number of new services users with children living with them.	2,474	2,559	2,327
Total number of children affected by domestic abuse supported by outreach services.	3,111	3,305	2,897
Number of 16-17 year olds accessing Surrey domestic abuse outreach services.	58	48	20
Total number of incidents of domestic abuse reported to police (includes crime and non-crime incidents).	13,873	13,439	11,806

**Service users of DA with children aged under 16 living with them**



The Domestic Violence Protection Notice (DVPN) and Domestic Violence Protection Order (DVPO) were introduced in June 2014 in Surrey and are aimed at perpetrators who present an ongoing risk of violence to the victim and family with the objective of securing a co-ordinated approach across agencies for the protection of victims and the management of perpetrators.

The DVPN/DVPO process builds on existing procedures and bridges the current protective gap, providing immediate emergency protection for the victim and allowing

them protected space to explore the options available to them and make informed decisions regarding their safety.

### Domestic Violence Protection Orders where there were children in the family

	2014-2015			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
DVPO where there are children in the family.	-	17	9	13
Number of children in the families.	-	27	17	18

**Targeted priority 2:** To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children’s social care.

Surrey’s [early help strategy 2013-2017](#) and the [multi agency level of needs document \(March 2014\)](#) were signed off through the children and young people’s partnership structure in 2013 and are currently under review to include:

- The early help pathway including the relationship with other care and support pathways.
- The contribution of multi-agency safeguarding hub (MASH) developments to early help provision.
- The role of schools and early help.
- Information sharing across agencies.
- Development and roll out of electronically available early help application.
- Developing the workforce and local networks to support early help.
- Increase the use of early help tools and guidance to inform practice.
- Developing social capacity to support children and families.

In October/November 2014, OFSTED inspected the local authority and concerns were raised in respect to children in need services and cases being stepped down and difficulties in interpretation of thresholds for intervention by professionals.

Partners independently had reported a lack of clarity between levels 2 and 3 in the threshold document and particular concerns about the management of section 17 children in need cases. There is a lack of clarity of the referral pathway and a degree of confusion amongst professionals as to which of the front doors to Children’s Services referrers should use. The SSCB has engaged in the partnership’s

development and has been monitoring the effectiveness of its work programme throughout 2014-2015.

Reports updating on activity to address these concerns and to provide clarity on processes were presented at the March 2015 SSCB meeting.

The SSCB at this meeting also presented the findings of the multi-agency audit on early help with the agreed recommendations being taken forward by the early help governance board.

The SSCB multi-agency audit highlighted a complex early help system with many different strands.

The change in Children's Services structures to the referral assessment and intervention teams from more traditional structures, revised step up and step down processes and the introduction of special educational needs and disability (SEND) against a backdrop of challenging budgetary climates all happening concurrently led to anxieties and uncertainty being evident. Partners were particularly anxious about step down processes and found that they had inconsistent support from Children's Services as they embedded new structures and revised practices.

A lack of monitoring and performance data, including case tracking of step down cases has hindered the SSCB's opportunity to explore further what the concerns were and whether these were symptomatic of change being introduced or a problem with the process itself.

#### Achievements 2014-2015:

- The majority of early help assessments were completed in a timely manner within timescales.
- Tier one – early help assessment stage works well for children 0-5 years old and children with a disability.
- Training was reported as being good but rolled out too slowly.

#### Areas for improvement:

- Confusion amongst agencies of how the various strands of the system fit together.
- Lack of knowledge about resources available.
- Concerns about administration processes.
- Tracking and monitoring of the impact of step down processes.
- Early help e-assessment to be expedited.

- Understanding of how step down is working with schools.
- Training content to be reviewed to ensure that there is understanding of the lead professional role particularly.

The e-help system is an electronic multi-agency web-based tool to record and share early help activity. The e-help system is now being used by the early help Partnership Service to record all paper early help assessments completed by practitioners in the community. This includes reporting of early help activity. The wider roll out of the e-help system is being reviewed, to ensure it is co-ordinated and enhances the Multi-Agency Safeguarding Hub (MASH) and early offer of help developments.

## **Multi-Agency Safeguarding Hub (MASH)**

The current MASH based at Guildford Police Station contains the police, adult services, health, the mental health trust and children' services. Currently it processes only police notifications for adults and children's safeguarding concerns.

The safeguarding partnership in Surrey is working with a consultancy skilled in setting up MASH arrangements across the country. A new multi-agency model for delivering services to children and families and adults in Surrey will be introduced in 2016. This model will develop the existing MASH.

The MASH will be a single point of entry for all referrals, notifications and police reports in Surrey which includes where there is a need for early help support or where there is a specific concern about the welfare of a child, young person or vulnerable adult. The MASH will bring together a variety of agencies into an integrated co-located multi-agency team; where information is shared appropriately and securely on children, families and adults around the child or young person in order to make timely and appropriate decisions.

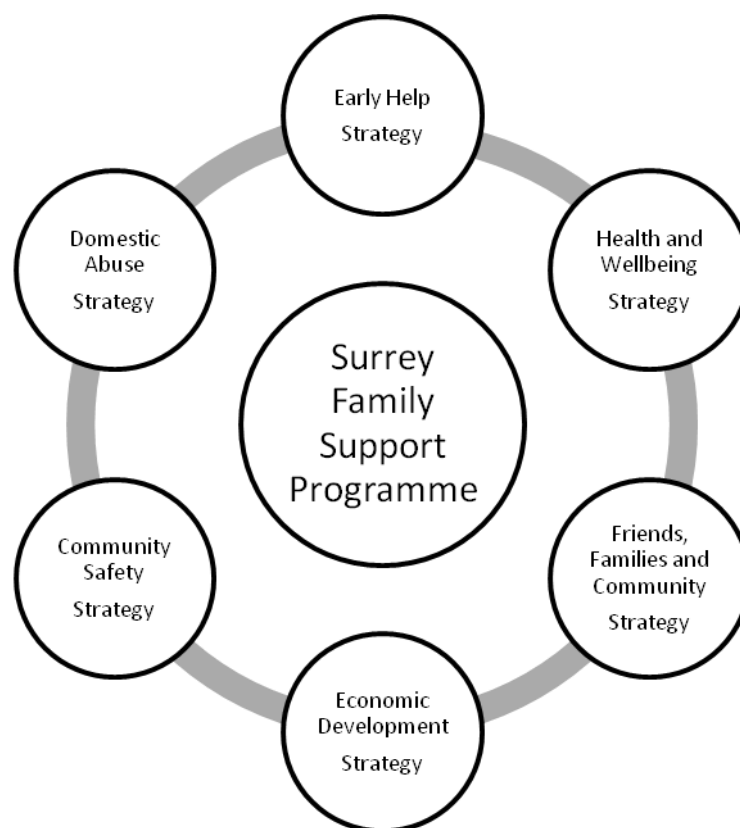
By working closely together across professional boundaries MASH will help to ensure early identification of concerns and provisions of help, which is vital in promoting the wellbeing of children, young people and adults.

In the year to 31 March 2015, 9,979 children in need referrals were received compared with 11,777 in the year to 31 March 2014. 16,450 completed contacts were handled via the Multi-Agency Safeguarding Hub of which approximately 97% were police referrals.

## Family Support Programme

The Family Support Programme (FSP) has been successfully developed and implemented since the pilot project in 2012 and services commenced in April 2013. FSP enables a multi-agency approach to support families with multiple and complex needs. The programme is directed at families who are struggling, where numerous professionals and agencies are working with the family and where there is a risk that without a coordinated approach the family may drift into acute services.

The FSP programme works with the key countywide strategies working with vulnerable communities and families and makes a significant contribution towards the Children's Services early help strategy.



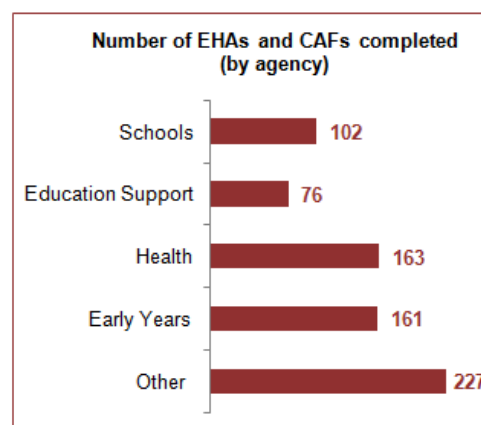
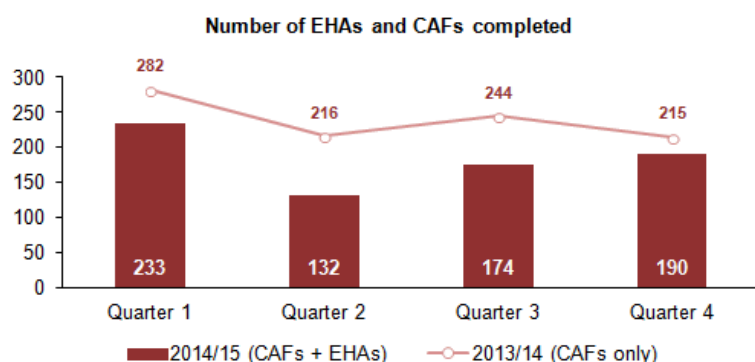
All families who receive intensive support through the programme undergo an early help assessment which assesses the needs of all members of the family. Where there is already an early help assessment in place or where another assessment has been completed, eg children's social care assessment, this is expanded to include all members of the family.

All assessments address safeguarding concerns and include the voice of individual children. 29% of all the early help assessments completed in 2014-2015 have been completed by Family Support Programme staff.

## FSP Phase 1 impact data

Based on assessment data from a sample of 113 families at the point of joining the programme:

- 67% of families had children who were significantly missing school and or being excluded from school.
- 57% of families were involved in crime and or anti-social behaviour.
- 66% of families had at least one adult member who was in receipt of an out of work benefit.
- 33% of families had children with current or a recent history of involvement with children's safeguarding services.
- 33% of families had a recent history of domestic abuse and or violence.
- 51% of families had mental ill health.
- 30% of families had a young person not in educational, employment or training (NEET) young person(s).
- 27% of families were at risk of being homeless.
- 17% of families had inter-generational unemployment/NEET.
- 9% of families included an ex-prisoner.



\*Other includes Family Support Programme, Youth Support Services, Youth Justice, Housing Social Care, Police Voluntary Organisations, Welcare, Home Start and unknown.

**Targeted priority 3:** To ensure professionals and the current child protection processes effectively protect those children identified in need of protection and who are looked after.

Reports are routinely provided to the SSCB on a four monthly basis which demonstrate the effectiveness of child protection (CP) conferences and performance data is collated and monitored to ensure that wherever possible statutory time-scales are adhered to.

Work has been undertaken throughout 2014-2015 to improve partner agency engagement in CP conferences and a detailed audit was undertaken by SSCB to provide analysis to inform challenge.

A data analysis undertaken of attendance at initial CP conferences is summarised below.

### **Key agencies attendance at initial child protection conferences**

The SSCB continues to challenge the engagement of GPs in the CP conference process. As a result, the named GP presented a report to the Board to identify the issues arising and also to work with partners to find solutions.

A task and finish group is taking forward some ideas for engagement and will present findings to the July 2015 SSCB. The role of GPs in providing information and contributing to the work of the SSCB has been highlighted in a significant number of serious case reviews.

An ongoing SSCB focus has been the functioning and impact of core groups.

#### **Good practice:**

- Timescales included in a child protection plan.
- Views of children included in the record of a meeting.
- Evidence of good multi agency working.
- Continued improvement in the number of fathers involved in core groups.

#### **Areas of concern:**

- The anticipated improvement in practice as a result of previous audits was not demonstrated.
- The audit highlighted the lack of SMART (specific, measurable, attainable, relevant, timely) child protection plans.



- Child protection plans continue to be too long and complicated, without the focus on specific issues that need addressing.
- There was evidence that the plan was being reviewed in the core group, however there was also mixed evidence about the effectiveness of the core group reducing risk.
- There was inconsistency in the regularity of core group meetings.
- There was an improvement in the recording of contingency plans however auditors felt that more work was required to ensure that these continued to focus on the safety and well being of children.
- The audit identified that in the majority of core groups the wishes and feelings of the children were not recorded.
- Ethnicity and culture were not being addressed sufficiently, however this could also be a reflection of the small random audit sample.
- CP plans were not regularly identifying core group membership and in more than 50% of the core groups it appeared that not all the members attended.
- Attendance by some partner agencies continues to be problematic.
- There continued to be a lack of significant progress in the management and reduction of risk.
- The use of the core group template has been available for some time and its recent incorporation into the integrated children's system (ICS) has meant that recording is better; however it does not appear to have facilitated key issues being addressed.
- It was the view of the auditors that having the same person chairing and recording core groups did not facilitate good recording and where notes were taken by another person the quality of the record was improved.

The findings of this audit have been widely disseminated to ensure that when a further audit is undertaken that these areas of concern have been addressed and practice improved. The follow up audit has been scheduled for July 2015.

SSCB sub group CP dissents, offers a unique and effective service to professionals and families. The sub group forms part of the review and audit process of decision making by CP chairs where there has been a dissent against the decision of the conference chair. This forum allows the review of the reports to conference together with the notes of the meeting at which the dissent was recorded and is viewed as an example of good practice.

**Targeted priority 4:** to develop, agree and communicate a multi-agency child sexual exploitation strategy; identifying key priorities and monitoring procedures to measure the impact on children, young people and families.

Child sexual exploitation (CSE) has received a high level of national media attention over 2014-2015 and continues to be an area of safeguarding receiving significant attention locally.

A number of concerns were also raised in the November 2014 inspection relating to unallocated cases and the robustness of the monitoring of young people who go missing and those specifically at risk of child sexual exploitation.

The SSCB has led with key partners a complete review of the CSE governance, monitoring and reporting mechanisms and has introduced considerable improvements.

Activities include:

- Revised governance and membership of the CSE strategic leadership sub group supported by a robust operational review and restructure of front line services.
- Revised membership of all key groups to ensure that membership of each group enables the key objectives of the group to be driven forward.
- Revised and significantly strengthened action plan based upon the four key themes of the national work plan and nationally published learning from serious case reviews and thematic reports.
- Development of a communication plan across the county setting out awareness raising approaches to target all sectors of the community.
- Commissioning of work to understand the scope and scale of CSE in the county.
- Review and revision of screening tools and risk assessment tools used by professional in identifying young people at risk.
- Review and updating of the training pathway for professionals.

Within Surrey, there is now an established multi-agency response to missing and exploited children which is embedding into practice. Multi-agency missing and exploited children's conferences (MAECC) are held in each of the area quadrants, to consider and assess local levels of risk. These groups report into a MAECC oversight group chaired by the head of safeguarding and head of public protection. Clear terms of reference set out accountabilities and responsibilities of each group.

As at 31 March 2015 of the cases considered to have a current, possible or known CSE risk there were 20 cases in the high risk category and 60 at medium risk.

As part of raising awareness and prevention work, approaching 100 CSE champions have been trained across Surrey. Chelsea's Choice, a play highlighting the issue of CSE, has been delivered to secondary schools in Surrey, during 2014 with parents receiving supporting awareness sessions delivered by the Lucy Faithfull Foundation. Further sessions are planned in 2015-2016.

A CSE operating protocol for Surrey is being developed and will be launched across the county which will include signposting of services to children, families and professionals to appropriate support services.



## Learning and improvement

### Serious case reviews and partnership reviews 2014-15

- During the year 2014-2015, two serious case reviews were commissioned which will conclude in 2015-2016.
- Two cases were taken forward as multi agency partnership reviews and the learning fed back into the serious case review group (SCRG) and the wider SSCB.

The following reviews were published by the SSCB in accordance with Working Together to Safeguard Children 2013.

Initials	Date of publication
Child S	May 2014
Child X	January 2015
Child Y	September 2014

Commissioning of serious case reviews/partnership reviews is an important part of the SSCB work and supports the learning and improvement framework published by the SSCB.

A number of follow up learning activities have been undertaken during the reporting year and the SSCB has very effective and well established procedures in place for disseminating learning from both local and national reviews to the broadest possible range of practitioners:

- Updates on progress on SCRs, partnership reviews and learning are disseminated at all SSCB sub-groups.

- SSCB newsletter is widely circulated.
- SSCB learning leaflets are available to download at [SSCB](#) website.
- SSCB learning and improvement framework.
- Four serious case review workshops for supervisors and managers were held which covered learning and barriers to learning being taken into practice.
- All train the trainer, trainer update training and module one training included local and national learning from serious case reviews.

There is growing evidence that learning is influencing practice and partners are pro-actively sharing information to inform practice development.

During 2014, Guildford and Waverley CCG undertook a deep dive which focused on learning from serious case reviews. This thematic review was an example of good practice in itself and was used to test and evidence themes around learning having been taken into practice across nine health providers. 18 cases were reviewed across a range of ethnicities.

#### CCG safeguarding audit 2014

- 18 cases across nine providers chosen at random from cases where there had been concerns; Section 47 enquiries, safeguarding medical examinations.
- Age range unborn to age 17 across a range of ethnicities.
- 1 unborn, 7 female, 10 male.
- Of the 18 cases 10 were subject to a child protection plan, 8 were not.
- Of those subject to a child protection plan, 4 were categorised as neglect, one as possible neglect, 2 sexual abuse, 3 physical/emotional abuse. 1 child was a looked after child.

#### Outcomes:

A number of cases demonstrated that learning from SCRs had been taken into practice and a range of themes identified which providers need to address to improve outcomes for children, including:

- Maintaining a child focus.
- Using professional curiosity to ask questions around the male partner/father.
- Reducing missed opportunities.
- Developing through enquiry a more complete picture of the extended family.
- Ensuring that document keeping is good.
- Avoidance of being too optimistic relating to outcomes.

Findings were shared at a SSCB development event in June 2014, at which the board presented evidence from mapping of serious case reviews/domestic homicide reviews and learning from professional on the barriers to taking learning from SCRs into practice. Strategic leads and operational managers representing partners were challenged to take forward the key messages into their agencies and influence service development.

### Serious case reviews commenced 01.04.2014 – 31.03.2015

Initials	Month commenced	Month reported/to be reported to board
Child AA	July 2014	July 2015
Child BB	August 2014	July 2015

In the past 12 months the following themes have been identified:

- Lack of information/assessment of fathers/male carers.
- Misuse of drugs and alcohol not being given adequate weight in assessment.
- Lack of recognition of the significance of bruising/injuries in non-mobile babies.
- Failure to access historical information/ records.
- Difficulty in working with resistant families.
- Poor record keeping.
- Failure to revise judgements in light of new information/human bias in reasoning.
- Lack of reflective and professional challenge / escalation of concerns.

These findings have been shared with all partner organisations and have directly informed the planned 2015-2016 audit activities of the SSCB quality assurance and evaluation group and the four SSCB area groups to monitor practitioners' understanding and embedding of learning into practice.

#### Key learning from child S

- The importance of recognising the significance of interacting risk factors including: failure to engage with services, lack of antenatal care, substance misuse, domestic violence, ambiguous feelings towards two pregnancies and a troubled parental history as a child.
- The importance of recognising the implications of parental misuse of alcohol and take action to reduce risk to the children.
- The importance of recognising the significance of bruising/injuries in non-mobile babies.
- The importance of ensuring that when a child on a child protection plan sustains an injury this is examined by a suitably qualified and experienced doctor.
- Working with resistant families requires practitioners to have highly developed interpersonal skills supported by effective supervision which addresses the emotional impact of such work.

### Key learning from child X

- The importance of recognising the significance of bruising/injuries in non-mobile babies and following the correct procedure.
- The importance of ensuring that information about policies and procedures is widely disseminated to ensure that all staff are aware.
- The importance of ensuring that policies and procedures are clear and consistent.
- The need for good communication and timely transfer of records/information between partners.
- The need for appropriate professional challenge.

### Key learning from child Y

There is a need to ensure that:

- There is consistent notification of attendances at A&E between midwives and health visitors.
- Health care providers of community services have management oversight of health visitor case transfers and in access to speech and language therapy for needy children.
- The review of maternity booking forms and policies is completed in a timely manner.
- There is an escalation policy to address cases where there are concerns across agencies.
- All agencies enhance their engagement with and assessment of peripheral fathers.
- An updated multi-agency risk assessment is undertaken before children are stepped down into the early help system.

## Audits undertaken in 2014-2015

Between April 2014 and March 2015 the following audits and re-audits were undertaken, reporting to the SSCB quality assurance group, the SSCB area groups and four monthly to the SSCB:

- strategy meetings
- bruising protocol
- core groups
- early help
- supervision
- fathers and male carers
- neglect
- sexually harmful behaviour
- historical information
- staff survey
- survey on single agency audits

Themes and issues which have emerged from the audits include:

- Understanding of thresholds for referrals differs between partner agencies and professionals.
- Fathers and male carers, their views and their impact upon the family are routinely omitted from reports and assessments.
- Fathers and male carers are not given equal access to appropriate services.
- Not all partners submit reports for child protection conferences when required to do so.
- Barriers exist to embedding guidance and revised procedures into practice.
- The management of bruising in babies and non-mobile children, especially in relation to bruising in non mobile school age children is inconsistent.
- Guidance about the use of historical information is required.
- There is a lack of shared tools for assessments.
- Transferring knowledge into practice is difficult to evidence.
- Barriers to embedding learning from serious case reviews need to be addressed.
- The wishes and feelings of children are not consistently reported upon.
- Additional training for professionals is required and the links between domestic abuse, substance misuse and adult mental health need to be better understood.



- Analysis and assessments need to be improved across partner agencies.
- Health professionals participation in strategy meetings.
- Lack of consistency of agreed definitions as well as inconsistency of key terms e.g. agreed definition of neglect and how risk is defined and assessed.

The themes identified in audit reflect the recommendations of serious case reviews and partnership reviews suggesting that a multi-agency response is required to overcome some of the barriers which are known to exist and to encourage professional challenge and escalation of concerns when professionals are unable to reach an agreement in decision making.

Learning from all the audit activity is shared with partners and actions plans are developed following audits and case reviews which address the issues identified and these are reviewed by the quality assurance group and serious case review groups.

Specific areas for improvement identified as a training need for professionals include:

- working with fathers and male carers
- improving risk assessment and analysis particularly dynamic risk assessment
- ensuring that the wishes and feelings of children are gathered understood and reported
- tools for risk assessment and screening
- the need to review the bruising protocol.

## **Section 11 report and analysis**

All relevant partner agencies responded to the 2014 safeguarding audit apart from one borough and a late return was agreed with the newly formed Kent, Surrey and Sussex Community Rehabilitation Company.

Overall the findings indicate that each partner who reported is keeping children safe. In order to provide a challenge to the responses the relevant area head of Children's Services and the SSCB quality assurance officer met with the safeguarding leads. Four main themes reoccurred, but not necessarily in each agency:

- The need to increase awareness of early help.
- Support to some partners regarding e-safety.
- Training including who needed safeguarding training and availability of training.
- Supporting agencies to ensure that children are given a clear message about their right to be safe.

In response introductions were made to the early help service and to the SSCB training officer and issues raised by e-safety will be sent to the e-safety group. A workshop was held specifically for borough and district councils to look at the themes which had emerged specifically from their audits. The participation group will consider and advise where necessary about appropriate literature.

Other learning from the audit included:

- The need to develop a formalised and agreed challenge process prior to the 2016 audit.
- The need to ensure the audit tool is relevant and appropriate to all partners.

To address this, a task and finish group will be set up in autumn 2015.

## **Allegation management/safer recruitment**

Managing allegations within the children's workforce

Nationally, all agencies and settings that provide services or staff working with children are required (under statutory guidance – Working Together to Safeguard Children, 2015), to have clear procedures for responding to allegations against staff, whether they are paid or voluntary. Within education services, additional guidance (previously Safeguarding Children and Safer Recruitment in Education, 2007, updated in 2015 to Keeping Children Safe in Education), outlines specific requirements considered when managing allegations against staff working in education settings.

Within the guidance, the local authority designated officer (LADO) has the responsibility to oversee the allegation management process and to ensure it remains effective and transparent and meets the dual demands of both protecting children and also ensuring staff subject to allegations are treated fairly. The LADO provides consultation and advice to the process to ensure that the investigative response is consistent, reasonable and proportionate and that action taken is recorded in line with statutory requirements.

Referrals to the LADO have increased year on year since the introduction of the role. In 2012-2013, referrals totalled 658 in 2013-2014 they totalled 910 and in 2014-2015 they totalled 1093, of which 439 came from the education sector.

In line with part three of Keeping Children Safe in Education 2015, governing bodies and proprietors should prevent people who pose a risk of harm from working with children by adhering to statutory responsibilities to check staff who work with children, taking proportionate decisions on whether to ask for any checks beyond

what is required; and ensuring volunteers are appropriately supervised. The school or college should have written recruitment and selection policies and procedures in place. The school staffing regulations require governing bodies of maintained schools to ensure that at least one person on any appointment panel has undertaken safer recruitment training. Schools and colleges in every briefing and training event are encouraged to adopt a culture of safer recruitment and Surrey have created an online "safer recruitment" training programme accessible through the Surrey Skills Academy website to support schools.

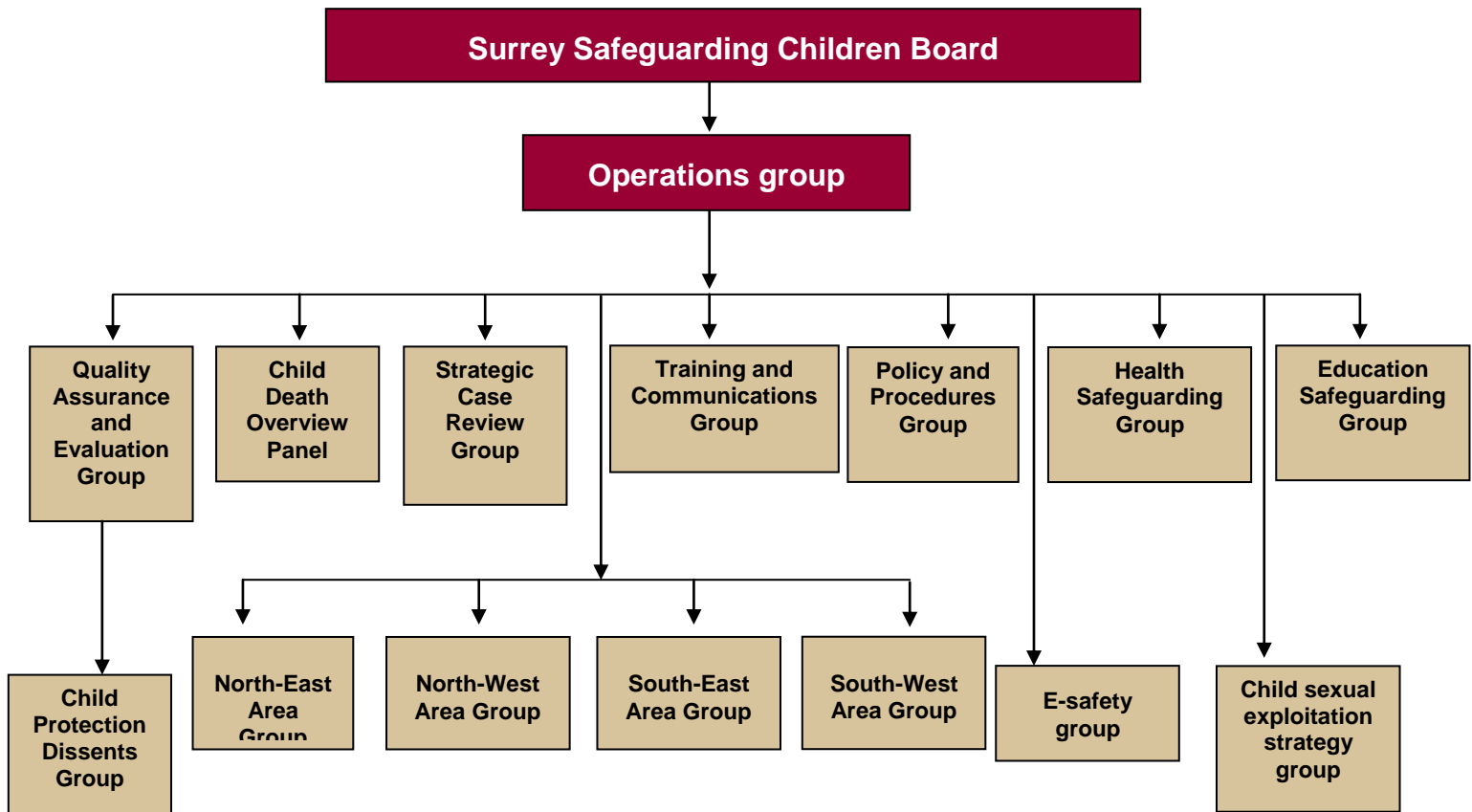




## The impact and future work plans of the SSCB's sub-groups in addressing the business plan priorities

### Surrey Safeguarding Children Board sub-group structure

The Surrey Safeguarding Children Board structure reflects a diverse membership of partner organisations, which are represented in sub-groups and in the membership of the full board. This reflects the infrastructure of the Surrey area and the complexities of services provided to young people and families throughout the county.



## SSCB operations group

<b>Key achievements in 2014/2015</b>
<ul style="list-style-type: none"><li>• The operations group is a meeting of the 14 SSCB sub-group chairs and is chaired by the independent chair.</li><li>• It provides the conduit for the sub group chairs to be updated and informed of the work taking place within sub groups and the SSCB board and to ensure the dissemination of key messages and provides the ability to raise issues with the board.</li></ul>
<b>How these achievements have impacted upon children in Surrey</b>
<ul style="list-style-type: none"><li>• Through this SSCB structure there is increasing synergy and clarity about the key safeguarding messages/learning communicated to practitioners to support their work in safeguarding children.</li></ul>
<b>Challenges for the future/next steps</b>
<ul style="list-style-type: none"><li>• To ensure continued capacity for partner agencies to support the SSCB sub-groups.</li><li>• To ensure good communication between the 14 sub-groups to avoid duplication and ensure synergy.</li><li>• To ensure that key messages and learning are disseminated through the sub groups to front line practitioners in all agencies.</li></ul>

## SSCB child death overview panel

The main work of the CDOP panel is reviewing the deaths of all children who are resident in Surrey, on behalf of the local safeguarding children boards (LSCBs).

The purpose of the review is to determine whether the death was deemed preventable, that is a death in which modifiable factors may have contributed to the death. If this is this case the panel must decide what, if any, actions could be taken to prevent such deaths in future.

### Key achievements in 2014/2015

- The CDOP has held 10 meetings in the past year (including four neonatal panels).
- Between April 2014 and March 2015 the CDOP was notified of 79 deaths of which 62 were children who were resident in Surrey which is a decrease in actual numbers of deaths since last year when 83 children were notified of which 66 were from Surrey.
- The CDOP has reviewed and closed a total of 70 deaths during 2014/15.
- Of the 237 deaths reviewed between 2010 and 2015, 41(17%) have been identified as having factors which may have contributed to the death and could be modified to reduce the risk of future deaths.
- Modifiable factors identified through reviews included factors associated with sudden unexplained death in infancy such as parental abuse of alcohol, smoking and the baby not sleeping in appropriate environments as well as older children dying from head injuries.

### How these achievements have impacted upon children in Surrey

- The only cause of deaths with modifiable factors where there have been sufficient numbers and common causes to identify significant learning patterns, which are backed up by national data, was those deaths defined as sudden unexplained death in infancy (SUDI).

For SUDI the reviews of these deaths have identified significant risk factors which include a combination of parental abuse of alcohol or smoking in combination with the baby not sleeping in an appropriate environment.

In response to this the CDOP was instrumental in developing a Baby Sleep Safe Campaign which was launched by Surrey Police and promoted through all health and social care agencies. This was aimed at raising awareness amongst professionals, parents and carers about the need to provide babies with safe and



appropriate sleeping arrangements in order to reduce the number of sudden unexpected deaths in infancy. The work included:

- Updating inserts on safe sleeping advice for the Child Health Record (Red Book) - November 2014, funded by Guildford and Waverley CCG.
- Practice guidance for staff to support best practice.
- Development of sleep safe assessment for babies for parents and carers.
- Development of an awareness programme for staff.
- Agreement on a consistent approach to the use of parental literature in order to promote consistent messages to parents and carers about safe sleeping arrangements for babies.

There were also a number of deaths from head injuries; nationally death from a head injury is the most common cause of death in people aged under 40. To address this, a resource was designed in collaboration with the South East Coast Clinical Network, public health and local CCGs. This involved the production of a resource for parents which includes a care pathway for children with head injuries which has been disseminated widely across health, social care and education setting.

### **Challenges for the future**

Key areas for development to ensure that the Surrey CDOP processes continued to function effectively were:

- Developing a working protocol with the coronial service – an agreement was agreed in June 2014. The agreement was shared with all five acute hospitals. It is included in the updated CDOP information booklet produced for hospitals.
- Providing training for all staff involved in the CDOP process – this is ongoing and has also been offered to all acute hospitals.
- Keeping the database up to date, so that it is able to collect all the data required for the DfE data return and can provide more effective information for the annual report.
- Ongoing audits of rapid response arrangements to gauge their effectiveness. The first audit was completed in September 2014 to provide a baseline of the effectiveness and quality of the rapid response in Surrey. The results of the audit were shared with SSCB. A re-audit is planned for September 2015.

Parents are enabled to contribute to the CDOP process by providing feedback on services received. This is facilitated by the specialist nurse for CDOP and has continued throughout 2014/15 when all parents of children who were over a month old have been invited to contribute to the review process. The arrangements for neonate deaths are slightly different as they have separate support mechanisms

already in place however these parents will be advised that they can contact the specialist nurse for CDOP and contribute via her to the review process if they wish. The CDOP works closely with the Coronial Service providing coroners with information and receiving information from them. An agreement was finalised in June 2014 and information is requested by the specialist nurse before case discussions.

As the numbers of deaths with modifiable factors are relatively small (38 over a five-year period) and are from a number of causes it is hard to identify specific public health messages. It is important to build up the data-base to show whether specific deaths are indicative of trends and therefore need a more general response.

### **Next steps**

The CDOP process is well-embedded within Surrey and there is good engagement by all agencies. Areas for further development in 2015/ 2016 include:

- Continuing to improve the rapid response process across Surrey.
- Encouraging the contribution by families to the CDOP process.
- Improving the neonatal CDOP panel processes ensuring regular attendance by obstetrician and midwifery staff.



## SSCB strategic case review group

### Key achievements in 2014/2015

- The strategic case review group (SCRG) has considered eight referrals during 2014-2015 relating to serious incidents/deaths of children in Surrey.
- SCRG recommended that two be commissioned as serious case reviews which will conclude in 2015-2016 and will be overseen by SCRG.
- The learning from one case was passed to the e-safety group to implement.
- Two cases were undertaken as single agency case/ practice reviews and the learning fed back into SCRG.
- One case had no further action for Surrey Safeguarding Children Board but a SCR was undertaken by another LSCB.
- Two cases were taken forward as multi agency partnership reviews and the learning fed back into SCRG.
- SCRG oversaw the process of the three serious case reviews published in 2014-2015. Child S, Child Y and Child X.

The effectiveness and impact of the group has been significantly improved over the past twelve months with:

- Robust systems being established to manage referrals.
- Pro-active membership who are highly motivated to identify single and multi-agency learning to improve outcomes for children.
- Good working relationships have been established with the serious case review national panel.
- The group taking on responsibility for developing, monitoring and holding to account agencies through the implementation of the learning improvement framework, when learning from cases is identified.
- Pro-active updating of multi-agency training resources/delivery of multi-agency SCR workshops.
- Inclusion of updates on SCRs on all LSCB agendas and in newsletters.

### How these achievements have impacted upon children in Surrey

- A wide range of opportunities to review practice and improve decision making by professionals.
- Identification of recurring local and national themes which inform service offer.
- Policies and procedures have been introduced to enable professionals to handle concerns effectively.

- Audits have shown that practice has improved as a result of learning including the use of the bruising protocol; effective use of escalation procedures and the recording of strategy meetings.
- Partners have been involved in improving practices, introduced as a response to learning; the bruising protocol for example has significantly impacted on practice and feedback from partners has highlighted challenges and barriers to overcome, in embedding procedures into practice.

### **Challenges for the future**

- Ensuring that messages are widely communicated beyond the immediate sub groups and information sharing networks of the board.
- Supporting partners effectively to ensure that learning from case reviews is taken forward into frontline practice.
- Partnership funding of the commissioning of SCRs and partnership reviews.
- Developing thematic reviews of local learning to ensure that services respond to emerging trends and issues at an early point.

### **Next steps**

- Commissioning a thematic review of learning relating to safeguarding issues for young people who go on to become young parents who have been known to services.
- Evidencing that outcomes for children improve as safeguarding practice improves in agencies as a result of lessons learned from local and national reviews.

## SSCB quality assurance and evaluation group

### Key achievements in 2014-2015

- The development of an SSCB neglect strategy and work plan.
- Highlighting the challenges for partners in the early help structure.
- Development of a participation strategy to gather feedback from children to inform service development – this was used to gather responses from children on the CP plan.
- Carried out a comprehensive audit on CSE following the OFSTED inspection in November 2014 and the national thematic report.
- The continued improvement in the development of a multi-agency report card, with all partners contributing to the narrative on the impact on the lives of children.
- The review of the Section 11 process and in particular the significantly improved engagement from boroughs and districts in the process through workshops and action plans.
- The extension of the Section 11 audit across all schools, including the many independent sector schools in Surrey.
- The strengthening families approach has been adopted through the QA group and brought to the full board, where this new way of working was adopted. The QA group has established a multi-agency implementation board to drive through this change.
- Regular attendance at events held by partners to promote the work of the SSCB.

### How have these achievements have impacted upon children in Surrey

The work on the Section 11 audit has been critical in raising awareness of safeguarding children particularly with the boroughs and districts. Where this has had the most measurable impact is in the area of child sexual exploitation (CSE). Schools, boroughs and districts have been made more aware of the prevalence of this in community and as a result there have been increased referrals to police and Children's Services of children and young people, in addition local information sharing groups in the boroughs and districts have helped to identify hotspot areas that can be targeted and children made safer.

The CSE audit had a major impact upon the multi-agency arrangements for monitoring cases where CSE is a factor. The findings of that audit influenced the new structures and these have had a major impact upon the lives of individual children deemed to be at risk of CSE. Since the new arrangements started, 14

children have been brought into care, 11 made subject to CP plans and regularly 80 children have their protection plans quality assured to make sure that all partners are doing everything that they can to keep them safe.

As a result of the work carried out to develop a neglect strategy for the county, there has been a greater awareness of the signs of neglect and significant shift in the way partners work together to combat this. Previously Surrey was out of kilter with other local authorities in the proportion of children subject to CP plans under the category of emotional abuse and neglect; the former being much higher and the latter lower. There were also a high number of children subject to plans for 24 months plus. Since the launching of the neglect strategy, Surrey is much more in line with its statistical neighbours in the use of category, indicating that the workforce is better at recognising neglect in families and the numbers of children subject to plans for more than 24 months has decreased significantly: from over 60 at the start of the year to 35 six months later, suggesting that the multi-professional network is responding more robustly in addressing the issues of neglect, when it is identified.

#### **Challenges for the future**

- There is an ongoing challenge in getting high quality and up to date data for the performance report card from all agencies and a clear narrative.
- The implementation of the strengthening families approach across such a large local authority will be costly and time-consuming.
- The Section 11 audit has highlighted some concerns in respect of Adult Services engagement with safeguarding agenda for children that needs addressing.
- As the cutbacks in services continue the ability of the board to identify sufficient auditors to carry out the work of the QA&E group.

#### **Next steps**

- Initiate a review of the multi-agency CSE arrangements, to ensure that they are as effective as possible.
- Scope the training requirements in order to effectively implement the strengthening families approach to safeguarding children, then commission the necessary core offer to the children's workforce.
- Develop a multi-agency data set for CSE that enables a comprehensive problem profile to be developed for the SSCB.
- To learn from the first participation exercise with children subject to CP plans to see how this can be developed and improve the engagement process.

## North-east area group

<b>Key Achievements in 2014/2015</b>
<ul style="list-style-type: none"><li>• Reviewing and securing full membership, including a faith representative</li><li>• Full membership now offers a positive opportunity to engage in multi-agency discussion and working together and to have a clearer insight into the particular challenges of the north-east (NE) quadrant.</li><li>• Moderation of NE Section 11 audit report submissions.</li><li>• Established a forward plan to support agenda planning in advance of the meetings.</li><li>• Through regular guest speakers/presentations, members have a greater working knowledge and understanding of support available for professionals, and can disseminate to their colleagues.</li></ul>
<b>How have these achievements impacted upon children in Surrey (positively and negatively)</b>
<ul style="list-style-type: none"><li>• Clearer understanding of the challenges that the children in Surrey face, and the volume of work required to make a real difference.</li><li>• Through full membership a significant multi-agency opportunity to discuss priorities and challenges specific to the north-east in addition to the county wide perspective.</li><li>• Through wide level of expertise to not only raise awareness but agree an action plan going forward in order to offer to provide a positive impact for children in Surrey.</li></ul>
<b>Challenges for the future</b>
<ul style="list-style-type: none"><li>• Ensuring the area SSCB represents the SSCB on an area level – the current position is that there is little connectivity between the two.</li><li>• Securing strategic social care membership to ensure the two education based chairs fully represent and supports the priorities of social care colleagues around safeguarding in the NE.</li><li>• Discussion and agreement with regard to the NE priorities and to prioritise a <b>realistic</b> piece of work that can be <b>effectively evaluated</b> in the future and make a positive contribution to children in Surrey.</li></ul>
<b>Next steps</b>
<ul style="list-style-type: none"><li>• To identify local priorities which align with the OFSTED improvement plan and SSCB priorities in order to measure impact of interventions on children and families across the three NE boroughs.</li><li>• To hold a workshop/conference event to raise awareness of these priorities with frontline practitioners.</li></ul>

## North-west area group

<b>Key achievements in 2014-2015</b>
<ul style="list-style-type: none"><li>• North-west area group has led on work to understand and address the relatively lower level of engagement by safeguarding services with fathers. Recommendations on SSCB guidance and training made. Good practice highlighted and shared.</li><li>• North-west area group has consistently raised the profile of CSE and has a successful and well represented MAECC as part of the CSE Strategy and is attended by senior leaders.</li><li>• North-west area group has consistently raised and promoted the early help strategy and its application in north-west.</li></ul>
<b>How have these achievements impacted upon children in Surrey (positively and negatively)</b>
<ul style="list-style-type: none"><li>• Improved confidence of practitioners in engaging fathers.</li><li>• Improved safeguarding of children and young people at risk of CSE.</li><li>• Improved knowledge and access to early help services in north-west.</li><li>• Beginning to see reduction in child protection and looked after children.</li></ul>
<b>Challenges for the future</b>
<ul style="list-style-type: none"><li>• Developing local knowledge and responses in relation to perpetrators of CSE.</li><li>• Schools consistently being willing to act as lead professionals where appropriate.</li><li>• Consistent agency representation at north-west area group especially police and probation.</li></ul>
<b>Next steps</b>
<ul style="list-style-type: none"><li>• Greater focus with partner agencies on perpetrators of CSE as well as victims.</li><li>• Continue to embed early help in north-west and identify success through less child in need cases.</li></ul>

## South-east area group

### Key achievements in 2014/2015

- Set up workshops for the safeguarding partnership in the south-east focused on learning and barriers to learning in serious case reviews.
- Developed joint safeguarding supervision with the safeguarding partnership where cases are 'stuck' or where multi-agency working practice requires improvement.
- Development of area multi agency CSE champions group facilitated by Children's Services.
- Development of a safeguarding board course focused on professional challenge following on from learning from SCR child AA.
- Development of a glossary explaining role of Children's Services in care proceedings to assist partner agencies in understanding. This followed discussion about children subject to child protection plans in excess of two years. This was subsequently shared across the county.
- Following on from discussions about join up between MARAC and MAPPA, held meetings with key partners to develop more effective protocols in discussing both victim and perpetrator.
- Workshops on e-safety undertaken across safeguarding partnership in the SE.
- Development of an e safety conference for the SE.
- Local partnership case review held with recommendations to the strategic serious case review group.
- Proposed multi-agency audit on children on child protection plans for two years or more.
- Progressed request for partner agencies to take minutes at core group meetings and made recommendations to SSCB operations group.
- Development of an early help pilot in the SE.
- Key messages and themes coming out from SE MAECC circulated and discussed.
- Multi-agency learning event held to address actions from serious case review Child AA.

### How have these achievements impacted upon children in Surrey (positively and negatively)

- Shared learning and understanding of safeguarding responsibilities across the partnership in the SE which directly impacts on appropriate referrals to

#### Children's Services.

- CSE champions in the partnership ensure children at risk of CSE are safeguarded effectively and appropriate risk assessments undertaken.
- Local partnership reviews identify areas of learning and ensure that cases with future risk and need factors are considered.
- Joint supervision has a direct impact on the child's journey through the safeguarding system.
- Countywide impact on children through the development of effective communication channels.
- Greater understanding of the use of social media to influence effective safety planning for children.

#### **Challenges for the future**

- Assessing impact of the SE safeguarding group..
- Ensuring the clear join up between the levels of need processes and the early help offer to children and families.
- Ensuring the direct links with adults services and their responsibilities under the Care Act.
- Ensuring communications are effective with the developing MASH and its implications for the safeguarding system.

#### **Next steps**

- Refresh the local priorities.
- Develop an e-safety conference for local partners.
- Build on the joint supervision arrangements as described.



## South-west area group

<b>Key achievements in 2014/2015</b>
<ul style="list-style-type: none"><li>• Dissemination to all partner agencies of SSCB information especially the priorities and SCRs and any new processes in response to OFSTED report.</li><li>• Baseline assessment of partner agencies regarding how they embed serious case review leanings in their practice.</li><li>• All agencies including the police attended area group meetings consistently and regularly and the representatives from these agencies feed back to their own organisations this information.</li><li>• Godalming Project.</li><li>• Regular Safeguarding Partners Information Meetings (SPIM) held and these have benefited health by enabling them to complete a recommendation from a deep dive audit by the CCG regarding minutes of strategy discussions uploaded to their RIO records.</li><li>• SPIM meetings have also monitored the effectiveness of strategy discussions and ensured that they are chaired appropriately and remain child focused.</li></ul>
<b>How have these achievements impacted upon children in Surrey (positively and negatively)</b>
<ul style="list-style-type: none"><li>• Partner agencies now receive agenda for strategy meeting consistently on the day before so that research on children at risk is carried out by police and health and there is more information sharing and effective risk assessment. For health practitioners we also now receive minutes of the strategy discussions and these are now uploaded.</li><li>• Better communication with partner agencies in terms of feeding audits, SCRs, information regarding CSE to take to their front practitioners to embed into practice during assessments at home visits and during supervision. This enhances their decision making during assessments and directs benefits assessment of children.</li></ul>
<b>Challenges for the future</b>
<ul style="list-style-type: none"><li>• Working together and communicating effectively through the changes and keeping focused on managing the risks to children and families.</li><li>• Challenges of the media and the number of children exposed to CSE and sometimes how one individual has access to so many vulnerable children and the number of strategy discussion arising from this.</li></ul>
<b>Next steps</b>
<ul style="list-style-type: none"><li>• Regular feedback about how SCRs are embedded in practice and any audits completed and share learning.</li><li>• To obtain feedback regarding any audits done by partner agencies and share learning.</li></ul>

## SSCB policy and procedures group

<p><b>Key achievements in 2014-2015</b></p> <ul style="list-style-type: none"> <li>• Further development of the bruising protocol and leaflet for parents.</li> <li>• Embedding of learning from serious case reviews into policies and procedures.</li> <li>• Supporting the development of procedures to enable information sharing between police and education relating to children coming to the attention of police.</li> <li>• Revision of domestic abuse guidance to reflect the needs of children.</li> <li>• Using feedback from young people and carers to redesign and inform the leaflets for Section 47 enquiries, child protection conferences and information for parents which are used to support published procedures.</li> </ul>
<p><b>How these achievements have impacted upon children in Surrey</b></p> <ul style="list-style-type: none"> <li>• A current SCR reflects that the escalation procedure was implemented effectively and that although the outcome for the child in this case was not affected it did enable professionals to manage the inter agency conflict and reflect upon the most appropriate actions to take to protect the child.</li> <li>• The bruising protocol has raised awareness particularly amongst health professionals to challenge bruising in non mobile infants and to use professional curiosity to discover more information. The SSCB has received feedback from a wide range of professionals and the protocol is currently being updated to reflect/clarify practical application of the protocol</li> <li>• Greater awareness raising of what to expect at child protection conferences.</li> </ul>
<p><b>Challenges for the future</b></p> <ul style="list-style-type: none"> <li>• Ensuring that changes to procedures and new procedures are widely communicated beyond the immediate sub groups and information sharing networks of the board.</li> <li>• Supporting partners effectively to ensure that procedures are widely communicated and implemented into practice.</li> <li>• Evaluating the impact of procedures on practice.</li> <li>• Working in partnership with a number of boards to develop the multi-agency level of need document.</li> </ul>
<p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Development of the SSCB communication strategy to include named professionals in all key agencies who will be responsible for ensuring that information is circulated appropriately in a timely manner.</li> <li>• Defining and publishing the good practice principles for managing risk to support learning across audits and case reviews.</li> <li>• Developing more formalised systems to provide feedback on new policies and procedures through use of electronic media/SSCB website.</li> </ul>

## SSCB education group

### Key achievements in 2014/2015

- Review of membership.
- Establishment of core agenda with standing items and forward plan.
- Securing representation from all phase schools, including the Independent sector.
- Annual protecting children on and offline conference in partnership with the Police and Crime Commissioner's Office.
- First annual review of safeguarding audit for all education providers – resulting in a 69% return rate.
- Creation and sign off of a model child protection policy in line with Keeping Children Safe in Education (March and July 2015).
- Creation and sign off of a model staff conduct policy.
- Agreement for a child sexual exploitation (CSE) awareness training programme to be offered to all schools following CSE train the trainers roll out in education offices across the county.
- Quality assurance document for alternative education providers which links to the OFSTED framework.
- Monitoring of and agenda planning for all designated safeguarding lead (DSL) networks to ensure consistent delivery of key messages and training across the county.

### How have these achievements impacted upon children in Surrey (positively and negatively)

- Membership is fit for purpose, includes head representation from each quadrant to ensure dissemination of key messages to all schools. Inclusion of the Independent sector is key to being able to evidence safeguarding is monitored and quality assured in our Independent schools.
- The annual safeguarding audit has enabled us to identify key focus areas where schools have evaluated practice as needing development. It has also provided evidence of good practice so that this can be shared across the school community.
- CSE has become a priority standing item; risk screening tool and mechanisms for identifying and intervening have been disseminated.
- The model child protection policy has provided schools with a comprehensive information document which is in line with current policy and practice and OFSTED compliant.

- The model staff conduct policy covers all aspects of staff behaviour, including conduct, use of social media and record keeping. This will provide all staff working in educational establishments or teams with clear guidance and expectations whilst in the employment of Surrey County Council (SCC) and schools.
- The annual protecting children on and offline conference was well received with positive evaluations, providing information around current challenges in keeping children safe in the digital world. The event included a session on Prevent, female genital mutilation (FGM), Childline, a drama production of a primary age theatre regarding internet use and session from the Police and Crime Commissioner to introduce the availability of online resources for professionals working with children, young people and their families.
- The DSL networks are now aligned and whilst delivered in quadrants for the schools in each geographically located area, the consistent agenda and delivery means that DSLs can attend their nearest or most convenient session. These sessions are open to all education providers in Surrey and currently free of charge.

#### **Challenges for the future**

- In 2015-2016, the annual safeguarding audit will be an online audit. With just under 500 responses possible, we need to determine how these audits can be quality assured or moderated to check the self assessment of each education provider is accurate and in line with others submitted. We also need to ensure feedback is given to each audit submitted and good practice identified is actively shared to ensure providers can learn from others in order to improve their practice.
- Capacity of the education safeguarding team requires reviewing as requests for school based training – for example inset days and parents evenings – are not sustainable.
- DSL training is currently a half day session delivered by Babcock – commissioned by SCC. The need to expand this training to include CSE, workshops to raise awareness of Prevent (WRAP), FGM and understanding of early help through to court proceedings as a referral pathway requires urgent review as the need to skill up the workforce in wider safeguarding issues becomes more pressing.
- Online safety and the links to CSE are increasingly featuring in cases discussed at area missing and exploited children conferences (MAECCs) – educating children and their parents needs to be a key focus over the next year, especially engagement with parents in awareness events which is currently low.
- The Goddard Inquiry and impact on how records are kept requires a review.

There has been a noticeable increase in historical allegations and schools often do not have the records of either staff or children as far back as are being requested.

- Elective Home Education continues to be a challenge due to the current restrictions on the local authority's ability to investigate the provision and identify where children are not being adequately educated. These young people may not have access to the education around keeping themselves safe which is available and discussed in schools as part of the personal, social and health education (PSHE) curriculum and pastoral support.
- To understand how the educating safeguarding group can continue to the OFSTED improvement plan and SSCB improvement plan.

#### **Next steps**

To action all above challenges as part of an education safeguarding business plan.

## SSCB health group

### Key achievements in 2014/2015

- The SSCB health and child safeguarding group has successfully provided a conduit and forum for senior lead health professionals with key responsibilities for safeguarding children across the Surrey health economy, to come together to take forward the safeguarding children agenda. It continues to influence the strategic direction in relation to the planning, commissioning and delivery of services to vulnerable children.
- The group has developed an action tracker which gives assurance that key safeguarding actions are being taken forward by all members and provides a robust mechanism to hold members to account.
- The group has been key in coordinating the response from health providers to inspections carried out by OFSTED and the Care Quality Commission (CQC), developing robust action plans which are monitored through the group to create change and improve practice.
- The group has played an important role in disseminating key national and local guidance such as the SSCB escalation policy to health providers. It enables discussion to achieve a uniformed approach to understanding the implications.
- The group are currently developing a more effective interface between adults and children's safeguarding groups by bringing together the two groups to discuss common agenda items.
- The group has played a key role in the dissemination of learning from recent serious case reviews and case reviews.
- The group has continued to monitor health organisation action plans from SCRs and case reviews, providing a forum for discussion and has been effective in holding providers to account.

The effectiveness and impact of the group has been significantly improved over the past 12 months with:

- Evidence of good representation and engagement at the appropriate senior level from both health commissioners and health providers.
- Robust systems being introduced to monitor and hold members to account.
- The group takes responsibility for directing the strategic safeguarding children agenda.

**How have these achievements impacted upon children in Surrey (positively and negatively)**

- The group enables change to practice to be implemented through the collaborative working relationships of senior professionals from health providers, for example the improved communication process between midwifery and GPs when there is a safeguarding concern.
- The group has provided a forum where best practice can be shared and implemented more widely.

**Challenges for the future**

Ensuring key messages are disseminated effectively across a complex health economy.

**Next steps**

To continue to establish a strong and effective working relationship with the SSAB health sub-group.

## SSCB learning communication development group

### Key achievements in 2014/2015

- Delivery of comprehensive training programme of foundation and specialist courses responding to SCR learning, local priorities, audit findings and national priorities.
- Increased range of training courses are either available or in the process of being developed (professional challenge, pre-birth assessment, honour based violence (HBV), Prevent, CSE training).
- The implementation of charging for all training has generated increased revenue to enable the development of new training opportunities.
- There is evidence of actions within the current learning, development and communication strategy being met.
- Developed and implemented an impact/evaluation tool (learning action plans) following completion of Foundation Module 1 training.
- Action plans for all SSCB and single agency training to measure impact agreed. (Response to recent OFSTED report).
- Training needs analysis for 2016-2017 commenced.
- Development of training pathways and consideration being given to the embedding of key issues within SSCB multi-agency and single agency training, e.g. Prevent, DA, CSE, FGM.

### How have these achievements impacted upon children in Surrey (positively and negatively)

- Charging policy and system for payments has created difficulties for partner agencies and may be a deterrent to some people accessing training. It has also caused administrative challenges for the training team and may have negatively impacted on partnerships. This is currently being addressed
- Challenge to provide sufficient training places on foundation safeguarding modules. Staff are unable to access training in as timely manner as we would like.
- Opportunities for development of the training offer due to increased revenue. For the future this will enable the multi agency team to develop enhanced knowledge and skills within safeguarding.
- Increasing awareness of national and local key training priorities (see final bullet point above) across partners.
- Increased awareness of safeguarding issues for staff across partner agencies.



### **Challenges for the future**

- Meeting demand of foundation and specialist training to meet the needs of the workforce across Surrey; particularly foundation modules 1 and 2.
- Managing increasing demand on agencies and individuals to attend training and keep abreast of current knowledge requirements across all safeguarding areas.
- Ensuring consistency in training across all partner and non-partner agencies.
- Reaching more staff in agencies including boroughs and districts.
- Ensuring all agencies are offering the correct level of training to meet needs of different groups of staff.
- The challenge of measuring the impact of training on children and young people and their families and the quality of the safeguarding response. The learning action plan for Foundation Module 1 aims to achieve this. Further action plans and sampling to be developed.
- Consistency of messages and training across professional groups.
- Evaluating single agency and refresher training.
- Ensuring local and national learning is disseminated across all agencies in a meaningful way to inform and enhance practice.

### **Next steps**

- Undertake a training needs analysis in Autumn 2015 to evaluate current offer and inform learning development and communication strategy 2016-18.
- Update learning development and communication plan.
- Collection of accurate data regarding outputs and outcomes of training, to assess impact both in the short and long term.

## SSCB CSE strategy group

### Key achievements in 2014-2015

- A complete multi-agency review has been undertaken by the SSCB partnership to review the structure of sub groups of the board, governance arrangements and reporting structures across the county. This followed an audit undertaken by the SSCB and the findings of the local authority OFSTED inspection in November 2014.
- New group structures have been agreed and widely communicated that support effective assessment of children who are considered to be at risk of CSE. These are subject to constant review as more information becomes available to inform service development.
- Key partners have reviewed all cases of children reported/known to be at risk of CSE and have developed a single CSE list which is pro-actively managed and updated.
- A new screening tool is being developed, together with supporting guidance, to enable frontline practitioners to be increasingly alert to a number of risk factors that could indicate CSE.
- Awareness raising campaigns have continued across the county and campaigns have been evaluated to measure impact.
- A CSE audit has been undertaken by the board to provide a baseline from which further improvements can be made.
- The extent of CSE in Surrey is currently being evaluated to build on information already held by partners on key hot spots and geographical areas of concern.
- The theatre production, Chelsea's Choice, has been widely commissioned and delivered to schools in Surrey.
- Multi-agency CSE strategy has been updated and re-launched.
- A revised CSE strategy group work plan, based upon thematic review of nationally published reports and thematic inspections has been developed; this is a live document subject to bi-monthly review and reporting.

### How these achievements have impacted upon children in Surrey

- During 2015, 214 cases of children/young people known to be at risk of CSE were re-assessed.
- At 01 April 2015, 164 children were identified as being at specific risk of CSE within which 20 are high risk, 60 medium risk and 84 low risk. 50 cases were archived as being no longer at risk of CSE.

- Since the new arrangements were put in place 14 children have been brought into care, 11 made subject to child protection plans and regularly 80 children have their protection plans quality assured to make sure that all partners are doing everything that they can to keep them safe.
- Wider more targeted awareness raising campaigns are supporting young people with posters in key locations accessed by children including railway stations and bus shelters. Along with a short TV advert played through Sky Boxes aimed at perpetrators.
- Chelsea's Choice feedback suggests that a powerful message has been delivered to children and professionals about being alert to concerns and the impact of CSE.

### **Challenges for the future**

- Understanding the scope of CSE in Surrey.
- Raising awareness and supporting professionals in their work with families affected by CSE.
- Greater engagement of the board with hard to reach groups of young people and some minority ethnic groups across Surrey.
- Implementing and embedding new tools and operating procedures into front line practice across all key agencies as a matter of priority.
- Engaging with young men in Surrey who are at risk or victims of CSE who form a disproportionately low cohort of young people at risk in current data sets.
- Develop comprehensive data sets to allow targeted analysis and reporting.

### **Next steps**

- Continuing scrutiny, monitoring and challenge at the board to ensure that partners achieve the specific objectives of the CSE work plan.
- Development of a Surrey wide operating protocol.
- Completion of the joint work of children's social care and police to scope the extent of CSE in Surrey.
- Circulation of the CSE screening tool and guidance to partners.
- Finalising the SSCB communication strategy and tier 2 information sharing protocol to enable two-way pro-active sharing of information between agencies.
- Audit on the use of screening tool/submission of completed screening tools to the referral assessment and intervention services (RAIS) teams/Multi-Agency Safeguarding Hub (MASH) to inform future service delivery/development.

## SSCB e-safety group

<b>Key achievements in 2014/2015</b>
<ul style="list-style-type: none"><li>• The effectiveness and impact of the group has been significantly improved over the past twelve months with a strong multi-agency representation.</li><li>• Protecting children on line and offline planning for conference in June 2015.</li><li>• Taking forward the key messages from a serious case involving the death of a teenager to raise awareness in schools.</li><li>• Raising awareness of radicalisation through use of social media.</li><li>• Work with schools on filtering and monitoring networks for safeguarding issues.</li></ul>
<b>How these achievements have impacted upon children in Surrey</b>
E-safety training for schools, social work teams, foster carers have also included the dangers of children interacting during online gaming. The training has included awareness of grooming, coercive and intimidating and bullying behaviour. The training has linked with child sexual exploitation (CSE) and the Prevent duty.
<b>Challenges for the future</b>
<ul style="list-style-type: none"><li>• Raising parental awareness of the benefits and risks of the internet.</li><li>• Continuing to respond to the sophisticated methods employed by perpetrators to groom children and encouraging a proportional response.</li><li>• Ensuring that professionals respond to the changing climate and try to 'stay ahead' in their knowledge of digital and social media.</li></ul>
<b>Next steps</b>
<ul style="list-style-type: none"><li>• We will create a training programme (CPD) for professionals working with children and young people about online risks.</li><li>• Hold a multi-agency conference for professionals about how to protect children online.</li><li>• Ensure schools make the best use of network filtering and monitoring to identify safeguarding issues and concerns.</li><li>• Continue to raise awareness of online risks to parents and foster carers.</li></ul>

## SSCB child protection (CP) dissents group

### Key achievements in 2014/2015

- Embedding the role of the CP dissents group into practice.
- Reporting to operations group from June 2014.
- Enabling independent multi agency review of 11 professional dissents during 2014/15.
- Ensuring that chairs decisions are audited and any good practice or learning identified.
- CP dissent outcomes inform learning for future conferences.
- Analysis of the reasons for professional dissent which showed that:
  - 80 % of dissents related to either a child not being put onto a CP plan or a decision being made to continue with a CP plan.
  - 50% of cases were referred due to the chair over ruling a majority decision.
  - In 9 of the 10 cases reviewed CP dissents group upheld the decision of the chair.
  - In 1 case the decision of the chair was not supported and the case was referred for an internal review.
  - Positive feedback was provided to professionals around clear reports and minutes that brought both the child and situation 'to life'.
  - Advice was given to professionals to ensure that medical information is available to conferences particularly in cases where accidental injury is suspected.

### How have these achievements impacted upon children in Surrey (positively and negatively)

- In the eight months to February 2015, there were 10 conference reviews.
- 3 related to the same child, 5 arose following a CP review meeting and 2 related to initial conferences.
- Outcomes related to children aged 0 to 17 years.
- Professionals working with families are assured that a review of a chair's decision is available to allow a wider multi agency perspective to be reached – outside of conference.
- Training issues relating to the dissent process have been raised with the SSCB training officer including raising awareness amongst partners of how the CP dissent process works.

- One case related to a looked after child (LAC) who was also on a CP plan and a recommendation was made that joint planning needs to be instigated in such scenarios. It was recommended that there should be joint LAC reviews and CP conferences.

#### **Challenges for the future/next steps**

- To continue to provide independent multi-agency scrutiny of cases where there is professional dissent at a CP conference and to do so in a way that improves practice, particularly in a time when professional anxieties are high.



## **SSCB overview of progress**

### **Engagement and participation with children**

#### **Participation of children and young people and engagement with staff**

The voice of children, young people and their families is crucial to the work of the SSCB. Increasing participation is a key piece of work undertaken in 2014-2015:

- A participation strategy has been drafted for implementation during 2015. A multi-agency steering group has been established to develop this work further and to consult with children and young people throughout its development. The strategy and ensuing action plans will work to ensure that the voices of children, parents and the workforce are embedded into the work of the SSCB.
- A consultation exercise has been undertaken in partnership with Children's Services to consult with children and young people who are subject to a child protection plan. This proved to be a complex and sensitive task, and contributions to the survey were limited with a low response level.
- Learning from this survey approach is that other methods have to be explored with partners, who work regularly with young people. As a result of this Surrey Youth Focus are now members of the SSCB and will support the SSCB in taking participation work forward in 2015.

The participation strategy work plan for 2015-2016 will explore how wider consultation can take place with children, for example, by involving them wherever possible in the design of board literature, building on the work undertaken in 2014-2015.



## Key achievements of the SSCB partnership in 2014-2015

Overall 2014-2015 has seen a step up in the performance of the SSCB with increasingly robust challenge of partners to meet their statutory obligations. The board is appropriately resourced and well supported from partners in taking forward key pieces of work.

Increasingly effective relationships between the board and partners have resulted in the board responding positively to the challenge presented by OFSTED, firstly in embracing the opportunity to be part of the integrated inspection pilot and latterly in supporting fully the chair and the partnership support manager in taking forward a formal appeal against an un-evidenced inspection outcome in November 2014. The outcome of the appeal process whilst successful, was protracted and challenging for those directly involved and has without doubt led to work that would have been the day to day work of the support team being delayed.

Most notably there have been unavoidable delays in taking forward the development of a revised business plan for 2015-2018, which was further compounded by an OFSTED re-inspection shortly after the reporting year for the 2014-2015 annual report concluded.

In measuring the success of the SSCB in respect of its core business objectives there has been significant progress in 2014-2015:

- The learning and improvement framework is now beginning to embed into practice and work is underway to not only recognise but publish examples of good practice. The work of the CCG in conducting the deep dive audit into the impact of learning from serious case reviews is a key example of how single agencies are responding positively to learning recommendations.
- Some specific practice improvements have been informed by serious case review learning i.e. the early help strategy and MASH arrangements and whilst there are clearly improvement issues relating to both areas there is a strong platform upon which to build service developments.
- Through the dissemination of findings from the 2014 Section 11 audit further specific opportunities to engage with the boroughs and districts have arisen. The SSCB is continuing to build on the work in 2013-2014 with boroughs and districts in relation to their roles and responsibilities in housing, and we are delighted to report that this has led to an annual conference being planned by the borough and district councils for September 2015, representing a key opportunity to meet housing providers and deliver key messages.
- Health organisations across Surrey have pro-actively engaged in addressing practice improvements and are robustly addressing safeguarding concerns in



a private provider, demonstrating a high degree of professional scrutiny and challenge. Regular reporting to the SSCB provides updates and consideration of emerging challenges that the partnership faces and enables the SSCB to take forward national issues to NHS England.

- The SSCB performance scorecard has been further reviewed and developed and now incorporates commentary from agencies alongside their data. There remain challenges in obtaining housing data and CAMHS data, but partners are working to find a solution to overcome these gaps.
- A particular strength of the CDOP chair being the director of public health has become increasingly evident as key national messages and learning from both Public Health and CDOP can now be shared and disseminated through newsletters and the SSCB website to a wide range of subscribers and practitioners. All the CDOP processes have been subject to a formal review during 2014-2015 and a report will be presented to the SSCB meeting in July 2015.
- SSCB has commissioned two serious case reviews and published three serious case reviews in 2014-2015. This demonstrates an ongoing and continued commitment to learning. These reviews have used a variety of methodologies and have involved families, managers and practitioners.
- The completion of the first Section 11/S157/175 Audit with schools, developed during the last reporting year has been highly successful with over a 66% return rate. The independent school sector also responded positively to the initiative and there are proposals in planning to broaden the scope of future Section 11 Audits.

In addition, the SSCB has provided robust scrutiny of some specific issues within Surrey which have included:

- Monitoring of an independent provider of mental health services for young people where there have been safeguarding concerns.
- Continued monitoring of the outcome of the capacity and capability review of the current arrangements following the national changes to probation services.
- Increased reporting to SSCB on the performance of the processes which support children subject to a child protection plan, and the engagement of partner organisations.
- A continuing focus on the children's trust arrangements and the development of a children and young person's plan with shared strategic objectives.
- A continuing focus on the early help strategy and impact of the re-structuring of Children's Services which took place in April 2014.
- The effectiveness and fitness for purpose of the of the MASH.

- Leading and supporting the CSE arrangements and strategy in Surrey and developing a clear action plan and referral pathway.

The SSCB business plan is currently being developed and it is proposed will include broad priorities relating to:

- early help
- safeguarding adolescents
- child sexual exploitation
- domestic abuse.

Targets will include specific monitoring of the areas for improvement identified by OFSTED and those identified through the learning and improvement framework.

In the wider context the SSCB is driving forward the expectation that the relevant partnership bodies develop and implement strategies that will improve outcomes for children and receive regular reports of progress, providing opportunity for discussion and challenge to inform progress.

# Looking forward: 2015-2016

## Continuing targeted priorities:

- Targeted priority 1** To monitor and challenge the effectiveness and impact of the domestic abuse services in reducing the incidences of domestic abuse and protecting children and young people from harm.
- Targeted priority 2** To challenge, scrutinise and support the effectiveness of the delivery of early help for children, young people and families who do not meet the thresholds for statutory intervention and support by Children's Services.
- Targeted Priority 3** To assess, evaluate and report on the response and impact of partners work to protect children and young people at risk of CSE.
- Targeted Priority 4** To hear the voice of children and young people and ensure that this contributes to the work of the SSCB.

## Additional areas of focus for Surrey Safeguarding Children Board in 2015-2016

1. Increased engagement with the voluntary, community and faith sectors across Surrey to raise awareness and to begin the process of assuring the quality of safeguarding processes will be carried forward to 2015-2016. There has been some limited progress with engaging the voluntary sector in board activities and with sub-groups, however the engagement with the faith communities requires significant further development beyond the engagement of the Anglican faiths.
2. To continue to improve formal participation by children, young people and their families and staff in the work of the SSCB to ensure the priorities are appropriate and that services are of good quality.
3. To support and monitor the improvement activities of partner agencies in their response to inspections. To ensure that the SSCB is effectively providing challenge and scrutiny to the local authority improvement plan and monitoring the progress against action plans developed by Surrey Police, health and Probation and Youth Justice agencies and that there is synergy and alignment.

# Key messages for 2015-2016:

## Key messages for partner agencies and strategic partners

- To ensure that efforts are made by all partners (including those working with adults) to secure effective early help for families and those children in need of protection are identified quickly and receive appropriate support.
- To ensure staff across all a partner agencies share information at the earliest opportunity and proactively challenge decisions that fail to adequately address the needs of children, young people and/or their parents/carers.
- To ensure that work continues to address domestic abuse and that the evaluation of the local strategy and interventions being made inform future planning of initiative and interventions.
- To ensure substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents/carers substance misuse and the high number of children and young people at risk of significant harm.
- To ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- To ensure that the priority given to child sexual exploitation by the SSCB is reflected within strategic planning and in partner agencies support for the ongoing work of the board's sub-groups.
- To ensure that the role of voluntary organisations and faith groups is recognised and increased support is made available to ensure they play their part in safeguarding children and young people.

## Key messages for chief executives and directors:

- To ensure that the protection of children and young people is considered in developing and implementing key plans and strategies.
- Ensure the workforce is aware of their safeguarding responsibilities and can access SSCB safeguarding training and learning events.
- The contribution of your agency to the financial resourcing and work of the SSCB is categorised as a high priority. Every agency must ensure that it takes into account the priorities within the SSCB business plan and the agency's own contribution to the shared delivery of the SSCB's work.
- The role of each agency in meeting the duties of Section 11 of the Children Act 2004 is clearly understood and accurate returns are submitted in a timely manner.

- Each agency is able to contribute to the work of the SSCB with appropriate resources and personnel.
- Ensure the SSCB remains informed about any organisational restructures in order to understand the impact of restructure on capacity to safeguard children and young people in Surrey.

### **Key messages for the children and adult's workforce:**

- Support the SSCB in seeking to ensure that the wishes of children are recorded and inform decision making.
- Ensure you are booked onto, and attend, all safeguarding courses and learning events required for your role.
- Be familiar with, and use when necessary, the SSCB threshold and safeguarding procedures to ensure an appropriate response to safeguarding children and young people.
- Be clear about who is your representative on the SSCB and use them to make sure the voices of children and young people and frontline practitioners are heard.
- Ensure you raise concerns and challenge any safeguarding decisions you feel are inappropriate and are familiar with the SSCB escalation policy.

## Financial resources

Financial contributions to the SSCB budget for the financial year 2014-2015 remained the same as the previous year, totalling £310,177.00.

The board support team restructuring was agreed and implemented during 2014-2015 to support the key functions of the board. The support team consists of a partnership support manager, quality assurance and evaluation officer, training development and commissioning officer, a case review officer, a child death coordinator and administrative support.

### Contributions to 2014-2015 budget

Organisation	Contribution	Percentage of total
CCGs	131,852	42.52
Surrey County Council	118,195	38.11
Surrey Police	27,765	8.95
NHS trusts	13,500	4.35
District and boroughs	11,000	3.53
Probation	7,315	2.36
Cafcass	550	0.18
Total	310,177	100.00

### Costs associated with the SSCB

Cost heading	Expenditure 2014-2015	Expenditure 2013-2014
Employee related costs	274784	324083
Staff expenses	9449	6092
Training expenses	24631	71219
Other costs	3082	6601
Independent reviews/case reviews	23447	51576
Independent chair	24631	31064

# Report contributors

- SSCB Independent Chair
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- SSCB Quality Assurance and Evaluation Officer
- Designated Nurse Safeguarding Children
- Director of Quality and Governance, Guildford and Waverley CCG
- Chairs of SSCB Sub Groups
- Surrey Police Public Protection Unit
- Surrey Police Diversity Crime Unit
- SSCB Training and Development Officer
- Director Surrey and Sussex probation trust – is this right?
- Early Help Partnership Manager
- REMA Lead teacher (West)
- Elective Home Education
- SSCB Area SEND Programme Leader
- Assistant Team Manager - Family and Friends Team
- Head of Community Partnership & Safety
- Director of Public Health

# Appendix A business plan review

## March 2015 SSCB business plan review and impact summary

Surrey Safeguarding Children Board (SSCB) was established as a statutory board under Section 13 of the Children Act 2004, Working Together to Safeguard Children (March 2015). Section 14 of the Children Act sets out the objectives of the local safeguarding children board (LSCB):

- i. To co-ordinate and,
- ii. Ensure the effectiveness of, what is done by each person or body represented on the board for the purpose of safeguarding and promoting the welfare of children in the area.<sup>1</sup>

The SSCB provides a strategic framework for partner agencies in order to maintain a focus on their responsibilities to safeguard and promote the wellbeing of all children and young people.

This document is designed to summarise SSCB's strategic business plan priorities, desired outcomes for children and young people and some associated measures of success for the coming three years with annual review (i.e. April 2012 to March 2015).

The SSCB is committed to working closely with other themed partnerships (including Community Safety Partnerships, the Health and Wellbeing Board and Surrey Children and Young People's Partnership) to ensure strategic co-ordination around common priorities and effective use of limited partnership resource.

Regulation 5 of the local safeguarding children boards' regulations 2006 sets out the functions of the board in relation to its objectives set out above.

### 1. Overarching priority:

To ensure the SSCB is able to deliver its core business as identified in Working Together 2015. In order to do this it has five core business objectives:

- Optimise the effectiveness of arrangements to safeguard and protect children and young people.

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<sup>1</sup> Working Together to Safeguard Children, 2015 Chapter 3.



- Ensure clear governance arrangements are in place for safeguarding children and young people.
- Oversee serious case reviews (SCRs) and child death overview panel (CDOP) processes and ensure learning and actions are implemented as a result.
- To ensure a safe workforce and that single-agency and multi-agency training is effective.
- To raise awareness of the roles and responsibilities of the LSCB and promote agency and community roles and responsibilities in relation to safeguarding children and young people.

**Targeted priorities:** In addition to the delivery of core business the SSCB has identified four areas of need on which to focus its attentions and resources which are reported upon in this review:

**Targeted priority 1** To work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families.

**Targeted priority 2** To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children’s social care.

**Targeted priority 3** To ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after.

**Targeted priority 4** To work with partnership agencies to develop, agree and implement a multi-agency child sexual exploitation strategy capturing and developing work undertaken CSE/missing children work plan.

<b>1</b>	<b>To ensure the LSCB is able to deliver its core business as identified in Working Together 2015.</b>
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<b>1.1</b>
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	<b>Action</b>	<b>Progress to 31 March 2015</b>	<b>Impact</b>
<b>1.1.a</b>	Ensure there is a robust process in place for multi-agency audit and case review	<ul style="list-style-type: none"> <li>• An analysis of audit findings and learning from case reviews has identified audit themes</li> </ul>	<ul style="list-style-type: none"> <li>• Annual plan for audit in place enabling better multi agency planning.</li> </ul>

	Action	Progress to 31 March 2015	Impact
	<p>informed by SSCB review of current quality assurance (QA) arrangements. These should link with SSCB strategic priorities:</p> <p>a) domestic abuse b) impact of early help c) children who are subject to child protection plans (CPP)/looked after children (LAC).</p>	<p>for 2015-2016.</p> <ul style="list-style-type: none"> <li>Domestic abuse audit findings have been disseminated. Communication links between DA strategy work/DA website and SSCB website and Community Safety Partnership to signpost partners and workforce to appropriate resources.</li> <li>Early help strategy roll out to partner agencies through targeted workshops and early help networks has continued throughout 2014/15. The impact of the changes was reported on 10 March 2015 and further areas for development identified.</li> <li>Early help audit on quality of early help assessments and team around the child; includes partners file review role of lead professional and step up/step down process has been undertaken and actions arising are being taken forward through the early help governance board.</li> </ul>	<ul style="list-style-type: none"> <li>SSCB website updated to include links to DA website. DA guidance reviewed and updated to signpost to agencies.</li> <li>See minutes of SSCB 10 March 2015 and actions arising. Business plan 2015-2018 to pick up ongoing concerns.</li> <li>Findings of EH audit and audit of step up step down identified fully reported upon – see SSCB minutes. Some significant concerns highlighted to be taken to e-help governance board.</li> </ul>
1.1.b	To develop an effective performance management framework to measure outcomes and impact of the work of the SSCB through agreed partnership data and the performance information/measures identified in this	<ul style="list-style-type: none"> <li>SSCB report card: A revised and improved multi-agency data set has been developed and further areas for improvement have been identified. Missing children data, including data on return interviews will be included as an Annex</li> </ul>	<ul style="list-style-type: none"> <li>More comprehensive data set developed. Some data still not provided by partners - housing data from BDCs is hard to obtain.</li> <li>CAMHS data not available-highlighted as area of concern to be addressed.</li> <li>Missing children return interviews are being</li> </ul>

	Action	Progress to 31 March 2015	Impact
	business plan.	<p>in the Q4 data set prior to incorporating into the full report in 2015-2016. The attainability of data, timing of data and frequency have all been considered. Partners, in addition to providing data, provide narrative to provide context to the reporting.</p> <ul style="list-style-type: none"> <li>Data governance issues relating to health data have been resolved and there is an agreed health dashboard in place with Q1 and Q4 reporting.</li> </ul>	<p>undertaken for LAC children only.</p> <ul style="list-style-type: none"> <li>Partners now providing context to data provided to avoid misinterpretation.</li> <li>CCG have led on achieving an agreed dashboard reporting in Q1 &amp; Q4.</li> </ul>
<b>1.1.c</b>	To complete Section 11 audits and ensure this process is robust and pro-active in its responses to partner organisations and supports continuous improvement.	<ul style="list-style-type: none"> <li>2014 S11 audit has been completed and reported to the January 2015 board. Workshops are being taken forward with key partners to disseminate learning and identify improvements.</li> <li>Schools Section 11 document has been agreed by education phase councils and will be reporting in summer 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Minutes of SSCB 27 January record discussion. Woking BDC have not completed return- chased and being followed up.</li> <li>Focused workshops to be undertaken to provide feedback and discuss next steps with key partners.</li> <li>S11 returns from schools being collated reporting to July 2015 board.</li> </ul>

## 1.2

	Action	Progress to 31 March 2015	Impact
<b>1.2.a</b>	<p>Partner agencies and sub-group chairs to submit reports to the SSCB as and when required and at least annually. A proportion of these will be those identified in Working Together (e.g. CDOP, MAPPA)</p>	<ul style="list-style-type: none"> <li>LSCB is informed of activity being undertaken by partners which supports the overarching priority of ensuring effectiveness.</li> <li>A reporting calendar has been developed and is in place which ensures regular</li> </ul>	<ul style="list-style-type: none"> <li>Reporting calendar informs agenda planning.</li> </ul>

	Action	Progress to 31 March 2015	Impact
	but in addition annual IRO reports, complaints reports etc.	updating of the board from a wide range of agencies.	
<b>1.2.b</b>	SSCB produce an annual report for submission to the Surrey Children and Young People's Partnership and other identified agencies/partnerships in accordance with Working Together guidance.	<ul style="list-style-type: none"> <li>• 2014-15 SSCB annual report is currently being written and will be published in September 2015.</li> <li>• The report makes recommendations to Surrey Children and Young People's Partnership, Community Safety Board and Health and Wellbeing Board and other relevant bodies to inform wider strategic planning and development.</li> </ul>	<ul style="list-style-type: none"> <li>• Information to contribute to the report is being collated. Reporting and governance arrangements in place.</li> <li>• Closer working arrangements between SSCB partnership support manager sits on CYPP operations group and regular meetings with democratic services leads to greater understanding of members' priorities.</li> </ul>

### 1.3

	Action	Progress to 31 March 2015	Impact
<b>1.3.a</b>	Oversee and monitor the implementation of serious case review process and the CDOP processes.	<ul style="list-style-type: none"> <li>• Serious case reviews and partnership reviews take place in accordance with the relevant guidance in Working Together 2015 and are mapped to identify recurring themes with DHRs. These themes inform board led activities through the implementation of the learning improvement framework.</li> <li>• Chairs of CDOP and SCR groups report quarterly to the operations group.</li> <li>• SSCB review recommendations of serious case reviews and agree actions and media publications to embed learning.</li> </ul>	<ul style="list-style-type: none"> <li>• Shared learning and issues arising shared with Community Safety Partnership Board.</li> <li>• Training programme and course content informed by learning.</li> <li>• Audits in place to check embedding of new/revised procedures and provide feedback mechanism.</li> <li>• Partnership review KH undertaken as audit of use of bruising protocol.</li> </ul>

	Action	Progress to 31 March 2015	Impact
1.3.b	<p>Ensure that learning from the review processes is:</p> <ul style="list-style-type: none"> <li>shared with the children's workforce.</li> </ul>	<ul style="list-style-type: none"> <li>SSCB learning improvement framework sets out the dissemination of learning.</li> <li>Learning events and learning from serious case review leaflets are utilised to share learning through the SSCB newsletter. National and local learning informs training programmes and audit activities.</li> <li>Work to overcome some of the barriers to learning from reviews transferring into practice has been undertaken and dissemination of learning has been reviewed with partners as part of ongoing work.</li> </ul>	<ul style="list-style-type: none"> <li>Communication through sub groups effective-wider dissemination in single agencies less determinable. Communication strategy being developed to include named roles in each agency that external and internal communications will be sent to.</li> </ul>
1.3c	<p>Monitored through quality assurance processes to ensure that workforce understanding and confidence and subsequent support to children is improved as a direct result of the learning.</p> <p>Public health messages are effectively disseminated to the wider population.</p>	<ul style="list-style-type: none"> <li>Measurements of the impact of improved learning and policy development as a result of serious case reviews/partnership reviews is being developed and a communication strategy will be published in summer 2015 identifying information leads in all partner agencies who will take responsibility for the circulation of new/revised policies and procedures to teams.</li> <li>Measurements of the impact of serious case reviews on the broader safeguarding agenda and reducing safeguarding risks in respect of public health messages is not yet in place director of public health is now a member of the SSCB and also the chair of the child death overview panel.</li> <li>Strategic case review group monitor and record progress against action plans and hold partners to account.</li> </ul>	<ul style="list-style-type: none"> <li>As 1.2 above</li> <li>Improved information sharing re CDOP modifiable factors and opportunity to influence commissioning of services.</li> <li>See individual action plans for progress.</li> </ul>

**1.4**

	<b>Action</b>	<b>Progress to 31 March 2015</b>	<b>Impact</b>
<b>1.4.a</b>	To move to a training commissioning model and monitor and review the implementation of the full SSCB training programme.	<ul style="list-style-type: none"> <li>• E-suite processes have been developed further to include a revised and improved on line payment system. Discussions are continuing about the development of a training portal using the Surrey Academy Learning Platform.</li> <li>• A non-returnable booking fee to offset the cost of cancellations and no shows of £12 per booking has been agreed and will be implemented from 01 April 2015.</li> <li>• Development of training resources particularly the exploration of e-learning options and specialist courses has been a focus of work and partners are able to access Prevent, safer recruitment, CSE awareness through the Surrey Skills Academy.</li> </ul>	<ul style="list-style-type: none"> <li>• Online booking and payment system has reduced administrative input in support team: easy to use system for workforce.</li> <li>• Online payments system has removed need for invoicing and achieved improved use of resources by the SSCB.</li> <li>• Cost off set to cover administrative burden of 'no shows' will have positive impact on budget; some partners will need to review systems for refunding staff.</li> <li>• Links to e-learning in place for CSE; safer recruitment. WT 2015 to follow shortly - increasing accessibility to the wider workforce and provide flexible learning option.</li> </ul>
<b>1.4.b</b>	Introduce a framework to monitor the impact of training on workforce competence and confidence and support to children and families.	<ul style="list-style-type: none"> <li>• Evaluations from training programmes have been analysed and reported upon. An online system was implemented in December 2014 which is being widely used by partners.</li> <li>• Learning action plans are in place for all module 1 training programme delegates to aid planning of SSCB programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Online evaluation system working well. Ease of analysis reduces resource requirements for reporting purposes.</li> <li>• All course participants embarking on module programme have sign up and commitment to release for training from direct line manager.</li> <li>• Personalised feedback received tailored to individual.</li> </ul>
<b>1.4.c</b>	To ensure the effectiveness of the role of the local authority designated officer (LADO) and current procedures for	<ul style="list-style-type: none"> <li>• Senior officers in partner agencies have been identified as first contact with enquiries of workforce allegations.</li> <li>• Annual LADO report presented to SSCB in</li> </ul>	<ul style="list-style-type: none"> <li>• OFSTED highlighted good practice.</li> <li>• Additional resource now recruited and in post creating capacity to support the increase in referrals.</li> <li>• WT 2015 partially</li> </ul>



	Action	Progress to 31 March 2015	Impact
	dealing with allegations against the workforce.	<p>November 2014 highlighted the challenges and planned increase in capacity to meet increased reporting.</p> <ul style="list-style-type: none"> <li>Working Together 2015 included a change in requirement for role of LADO which is being incorporated into practice.</li> </ul>	implemented. National LADO group are not supporting title change of role as work undertaken to raise awareness of LADO role would be adversely impacted.
<b>1.4.d</b>	To review the impact of safer workforce training on agency practice.	<ul style="list-style-type: none"> <li>SSCB will be able to determine whether training is informing safer workforce practice and whether minimum standards are being met. Monitoring and measurement will be via the on line evaluation tool and the six monthly reporting to SSCB due September 2015 will include the first nine months evaluation data.</li> </ul>	<ul style="list-style-type: none"> <li>See training reports to board and evaluation outputs.</li> </ul>

## 1.5

	Action	Progress to 31 March 2015	Impact
<b>1.5.a</b>	<ul style="list-style-type: none"> <li>To plan and deliver regular newsletters and updates to all staff.</li> <li>To agree a mechanism to ensure engagement of children, young people and their families in measuring the effectiveness of safeguarding arrangements.</li> <li>To agree a mechanism to enable staff to measure the effectiveness of arrangements in safeguarding</li> </ul>	<ul style="list-style-type: none"> <li>Newsletters raise awareness of key issues. Circulation broadened through link on SSCB website. Circulation list is increasing with each publication. Positive feedback received and contributions from partners are improving.</li> <li>SSCB participation work is being developed and there is increasing evidence of partners seeking service user feedback on services received.</li> <li>Work with families and children remains in the early stages of development as the views of service users are critical and provide a balance to data set analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Circulation increased significantly since re-launch.</li> <li>Link on website.</li> <li>Contributions received from parents/carers.</li> <li>Participation strategy group set up to support the work of consulting with children's and families, currently looking at ways of engaging with young people and how to use social media effectively.</li> <li>Developing some work to survey young people about CSE.</li> <li>Young people and parents contributed to the redesign of child protection conference leaflets.</li> <li>Regular use of surveys and</li> </ul>

	Action	Progress to 31 March 2015	Impact
	services.		focus groups to support to seek views of work force as part of audit work.

<b>TP 1</b>	<b>To ensure sufficient work with partner agencies to reduce incidences of domestic abuse (DA) and the impact this has on children, young people and families.</b>
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	Action	Progress to 31 March 2015	Impact
<b>TP 1.1</b>	To ensure all children and young people affected by domestic abuse have access to sufficient specialist service provision that meets their needs and this is demonstrated through audit activity.	<ul style="list-style-type: none"> <li>• Area sub group work reflects the local initiatives to support victims and survivors of DA, however this remains a priority for 2015-16 as there is insufficient evidence of support for children and its impact.</li> <li>• The Linx programme in Surrey is being rolled out to support recognition of the real need to support young people who have witnessed domestic abuse. Funding of £48,000 was secured from the OPCC. The SSCB will receive updating reports of progress as part of DA updates.</li> <li>• Children's Services has commissioned and awarded a two year grant to Surrey DA providers to deliver support for children and young people affected by DA. This will cover Prevention (healthy relationships), early help (step-down community support) and intervention (support for CYP on a child in need plan or child protection plan).</li> <li>• The OPCC have provided 16k to each of the four DA outreach providers to deliver 1:1 support for children affected by DA. Outcomes will be reviewed at end of 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• Some good practice in south-east quadrant to support children affected by domestic abuse (DA) through attendance at a weekend club.</li> <li>• 37 workers trained to deliver LINX, as at April 2015, have reported increased confidence in talking to young people about DA in their day to day work. The topic has been embedded in wider relationship and sex education programmes with groups of young people and within 121 work for those who are known to have witnessed domestic abuse or experienced poor treatment in intimate relationships.</li> <li>• This grant started on 1<sup>st</sup> June and has already seen referrals for early help, where the providers are embedding themselves in the RAIS teams and referrals for Interventions from CP teams. Updates will be available on a quarterly basis.</li> </ul>



	Action	Progress to 31 March 2015	Impact
<b>TP 1.2</b>	To ensure a consistent holistic approach to children and young people affected by domestic abuse through the development of a skilled workforce.	<ul style="list-style-type: none"> <li>SSCB do not deliver DA training but link into the Surrey CC DA training programme, which is multi-agency in its delivery. SSCB have contributed to resource development and key representatives sit on the LCD sub group and policy and procedures group and provide a direct link to the DA development group.</li> <li>Externally delivered DA training has been included in the SCC online training programme which will be broadened to capture other multi-agency delivery of partner organisations. Discussions are at an early stage to incorporate this into future SSCB training programmes.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive training offer provided through SCC.</li> <li>E learning awareness programme available on skills academy.</li> </ul>
<b>TP 1.3</b>	To monitor the domestic abuse strategy to identify if there are ways in which partners can work together more effectively to intervene early and mitigate the impact of domestic abuse on children and young people.	<ul style="list-style-type: none"> <li>Strategy published September 2013. DA development group leading on developing an implementation plan with regular reporting of progress and challenges to the SSCB.</li> <li>Partnership support manager sits on DA development group.</li> <li>End of 2014/15 action summary and draft 2015/16 action plan update provided for May 2015, the future plan will be finalised and monitored via the DA development group.</li> <li>DA pathways mapped, development of the MASH and phase two Family Support Programme to further develop earlier interventions and TAF approaches inclusive of DA.</li> </ul>	<ul style="list-style-type: none"> <li>Regular reporting to SSCB. No formal action plan shared detailing implementation of actions.</li> </ul>

<b>TP 2</b>	<b>To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care</b>
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	<b>Action</b>	<b>Progress to 31 March 2015</b>	<b>Impact</b>
<b>TP 2.1</b>	To monitor the effectiveness of the Surrey Children and Young People's Partnership arrangements for early help through audit of cases which are subject to CAF/TAC processes and children subject to child protection plans.	<ul style="list-style-type: none"> <li>• Early help update was presented to board on 10 March, the SSCB audit highlighted some areas for consideration by the EH governance group particularly around step up/down and the link between EH and Family Support Programmes.</li> <li>• Clarity is required on the routes/ access to services via the 'front door' and MASH.</li> <li>• Multi-agency levels of need document was updated in January 2015 to be more explicit about Children's Services involvement at Level 3.</li> <li>• QA officer monitoring the development of the e-early help assessment via audit.</li> <li>• SSCB report card details activity, quality and timeliness of decision making.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of clarity of interface between FSP and e-help.</li> <li>• Uncertainty of referral pathway and processes particularly how step up/step down is monitored and tracked.</li> <li>• MA level of needs document revision ratified through P&amp;P group.</li> <li>• Follow up audit 2015/16.</li> </ul>
<b>TP 2.2</b>	To undertake survey of children, parents/carers on their experience of early help provision to inform commissioning of appropriate services.	<ul style="list-style-type: none"> <li>• The experience of children and families is not yet evidenced as informing service development. The participation agenda is a priority area of work for the QA group in 2015/16. A task group have started to engage young people and parents.</li> <li>• Task and finish group meetings have been held to identify approaches and planning for participation work.</li> <li>• Surrey Youth Focus has met with the SSCB and have agreed to support some of the participation work and will attend future board meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Targeted Survey of experiences of children accessing CP processes undertaken in March. Despite sending out 300 letters only three families interviewed with a total of 12 children. SSCB anticipate repeating this work in late 2015 early 2016.</li> <li>• Surrey Youth Focus representation to attend board from May 2015 to bring additional voice of youth.</li> </ul>
<b>TP 2.3</b>	To comment on the early help strategy as it is developed to	See 2.1 above	<ul style="list-style-type: none"> <li>• Ongoing monitoring reporting and audit raises significant concerns of how children in need are managed in Surrey and the effectiveness of step</li> </ul>

	Action	Progress to 31 March 2015	Impact
	ensure that it has an effective needs analysis and sufficient services to meet need.		down arrangements. Board seeking additional assurances

**TP 3 To ensure professionals and the current child protection processes effectively protects those children identified in need of protection and who are looked after.**

	Action	Progress to 31 March 2015	Impact
<b>TP 3.1</b>	To monitor the effectiveness of arrangements by Children's Services and partners when children are subject to child protection plans or LAC through rigorous single and multi-agency audit activity to include quality of practice, management oversight, care planning etc.	<ul style="list-style-type: none"> <li>• Single-agency and multi-agency case file auditing demonstrates that children are being safeguarding by effective multi-agency practice and identifies where improvements are necessary.</li> <li>• Audits have been undertaken and reported back to the area groups and quality assurance groups.</li> <li>• Corporate Parenting Board report and IRO reports on LAC forms part of board reporting calendar.</li> </ul>	<ul style="list-style-type: none"> <li>• Robust data in SSCB data set updates partnership and allows challenge and discussion re increasing number of children subject to CP plans, length of time on a CP plan. Trend of children staying on plans for longer identified and challenged</li> <li>• Partnership support manager attends Children's Services Improvement board meetings leading to increased understanding of challenges and data.</li> </ul>
<b>TP 3.2</b>	To monitor the effectiveness of the arrangements for the conferencing of CP and LAC reviews and evidence of the quality of challenge and decision making.	<ul style="list-style-type: none"> <li>• CP reports are provided to the board four monthly and IRO report annually.</li> <li>• Issues and challenges are discussed and actions identified.</li> <li>• SSCB report card data provides information relating to number, timing, and duration of activities including early help.</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance at CP conferences subject of challenge and debate at SSCB. See minutes January 2015.</li> </ul>

	<b>Action</b>	<b>Progress to 31 March 2015</b>	<b>Impact</b>
<b>TP 3.3</b>	To monitor the effectiveness of key partner agency professionals in the CP and LAC processes through IRO annual report, corporate parenting panel annual report etc.	<ul style="list-style-type: none"> <li>• Auditing activity demonstrates some challenges in the effective engagement by partner agencies in CP and LAC processes and work identified to support improvement.</li> <li>• Reports are provided to the board as part of the reporting calendar.</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement of GPs in providing reports and poor attendance at conference challenged named GP formally responded March 2015. SSCB minutes record discussions.</li> </ul>
<b>TP 3.4</b>	To monitor the effectiveness of SCC's contact and referral arrangements and thresholds for children's social care.	<ul style="list-style-type: none"> <li>• Multi-Agency Safeguarding Hub (MASH) has been established and regular reports are provided to the board together with impact reporting.</li> <li>• Multi-agency threshold document published and available on website.</li> <li>• Regular update reports are provided to the board.</li> </ul>	<ul style="list-style-type: none"> <li>• Concerns relating to up to six front doors to Children's Services is causing confusion.</li> <li>• Report on effectiveness of MASH suggests significant changes are required – MASH project board in place. Formal review recommendations being taken forward by partnership.</li> <li>• Multi-agency threshold document ratified and updated on website.</li> </ul>

<b>TP 4</b>	<b>To challenge and scrutinise the effectiveness of the response and impact of partners work to protect children and young people at risk of Child Sexual Exploitation</b>
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	<b>Action</b>	<b>Progress to 31 March 2015</b>	<b>Impact</b>
<b>4</b>	To develop and agree the implementation of a child sexual exploitation strategy.	<ul style="list-style-type: none"> <li>• Multi-agency CSE strategy agreed and published. Communications plan agreed.</li> <li>• Membership of CSE strategy group and governance have been undertaken in light of nationally publish reports. A new structure. Terms of reference and membership will take forward work within Surrey from 01 April 2015.</li> </ul>	<ul style="list-style-type: none"> <li>• Published national reports have been reviewed and mapped.</li> <li>• CSE group structure, governance and membership reviewed and updated.</li> <li>• Terms of reference updated.</li> </ul>
<b>4.1</b>	Implementation of strategy – key priorities identified and	<ul style="list-style-type: none"> <li>• A revised work plan and implementation plan are being developed and overseen by the CSE strategy group. A CSE</li> </ul>	<ul style="list-style-type: none"> <li>• Action plan reviewed and updated.</li> <li>• Progress updated in minutes of CSE strategy group/task &amp;</li> </ul>

	<p>monitoring procedures agreed.</p>	<p>Learning pathway is currently being developed together with a practitioners' toolkit by a short term task and finish group.</p> <ul style="list-style-type: none"> <li>• Data/monitoring procedures are being developed linked to missing children monitoring.</li> </ul>	<p>finish group and reports to SSCB.</p>
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## Communication/publication of the SSCB annual report

- review and approval SSCB 24 November 2015
- publication by SSCB following approval 1 December 2015
- presentation of report to:
  - Cabinet 22 March 2015
  - Surrey Children & Young People's Partnership tbc
  - Health and Wellbeing Board 10 December 2015
  - Social Care Services Board 25 January 2016
- distribution of report



Social Care Services Board  
25 January 2016

**QUALITY ASSURANCE ARRANGEMENTS**

**Purpose of the report:** Scrutiny of Performance Management was requested following the findings of the Internal Audit of June 2015 in respect of the work of the Quality Assurance Team.

**Introduction:** Internal audit findings in June 2015 noted that “The same recurring issues have been recorded by the QA Team over a number of years and many of the actions agreed had not been fully implemented”. Ofsted have also commented on this; indicating that they did not see the impact of audit on learning and improving practice. In the last six months the approach to quality assurance has undergone significant change and is now focussed on regular peer auditing and a programme of specific thematic audits.

**Background – Children’s Improvement Plan and QA**

1. The [Children’s Improvement Plan](#) published in September 2015 included a specific work-stream to strengthen Quality Assurance (QA). As a first step we reviewed best practice from other local authorities rated as “good” for safeguarding, alongside the existing feedback from Ofsted and our own internal audits.
2. The result of this review was a strong commitment and plan to implement a revised QA Framework with a focus on Children’s Services and also the wider Children, Schools and Families Directorate. In short, we are seeking to shift towards a more integrated QA approach which encourages stronger ownership among practitioners and is more sharply focused on outcomes for children.
3. The work is in progress and a number of key changes have already been made. There is though further work to do over the coming months to embed the new QA approach.

## Work completed to date

4. Key changes already made include:
  - **Developed a set of practice values**

Through September and October 2015 a series of workshops were held which involved over 300 practitioners, young people, families, carers in developing a revised core set of practice values. The result is a short list of agreed practice values that are now being embedded into our practice. They include how staff work together and the expectations that children, young people, families and carers have of us. The standards and a short accompanying video have been published online (see **Annex 1**).
  - **Introduced monthly peer auditing**

Since September 2015 all managers in the service have started to complete a case audit each month (on a colleague's case) and all the results are collated and circulated back to managers. Peer auditing is recognised as an integral part of improving practice as it widens ownership of the auditing and learning process.
  - **Introduced a new programme of thematic audits**

The QA team is now supporting the area and county teams in carrying out monthly thematic audits which began in September 2015. These are linked to monthly Ofsted monitoring visits and typically focus on one of Children in Need, Child Sexual Exploitation, and Looked After Children and Care leavers.
  - **Stated dip sampling to ensure learning is put into practice**

To support the new audit programme dip sampling has been introduced. The QA sample cases to ensure lessons from previous audits are being put in place and are achieving the improvement in quality of practice sought.
  - **Started to refresh the programme of practice workshops**

For lessons from audits to be embedded they need to be shared, discussed and acted on across teams. To strengthen this, a new programme of practice workshops is being established. One element already underway is a standing item on practice learning at a monthly workshop with all the team and assistant team managers from across children's services (the "Children's Extended Leadership Group").
  - **Improved audit forms**

To support the audit programme the QA team have updated the audit forms used to ensure they better reflect the practice improvements sought.
5. The revised QA programme is beginning to evidence a better understanding of the principles of quality assurance and its importance in underpinning and evidencing good practice.

## What next

6. We continue to develop the QA arrangements and will publish the overall revised QA Framework in February 2016.



7. Meanwhile we will continue to ensure lessons are acted on through the development of better ways of sharing and embedding learning into practice. This forms part of the wider work-stream to improve “Culture and Practice” and next steps to be completed in February 2016 include:
  - Publication of a new online practice manual tool
  - Working with Ofsted to deliver audit workshops that develop our audit skills
  - Starting a new programme of practice workshops through 2016
8. As part of that process the QA team in conjunction with the Performance Team will develop a range of performance measures against which the practice values and standards can be assessed.

**Conclusions:**

9. The QA work of the service is currently being strengthened as part of the wider Children’s Improvement Plan. This work is now well underway in developing the new Framework and approach to QA across the Service and Directorate.
10. The QA Team will continue to focus its attention on bringing about continuous improvement in the service and meeting the recommendations of Ofsted. The team’s role and focus will be providing challenge to the areas through the audit process and assist them in driving up standards in practice.

**Recommendations:**

11. That the QA Team provide a report to the Social Care Services Board in six months updating on progress on the implementation a revised QA Framework.

**Next Steps:**

12. Key next steps include:
  - Published revised QA Framework in February 2016
  - Publish practice manual in February 2016
  - Continue to implement the new cycle of monthly audits (peer, thematic, and dip)

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**Tel: 01483-519275**

**Sources/background papers:**

- Practice values
- [Children’s Improvement Plan](#)

# Annex 1: Practice values and standards co-design work

## 1. WHY WE DID IT: A FOUNDATION FOR IMPROVED PRACTICE

One of the first key actions for “Culture and Practice” and “Quality Assurance” in the Improvement Plan is to “develop key practice standards through co-design with children, young people and practitioners” (action 2.1).

As this is a key foundation to our overall work on culture and practice improvement we prioritised the completion of this task. We also sought to gain value from the process of engaging in co-design, as well as the end product itself.

## 2. WHAT WE DID: THE VALUES ROAD-SHOW

To enable input from a large number of people and fit around people’s day-to-day responsibilities we designed a 1.5 hour long workshop and took it on road to teams in 26 different locations<sup>1</sup>. All in all over 340 people were involved.



The format involved a ‘panel’, usually made up of two young people (apprentices in the children’s rights and/or CAMHS rights service) and two foster carers, along with two practitioners who volunteered themselves at the beginning of the session.

After an explanation from a facilitator about the purpose of the session and discussion about ground rules, the panel introduced themselves and talked about their experiences delivering and receiving services from Surrey County Council. Everyone at the workshop then answered the following questions:

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<sup>1</sup> CAMHS Social Work Team, North East Child Protection / LAC Team, North West RAIS Team, South West LAC Team, Fostering East Team, Fostering West Team, North West Child Protection (2 cluster meetings), North West LAC Team, South East combined RAIS, Child Protection and LAC Teams, Woodlands Community Home Team, Burbank Community Home Team, Holland Close Community Home Team, Karibu Community Homes Team, Libertas Community Home Team, Cheyne Walk Community Home Team, Faircroft Community Home Team, Adoption Team, ACT, North East RAIS Team, HOPE Team, Ruth House Team, Disability West Team, Countywide Care Leavers’ Service Team, Disability East Team, Consort House, Extended Hours Team

- What is your motivation for doing your job?
- What do you consider to be the most important part of your work?
- Why did you make specific career choices?
- What work values will make you happy and successful?

Although only one question uses the word 'values', the above are all **values-based questions**. Asking the questions opened people up to sharing their values, and put them in a good place to then move on to work in breakout groups to design standards in the following three areas:

- How we work with children and young people
- The way we work and what we do
- How we support staff

The young people and foster carers were very much part of these breakout groups, and included in designing the standards with practitioners. At the end of the session we explained that the outputs from the workshops across children's services would be themed to form one set of values and standards.



### 3. THE FEEDBACK: MAKING A DIFFERENCE

#### (Q) *What is your motivation for doing your job?*

- An overwhelming amount of motivation related to achieving **positive outcomes for children, young people and their families**.
- People said they wanted "to protect children and ultimately help them reach their full potential", whilst also "provid[ing] hope for the future and empower[ing] families to make the right choices".
- Staff want "**to do a job that makes a positive difference** to people's lives", and empower those they work with – for example, saying "I wish to make a difference and to give vulnerable children a voice to empower them in their lives".

- Another theme was people's **personal motivations** for working in children's services. These personal motivations often related to experiences staff had as children and young people themselves e.g. "coming from a care background, if I can support one young person going through care, that's all good".
- Many wanted to support young people to have positive experiences like their own – for example, one member of staff wrote "I had a great and loving family and childhood and I want others to have that too".
- Staff also like "sense of belonging within the team" within their part of children's services.

**(Q) Why did you make specific career choices?**

- Again there was an overwhelming amount written about **helping and supporting children, young people and families**. Some staff chose to work in children's services because it's something they really want to do, and they wrote things like "it's what I have always wanted to do. I love helping people, especially young people" and "[I] like working with kids" and "I knew I wanted to work with young people".
- Staff give themselves to the job - "**to offer my support and skills to benefit others**", or "fostering – [an] opportunity to achieve positive outcomes for children in care".
- As with motivations, there were **some people who made choices because of their own experiences** - "[I] had an hard early life thought I could use my experience to help others", "to give back to the system that I grew up in, in whatever small way I can and to help continue the work that the services provide and aid improvement" and "Own bad experiences growing up - had good family and support, but understand that not everyone has that so want to be that support for other young people".
- Again there was a theme of **making a difference** - "I could not stand doing a boring, meaningless job regardless of how much it paid – I have to do something meaningful" and "[I want] to feel that my working days are spent making the world a better place".
- Foster carers shared that they "became full time foster carers to change my lives and hope to change the lives of those I care for" and "**to make a difference to young people**".
- Along the same lines, people made the choice based on **what they value in life** - "my career need to reflect my personal values and personality, hence career choice" and "from the desire to help others but keep a good work life balance for my family".
- A theme of **social justice** came through very clearly, with people writing answers like "I've always believed in social justice and equality. I think everyone wants to contribute positively to society, but they sometimes need additional support to feel empowered to achieve this" and "I felt like care leavers were over represented in the criminal justice system but many had the potential to have a happy, successful future given the right support and opportunities".
- People also had **personal motivations**, such as "to improve my life", "[a] desire to work with people" and "I had lots of energy that needed a focus and I liked young people".
- For some people it was not a deliberate choice, instead it was **something they tried out and then found to be a good fit** – for example, answers like "[I] fell into the job but haven't looked back" and "I found that I was good at working with challenging CYP".

**(Q) What work values will make you happy and successful?**

Theme – trust and respect

- "Stop changing what we do right"
- "Respect of my work and professional integrity, honesty and a wish to strive for better"
- "To be heard, to be valued, to be respected, to be supported, team to have my back, trust and honesty"
- "A supportive staff team, that respect and value my opinion and honesty and openness"

Theme – training and support

- "Supervision and appraisal"
- "Support, reward enough, good supervision, training offered, proven outcomes, and it being a good organisation"
- "Feeling well supported and protected as a social worker"
- "Respect and feeling listened to by management"

- “The most important part of my work is to have the necessary tools and support to meet the needs of the young people assigned to me”
- “Simplify paperwork and IT process”
- “Recognition of the work well done”
- “Supportive peers and managers, less paperwork and more time spent with families”
- “Promoting career development”

Theme – team work

- “People doing what they say they will, all working together for the same purpose, ensuring processes are not at the expenses of people”
- “Have a sense of belonging in a team. Pride in what I do”

Theme – impact

- “Keeping children at centre of work at all times”
- “Reliability – doing what you say you will. Always returning phone calls. Being respectful. Being timely.”
- “To work holistically with the clients’ needs”
- “To be there for our young people”
- “Making young people happy – value themselves”

***(Q) What do you consider to be the most important part of your work?***

Theme – being children, young people and family focused

- “Happy young people”
- “Advocating on behalf of carers”
- “Keeping children safe within their families wherever possible and being accountable when decisions about them are made”
- “To help children and young people know there’s a different way and people do care”
- “Enabling and empowering families”, and “Ensuring I have never missed the child’s story and they are central”

Theme – team work and support

- “Joint working”
- “Supporting children and young people”
- “Supporting social workers in their role – providing good supervision”
- “Building relationships and trust and getting things done e.g. following through on what is asked/needed from me by carers and young people”
- “Relationship building and maintaining these”
- “Trusting relationships”

Theme - making a difference

- “Making life changing decisions”
- “Seeing young people developing through overturning past trauma”
- “To make a difference to somebody’s life and help them to move on in a positive way”
- “Improving lives, giving children the best possible start”
- “Positive impact on the lives of children and adults”
- “Working with young people and wonderful colleagues to affect positive change”

Theme - honesty and trust

- “Being a good role model”
- “Do my job properly and the best I can”
- “Respect each other, listen to the views of others”
- “Be open to new ideas”
- “Listening, show I care (empathy) not just a tick box activity”
- “Being a good listener”
- “Being able to engage with families and develop relationships”
- “Being non judgemental”
- “Being open and honest with the people I work with”

***Values and Standards***

Having explored the values-based questions in each workshop there was a breakout activity with groups coming up with three standards in one of three areas.

- How we work with children and young people
- The way we work and what we do
- How we support staff

The 26 workshops generated 78 standards – these were then analysed and grouped by a small working group to come up with a draft set of values. These were then played back to a selection of the young people, carers and practitioners involved to check and validate them.

The final values are listed in the table below:

## **Practice values**

They are written as things ‘we’ do – everyone in children’s services takes responsibility for doing them.

*This is how we do things around here – Surrey Children Service*

*How we work with children and young people*

- We build relationships with children, young people and their families as people
- We believe in children, young people and their families to make positive choices
- We are open and honest, doing the best we can with children and young people to keep them safe and well, without making promises we can’t keep

*The way we work and what we do*

- We respect the skills and resources each person brings to their work, listening to and learning from each other
- We support each other, regardless of team or organisation, and focus on working together in a holistic way (including resources)
- We make processes as simple as possible, allowing some flexibility to change them to meet the needs of children, young people and families
- We take responsibility for mistakes, and say sorry.

*How we support staff*

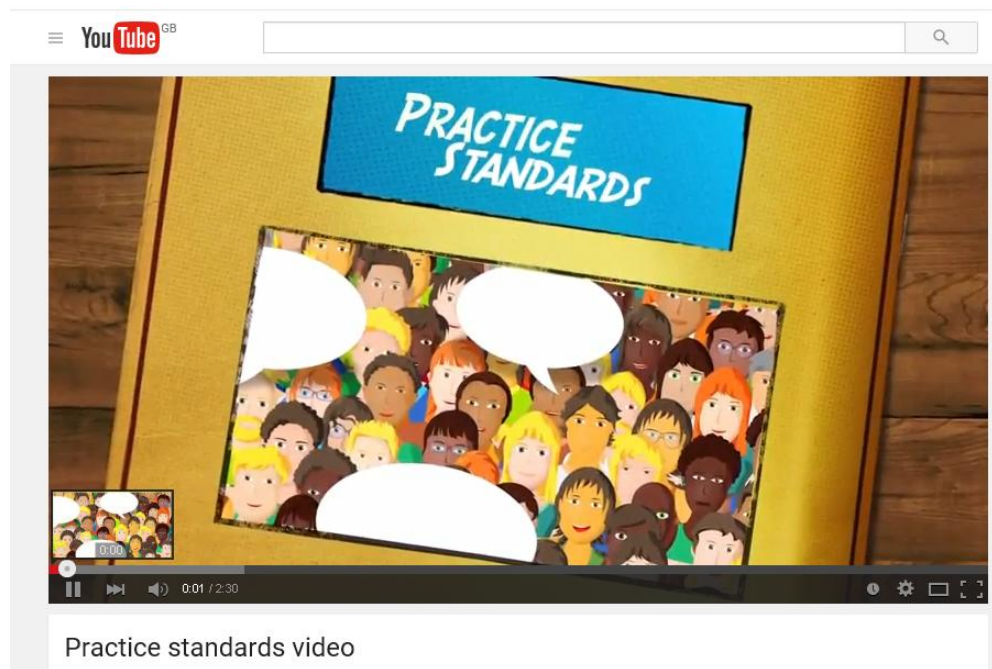
- We make sure everyone is working with a manageable amount of children, young people and families
- We make sure everyone feels well, safe and secure, reassured we have ‘got their back’ (especially during difficult times)
- We supervise staff, allowing time to share and reflect on our work, and recognise success stories
- We provide chances to take a next step in a career here, including steps which are not into social work



#### 4. WHAT NEXT: EMBEDDING THE VALUES INTO THE WAY WE DO THINGS IN SURREY

The outputs were being communicated widely to practitioners, including through short video clips from the young people and foster carers involved.

<https://www.youtube.com/watch?v=IT4OMhePiMo>



As part of “the way we do things in Surrey” the values will inform the ongoing work on culture and practice. They will form the basis of a “Practice Manual” that will pull together examples of good practice.

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**SOCIAL CARE SERVICES SCRUTINY BOARD  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED January 2016**

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

**Scrutiny Board and Officer Actions**

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
27 November 2014 62/14	62/14 INTERNAL AUDIT REPORT: REVIEW OF THE ADMINISTRATION OF LOOKED AFTER CHILDREN'S FINANCES	The Committee notes progress against the Management Action Plan, and commends officers for their prompt response to areas of concern identified in the audit. It requests that Internal Audit circulate the follow-up of the Management Action Plan once completed to provide a final assurance on this area.	Internal Audit	Internal Audit published their follow-up report on 11 January. This has been circulated to the Chairman to agree next steps.	January 2016
26 March 2015	Item 7: YOUTH JUSTICE STRATEGIC PLAN	That the Youth Justice Board undertake evaluations with the probation services to understand what impact early youth justice interventions have on reducing long-term adult offending, and share these findings with the Committee at a later stage.	Head of Youth Support	This recommendation has been noted by officers and an item will be added to the Forward Work Programme for 2015/16	January 2016

Item 11

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
26 March 2015	Item 7: YOUTH JUSTICE STRATEGIC PLAN	That officers provide a report on the Reducing Re-offending Plan 2014-17 with details of how YSS and partners are working to address homelessness, NEET status and mental and emotional health issues as known factors in relation to re-offending. The Committee requests that this report, along with the progress of the 1 year action plan and relevant performance data is provided 12 months time.	Head of Youth Support	This recommendation has been noted by officers and an item will be added to the Forward Work Programme for 2015/16	<i>January 2016</i>
Page 064 April 2015	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY [Item 8]	That the Select Committee continues to monitor the situation in relation to recruitment and retention in the service and receives a further report in January 2016.  Recommends that the Directorate and HR liaise with the voluntary sector including the Surrey Coalition of Disabled People in the recruitment and retention of 'returning staff'.	Area Director – Mid Surrey  Strategic HR & OD Relationship Manager		<i>January 2016</i>
10 April 2015  065	THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 9]	The Committee recommends that consideration be given to all staff to ensure that they are given ample opportunities to continue working for ASC or within the council.	Strategic HR & OD Relationship Manager		<i>September 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
14 May 2015 066	CABINET MEMBER'S UPDATE AND ADULT SOCIAL CARE SYSTEM SCRUTINY [Item 6b]	The Committee recommends that the Directorate, with support from the Cabinet Member for Adult Social Care, explore the integration of the new IT system with the NHS, District & Borough Councils and other relevant agencies.	Head of Resources		<i>March 2016</i>
25 June 2015  Page 105	OFSTED BRIEFING AND UPDATE [Item 7]	That the strategy on recruitment and retention of social workers is shared with the Board at a future meeting.	Deputy Director of Children, Schools and Families	Democratic Services will co-ordinate with officers to ensure that this is brought to the Board at the appropriate time.	<i>January 2016</i>
25 June 2015 Page 105	OFSTED BRIEFING AND UPDATE [Item 7]	That a joint session is organised with the Education and Skills Board to explore the multi-agency approach to safeguarding in schools and other education provisions.	Democratic Services	The Education and Skills Board is due to look at its proposed Forward Work Programme on 17 September 2015 – a session will be scheduled for January 2016	<i>January 2016</i>
9 July 2015	ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE [Item 5]	That the 0-25 pathway being co-designed by Adult Social Care and Children, Schools and Families is scrutinised by this Board.	Strategic Director  Scrutiny Officer	An update on the Special Educational Needs and Disabilities (SEND) work-stream will be reported to the Education and Skills Board on 22	<i>March 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				October. There is scope for the two Boards to establish a cross-Board group to look at SEND and the 0-25 pathway in 2016.	
9 July 2015	DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) [Item 6]	That the Board is kept up to date on progress made on recruiting and training Best Interest Assessors (BIA) and the funding issues.	Practice Development Manager		<i>July 2016</i>
Page 166 July 2015	LEARNING DISABILITY PUBLIC VALUE REVIEW [Item 7]	That it receives a report in 12 months to provide an update on the work started by the LD PVR with particular focus on the integration of commissioning with East Surrey CCG including the Joint Health and Social Care Commissioning Strategy, responsibility for individuals who reside outside of Surrey and the other areas of ongoing LD PVR work.	Area Director - East	Scrutiny Officer will add a future item on LD services to the Board's Forward Plan for 2016.	<i>May 2016</i>
9 July 2015	SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL EXPLOITATION [Item 9]	That officers work proactively with other safeguarding partners to ensure a single-point of contact for CSE is implemented across each organisation;		This recommendation has been referred to officers and an update will come to a future meeting	<i>January 2016</i>
9 July 2015	SURREY SAFEGUARDING CHILDREN BOARD: CHILD SEXUAL	That officers provide a further report demonstrating an analysis of trends and patterns related to CSE in 12 months' time.	Democratic Services	This will be added to the Forward Work Programme once 2016 dates	<i>July 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	EXPLOITATION [Item 9]			are finalised	
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That work continues to increase the level of take-up of direct debit payments from 65%	Head of Resources		July 2016
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That officers explore the possibility of benchmarking the council's level of debt with other local authorities.	Head of Resources		July 2016
9 July 2015	ADULT SOCIAL CARE DEBT [Item 8]	That the data held on the level of adult social care debt as outlined in Appendix A of the report is extended to show how long unsecured debt has been outstanding e.g. 3 months, 6 months, 12 months.	Head of Resources		July 2016
7 September 2015	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That an assessment is undertaken to establish the Council's expenditure for recent additional responsibilities to the Council following the Counter-Terrorism and Security Act, 2015 passing into law.	Community Safety Unit Senior Manager	This has been referred to officers, and will be reported back to the Board.	January 2016
7 September 2015	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That officers work with key partners in the voluntary, community and faith sector to identify possible training gaps for front-line agencies in relation to CSE, FGM and Radicalisation.	Head of Safeguarding	An update will be requested to accompany the Safeguarding Children's Board Annual report	January 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
7 September 2015	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That the latest report of the FGM Task and Finish Group is shared with the Board and a further update brought in 12 month's time.		This report has been circulated. An item will be added to the Forward Work Programme once 2016 dates are finalised	<i>January 2016</i>
7 September 2017	WORKING TOGETHER TO SAFEGUARDING CHILDREN 2015 [Item 7]	That progress on the County's Prevent Strategy Action Plan be brought to the Board in 12 month's time	Community Safety Unit Senior Manager	This will be added to the Forward Work Programme once 2016 dates are finalised	<i>January 2016</i>
7 September 2015	BETTER CARE FUND POSITION STATEMENT [Item 9]	<p>The Board recommends that the Cabinet Members for Adult Social Care and Health and Wellbeing write to the Secretary of State for Health to outline the Government's rationale for asking Surrey CCG's to make 5% savings in their budgets this year as well as proposed reduction to ASC and Public health funding</p> <p>The Board encourages Local Joint Commissioning Groups to involve Local Committees in the development of health and social care integration in their areas.</p> <p>Board Next Steps: A joint session is convened with the</p>	<p>Cabinet Member for Adult Social Care, Independence and Wellbeing</p> <p>Cabinet Member for Wellbeing and Health</p> <p>Scrutiny Officer</p>		<i>March 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Wellbeing and Health Scrutiny Board in early 2016 to consider the outcomes of the six local plans outlined at this meeting.			
30 October 2015  Page 169	CHILDREN'S IMPROVEMENT PLAN 2015 – UPDATE [Item 6]	<p>That the Board to establish a Performance and Finance Sub-Group that will track Children, Schools and Families progress against key performance milestones set out in the plan, in addition to budget planning.</p> <p>Membership: Keith Witham, Margaret Hicks, Ken Gulati, Yvonna Lay, Ramon Gray, Ernest Mallet and Fiona White.</p> <p>That officers clarify the formal mechanisms by which District and Borough Councils can share information and concerns related to safeguarding issues, particularly in relation to housing, taxi and premises licensing.</p> <p>That the Board receives an update on what actions have to be taken in line with the Improvement Plan to ensure the views of children and young people are heard.</p> <p>That the report receives a further report on the step-down processes in place for</p>	Deputy Director - Children's, Schools and Families		May 2016

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		children's and families receiving support from children's services			
30 October 2015	ADULT SOCIAL CARE STRATEGIC DIRECTOR'S UPDATE	An item on Adult Social Care's approach to reducing Transforming Care (reduction of Assessment and Treatment beds) to be presented to the Scrutiny Board in 2016.		Adult Social Care Area Director for Guildford & Waverley	May 2016
30 October 2015 Page 70	MENTAL HEALTH CRISIS CARE CONCORDAT AND MENTAL HEALTH CODE OF PRACTICE: AN UPDATE [Item 9]	<p>That the Scrutiny Board reviews the roll out of the Safe Havens across the remaining five Clinical Commissioning Group areas in Surrey including the financial sustainability of these projects.</p> <p>That an update is provided on the implementation of the Single Point of Access Project.</p> <p>That there is liaison between Surrey Police and Hampshire Police on good practice usage of the Aldershot Safe Haven for people in mental health crisis</p>		<p>Senior Commissioning Manager</p> <p>Scrutiny Board Chairman and Police and Crime Panel Chairman</p>	May 2016



# Social Care Services Board – Forward Work Programme 2015/16

25 January 2016  
PUBLIC

- Review of Prisoner Social Care Service
- Adult Social Care Quality Assurance Task & Finish Project outcomes
- Children's Services - Quality Assurance Report
- Safeguarding Children Board Annual Report
- Supporting Families Programme

4 March 2016  
PUBLIC

- Review of Surrey Choices
- Internal Audit of AIS Care Assessments Update
- Corporate Parenting: Lead Members Report
- Fostering and Adoption Services - Statements of Purpose and Annual Reports

12 May 2016  
PUBLIC

- Better Care Fund Delivery
- Learning Disability PVR implementation
- Transforming Care
- Children's Improvement Plan Update

## Future Scrutiny Topics

Potential topics that can be scheduled for scrutiny when appropriate as well as long term and ongoing items are listed below.

### Children's Services and Youth Support Services

- Youth Justice Strategic Plan
- Medium Term Financial Plan 2016-2020
- Early Help
- Special Education Needs and Disabilities
- Safeguarding in schools (joint session with Education and Skills Board)

### Adult Social Care

- Continuing Health Care
- Discharge Planning
- Performance & Finance
- Young Carers Trailblazer project (joint with CSF)
- Enterprise Network