

Surrey Safeguarding Children Board

Annual Report

April 2013 - March 2014



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Foreword

I am delighted to present the Surrey Safeguarding Children Board (SSCB) 2013 - 2014 annual report.

During 2013-2014 the SSCB has rigorously carried out its statutory functions under Regulation 5 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 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.

The period covered by this report has been one of considerable change for partner agencies in response to both budget constraints and changes in Government policy. The Probation Service is currently undergoing significant restructuring of services and both the local and national impact is being monitored by the SSCB. Significant work has been undertaken by the SSCB in understanding the emerging health economy and in influencing capacity to support the embedding of safeguarding practice within the clinical commissioning group (CCG) structures, which became effective from 1 April 2013. In March 2014, Surrey Children Schools and Families Directorate introduced a new structure to support partners through a referral, assessment and intervention service (RAIS) providing advice and support to partners prior to making a referral. This service is supported by the safeguarding hub, which is hosted by Surrey Police in Guildford. The hub enables an efficient multi-agency response to referrals and significantly improves decision making and information sharing between agencies. 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 review of the SSCB structure and governance arrangements, which commenced in the previous reporting year, was completed and a governance protocol written to formalise the governance arrangements between the Health and Wellbeing Board (HWB), the Surrey Safeguarding Adults Board (SSAB), the Children and Young People's Partnership and the SSCB. This was formally approved by the board in June 2014. Membership of the SSCB full board was also reviewed and strengthened to ensure that there was representation from education and voluntary organisations. There is currently an ongoing review of the role of the SSCB sub groups to ensure that these are functioning effectively and delivering outcomes against the key priorities of the board.

During 2013-14, SSCB published four serious case reviews (SCRs), commissioned two new SCRs and undertook review activity with an additional three cases. SSCB has pro-actively piloted a number of different methodologies in approaching reviews and adopting the systems approach, as detailed in the Munro Report 2011. In response to the need to understand the common recurring themes in SCRs and domestic homicide reviews (DHRs) and to reflect on the learning from practice audits, the SSCB conducted a mapping exercise of SCRs, DHRs and audit

recommendations to inform the planning of a series of practitioner workshops. These were held in November 2013 and December 2013 and started to identify and address the apparent barriers that prevent learning being taken into practice. This approach is supported by the SSCB multi-agency learning and improvement framework as part of wider improvement activities.

Following the Section 11 audit of statutory agencies in 12/13, SSCB has throughout 2013-14 provided bespoke support to partner organisations to support improvement in their safeguarding arrangements ahead of the 2014-2015 Section 11 audit. In addition the SSCB undertook a review of its child death overview functions to ensure arrangements were working efficiently and recommendations to ensure sustained improvements were being implemented.

The SSCB also completed a comprehensive piece of work to review the arrangements for the commissioning and delivery of safeguarding training including a comprehensive training needs analysis, which reported in September 2013, and the development of a training strategy.

In accordance with 'Working Together to Safeguard Children' guidance 2013 a multi-agency threshold document was agreed and published alongside the early help strategy within Surrey, which was formally launched in January 2014 and is currently embedding into practice.

This annual report for 13/14 clearly demonstrates the significant amount of effective safeguarding activity undertaken by all partners within Surrey. It details the progress made against the four LSCB 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 Surrey Safeguarding Children Board 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 Surrey Safeguarding Children Board as it moves forward is to increasingly demonstrate and evidence the impact of this activity on children's outcomes.



Alex Walters

Independent Chair, Surrey Safeguarding Children Board



Background

Surrey's children

There are approximately 272,800 children and young people, aged 0-19 living in Surrey. The majority are safe, well educated and cared for, experience good health and have good leisure and employment opportunities.

Surrey has one of the lowest rates of child deprivation in the UK, with the most recent data indicating that there are approximately 23,090 children and young people in Surrey, aged 0-19, living in low-income households. This equates to 11.8% of the 0-19 population.

Birth rates in Surrey have risen by 20%, with a projected peak in 0-5 year olds of 73,600 in 2020. Projections predict that overall the Surrey 0-19 population will grow by 3.7% by 2015 increasing demand on universal services.

In Surrey more than 190 languages are spoken.

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 identifies four key interrelated issues which can adversely impact upon the lives of children and young people:

- parental mental health
- parental substance and alcohol abuse
- domestic abuse
- living in poverty and hardship.

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

- 2013-2014 saw very little change in the number of children being identified as children in need, with the number of referrals to Children's Services being 11,809, compared to 11,761 for 2012/13.
- There continued to be a rise in the number of children made subject to child protection plans, although this was not nearly as large an increase as that witnessed in 2012/13. At 31 March 2014, there were 927 children subject to a child protection plan compared with 890 at 31 March 2013. However, it is significant to note that this increase had occurred entirely in the last three months. Throughout the rest of the reporting year the number did not rise to 900 or above.
- A high number of children subject to a plan have become subject to a repeat plan. The percentage at the end of this year is 20%, compared to 8.8% in 2012/13. This may reflect upon a lack of available step-down support services to ensure that progress is maintained and will need to be monitored by the SSCB.
- The numbers of children whose plans ended after being the subject to a child protection plan for more than two years was 6% in comparison to 3.47% in March 2013. This is a more positive overall trend indicating that services have combined to tackle drift on long-term child protection cases.
- At 31 March 2013, there were 839 looked after children (LAC) within Surrey this figure has dropped to 798 on 31 March 2014. This reflects the focus and commitment to achieve permanency for children in care, with the total number of adoption orders and special guardianship orders (SGO) nearly doubling in this year on the previous year. A total of 125 adoption and SGOs were granted this year compared to 79 in the previous year.

SSCB is pleased to note the following progress in performance for Surrey children and young people:

- 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 80% of Surrey schools are now rated as good or outstanding by Ofsted compared with 75 % in 2012/13.

- 62%, over 43,000 of Surrey children under five years old are now registered at a Surrey children's centre - an increase of 26% on 2012/13.
- Approaching 4000 children under five living in disadvantaged areas are registered at a children's centre, with 57% of these visiting a children's centre in the last year - a 22% increase from 2012/13.
- In 2013/14 the number of children who are not in education, employment or training (NEET) reduced from 978 to 429. 96% of young people (1293) who were identified at most risk of becoming NEET in year 11 were successfully progressing into education or employment.
- Surrey has achieved a 4% increase in young people aged 16-18 starting apprenticeships since 2011 against a national picture showing a 14% reduction. 786 new apprenticeships were generated for 16-19 year olds in 2013/14.
- The Youth Support Service prevented 331 young people from becoming homeless.
- Youth restorative intervention has diverted 770 young people who have offended for the first time away from the criminal justice system.
- In 2013/2014 the number of young people offending in Surrey has continued to decline.

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 objectives of the SSCB as set down in 'Working Together to Safeguard Children 2013' 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; and,
- 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
- commissioning and evaluating single and multi-agency training

- establishing specific, local protocols to reflect local priorities
- communicating and raising awareness
- monitoring and evaluating the activities of partners through S11 and auditing activity
- reviewing child deaths and conducting serious case reviews.

In the wider Surrey context the SSCB has a statutory scrutiny and monitoring role in relation to the Surrey Children and Young People's Partnership (SCYPP) and the themed partnerships working within the SCYPP 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.

The SSCB business plan for 2013-14 agreed **four targeted priority areas** of focus and the progress towards these is reported on throughout this annual report. The priority areas are:

1. to work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families
2. to ensure sufficient timely and effective early help for children and families who do not meet the thresholds for children's social care
3. to ensure professionals and the current child protection processes effectively protect those children identified in need of protection and who are looked after
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.



Progress in 2013-14: How well did we do?

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 joint strategic needs assessment (JSNA) tells us that a total of 4,105 children under-16 were reported as either living with the victim or being affected in other ways by domestic abuse, such as through contact orders. Local figures indicate that the proportion of survivors seeking domestic abuse outreach services with at least one child under 16 years old is 55%. Domestic abuse has been a factor in a number of serious case reviews in Surrey since September 2011; when a child dies or is seriously harmed and abuse or neglect is known or suspected to be a factor in the death.

The Community Safety Board (CSB) leads on the multi-agency priority of domestic abuse for Surrey, linking closely with the Health and Wellbeing Board (HWBB), who detail domestic abuse within their safeguarding priority, and also with the Surrey Safeguarding Children Board (SSCB) and Surrey Safeguarding Adults Board (SSAB).

In January 2014, the domestic abuse strategy was presented and endorsed by the SSCB. The strategy is to be delivered by the domestic abuse development group through a variety of work streams.

The strategy was developed in partnership through learning from a rapid improvement event held in June 2012 and subsequent focused pilot work. From February 2013 a number of multi-agency consultation events and surveys were carried out, with victim feedback being provided through outreach victim forums.

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 covering the first year priorities, which focuses on the three themes of prevention, early intervention and response.

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Achievements/progress in 2013-2014

- A healthy relationships package is being developed by the Children, Schools and Families Directorate to support preventative work in schools for implementation by September 2015.
- A domestic abuse checklist has been developed, tested and rolled out across Children Services and Safeguarding to provide an appropriate response to those experiencing domestic abuse in order to minimise risk, and improve the safeguarding of vulnerable children. Reporting mechanisms have been agreed to enable information sharing with schools whose pupils may be affected by domestic abuse following incidents involving police attendance.
- The safeguarding hub hosted at Guildford Police Station, involving children's social care and the police, is adopting a whole systems approach to safeguarding where information is shared, risk understood and multi-agency decision making is in place to support children coming to the attention of the police attending domestic abuse incidents. A multi-agency triage model has been adopted which enables a rapid and effective response.
- Work is being undertaken by Public Health and the Health and Wellbeing Board to proactively identify and respond to "at risk" adults and children.
- Specialist domestic abuse services for children remain geographically inconsistent and a scoping exercise to understand support services for children has been developed. This aims to improve the consistency of the current support offered; to re-establish attachment in families where domestic abuse is an issue and identify provision for victims and children who are appropriate for early help domestic abuse support and intervention.

Challenges for 2014-15

- Further roll out of the domestic abuse checklist and embedding of the checklist into practice.
- Development of an outcomes framework, structured around the findings of the scoping of specialist domestic abuse children's services and the commissioning and development of specialist services.
- Surrey Family Support Programme (SFSP) development of integrated interventions as part of the troubled families programmes to support families at risk of domestic abuse. Currently 17% of families working within the SFSP reported domestic abuse as an issue.

SSCB undertook two audits in relation to domestic abuse in 12/13 and the learning from these informed the [domestic abuse strategy 2013-14](#).

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 this approach to addressing this gap in service provision. Although there is evidence of progress being made in awareness and focus across the partnership and clearer governance arrangements, SSCB will continue to maintain this as a targeted priority for 14/15.

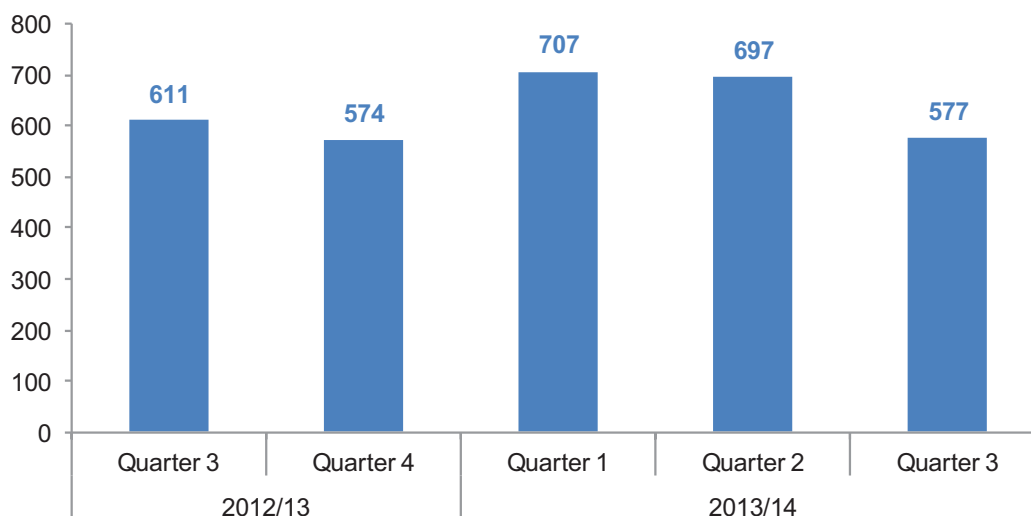
Statistical data

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

	2013-2014	2012-2013
New contacts /referrals to Surrey domestic abuse outreach services.	3,455	3,127
Number of new services users with children under 16.	1,996	1,665
Number of new services users with children living with them.	2,559	2,327
Total number of children affected by domestic abuse supported by outreach services.	2,695	2,897
Number of 16-17 year olds accessing Surrey domestic abuse outreach services.	48	20

In 2013-14 there were 13,432 (2012-2013: 12,567) incidents/crimes of domestic abuse reported to police representing 16.7 % of total incidents/crimes reported. In 2012-2013 3,625 of these incidents were a repeat incident and figures suggest that the number of repeat incidents have reduced; however statistical data is no longer collected relating to single offences.

Number of children living with victims of DA who are currently a service user of a Surrey Domestic Abuse Outreach Service



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 Surrey Children and Young People's Partnership structure in 2013. The SSCB has engaged in the partnership's development and has been monitoring the effectiveness of its work programme throughout 2013-14.

SSCB agreed the multi-agency levels of need document in January 2014. The SSCB provided challenge to the multi-agency working group to clearly define the threshold descriptions.

An early help partnership conference was held in March 2014 to formally launch the early help strategy and levels of need document and to update on changes to Children's Services to create referral, advice and intervention hubs in each of the area quadrants. Early help conferences have been delivered with early help partners in all of the Surrey quadrants to support this work.

There has been a high uptake of early help assessment and lead professional training throughout the county and this has led to increased confidence and up-skilling of the workforce across Surrey.

A significant development in July 2013 was the safeguarding hub. All strategy discussions arising from police referrals are now held in the hub and decisions are made as to whether thresholds have been met and if there is a need for assessment to be undertaken. This initiative has already had measurable impacts in referrals where police were the initiating source. Volumes of contacts received in area teams have reduced significantly and decision making is timelier with significantly improved information sharing. The number of cases where no further action is required has significantly reduced indicating a reduction in referrals where there is no perceived threat or issue. There is evidence of shared responsibility of risk.

In the period April 2013 to February 2014, 16,936 contacts were handled by the safeguarding hub and 3,812 referrals.

In addition, the Surrey Family Support Programme has been successfully developed and implemented, enabling a multi-agency approach to support families with multiple and complex needs. Key features of the programme are:

- A whole family approach.
- Assembling and embedding of a team around the family approach, this identifies a lead professional and enables effective coordination and a single point of contact for the family and practitioners supporting the family.
- A multi-agency approach to assessment, with improved information sharing and shared outcomes which are presented through a family action plan.

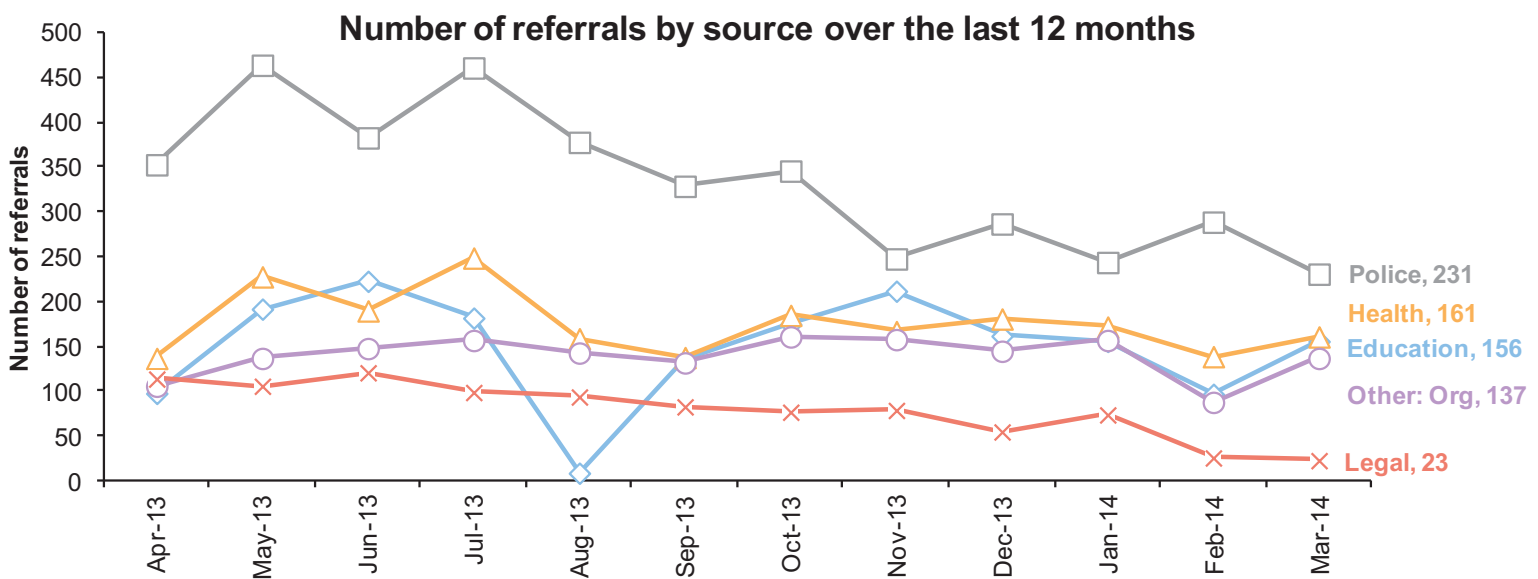
- Intensive support within the family home which builds trust and rapport with professionals supporting the family.
- Support for the family through a single portal.

Within Surrey there are six local teams run through borough and district councils, with collaborative working between borough and district councils to achieve economies of scale.

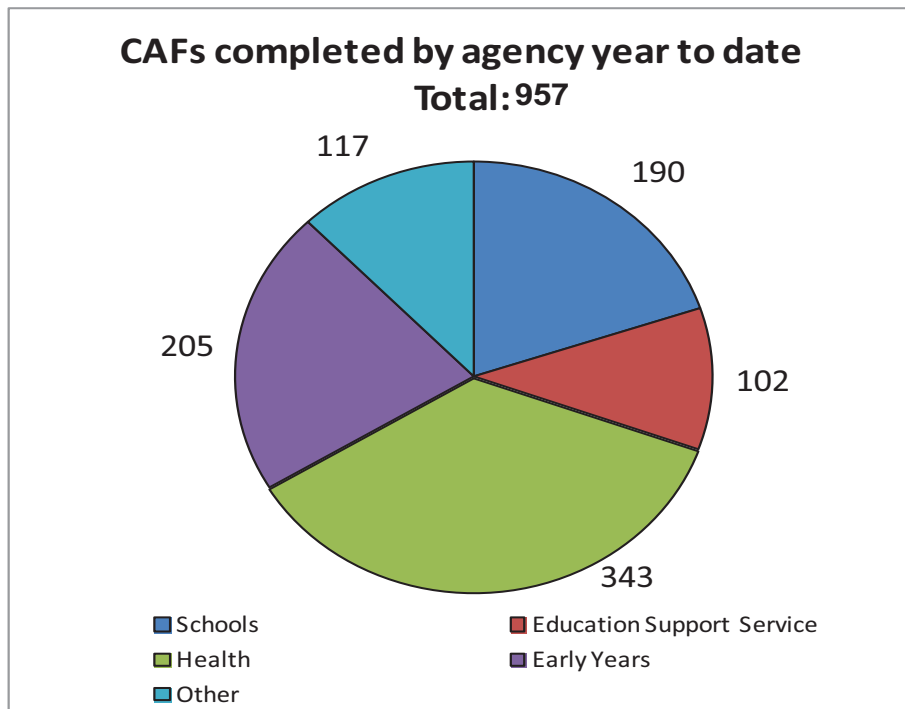
Successful outcomes include 525 families who have received intensive support and have achieved Government improvement measures, placing Surrey as one of the highest performers nationally.

Outcome

Following Surrey’s early help strategy and the multi-agency levels of need document launch at the early help partnership conference in March 2014, partners committed to working together to plan, commission and deliver the early help offer. Four local area based conferences were delivered, as a multi-agency working group for practitioners, to communicate and promote the key messages. SSCB regularly monitors progress towards the implementation of the strategy.



Number of common assessment framework/early help assessments completed by agencies in the safeguarding network (1 April 2013 – 31 March 2014)



Children with special educational needs and disabilities

Partners have worked with 65 families as part of the SEND pathfinder work in Surrey. A local information service has been established and integrated education, health and social care plans (EHCP) have been developed. Over 400 families are now managing their own care packages through direct payments schemes. Surrey Early Years Support Services met the needs of over 221 children with disabilities and their families.

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.

SSCB audits of files and individual case reviews and the 2012 Ofsted inspection demonstrate that children are being safeguarded by effective multi-agency practice although there are always areas for improvement. There is robust monitoring of action plans to ensure implementation of improvements identified. 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.

The effectiveness of partner agencies engagement and contribution in CP conferences is reported upon to SSCB by independent chairs on a four monthly basis. Looked after children processes are monitored and reported upon annually to the SSCB in the independent reviewing officer and corporate parenting reports.

Work has been undertaken throughout 2013-2014 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 (Sept 13 – Feb 14)

	GP	Health Visitor	Midwife	School Nurse	Education	Police	Probation	Drug / Alcohol agency	Domestic abuse agency	Adult Services (Mental Health)	Housing	CAMHS	Voluntary agency
Invited	191	139	48	106	141	210	21	14	2	20	32	10	8
Attended	1%	90%	92%	71%	81%	94%	24%	43%	100%	70%	72%	50%	88%
Provided report	35%	75%	81%	54%	84%	76%	19%	29%	0%	20%	31%	40%	63%

The SSCB identified a particular problem in the engagement of GPs in the CP conference process. As a result, the named GP, the lead CCG and the council's safeguarding unit have worked together to improve this significantly.

There has been a major drive to ensure training for all GPs with an increased take-up of the courses. This has helped to raise awareness of the importance of input from them, whether it is through attendance, or more likely through reports. As a consequence the number of GPs sending reports to conference has increased significantly from a very low base of 20% in the last quarter of 2013 to over 40% in the most recent quarter. This remains lower than we would wish, but indicates a positive direction of travel. In addition, the named GP, CCG and safeguarding unit have agreed a number of measures to be introduced to build upon these encouraging signs.

Outcome

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The Surrey wide named GP led on a training initiative throughout the east of the county, which will now be rolled out across Surrey to raise awareness of safeguarding issues with GPs and to encourage greater participation in child protection/safeguarding work. The SSCB acknowledged feedback from GPs that SSCB procedures were too long to access during short consultations with patients. As a result of this feedback an easy access prompt sheet was agreed and circulated to GP practices and NHS England have worked with health partners and the SSCB to produce a set of prompt cards to use as an aide memoire for GPs to refer to when they have a concern and need to make a referral or escalate the concern.

Additional SSCB focus has been on core group functioning and this has also been considered through auditing activity and learning shared with partners. One outcome has been the development of a practitioner's guide to core group working disseminated through the SSCB.

Additionally the child protection dissents group provides a forum where professional decision making in child protection conferences can be considered and challenged to ensure the right safeguards and protection plans for children.

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 2013-2014 and continues to do so. The CSE sub group of the SSCB has responded to national and local issues and the publication of a number of reports. It now has a comprehensive action plan in place.

A survey of partner agencies was undertaken in October 2013 with planned six monthly updates to provide a snapshot of local issues, the next planned survey being in April 2014.

The survey highlighted that the majority of children affected by CSE live with their families. 90% are girls aged 15 to 16, 87% of whom were identified as white/British. The youngest child identified as being at risk was 7 years old. 20% of those at risk had a disability. Analysis of the method of coercion used revealed that 30 cases involved grooming by an older individual, and 17 involved mobile phones, with 12 cases involving the internet/social networking.

Within Surrey there is a well-established multi-agency response to missing and exploited children. Missing and exploited children's conferences (MAECC) continue

to be held on a six weekly basis focusing upon the 'top 6' missing children as well as those at high risk of CSE and those at risk of human trafficking.

Currently there are 77 cases in the medium or high category and of these, 40 are considered to have a current, possible or known CSE risk.

- A comprehensive multi-agency work plan has been developed with five primary objectives.
- Co-ordinating a multi-agency approach to CSE work.
- Scoping, collecting and managing data.
- Awareness raising and training.
- Supporting services for young people.
- Bringing perpetrators to justice.

As part of raising awareness and prevention work, 65 CSE champions have been trained across Surrey and there are plans for further CSE champions to be trained during 2014. Chelsea's Choice, a play highlighting the issue of CSE, has been offered and delivered to secondary schools in Surrey with parents receiving supporting awareness sessions delivered by the Lucy Faithful Foundation.

Plans are well developed to recruit a specialised support worker to work directly with children affected by CSE. Multi-agency processes are in place to ensure a pro-active approach to early intervention and in 2014 a CSE pathway will be developed to signpost children and professionals to appropriate support services.

Challenges for 2013-14

Progress against the recommendations in the SSCB annual report 2012-13:

1. CSE

In July 2013, the SSCB identified a fourth strategic priority; to develop and agree the implementation of a CSE strategy identifying key priorities and monitoring procedures to measure impact and effectiveness.

The CSE strategy has been developed and much has been achieved in relation to raising awareness and prevention. Further work is being undertaken to develop a referral pathway to allow signposting of appropriate stages of disclosure, to support young people and improve the quality of the data in scoping arrangements.

2. Engagement of the voluntary, community and faith sectors (VCFS)

The priority to actively engage 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 2014-2015

priorities. There has been some progress with engaging the voluntary sector in board activities and with sub groups, however the engagement with the faith communities requires significant further development.

2. Participation of children and young people

Plans are in place, through the development of a participation strategy, to improve the formal participation of children, young people and their families in the work of the SSCB to ensure the priorities are appropriate and that services are of a good quality.

In February 2014, children and service users were invited to comment on the leaflets produced by the board to explain the process of child protection conferences. As a result of this feedback, changes have been made to the leaflets which will be reprinted to reflect some of the suggested changes.

3. Learning and improvement framework

A multi-agency learning and improvement framework, together with supporting quality improvement processes, has been developed and published. This aims to measure, as a direct result of learning, workforce understanding and confidence to improve safeguarding practice with children. This learning and improvement framework will also measure the sufficiency and impact of single agency and multiagency training.

4. Section 11 for schools

A Section 11 process has been developed and agreed for schools during 13/14 and this has been presented to the three education phase councils. It is anticipated that the audit will be undertaken in the early autumn term 2014 and will provide a comprehensive understanding and evidence of the robustness of safeguarding for children within Surrey schools. The audit is initially to be completed by Surrey maintained schools and it is proposed that this approach will be rolled out to the independent school sector in 14/15 including academies and free schools. With the support of the clinical commissioning groups within health a similar Section 11 is to be designed for completion by independent health providers.



Effectiveness of local safeguarding arrangements and outcomes for children

How safe are children and young people in Surrey?

In June/July 2013, Ofsted carried out a number of short thematic inspections of 12 local authorities specifically focused upon neglect of children and the responses of Children's Services and partner agencies in addressing these. Following the publication of that report in March 2014 Children's Services also carried out an internal audit of work in addressing the problem of neglect.

Specific verbal feedback provided to Surrey:

Areas of good practice:

- Significant attempts are made to engage fathers and male partners in case planning.
- Clearly defined use of family support workers.
- Areas of good partnership working, particularly the work with Welcare on child protection plans and the positive involvement of health visitors.
- Some good supervision and oversight, with positive efforts to progress cases.
- Child protection plans were improved and more focused.
- Social workers continue to make efforts to engage resistant parents.
- The regularity of supervision is improving.
- Positive engagement of children and young people in one to one discussions with a clear record of the child and young person's perspective.

Areas for improvement:

- Surrey eligibility criteria are lacking focus on neglect.

- Some core groups lacked focus.
- Some child protection plans showed limited evidence of timely progress.
- Some poor supervision , leading to some cases drifting.
- Public law outline process is poorly reviewed.
- Some cases showed professional optimism.
- Proactive liaison between the local authority and partner agencies in involving partner agencies in plans was variable.

The SSCB has agreed that there needs to be a multi-agency strategy developed in relation to neglect and this is being undertaken by the quality assurance and evaluation sub group in 2014/15.

SSCB – monitoring 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.
- 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

Outcome

Significant concerns were raised about working practices in an independent health provider, which included excessive use of seclusion and restraint, poor record keeping and restrictive practices. The SSCB received regular update reports from partner agencies on the significant work that was required to address regulator's concerns and those raised by the NHS England local area team following a review by a senior clinical nursing expert. Significant partnership support has been put into the reviewing and monitoring of this provider and ultimately the progress reported led to the reinstating of CAMHS provision by NHS England. Regular reports are considered and discussed by the board to seek reassurance that safer working practices are in place. This regular reporting and scrutiny will continue throughout 2014-2015

The race equality and minority achievement (REMA) team work with Surrey's traveller communities. These are 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.

Parents from the Gypsy Roma Traveller 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.

Currently there are over a thousand 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 58 traveller children who are known to Surrey's elective home education (EHE) department, with an additional 20 Year 10 and 11 pupils who are EHE attending Gypsy skills provision.

Under the law, education is compulsory but not schools. 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, 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 duties to monitor the quality of home education but have a duty to intervene if it appears that parents are not providing a suitable education.

Based on voluntary information from parents, 674 children in Surrey are home educated, an increase from 522 in 2012/13. The actual figures may be considerably larger. During 2012/13, 400 names were added to the register and 204 removed.

In 2012, Surrey County Council adopted a new elective home education policy following consultation with members, officers and parents.

Outcome

Elective home education

The SSCB received a presentation on elective home education and the challenges of keeping children safe. It was agreed that the SSCB should raise the issues with LSCBs regionally and maintain a watching brief on any national progress in this area and continue to scrutinise local performance.

Serious case reviews and partnership reviews 2013-14

The SSCB is committed to undertaking reviews to identify and respond to the learning and support improvements in practice. The SSCB learning and improvement framework sets out how agencies within Surrey work together to continually improve services to safeguard children and protect children from harm.

During the year 2013-2014, two serious case reviews were commenced. There were no formal partnership reviews undertaken during this period, however there were a number of follow up learning activities undertaken with four additional cases involving adolescents, some of which will report in 14/15.

Four serious case reviews concluded in 2013/14 and were published in accordance with Working Together to Safeguard Children (2013). One further review, Child X, was completed but is not yet published, due to ongoing criminal proceedings with publication expected in autumn 2014. Child S will be published in May 2014 and Child Y is also expected to publish in autumn 2014.

In the interim, action plans to instigate improvements in services have been implemented by SSCB and partner agencies.

Progress in response to the learning from serious case reviews includes:

- The development of a multi-agency early help strategy to support the identification of support and timely help to families.
- The creation of a central safeguarding hub where police and social workers are working together more closely to respond to contacts/referrals
- The revision of the multi-agency bruising policy and wide dissemination.
- Detailed analysis of barriers to learning being taken into practice commenced.
- Specific targeted work/raising awareness with borough and district councils has continued in relation to their housing and leisure functions.

Serious case reviews commenced 01.04.2013 – 31.03.2014

Initials	Month commenced	Month reported/to be reported to board
Child Z	Apr 13	Jan 14
Child Y	Nov 13	June 14

Published during 2013-2014	Not yet published
Children J and K	Child X
Child Q	Child Y
Children U and V	Child S
Child Z	

Achievements/progress in 2013-14

- The development of a multi-agency learning and improvement framework to encourage a proactive approach to learning, improving the quality of frontline delivery.
- Mapping of learning from review and audit activities to ensure that the recurring themes arising from recent reviews are used to inform the development of SSCB work plans, the work of SSCB sub groups, audit activities and training programmes.
- Workshops held with practitioners/managers in November/December 2013 provided some feedback on local issues that prevent learning from case reviews being taken forward into practice. These findings have been shared with the board and will inform future planning.

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

- lack of information/assessment of fathers/ male carers
- poor communications within maternity services
- misuse of drugs and alcohol not being given adequate weight in assessment
- failure to give priority to children's needs/over-focus on the problems presented by adults
- inadequate assessment of a child's needs
- inadequate recognition of the significance of interacting risk factors and changing risk levels
- 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 2014/15 audit activities of the quality assurance and evaluation group and the four area groups to monitor practitioners' understanding and embedding of learning into practice.

Specific example of the learning from a Surrey serious case review

Learning the lessons

Following events that led to a serious case review, a number of approaches have taken place across the entire health economy in Surrey, to ensure lessons are learned and embedded into practice.

A health economy wide learning event took place in March 2014 facilitated by Guildford and Waverley Clinical Commissioning Group and North-West Surrey Clinical Commissioning Group. The day consisted of two parts; part one was a briefing including the independent chair, aimed specifically at the most senior safeguarding leads and managers across all health commissioners and providers in Surrey and incorporated key lessons from the review and outlined the responsibilities of senior officers within health to lead the safeguarding agenda.

Part 2 was aimed at all levels of staff and included named and designated professionals, GPs, doctors, nurses and midwives at all levels from across the various health providers.

The key learning of the case was presented to the delegates. Subsequently speakers from the three key health organisations who participated in the process of the serious case review shared their organisation's experience and learning. The thematic review of learning from previous serious case reviews and the action plan that had been undertaken by the county wide designated team was then discussed, followed by a presentation of the deep dive audit which was undertaken to assess the embedding of learning from serious case reviews across Surrey health organisations.

The afternoon consisted of a pro-active table top exercise. Prompt cards, which sign posted 12 themes that arose from the serious case reviews were distributed around the tables and delegates were invited to look at these and consider the barriers and/or challenges to implement the lessons from the theme on the cards. They were also asked to consider what needs to change and how they could make a difference as an individual. Delegates were asked on an individual level to take one action back with them to undertake following the learning event. They were asked to note this on a post card which was collected and was sent back to them at a later date as a reminder to them that they can make a difference to safeguarding and promoting the welfare of children and young people.

Audits undertaken in 2013/14

10 multi-agency audits of different degrees of complexity were undertaken in April 13 to March 14 reporting to the quality assurance group and the area groups:

- domestic abuse in 16 -18 yr olds
- working with fathers
- diversity
- common assessment framework (CAF)
- core groups
- use of the multi-agency referral form
- domestic abuse
- management of bruising
- management of neglect
- management of parental substance misuse.

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.

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
- guidance is being developed to address risk management and neglect, and this includes identifying shared tools.

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 and increasing participation is a key piece of work being undertaken in 2014:

- A participation strategy has been drafted for implementation during 2014. 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 is underway in partnership with Children's Services to consult with children and young people who are subject to a child protection plan. This is a complex and sensitive task that will provide very detailed feedback on service delivery and experiences.
- An annual Survey of staff and their engagement with the SSCB was undertaken in September 2013 and will be repeated in 2014.
- Wherever possible the views of staff are included in audit processes and in case reviews. The SSCB has consulted with parents who were substance misusers and sought their feedback on service provision. This provided the board with an insight into how interventions are perceived by service users and the issues which needed to be addressed.

The participation strategy work plan for 2014/15 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 2013/2014.

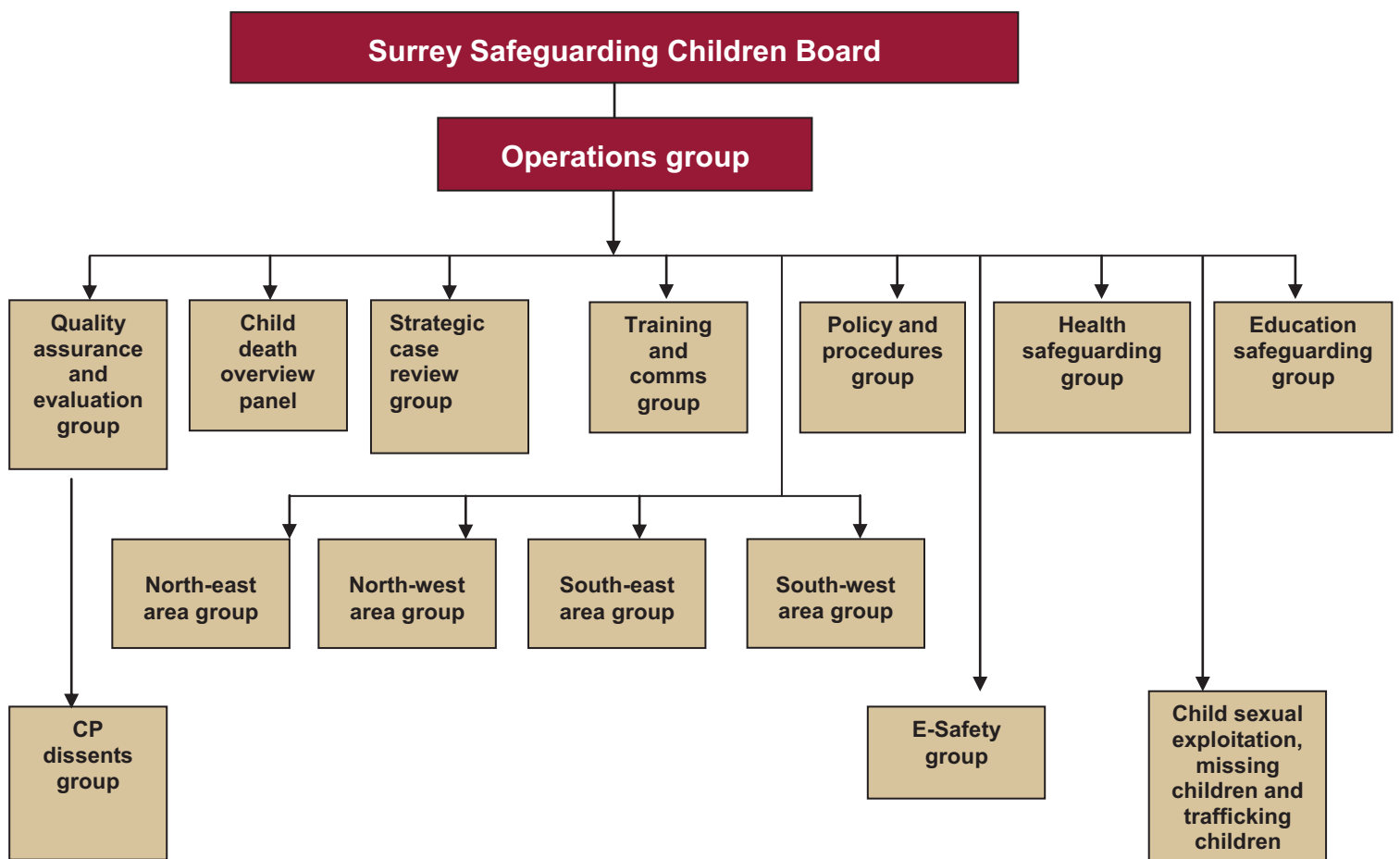
Managing allegations within the children's workforce

- To support safe working practices in Surrey the local authority designated officer (LADO) manages allegations against volunteers and employees of organisations that work with children.
- Over the past three years the numbers of referrals to the LADO service has increased significantly, with the annual number having risen by 40% over the last two years, from a total of 658 referrals in the year 2012/13 to 910 in the last reporting year. Consultations can range from offering advice to employers on conduct, to multiple allegations of abuse. This has put a considerable strain upon the service, but it has nevertheless maintained its standard in responding to enquiries and carrying out managing allegations strategy meetings (MASMs), where appropriate, within timescales.
- The increase in the numbers of referrals is indicative of the effectiveness of the LADO service in promoting and raising awareness amongst professionals. In part this is achieved by the commitment to provide regular training through the SSCB's training calendar. As a result of a number of high profile cases in the media, the LADO service has received a number of allegations of historical abuse and has been very pro-active in working with Surrey Police to ensure that these are thoroughly investigated.

Achievements and challenges for the SSCB's safeguarding 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.



Surrey safeguarding operations group

This group consists of the chairs and co-chairs of the SSCB sub-groups and area groups

Achievements/progress in 2013-14

- Ownership and engagement has improved within the group and there is a commitment to take forward monitor and challenge the operational impact of the SSCB business plan.
- Contribution to the performance management framework – the SSCB report card upon which the full board receives four monthly reports.
- Quarterly reporting of all sub-group and area group activities to facilitate two-way communication with the SSCB with key messages from the board and agendas being shared
- Dissemination of key learning from SCR/case reviews and auditing activity being taken to area groups and sub-groups to inform work activities.
- Monitoring and contribution to the SSCB business plan and ensuring links are made between sub and area groups.

Multi-agency reporting from SSCB area group activities 2012-13

The four Surrey area groups comprise of operational managers from partner agencies and members of the voluntary and community sector. The purpose of the area groups is to:

- receive information from the board and translate this into local practice
- develop cross-agency delivery and performance review
- be responsible for ensuring that the SSCB business plan is delivered locally at a strategic level
- form the outward face of SSCB promoting inter-agency working and learning
- receive lessons from serious case reviews and audit activity and analyse performance data pertinent to the local area
- undertake learning and improvement opportunities
- feedback local safeguarding issues to the SSCB.

SSCB area sub-groups have completed progress reviews on behalf of their respective agencies, detailing localised activity towards the achievement of the SSCB business plan priorities 2013-2014. In September 2012, Ofsted acknowledged that the area groups are becoming increasingly influential in their localities and this continues to be evident through improved attendance and participation of partner agencies.

In the wider context of the achievement of the SSCB business plan priorities there is a significant amount of local development work being undertaken which is reflected in targeted localised activities.

Achievements/progress in 2013-14

The area sub-groups are very effective multi-agency partnership groups that have supported the delivery of the work of the SSCB throughout 13/14. Below are just a few examples of good practice in Surrey:

Support for young people affected by domestic abuse: local initiatives to provide support include

- The provision of weekend support forums by domestic abuse outreach services for children and young people affected by domestic abuse.
- Direct liaison with social services, GPs, police, community mental health recovery services, Child and Adolescent Mental Health Services (CAMHS), Adult Social Care or other agencies where appropriate within further education.
- Close working with Youth Support Services.

Early help:

- Targeted mental health in schools (TaMHS) – a partnership between primary mental health workers (PMHW) at Surrey and Borders Partnership Trust (SABP), CAMHS community nurses for schools and Babcock 4S providing whole school training in mental health awareness and attachment theory together with access to a locally based PMHW for support, advice and consultation regarding children and young people with emerging mental health and emotional difficulties.
- Work to implement the national healthy child programme (HCP).
- Antenatal contacts made with all first time mothers and targeted antenatal support to women at 28 weeks for health needs assessment.
- HCP early weeks support with increased clinic contact and access to 0-19 service.

Professional's skills:

- CSE champions training.
- Attendance at health 0-19 meetings from Children's Services area lead every three months to challenge and improve partnership working, increase joint visits, joint training and workshops to improve "professional curiosity" and "ability to challenge other professionals".
- Joint supervision arrangements for health professionals and social workers.
- Health visitor post for the vulnerably housed role in 0-19 teams, works closely with partner agencies such as housing, Citizen's Advice Bureau, ESDAS, voluntary sector and cascades information to teams.
- New designated child protection officer in post, plus update training and school safeguarding awareness training has been revised to incorporate more information about domestic abuse to raise awareness and ensure effective signposting to appropriate support.

CSE:

- Attendance at Chelsea's Choice for 0-19 practitioners. Chelsea's Choice was delivered to 57 schools across Surrey targeting children and teachers on raising awareness of CSE.
- The Surrey Police and Crime Commissioner financial support for a public education campaign designed to help Surrey parents and carers better protect their children from sexual exploitation.
- Communication plan and resources agreed for awareness raising campaign.
- Regular support to parents through the education safeguarding lead.

Challenges/priorities for 2014-15

Priorities for 2014-15 have been identified by co-chairs and partner organisations as:

- Development of multi-agency audit work to ensure that there is wider participation and shared learning between the area groups.
- Professional multi-agency workshops/learning events to be delivered to support the findings and actions from audits SCRs and partnership reviews and develop a local response.
- Improved communication of practice developments between agencies to understand impact upon services to children.
- Development work linked to and to support the CSE pathway.
- Development work to support early help initiatives.
- Engagement of fathers and male carers.
- Risk assessment and risk management for children particularly affected by the impact of alcohol and drug abuse by parents and carers; including dynamic risk assessment.
- Evaluation of joint supervision pilot between social care and health.



Quality assurance and evaluation group

Achievements/progress in 2013-14

- The quality assurance sub-Group has now embedded its new terms of reference and has an established and committed membership with regular engagement and attendance by all agencies.
- Partners are much more engaged in the process of auditing across all agencies, rather than looking at Children's Services involvement with cases. This is a welcome development.
- Developing the quality assurance data set/performance scorecard. The regular report card has become a much more meaningful document which includes data from all partners that helps us to identify key lines of enquiry and areas of focus.
- Data provided from Schools and Learning has been vital in demonstrating the need for a concerted strategy to address the disparity in outcomes in education for Surrey's children in need and looked after children.
- Data has also highlighted two boroughs in Surrey that has higher than national rates for teenage pregnancy, which has resulted in a critical piece of work being commissioned from Public Health in developing a targeted strategic response to the need.
- Development and agreement in principle of a Section 11 audit for schools.
- Key audits have been undertaken in response to findings from serious case reviews including parental substance misuse and bruising in non-mobile babies to inform local action plans.

Challenges /priorities in 2014-15

- Partnership engagement in child protection conferences - particularly GPs. There have been high level discussions held to address the challenges and an improvement since the issue was identified. Further work will continue.
- Consultation with young people/participation: there is a need to more fully engage with young people in the quality assurance and development of services. The QA group has agreed a proposal for taking this forward and will

be implementing this consultation exercise with a view to presenting its findings to the board in the next few months.

- Development of a multi-agency neglect strategy following a thematic Ofsted review of neglect, which was published in March 2014.

Child protection dissents group

The child protection conference dissents group is a sub-group of the QA group and additionally reports to the SSCB operations group. Its primary function is to review decision making and contributions to child protection conferences where there has been professional disagreement or dissent relating to the chairs decision making. The group has increased its number of meetings to 12 per annum to manage increasing numbers of referrals. This is an indication that more professionals are challenging decision making.

Cases reviewed

The group has reviewed 14 cases where there was professional dissent. 11 cases arose from a child protection review and three were initial child protection conferences, in all these involved 39 children.

Age range	0-4 years	5-13 years	14-17 years
No of children	16	16	7

Grounds for child protection plan	Emotional harm	Neglect	Sexual abuse
No of cases	7	6	1

In 12 out of 14 cases the dissent related to the initiating or continuation of a child protection plan. Of those commencing or continuing on plans seven families and one of the siblings in an eighth family ceased to be subject to plans at the next review. In 9 out of the 12 cases the dissent was from the social worker. There were also some cases of multiple dissents and the following dissented on occasion:

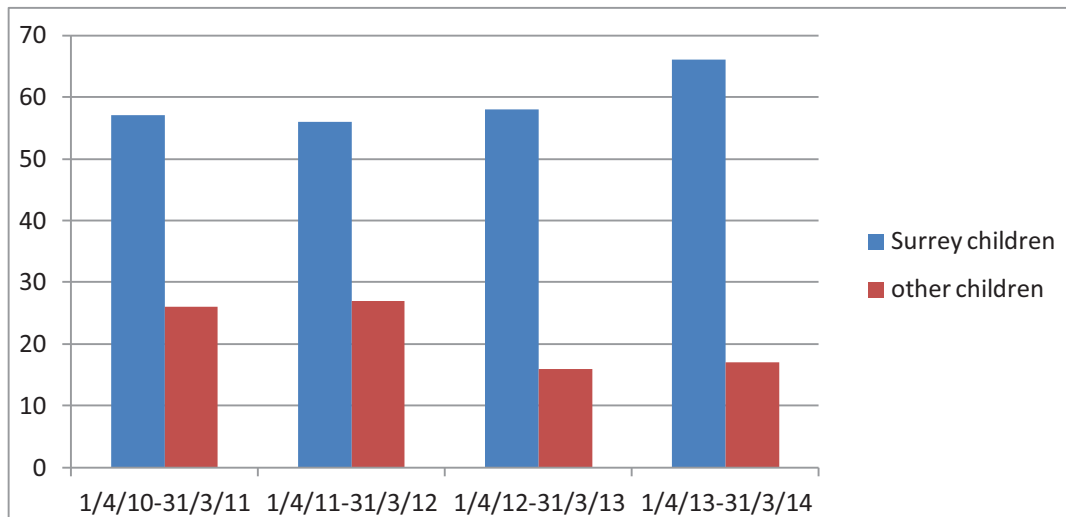
- health visitor (4)
- family support worker
- adult psychiatrist
- deputy head
- police
- nursery

In three out of 14 cases the chair had over-ruled the majority decision. On the basis of the information available the group, on balance, agreed with the conference outcome in all but one case. However in a number of cases the decision was finely balanced. An internal case review was recommended in one case.

Child death overview panel

Between 1 April 2013 and 31 March 2014, the child death overview panel (CDOP) was notified of 66 deaths of children who were resident in Surrey, and 17 children from outside the area, compared with 58 and 16 respectively in 2012-13. A significant number of the reported deaths are neo-natal, being within 27 days of birth.

Chart 1 - all deaths notified to CDOP from 1 April 2010 to 31 March 2014



Achievements/progress in 2013-14

- CDOP has reviewed a total of 46 deaths during 2012-13, which included deaths from previous years. There will always be a delay between the date of a child's death and the CDOP review being held because a review cannot be completed until all processes including inquests and serious case reviews are finalised. Between 2010 and 2014, 167 deaths were reviewed. Of these, 14 were deemed to be potentially preventable and 14 to have had modifiable factors and therefore preventable.
- During the summer of 2013, the CDOP conducted a thorough review of the rapid response processes and administrative procedures to identify where these could be improved.
- CDOP continues to work closely with the Coronial Service and has agreed a protocol regarding samples to be taken in hospitals for all unexpected deaths.
- The safe sleeping campaign to raise awareness amongst parents, mothers and carers of the increased risk of infant death through overlay when alcohol consumption, drug use and tiredness are prevalent continued and included training for all relevant front line health professionals.
- A new rapid response nurse was recruited in November 2013 on secondment and has worked well in implementing the action plan from the review of the rapid response processes.

- The CDOP database was upgraded and this year's annual data return included the optional data items.
- The rapid response nurse now contacts the parents of all children who die aged over one month. Previously this support was only available to those parents whose deaths were unexpected.

Challenges/priorities for 2014-15

- Recruitment of a permanent rapid response nurse to ensure that parents are able to input to the CDOP process and are provided with sufficient support and assistance during a very difficult time.
- The director of Public Health is replacing the independent chair of the CDOP in October 2014 and it will be important to ensure a smooth handover of responsibilities.
- From September 2014 there will be an audit of rapid response systems and provision of support to families to review whether the changes in the processes implemented during 2013 -2014 have resulted in improved outcomes for families.
- From April 2014 it is intended that all unexpected child deaths should have a joint visit with the police where appropriate.
- Following the establishment of an improved database in January 2014, it is intended that data analysis will be used intelligently to recognise local risks/issues and relevant findings from child death reviews to inform the local joint strategic needs assessment.
- Attendance at neonatal panels during 2013/14 has been mixed and some of the hospitals do not regularly send representatives to the panel meetings. This issue is being addressed by the rapid response nurse and should improve during 2013/14. There is currently no obstetric representative on the CDOP panel and a priority for 2014/15 will be to address this limitation.
- During 2013-14 there has been a significant increase in the numbers of rapid response meetings which have increased from 14 in 2012/13 to 22 in 2013/14. Workload is likely to present a significant challenge during 2014/15.

Training and communications group

Achievements/progress in 2013-14

6

- A comprehensive training needs analysis was undertaken involving partner agencies and the results were used to inform the planning and delivery of the SSCB training programme. The programme is designed to provide flexibility to deliver training as a direct response to findings from local and national serious case reviews and partnership reviews.
- The SSCB's learning and improvement framework has been agreed and published. It reinforces the importance for all partner agencies who work with children and families to work together to continuously improve, reflect upon and learn from practice.
- Throughout 2013-14 key messages from the SSCB in terms of both local and national developments were communicated through the development and distribution of the SSCB newsletter.
- Work has been undertaken to review and evaluate the multi-agency training material and this work is on going
- The SSCB has used the standards for inter-agency child protection training and development published by the promoting inter-agency training (PIAT) model to evaluate the impact that training has on improving practice and outcomes for children. A pilot of the PIAT model has been applied to two SSCB courses and results will be reported upon in June 2014.

Challenges/priorities for 2014-15

- Training materials will be further reviewed and evaluated to ensure materials remain up-to-date, reflect changes to legislation and guidance, incorporate lessons from SCRs and to ensure that training responds to local and national priorities.
- To continue to increase the number of people accessing SSCB training and in particular groups who have been under represented on courses thus far, including experienced practitioners, voluntary groups and third sector agencies.
- To develop new courses to meet identified needs in line with priorities identified in the SSCB training needs analysis 2013 and agreed by the learning, development and communication group.
- To develop a greater range of learning routes, including learning action plans, lunch and learn workshops, area workshops and online training courses.
- To roll out the evaluation model following the pilot to enable the SSCB to determine whether the training is informing safer workforce practice and whether minimum standards are being met.
- To introduce a learning action plan to support continuing professional development.

Statistical data

2013-2014 saw a 13.78% increase in the number of attendees on SSCB multi-agency training programmes.

Foundation modules 1, 2, and 3 were delivered to 1951 professionals compared with 1608 in 2012-2013.

Course	Total Attendees By Course		Increase
	2013/14	2012/13	
FM1	892	835	57
FM2	688	572	116
FM3	371	201	170

Analysis of training attended by agency shows that Children's Services, education and early years settings, together with health services account for the majority of attendees on SSCB training programmes.

Agency	2013/14
After School Club	36
Borough and district councils	39
Charities	79
Children's centres	92
Children's Services	276
Further education/sixth form colleges	45
Health	187
Health – acute hospitals	215
Health - providers	169
Health - Surrey and Borders Partnership	53
Health - Surrey primary care trust	26
Leisure services and sport	10
Nursery schools and playgroups	413
Nursing home/children's home	5
Other	16
Police	25
Private/independent hospital	4
Private/independent school	142
Probation	31
SCC Early Years and Childcare Service	20
SCC maintained schools	485
SCC staff	33
SCC Youth Support Service	26

Policy and procedures group

Achievements/progress in 2013-14

6

- The group conducted a review of SSCB policies and procedures and completed significant updating of the procedures manual. This is an ongoing project to ensure that six monthly updates are completed. Learning from serious case reviews and activities undertaken as part of the SSCB learning and improvement framework are updated more frequently as the need arises.
- Development of an easy to read leaflet for parents and carers for use when professionals raise concerns relating to bruising in non-independently mobile children and babies. Its purpose is to inform and answer questions and enables parents to consider the reasons why professionals are making a referral.
- Updating and communication of the multi-agency bruising protocol across agencies and sub-groups of the board.

Challenges/priorities for 2013-2014

- A multi-agency task and finish group will lead a project in 2014 to identify and agree a multi-agency definition of risk and develop a resource bank of tools which can be used to assess risk. Dynamic risk assessments have been identified as being challenging for professionals and it is a priority to ensure that changing risk factors are fully understood.
- Develop an evaluation tool to measure the impact of changes to policies and procedures.
- Develop a clear understanding of how partners communicate and share policies and procedures.
- Updating of the SSCB website to ensure that there is improved accessibility and enhanced opportunities to raise awareness of current themes arising for learning and improvement activities.

Outcome

The development and launch of a procedure on bruising in non-independently mobile children and babies was a significant piece of work undertaken by the policy and procedures group in 2013-2014. Significant learning was identified in both audits and serious case reviews which needed to be addressed. Feedback from frontline practitioners highlighted the challenges of escalating concerns about bruising and the difficulties in having to manage confrontation from parents.

As a direct response to this a bruising leaflet for parents was designed and published. This multi-agency approach to the effective management of bruising has created significant debate amongst partners and highlighted the need for a consistently applied procedure to be implemented. Feedback on the impact of the revised procedure and the leaflet for parents is being collated to inform future updates.



Education safeguarding group

Achievement/progress: 2013 - 2014

- Continuing to raise awareness of e-safety issues through the delivery of presentations to pupils, teachers and parents at primary and secondary schools, independent primary and secondary schools, maintained and independent special schools.
- Published guidance to schools on the use of social network sites.
- Local authority led safeguarding inspections in non-maintained special schools group have been carried out in schools which have received adverse Ofsted inspection outcomes or where serious allegations have been made and the schools have not followed safeguarding procedures. As a result of these inspections, robust action plans have been drafted and given to head teachers and principals. Placements to these schools have been suspended until all aspects of the action plans have been implemented.
- School safeguarding audit designed and implementation agreed with phase councils for 2014 – 2015.
- Protocol agreed with safeguarding hub on child at risk notifications to ensure schools receive timely information in such cases.
- Chelsea's Choice highly successfully delivered to schools, children's homes, looked after children and partners to raise awareness about child sexual exploitation.
- Child protection liaison officer (CPLO) meetings have been well attended and key messages delivered e.g. learning from serious case reviews.

Priorities: 2014 -2015

- Continue holding area designated child protection officer (DCPO) network meetings to include those from the independent sector.
- Implement and monitor new arrangements regarding child at risk notifications.
- Implement and monitor the outcomes of the schools' safeguarding audits.
- Monitor children missing from education (CME) and agree actions as required to improve quality of data and the provisions available.
- Develop the understanding of safeguarding within the further education college system.
- Ensure policies are fit for purpose in the light of national legislative changes as necessary.

Health safeguarding group

Achievement/progress in 2013-14

- Review of membership to ensure that both health commissioners and providers engage in two-way communication between all Surrey health agencies and the SSCB.
- Learning from serious case reviews (SCR) has been shared and action plans have been regularly reviewed and updated to promote a cohesive approach between strategic and operational issues.
- Key health issues arising from case reviews have been identified and a deep dive audit undertaken across the health economy to assess responses at practice level. Short term task groups have been established to address areas requiring review, such as family health needs assessment.
- Key lessons from case reviews and the deep dive audit were shared through a countywide learning event planned through the group.
- Key lessons from CDOP were shared and an approach to cascading these agreed.
- Looked after children team updates were regularly provided.
- The capacity issues within the safeguarding team have been responded to and new posts recruited to

Challenges/priorities for 2014-15

- Ensuring ongoing evidence of practice change as a result of learning from reviews through completion of the audit cycle and repeat of the deep dive.
- Agreeing systems to give the LSCB assurance that GP practices are compliant with section 11.



Child sexual exploitation (CSE), missing children and trafficking children group

Missing children

Achievements/progress in 2013-14

- Introduction of the missing and absent process to better manage low risk cases and prioritise the response to the highest risk cases.
- Relocation of staff so that there is a missing person investigation team at Guildford and Reigate to allow closer links with the large number of care homes on the east of the county.
- Two experienced child protection detective sergeants have been recruited to oversee missing person investigations and ensure a multi-agency approach is adopted.
- Missing persons staff now work seven days a week to provide continuity in investigations.
- Multi-agency missing and exploited children's conferences (MAECC) continue to be held on a six weekly basis focusing upon the 'top six' missing children as well as those at high risk of CSE and those at risk of human trafficking.
- Patterns/trends and risks are identified to allow preventative work and support to be put in place.
- South-east regional missing persons meetings have been established to identify patterns and share best practice.

Child sexual exploitation task group

Achievements/progress in 2013-14

- Task group has grown to encompass more agencies, in particular health.
- CSE champion update sessions are live and enable networking and shared learning.
- Chelsea's Choice, a play highlighting the issue of CSE, has been offered and delivered to secondary schools, children's homes, looked after children and professionals in Surrey with parents receiving awareness sessions delivered by the Lucy Faithful Foundation.
- Received funding and recruited a development worker into a new role. The 'What is Sexual Exploitation (WISE)' worker will work to provide support to children and provide professional expertise to partners.

- Multi-agency risk assessment tool in place for use when CSE is suspected.
- Complex abuse unit within the police formed to deal with the most complex cases of CSE.
- Pro-active identification of hot spots/locations within Surrey where CSE is prevalent.
- An identified area of concern for CSE is Woking. Links have been developed with Woking Borough Council. A CSE champion has been trained and Woking BC has supported awareness raising through the provision of a full page spread on CSE published in the Woking Magazine which was delivered to over 46 thousand people in the area.
- Continue to conduct awareness raising activities, in particular to engage the wider community.
- Surrey Police has been engaging with the independent advisory group and has delivered an awareness raising session to them on CSE. The feedback from the session was very positive and members of the group have agreed to help deliver CSE awareness raising leaflets and help raise the profile in their communities including a contact from the Asian Business Forum who is very keen to assist with the awareness raising campaign.

Challenges/priorities for 2014-15

- CSE profile for Surrey to be developed together with a prevention strategy.
- CSE tool kit for perpetrators still to be finalised and rolled out.
- Ensuring that data is provided from all partner agencies and is robust to establish what the actual picture of CSE looks like across the county.
- Multi-agency referral pathway being developed for CSE to enable effective signposting of services to young people affected by CSE.

E-safety group

The e-safety sub-group was established during 2013-2014 in direct response to the increasing national and local evidence that the use of information technology as a source of grooming and exploitation is increasing.

Achievement/progress: 2013 – 2014

- Multi-agency representation from all partner agencies has been established.
- Terms of reference and work plan agreed.
- Multi-agency conference in planning for 14/15 to raise awareness and provide information to professionals.
- Parents, teachers and pupils workshops have been held throughout the year which have received very positive parental feedback.
- Early development of e-safety training is underway.

Challenges: 2014 – 2015

- Increasing parental attendance at workshops to address the identified gap in knowledge.
- Greater engagement in e-safety awareness workshops by the independent sector.
- Conference resourcing.
- Support for foster carers in supporting the use of information technologies by looked after children.
- Raising the profile of gaming and understanding the risks associated with gaming as a direct response to the death of a Surrey child.
- Ensuring that all educational establishments, children's homes and other residential provision have monitoring and filtering systems in place to protect service users and staff.
- Finalising the multi-agency e-safety strategy to be adopted by partner agencies.



Overview of progress

Key achievements of the SSCB 2013-14

Overall 2013-14 has seen a step up in the performance of the SSCB, with increased capacity to support partner agencies in their work towards achieving the key priorities of the board. This has led to improved partnership working, more robust quality assurance and evaluation of activities and has provided a greater understanding of the challenges faced by partner agencies as they move through a period of austerity, budget cuts and re-structuring. The existing business plan for 2012-15 has been robustly reviewed and this is attached at appendix B with evidence of progress and an updated action plan for 2014/15 has been developed.

In measuring the success of the SSCB in respect of its two core business objectives there has been significant progress in 2013/14:

- A learning and improvement framework was developed, underpinned by a detailed quality assurance framework and audit work programme and a number of multi-agency audits undertaken. The themes from these audits and from case reviews have been identified and disseminated and used to inform the quality assurance and training work programmes for 2014-15.
- Some specific practice improvements have been informed by serious case review learning i.e. early help strategy and safeguarding hub arrangements.
- Specific awareness raising work with the boroughs and districts in relation to their roles and responsibilities particularly in relation to housing functions.
- Health organisations across Surrey have pro-actively engaged in addressing practice improvements and developed a learning event and process to disseminate the learning from a serious case review and to challenge senior leaders in their safeguarding roles.
- A performance scorecard has been further developed by SSCB and is being increasingly populated by data/information from partner agencies.
- CDOP has undertaken reviews of child deaths appropriately and ensured that key public health messages have been identified and are supporting

dissemination. All the CDOP processes have been subject to a formal review and improvements undertaken.

- SSCB has commissioned two serious case reviews and published four serious case reviews in 2013-14. This demonstrates an ongoing and continued commitment to learning. These reviews have used a variety of methodologies and have involved families, managers and practitioners.
- A comprehensive training needs analysis has been undertaken in 13/14 to determine the future training needs of partners and to inform the development of the SSCB training strategy. Benchmarking against other LSCBs is also being adopted to measure the quality and relevance of SSCB training programmes.

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 for designated and named health professionals, which has resulted in additional permanent posts.
- 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 the plans for the restructuring of Children's Services and the effectiveness of the safeguarding hub.
- Review of the effectiveness of area groups to support improved safeguarding practice across Surrey.
- Informing the domestic abuse strategy with the findings from auditing activity.
- Supporting the need to develop a CSE strategy with a clear action plan and referral pathway.
- Support and challenge to develop robust Section 11 arrangements for maintained schools in Surrey.

The SSCB Business Plan 2012/15 identifies four key strategic priorities for the Board. During 2013-14 there is evidence of satisfactory progress being made against these priorities. A multi-agency threshold document has been developed and there has been considerable work to develop and implement the early help strategy. The domestic abuse strategy was launched in autumn 2013 and is beginning to deliver its action plan to address areas of improvement and the child sexual exploitation strategy has been developed and is being implemented. There continues to be a robust focus on children who are subject to child protection processes to ensure the systems and professionals work effectively and this is undertaken through audit and case review activity and the work of the child protection dissents group.

It is however, too early to reflect fully upon the impact of this ongoing work in improving the experience for children and young people requiring early help and in safeguarding children from the adverse impact of domestic abuse and child sexual exploitation. These therefore remain targeted priorities for 2014-15. However, 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: 2014-15

Targeted priorities:

1. To work with partner agencies to reduce incidences of domestic violence and the impact this has on children, young people and families.
2. To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care.
3. To ensure professionals and the current child protection processes effectively protect those children identified in need of protection and who are looked after.
4. To deliver 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.

Additional areas of focus for Surrey Safeguarding Children Board in 2014-15

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 2014-2015. 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.
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 implement the Section 11 process agreed for schools by education phase councils. It is anticipated that the audit will be undertaken in the early autumn term 2014 and will provide a comprehensive understanding of safeguarding support for children across Surrey. The audit is initially to be completed by Surrey maintained schools and it is proposed that this approach will be rolled out to the independent school sector, including academies and free schools within 14/15. With the support of the clinical commissioning groups within health, a similar Section 11 is to be considered for completion by independent health providers.

Key messages for 2014/15:

Key messages for partner agencies and strategic partners

- To ensure that efforts are made by all partners (including those working with adults) to secure early help for families and those children in need of protection are identified quickly and receive appropriate support.
- To ensure staff 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 LSCB 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 LSCB safeguarding training and learning events.
- The contribution of your agency to the work of the LSCB is categorised as a high priority. Every agency must ensure that it takes into account the priorities within the LSCB business plan and the agency's own contribution to the shared delivery of the LSCB's work.
- The role of each agency in meeting the duties of Section 11 of the Children Act 2004 is clearly understood.
- Each agency is able to contribute to the work of the LSCB with appropriate resources and personnel.
- Ensure the LSCB 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

- 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 LSCB 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.

Financial resources

Contributions to the SSCB budget for the financial year 2013-14 remained the same as the previous year, totalling £310,177.00, with significant contributions from all agencies, including the boroughs and districts.

The board support team restructuring was agreed and implemented during 2012-13 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 (from May 2013), a child death coordinator and administrative support.

Contributions to 2013-14 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

Expenditure 2013-14

Cost Heading	Expenditure 2013-14	Expenditure 2012-13
Employee related costs	324083	240287
Staff expenses	6092	3844
Training expenses	71219	58191
Other costs	6601	9669
Independent reviews/case reviews	51576	51076
Independent chair	31064	19000

Appendix A Attendance data

Full board

23.05.2013	19/25 (76%)
17.07.2013	20/25 (80%)
26.09.2013	16/26 (62%)
21.11.2013	18/26 (69%)
28.01.2014	24/30 (80%)
25.03.2014	23/30 (77%)

Strategic case review group

22.04.2013	6/8 (75%)
23.05.2013	9/10 (90%)
20.06.2013	9/10 (90%)
17.07.2013	7/10 (70%)
20.08.2013	9/10 (90%)
26.09.2013	6/10 (60%)
22.10.2013	6/10 (60%)
21.11.2013	10/10 (100%)
19.12.2013	6/10 (60%)
22.01.2014	6/10 (60%)
25.02.2014	9/10 (90%)
25.03.2014	8/11 (73%)

Quality assurance and evaluation group

21.05.2013	10/14 (71%)
23.07.2013	8/14 (64%)
18.09.2013	9/15 (60%)
27.11.2013	8/16 (50%)
18.02.2014	8/15 (53%)

Operations group

16.05.2013	10/19 (53%)
08.08.2013	10/20 (50%)
28.11.2013	8/18 (44%)
24.02.2014	13/20 (65%)

Child protection conference dissent group

29.04.2013	5/11 (45%)
24.06.2013	7/11 (64%)
27.08.2013	8/11 (73%)
28.10.2013	5/11 (45%)
16.12.2013	8/11 (73%)
21.01.2014	7/12 (58%)
18.03.2014	6/12 (50%)

Learning communication and development group

16.04.2013	8/17 (47%)
11.06.2013	11/22 (50%)
18.09.2013	12/26 (46%)
12.11.2013	11/22 (50%)
07.03.2014	14/25 (56%)

Health safeguarding group

16.04.2013	13/26 (50%)
04.07.2013	15/30 (50%)
10.10.2013	11/30 (37%)
31.01.2014	19/29 (66%)

North-east area group

05.06.2013	19/40 (48%)
04.09.2013	15/42 (36%)
03.12.2013	8/32 (25%)
20.01.2014	15/40 (37%)
10.03.2014	14/33 (42%)

North-west area group

08.05.2013	15/43 (35%)
06.08.2013	12/38 (32%)
11.11.2013	16/36 (44%)
10.02.2014	12/38 (32%)

South-east area group

15.05.2013	16/48 (33%)
27.06.2013	21/49 (43%)
24.09.2013	28/39 (72%)
06.11.2013	16/49 (33%)
04.02.2014	19/45 (42%)
04.03.2014	16/44 (36%)

South-west area group

28.05.2012	13/36 (36%)
03.09.2013	14/38 (37%)
26.11.2013	13/30 (43%)
07.01.2014	14/34 (41%)

E-safety group

10.10.2013	4/12 (33%)
14.11.2013	5/12 (42%)
09.01.2014	10/12 (83%)
12.03.2014	9/12 (75%)

Child death overview panel

22.05.2013	10/11 (90%)
24.07.2013	6/10 (60%)
25.09.2013	12/13 (92%)
20.11.2013	8/11 (73%)
29.01.2014	7/10 (70%)
26.03.2014	10/10 (100%)

Child sexual exploitation group

16.04.2013	16/32 (50%)
17.09.2013	17/32 (53%)
12.11.2013	14/32 (44%)
14.01.2014	14/32 (44%)
18.03.2014	13/42 (41%)

Appendix B

2013-2014 SSCB business plan review

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 2013). 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.¹

The LSCB 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 LSCB 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 Working Together to Safeguard Children, 2013 Chapter 3.

1. Overarching priority:

To ensure the SSCB is able to deliver its core business as identified in Working Together 2013. In order to do this it has five core business objectives:

- optimise the effectiveness of arrangements to safeguard and protect children and young people
- 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 LSCB has identified three 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 the significant work undertaken during 2012-13 as part of the CSE/missing children work plan..

1	To ensure the LSCB is able to deliver its core business as identified in Working Together 2013.
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1.1		
	Action	Progress to 31 May 2014
1.1.a	<p>Ensure there is a robust process in place for multi-agency audit and case review informed by SSCB review of current quality assurance (QA) arrangements. These should link with SSCB strategic priorities:</p> <ul style="list-style-type: none"> a) domestic abuse b) impact of early help c) children who are subject to child protection plans (CPP)/looked after children (LAC). 	<ul style="list-style-type: none"> • An analysis of audit findings and learning from case reviews has identified audit themes for 2014-2015. • Domestic abuse audit undertaken and recommendations have been shared with the domestic abuse strategy group, quality assurance and area groups. • Early help strategy has been launched and is in the process of rolling out to partner agencies through targeted workshops and early help networks. The impact of the changes will be reported to the board and inform audit planning for 2014/15. • The QA work plan has been revised to reflect changing priorities and the work on CPP/LAC and children with disabilities has been changed. • In depth audits are scheduled based upon themes highlighted in case reviews/serious case reviews. These include: <ul style="list-style-type: none"> ➤ bruising in non-mobile children ➤ supervision ➤ impact and management of substance abuse ➤ the assessment of risk. CSF have commissioned from the SSCB policy and procedures group a draft strategy to identify the principles of risk management.
1.1.b	<p>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 business plan.</p>	<ul style="list-style-type: none"> • SSCB report card - a multi-agency data set is being developed and is reported upon four monthly to the board. • SSCB report card and data set is being revised through a multi-agency task and finish group to engage partners more effectively in the submission of data and the provision of supporting commentary. • Data governance issues relating to health data are currently being discussed through Public Health who form part of the task group. • CCGs are leading on health data sets with providers.
1.1.c	<p>To complete the 2012 Section 11 audits and ensure this process is robust and pro-active in its responses to partner organisations and supports continuous improvement.</p>	<ul style="list-style-type: none"> • 2014 S11 audit will be completed during July 2014. Focused workshops have been held led by Elmbridge on behalf of borough and district councils and by the SSCB QA&E Officer on behalf of other partner organisations. • Schools Section 11 document has been agreed in principle. • Support has been given throughout 2013/2014 to partners who underperformed in the 2012 S 11 Audit. Action plans are in place from partner agencies which are monitored by the QA group.

6

1.2		
	Action	Progress to 31 May 2014
1.2.a	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) but in addition annual IRO reports, complaints reports etc	<ul style="list-style-type: none"> • LSCB is informed of activity being undertaken by partners which supports the overarching priority of ensuring effectiveness. • A reporting calendar has been developed and is in place which ensures regular updating of the board from a wide range of agencies.
1.2.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"> • 2013-2014 SSCB annual report is currently being written to capture safeguarding activities against the board priorities across Surrey. • Report will make 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.

1.3		
	Action	Progress to 31 May 2014
1.3.a	Oversee and monitor the implementation of serious case review process and the CDOP processes.	<ul style="list-style-type: none"> • Serious case reviews and partnership reviews take place in accordance with the relevant guidance in Working Together. And have been mapped to identify recurring themes and inform board led activities. • Chairs of CDOP and SCR groups report quarterly to the operations group. • Board review recommendations of serious case reviews and agree actions and media publications.
1.3.b	Ensure that learning from the review processes is: <ul style="list-style-type: none"> • shared with the children's workforce. 	<ul style="list-style-type: none"> • Learning from reviews informs ongoing practice and policy development. • SSCB learning improvement framework has been agreed • 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. • Workshops held in November and December 2013 have provided information on the barriers to the transfer of learning into practice and these workshop findings will inform planning of services and policy and procedures.
	Action	Progress to 31 May 2014
1.3c	Monitored through quality assurance processes to	<ul style="list-style-type: none"> • Measurements of the impact of improved learning and policy development as a result of serious case

	<p>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>	<p>reviews/partnership reviews is not yet in place.</p> <ul style="list-style-type: none"> • 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. • Strategic case review group monitor and record progress against action plans.
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1.4		
	Action	Progress to 31 May 2014
1.4.a	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"> • E-suite training programme was launched in February 2014. Issues for partners around compatibility of systems to enable payment online to be achieved have resulted in the payment facility being removed. Training programme under development for July 2014 onwards. • Training strategy was presented to SSCB in March 14. • Development of training resources is a key priority for May – July 2014, particularly the exploration of e-learning options and specialist courses.
1.4.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"> • Measurement of the sufficiency and impact of single agency and multi-agency training is not yet in place. • Models to monitor quality and impact of training have been identified and will be piloted to be run on two programme areas.
1.4.c	To ensure the effectiveness of the role of the local authority designated officer (LADO) and current procedures for dealing with allegations against the workforce.	<ul style="list-style-type: none"> • Senior officers in partner agencies have been identified as first contact with enquiries of workforce allegations. • LADO role will be clear and understood by all partner agencies, CPLO training is in place and is delivered by Babcock 4S and externally commissioned agencies. The impact of this training is not yet monitored. • Policy and procedure will be clear and understood by all partner agencies. • Annual LADO report presented to SSCB.
1.4.d	To review the impact of safer workforce training on agency practice.	<ul style="list-style-type: none"> • SSCB will be able to determine whether the training is informing safer workforce practice and whether minimum standards are being met; monitoring and measurement is not yet in place and is a priority for development in 2014

1.5		
	Action	Progress to 31 May 2014
1.5.a	<ul style="list-style-type: none"> • To plan and deliver regular newsletters and updates to all staff. • To agree a mechanism to ensure engagement of children, young people and their families in measuring the effectiveness of safeguarding arrangements. • To agree a mechanism to enable staff to measure the effectiveness of arrangements in safeguarding services. 	<ul style="list-style-type: none"> • Newsletters raise awareness of key issues. Circulation broadened through link with early years settings. • Work to engage with children and families is in early stages and is a key priority for the SSCB QA Officer in 2014 through the participation agenda task and finish group. • Key agencies and service providers working with children and young people develop more responsive policy and practice informed by needs, views and wishes of young people. • Staff inform understanding and monitoring of effectiveness of safeguarding services. Staff surveys have been carried out and have led to an action plan. • Processes have been reviewed and engagement with the workforce is at an early stage of monitoring and development. A participation strategy is being developed and a task/finish group established to oversee this work. • Work with families and children is in the early stages of development as the views of service users are critical and provide a balance to data set analysis. A participation strategy is being developed and plans are in place for information gathering to inform this strategy.

TP 1

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.

	Action	Progress to 31 May 2014
TP 1.1	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"> • No specific specialist service is provided to children, children in refuges have an allocated child worker funded by SCC. • Area group work reflects the local initiatives to support victims and survivors of DA, in one area a specific post of outreach support worker for children is funded. • Sufficiency of capacity to support families, particularly children, is not fully understood by the SSCB. The review and mapping of services is part of the work of the DA development group which is attended by the partnership manager and has been informed by the domestic abuse audit. • Domestic abuse action plan is on the agenda for SSCB June 2014.
TP 1.2	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"> • SSCB do not deliver DA training; this is to be a priority for the training, development and commissioning officer/ partnership to discuss with the DA development group and incorporate into the SSCB training programme update. • Local meetings have taken place with agencies delivering training and observation of training have taken place - capacity is an emerging issue. • Training needs analysis specifically addresses DA training. • Externally delivered DA training will be included in the SCC online training programme which will be broadened to capture other multi-agency delivery of partner organisations.
TP 1.3	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"> • Partnership support manager sits on DA development group. • Strategy published September 2013. DA development group leading on developing an implementation plan which will be presented to the June 14 SSCB.

6

TP 2

To ensure sufficient, timely and effective early help for children and families who do not meet the thresholds for children's social care

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	Action	Progress to 31 May 2014
TP 2.1	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"> • EHA manager reports to the QA group. • Early help strategy presented to board together with multi-agency levels of need document. • QA officer monitoring the development of the e-early help assessment. • SSCB report card details activity, quality and timeliness of decision making. • Audit programme for 14/15 includes early help and children subject to a child protection plans.
TP 2.2	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"> • The experience of children and families is not yet fully embedded. The participation agenda is a priority area of work for the QA group in 2014/15. A task group have started to engage young people and parents. • Task and finish group meetings held to identify approaches and planning for participation work. • Surrey Youth Focus has met with the SSCB and have agreed to support some of the participation work.
TP 2.3	To comment on the early help strategy as it is developed to ensure that it has an effective needs analysis and sufficient services to meet need.	<ul style="list-style-type: none"> • Early help strategy and levels of need document presented to board. • Detailed implementation plan to be provided to demonstrate how strategy will be taken forward and with impact measures identified.

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 May 2014
TP 3.1	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"> • 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. • Audits have been undertaken and reported back to the area groups and quality assurance groups. • Outcome of audit has led to the development of a practitioners guide to core group working. • Recommendations have been made to inform planning of training. • Corporate Parenting Board report and IRO reports on LAC forms part of board reporting calendar.
TP 3.2	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"> • CP reports are provided to the board four monthly and IRO annually. • Issues and challenges are considered. • SSCB report card data provides information relating to number, timing, and duration of activities including early help. • Detailed analysis of one calendar months attendance at CP conferences has been undertaken to identify challenges: reported to March 2014 board.
TP 3.3	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"> • Auditing activity demonstrates some challenges in the effective engagement by partner agencies in CP and LAC processes and work identified to support improvement. • Reports are provided to the board as part of the reporting calendar.
TP 3.4	To monitor the effectiveness of SCC's contact and referral arrangements and thresholds for children's social care.	<ul style="list-style-type: none"> • QA audit on multi-agency referral forms (MARF) completed and form amended to reflect findings. • Central referral unit (CRU) has been established and evaluation going to SSCB in June 14. CRU renamed as safeguarding hub. • Multi-agency threshold document published and available on website. • Regular update reports are provided to the board.

6

	Action	Progress to 31 May 2014
4	To develop and agree the implementation of a child sexual exploitation strategy.	<ul style="list-style-type: none"> • Development of multi-agency CSE strategy agreed and communication plan agreed. • Budget implications and roll out of strategy discussed and priorities agreed at July 2013 board. • CSE champion training has been rolled out and there are planned workshops for CSE updates in the current training programme.
4.1	Implementation of strategy - key priorities identified and monitoring procedures agreed	<ul style="list-style-type: none"> • Implementation plan agreed and multi-agency communication plan developed. • Impact monitoring procedures are yet to be agreed. • Effective multi-agency sub-group now established.

Report contributors:

- SSCB independent chair
- SSCB partnership support manager
- SCC head of safeguarding
- SSCB quality assurance and evaluation officer
- Designated nurse safeguarding children
- Director of quality and governance, Guildford and Waverley CCG
- Chair education safeguarding group
- Surrey Police public protection unit
- SSCB training and development officer
- Director Surrey and Sussex probation trust
- SSCB area group members.

Communication/publication of the SSCB annual report

- Review and approval SSCB - 30 September 2014
- Publication by SSCB following approval
- Presentation of report to:
 - Cabinet - 21 October 2014
 - Surrey Children & Young People's Partnership - December 2014
 - Health and Wellbeing Board - 11 December 2014
 - Children and Families Select Committee - 27 November 2014
 - Distribution of report

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