

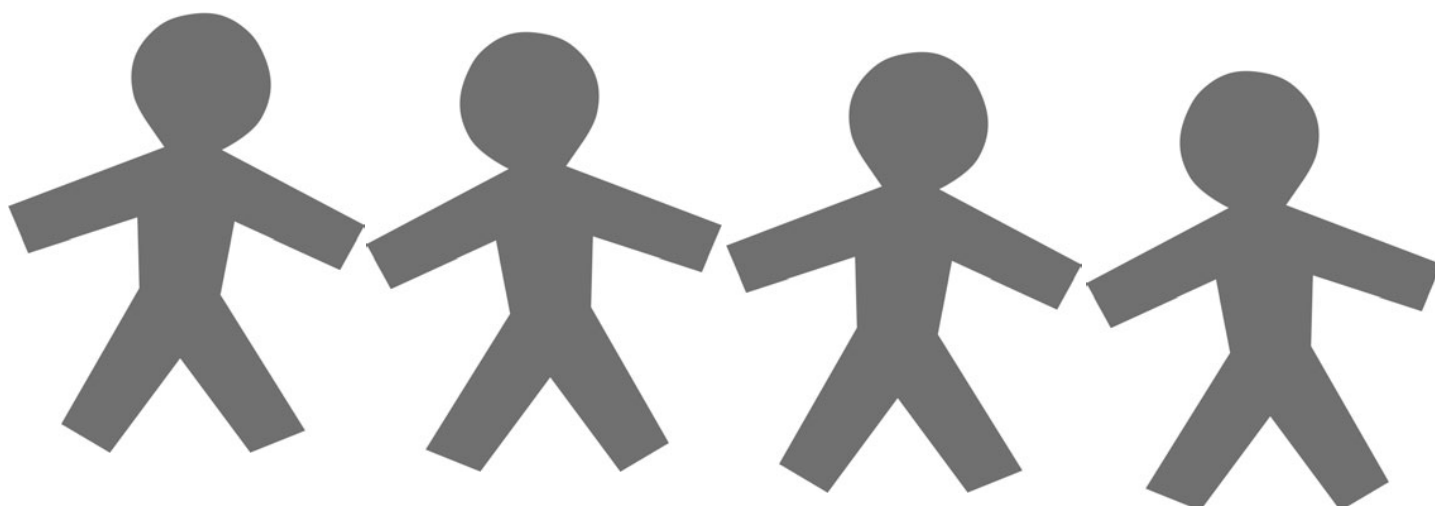
Devon Safeguarding Children Board

Annual Report 2009/2010



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1. Foreword

Devon Safeguarding Children Board



Alan Wooderson

Independent Chair

“The Local Safeguarding Children Board (LSCB) must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice.”

Working Together to Safeguard Children, March 2010

From April 2010 there has been a new statutory responsibility for Local Safeguarding Children Boards to produce an annual report assessing the safety of children and young people within their local area. These reports are designed to be an honest assessment of how well organisations with responsibility for the safety of children are performing their tasks individually, and collectively in partnerships, on a day to day basis. In order to produce such a report for Devon it has been necessary to review information held locally, regionally and nationally on how well organisations who are part of the Devon Safeguarding Children Board (DSCB) are carrying out their responsibilities and how safe the children of Devon say they feel as a result of these efforts. This DSCB Annual Report provides challenges to Devon Children’s Trust (DCT) in its wide responsibilities for all of Devon’s children and their achievement of the Every Child Matters Outcomes:

- enjoy and achieve,
- stay safe,
- be healthy,
- making a positive contribution,
- achieve economic wellbeing.

To be most effective in promoting improvement and dynamic service development the DSCB Annual Report will be produced in May each year, reviewing the previous year’s activities and setting out improvement requirements that are needed. The DCT and individual agencies are expected to detail in the Children and Young People’s Plan (CYPP) for Devon how they will achieve the necessary safeguarding improvements identified.

The structure of this Annual Report follows the guidance provided by the Department for Children, Schools and Families (DCSF), March 2010, Local Safeguarding Children Boards Practice Guidance

Section 2 summarises national developments related to safeguarding children.

Section 3 details the progress made within Devon during 2009-10.

Section 4 lists the challenges for Devon Children’s Trust identified by the DSCB and threaded throughout the report, following its analysis of national, regional and local safeguarding information and performance. Appendix 1 provides further detail on the outcomes expected and measures of progress.

Section 5 outlines the current Governance and Accountability arrangements including the relationship between the DSCB and the DCT.

Section 6 provides a summary of some of the key safeguarding facts and figures.

Section 7 explains the budget position of the DSCB and makes an initial estimate of the total budgetary resources committed to safeguarding Devon's children.

Section 8 describes the DSCB Quality Assurance Framework and the improvements in outcomes for children that this has achieved.

Section 9 details lessons learnt and themes from previous Serious Case Reviews undertaken in Devon.

Section 10 summarises the emerging lessons from the recently established Child Death Overview Panel process which analyses all child deaths from whatever cause across the far South West Peninsula.

Sections 11 and 12 together provide summary detail of progress against national and local priorities.

In **Section 13** the DSCB has used all relevant information to rate each DCT partner's safeguarding performance.

Links are made throughout the document to sources of information and these are listed in the Appendix 3. There is a glossary of abbreviations at Appendix 4.

Note: this report reflects the structures that were in place up to the end of March 2010. It is recognised that the new Coalition Government has made significant government department changes, e.g. DCSF is now the Department for Education.

To deliver safeguarding children effectively requires the concerted leadership of all partners at the highest level. *Working Together 2010* defines specific accountabilities of the Director of Children's Services, the Lead Member, the Leader of the Council and the Chief Executive of the Council for safeguarding children across all services, not just the Local Authority.



1.1 Anne Whiteley
*Executive Director of
Children and Young
People's Services*

I have direct responsibility for the services for children and young people delivered by Devon County Council. Since we were inspected by Ofsted in June 2009, there have been some notable improvements:

- the strengths of the Multi-Agency Partnership, both in our individual and collective efforts, to safeguard and protect children and young people and focus on improving our provision;
- the very practical approach we have taken in supporting improvements in front-line practice and services;
- the progression we are beginning to see through improved information-sharing and decision-making and the CAN DO approach of all agencies in getting the Multi-Agency Safeguarding Hub (MASH) up and running;
- safeguarding prioritised by all.

We are improving well and our capacity for further improvement is good, but this is no time for complacency. We continue to prioritise safeguarding as the responsibility of all Devon's children's workforce and the agencies that operate within this arena.



1.2 Councillor Andrea Davis
Cabinet Member for Children's Health and Wellbeing and Safeguarding

I am politically accountable for ensuring Devon County Council fulfils its legal responsibilities for safeguarding and for promoting the welfare of children and young people.

I am keenly interested in the DSCB's appraisal of safeguarding services in Devon. It is my responsibility to ensure:

- the effective coordination of all agencies working with children and young people and
- that robust safeguarding arrangements are reported, scrutinised and implemented.



1.4 Phil Norrey
Chief Executive, Devon County Council

I am responsible for assuring that safeguarding children is embedded throughout the County Council and that every member of staff is aware of their contribution to making Devon's children and young people safer. In the past year we have seen a vital spotlight shone on the way we deliver services to the most vulnerable children in our society.

I believe this report accurately reflects a critical measurement of our strengths of community leadership and resultant public confidence.



1.3 Councillor John Hart
Leader of Devon County Council

It is everyone's job to make sure the children in our community are safe. I will work with the leaders of local authorities and our other statutory partners across Devon to ensure that we do all we can to ensure that every child is safe. It is extremely important that we set the best possible example for the entire community in our work with vulnerable children and families.

2. Introduction

DSCB Chair, Alan Wooderson

With the national spotlight on safeguarding children following the tragic case of Baby Peter and the subsequent report by Lord Laming: The Protection of Children in England – a Progress Report, March 2010 identifying significant and persistent individual agency and systemic weaknesses, the Government's response laid great emphasis on individual agency accountability at the most senior leadership levels for safe working practices, policies and service provision. LSCBs have been charged with ensuring the effectiveness of individual agency arrangements and the effectiveness of the total safeguarding system in their area. To this end the DSCB has redefined its role in line with the new guidance within Working Together 2010.

Sir Roger Singleton as the Chief Advisor on the Safety of Children published his first Annual Report to Parliament in March 2010 and provided an analysis of the national picture of safeguarding children and some of the pressures that are now emerging particularly concerning the recruitment, training and retention of key staff such as social workers and health visitors, and the inevitable growth in the number of children subject to child protection plans following the death of Baby Peter.

This Annual Report charts the progress made within Devon in response to new national expectations and includes trends and patterns of safeguarding activity identified from performance information that is collected and regularly analysed.

The DSCB conducted a self assessment about its own performance using a nationally recognised process and this has provided an action plan of improvements.

A key measure of progress has been the full implementation of recommendations from

Serious Case Reviews (SCRs) that had been previously reported on in Devon. This has led to significant individual agency improvements and also to the development of 'smarter' ways of inter-agency working, with the development of the MASH as a particular example.

The DSCB has completed its first Joint Strategic Needs Assessment of Safeguarding Children (JSNA) and this will be the key vehicle during 2010/11 to implement fundamental changes to the deployment of single agency and multi-agency resources to respond to this analysis of safeguarding needs and associated factors such as the behaviours of adults that endanger the wellbeing and safety of children.

Devon was subject to an Announced Inspection of Safeguarding and Looked after Children's Services and an Unannounced Inspection of Contact, Referral and Assessment Arrangement for Children in Need and Children who may be in need of Protection, by Ofsted during 2009 and this is reported on, with an assessment of the progress made in the implementation of necessary improvements.

The DSCB has identified what it considers as the key issues for improvement actions for Devon's CYPP, and the DCT will have to determine the relative priorities that these should have at a time of constrained public finances. The increasing demands on key services of more children being subject to safeguarding concerns and more children being looked after for longer periods by the LA put even greater strain on already stretched resources. It is at such times however that organisational barriers and individual agency decisions on priorities need challenging as it is only with increased integrated working and sharing of resources that improvements will be made in the experience of Devon's children being and feeling safe.

3. Progress in improving safeguarding arrangements in Devon during 2009/10

The DSCB's overall judgement for Devon's safeguarding children arrangements is that they are: adequate with good prospects for improvements¹

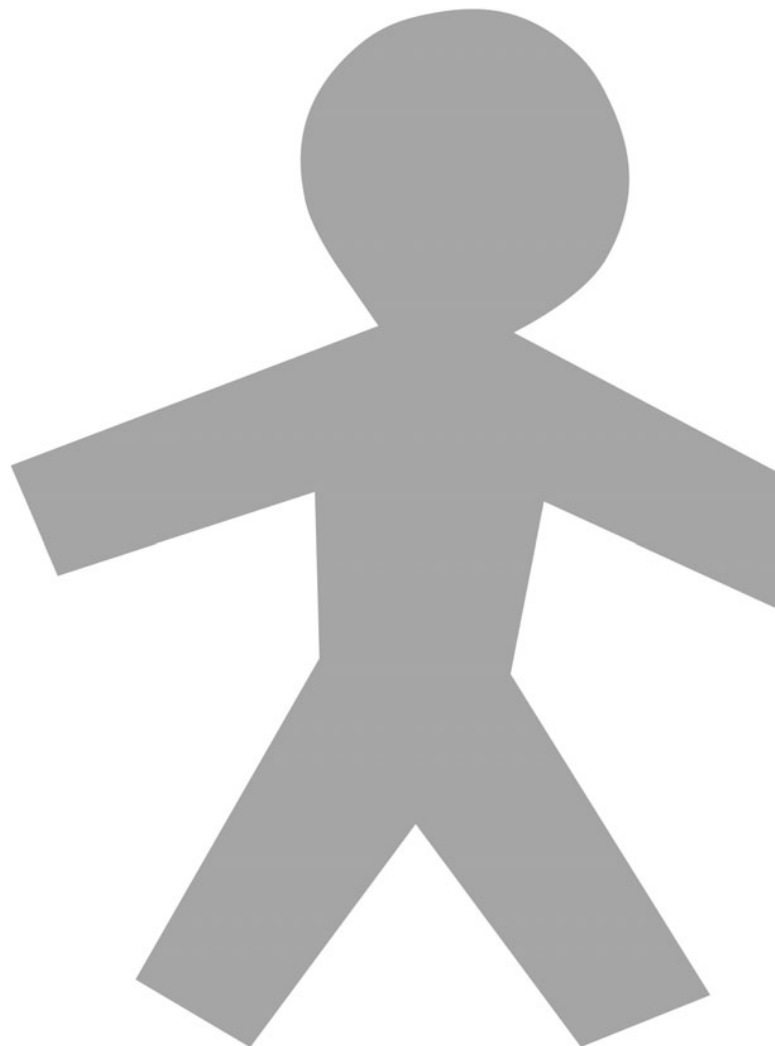
- partnership work at the operational level between the police, health and children's social care services as good and improving;
- multi-agency risk assessment conferences (MARAC) and multi-agency public protection arrangements (MAPPA) are good with improved safeguarding outcomes.

In June 2009 Ofsted undertook a two week in-depth inspection of Safeguarding and Looked After Children in Devon and this included the unannounced inspection specifically focused on contact, referral and assessment arrangements for children in need or in need of protection. Devon was judged at the time as adequate for safeguarding with adequate capacity for improvement. The DSCB has come to the view that safeguarding is now adequate with good prospects for improvement because of the progress that is evidenced within this report.

The DSCB is pleased that Ofsted noted significant improvements to safeguarding services with:

- a strong commitment from all professionals to a child-centred approach;
- clear leadership of the safeguarding and child protection services;
- improved joint commissioning and integrated working supporting the DCT partnership in maximising resources to deliver better outcomes for children and young people;

¹ For consistency, the DSCB has used the four point scale that Ofsted apply during their inspection process and the judgements are made using the information available from a variety of sources, national, regional and local.



The Ofsted recommendations for improving safeguarding are noted in the table below with confirmation of progress and delivery during 2009/10.

Ofsted Recommendations for Safeguarding	Achieved
Improve the quality of social work case recording and ensure effective performance management oversight of the content of the files	✓
Ensure delays in finding alternative education placements for some pupils with statements of special educational needs are addressed as a key priority particularly those who are not receiving full-time education	✓*
Ensure the full implementation of the Common Assessment Framework (CAF) ensuring there is joint ownership amongst partners	✓
Ensure that core group meetings are convened with sufficient frequency and regularity to facilitate working together; monitor actions and outcomes against the child protection plan and make any necessary alterations as circumstances change	✓
Ensure workloads in children’s social care services are fully reviewed to ascertain whether there are capacity issues or whether there are more effective ways of delivering front-line services	✓
Devon Primary Care Trust (PCT) to ensure active progress on setting up child sexual abuse examination service in Devon	✓
Devon PCT to actively progress the deployment of its dedicated budget allocation for children’s services to ensure sufficient capacity to support preventative work with children and families	✓*
Ensure an electronic records system is in place that is fit for purpose	✓*
Ensure a single, corporate and comprehensive database is in place to record vetting and barring checks undertaken on all staff that work with or are in close contact with children	✓

* Significant progress has been made, however it is acknowledged that continued improvement and oversight is required during 2010-11 to embed the changes.

The DSCB has delivered well against its 2008/9 Annual Report and Business Plan <http://dscb.info/publications/> ensuring it is fit for purpose and able to deliver on all its statutory functions through:

- the appointment of an independent chair;
- revised structure, membership, terms of reference and work plans to deliver the expectations of the revised Working Together guidance 2010;

- development of a MASH to improve information sharing concerning vulnerable children;
- a new public information website providing access to safeguarding information;
- completion of the DCSF self assessment toolkit showed that the DSCB was

performing well in 51 out of 69 identified priority areas;

- improving transparency and public accountability.

Progress on key objectives for 2009-10 is noted in the table below.

Key priorities for the year 2009-10 identified in the DSCB annual report 2008-9	Achieved	Evidence of achievement
Ensure all areas of safeguarding responsibilities subject to Ofsted, and service specific Inspectorate evaluation, are judged adequate or better.	✓	Inspection reports from key regulatory bodies, i.e. Ofsted, CQC, CJI, CAA, HMIP
Embed in frontline workforce practice and multi-agency policies, the lessons learnt from the four SCRs in Devon and the national overview reports into SCRs, the peninsula Child Death Overview Panel (CDOP) process, and the DSCB Multi-agency Case Audit (MACA) report 2009.	✓	All SCR action plans implemented, lessons disseminated through targeted training including national findings, three MACAs commissioned indicating progress, Section 11 (Children Act 2004) reports completed by all partners giving assurance that appropriate safeguarding practices and policies are in place
Recruit a new strategic leadership post to implement safeguarding quality improvements across the Devon safeguarding children system.	✓	Two posts appointed, one leadership and one for performance and quality assurance (time limited)
Revise and implement via the Executive and sub-groups, a new Business Plan that reflects the expectations from the Laming and Singleton reports, the Government's 'Action Plan' and the revised 'Working Together' guidance and any new directives from the National Safeguarding Delivery Unit.	✓	The Business Plan 2010-11 will reflect the Working Together revisions and the improvement activities required to address the DSCB analysis of safeguarding in Devon

continued overleaf

Key priorities for the year 2009-10 identified in the DSCB annual report 2008-9	Achieved	Evidence of achievement
<p>Implement a comprehensive quality assurance and quality improvement framework for the DSCB that assures communities in Devon that all DSCB partners prioritise safeguarding Devon's children and young people.</p>	<p>✓</p>	<p>MACA and section 11 process, SCR independent chair assurances that all recommendations implemented</p>
<p>Regularly report on the experience of children and young people involved in safeguarding and deliver key proactive safeguarding messages using varied media systems to Devon's diverse communities, particularly vulnerable groups of children and young people, parents and carers.</p>	<p>✓*</p>	<p>DCT has led the development of a comprehensive and coordinated 'Joint Engagement Strategy', but this is still to produce regular and systematic information reports for DSCB consideration</p>
<p>Close any known gaps in service delivery which jeopardise the safety of children and young people particularly improving working arrangements with services provided to adults where it is known to have impact on the safety and wellbeing of children and young people e.g. mental health, substance misuse, domestic violence and abuse, known sexual and violent offenders.</p>	<p>✓</p>	<p>Sexual Assault Referral Centre (SARC) established, MASH inter-agency information sharing hub established, Service contracting identifying safeguarding children as a key priority, peninsula approach to domestic violence and abuse (DVA) supported by all partners, including MARAC process, highly effective MAPPA for known sexual and violent offenders in the community.</p>
<p>Ensure that the children's workforce across all sectors in Devon are safely recruited according to national standards, trained to the levels of knowledge and competence to ensure they carry out their responsibilities prioritising safeguarding children, are managed and supported appropriately and are held to account for the professional judgements and behaviour.</p>	<p>✓*</p>	<p>Safer recruitment standards in schools established; Devon County Council (DCC) integrated Criminal Records Bureau (CRB) system implemented; assurance from Section 11 audit returns, increase uptake and capacity in specialist training; production of draft Safeguarding Workforce Strategy for DCT; unclear about organisational arrangements for continuous professional development; supervision and professional registration;</p>

* Progress has been made however it is acknowledged that the DSCB requires further improvements to be made during 2010-11

4. Challenges for Devon Children's Trust 2010-11

Following the analysis of national, regional and local safeguarding information contained throughout this Annual Report, the DSCB has identified challenges for individual agencies and the wider DCT partnership to address to ensure continuing improvements in the quality of safeguarding services for Devon's children.

1. Ensure the DCT partner organisations understand the effectiveness of their safeguarding role and responsibilities by demonstrating that safeguarding is embedded in practice.
2. Ensure the Children's workforce is appropriately trained, supervised and professionally developed to meet priority safeguarding needs and that organisations:
 - understand the safeguarding effectiveness of their workforce in line with national expectations;
 - guarantee sufficient and appropriately trained staff to deliver against service plans, contracts and the work associated with completing SCR activity;
 - staff are clear and empowered about their safeguarding roles;
 - maximise training resources and review training provision to assure conformity, quality and adequacy;
3. Ensure national and local lessons learnt from SCRs, MACAs and the learning from other authorities are widely shared and implemented more speedily than at present thus minimising barriers to effective working and maximising the protection of children.
4. Ensure that a performance management quality assurance and audit system, provides clear evidence of the identification of key safeguarding issues, actions taken and their appropriateness, and outcomes that have been achieved.
5. Ensure regular reporting of an agreed suite of safeguarding metrics and performance information to track progress in improving outcomes.
6. Ensure appropriate integrated working realises improvements in practice resulting in
 - Absolute confidence in recording and decision making on case files in all agencies;
 - Information technology systems that are fully integrated to support effective information sharing;
 - Workforce that are suitably managed and co-located;
 - MASH and similar ways of working are developed and embedded.
7. Agree the strategic governance arrangements for MARAC, DVA, and the implications of the new national strategy Violence Against Women and Girls (VAWG) and how these interrelate with the DSCB, including adoption by DCT of the Domestic Violence and Abuse Safeguarding Policy.

8. Implement the recommendations from the JSNA of safeguarding by ensuring strategic leadership to all joint commissioning activities, including refinements to the identification of the total financial resources devoted to safeguarding so that they are allocated appropriately, inequalities are addressed, and better inter-agency working between adults and children service commissioners is achieved.
9. Understand how safe children and young people feel.
10. Ensure work planning addresses the following key issues that have emerged nationally and locally, concerning vulnerable children
 - safeguarding practice standards for children with disabilities, including the provision of suitable staff training;
 - acknowledging and responding to the increasing needs of children living within family situations where:
 - i. violence and abuse is prevalent;
 - ii. drug and alcohol misuse is prevalent;
 - iii. one or more adults suffer from mental illness which compromises safe parenting;
 - iv. criminality is prevalent and established.
 - commissioning a permanent paediatric sexual assault referral service;
 - the increasing numbers of children subject to child protection plans and being looked after children as a result of Baby P, new national guidance and the Southwark judgement;
 - the number of suicides in young people indicating a need for a suicide prevention strategy.

Appendix 1 has further detail on the outcomes expected from each of the above recommendations and the methods to measure progress of implementation.

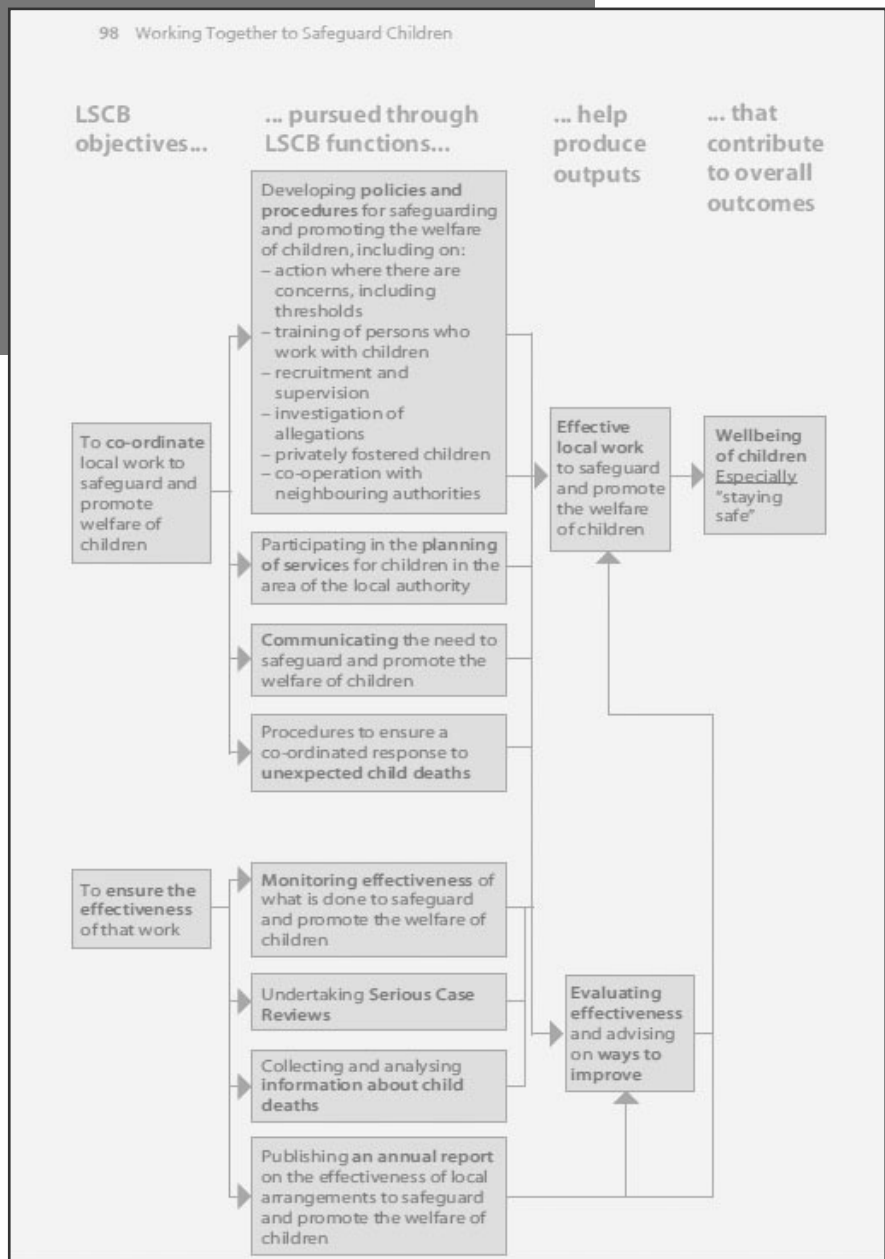


5. Governance and Accountability Arrangements

“The core objectives of the LSCB set out in section 14(1) of the Children Act 2004, are:

- (a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority, and
- (b) to ensure the effectiveness of what is done by each such person or body for that purpose.”

Working Together to Safeguard Children



from page 98, Working Together to Safeguard Children, March 2010

The diagram on the previous page, published in *Working Together 2010*, shows how LSCBs are expected to undertake their responsibilities and achieve their objectives of coordinating local work to safeguard and promote the welfare of children and to ensure the effectiveness of that work.

As a result of Lord Laming's Progress Report, March 2010, Loughborough University were commissioned to undertake national research into what makes LSCBs effective including a review of governance, membership, structure, chairing arrangements and resourcing. Prior to the publication of the final research findings the DSCB had already embarked upon a major restructuring of its governance and delivery mechanisms following an externally led review in 2008.

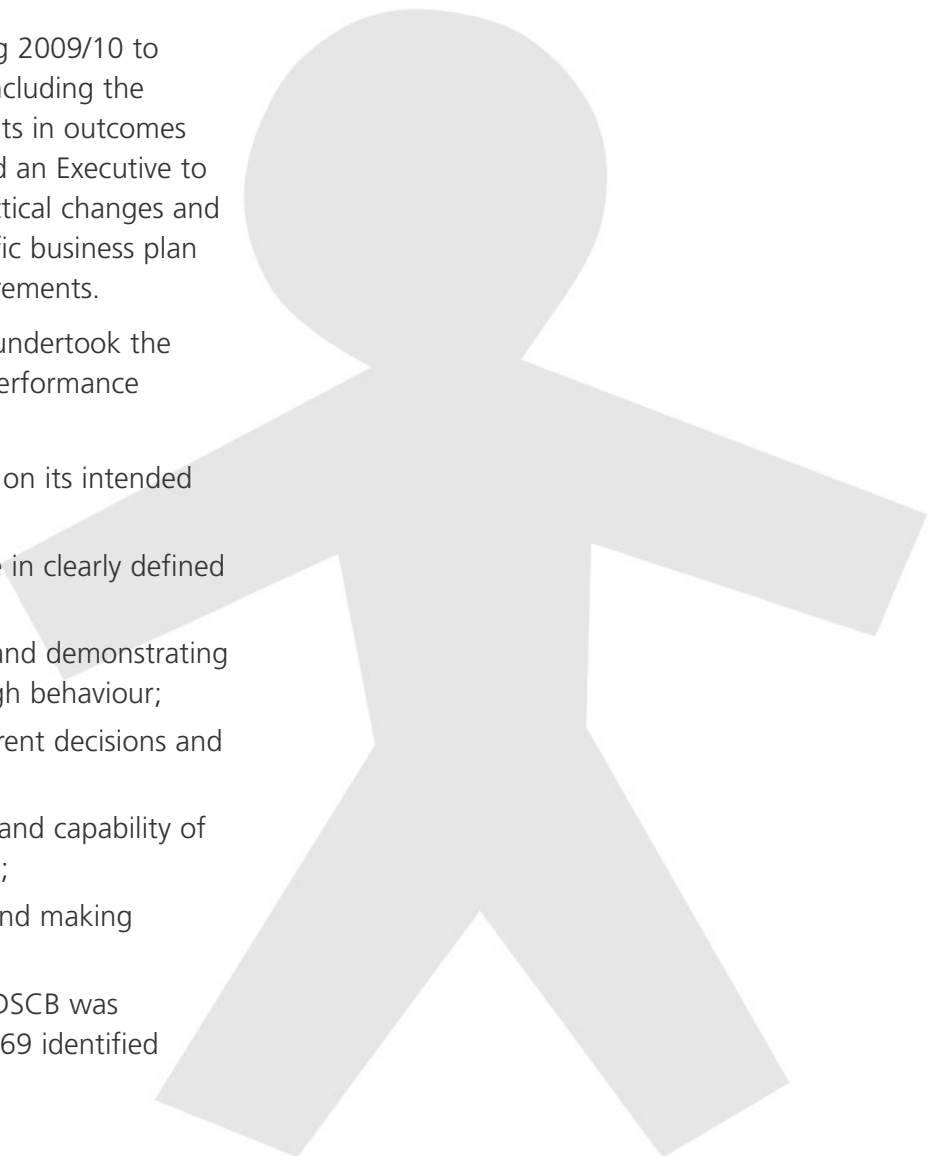
The Board restructured during 2009/10 to focus on strategic priorities including the measurement of improvements in outcomes for children. It has established an Executive to drive forward a range of practical changes and sub-groups that deliver specific business plan objectives and national requirements.

In February 2010, the DSCB undertook the DCSF self assessment of its performance focusing on:

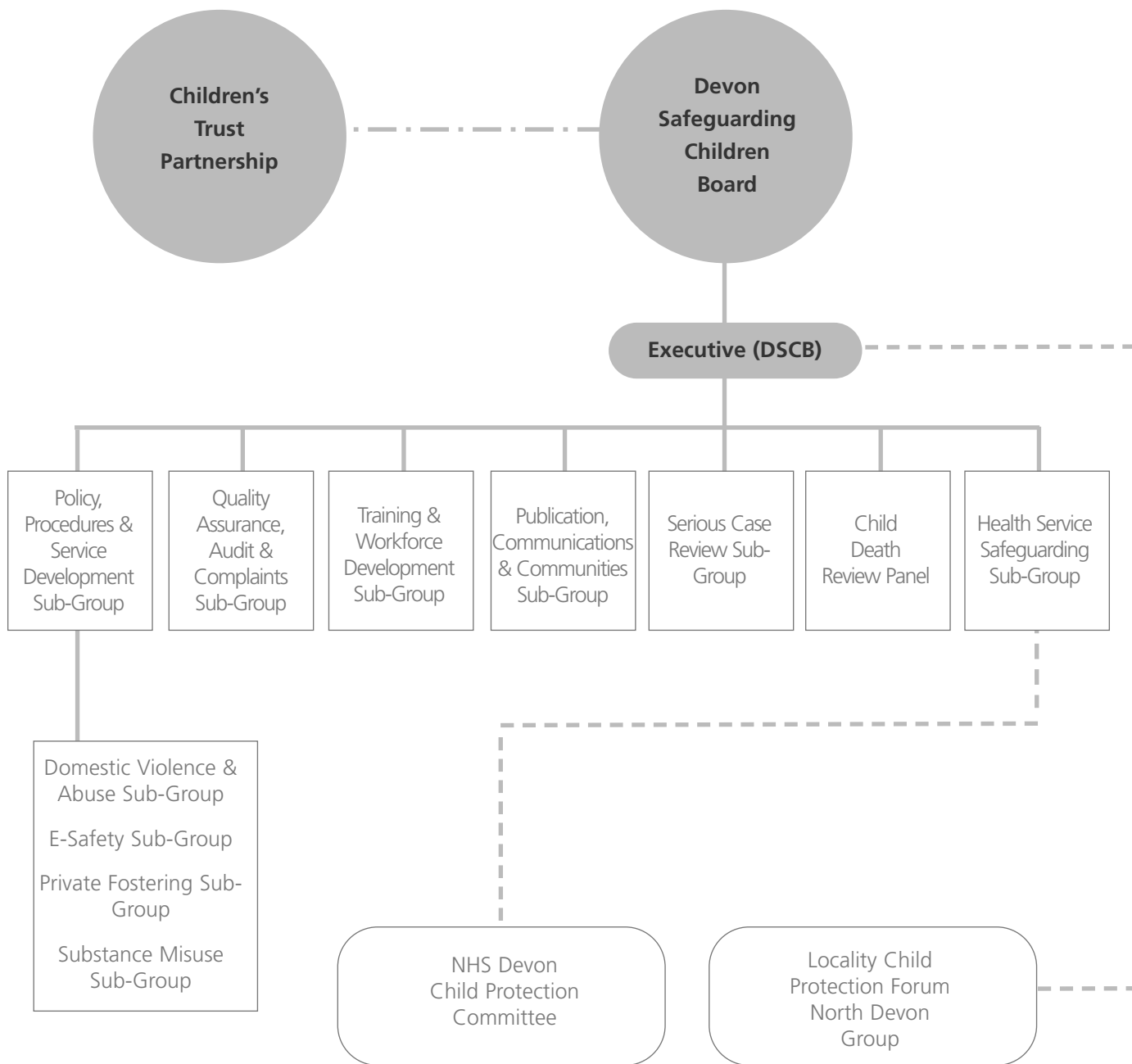
- the DSCB's purpose and on its intended outcomes;
- its effective performance in clearly defined functions and roles;
- promotion of its values and demonstrating good governance through behaviour;
- taking informed transparent decisions and managing risk;
- developing the capacity and capability of the DSCB to be effective;
- engaging stakeholders and making accountability real.

The results showed that the DSCB was performing well in 51 out of 69 identified

priority areas. Areas for improvement will be addressed in the DSCB Business Plan 2010-11. The DSCB will further examine its governance structure during 2010-11.



The diagram below represents the DSCB structure and governance arrangements for 2009/10



5.1 Relationship to the Devon Children's Trust

“An LSCB is not an operational sub-committee of the Children's Trust Board. Whilst the work of the LSCB contributes to the wider goals of improving the wellbeing of all children, it has a narrower focus on safeguarding and promoting welfare and should not be subordinate to nor subsumed within the Children's Trust Board structures in a way that might compromise its separate identity and independent voice.”

“There must be a clear distinction between the roles and responsibilities of the LSCB and the Children's Trust Board...to ensure that the LSCB is able to challenge and scrutinise effectively the work of the Children's Trust Board and partners.”

Working Together to Safeguard Children

The DSCB has an agreed protocol with the DCT ensuring that all partners understand their statutory duties to co-operate and the distinct remit of the DSCB to speak with an independent voice. This protocol has underpinned the following improvements during 2009/10:

- reports at every DCT board from the DSCB on the quality of safeguarding arrangements in Devon;
- the commissioning of the JSNA for safeguarding;

- identification of improvement activity for the DCT from the scrutiny activity of the DSCB, e.g. outcomes from SCRs and MACA.

The publication of the recent statutory guidance covering the relationship between the DSCB and the DCT has further strengthened the DSCB's challenge and scrutiny role.

5.2 Membership of Devon Safeguarding Children Board

“Members should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to:

- speak for their organisation with authority;
- commit their organisation on policy and practice matters; and
- hold their organisation to account.”

Working Together to Safeguard Children

The DSCB has reviewed all aspects of its membership during 2009/10 and all members have signed a Member's Responsibilities Agreement and understand fully the importance placed on fulfilling their obligations. Where members fall below the standards expected, by either non-attendance or by not carrying forward expected actions, the DSCB chair has been robust in clarifying their individual commitments and their collective accountability.

DSCB members April 2009 – March 2010

Name	Role	Agency	% attendance at 4 board meetings* including substitutes
Alan Wooderson	Chair of the DSCB	Independent	100%
Liz Davenport	Director Operations and Workforce	Devon Partnership Trust	75%/25% s
Mary Graham	Manager	Atkinson Unit	Retd in year
Vicki Heywood	Service Manager	Children and Family Court Advisory and Support Service (CAFCASS)	50%
John Davey	Director of Service Delivery	Careers South West Ltd (Connexions)	100%
Helen Nicholls	Headteacher of South Brent Primary School	Representing Devon Association Primary Headteachers	75%/25% s
Mark Juby	Principal of Pilton College, Barnstaple	Representing Devon Association of Secondary Headteachers	75%
Nigel Boulton (for Chief Superintendent Jo Tennant)	Superintendent	Devon and Cornwall Constabulary	100%
John Clements	Detective Superintendent	Devon and Cornwall Constabulary	50%/25% s
Anne Proctor	Assistant Chief Officer	Devon and Cornwall Probation Area	100%
Judith Johnson	Director for Learning and Schools	Children and Young People's Service (CYPS) Devon County Council	75%/25% s
Andrea Davis (from September 2009)	Councillor and Lead Member	Devon County Council	66%
Rory McCallum	Director of Early Years and Families	CYPS	100%

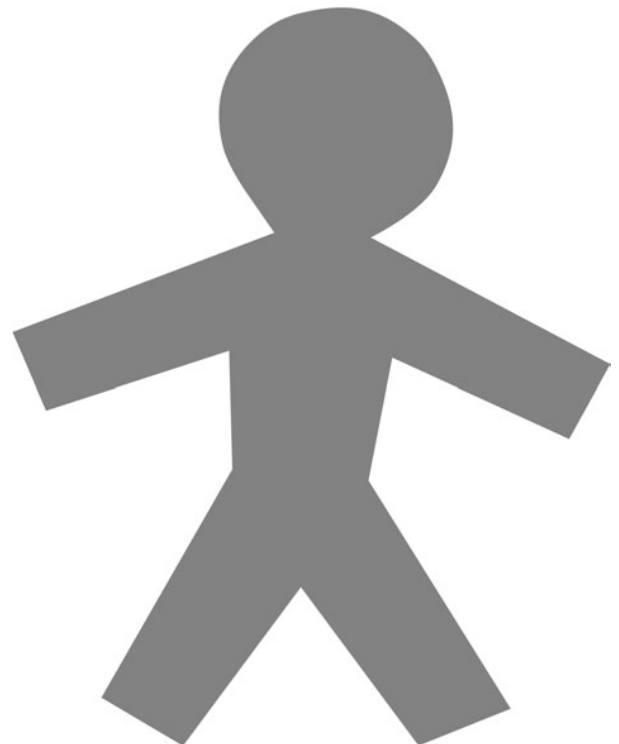
Name	Role	Agency	% attendance at 4 board meetings* including substitutes
Anne Whiteley	Executive Director of Children and Young People's Services	CYPS	100%
Chris Dimmelow	Head of Safeguarding	CYPS	100%
Jim Wood	Area Manager for Devon Youth Offending Team Exeter, East & Mid Devon	Devon County Council Youth Offending Team	100%
John Nixson	Interim Consultant	CYPS	50%
Peter Jeffs and Kevin Finan	Director of Communities	Representing District Councils	50% 25%
Katharine Gurney	General Practitioner	Local Medical Committee	100%
Charles Holme	Designated Doctor Child Protection	National Health Service (NHS) Devon	75%
Helen Hyland	Designated Nurse Child Protection	NHS Devon	100%
Alison Allen	Named Nurse Safeguarding	NHS Devon	100%
Virginia Pearson	Director of Public Health and Chair of Devon Drug and Alcohol Action Team	NHS Devon	100%
Miles Hapgood	Assistant Director for Integrated Children's Services	NHS Devon	Retired in year
Carolyn Mills	Director of Nursing	Northern Devon Healthcare NHS Trust	100%
Alison Kearnes	Assistant Director National Society for the Prevention of Cruelty to Children (NSPCC)	NSPCC	75%
Sarah O'Shea	Head of Student Services-Exeter College	Representative for colleges of Further Education	75%

Name	Role	Agency	% attendance at 4 board meetings* including substitutes
Marie-Noelle Orzel Peter Adey Claire Mitchell Michele Thornberry	Divisional Manager Children and Women's Health & Cancer Services Nurse Consultant Safeguarding Children	Royal Devon & Exeter Hospital NHS Foundation Trust	Left in year 25% Left in year 100%
Jacqui Warne (from September 2009)	Headteacher Ellen Tinkham School	Special Head Teacher Association Devon Vice Chair	100%
Liz Childs	Director of Nursing	South Devon Healthcare NHS Foundation Trust	25% 75% s
Mark Goodman	Manager	Voluntary Youth Services	50%
Mandy Cox	Policy Lead for Children, Young People, Maternity	NHS South West Strategic Health Authority	50%

In addition to the above, the Government Office South West Safeguarding Advisor attended all Board meetings and more recently the newly appointed Performance Improvement and Quality Assurance Lead, Julie Mitchell, was also in attendance.

Note: Four set Board Meetings occurred on 5th June, 11th September, 4th December 2009 and 19th March 2010. Additionally, members were expected to attend 28th July 2009 SCR consideration and sign off and 11th February 2010 annual DSCB development day. Where the representative of an organisation has changed during the year this is shown with both names together.

Membership of the DSCB Executive is contained in Appendix 2 of this report.



6. Devon Safeguarding Facts and Figures

(year ending March 2010)

It is acknowledged nationally that the current set of National Indicators related to safeguarding do not provide a rounded picture of all the various aspects that LSCBs need to monitor to ensure effectiveness of safeguarding arrangements. During 2009-10 the Government proposed changes to National Indicators in response to criticisms contained in Lord Laming's Progress Report. However, the lead-in time for the production of statistically valid national information is very lengthy. During 2009-10 the DSCB has been looking to produce an agreed comprehensive set of management information and has looked at models in place in other parts of England. Discussions have commenced with the DCT about the most efficient way to produce regular management information that serves both the requirements of the DCT and specifically the expectations of the DSCB. These discussions need to quickly establish an

agreed set of measurements that can be easily reported on and provide the ability to track progress and identify areas of risk of underperformance. This matter has also been commented upon within the recommendations of the JSNA for safeguarding. Without good quality management information decisions on commissioning become more problematic and given the wish to improve integrated commissioning and service delivery establishing key information flows must be a priority. In the absence of an agreed set of metrics the DSCB has chosen throughout this Annual Report to include what statistical information that is available with a commentary in relevant sections.

The tables that follow capture some key data related to child protection, aspects of referral and assessment work undertaken and children in the criminal justice system.

Child Protection indicators	2008-09	2009-2010*
Number of children with child protection plans	303	418*
% of initial assessments within seven working days	79.2%	74.9%*
% of core assessments for children's social care carried out within 35 working days of commencement	73.2%	78.9%*
% of child protection plans lasting two years or more	5.3%	3.7%*
% of child protection plans reviewed within time scales	100%	99.2%*
% of children subject to Child Protection (CP) plan for a second or subsequent time	10.8%	16.0%*

* draft outturn figures for year end March 2010 awaiting validation

2009-10 has seen a significant increase in numbers of children subject to child protection plans and the referral and assessment required by the Early Years and Families Services. This has created substantial demands in the capacity of core services being able to maintain the expected quality standards. Currently there is national research underway on the impact of

the Baby Peter tragedy on the workload for safeguarding children across the country and this will be reported in the DSCB Annual Report 2010-11. It is noteworthy that from regional information available the increases in children subject to child protection plans in Devon are in line with other LSCBs.

Referral and Assessment	2008-09	2009-2010	% increase
Number of contacts received	15,230	16,710	9.7%
Number of referrals received	5,748	7,560	31.5%
Number of initial assessments completed	4,401	4,967	12.9%
Number of core assessments completed	1,681	2,388	42.1%

Children in the Criminal Justice System

Children who commit offences pose particular challenges for safeguarding. They are more likely than the majority of children to have been looked after, to have been abused or to have experienced domestic violence. Many have health or mental health needs that have gone undetected or untreated. (*Safeguarding Children*, 3rd Joint Chief Inspectors Report on Arrangements to Safeguard Children, 2008.)

Devon has relatively low rates of offending by children and young people, with a drop in the

number of 'young people entering the justice system for the first time', representing a reduction of 32% compared to 2008/09. The rate of re-offending (at the latest measure) in 2009/10 has reduced by 24% against the baseline year of 2005. The number of young people receiving custodial sentences in Devon is also low. In 2009/10 17 young people in Devon received custodial sentences out of 694 total Court disposals. This represents a rate of 2.4%. Since 2007 the total number of offences by young people dealt with by Devon Youth Offending Service has reduced by 34%.

Children in the Criminal Justice System	2008-09	2009-2010
Number of young people entering the justice system for the first time	810	550
Number of young people re-offending	151 out of 459	133 out of 425
Custody rate of young offenders of all court disposals	1.8%	2.4%
Number of youth offences	2621	1891

7. Financial Resources

During 2009-10 the DSCB wanted to establish the total resource devoted to safeguarding across all of the statutory partners. This has proven to be very difficult to achieve as many organisations do not specifically budget their activity separately for safeguarding children. However, what follows is the first attempt to state what the global budget commitment is across Devon. This is very important as it links to the DSCB JSNA and decisions going forward about how best to deploy resources to meet identified needs. Additionally, and for a number of years, partner organisations have made contributions to the administrative and training infrastructure costs of the DSCB. These are represented in the following table/s.

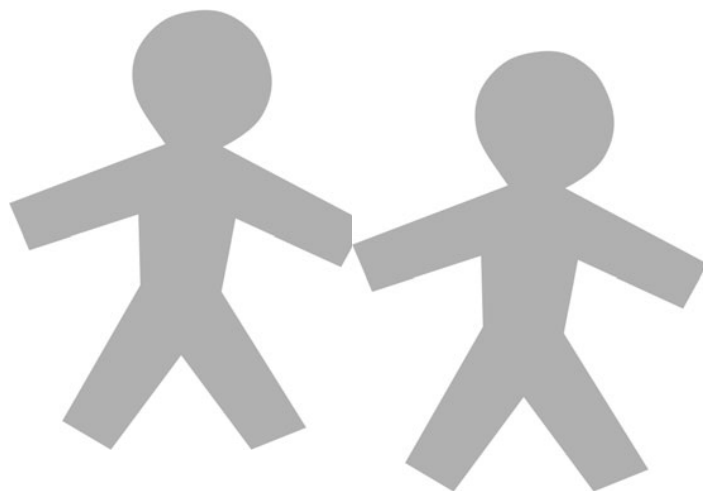
Pooled funding 2009-10

The level of contributions made by partners to cover administration and support costs for the work of the DSCB was £114,567k. The actual expenditure is shown below indicating an overspend of £7,039 for the year.

Expenditure type	Outturn £
Staffing costs	89,408
Expenses	4,045
Child Protection Procedures	2,000
Admin, Venue & Office costs	10,145
Communications Support	10,400
Annual Report/reprint & postage	5,608
Total	121,606

The budget position for the training component of the pooled budget is covered in the table below.

Expenditure type	Outturn £
Staffing costs	95,617
Expenses	5,245
External Trainers	16,417
Admin & Office costs	6,350
Venues	32,338
Total	155,967



In previous years any surpluses and deficits that have accumulated in these pooled budgets have been carried forward and ring-fenced with agreement of all partners. No inflation has been added to the pooled budgets since 2008/9 and this will continue in 2010/11. The training budget does accumulate income from delivering training to organisations who are not contributors to the formal pooled budget.

Estimated total expenditure on safeguarding services

Currently there is no accepted national or local methodology that can be applied to accurately ascertain the actual expenditure that each organisation makes towards safeguarding services. The DSCB has determined, however, that it is important to begin to gauge the totality of resources that are devoted to safeguarding children in order that it can assess whether these are being most effectively deployed in order to meet the priorities identified within the recently completed JSNA.

The table below therefore must be seen as the first attempt to capture this for further scrutiny and development.

	Revenue	Capital	Total
	£000	£000	£000
Specific spend	42,178		42,178
Indirect spend	39,398	3,916	43,314
	81,576	3,916	85,492

Specific Spend relates to expenditure that has a direct bearing on providing specific safeguarding services, e.g. child abuse centres or child protection units.

Indirect spend is derived from a percentage of the total expenditure on children and young people from all sources across Devon that is estimated to contribute to safeguarding children.

8. Monitoring, Evaluation and Quality Assurance

“LSCBs will: Monitor and evaluate the effectiveness of what is done by the local authority and Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve”

Working Together to Safeguard Children

The DSCB has prioritised monitoring, evaluation and quality assurance work during 2009/10 following the agreement of a Quality Assurance Framework. The Framework describes how the DSCB audits for each organisation, and across the safeguarding system:

- compliance against established standards for safeguarding;
- the effectiveness of individual organisational governance, quality assurance and internal audit processes;
- implementation in practice of the learning from local and national SCRs and CDOP reports;
- evidencing that learning and changes to practices, procedures and policies are embedded in how individuals work to safeguard children.



These are achieved by:

Process	Frequency	Description	Carried out by
Section 11 (2004 Children Act)	Annually	Auditing each organisation's governance arrangements and compliance with national standards for safeguarding as described in Section 11 Children Act 2004, using an agreed peninsula audit tool (Cornwall, Plymouth, Torbay and Devon) administering, evaluating and identifying required improvements from these self audit returns.	Each organisation and peninsula Section 11 group
MACA	Six-monthly	A multi-agency in-depth audit against the minimum standards of good practice using a randomised sample of cases subject to child protection plans.	Quality Assurance, Audit and Complaints sub-group
SCR and CDOP reports	Periodically	Identify and confirm thematic issues and lessons learnt from local and national SCRs and CDOP are addressed and changes impact on practice and outcomes.	Each organisation and the SCR sub-group
External inspection and regulation reports	Periodically	Contribute to, receive and monitor detailed reports from inspectorates and regulators of all the DSCB statutory partners including completion of action plans, e.g. Post Ofsted Action Plan and Care Quality Commission (CQC) health reports. All these sources of evaluation and quality assurance provide the DSCB with an overview of the key areas of coordination and implementation of safeguarding policies and procedures.	DSCB



Section 11

The peninsula Section 11 audit process comprises 35 standards in one audit tool for agencies to assess their compliance with national requirements. From October 2009 – March 2010, 34 agencies across the peninsula completed the Section 11 self assessment developing action plans for improving safeguarding practice. The peninsula safeguarding auditors evaluated the Section 11 returns using an agreed quality assurance process.

Most self assessments were assessed as being thorough, transparent and progressive with evidence of self identification of improvements and consequent action plans which will be monitored for implementation. This is a significant improvement on previous years' Section 11 returns and shows a high level of agency commitment to prioritising safeguarding.

One of the key priorities emerging is the demand for additional training and this is reflected in the challenges section earlier in this report and will feature in the DSCB business plan 2010/11.

The Quality Assurance, Audit and Complaints sub-group intend to independently validate on behalf of the DSCB the self evaluation returns through a series of case file audits and 'mystery shopping' exercises during 2010-11.

MACA

Designated audit staff from partner agencies - Health, (including General Practitioners (GP), Child, Adolescent and Adult Mental Health Services), Probation, Youth Offending Service, Police, Children's Services and Schools audited a sample of randomly chosen case files of children subject to child protection plans, using an audit tool that included recommendations and themes emerging from Devon's SCRs.

The first audit completed in November 2008 found significant weaknesses in fundamental processes across all agencies such as maintaining accurate records, recognising risk and knowing what to do about it, sharing key information between agencies and supervision and oversight of front line staff. The DSCB met with the Chief Executives of the main partners to identify immediate improvements and expected actions within each agency to meet minimum standards of safeguarding practice. Additionally, there were a number of recommendations made for system wide changes to overcome organisational barriers and maximise integrated working and information sharing to protect the most vulnerable children.

A second case audit in October 2009 found that case records had slightly improved across all agencies but many of the previous findings from the 2008 audit remained. The DSCB found this very disappointing. The DSCB analysis of this lack of progress concluded that despite organisational priority for improvement there remained significant lead-in times required for changes to impact the way that front line services operate and are supported. A guidance document for GPs when access is sought to GP medical notes for the purpose of MACA has now been agreed and this significantly improves the availability of key information.

Recommendations from the 2009 audit contain improvement requirements for individual agencies and identified that all agencies needed to:

- record chronologies using a set format and that a multi-agency chronology for all children subject to a child protection plans needed to be developed;
- develop an approach to multi-agency case discussions for those individual cases that do not reach the SCR thresholds but where learning needs have been identified ('Appreciative Inquiry' model);

- develop an approach for assessing the multiply impact of neglect upon children and how to assess signs and symptoms and intervene effectively to achieve measurable improvements in children's lives.

Early indications from a further case audit (May 2010) undertaken whilst this report has been concluded has indicated significant improvements in practice but the detail of this will be reported in the annual performance report 2010/11.

SCR and CDOP reports

Detailed consideration of evaluations from SCRs and the evidence from the CDOP are contained in separate sections later in this report. CDOP is required to produce a separate Annual Report.

External inspection and regulation reports

The DSCB expects to receive the inspection and regulation reports from all partners as this provides the key external measurement of how well safeguarding is embedded within each organisation. During 2009-10 a particular focus has been on the POAP and the associated CQC report. The DSCB has also considered the inspection report of the Youth Offending Service undertaken by the HMIP as it featured a specific safeguarding element. The role of the DSCB is to ensure that the action plans for improvement associated with inspection and regulation reports are implemented as agreed and that changes to policy and practice are embedded. The DSCB has challenged the lack of progress in some action plans in particular where they have not achieved expected changes within agreed timescales and where these jeopardise safeguarding children.

Review of referrals and 'thresholds' for referrals of children in need

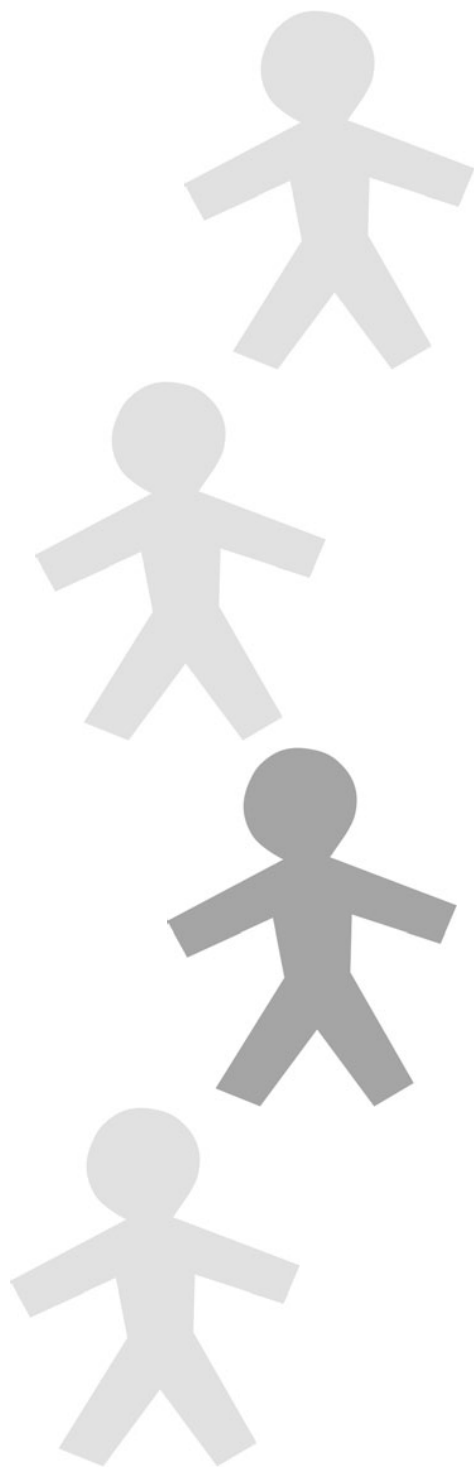
Within Working Together 2010, LSCBs are required to monitor and evaluate the sources of referrals for assessment of children by Children's Social Care and the thresholds in place to access different levels of service. This enables LSCBs to comment on the quality of information sharing between agencies at the first point of referral and to ensure that the agreed thresholds in place do not detrimentally impact on the speed and quality of responses to identified needs.

As can be seen from the tables in Section 6, there has been a very substantial increase in the number of referrals received and the number of initial and core assessments of children's circumstances undertaken.

The Police are the main source of referrals, in particular the Domestic Violence Unit. During the last 12 months the police have reviewed and improved their process and recording tool for referrals concerning children and young people (121a process). In addition, dedicated police officers are working within the MASH which is expected to impact on the referral rates as multi-agency intervention and multi-agency information sharing occur at an earlier preventative level.

The MASH is working to develop a multi-agency referral form to reflect the CAF paperwork and reduce the need to complete different paperwork for varying parts of the referral pathway. The continued development of the Early Response Service to support the CAF and the MASH will be monitored and evaluated.

A protocol is being developed between Early Years and Families and the Acute Trusts to improve the timing and quality of responses to pre-birth referrals. This will be introduced during 2010-11.



The Early Years and Families Service have 1,835 children in need who are receiving services, including financial support. 1,100 children in need are managed in the Joint Agency Service, a team of Health and Social Care practitioners and professionals working together to assess and support children with additional needs and disabilities. Since 2008 the DCT has in place multi-agency thresholds describing different levels of need, and what services can be provided to meet those needs. The levels are:

Level 1 – early assessment and intervention of children and young people needing extra help from professionals who already know them.

Level 2 – locality based multi-agency assessment and intervention for children and young people needing coordinated help from specialists as well as professionals who already know them.

Level 3 – specialist assessments and care plans for children and young people needing coordinated intervention through integrated assessment and care planning.

Universal services provide generic support for all children and young people.

A qualitative audit process is in place within Early Years and Families to evaluate referrals that have an outcome of no further action. The DSCB Quality Assurance, Audit and Complaints sub-group audit team will continue to consider the quality of threshold decisions as part of its audit function.

The MASH will review the current thresholds in 2010 to reflect the introduction of statutory guidance, including Working Together 2010.

Demonstrable improvements in outcomes for children in Devon as a direct result of the monitoring, evaluation and quality assurance work of the DSCB

Process	Improvement
Section 11	<p>Most self-assessments are thorough, transparent and progressive with evidence of self identification of improvements:</p> <ul style="list-style-type: none"> • Agencies demonstrated that they have embedded safeguarding into the agency and have mechanisms in place to monitor and audit safeguarding activity; • Some agencies had examples of excellent participation of children and families capturing their views; • Agencies demonstrated that they undertake CRB checks at the point of employment as part of their safer recruitment process; • Agencies demonstrated their awareness for inter-agency working and cited their involvement with the CAF process as evidence.
MACA	<ul style="list-style-type: none"> • Following the first case audit in 2008 Devon safeguarding partners developed a MASH to improve information-sharing around vulnerable children and young people resulting in speedier and more effective interventions for children in need. • SAFER guidance for all staff working with children on how to respond to safeguarding concerns and focus on listening to children and their experiences and not being diverted by adult explanations of injuries. • Training seminars for key front line staff and managers disseminating the findings and setting out required improvements in standards of case recording and risk assessment, interagency communication. • Information Sharing Governance principles agreed and implemented to improve the practical inter-agency working by sharing key safeguarding concerns in a timely way.
SCR and CDOP reports	<p>CDOP has identified that to prevent future deaths organisations need to be aware of:</p> <ul style="list-style-type: none"> • The particular risks of sudden infant death in very young infants in complex families with substance misuse problems, domestic abuse and/or mental health difficulties where contributory factors of smoking and co-sleeping when under effects of alcohol/drugs are also present. • Increased risks associated with treatable surgical conditions in infants and young children when no helicopter transport is available to the tertiary centre in Bristol. • The number of suicides in young people indicating a need for a suicide prevention strategy.

continued overleaf

Process	Improvement
<p>External inspection and regulation reports</p>	<p>The DSCB’s focus on the implementation of action plans from organisational inspections and regulatory reports provides a continuing challenge to ensure that recommendations are embedded speedily with relevant evidence of changes in practices and services. One example is:</p> <ul style="list-style-type: none"> • the cross peninsula multi-agency response to deliver a paediatric sexual assault service as a direct result of the Ofsted/ CQC inspection report. Whilst an interim solution is in place this now requires the commissioning of a permanent service.

Whilst the DSCB has worked hard at creating its own Quality Assurance Framework and associated processes, it now needs evidence that a performance management quality assurance and audit system linked to improving safeguarding outcomes is in place in all DCT partners.

9. Serious Case Reviews

“LSCBs should consider whether to conduct a SCR whenever a child has been seriously harmed in the following situations:

- a child sustains a potentially life-threatening injury or serious and permanent impairment of physical and/or mental health and development through abuse or neglect; or
- a child has been seriously harmed as a result of being subjected to sexual abuse; or
- a parent has been murdered and a domestic homicide review is being initiated under the Domestic Violence Act 2004; or
- a child has been seriously harmed following a violent assault perpetrated by another child or an adult; and the case gives rise to concerns about the way in which local professionals and services worked together.”

Working Together to Safeguard Children

In Devon from April 09 to March 2010 there have been no SCRs undertaken.

The purposes of SCRs are to:

- establish what lessons are to be learned from the case;
- identify how and within what timescales they will be acted on, and what is expected to change as a result; and to
- improve intra- and inter-agency working.

It is imperative that SCR recommendations are acted on promptly and effectively.

Prior to 2009 Ofsted asked Devon to reconsider a number of SCRs in the light of the Baby Peter tragedy. These were all satisfactorily completed and led to the identification of a number of common recurring themes. While all actions had been implemented the frequent recurrence of these themes in SCRs suggested the need for continued focus on them to ensure that the likelihood of repeated failure in the future was diminished.

The themes identified were:

Ability to do the review

- Insufficient SCR trained staff in some agencies
- Lack of urgency in setting timescales for the implementation of actions
- Arrangements for the dissemination of lessons learnt in some agencies was poor

Multi-agency child protection training needs to address

- A focus on male partners
- The significance of DVA
- Assessment processes, in particular the contribution to be made by staff in universal services to assessment and case planning
- The importance of listening to children
- The role of schools in child protection and the support and supervision of school staff

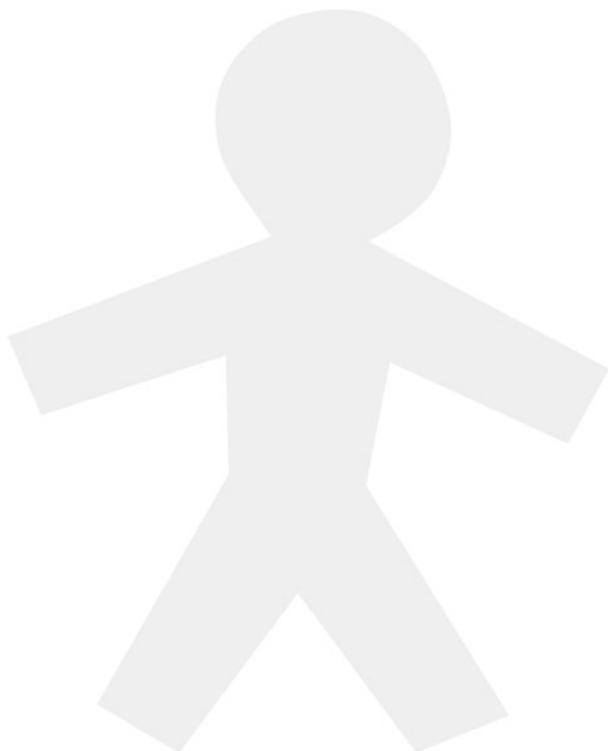
Record-keeping and information-sharing

- The importance of accurate record keeping as a risk assessment tool
- Lack of standards for the communication of essential information to other agencies
- The importance of clear referrals between agencies and the use of common referral forms
- The importance of including information about children in the records of relevant adults who may be receiving services

Adult mental health services

- Lack of integrated working arrangements between adult mental health and children's services
- Lack of awareness of the risks to children from adults with mental health problems
- The phenomenon of child murder linked with parental suicide
- Staff in adult mental health settings lack child protection training
- Lack of discharge planning that takes account of potential risks to children

Many of these themes, mirrored through the MACA process, chime with Ofsted's national evaluation of serious cases which identified key issues such as: parental substance misuse, parental mental health and domestic violence. The DSCB through the activity of MACA and the SCR sub-group will need to be satisfied that recommended improvements are being sustained over time. This will be the focus of the 2010/11 DSCB Annual Report.



10. Child Death Overview Panel

“One of the LSCB functions, set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, in relation to the deaths of any children normally resident in their area is to:

- (a) collect and analyse information about each death with a view to identifying:
 - (i) any case giving rise to the need for a review mentioned in Regulation 5(1)(e);
 - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority; and
 - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
- (b) put in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.”

Working Together to Safeguard Children

The Child Death Overview function was made a requirement in the 2004 Children’s Act with an expectation that the CDOP will produce an annual report.

In the far South West, the collaboration of four LSCBs to form one Peninsula Child Death Overview Panel serving Cornwall & Isles of Scilly, Devon, Plymouth and Torbay has been a recognised success. Multi-disciplinary and cross-boundary working relationships have improved. Parents and professionals benefit from collaborative and coordinated working practices responding to child deaths with consistent standards being established

Statutory Child Death Review involves two interrelated processes:

- a multi-agency rapid response to unexpected child deaths (when appropriate);
- a multi-agency expert panel review of all child deaths (birth to 18th birthday).

Sadly, 114 children died within the Peninsula between April 2009 and March 2010. 111 of these were Peninsula residents, of which 31 were from Devon. Of these 31 cases, 21 were expected deaths, three were unexpected deaths and seven deaths were managed through Rapid Response. 13 received a formal in-depth review by CDOP. Most recorded deaths were due to congenital and neonatal reasons occurring mainly within local Accident and Emergency and neonatal units, with deaths at home the third most likely place.

The emerging lessons across the Peninsula for prevention of future deaths are that:

- **sudden infant death is occurring in complex families often with**

substance misuse problems, domestic abuse and/or mental health difficulties. There are particular risks for young infants in these families if known contributory factors for sudden infant death are also present especially smoking and co-sleeping when under effects of alcohol/drugs. There is a need for awareness of these factors in assessment and analysis of risk with targeted interventions;

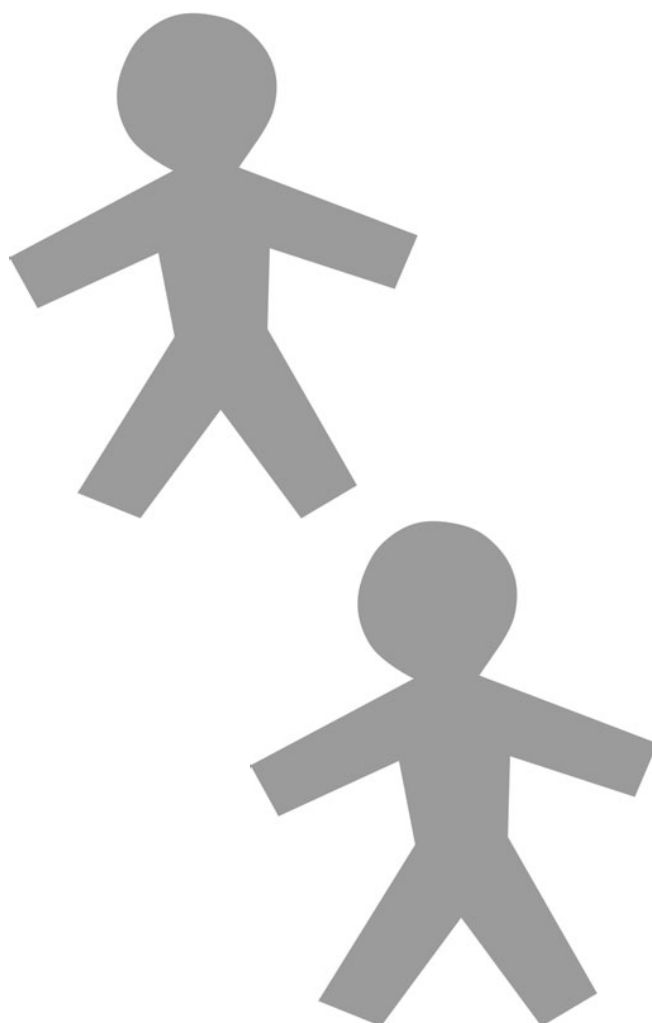
- **increased risks associated with treatable surgical conditions in infants and young children when no helicopter transport is available to the tertiary centre in Bristol;**
- **concerns regarding the number of suicides in young people indicates a need for a suicide prevention strategy in each PCT/LSCB area.**

As a result of the work of CDOP during 2009/10 the following have been identified as improvements:

- Guidelines have been offered to staff in District Hospitals on how to conduct Local Case Reviews with a suggested template for recording recommendations/actions arising, linking to governance structures in NHS Trusts and CDOP.
- The next target is to ensure that the guidance given in para 7.79 of 'Working Together' is followed by all agencies, namely: "When a child dies unexpectedly, a paediatrician (on-call or designated) should initiate an immediate information sharing and planning discussion between the lead agencies (i.e. health, police and local authority children's social care) to decide what should happen next and who will do what". In practice in the peninsula, a rapid response team practitioner could initiate this discussion for unexpected deaths occurring in the community and a paediatrician for

hospital deaths (excluding those unexpected neonatal and early post-neonatal hospital deaths where multi-agency discussion/rapid response is not indicated). There should be clear documentation of these discussions and of any communication between agencies.

- CDOP will write policy and procedures for Rapid Response Team (RRT) involvement with police in cases of known or suspected suicide.
- Training planned for RRT members on suicide and multi-agency support for families and professionals involved.
- Recording bile-stained vomiting as a 'red flag' symptom in infants, necessitating an urgent paediatric opinion. A letter was sent to CEOs of all PCTS in the Peninsula with copies to the SW Ambulance NHS Trust and to NHS Direct



11. Progress on National Priority Areas

(as identified in the LSCB Practice Guidance – consultation 2010 and Working Together 2010, Chapter 11)

11.1 Engagement of the Wider Community in Safeguarding

“Safeguarding and promoting the welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector, children and young people, parents and carers, and the wider community and...the scope of the LSCB includes...work to increase understanding of safeguarding children issues in the professional and wider community, promoting the message that safeguarding is everybody’s responsibility.”

Working Together to Safeguard Children

The Working Together guidance requires LSCBs to improve public consultation through the introduction of lay members on the Board. DCSB is awaiting further national guidance before appointing lay members.

The DSCB has launched the safeguarding public website <http://dscb.info> specifically aimed at children and the community giving access to public information about safeguarding, including what to do and who

to contact if worried about your own circumstances or those of another.

The DSCB is represented on both the Exeter Diocese Child Protection Group and the Catholic Diocese Child Protection Commission. It is able to provide advice and assistance in relation to a range of safeguarding matters which relate to these two major faith groups. Through these groups the DSCB also has access to the Inter-denomination Child Protection Group that has representation from a wider range of faith groups and communities.

A communications strategy and protocol was agreed by the DSCB in the Autumn 2009 to:

- better hear the voice of children and young people;
- build a calendar of forthcoming communication opportunities to enable a concerted and co-ordinated communications approach utilising the DSCB website;
- develop a network of communication leads for each partner;
- reach out to communities whose voice has not been heard.

Children and young people are routinely consulted (along with governors, staff, parents, the Police, local elected members and the wider community) during the briefing process for all school building projects. This helps with the building safeguarding design ensuring that structural ‘barriers’ in the building design are avoided so pupils can be adequately supervised at all times. Other safeguarding considerations

discussed are the use of CCTV for monitoring visitors and pupils and site security during the occupied day and at other times.

Where communities have concerns about safe routes to schools, engineering is put in place where appropriate to provide safe access for walkers and cyclists. These facilities also benefit local communities and alongside age appropriate road safety education help schools and their communities to encourage safer and more sustainable and healthier lifestyles.

11.2 Safer Workforce

“LSCBs should ensure that robust quality assurance processes are in place to monitor compliance by relevant agencies within their area with requirements to support safe practices. These processes should include audits of vetting practice and sampling of compliance with checks with Criminal Records Bureau and, once it is introduced, Independent Safeguarding Authority registration. Children’s Trust Boards should ensure that systems are in place to deliver both single-agency and inter-agency training on safeguarding and promoting the welfare of children.”

Working Together to Safeguard Children

It is the responsibility of each employer whose organisation works with children to ensure that they operate recruitment and human resource practices that safeguard and promote the

welfare of children. The annual Section 11 audit, the Local Authority Designated Officer (LADO) process and the delivery and monitoring of safeguarding training forms part of the DSCB quality assurance processes to monitor the compliance of agencies in implementing safe recruitment.

All organisations are required to have a senior officer with designated responsibility for investigating allegations made against any member of staff working with children. The LA has an over-arching role to be involved in the management and oversight of individual cases, providing advice and guidance, liaising with the police and other agencies and monitoring the progress of cases to ensure that there are dealt with quickly and fairly and that children are not at risk of harm.

The number of referrals to the LADO has steadily increased during the course of 2009-10 suggesting that many agencies are recognising their safeguarding responsibilities and taking appropriate action to ensure that possible risk within the children’s work force is assessed.

DCT has been using the Children’s Workforce Development Council One Children’s Workforce Toolkit to help assess the levels of integrated working across the children’s workforce in Devon. Safeguarding is an element of this assessment and the first results from a sample across the children’s work force has led to the development of a specific safeguarding workforce strategy for Devon. This strategy is designed to improve the DCT understanding of its children’s workforce.

The DSCB requires assurance that the children’s workforce is appropriately trained, supervised and professionally developed. Furthermore the DSCB is expecting comprehensive information to be supplied on a regular basis about the make-up, competence and training of the children’s workforce from 2010 onwards. This

needs to include vacancy and turnover rates of key professional staffing groups that have significant safeguarding responsibilities such as social workers and health visitors as these directly impact on the capacity of services to respond effectively to demands for referral, assessment and intervention..

The DSCB has continued to be responsible for the delivery of specific multi-agency safeguarding training during 2009-10. A formal commissioning agreement is expected between the DCT and the DSCB for 2010-11 in line with chapter 4 of Working Together 2010. The DSCB Training and Workforce Development sub-group has achieved its objective of meeting the increased demand for

places across the whole range of training offered and a more robust multi-agency mix of participants.

Key national and local research on multiple risks factors (such as substance misuse, mental ill health and domestic violence) prevalent within families has been included in all safeguarding training courses. Information sharing and legislation changes have also been incorporated to meet the wider workforce's developmental needs.

Safeguarding children with disabilities training is a main area of course development for 2010-11.

Courses delivered in 2009-10	Number of participants
Safeguarding Level 3 (2-Day and Refresher)	1313
Safeguarding Level 4	102
Emotional Abuse & Neglect Level 4	15
Child Sexual Abuse Level 4	32
Serious Case Reviews Level 4 (specialist)	108
Assessing Risk in Safeguarding	71
Safer Recruitment	315 (222 via the DCC Learning and Development Partnership to schools)
Individual Management Review (for writers involved in SCRs)	40
Attachment in 'high criticism and low warmth families'	35
Safeguarding Children / Mental Ill Health	46
Safeguarding Child Protection (Raising Awareness) Level 2	1204 (1052 via Early Years Providers)

11.3 Missing Children

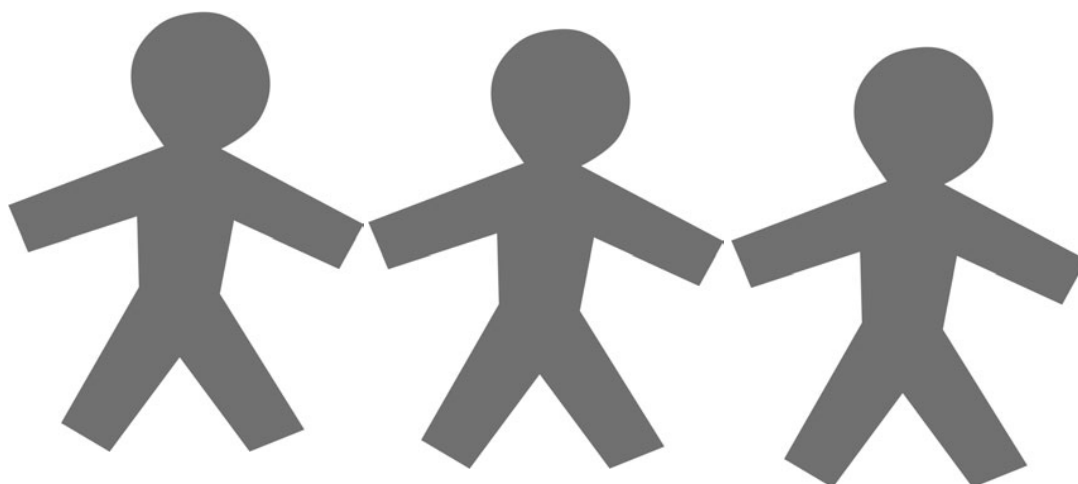
Between the period 1.4.09 to 31.3.10, 1251 children and young people under the age of 18 were reported missing in Devon. Of these, two-thirds went missing once, with the remainder being reported missing on more than one occasion. It is clear from the above that there are a relatively small number of children and young people that go missing on a very regular basis, some of whom who remain missing for considerable periods of time and where their safety remains unclear. The predominant age group for a person under 18 years of age to be reported missing (both for repeat and one off reports) were young people 15 years old, closely followed by those 14 years of age. Most missing children and young people are found unharmed whilst some are found harmed by physical injury, (42 reports), sex assault (six reports) and others suffering abduction, parental abduction or

other crime. There was one unexplained death. Devon has a multi-agency Missing Persons Forum as a response to the new Home Office Missing Children Guidance (2009).

In addition there are requirements to monitor and tackle children who miss education. Devon’s Children Missing Education Policy was launched in March 2010. Electronic reports of notification of removal of pupils from school roll have replaced the paper forms for all maintained schools, with independent schools continuing to use paper forms.

A particularly vulnerable group of children prone to miss education are the children of traveller families particularly those who have no place to stop. Travellers on authorised encampments across Devon are visited by the Traveller Education Service when notified of their presence (via agencies or contacts known to the service).

Number of reports for missing under-18 year children, found...			
within 24 hrs	between 24 – 48 hours	less than 6 days and more than 3 days	more than 7 days
4470	498	212	42



11.4 Violence against Women and Girls

Devon has established a VAWG multi-agency group in response to the Government's report Violence Against Women and Girls which marks a shift in thinking about the need to deal with all aspects of violence in a more holistic way. The focus of this report, (covering sexual, domestic and honour based violence and abuse, forced marriage, trafficking and female genital mutilation) is the provision of preventative and protection services. Progress within Devon is embryonic with a VAWG strategy to be encompassed within the safeguarding role of DCT and implemented by Autumn 2010. DCT needs to agree the strategic governance arrangements for VAWG, DVA and MARACs.

11.5 Sexual Exploitation

“Every LSCB should assume that sexual exploitation occurs within its area unless there is clear evidence to the contrary, and should put in place systems to monitor prevalence and responses.”

Working Together to Safeguard Children

Work to prevent the sexual exploitation of children is championed nationally by Child Exploitation and On-line Protection (CEOP) which is the national centre of excellence and also an enforcement agency. Devon and Cornwall Constabulary and others work closely with CEOP to protect children from those who seek to sexually exploit them. Devon and Cornwall Constabulary's own proactive Force Child Exploitation Unit have developed covert techniques to assist with the identification and prosecution of those offenders who seek to target vulnerable groups via the internet.

Additionally a child protection intelligence matrix has been developed by their Public Protection Unit which identifies persons who present a serious risk to children but who are not being targeted already. Consequently the Devon Police Commander receives briefing packs with 'intelligence requirements' so that significant gaps in knowledge about offenders can be addressed enabling children to be safeguarded and offenders to be prosecuted.

It is very difficult to say how many children and young people are being sexually exploited across the UK, because the issue is difficult to identify and there is no system in place for recording cases centrally. Barnardo's research in 2005 estimated that 1,000 children were at risk of sexual exploitation in London alone. Barnardo's are currently undertaking further research to establish a figure for the prevalence of this issue across the UK.

A Barnardo's snapshot survey in October 2009 indicated that of 609 children and young people that were being supported by their services, 55% indicated that they went missing on a regular basis. Earlier Barnardo's research identified that 'missing' children and young people have a greater propensity for being trafficked into prostitution and that running away on a regular basis can often be a sign of sexual exploitation. The Peninsula Safeguarding Children Boards will be considering how to identify and support children who are at risk of sexual exploitation following the completion of a pilot project underway in Plymouth.

Protecting children from known sex offenders is part of the MAPPAs arrangements. Funding is available to undertake comprehensive Home Office accredited specialist risk assessments by the NSPCC of individuals who are not subject to statutory licence or who have historical convictions as sex offenders against children.

11.6 Forced Marriage

In a forced marriage, one or both spouses do not consent to the marriage. The young person could be facing physical, psychological, sexual, financial or emotional abuse to pressure them into accepting the marriage. Forced marriage affects victims from many communities.

Working Together to Safeguard Children

Devon and Cornwall Constabulary has policy and working practices that adhere to National Policing Improvement Agency guidance in relation to honour-based violence (HBV) and forced marriages. They have implemented the new Domestic Abuse Stalking & Harassment risk assessment model to deal with reports of domestic abuse which also identifies victims issues related to HBV. The Force has representation on regional and the Association of Chief Police Officers national group to review these issues and share best practice amongst Forces

Operationally, Devon Basic Command Unit (BCU) identifies relevant cases as HBV or potential Forced Marriage and puts in place appropriate safeguarding measures for the people concerned. Sometimes the females are very young. Devon BCU has also been one of the first areas in the Constabulary to attend court and obtain a Forced Marriage Protection Order under the relatively new provision provided by Section 4A of the Family Law Act 1996

11.7 Child Trafficking

“This is the exploitation of children through force, coercion, threat and the use of deception and human rights abuses. Children who are trafficked have very little choice in what happens to them and are trafficked for various reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick pocketing, theft and working in cannabis farms. There is evidence that some UK resident children, mainly young girls, are being moved around between towns and cities within the UK for the purposes of sexual exploitation.”

Working Together to Safeguard Children

Whilst this has been identified nationally as a priority area, the DSCB is unaware of any work undertaken in Devon that identifies specific issues regarding child trafficking. It will be seeking further information from regional work that is currently underway particularly at points of entry, e.g. air and sea ports and in liaison with the UK Border Agency.

11.8 Bullying, E-Safety and Racist Incidents

“The damage inflicted by bullying (including bullying via the internet) can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm).”

Working Together to Safeguard Children

This year has seen a reduction in the number of persistent absent young people from Devon schools include those citing bullying as a reason with 92.5% of schools achieving healthy schools status. The first County Reducing Bullying Conference (with over 130 participants), courses on tackling homophobic bullying and the extension of Restorative Approaches have all formed part of the support and guidance for schools focusing on bullying and prejudice. Guidelines for Schools and Pupil Referral Units, ‘Prejudice Related Bullying: Preventing and Responding’, ‘Skin Deep’ and ‘The Polish Connection’ were published along with the development of a Healthy Early Years Settings Handbook.

The Anti-Bullying Self Review Framework was circulated to primary and secondary schools alongside County wide anti-bullying training involving a range of partners and awareness training for schools that have pupils involved in the E-learning project. Schools data collection is being reviewed to identify the potential to include bullying data.

A Community Cohesion competition, encouraging schools to focus on issues around

prejudice, diversity and their local communities, was launched by the Safer Devon Partnership. All Devon schools were invited to take part and over 120 entries were received. The competition revealed examples of good practice from around Devon and these will be collected in a resource pack for all schools to share.

Devon has a school transport reporting system for all behaviour incidents including bullying and the use of focus groups of children and young people promotes community cohesion in the County. The development of the Single Equality Scheme for Schools and a support pack for children entering care, also support this aim.

Cyber-bullying has been a particular focus of the e-safety activities of Devon’s Learning and Development Partnership Information and Communications Technology team, including keynote presentation at Devon’s Tackling Bullying in Schools conference and the main focus of Devon’s e-safety updates in March. Two Devon e-safety sessions were delivered in March focussing on cyber-bullying but covering a wide range of current e-safety issues. A number of schools have subsequently requested school based sessions for parents and staff and e-safety sessions for parents have continued to be delivered for schools. Two colleagues are trained as E-Safety Mark assessors and the team support schools dealing with a range of e-safety related incidents and provide advice to schools.

This team were also involved in planning the regional South West Grid for Learning (SWGfL) E-Safety Live 09 conference attracting high profile national speakers, including promoting the SWGfL 360 degree Safe School E-Safety self-evaluation tool to schools which allows schools to gauge progress in the development of e-safety policies and practice <http://360safe.org.uk>.

In 2010, Devon Youth Offending Service figures show 19 racially aggravated offences by young people, the same number as in 2008/09. This is relatively low, representing less than 1% of all offences (2190). Most of these offences (13) were Public Order offences (threatening words or behaviour) with two for common assault (minor or no injury), three for actual bodily harm and one for possession of an offensive weapon.



12. Progress on Local Priority Areas

12.1 The Voices of Children and Young People

“The voice and experiences of young people should strongly inform the LSCB’s work programme.”

Working Together to Safeguard Children

Over the past years there has been a desire to consult with children and young people in order that they can help shape the services they receive. There has been much activity undertaken within individual services and the DCT has been at the forefront of championing through the CYPP hearing the voices of children. DCT has led the development of a comprehensive and coordinated ‘Joint Engagement Strategy’, but this is still to produce regular and systematic information reports for DSCB consideration.

The specific concerns of the DSCB have not been systematically included in consultation and engagement work to date. During 2009-10 the DSCB has commissioned direct work with children from 5 to 18 years old on how safe children feel. This is due to report in 2010-11 and will give the DSCB a baseline from which to identify improvement work.

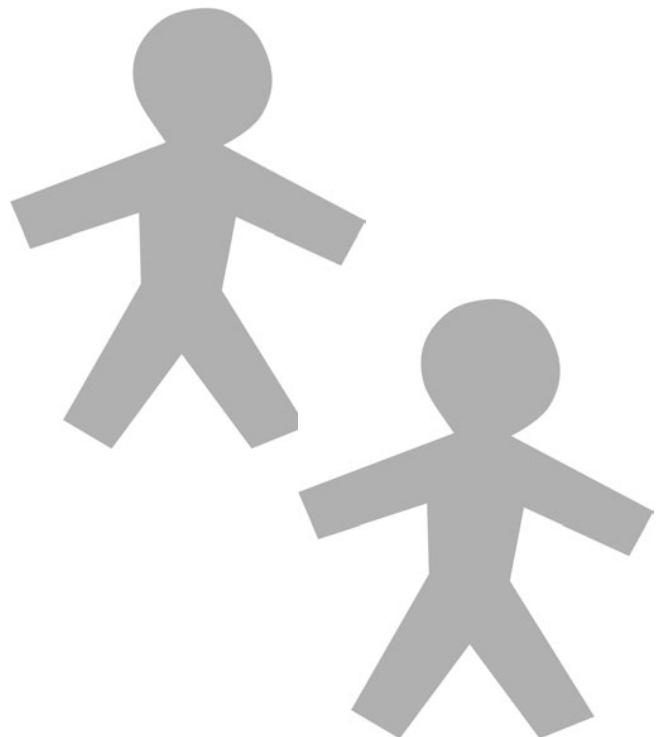
Two examples that provide some evidence to the DSCB are:

1. The Connexions Service survey of 8,465 of Devon Year 11 students where over 80% completed some information on the questionnaire. 4,444 (52.5%) responded to the question ‘How safe do you feel?’ (Positive Activities Survey 2010).

Young people were asked to answer (using a scale of ‘Very Safe’ to ‘Very Unsafe’ with a ‘Don’t Know’ option where they did not have an opinion) the question ‘how safe do you feel...?’:

- in the area where you live...
- going to and from school...
- in school...

Over 92% of those that responded felt they were very or quite safe where they live, going to, from and in school. The table overleaf shows the full results related to this question.



	where they live	%	to and from school	%	in school	%
Very Safe	2362	53.2	2607	59.1%	2364	53.6%
Quite Safe	1741	39.2	1575	35.7%	1696	38.5%
A bit Unsafe	252	5.7	153	3.5%	228	5.2%
Very Unsafe	44	1.0	33	0.7%	70	1.6%
Don't Know	45	1.0	40	0.9%	51	1.2%
Total	4444	100.0	4408	100.0%	4409	100.0%

2. The NSPCC Young Witness service provided preparation and support for 84 children and young people, who were referred for help in giving evidence in criminal proceedings in Devon in 2009-10. The majority of children referred were victims of sexual abuse, and the cases were heard at Crown Court. Two thirds of those referred for service support were female. All feedback received from the young people who used this NSPCC Young Witness Service demonstrated that it had enabled them to be competent and confident witnesses, and reassured about what to expect in Court.

“Thank you for the wonderful treatment and respect you showed in my case. You made me feel at ease and I felt protected.”

12.2 Accident Prevention

The joint Audit Commission and Healthcare Commission’s ‘Better Safe than Sorry’ report (2007) stated that:

- unintentional injury is the leading cause of death among children and young people aged 1-14, with the majority involved in road injury;
- children under five carry a disproportionate burden of injuries from

falls and fires, nationally this equated to 71% of all childhood fatalities from fire in 1997 and 1998; and

- two million children and young people visit a UK accident and emergency department each year as a result of non-fatal injuries.

At the request of the DSCB, the strategy Preventing Unintentional Injuries in Children and Young People in Devon was prepared, capturing the current picture of unintentional injury in children nationally and locally within Devon. This strategy identifies current programmes and initiatives taking place within Devon, amongst the various agencies and organisations to help prevent unintentional injuries.

A multi-agency partnership ‘Devon Preventing Unintentional Injuries in Children and Young People’ has been established to oversee the implementation of this strategy with a clear focus on evidence based practice underpinning the implementation. The National Institute of Health and Clinical Excellence guidance on unintentional injuries for children and young people to be published later this year, will be used by the partnership to analyse Devon’s programmes and audit against the guidance. The results of this audit will guide the development and new interventions within Devon.

12.3 Domestic Violence

“When dealing with cases of domestic violence, agencies should consider the impact that this behaviour has on children, in particular their emotional development, and the victim’s capacity to protect a child from harm and meet their identified needs.”

Working Together to Safeguard Children

Between April 2009 and March 2010 the Police dealt with 9151 DVA incidents with 4259 children present (47%). 24% of overall violent crime incidents in Devon are DVA. Of the 563 DVA cases that were prosecuted in Devon 71% resulted in a conviction. Over 3700 people, including children, were supported by ‘against domestic violence and abuse’ (adva) funded community-based services and 178 women were admitted to refuges in Devon along with 218 children (46% under age 5). MARACs are established across county and have dealt with 703 cases involving 907 children during 2009/10.

Overall, DVA work in Devon is at a high standard achieving a ‘Green Flag’ for best practice in the recently published Audit Commission Comprehensive Area Assessment (CAA) for Devon. The DSCB approved the ‘Safeguarding Children Living with DVA Policy’ in August 2009. The policy sets out standards for evidence-based practice but still has to be comprehensively implemented. Adoption by DCT of the domestic violence and abuse safeguarding policy is essential and urgent, as is the agreement to the overall governance arrangements for MARAC.

Furthermore the prevalence and impact of DVA on children is such that it is vital that children’s social care ensure through rigorous use of CAF and risk assessments that the needs of children in families where domestic abuse is a feature are fully understood.

A recent Education Welfare Service audit showed that 80% of schools in Devon have a designated DVA lead professional and 50% of these have achieved the adva Level 1 standard.

12.4 Private Fostering

Section 67 of the Children Act 1989 (Amended in Part 5 of Children Act 2004) places a duty on LAs to ensure that the welfare of children who are privately fostered are satisfactorily safeguarded and promoted.

“It is the duty of every local authority to satisfy itself that the welfare of children who are privately fostered within its area is being satisfactorily safeguarded and promoted. Private fostering is a key area of child protection.”

Working Together to Safeguard Children

Private fostering is a private child care arrangement between the parent of a child under 16 years old (or 18 years if the child has a disability) and someone who is not a close relative or who holds parental responsibility, where the arrangement is intended to last more than 27 days. They will agree between them how each of their respective roles will be exercised with the parent retaining parental responsibility for the child, and therefore the responsibility to promote the child’s welfare whilst the carer takes on the day-to-day care of the child.

At 31st March 2010, 27 children were in private fostering arrangements in Devon. The private fostering team received 86 notifications in 2009-10 compared with 76 in the previous year, resulting in 67 children starting arrangements. The Private Fostering Service has progressed Ofsted’s recommendations: systems for electronic recording, timeliness of initial and statutory visits, regular monitoring and reporting are all improving. Open and positive relationships are developing with independent schools, guardianship agencies and local language schools, including translating contact details for the private fostering social workers into appropriate different languages for language school students who are privately fostered. Improved continuity of social worker is benefiting young people.

During the year there were significant improvements in:

	2009-10	2008-9
Initial visits within the required seven days	88.4%	39.5%
Statutory six-weekly visits	86.6%	20.7%
Continuing arrangements scheduled visits	52.2%	44.4 %

Devon has developed links with charities who arrange respite and treatment visits for children from other countries who have profound disabilities, and worked to ease their passage through immigration checks. Devon facilitates and hosts a private fostering South West forum for sharing ideas, opportunities for awareness raising and issues affecting regional private fostering.

A collaborative awareness raising campaign, funded by the DSCB, promoting private fostering awareness included:

- an information leaflet to increase public awareness;
- an information pack for all children’s services professionals;
- visits to professional teams;
- conferences;
- updated website complementing the British Association of Adoption and Fostering National Private Fostering Week 2010.

12.5 The Joint Strategic Needs Assessment in support of Safeguarding

A Joint Strategic Needs Assessment of safeguarding was commissioned by the DSCB to provide a robust analysis of the safeguarding needs of children and young people in Devon. It focused on particular vulnerable groups and emerging themes both national and local of the behaviour of adults that impact negatively on children’s wellbeing such as substance misuse, domestic violence and abuse and criminal activity. The JSNA provided the opportunity to examine all the determinants of harm for children including social-economic factors such as poverty, poor education and poor housing as well as personal health factors such as chronic ill health, mental health problems or disability or exposure to the causes of ill health such as drugs, alcohol and risky sexual behaviour.

The JSNA produced a number of key recommendations to drive the future strategy of the DSCB including advising the DCT on the gaps in services, priorities for investment and disinvestment for safeguarding and reviewing the current evidence of the most effective way to provide services and interventions

The recommendations include:

- 1) The need to agree common data standards so the DSCB is assured it has the right processes in place to monitor improved outcomes for children and a reduction in inequalities. Agreement is required on the sharing of information and intelligence across organisations where appropriate.
- 2) The DSCB, in partnership with the DCT, needs to provide strong strategic leadership to joint commissioners to ensure resources are allocated to address the inequalities that exist across Devon. The current commissioning arrangements need to be reviewed with an expectation of ensuring greater clarity by aligning the governance of commissioning of the DCSB, and its various sub-groups, and the DCT. The possibility of a single joint commissioning framework should be explored with stronger joint commissioning arrangements and better inter-agency working between adult and children services commissioners.
- 3) Commission a review of opportunities to share training and develop resources across partner agencies, particularly between children and adult services that cover domestic violence, substance misuse, mental health and learning disability.

12.6 Multi-Agency Safeguarding Hub

Following the MACA in 2008, Devon safeguarding partners developed a new partnership, the MASH, to ensure that recommendations of Lord Laming, the lessons learned from SCRs and the outcomes from the DSCB multi-agency audits are addressed through improved information sharing, decision making and early intervention. The Devon MASH has three functions:

- management of 121a referrals in partnership with Devon and Cornwall Police;

- contacts and referrals to Early Years and Families; and
- liaison with the Early Response Service to meet children and young people's needs that do not meet the threshold for early years and families.

The Hub is not intended to replace but to enhance the functions of assessment, information sharing or multi-agency working. The partnership team consists of staff from the Police, Children's Services, Education Welfare and Schools, Health, Adult Services and Adult Mental Health, Youth Offending Service, Fire and Rescue Service, Probation and NSPCC working together, either co-located or as 'virtual' members.

Evidence from previous inspections and MACA confirmed that referrals not meeting Devon's threshold for statutory services tended to lack follow up and in many cases there was an escalating level of concern with multiple referrals until the threshold criteria was met. MASH will collate the full information known within separate organisations into a coherent format to progress assessment and service delivery in a timely manner, working closely with the Early Response Service who will support single agency response or CAF/Team Around the Child process.

The expectation is that better informed multi-agency information sharing and decision making will lead to a decrease in the number of inappropriate initial assessments and better targeting of resources on children and families with highest safeguarding needs. The benefits to the child are earlier, timely intervention and support with agencies pooling service resources thus preventing the escalation to a higher and more intrusive level of intervention to meet their needs.

12.7 DSCB Health safeguarding

The DSCB Health sub-group progressed the Ofsted requirement for a service for the assessment of child sexual abuse through an NHS Devon and Torbay Care Trust jointly commissioned interim service delivered by an independent provider. A permanent SARS is yet to be agreed. The DSCB Sexual Health guidelines for under 18s have been reviewed and ratified and the Chlamydia screening service has incorporated safeguarding children in its policies and procedures.

Primary care, often through GPs, is a key access and assessment point for children and families. During 2009 an audit of all GP practices across Devon was undertaken focusing on children's safeguarding and the results of this audit have driven major changes to the expectations for compliance with national safeguarding standards in preparation for CQC registration in 2010. Annual audits are arranged to check compliance with recommendations made for training for GPs and practice staff and this has included the roll out of CAF.

A protocol and care pathway for health support for children in Devon's women's refuges is now in place. The DSCB Executive has approved in principle the establishment of a domestic abuse post within NHS Devon to drive forward further changes.

Arising from the first MACA in November 2008 and the Ofsted inspection in 2009, recognised weaknesses in the relationship between mental health services to adults provided by DPT and the children's safeguarding arrangements in Devon have been substantially improved including:

- identified Executive and Non-executive leads at Board level and senior management leads for child safeguarding issues;
- developed a set of practice standards for

all clinical staff and performance against these is monitored through practice quality audits;

- all staff received training and information to support compliance at level 1 with 85% of staff completing the e-learning module;
- an Internal Audit review of safeguarding procedures was conducted in January 2010;
- attendance at Devon's four MARACS (Multi-Agency Risk Assessment Conferences) is now in place;
- development of a transition protocol and engagement with the Quality Improvement and Redesign Group.

12.8 Substance Misuse

“LSCB should undertake...responsive work to protect children who are suffering, or are likely to suffer significant harm, including: children abused and neglected within families, including those harmed as a consequence of the impact of substance misuse.”

Working Together to Safeguard Children

New Guidance by the DCSF, Department of Health and the National Treatment Agency expects local protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services to be in place to ensure the children of drug using adults are protected from harm and their welfare needs are met whilst improving outcomes for drug and alcohol service users who are parents.

A major part of the substance misuse action plan is to ensure that any gaps in service delivery between adult and children services

are closed. Local protocols are in the early stages of implementation with new specifications for adult drug services being developed during 2009/10 highlighting the importance of safeguarding children. Additionally the requirements of the workforce to be fully trained and aware of safeguarding children has been highlighted and prioritised. This has led to the recognition that workers in adult services need to have an understanding of the CAF process and their input into CAFs.

In Devon 179 young people commenced substance misuse treatment during 2009-10, giving a total of 322 young people in treatment. The age range for treatment was from 12 years to 21 years old, with over two thirds (225) in the 15-17 age group. The primary substances that young people are treated for are cannabis (54%) and alcohol (39%) which is similar to the national picture.

There were 1418 adult drug users in treatment during the year 2009-10 of which 1286 were problematic drug users (using crack cocaine and/or heroine). 523 drug users commenced new treatment journeys, (444 new treatment journeys for problematic drug users). Data related to the parental status of this client group is now being collected and will be reported next year. During the same year, 1665 adults were in treatment, having received a full assessment as part of a care planned intervention, for alcohol as a primary drug, with 1233 adults as a new presentation into treatment. Additionally there are a number of adults receiving short term interventions for hazardous, harmful and dependent alcohol drinking behaviours.

Work needs to continue with a range of agencies to ensure multiple vulnerabilities in families, such as substance misuse, domestic violence and mental health are addressed.

12.9 Secure Settings

The Atkinson Secure Children's Home is a regional resource authorised by the Secretary of State to provide secure accommodation in a Community Home for up to 16 children and young people of both sexes. Although the Unit is staffed and administered by Devon County Council, its secure accommodation is equally available to local authorities within the South West region and, in certain circumstances, to local authorities outside the region. Children and young people attend the Home because they are a danger to themselves or others. During 2009-10, 44 young people were admitted to the Home of which 10 were from Devon LA (23%).

During 2009-2010 the Atkinson Home improved from a position of 'Unsatisfactory' for 'Staying Safe' to a 'Good' rating in a recent unannounced Ofsted Inspection. Every potential safeguarding issue is identified for each child at the point of admission to identify risks to the young person, such as the propensity to self harm or commit suicide and if necessary safeguarding support is sought. The outcomes are recorded within the Home. Staff are informed of good safeguarding practice and developments by monthly newsletters and regular training. The Home has developed links with the newly formed MASH. This will improve the Home's ability to raise potential safeguarding issues.

The Atkinson Home has increased young people's participation in the running of the Home. Young people can now raise issues of concern at the weekly Manager's Meeting. They have also participated in the interview process of the Home's new Manager. Young people participate in the creation of their Physical Intervention Plans, so their views are taken into account with regard to the use of restraint. Restraints are monitored throughout the month by the Quality Assurance and

Compliance Manager to ascertain developing patterns and trends. This information is provided in a monthly Restraint Minimisation Report. Recommendations shape future practice and hence minimise the need for physical intervention, keeping young people safe. The use of Restorative Justice Interventions within the Home has changed the ethos of the Home by helping young people take responsibility for their actions. The direct result of this is the reduction of restraints (2009-2010) by 26% from the previous year, while single separations (time spent in room involuntarily) has been reduced by 65%. The first five months of 2010 show a further improvement with only 13 restraints having taken place.

1854 offenders being supervised were living with children at the time of their conviction with 56 being the sole adult within the household.

12.10 Children of Prisoners

It is recognised that having a parent in prison has negative effects on a child's physical, emotional and social wellbeing, increasing their vulnerability. Such children are three times more likely to be involved in antisocial delinquent behaviour than their peers, three times at risk of developing mental health problems than their peers and 65% of boys with a parent convicted to a prison sentence go on to offend.

A survey undertaken in Devon prisons in October 2009 identified that 1899 male prisoners were parents to 1513 children. There are no prisons for women in Devon, the nearest being outside Bristol which involves a 200 mile round trip for any family contact between mothers and their children. The estimated number of Devon children with one or both parents in prison is 768.

The Devon and Cornwall Probation Trust supervise offenders subject to community orders and who are released from imprisonment on licence. According to a survey undertaken in August 2009, 355 of

13. DSCB Judgement of Safeguarding Performance for DCT Partners

Statutory Partners have a variety of regulatory frameworks that they work to and inspection quality assurance regimes. This section reflects on:

- the progress made in the last twelve months in evidencing the improvement of outcomes for children in contact with their organisation/service;
- if an inspection has taken place during this time the judgement for safeguarding to form the rating has been used;
- Section 11 returns that have been quality assured by the DSCB Quality Assurance, Audit and Complaints sub-group; and
- progress on implementing recommendations from SCR and MACA reports.

Organisation	Rating
<p>Devon Local Authority Children's Services In the Ofsted inspection of Safeguarding and Looked After Children services in July 2009, provision for safeguarding was judged to be adequate. The overall effectiveness was judged good or better in the majority of services and settings, placing Devon within the band for performing adequately</p>	<p>Devon LA Children's Services perform adequately</p>
<p>District Councils District Councils are represented on the DSCB and play an active part in this and in Local Children's Trusts. Safeguarding is an important consideration as they come into contact with families in a number of roles. Their annual review of safeguarding showed some variety in approach, but a consistent commitment, policy driven approach with basic structures in place. Safeguarding issues are discussed at quarterly meetings of the Devon District Directors' group alongside feedback from DSCB.</p>	<p>District Councils perform adequately</p>
<p>Royal Devon and Exeter NHS Foundation Trust Based on the CQC assessment for 2008/09, the quality of services provided by Royal Devon and Exeter NHS Foundation Trust for its local population was 'good'. In a recent survey of trusts in England, patients rated this organisation as 'satisfactory' in terms of their overall experience.</p>	<p>RDE NHS Foundation Trust performs adequately</p>

Organisation	Rating
<p>NHS Devon (formerly Devon Primary Care Trust) NHS Devon confirmed in October 2009 that its Board had considered its own position with regard to safeguarding children and had the necessary assurance that it is meeting its statutory requirements and is following good practice. Based on the CQC assessment for 2008/09, the quality of commissioning of services by Devon Primary Care Trust for its local population was 'good'. In a recent survey of trusts in England, patients rated this organisation as 'satisfactory' in terms of their overall experience. The most important requirement on the PCT as a result of the Inspection of Safeguarding and Looked after Children Services – Ofsted August 2009 was the need to commission a child sexual abuse service. NHS Devon monitors progress of its SCR, MACA and internal safeguarding audit recommendations through its safeguarding children work plan.</p>	<p>NHS Devon performs adequately</p>
<p>Northern Devon Health Care NHS Trust Based on the CQC assessment for 2008/09, the quality of services provided by Northern Devon Healthcare NHS Trust for its local population was 'fair'.</p>	<p>Northern Devon Health Care NHS Trust performs adequately</p>
<p>South Devon Health Care NHS Foundation Trust Based on the CQC assessment for 2008/09, the quality of services provided by South Devon Healthcare NHS Foundation Trust for its local population was 'good'.</p>	<p>South Devon Health Care NHS Trust performs adequately</p>
<p>Devon Partnership NHS Trust Extract from Inspection report of safeguarding and Looked after Children Services – Ofsted August 2009: <i>The engagement of adult mental health services in transition planning remains underdeveloped.</i></p>	<p>Devon Partnership NHS Trust perform adequately</p>
<p>The Devon and Cornwall Police Following the publication of the results of the multi-agency child protection audits in 2009 Devon BCU commissioned an internal review of its public protection structure including staffing levels for the Child Abuse Investigation Units to ensure that there are specialised staff available 365 days a year who can provide guidance on child protection issues.</p>	<p>Devon and Cornwall Police performance is good</p>
<p>Devon and Cornwall Probation Trust Devon and Cornwall Probation Trust has continued to focus upon Safeguarding Children as a priority and have progressed safeguarding in many work areas.</p>	<p>Devon and Cornwall Probation Trust perform adequately</p>

Organisation	Rating
<p>Youth Offending Service The HMIP Probation Core Case Inspection (February 2010) scored Devon in the second highest category for safeguarding (moderate improvement required) with a score of 73% for Safeguarding, (national average 64%) and in the highest category for reducing the likelihood of re-offending (minimum improvement required) with a score of 80% (national average 66%). The Youth Justice Board judgement was <i>'Performing excellently against National Indicators with excellent capacity to sustain and improve performance'</i>.</p>	<p>Youth Offending Service performance is good (HMIP) and excellent (YJB) April 2010</p>
<p>The Connexions Service The Connexions (peninsula) service provides information, advice, guidance and placing services to young people 13-19 (up to 25 in the case of some young people with Learning Difficulties and Disabilities) targeting provision towards those who need more help. The Ofsted Inspection report of Safeguarding and Looked After Children in July 2009 stated that Connexions' contribution to partnership working to support Children In Care was recognised as 'good'.</p>	<p>The Connexions Service performance is good</p>
<p>Children and Family Court Advisory and Support Service Inspected by Ofsted January 2010, rated satisfactory in safeguarding. The inspectors passed comment in relation to the new duty systems and were enthusiastic about the new developments. CAFASS demonstrated a particular strength in performance management receiving a rating of good.</p>	<p>CAFASS performs adequately</p>
<p>Schools and FE Colleges Ofsted Safeguarding and Looked after Children inspection July 2009 stated that the quality of provision in mainstream schools was broadly in line with the national average with some weaknesses in educational provision for children and young people whose circumstances make them vulnerable. A review of Ofsted safeguarding inspection judgements conducted between September and March 2010 confirmed that in thirty three schools no school was judged to be unsatisfactory, and in 11 schools the grade awarded for safeguarding was higher than the overall grade for the school. In no case was the grade for safeguarding lower than the overall grade for the school and there were no negative comments regarding safeguarding in any of the reports examined. Safeguarding and Child Protection were not highlighted as an area of concern in any of the schools inspected. No Devon college has been assessed against the new Ofsted framework which gives a grade for safeguarding. Exeter College and Petroc have received Ofsted monitoring visits 2009-10 and Bicton had a full inspection in May 2009. Each college has demonstrate varying degrees of progress in the year for the different inspected areas for example, improvement planning, student attainment and student progression, the grade therefore takes account of this.</p>	<p>Maintained schools in Devon perform adequately</p> <p>FE Colleges perform adequately</p>

14. Appendices

Appendix 1: Challenges, outcomes and measures

Challenge	Expected Outcomes	Progress Measures
<p>1) Ensure the DCT partner organisations understand the effectiveness of their safeguarding role and responsibilities by demonstrating that safeguarding is embedded in practice</p>	<p>Leaders at Board level demonstrate commitment to their front line delivery of safeguarding practice, through a range of mechanisms, e.g. regular safeguarding reports</p>	<p>Internal organisational audits demonstrate high safeguarding compliance. MACAs recommendations are embedded. Section 11 action plans embedded and future audits demonstrate high compliance. Lessons learnt and recommendations from any new SCRs are speedily implemented. External inspection bodies recognise the progress of individual organisations. External inspection and regulatory reports presented to the DSCB</p>
<p>2) Ensure the Children’s workforce is appropriately trained, supervised and professionally developed to meet priority safeguarding needs and that organisations:</p>	<p>Staff are sufficiently knowledgeable and skilled to deliver safe services to children and young people who need them</p>	<p>All children’s workforce attend the required safeguarding training commensurate with their role as set out in Working Together. Staff records show continuous professional development including safeguarding practice. Staff records show that safeguarding is a regular supervision topic</p>
<ul style="list-style-type: none"> Understand the safeguarding effectiveness of their workforce in line with national expectations; 	<p>Leaders at Board level demonstrate commitment to their front line delivery of safeguarding practice, through a range of mechanisms, e.g. regular safeguarding reports</p>	<p>Staff records show that safeguarding is a regular supervision topic. Safeguarding effectiveness is regularly reported to Directors</p>
<ul style="list-style-type: none"> Guarantee sufficient and appropriately trained staff to deliver against service plans, contracts and the work associated with completing SCR activity; 	<p>Regular comprehensive children’s workforce report to the DCT and the DSCB</p>	<p>Key children’s staff group vacancy levels remain low. Contracts specify the requirement to maintain sufficient knowledgeable and skilled staff at levels to deliver safe services</p>

Challenge	Expected Outcomes	Progress Measures
<ul style="list-style-type: none"> Staff are clear and empowered about their safeguarding roles 	Children and young people's lives are improved as a result of timely, appropriate intervention of quality services, commensurate to their needs	Unannounced inspection reveals staff know what their safeguarding role entails. Staff supervision records demonstrate staff understanding of their safeguarding role. Review of all allegations and complaints against staff
<ul style="list-style-type: none"> Maximise training resources and review training provision to assure conformity, quality and adequacy 	Managers and staff confirm that the safeguarding training meets their and their organisation's needs	More (or the same amount of) training is provided with same (or less) resource. Staff rate safeguarding training highly
<p>3) Ensure national and local lessons learnt from SCRs, MACAs and the learning from other authorities are widely shared and implemented more speedily than at present thus minimising barriers to effective working and maximising the protection of children</p>	External inspection and regulators rate all Devon children's services as good to outstanding and regular information reports from children and young people indicate increasing levels of them being and feeling safe	Internal organisational audits demonstrate high safeguarding compliance. MACAs recommendations are embedded and new audits do not replicate previous recommendations. Section 11 action plans embedded and demonstrate high compliance. Lessons learnt and recommendations from any new SCRs are speedily implemented
<p>4) Ensure that a performance management quality assurance and audit system, provides clear evidence of the identification of key safeguarding issues, actions taken and their appropriateness, and outcomes that have been achieved</p>	Robust system of performance management, quality assurance and audit of safeguarding are in place for all DCT partners	Safeguarding issues are identified and resourced in work plans of organisations. Section 11 audit compliance
<p>5) Ensure regular reporting of an agreed suite of safeguarding metrics and performance information to track progress in improving outcomes</p>	Regular reporting of agreed suite of metrics to DCT and DSCB which enable resource decisions based on sound knowledge of performance	Minuted discussions at DCT and DSCB of the performance information reports
<p>6) Ensure appropriate integrated working realises improvements in practice resulting in:</p> <ul style="list-style-type: none"> Absolute confidence in recording and decision making on case files in all agencies 	Case file records accurately record facts, risk assessments and decisions	Unannounced inspections and MACA find case file records comply with organisational and national standards

Challenge	Expected Outcomes	Progress Measures
<ul style="list-style-type: none"> Information technology systems that are fully integrated to support effective information sharing 	<p>Information sharing governance is embedded in all DCT partner work</p>	<p>MASH rolled out across Devon</p>
<ul style="list-style-type: none"> Workforce that are suitably managed and co-located 	<p>Appropriate integrated working arrangements to safeguard children in place across Devon</p>	<p>Agreed strategic commitments to staff and team co-location to deliver practice improvements and respond to JSNA</p>
<ul style="list-style-type: none"> MASH and similar ways of working are developed and embedded 	<p>Appropriate integrated working arrangements to safeguard children in place across Devon</p>	<p>MASH rolled out across Devon</p>
<p>7) Agree the strategic governance arrangements for MARAC, DVA, and the implications of the new national strategy 'Violence Against Women and Girls' (VAWG) and how these interrelate with the DSCB, including adoption by DCT of the Domestic Violence and Abuse Safeguarding Policy</p>	<p>Staff are not duplicating services and children do not fall through service gaps in provision</p>	<p>Governance arrangements are published on DCT or/and DSCB website. DVA Safeguarding policy is adopted and embedded</p>
<p>8) Implement the recommendations from the JSNA of safeguarding by ensuring strategic leadership to all joint commissioning activities, including refinements to the identification of the total financial resources devoted to safeguarding so that they are allocated appropriately, inequalities are addressed, and better inter-agency working between adults and children service commissioners is achieved</p>	<p>Leaders at Board level demonstrate commitment to their front line delivery of safeguarding practice, through a range of mechanisms, e.g. understanding the effectiveness of the joint commissioning services that improve safeguarding outcomes</p>	<p>Commissioning activity is mapped across DCT and DSCB. Adult and children's services joint commissioning priorities work plan implemented. Total resource devoted to safeguarding across all of the statutory partners is known</p>
<p>9) Understand how safe children and young people feel</p>	<p>Services will be commissioned to improve children's safety using information from children and young people on how safe they feel</p>	<p>Annual report on how safe children and young people feel, capturing a range of vulnerable groups</p>

Challenge	Expected Outcomes	Progress Measures
<p>10) Ensure work planning addresses the following key issues that have emerged nationally and locally, concerning vulnerable children</p> <ul style="list-style-type: none"> • Safeguarding practice standards for children with disabilities, including the provision of suitable staff training 	<p>Children with disabilities are appropriately safeguarded</p>	<p>Standards for children with disabilities are in place, and compliance reported through the Section 11 audit or action is planned to achieve compliance with standards. Attendance at disability safeguarding training</p>
<ul style="list-style-type: none"> • Acknowledging and responding to the increasing needs of children living within family situations where: <ul style="list-style-type: none"> – violence and abuse is prevalent; – drug and alcohol misuse is prevalent; – one or more adults suffers from mental illness which compromises safe parenting – criminality is prevalent and established 	<p>The DCT recognises the impact of these adult behaviours that endanger the wellbeing and safety of children and through the delivery of appropriate services the lives of these vulnerable groups of children and young people are improved</p>	<p>Plans for the delivery of recommendations from the JSNA safeguarding and subsequent JSNA for DVA are produced</p>
<ul style="list-style-type: none"> • Commissioning a permanent paediatric sexual assault referral service (SARS) 	<p>SARS is available to all Devon children and young people when they need it</p>	<p>Commissioned service is in place and its impact is reviewed and reported annually to the DSCB</p>
<ul style="list-style-type: none"> • The increasing numbers of children subject to child protection plans and being looked after children as a result of Baby P, new national guidance and the Southwark judgement 	<p>Children subject to CP plans and LAC receive services designed to enable them to achieve their best Every Child Matters outcomes</p>	<p>Services for LAC and those subject to CP plans have identified continuity plans for the event of increased demand</p>
<ul style="list-style-type: none"> • The number of suicides in young people indicating a need for a suicide prevention strategy 	<p>All young people will know where support is available and parents, carers and agencies such as schools will be aware of the risk factors associated with serious self-harming behaviour</p>	<p>Suicide prevention strategy published. Action plan implementation monitored. Number of youth suicides monitored</p>

Appendix 2: Executive Members list

Rory McCallum	Director of Early Years and Families	Devon County Council (DCC) Children and Young People's Service (CYPS)
John Clements	Detective Superintendent	Devon & Cornwall Constabulary
Anne Proctor	Assistant Chief Officer	Devon & Cornwall Probation Trust
Claire Rockliffe	Head of Early Years & Childcare	DCC CYPS
Roy Tomlinson	Community Strategy Officer	DCC Chief Executive's
Andrea Morris	Service Improvement Manager for Children in Care and Care Leavers	DCC CYPS
Chris Dimmelow	Head of Safeguarding	DCC CYPS
Deborah Booth	Strategic Project Manager for Education Achievement of Children in Care	DCC CYPS
Karen Brown	Senior Workforce Development Advisor	DCC CYPS
Maria Kasprzyk	Service Improvement Manager	DCC CYPS
Beverley Dubash	Principal Education Welfare Officer and Deputy (Learning and Development Partnership)	DCC CYPS
Nick Pearce	Strategic Lead Officer, Information and Communication Technology, Systems and Infrastructure	DCC CYPS
Ray Charran	Child Protection Officer/LADO	DCC CYPS
Sue McGrath	Acting Head of Youth Offending Service	DCC Youth Offending Team
Ian Hobbs	County Community Strategy Officer – North Devon & Torridge	DCC Chief Executive's
John Nixson	Interim Consultant	DCC CYPS
Maureen Muckersie	Young Persons Substance Misuse Lead	DCC CYPS
Steve Brown	Assistant Director of Public Health	NHS Devon
Charles Holme	Designated Doctor Child Protection Devon	NHS Devon
Sara Gibbs	Consultant for Public Health	NHS Devon
Michele Thornberry	Nurse Consultant Safeguarding Children	Royal Devon & Exeter Hospital Foundation Trust
Rev Paul Collings	Voluntary Youth Service Representative	Voluntary Youth Service

Appendix 3: Information Sources

DSCB website <http://dscb.info/>

Audit Commission and Healthcare Commission (2007) [Better Safe than Sorry: preventing unintentional injury to children](#)

Lord Laming, [The Protection of Children in England – a Progress Report, March 2010](#)

Sir Roger Singleton, [First Annual Report to Parliament](#)

Every Child Matters outcomes <http://www.dcsf.gov.uk/everychildmatters>

Working Together to Safeguard Children, March 2010, [Working Together 2010](#)

DCSF: [Local Safeguarding Children Boards Practice Guidance](#)

Ofsted 2009 Report, Announced Inspection of Safeguarding

Post Ofsted Action Plan: [Devon Children's Trust Minutes and Associated papers](#)

Devon Children's Trust <http://www.devonchildrenstrust.org.uk/>

DSCB minutes <http://dscb.info/the-board/>

DSCB sub-groups minutes <http://dscb.info/the-board/dscb-subgroups/>

Multi-agency case audits, Child Death Overview report, SCR Thematic report, Multi-agency Training report, Section 11 report Audit Tool, <http://dscb.info/>

Government [Violence Against Women and Girls](#) report

School inspection reports: [School Inspection Reports](#)

Devon NHS Annual Public Health report: [Public Annual Health Report 2008-09](#)

[Preventing Unintentional Injuries in Children and Young People in Devon](#)

Criminal Justice Joint Inspection report of Youth work in Devon, [CJJI Report of Youth Offending Work February 2010](#)

Joint Strategic Needs Assessment in Safeguarding

Connexions questionnaire – Stay Safe section

National Performance Indicators

Appendix 4: Glossary

Adva	Against domestic violence and abuse
BCU	Basic Command Unit
CAA	Comprehensive Area Assessment
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CEOP	Child Exploitation and On-line Protection
CDOP	Child Death Overview Panel
CJI	Criminal Justice Joint Inspection
CP	Child Protection
CQC	Care Quality Commission
CRB	Criminal Records Bureau
CYPP	Children and Young People's Plan
DCT	Devon Children's Trust
DCC	Devon County Council
DCSF	Department for Children, Schools and Families
DPT	Devon Partnership Trust
DSCB	Devon Safeguarding Children Board
DVA	Domestic Violence and Abuse
GP	General Practitioner
HBV	Honour Based Violence
HMIP	Her Majesty's Inspectorate of Prisons
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Children
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MACA	Multi-Agency Case Audit
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NHS	National Health Service
NSPCC	National Society for the Prevention of Cruelty to Children
Ofsted	Office for Standards in Education, Children's Services and Skills
PCT	Primary Care Trust
RRT	Rapid Response Team
SARC	Sexual Assault Referral Centre
SARS	Sexual Assault Referral Service
SCR	Serious Case Review
VAWG	Violence against Women and Girls
YJB	Youth Justice Board