Bexley Safeguarding Children Board

Annual Report
2016 – 2017

Version 18/9/17
Contents

Please note there is a separate executive summary of the annual report

1. Foreword from the Independent Chair

2. Responsibilities of the Bexley Safeguarding Children Board (BSCB)
   2.1 Key tasks of the BSCB
   2.2 The BSCB annual report
   2.3 LSCB national review and the Children and Social Work Bill

3. The Bexley context
   3.1 Key facts on children and young people in Bexley
   3.2 Safeguarding key facts
   3.3 Children’s safeguarding partners
   3.4 Signs of Safety
   3.5 The Department for Education innovation

4. Back to Practice
   4.1 Description of Back to Practice
   4.2 Staffing the innovation
   4.3 Learning Hub
   4.4 The BSCB
   4.5 Safeguarding Champions
   4.6 Planning the evaluation

5. Effectiveness of safeguarding in Bexley
   5.1 Safeguarding highlights from key partners
   5.2 Revising the multi-agency thresholds
   5.3 Front Doors
   5.4 Basic child protection practice
   5.5 Adolescent risk
   5.6 Child sexual exploitation (CSE)
   5.7 Neglect
   5.8 Other safeguarding issues

6. Learning and improvement
   6.1 Training review
   6.2 Training and development programme
   6.3 Learning from individual cases
   6.4 Child Death Overview Panel (CDOP)
   6.5 Investigation of allegations concerning persons who work with children
   6.6 Section 11 peer challenge
   6.7 Revising the multi-agency data set

7. BSCB governance
   7.1 BSCB budget
   7.2 BSCB meetings
   7.3 Communication
   7.4 BSCB development plan

Appendices
Appendix 1 BSCB membership
Appendix 2 Learning Hub attendance
Appendix 3 BSCB sub-group membership
1. Foreword from the Independent Chair

Welcome to the Bexley Safeguarding Children Board (BSCB) annual report for the financial year 2016/17 and thanks to all partners and to the BSCB staff team for their work during the year to improve how we safeguard children and young people in Bexley.

‘Working Together’ sets out the requirements for the annual report. The report provides “a rigorous and transparent” assessment of the performance and effectiveness of local services and identifies improvement actions which will be taken in 2017/18.

This is my second annual report as chair of the BSCB and we have continued to work on some of the issues highlighted in last year’s report. The work we started in 2015/16 on initial access and assessment developed into a focus on safeguarding front doors. I visited the MASH, the Child Abuse Investigation Team and local Accident and Emergency and Urgent Care Centres as part of this work. We continued to focus on basic child protection practice prioritising core groups, initial child protection conferences and responding to neglect. I was one of a number of partners who observed a Core Group meeting. The feedback from these observations formed part of the evidence which was triangulated on core groups. We continued to improve our understanding of how best to respond to child sexual exploitation and I attended a number of meetings of the Multi-agency Sexual Exploitation Group, the MASE, and co-ordinated a multi-agency CSE self-assessment. This was part of our work on getting better at responding to adolescent risk and I also facilitated workshops and attended and observed the meetings which take place in Bexley on different aspects of adolescent risk.

‘Working Together’ sets out statutory requirements on the role of the independent chair. The guidance is clear that the independent chair is expected to “hold all agencies to account.” The visits and observations noted above provide me with useful evidence which informs the questions and “challenges” I pose at meetings, workshops and in the regular 1 to 1 discussions with senior managers from the key partner agencies. ‘Working Together’ also requires members of the LSCB to “hold their own organisation to account and hold others to account” and I see it as part of my role to encourage debate between partners. During the year I attempted to ensure that all meetings and events I chaired were participative.

‘Working Together’ also sets out the statutory requirements for an LSCB and these responsibilities were uppermost in my mind during 2016/17 as we were involved in an innovation funded by the Department for Education – Back to Practice – which was about ensuring the work of the Board had a more direct line of sight to frontline practice. We were testing out new ways of working whilst adhering to current statutory requirements. At the same time as implementing Back to Practice, we also reviewed and refreshed the multi-agency thresholds, reviewed the BSCB training programme and reviewed the BSCB serious incident process.

‘Working Together’ is clear that the key role of an LSCB is to “assess the effectiveness of the help being provided to children and families” and the Back to Practice innovation assisted with this. The focus on practice and using the Learning Hub to triangulate information from a wide variety of sources increased the collective understanding of safeguarding across the partnership. The Learning Hub analysed information and made recommendations on improvement to the Quality and Effectiveness Board. The challenge for 2017/18 will be to implement actions and ensure these have a positive impact on practice.

Through implementing Back to Practice we are in a far better position than we were at the beginning of 2016/17. There is a shared understanding of what good safeguarding looks like. We know how well we are doing in a number of key safeguarding areas. We are beginning to make a difference and there have been progress and improvements. There has been improvement in work with teenagers.
evidenced through the work of the weekly missing meeting and the BSCB case file analysis. There is an improved initial response from children’s social care evidenced through positive feedback from professionals from different agencies at Leaning Hub workshops. Single agency and multi-agency training is leading to a more competent and confident workforce evidenced by evaluation of training events. Other examples are outlined in the annual report.

There is more to do. The *Keeping Yourself and Your Friends Safe* campaign is important and we are planning to have a children and young people’s Learning Hub event before the end of the 2017/18 financial year. Ensuring consistent good quality basic safeguarding practice across the partnership remains the highest priority and I will continue to focus on the response to adolescent risk.

We’ll continue to go *back to practice* and await the publication of the revised statutory guidance on safeguarding children partnership arrangements following the enactment of the Children and Social Work Act 2017.

Thanks again to everyone involved with the BSCB during 2016/17 and I look forward to continuing to work with you.

With kind regards

Jane Shuttleworth
Independent Chair
2. Responsibilities of the Bexley Safeguarding Children Board (BSCB)

This section covers:

2.1 Key tasks of the BSCB
2.2 The BSCB annual report
2.3 LSCB national review and the Children and Social Work Bill

2.1 Key tasks of the BSCB

‘Working Together to Safeguard Children’ (2015) sets out the statutory responsibilities of the Local Safeguarding Children Board (LSCB). These functions are noted below along with information on where these items are covered in the annual report:

- Developing policies and procedures in relation to:
  - Action to take on concerns about the safety or welfare of children including thresholds for intervention – See section 5.2 on revising the multi-agency thresholds
  - Training – See section 6.1 on the BSCB training review and section 6.2 on 2016/17 training events and the training programme planned for 2017/18
  - Recruitment and supervision of those who work with children – See section 6.6 on the section 11 peer challenge
  - Investigation of allegations concerning persons who work with children – See section 6.5 on the Local Authority Designated Officer annual report
  - Safety and welfare of children who are privately fostered – See section 5.8 which includes information on private fostering
  - Cooperation with neighbouring children’s services authorities – See section 6.4.2 which refers to the work which has taken place involving other local authorities on suicide prevention and sudden infant death
- Communicating and raising awareness of safeguarding children and young people – See sections 4.5 on safeguarding champions, 6.2 on training events and 7.3 on communication
- Monitoring and evaluating effectiveness - individually and collectively – Covered in various sections. In particular see sections 5 on effectiveness of safeguarding in Bexley and 6 on learning and improvement
- Participating in the planning of services – The independent chair of the BSCB regularly attends the Children and Young People’s Partnership and the Health and Well-being Board.
- Undertaking reviews of serious cases and advising on lessons learned – There were no serious case reviews in 2016/17. Section 6.3 outlines other methods for learning from individual cases.

As a minimum, LSCBs are required to undertake the tasks outlined in the table below. The table notes where these items are covered in this annual report:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Where covered in Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the effectiveness of the help being provided to children and families, including early help.</td>
<td>Section 5</td>
</tr>
<tr>
<td>Assess whether LSCB partners are fulfilling their statutory obligations as set out in ‘Working Together’ chapter 2.</td>
<td>Covered in the work outlined in sections 5 and 6.</td>
</tr>
<tr>
<td>Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons learned.</td>
<td>Sections 4.3, 5 and 6.3</td>
</tr>
<tr>
<td>Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.</td>
<td>Sections 6.1 and 6.2</td>
</tr>
</tbody>
</table>

‘Working Together’ includes the following on LSCB training responsibilities:

“Local Safeguarding Children Boards (LSCBs) should monitor and evaluate the effectiveness of
training, including multi-agency training, for all professionals in the area. Training should cover how to identify and respond early to the needs of all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings.” (pg12)

Regulation 5 of the ‘Local Safeguarding Children Boards Regulations 2006’ sets out the functions of the LSCB in relation to the objectives under section 14 of the Children Act 2004 and includes the following:

“..developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to..... training of persons who work with children or in services affecting the safety and welfare of children..” (pg 66 ‘Working Together’ 2015)

“In order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should... monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children...” (pg 67 ‘Working Together’ 2015)

Information on training and on revising the BSCB data set is included in section 6 on learning and improvement.

2.2 The BSCB annual report

‘Working Together’ also sets out requirements regarding annual reports. These are summarised in the table below. The table also notes where this information can be found in this annual report:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Where covered in Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>“The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.”</td>
<td>This annual report covers early help and safeguarding.</td>
</tr>
<tr>
<td>“The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing board.”</td>
<td>The 2017/18 BSCB development plan includes dates when the annual report will be considered by key individuals and groups</td>
</tr>
<tr>
<td>“The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.”</td>
<td>Section 5 assesses the effectiveness of help being provided. Section 6 provides information on learning and improvement. The 2017/8 development plan includes plans for addressing priority areas of improvement.</td>
</tr>
<tr>
<td>“The report should include lessons from reviews undertaken within the reporting period.”</td>
<td>There were no Serious Case Reviews begun in 2016/17. Section 6.3 includes information on learning from individual cases including the continued learning from the Child H case review undertaken in 2015.</td>
</tr>
<tr>
<td>“The report should also list the (financial) contributions made to the LSCB by partner agencies and details of what the LSCB has spent, including on Child Death Reviews, Serious Case Reviews and other specific expenditure such as learning events or training.”</td>
<td>Section 7.1 covers financial information.</td>
</tr>
</tbody>
</table>
Membership of the LSCB (Quality and Effectiveness and Partnership Boards) for 2016/17 is noted in Appendix 1. Appendix 2 comprises information on attendance at Learning Hub events and Appendix 3 information on sub-group meetings.

2.3 LSCB national review and the Children and Social Work Bill

In December 2015 the government announced that Alan Wood would be undertaking a fundamental review of the role and function of LSCBs. The Chair of the BSCB and Director of Children’s Services met with Alan Wood during his review. The Wood Review was published in March 2016 and in May 2016 the Government’s response was published.

The Wood Review argues that strong, effective multi-agency arrangements are responsive to local circumstances and fully engage the right people. The review found widespread agreement that the current system needs to change in favour of a new approach which will ensure collective accountability across the system. Current arrangements were seen as inflexible and too often ineffective. Meetings involve large numbers of people, but decision-making leading to effective action on the ground can be all too often lacking.

The government indicated the intention to set out a “more flexible statutory framework” which was set out in the Children and Social Work Bill. The new statutory framework will:

- **Ensure engagement of the key partners in a better coordinated, more consistent framework for protecting children**
  “Place a new requirement on three key partners, namely local authorities, the police and the health service, to make arrangements for working together in a local area. This would not change the existing statutory functions or duties on any of the agencies individually, but it will require more robust and much clearer arrangements to promote effective joint working, in relation to safeguarding and promoting the welfare of children.”

- **Ensure these arrangements are multi-agency in their approach**
  “In addition to the new duty on the three key agencies, place an expectation on schools and other relevant agencies involved in the protection of children, to co-operate with the new multi-agency arrangements.”

  “The leaders from the three key sectors will be able to call on the support and co-operation of partner agencies, to form a clearer picture of how agencies are performing, and to make evidence-based decisions on how to achieve the best possible outcomes for children.”

- **Simplify and strengthen the existing statutory framework around multi-agency working**
  “Remove the requirement for local areas to have LSCBs with set memberships, often leading to large and unwieldy boards.”

(All quotes above from ‘Review of the role and functions of Local Safeguarding Children Boards: The government’s response to Alan Wood’ May 2016).

The government’s response also set out the intention to change the current system for serious case reviews with a process which will:

- “Bring greater consistency to public reviews of child protection failures;
- Improve the speed and quality of reviews, at local and national levels, including through accrediting authors;
- Make sure that reviews which are commissioned are proportionate to the circumstances of the case they are investigating
- Capture and disseminate lessons more effectively, at local and national levels;
- Make sure lessons inform practice.”
Finally, there are plans to “Put in place arrangements to transfer national oversight of CDOPs from the Department for Education to the Department of Health, whilst ensuring that the keen focus on distilling and embedding learning is maintained within the necessary child protection agencies.”

During 2016/17 the Children and Social Work Bill made its way through the legislative process with little parliamentary comment on the clauses relating to LSCBs. The Bill was passed in May 2017 and became the Children and Social Work Act 2017.
3. The Bexley context

This section covers

3.1 Key facts on children and young people in Bexley
3.2 Safeguarding key facts
3.3 Children’s safeguarding partners
3.4 Signs of Safety
3.5 The Department for Education innovation

3.1 Key facts on children and young people in Bexley

Children and young people living in Bexley

Demographic information
- There are approximately 55,978 children and young people under the age of 18 years living in Bexley. This is 23% of the total population of 242,142.
- Bexley’s children and young people’s population is expected to increase by 17.4% by 2021 (from 2011). This is greater than national projections. The most significant increase will be in the 10-19 year age bands.
- In Bexley schools, 42.3% of pupils (Reception to Year 11) are from black and minority ethnic communities (school census January 2017).

Deprivation and child poverty
- The 2015 Indices of Multiple Deprivation (IMD) indicate that Bexley is ranked 191 out of 326 local authorities in England and 26 out of 33 local authorities in London (1= most deprived).
- 19.7% of children in Bexley are classified as living in poverty. This level has been increasing since 2006. There are considerable differences between wards in respect of child poverty ranging from 34.2% in North End ward to 7.2% in St Mary’s.

Housing and employment
- Employment rates are higher than the London region but not significantly different to the national average.
- The number of dwellings in Bexley increased by 4% and the 2011 census found that 76% of dwellings are houses or bungalows, 24% are flats and less than 1% are caravans or other mobile or temporary structures.

Health
- Infant and child mortality rates are similar to the England average.
- Children in Bexley have worse than average levels of obesity. 11.3% of children aged 4-5 years and 22.5% of children aged 10-11 years are classified as obese.
- The hospital admission rate for alcohol specific conditions is better than the England average. The hospital admission rate for substance misuse is worse than the England average.
- Compared with the England average, a lower percentage of children (90.7%) have received their first dose of immunisation by the age of two. By the age of five, 88.8% of children have received their second dose of MMR immunisation. This is similar to the England average.

Education
- A higher than average proportion of children is judged to have achieved a good level of development at the end of the foundation stage, with 72.9% achieving this milestone.
- The achievement gap between children eligible for free school meals and their peers at the end of key stage 2 is reducing (15%) and is smaller than the national gap (19%).
- Bexley has a lower percentage of 16-18 year olds classified as Not in Education, Employment or Training (NEET) than the England or London comparators.

Information taken from Children’s Social Care monthly performance data and the JSNA September 2016
The table below highlights the following:
- The rate of social care referrals has increased over the last 3 years and the 2015/16 figure was above the latest available national and statistical neighbour average.
- The rate of children in need has fluctuated over the last 3 years. The 2015/16 rate was much the same as the latest available statistical neighbour average.
- The 2015/16 rates for children with a child protection plan and children looked after have reduced since 2014/15 and in 2016/17 were lower than the latest statistical neighbour average.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of referrals to social care</td>
<td>2856</td>
<td>3049</td>
<td>3134</td>
<td>4858</td>
<td>4089</td>
</tr>
<tr>
<td>Rate per 10,000 of referrals to social care</td>
<td>514</td>
<td>545</td>
<td>555</td>
<td>469</td>
<td>532</td>
</tr>
<tr>
<td>Number of children in need</td>
<td>1759</td>
<td>1521</td>
<td>1646</td>
<td>2914</td>
<td>2595</td>
</tr>
<tr>
<td>Rate of children in need</td>
<td>317</td>
<td>272</td>
<td>291</td>
<td>273</td>
<td>338</td>
</tr>
<tr>
<td>Number of children with a child protection plan (CPP)</td>
<td>289</td>
<td>163</td>
<td>176</td>
<td>367</td>
<td>333</td>
</tr>
<tr>
<td>Rate with a CPP per 10,000</td>
<td>52</td>
<td>29</td>
<td>31</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>Number of looked after children</td>
<td>275</td>
<td>260</td>
<td>238</td>
<td>574</td>
<td>463</td>
</tr>
<tr>
<td>Rate per 10,000 of looked after children</td>
<td>49</td>
<td>46</td>
<td>42</td>
<td>58</td>
<td>60</td>
</tr>
</tbody>
</table>

The table below highlights information on the child protection process. This process is led by children’s social care and involves other agencies. The table highlights the following:
- The number of section 47 assessments started has reduced over the last 3 years. The 2016/17 rate is below the latest statistical neighbour average.
- The number of initial child protection conferences reduced significantly from 2014/5 to 2015/16. There was an increase from 2015/16. The 2016/17 rate of initial conferences is below latest statistical neighbours.
- As was noted above the rate of children with a child protection plan is also lower than statistical neighbours.
- Progression rates from Section 47 to initial conference and from initial conference to a child protection plan are similar to statistical neighbours.
- Initial child protection conferences and child protection reviews are timely.

During 2017/18 follow up discussions will take place on the following:
- What are the expected child protection activity numbers and rates for each part of the process? Would Bexley expect to be similar to statistical neighbour averages?
- The percentage of children becoming subject of CPP for a second or subsequent time rose slightly in 2016/17. What was the reason for this?
- What information is available on children and young people with a child protection plan seen by the lead social worker within the timescale specified in the plan?
This figure is no longer reported on by the DfE

The table below provides information on the category of abuse of children with a child protection plan as at 31 March 2017. This is compared to the national average for 2015/17 which is the latest information available. There are some differences between Bexley and the national average with the proportion of children with a child protection plan due to physical abuse being much higher than the national average with lower proportions in other categories. Children’s social care were aware of this and follow up action is planned for 2017/18. This work will be shared through the Learning Hub.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2014/5</th>
<th>2015/16</th>
<th>2016/17</th>
<th>Statistical neighbour average 2015/16</th>
<th>National average 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Section 47s started</td>
<td>942</td>
<td>773</td>
<td>766</td>
<td>1296</td>
<td>1141</td>
</tr>
<tr>
<td>Rate per 10,000 Section 47s started</td>
<td>169.6</td>
<td>138.1</td>
<td>135.6</td>
<td>146.7</td>
<td>147.5</td>
</tr>
<tr>
<td>% Section 47s which progressed to an initial child protection conference (ICPC)</td>
<td>45.2%</td>
<td>34.4%</td>
<td>39.4%</td>
<td>39.2%</td>
<td>42.4%</td>
</tr>
<tr>
<td>Number of ICPCs</td>
<td>426</td>
<td>266</td>
<td>302</td>
<td>508</td>
<td>481</td>
</tr>
<tr>
<td>Rate per 10,000 ICPCs</td>
<td>76.7</td>
<td>47.5</td>
<td>53.5</td>
<td>59.7</td>
<td>62.6</td>
</tr>
<tr>
<td>Number of children becoming a subject of a CPP</td>
<td>358</td>
<td>215</td>
<td>250</td>
<td>441</td>
<td>416</td>
</tr>
<tr>
<td>Rate of children becoming subject of a CPP</td>
<td>64.5</td>
<td>38.4</td>
<td>44.3</td>
<td>41.3</td>
<td>53.7</td>
</tr>
<tr>
<td>% conferenced that led to CPP</td>
<td>84%</td>
<td>80.8%</td>
<td>82.8%</td>
<td>86.7%</td>
<td>86.7%</td>
</tr>
<tr>
<td>% ICPCs within 15 days of start of Section 47</td>
<td>70.7%</td>
<td>84.2%</td>
<td>81.8%</td>
<td>81.7%</td>
<td>76.7%</td>
</tr>
<tr>
<td>% CPP reviews held within timescale</td>
<td>97.8%</td>
<td>96.3%</td>
<td>100%</td>
<td>95.3%</td>
<td>93.7%</td>
</tr>
<tr>
<td>% with a CPP seen by lead social worker within timescale specific in the plan</td>
<td>85%</td>
<td>92%</td>
<td>*Not available</td>
<td>*Not available</td>
<td>*Not available</td>
</tr>
<tr>
<td>% children becoming subject of CPP for a second or subsequent time</td>
<td>10.3%</td>
<td>11.2%</td>
<td>15.2%</td>
<td>17.7%</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

*This figure is no longer reported on by the DfE*
3.3 Children’s safeguarding partners

The table below highlights information on key partners:

<table>
<thead>
<tr>
<th>Partner</th>
<th>Some key facts</th>
</tr>
</thead>
</table>
| Bexley Council | The main department with responsibility for safeguarding children is Children’s Social Care and Education. The key service areas are:  
- Looked after Children’s Service  
- Placements and Specialist Services  
- Virtual School for Looked After Children  
- Professional Standards and Quality Assurance  
- School Improvement  
- Youth and Inclusion  
- Early Intervention  
- Special Educational Needs and Disabled Children's Service.  

Other Council departments with a key safeguarding role include Public Health Community Safety, Housing, Adult Social Care and Leisure and Cultural Services. Bexley Council’s Public Health department commissions a range of children’s services including:  
- 0-19 years universal services (health visiting and school nursing)  
- Sexual health services. |
| Bexley Voluntary Services Council (BVSC) | There are 147 registered members of BVSC and around 50 of these member organisations work directly for the benefit of children and young people.  

The BVSC also has a separate Children and Young People’s (CYP) Network with around 300 contacts. These contacts receive regular e-bulletins and are invited to events, training, activities and the CYP network where safeguarding is a standing agenda item.  

Voluntary organisations who provide commissioned services for CYP including:  
- Charlton Athletic Community Trust  
- Bexley Snap  
- Ellenor  
- Demelza  
- Bexley Women’s Aid  
- Bexley Moorings  
- Family Lives  
- Imago  
- Porchlight  
- Bexley Open Doors  
- Bexley Voice. |
### Metropolitan Police

All police units and departments have safeguarding responsibilities. The following teams within the Metropolitan Police Service have specific responsibility for child safeguarding:

- CSE local investigation team
- Missing Persons Unit (MPU) – local missing
- MASH – local partnership
- SCO17 – Child Abuse Investigation Team (CAIT) and Sexual Exploitation Team (SET)
- Gangs Unit
- YOT
- Schools team
- Anti-terrorism unit (Operational Channel)
- Integrated offender management (6 months prior to 18th birthday)
- Main office CID deal with indecent Images of children investigations
- The Jigsaw unit monitors registered sex offenders with the aim of safeguarding potential victims many of whom are children
- A key part of work of the Crime Scene Unit (CSU) in investigating domestic abuse involves safeguarding children.

### The NHS in Bexley

Bexley Clinical Commissioning Group (CCG) commission services for Bexley children and young people from a number of providers:

- Lewisham & Greenwich NHS Trust – acute hospital and maternity services
- Kings Healthcare – acute hospital and maternity services
- Dartford & Gravesham NHS Trust – acute hospital and maternity services
- Hurley Group – Urgent care and out of hours services
- Oxleas NHS Foundation Trust – specialist children’s services, Therapies, CAMHS, adult mental health services, learning disability services, Community Health and Well-Being Service (CHeWS ), health of children looked after.

### Bexley schools & colleges

In Bexley, there are currently:

- 56 primary schools
- 1 free primary school
- 14 secondary schools
- 5 special schools
- 1 Pupil Referral Unit
- 2 All through schools (primary through to secondary)
- 2 college provisions (including one for learning disabled young adults).
Safeguarding in Education

The Safeguarding in Education Group continued to meet in 2016-17, facilitated by the BSCB. In response to a need identified by the group and the Bexley Designated Teachers Forum, a new post of Safeguarding in Education Adviser was appointed in September 2016 to help support safeguarding in schools in Bexley.

Key safeguarding in education achievements during the year included:

- Publishing a leaflet for schools to use with parents, Disciplining Your Child, on what is acceptable/unacceptable behaviour in terms of setting limits and boundaries
- The Safeguarding in Education Advisor establishing a peer supervision group for designated leads in schools to facilitate a forum to share learning and experience
- Work on updating the Elective Home Education policy in Bexley – this was in response to learning from an individual case which did not meet the threshold for a Serious Case Review. The policy was updated to indicate that the London Borough of Bexley does not consider it safe or acceptable for a child who is the subject of a child protection plan, or a child deemed to be a child in need, to be electively home educated.

3.4 Signs of Safety

Signs of Safety is a well-established strengths-based approach to child protection work. It helps to focus workers, families and their support networks on what is working well and what needs to improve for the safety of the children.

This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration between professionals and the child and family and also between professionals from different disciplines and agencies. The Signs of Safety framework integrates risk assessment with case planning and risk management. Despite the focus on strengths, effective Signs of Safety practice never loses sight of the risks and enables workers to have difficult conversations with families regarding the safety of their children.

Bexley Children’s Social Care has been using this framework since June 2015. It renewed and strengthened its commitment to Signs of Safety during 2016-2017. It was also agreed that multi-agency partners needed to be more familiar with the principles of Signs of Safety and that there was a key ongoing role for BSCB to promote this across the partnership. Children’s Social Care facilitated training for partners during the year and BSCB provided introductory sessions for Safeguarding Champions.

Feedback from partners with experience of working with Signs of Safety, particularly in child protection conferences has been positive. Extending learning to the wider partnership is a priority for 2017/18.

3.5 The Department for Education funded innovation

During 2016/17 Bexley LSCB received funding from the Department for Education for the Back to Practice innovation.

The idea for the innovation was developed before the Government’s decision to ask Alan Wood to undertake the review of LSCBs noted in section 2.3 above. The Back to Practice innovation has provided Bexley with the opportunity to test out arrangements for when LSCBs are no longer required.

Section 4 provides more detail on Back to Practice.
4. Back to Practice

This section covers

4.1 Description of Back to Practice
4.2 Staffing the innovation
4.3 Learning Hub
4.4 The BSCB
4.5 Safeguarding Champions
4.6 Planning the evaluation

4.1 Description of Back to Practice

In March 2016 the Department of Education agreed to fund an LSCB innovation in Bexley. £120,000 funding was provided. Information on expenditure is included in section 7.1 below on the BSCB budget. The grant letter noted that the grant “is intended to enable the London Borough of Bexley to make strategic and operational changes to the role, functions and membership of the Local Safeguarding Board.” It went on to note that the funding was intended for 12 months and “gives the flexibility to explore new ways of working.”

The March 2016 report to the BSCB set out the purpose and 3 key objectives of the innovation which was called Back to Practice. The 3 key objectives agreed were:

- To ensure the Board has a direct line of sight to front-line practice
- To improve reflection and learning from practice
- To make sure the BSCB co-ordinates and drives through quality and effectiveness improvements.

The Back to Practice approach is set out in the diagram below. It is based on an action learning model. Front line practice drives the model. There is reflection on both single agency and multi-agency practice in the Learning Hub which also analyses and triangulates information from a variety of sources. The Learning Hub makes an assessment of the quality of practice including what is working well and recommendations on improvements. Recommendations are considered by the Quality and Effectiveness Board which has responsibility for deciding on actions. The “loop” is completed by improvements being implemented and making an impact on practice. During 2016/17 the full LSCB met as a Partnership Board in April and November 2016.
4.2 Staffing the innovation

In March 2016 the BSCB agreed a number of actions relating to staffing the innovation and the implications for the BSCB staff team. These are noted in the table below along with information on what happened during 2016/17:

<table>
<thead>
<tr>
<th>Agreed by BSCB</th>
<th>What happened during 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Practice Review Lead post will be established. The post-holder will be responsible for gathering real-time qualitative and quantitative information from the front-line including from multi-agency meetings and processes. The Practice Review Lead will be focusing on: • What went well? • What didn’t go well? • What got in the way? • What needs to be different? • What needs to change?</td>
<td>A Practice Review and Learning Manager began work in mid-June 2016 on a 3 day per week basis. The Practice Review and Learning Manager led on &quot;capturing&quot; front line practice and presenting this to the Learning Hub. A part-time secondee from Bexley Voluntary Service Council started work in March 2017. The focus of the work was on Keeping Yourself and Your Friends Safe and developing a young people’s Learning Hub. This work will continue into 2017/18.</td>
</tr>
<tr>
<td>The Back to Practice model requires strong programme management. A Programme Manager and 2 Programme Assistant posts will be created. The Programme Manager will have some programme or project management training and experience.</td>
<td>A programme manager began work mid-July 2016 on a 3 day a week basis. The Programme Manager had responsibility for co-ordinating the Back to Practice initiative, revising the Learning and Improvement Framework, developing a BSCB safeguarding profile and updating the BSCB data set. The Programme Manager post became vacant in December 2016. A new full-time Programme Manager began work in February 2017.</td>
</tr>
<tr>
<td>The March 2016 report also noted there would be changes to the existing BSCB business support team.</td>
<td>The Board Manager left in July 2016. There were other changes during the year including staff departures and interim arrangements. A temporary post to co-ordinate the business of the BSCB was established in response to the need to continue to support the statutory functions of the BSCB.</td>
</tr>
<tr>
<td>The BSCB budget funds 35 days for the Independent Chair. For 2016/17 it was agreed that the Independent Chair will be funded to work additional days on the Back to Practice innovation.</td>
<td>The Independent Chair worked 80 days in 2016/17. This work included chairing the Learning Hub and Quality and Effectiveness and Partnership Board meetings.</td>
</tr>
</tbody>
</table>

4.3 Learning Hub

Early meetings of the Learning Hub were a transition to the new arrangements including handing over the work from the Training Sub-Group and the Quality and Audit Group. Time was also spent sharing ideas and developing ownership of the Back to Practice innovation. After some early scoping work the Learning Hub focused on 3 priorities:
• Front Doors
• Basic child protection practice – core groups
• Adolescent risk.

This work is described in section 5 below.

As the work of the Learning Hub developed over the year, 5 key features emerged:
• The Learning Hub became an “event” rather than a meeting. 13 Learning Hub events took place with 202 participants attending
• Learning Hub events were run as workshops with participants taking part in small group and plenary discussions. Events were “hubs of learning” rather than formal meetings
• The BSCB team provided Learning Hubs with information from a variety of sources as outlined in the diagram below
• Learning Hub participants were encouraged to triangulate this information and identify what was working well and any worries and concerns. Recommendations were made to the Quality and Effectiveness Board
• Through the work of the Learning Hub the collective knowledge of the partnership increased and a common understanding of strengths and areas for development began to emerge.

4.4 The BSCB

As agreed in March 2016 the full BSCB met, as the BSCB Partnership, in November 2016. A further meeting was planned for April 2017. The March 2016 BSCB paper on Back to Practice had noted:

“In April each year the Partnership Board will review progress and assess strengths and areas for development in the local safeguarding system. This analysis will inform the annual report and the work plan. In November each year the Partnership Board will consider the learning from annual reports and progress with implementing the work plan. Partnership Group meetings will also be informed by the reflections and improvements identified by the Learning Hub. If this proposal is agreed the first meeting of the BSCB Partnership Board will be in November 2016.”
In 2016/17 the multi-agency Quality and Effectiveness Board met 6 times. Membership is as follows:

- Children’s Services representing the Local Authority
- Police
- Bexley Clinical Commissioning Group
- Education representative
- Acute and community health providers
- Bexley Voluntary Service Council representative.

The main business of the Quality and Effectiveness Board was receiving recommendations from the Learning Hub. Items considered are referred to in section 5.

4.5 Safeguarding Champions

In January 2016 the BSCB agreed to develop Safeguarding Champions. Champions are called Designated Safeguarding Leads in some agencies. Champions are crucial in “feeding in” information on safeguarding children and young people and in disseminating learning through their service/agency. Champions have an essential role to play in the Back to Practice initiative. 89 champions attended Champions events which took place in May 2016. The development of the Champion role and events and other support for Safeguarding Champions is one of the top priorities for 2017/18.

4.6 Planning the evaluation

In February 2017 the Learning Hub reflected on Back to Practice discussing what was going well and what can be improved. Views are highlighted below:

<table>
<thead>
<tr>
<th>February 2017 views on Back to Practice</th>
<th>What can be improved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is going well?</td>
<td></td>
</tr>
<tr>
<td>• Good mix of agencies. Core members are interested and committed.</td>
<td>• The need for more schools representation.</td>
</tr>
<tr>
<td>• There is better understanding of other agencies.</td>
<td>• Make sure dates are sent out well in advance.</td>
</tr>
<tr>
<td>• Far more practical and focused on actions that will make a difference in practice.</td>
<td>• Champions are key for disseminating information.</td>
</tr>
<tr>
<td>• Leadership is key. There is a very hands on approach, driving things forward, making things happen.</td>
<td>• Improve communication within agencies.</td>
</tr>
<tr>
<td>• The Learning Hub takes account of everyone’s opinions. Active experience, more participation. Having workshops is a good model.</td>
<td>• Information is not always fed back from agency representatives.</td>
</tr>
<tr>
<td>• The Learning Hub helps us think about what we need to bring back to our own agencies in terms of learning and development and improving our own training.</td>
<td>• A lot on the agenda at times and has felt like a lengthy process to get to action stage.</td>
</tr>
</tbody>
</table>

The Learning Hub also discussed ideas for the evaluation of Back to Practice and this informed the brief for the formal evaluation noted below. The evaluation took place in April 2017.

It was agreed the evaluation would focus on the following:
- How effective has the model and approach been in getting a clear line of sight on single agency and multi-agency practice?
- Has the approach enabled space for reflection and learning from practice?
- Has the model and approach had a positive impact on multi-agency working and/or front-line practice?
• How and why were the *Back to Practice* priorities selected? Were these the right priorities?
• What has gone well and what is the evidence to support this?
• What has potential but maybe is too early to assess impact?
• Any worries or issues which need addressing?
• Anything that worked well in the previous LSCB arrangements which has got lost in *Back to Practice*?
• During the innovation has the BSCB met the statutory requirements for an LSCB as set out in ‘Working Together’?
• Overall, what are the key lessons for Bexley in developing future safeguarding partnership arrangements and what are the main strengths and areas for improvement?
5. Effectiveness of safeguarding in Bexley

This section covers

5.1 Safeguarding highlights from key partners
5.2 Revising the multi-agency thresholds
5.3 Front Doors
5.4 Basic child protection practice
5.5 Adolescent risk
5.6 Child sexual exploitation (CSE)
5.7 Neglect
5.8 Other issues including private fostering and early help

5.1 Safeguarding highlights from key partners

This section includes 2016/17 safeguarding highlights from the metropolitan police, health agencies and children’s services.

<table>
<thead>
<tr>
<th>Metropolitan Police</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
</tr>
<tr>
<td>• Developed new Borough safeguarding priorities and a performance framework to support this.</td>
</tr>
<tr>
<td>• Reviewed and strengthened key safeguarding processes in the MASH, missing investigations, CSE, offences involving indecent images and domestic abuse.</td>
</tr>
<tr>
<td>• Improved staffing levels in key risk areas to reflect safeguarding priorities.</td>
</tr>
<tr>
<td>• Supported key partnership projects such as the domestic abuse peer review, Safe Lives Project, “One Front Door” and multi-agency audits.</td>
</tr>
<tr>
<td>• Developed strong partnership with child safeguarding partners including shared performance meetings.</td>
</tr>
<tr>
<td>• Supported key safeguarding platforms such as MASE, DV MARAC, MAPPA, Learning Hub and Safeguarding Board.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For further development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearer documentation of safeguarding measures taken by staff.</td>
</tr>
<tr>
<td>• Clearer lines of escalation and communication at operational level.</td>
</tr>
<tr>
<td>• Better understanding of partnership performance data.</td>
</tr>
</tbody>
</table>

Bexley Borough police priorities for 2017/18 are summarised below:
Health sector

Positives

- Bexley CCG has worked with Bromley CCG to appoint a Designated Clinical Officer for SEND. This new post will work across both boroughs and lead in supporting the CCGs to meet statutory duties for children and young people with special educational needs and disability (SEND) aged 0-25. This was identified as a gap by Ofsted and CQC in their themed inspection in 2016.

- Queen Elizabeth and Darent Valley hospitals continue to prioritise safeguarding and are prepared for the implementation of Child Protection Information Sharing (CP-IS). Both hospitals have focussed on ensuring over 80% of staff have accessed safeguarding children training.

- Quarterly safeguarding key performance indicator reporting from both hospitals is now in place.

- Queen Elizabeth hospital hosted a deep dive exercise to look at neonatal deaths across Lewisham, Greenwich and Bexley. Actions concentrated on refreshing the safer sleeping and no smoking messages to parents at every contact with health professionals.

- Darent Valley hospital has identified Sexual Exploitation (CSE) leads.

- Safeguarding supervision sessions for A&E as part of their staff update days and with the neonatal outreach team is in place at Darent Valley hospital.

- Oxlea consistently demonstrates excellent safeguarding children training compliance.

- Oxlea hold an annual Safeguarding Children’s Champion Event. The topics covered in 2016/17 were Child Abuse linked to Faith Belief and Culture; FGM; Child refugees; Children & Gang Culture; Lessons from the Myles Bradbury case in Cambridge.

- In order to embed a ‘Think Family’ approach in Adult Mental Health Services, an editable letter was created on Oxlea’s recording system (RiO). This will facilitate the sharing of information from adult mental health services to midwifery and Health Visitor Teams.

- Bexley CCG and Oxlea established a Task Group with Greenwich CCG to look at how to meet the health needs of unaccompanied asylum seekers under 18.

- Adult Mental Health Specialist Advisor ‘drop ins’ are well embedded and have been a valuable opportunity for practitioners to discuss cases and for the safeguarding team to review referrals to children’s social care.

- A CSE screening tool has been introduced in children looked after services and sexual health clinics.

- Oxlea implemented a shared record between adult mental health services, CAMHS and universal services to improve information sharing between services.

- The Children Looked After nurse has introduced a protocol to respond to any health needs identified at return home interviews when children looked after have been missing.

For further development

- Work with public health and Bromley Healthcare to ensure a safe transition for the 0-19 years universal service.

- In collaboration with Greenwich and Bromley CCG’s establish an out of hours CAMHS service.

- Ensure the CCG meets its responsibilities for children with special educational needs and disabilities by embedding the role of Designated Clinical Officer.

- Review and strengthen safeguarding processes, safeguarding supervision and practice within maternity services.

- Support the implementation of the risk indicator system for female genital mutilation.

- Implement the Child Protection – Information System (CP-IS) across unscheduled care providers.

- Continue to raise awareness of vulnerable groups in particular CSE, FGM and neglect.

- Embed the use of the new safeguarding RiO forms in children and adult mental health services supporting safeguarding practice and data collection.

- Plan to strengthen ‘A Think Family Approach’ in adult mental health services.

- The task group on unaccompanied asylum seekers will deliver on their work plan which includes addressing all aspects of the health assessment, immunisations and emotional wellbeing. The group has arranged for the Refugee Council to deliver a training session in June 2017 to health and social care partners.

- Ensure children and young people are engaged in service development.

- Develop innovative ways to capture the voice of the child.

- Develop immunisation sessions for children looked after and unaccompanied asylum seekers.

- Further develop innovative ways of sharing the learning in relation to children and suicide.
<table>
<thead>
<tr>
<th>Positives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recruitment and retention of social workers reviewed and improved.</td>
</tr>
<tr>
<td>• Regular auditing showing improvement in basic social work practice including timeliness of assessments and visits.</td>
</tr>
<tr>
<td>• Better management oversight and clearer rationale for decision making.</td>
</tr>
<tr>
<td>• Clearly defined training programme. Heads of Service delivered additional training/workshops.</td>
</tr>
<tr>
<td>• Refreshed the quality assurance framework.</td>
</tr>
<tr>
<td>• A collaborative approach with staff which is starting to build confidence.</td>
</tr>
<tr>
<td>• Morale boosted through celebrating success.</td>
</tr>
<tr>
<td>• Signs of Safety embedding in some teams.</td>
</tr>
<tr>
<td>• Placements on the whole quite stable with some success with new foster family recruitment.</td>
</tr>
<tr>
<td>• Development of Pioneer Fostering Project which supports children into mainstream foster care following either multiple placements or residential care.</td>
</tr>
<tr>
<td>• Better understanding of strengths of the leadership team.</td>
</tr>
<tr>
<td>• Key policy and practice documents produced in line with London Child Protection procedures e.g. CSE and Missing.</td>
</tr>
<tr>
<td>• Social Care development of Tri-Ex procedures to reflect standards and practice across the service.</td>
</tr>
<tr>
<td>• Across the services and with partners a more open dialogue with more conversations.</td>
</tr>
<tr>
<td>• Good knowledge of strengths and areas for development through self-assessments and Peer Reviews.</td>
</tr>
<tr>
<td>• Development of an action plan to embed Signs of Safety across all social work practice and within the multi-agency partnership.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For further development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Effective Support document is understood and applied across the partnership to ensure that those families who require a specialist social work assessment and intervention are appropriately identified.</td>
</tr>
<tr>
<td>• Review of the implementation of Signs of Safety action plan across all services.</td>
</tr>
<tr>
<td>• Delivery of a training strategy and framework for identifying, managing and reducing the impact of domestic abuse on victims.</td>
</tr>
<tr>
<td>• Improving practice where domestic abuse and neglect are factors.</td>
</tr>
<tr>
<td>• Working with fathers and significant males in the child’s life.</td>
</tr>
<tr>
<td>• Working in collaboration with health colleagues where neglect is identified.</td>
</tr>
<tr>
<td>• Ensuring there is quality safeguarding practice for children with disabilities.</td>
</tr>
<tr>
<td>• Ensure that non-verbal children have opportunities to effectively share their story with practitioners.</td>
</tr>
<tr>
<td>• Supporting learning by participation in peer reviews including working with other local authorities.</td>
</tr>
<tr>
<td>• Understanding our own community in order to develop a targeted response that supports and strengthens communities.</td>
</tr>
</tbody>
</table>
Youth offending team (YOT)

**Positives**
- Implementation of new approach to Referral Orders based upon user feedback, good practice research and themed inspection findings.
- Stable workforce including health and police.
- Strong liaison and diversion offer including health screenings.
- Good knowledge of practice strengths and areas of development through evidence based audits.
- YOT action plan including workforce development and training.
- Commissioned services in place to support YOT children with trauma or one to one mentoring.
- Central multi-agency system to monitor high risk children who go missing.
- Multi-agency risk and vulnerability panels to monitor young people of most concern in cohort.
- Team has completed signs of safety training.

**For further development**
- In terms of confidence in applying the framework, timeliness of completion of Assetplus and quality.
- Team morale has been affected by implementation of Assetplus – learning, skills and impact upon practitioner time as well as change management.
- Integration of YOT across Inclusion Services.
- Completion of timely Assetplus assessments for out of court disposals.
- Self-assessment of out of court disposals against HMIP inspection framework.
- Understanding the rise and themes in local re-offending and first time entrants’ rates.
- Increased use of ASSET Plus self-assessments by young people and family over the course of their court orders (in addition to at the start of the Order) to inform service delivery and evaluation.
- Continued journey to working with families more systemically.

Targeted youth service (TYS)

**Positives**
- Positive findings from independent review of first 6 months of TYS operational delivery and model and TYS evidence of providing services to vulnerable children in target groups.
- Positive feedback from children, parents and partners received in October 2016 and May 2017 as per scrutiny reviews of service since launch.
- Good TYS partnership working with children’s social care (CSC), Family Wellbeing Service and Staying Together on domestic abuse, family mediation, diversion from crime and school exclusion.
- Girls group for girls at risk of sexual exploitation developed by TYS and CSC.
- TYS lead on RHI for children who go missing from home which includes joint home visits with community safety and work with CSC for gang involved or high risk of exploitation young people.
- Team has completed Signs of Safety training 2016.
- Commissioned services in place to add capacity for youth support for vulnerable children and in priority groups.
- TYS led redevelopment of Children in Care Council, Positive Journeys, to successful launch and new model of working.

**For further development**
- Staff development including training needs for working with children with range of complex behaviours and risk.
- Team morale still affected by changes but moving in a positive direction.
- Raise awareness of pathways into TYS support across services both internally and externally (e.g. schools).
### Inclusion team

#### Positives
- Improved system for schools to comply with reporting of pupils missing out on education and follow up tracking including termly review meeting.
- Revised Elective Home Education policy to better protect vulnerable children.
- Improvements to Children Missing Education policy and systems for monitoring.
- Two successful requests to ESFA to secure school places for vulnerable children.
- Clinical consultations with CAMHS Doctor for children missing education or missing out on education now in place.
- Inclusion keyworkers supporting nursery and primary aged children with behaviour concerns.
- Commissioned services in place to support children who are at risk of permanent exclusion.
- Sexually harmful behaviour Memorandum of Understanding between the local authority, police and schools to ensure children maintain access to education when accused of sexual offences.

#### For further development
- Review of Fair Access Panel process which is deemed not to be working effectively to source timely school places when vulnerable children are ready to return to mainstream schools.
- Lack of flexibility of alternative education provision (AP) for school excluded children who are not ready to return to mainstream schools.
- Lack of range of placements for alternative education provision for school excluded children for whom mainstream schools are not an option.
- Primary permanent exclusions (10 in 2016/17 academic year).
- Absence of an exclusion officer role as a critical friend to challenge schools and attend governor disciplinary panels.
- Concern on number of children excluded from school who are receiving SEN support or who have an education, health and care plan.
- Concern that looked after children have been permanently excluded from Bexley schools (1 primary, 2 secondary).

### Special educational needs (SEN)

#### Positives
- Children who have special educational needs and disabilities and attend nursery settings are well supported. Transitions from nursery providers to schools are planned and supported well.
- The two-and-a-half-year integrated health check, carried out by health visitors, is well established across Bexley.
- The child and adolescent mental health service transformation programme has resulted in the implementation of a Children’s Emotional Well-being Service. This service is well used.
- The needs of looked after children who have special educational needs and disabilities and those supported by the youth offending teams are met well.
- Effective working by the specialist learning disability transition team helps to ensure a coordinated approach to the planning and delivery of healthcare to young people who are transferring to adult health services.

#### For further development
- For children and families to report that transition to secondary school is a positive and successful experience and that they are fully involved throughout the process.
- We fully understand the views of parents, carers, children and young people and are responsive to the feedback we receive.
- The Local Offer is well known and used by parents and carers. Practitioners consistently signpost parents to the Local Offer. Families report that the Local Offer site is easy to use and contains clear and helpful information.
- All statements of special education needs requiring conversions to an education, health and care plan will be completed by April 2018.
5.2 Revising the multi-agency thresholds

During 2016/17 the BSCB reviewed the Bexley threshold document for accessing help and services which had been published in 2014.

**Working Together 2015 on multi-agency thresholds**

“The LSCB should agree with the local authority and its partners the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have been or may be sexually exploited, children who have undergone or may undergo female genital mutilation and children who have been or may be sexually exploited. Local authority children’s social care has the responsibility for clarifying the process of referrals”

‘Working Together’ goes on to state that the threshold document should include:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority children’s social care for assessment and for statutory services under:
  - section 17 of the Children Act 1989 (children in need);
  - section 47 of the Children Act 1989 (reasonable cause to suspect children suffering or likely to suffer significant harm)
  - section 31 (care orders)
  - section 20 (duty to accommodate a child) of the Children Act 1989
- clear procedures and processes for cases relating to the sexual exploitation of children and young people.

In August 2016 the Learning Hub considered a report which outlined the purpose of thresholds documents and the ‘Working Together’ regulations. This report included information on thresholds and practice elsewhere in England including the approaches taken in Leeds, Norfolk and Greenwich.

Draft multi-agency thresholds were considered during the December 2016 Learning Hub event on access and ‘front doors’ to services. Feedback informed the final draft which was circulated for consultation during February 2017 with a view to agreeing a finalised document for publication at the Partnership Board in April 2017.

The March 2017 Quality and Effectiveness Board agreed the dissemination plan for the multi-agency thresholds as follows:

**BSCB basic e-learning training**
Planning to add some bespoke pages which will include reference to the revised multi-agency thresholds.

**Basic level single agency training**
All agencies to ensure that basic level single agency training refers to the revised multi-agency thresholds.

**Safeguarding Champions**
Champions events are planned for June 2017. The June events will be used to share information on managing safeguarding risks included how to use the revised multi-agency thresholds and how these will be disseminated in agencies/services.

**Rolling programme of multi-agency training sessions**
The BSCB Training and Development programme for 2017/18 includes plans for a rolling programme of multi-agency training sessions for staff where a substantial amount of time is spent working with vulnerable and at risk children and young people. These events will always include reference to the multi-agency thresholds.
General communications
A “1 pager” on the multi-agency thresholds will be developed. This will provide a common script which all agencies could use and will be added to the BSCB website / referred to in the BSCB bulletin.

“Mystery shopping” exercise
In October 2017 suggest a number of “mystery shopping calls” to key staff asking if staff are aware of the thresholds and how they use these.

5.3 Front Doors

5.3.1 BSCB work on front doors

Information from a variety of sources was analysed by the Learning Hub to ensure a full understanding of the issues. Recommendations were then made to the Quality and Effectiveness Board. Implementation is continuing in 2017/18 and actions are included in the BSCB Development Plan. The diagram below summarises this process:

Diagram summarising the ‘Learning Hub’ approach

5.3.2 What is a front door?

The Learning Hub agreed the following description of safeguarding front doors:

Safeguarding front doors are key places where safeguarding issues relating to children and young people are first identified.

Key front doors are:

- Schools
- Police
- GPs
- Dentists
- Health Visitors
- Maternity and midwifery services
- Sexual health services
- CAMHS
- Voluntary sector services
- Fire Brigade
- Adult Mental Health
- Housing
- Children’s Centres
- YOS
• Emergency duty service (L&G), Queen Mary and Erith Urgent Care (Hurley Group), Princess Royal Care – Darent Valley, Queen Elizabeth

5.3.3 Social Care front door data highlights

The table below provides information on contacts, referrals and assessments. If available comparative and trend information is included. The table highlights the following:

• There is a high and increasing level of social care front door activity
• Contacts and referrals are increasing
• Compared to similar authorities a high rate of single assessments are completed
• Assessment timescale have improved and compare favourably with statistical and national averages.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of contacts completed</td>
<td>12,587</td>
<td>13,562</td>
<td>14,990</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>% of contacts which led to a referral</td>
<td>22.7%</td>
<td>22.5%</td>
<td>20.9%</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Number of referrals received</td>
<td>2,856</td>
<td>3,049</td>
<td>3,134</td>
<td>4858</td>
<td>4089</td>
</tr>
<tr>
<td>Rate of referrals received per 10,000 under 18</td>
<td>514.2</td>
<td>544.7</td>
<td>554.9</td>
<td>469</td>
<td>532.2</td>
</tr>
<tr>
<td>% referrals started within 12 months of previous open referral</td>
<td>20.9%</td>
<td>20.3%</td>
<td>19.2%</td>
<td>19.7%</td>
<td>22.3%</td>
</tr>
<tr>
<td>% referrals with an outcome of NFA</td>
<td>4.9%</td>
<td>4.1%</td>
<td>4.7%</td>
<td>9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>% referrals which led to an assessment</td>
<td>95.1%</td>
<td>95.9%</td>
<td>95.3%</td>
<td>91%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Number of single assessments completed</td>
<td>2,820</td>
<td>3,139</td>
<td>3,129</td>
<td>4752</td>
<td>3761</td>
</tr>
<tr>
<td>Rate of single assessments</td>
<td>507.7</td>
<td>560.8</td>
<td>554</td>
<td>445.3</td>
<td>489.5</td>
</tr>
<tr>
<td>% resulted in an assessment and the child was assessed not to be in need</td>
<td>35.4%</td>
<td>48%</td>
<td>**</td>
<td>32.8%</td>
<td>25.4%</td>
</tr>
<tr>
<td>% single assessments completed within 45 days</td>
<td>89.5%</td>
<td>92.3%</td>
<td>97%</td>
<td>86%</td>
<td>83.4%</td>
</tr>
</tbody>
</table>

* This figure is not reported on by DfE
** This figure will not be available until end of October 2017 when DfE release their provisional statistics from the 16/17 CIN Census return

Action for 2017/18: The development and dissemination of the revised multi-agency thresholds noted in section 5.2 above will clarify when to make contact with children’s social care. Increased knowledge and availability of consultation advice will hopefully reduce the volume of contacts. The “front doors” work described in section 5.3.6 below will also assist with clarifying how and when to contact children’s social care.

This information informed Learning Hub discussions described below.
5.3.4 Learning Hub analysis

In December 2016, 24 participants took part in a Front Doors workshop. Social care data was made available for the workshop. Participants considered what was working well and worries and queries on contacts, referrals and strategy discussions. The December 2016 Learning Hub was provided with feedback from the workshop and this informed a self-assessment using Ofsted evaluation criteria. Highlights are summarised in the table below:

<table>
<thead>
<tr>
<th>Working well</th>
<th>Worries and queries</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Co-location of police in the MASH.</td>
<td>• Feedback on whether referrals meet the threshold is not always timely.</td>
</tr>
<tr>
<td>• Feedback to referrers can work well sometimes.</td>
<td>• Feels like there can be stumbling blocks getting in the door - some people “in the know” and others not – better communication is needed.</td>
</tr>
<tr>
<td>• Social care is more responsive.</td>
<td>• Lack of clarity about the difference between a contact and a referral. How is a decision made that a contact becomes a referral and who decides this?</td>
</tr>
<tr>
<td>• Referral form is good and helpful.</td>
<td>• It was noted that further analysis is taking place on families from black and minority ethnic communities’ involvement in social care processes.</td>
</tr>
<tr>
<td>• Majority of referrals go through to assessment in the correct time frame.</td>
<td>• More advice and consultation conversations might lead to less referrals.</td>
</tr>
<tr>
<td>• Timely assessments.</td>
<td>• It would be useful to undertake further exploration of a number of issues including the number of no further actions following referral, what happens to Merlins and to consider re-referrals.</td>
</tr>
</tbody>
</table>

5.3.5 Independent Chair front door visits and 2017/18 follow up

As part of the front doors work, the BSCB Independent Chair visited the MASH including Children’s Services Screening Team, the Metropolitan Police Child Abuse Investigation Team (CAIT), Darent Valley A&E and Queen Mary Urgent Care. The chair noted a number of areas that appeared to be working well including the following:

• Good representation of agencies in the MASH
• Clear roles and responsibilities in CAIT
• Safeguarding monitoring arrangements appeared robust at A&E and Urgent Care Centres
• It is positive that 16 and 17 year olds are now accessing paediatric A&E at Darent Valley.

The chair noted a number of follow up issues for 2017/18 including the following:
• Clarify the role of different agencies in the MASH and how the MASH enhances multi-agency decision making including the role of the Children’s Screening Team
• Chair to re-visit CAIT to have follow-up discussion on strategy discussions and on future plans for CAIT
• Follow up on attendance and monitoring information used to ensure effectiveness at A&Es and Urgent Care centres.
5.3.6 Front Door actions agreed by Quality and Effectiveness Board

In addition to the actions which will be followed up by the Independent Chair during 2017/18, the following actions will be undertaken. These are included in the BSCB Development Plan for 2017/18:

- Clarification needed on definitions of contacts and referrals and the process for managing contacts and referrals
- Partner agencies are requesting more access to consultation and advice. Conversations when agencies have concerns are positive and can help to create a confident system
- Many agencies are not aware of the early help services available locally. An on-line guide – Voluntary and Community Services Support for the Family Wellbeing Service – was produced in January 2017 which might reduce referrals to social care
- Set a timescale for feedback on referrals and systems for monitoring this. If it is not possible to produce regular data reports, perhaps a regular sample of response times could take place and be reported?
- Briefing note for professionals to be produced on strategy discussions re-confirming purpose and who should be part of strategy discussions
- Clear specification to be produced on the MASH including description of service, roles and responsibilities of different agencies, clarity about processes and quality assurance and performance management arrangements
- Information to be shared on the terms of reference and membership of the multi-agency MASH Group
- All professionals to have training on front door processes. Training to include sharing information produced by the MASH on operational processes and how the MASH works. Front door processes to be included in on-line basic training, lunchtime events and Champions events
- Specific Learning Hub half day events on front doors to take place twice a year. Events will also include an assessment of the current position using “good” criteria and an analysis of the key risks coming through the front door i.e.: what are professionals most worried about. Source of referral information, illustrated below for 2015/16 will inform discussions at these events including analysing referral data, conversions and destinations by agency.
5.4 Basic child protection practice

5.4.1 BSCB work on Core Groups

Core groups were identified by the BSCB as a priority area for 2016/17 because they are central to child protection work, are not generally the subject of research, but are an area where professionals and families meet and where inter-agency child protection work takes place.
Learning Hub members read minutes from two core group meetings as a basis for initial discussion about multi-agency practice. Although it was clear from the minutes that each agency was carrying out actions as defined in the child protection plan, it was not clear whether the plan was making a difference and there was no recording of children’s views in either case. It was agreed there needed to be further work on the effectiveness of core groups and six members of the Learning Hub agreed to observe some core groups and report back on findings.

Learning Hub members carried out observations of 7 core groups between September and November 2016. Feedback from the observations highlighted the following:

**What’s working well?**

- Parents were present at all of the 7 core groups. Some good practice was noted by observers. In one core group parents were asked first for their opinion and then were asked for views following each of the professional’s feedback. In other meetings parents were observed to be fully engaged throughout.
- School attendance was generally good and this was facilitated by core groups taking place in schools.
- Where there were children under school age health visitors were in attendance.

---

**Background information considered by the Learning Hub**

**Working Together Guidance on Core Groups**

‘Working Together’ states that the initial child protection conference should identify membership of the core group of professionals and family members who will develop and implement the child protection plan. It stipulates that the initial core group should take place within 10 days of the initial child protection conference but does not stipulate timescales thereafter. However, practice guidance in most LSCB areas reflects the London Child Protection guidance of core groups taking place every 6-8 weeks depending on the actual risks and specific plans to address risks of the individual child/children and family.

**Core Groups – what we know from case reviews and research**

Although core groups are a well-established part of child protection practice and procedures, relatively little is known about their effectiveness. The concept was introduced into the child protection system in 1986 with little central guidance. One of the major reviews of child protection practice *Messages from Research (DoH 1995)* did not evaluate core groups in detail and since then core groups have received little national attention.

The 2008 serious case review into the death of Peter Connelly in Haringey (published in 2010 by DfE) did consider the several core groups that took place and made recommendations in respect of administration including minuting and distribution of minutes and also in respect of ensuring all core group members were kept up to date with significant events. It specifically recommended that where a child has a child protection plan, the core group should be convened within ten days of any change of school and that changes of social workers should be communicated within 5 days.

The triennial review of serious case reviews published in 2016 covering 2011 -2014 had little to say about core groups and there are only three references in a document over 200 pages and two of these were in the following recommendation:

> “The LSCB should implement local procedural change to ensure that integrated multi-agency chronologies are available to core group meetings, initial child protection conferences and review conferences. Chronologies should be proportionate and focus on improving the quality of analysis in individual cases. Procedural guidance should place the responsibility for maintenance of an up-to-date chronology with the core group.”

---

**5.4.2 Core Groups observations**

Learning Hub members read minutes from two core group meetings as a basis for initial discussion about multi-agency practice. Although it was clear from the minutes that each agency was carrying out actions as defined in the child protection plan, it was not clear whether the plan was making a difference and there was no recording of children’s views in either case. It was agreed there needed to be further work on the effectiveness of core groups and six members of the Learning Hub agreed to observe some core groups and report back on findings.

Learning Hub members carried out observations of 7 core groups between September and November 2016. Feedback from the observations highlighted the following:
All 7 core groups discussed progress of plans. In most cases there was discussion about next steps.
Professionals were aware of their role and provided clear updates.
There were examples of skilled chairing in difficult circumstances.

Queries and follow ups
- Children were not present in any of these core groups with the exception of the 20 month old baby. This seemed appropriate in most cases as the children were generally younger. Follow up – how often do children and young people take part in core groups?
- In one meeting the parent was not encouraged to participate for some time into the meeting and contributions were very limited. Questions could have been more open and encouraging. In another meeting the observer noted that the chair did not manage the anxieties of grandparents. Follow up – what guidance is provided on encouraging parental participation?
- The notes of one of the Core Group meetings did not refer to the overall aim of the safety plan and most of the items included in the safety plan focused on specific tasks rather than differences or changes being sought. Follow up – what guidance is available on the difference between outputs and outcomes?
- The core group format seen did not include basic information about the children e.g. age, gender, ethnicity, family composition. Follow up – what is the format used for recording core groups?

5.4.3 Core Groups actions agreed

Following discussion at the October 2016 Learning Hub, recommendations were made to the November 2016 BSCB partnership board. The following actions were agreed and are included in the 2017/18 BSCB development plan:
- A multi-agency guide for professionals and a separate guide for parents and family members on Core Groups to be produced
- To continue analysing and assessing basic child protection practice though considering the quality of Initial Child Protection Conferences (ICPCs). Work on this item began in March 2017 with a briefing session on ICPCs which was attended by 14 participants. A Child Protection Chair talked through the Signs of Safety process and participants considered a template to be used for ICPC observations
- Core group meeting recording format to be amended to include:
  - key information about the child and family at the start of the meeting report
  - sections on what needs to change for the child and how the child protection plan will achieve this
  - a section on how we will know change has happened
- Monitoring core group performance including:
  - the attendance of core group members
  - impact of core groups on child protection planning
- The child’s voice should always be in evidence and ways of ensuring this to be further explored
- Changes of workers need to be communicated to all members of the core group in a timely manner
- Good quality chronologies should be available to the ICPC and updated as needed for core groups
- Core group minutes need to be of a consistently good standard, timely and always cleared by the chair. An audit to benchmark compliance and quality to take place
- Conference Chairs to include training for chairing of core groups as part of their programme for training social workers in preparing for child protection conferences.

5.5 Adolescent Risk

5.5.1 BSCB work on adolescent risk

In March 2016 the Independent Chair facilitated a workshop on adolescent risk. Information on the workshop was included in the 2015/16 annual report. This was followed by some work in July and August 2016 where the Learning Hub considered reports on research findings and the triennial analysis of serious case reviews findings on adolescents at risk.

An Adolescent Risk workshop was held in November 2016. This was attended by 12 partners from statutory and voluntary agencies working with teenagers in Bexley (one person had also attended the March workshop). Participants gave their views on what works well in Bexley, areas of concern and ideas for improving the Bexley approach to working with teenagers where there is a risk of harm. At the December 2016 meeting, Learning Hub members discussed a summary of the feedback from the November Adolescent Risk workshop and decided on recommendations to the Quality and Effectiveness Board.

The work was informed by the Association of Directors of Children’s Services (ADCS) and Research in Practice research on adolescent risk:

The ADCS and Research in Practice briefing paper informed the work on adolescent risk

In 2013 the Association of Directors of Children’s Services and Research in Practice produced a briefing paper titled That Difficult Age: Developing a more effective response to risks in adolescence. An extract follows:

“Our central argument is that:
- The risks adolescents face are distinct. They differ from those facing younger children and older groups, as do the impacts of those risks, creating a distinctive set of inter-connected needs.
- Adolescence itself offers a distinctive array of strengths and opportunities that emerge as a result of social and physiological developmental processes. These are often not fully understood or taken into account in policy and practice.
- Rather than recognise these unique risks, strengths and opportunities, the current child protection system instead applies traditional definitions of risk and approaches to protection that do not necessarily fit with young people’s lived experience or research. This means practice is even more challenging, scarce resources are not allocated to best effect, and young people are not central either to service design or policy discourse.
- Excellent practice and effective services are evident at local level, although much of it seems to have arisen almost in spite of the current system. However, resource constraints, coupled with the sector’s increasing knowledge and determination to improve the system for adolescents facing risk, can and do act as a powerful catalyst for innovation.
- The evidence we draw on in this scope, both research knowledge and practice knowledge, can and should encourage us now to re-design the system in a way that ‘works with the grain’ of adolescent development, takes a more nuanced approach to risk identification, has relationships at its heart, and is focused on building resilience. This will be both effective and cost-effective but will require some risk-taking and innovation on the part of sector leaders. This evidence scope is designed to help us apply what we know, rather than be constrained by what we have.”
5.5.2 Data highlights on adolescent risk

The December 2016 Learning Hub meeting considered a case study and some key data. The data is noted in the table below:

<table>
<thead>
<tr>
<th>Item</th>
<th>13 and over</th>
<th>All</th>
<th>% 13 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals (year to date to 1.12.16)</td>
<td>529</td>
<td>2068</td>
<td>26.1%</td>
</tr>
<tr>
<td>Assessments completed</td>
<td>546</td>
<td>2034</td>
<td>26.8%</td>
</tr>
<tr>
<td>Section 47s completed</td>
<td>117</td>
<td>482</td>
<td>24.3%</td>
</tr>
<tr>
<td>Child Protection as at 1.12.16</td>
<td>23</td>
<td>168</td>
<td>13.7%</td>
</tr>
<tr>
<td>Children in need as at 1.12.16</td>
<td>465</td>
<td>1196</td>
<td>38.9%</td>
</tr>
<tr>
<td>Looked after as at 1.12.16</td>
<td>144</td>
<td>230</td>
<td>63%</td>
</tr>
</tbody>
</table>

The breakdown of children by age on child protection plans supports the hypothesis that adolescent risk of serious harm is under-represented in the child protection system. 24 out of 169 children (14%) with child protection plans are aged 13 to 17 years. A brief view of the files did not reveal any particular patterns. However, as can be seen from the data table above, teenagers are well represented at other stages of the process from the ‘front door’ through to referral and assessment and children in need (CIN). Further work is needed to understand the differences between the CIN young people and those few who are on child protection plans.

5.5.3 Independent Chair observation of meetings and panels

During September to November 2016, the Independent Chair observed partnership groups and meetings which considered aspects of adolescent risk including the Missing Meeting, MASE, Serious Youth Violence panel, the Risk Management Panel and the Anti-social Behaviour Panel. Feedback to the Learning Hub highlighted the following:

- Lots of professionals are involved in these meetings
- Sometimes the same professionals and the same young people are discussed
- Observation of the meetings led to reflections by the Independent Chair on:
  - Information sharing protocols in use at meetings
  - Signs of Safety is the agreed approach for working with children and young people but does not seem to be used in all meetings
  - How are the multi-agency thresholds being used?
  - As each meeting was looking at a different aspect of risk, it did not appear that a holistic approach was always taken. Does discussion at different panels and meetings lead to a fragmented approach?
  - Social care lead on cases where there are child protection concerns and where young people are looked after. What is the role of different meetings and panels in discussing these cases?
5.5.4 Learning Hub analysis on adolescent risk

Key issues highlighted by the Learning Hub on what is working well on adolescent risk and queries and concerns are provided below:

What’s working well?
- New and helpful processes in place. For example the CSE operating protocol between the police and children’s social care
- The Missing Meeting where information sharing was seen to be good
- Good support to teenagers from the YOT, Youth Support and the Staying Together team in children’s social care
- Some good prevention work in schools and the Family Wellbeing service
- Better identification and knowledge of the young people most at risk
- Agencies are good at dealing with a crisis.

Queries and concerns
- There was a worry that meetings could provide a false assurance that something is being done
- Services can still be too reactive on occasions and do not always pick up risk early enough
- The child protection process and approach appears less well suited to teenagers where risks are often external to family
- Cases known to children’s social care can be discussed at panels/meetings without the young person’s social worker being present
- For young children, becoming looked after usually means a reduction in risk, for older children becoming looked after might not remove the risk of significant harm
- Health and education colleagues are not in attendance at some panels/meetings.

5.5.5 Adolescent Risk actions agreed by Quality and Effectiveness Board

In January 2017, the Quality and Effectiveness Board received a report which highlighted the feedback from the Independent Chair and from Learning Hub discussions. The following actions were agreed and are in the 2017/18 BSCB development plan:

- A multi-agency study of a small number of Child Protection and CIN plans for young people
- Use transition meetings to ask young people what worked for them and how services might be improved
- Further analysis of number of young people aged 13 plus being worked with including estimating the number of Bexley young people who might be at risk of significant harm
- Check Information sharing protocols in use by MASH and at all meetings where individual cases are discussed
- All panels and groups which consider children and young people to be informed about the Signs of Safety approach
- Signs of Safety including how this applies to adolescents to be included in the briefings for Champions taking place in February and March
- Map pathways and services for the 13 plus age range according to the levels of need identified in the multi-agency thresholds
- To consider how to ensure a more holistic response to the needs of adolescents at risk including the most vulnerable young people. This will include a review of all meetings where individual young people are discussed
• To build on the work being undertaken by children’s social care, for example on Network Safety Plans, and re-design existing children in need and child protection processes to better meet the needs of adolescents.

5.6 Child sexual exploitation (CSE)

5.6.1 Statutory guidance

“LSCBs should conduct regular assessments on the effectiveness of Board partners’ responses to child sexual exploitation and include in the report information on the outcome of these assessments.” ‘Working Together’ 2015

In February 2017, the Department for Education issued updated, non-statutory guidance on child sexual exploitation. The guidance replaces the 2009 guidance Safeguarding children and young people from sexual exploitation. The 2017 guidance includes an updated definition of child sexual exploitation. Section B of the guidance refers to local multi-agency plans on child sexual exploitation.

This section describes the CSE self-assessment undertaken by the MASE which has informed the 2017/18 multi-agency CSE plan.

5.6.2 Self-assessment timescale and agencies involved

In December 2016 the Multi-agency Sexual Exploitation meeting agreed the following timescale for completing a self-assessment. The work was completed to this timetable:

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2017</td>
<td>MASE meeting agree CSE self-assessment criteria</td>
</tr>
<tr>
<td>February 2017</td>
<td>Self-assessment to take place including discussion at February MASE meeting</td>
</tr>
<tr>
<td>March 2017</td>
<td>MASE to discuss draft report on the self-assessment</td>
</tr>
<tr>
<td>April 2017</td>
<td>MASE to agreed final report on findings from the self-assessment for the May 2017 Quality and Effectiveness Board</td>
</tr>
</tbody>
</table>

The following agencies and services completed a self-assessment:

- CCG
- Metropolitan police
- Children’s social care
- Community Safety
- Oxleas NHS Foundation Trust
- National probation service
- Sexual health
- Voluntary sector
- Youth offending service and targeted youth support
- Trading standards and licensing.

5.6.3 Brief case review analysis

The Practice Review Manager and BSCB Independent Chair undertook a brief review of 17 cases discussed by the MASE from April to December 2015 and of the 6 cases discussed by the Multi-agency planning meeting from December 2015 to March 2016. Findings were included in the self-assessment.

5.6.4 Key issues from the self-assessment

The self-assessment included analysis on what is going well and queries and issues using the following headings:
• Prevent
• Identify
• Intervene and support
• Disrupt and Prosecute
• Governance and strategy.

Key issues highlighted are noted below:

<table>
<thead>
<tr>
<th>Highlights from the MASE CSE self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is going well</td>
</tr>
<tr>
<td>- There are some excellent examples of prevention work in schools and examples of early intervention projects being established such as the “Targeted outreach project”, funded by Community Safety</td>
</tr>
<tr>
<td>- All police officers have been trained and continue to receive regular yearly updates on CSE</td>
</tr>
<tr>
<td>- A CSE e-learning programme is available on Oxleas learning centre</td>
</tr>
<tr>
<td>- Sexual Health services have professional development plans in place. This includes specific training for all relevant staff</td>
</tr>
<tr>
<td>- CSE is routinely considered as a risk for all vulnerable young people that come to children’s social care attention. Children’s social care has a systematic way of identifying and conducting a CSE risk assessment</td>
</tr>
<tr>
<td>- Health agencies use the Spotting the Signs risk assessment tool</td>
</tr>
<tr>
<td>- There is case file evidence of agencies working well together once CSE is identified</td>
</tr>
<tr>
<td>- The weekly multi-agency meeting is working well. Each week this meeting reviews all children who have gone missing and every 2 weeks young people at risk of CSE are also considered. This meeting provides quality assurance oversight ensuring cases are being progressed and issues are resolved</td>
</tr>
<tr>
<td>- Review of cases which came to the MASE indicated some good work done by the Staying Together service</td>
</tr>
<tr>
<td>- Social workers, targeted youth support workers and police officers are working better together</td>
</tr>
<tr>
<td>- During 2016 Bexley children’s social care and Bexley Police refreshed the CSE operating procedures</td>
</tr>
<tr>
<td>- Some disruption activity takes place through local Neighbourhood Policing officers</td>
</tr>
<tr>
<td>- Disruption is moving towards focusing on perpetrators rather than trying to remove children from their families and local connections</td>
</tr>
<tr>
<td>- Overall, there is a strong partnership commitment to tackle CSE</td>
</tr>
<tr>
<td>- Social care activity information on missing/CSE, performance and quality of practice is routinely scrutinised in a number of different local authority forums, by senior leaders and councillors.</td>
</tr>
<tr>
<td>Highlights from the MASE CSE self-assessment</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td><strong>Areas for development to be considered by the MASE in 2017/18</strong></td>
</tr>
<tr>
<td>• The review of cases highlighted the importance of early intervention and of the need for good emotional health and well-being support. The BSCB will be organising a conference on emotional health and well-being in 2017</td>
</tr>
<tr>
<td>• Operation Makesafe 2 is due to take place in 2017. This will promote CSE awareness to local businesses. Clarity is needed on which local businesses will be involved and when this work will take place</td>
</tr>
<tr>
<td>• Information analysed in December 2016 indicated 11 to 13 year olds to be the target for prevention material with different information required for 14 and 15 year olds</td>
</tr>
<tr>
<td>• Up to date information is needed on who has been trained on identifying and responding to CSE</td>
</tr>
<tr>
<td>• Oxleas have audited the use of the Spotting the Signs screening tool and it will be useful to share learning</td>
</tr>
<tr>
<td>• Further work is required on the effectiveness of services and what works for responding to CSE risks</td>
</tr>
<tr>
<td>• The case review highlighted two quite complex and difficult cases where there was evidence of the young person wanting to engage but “hooks” not appearing to be grasped by workers/services. Further work will take place on identifying the skills needed for working with teenagers</td>
</tr>
<tr>
<td>• There was a strong view in the MASE that more disruption activity could take place</td>
</tr>
<tr>
<td>• Further work is needed on the local profile of CSE including patterns and hot-spots</td>
</tr>
<tr>
<td>• Need to encourage further engagement of schools and education services in the work of the MASE.</td>
</tr>
</tbody>
</table>

### 5.6.5 2017/18 recommendations

The MASE recommended that in 2017/18 the BSCB co-ordinates work on the following top 5 actions:

- Working with secondary schools on adolescent risk and CSE
- *Keeping Yourself and Your Friends Safe* campaign (already agreed as a priority)
- Training and awareness raising for professionals on CSE, missing and adolescent risk
- Evidence based local profile of CSE and adolescent risk in Bexley to inform targeted work and/or provision of services for CSE
- Evaluation of the impact of the joint operational procedures and practice guidance.

If approved by the Quality and Effectiveness Board in May 2017, these actions will be included in the BSCB 2017/18 Development Plan.

The MASE also recommended that a separate multi-agency self-assessment on missing from home, school and education is completed during 2017/18.

Single agencies will also have their own CSE priorities. The MASE will have responsibility for monitoring progress with implementing the 2017/18 CSE Plan including each agency’s top 3 priorities.

### 5.7 Neglect

#### 5.7.1 BSCB work on neglect

The Learning Hub first considered neglect in July 2016 when discussion took place on a report on a Serious Case Review completed in another local authority. This was followed by consideration of the social care neglect strategy in August 2016. In January 2017, a Learning Hub workshop on neglect took place. This was attended by 25 practitioners from a range of agencies. This was the beginning of a focused piece of Learning Hub work which is continuing into 2017/18.
5.7.2 Developing a local understanding of neglect

The information below was shared at the Learning Hub and will inform the work planned for 2017/18:

<table>
<thead>
<tr>
<th>Neglect in Bexley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental and child factors of the 68 children who were on child protection plans for neglect as at 31 March 2017 were analysed. At that time there were 33 girls and 35 boys with child protection plans due to neglect evenly distributed across the age ranges with 23 under 5s, 22 aged 5-11 and 23 aged 12-17. The children were mainly White British, seven were dual heritage and one was Romanian. The majority of children with plans for neglect have had child protection plans for less than a year.</td>
</tr>
<tr>
<td>16 were only children, 20 in sibling groups of 2 and 15 in sibling groups of 3. The largest family with children living at home included 5 children. 2 families had histories of previous children being removed through care proceedings.</td>
</tr>
<tr>
<td>Many of the school age children have significant problems at school including poor attendance, aggressive or other concerning behaviour and exclusion. Poor attendance and exclusion increases a child's risk of further harm where neglect or maltreatment is already occurring (Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011-2014 DfE 2016). There is a considerable body of evidence which links neglect to risk taking behaviours in adolescence including drug and alcohol misuse, gang affiliation and risk of child sexual exploitation and this is reflected in the cohort of teenagers with child protection plans for neglect in Bexley.</td>
</tr>
<tr>
<td>Domestic violence is a major feature in over half of the families and in some cases this has been at an extreme level causing severe problems for children.</td>
</tr>
<tr>
<td>Maternal and also paternal and extended family mental health problems, drugs and alcohol misuse feature extensively in the families often in conjunction with domestic violence. Maternal depression is a major factor that comes out strongly from the records.</td>
</tr>
<tr>
<td>Over a third of the children had previously lived somewhere other than Bexley, in some cases moving in and out of Bexley and the surrounding local authority areas.</td>
</tr>
<tr>
<td>More ‘traditional’ physical neglect features in some of the cases where, for example, schools have referred because children are unkempt or there are other visible signs of neglect. Where poor hygiene or poor physical care is apparent, it co-exists with maternal mental illness or learning difficulty and/or domestic violence.</td>
</tr>
</tbody>
</table>

5.7.3 Next steps with the work on neglect

Analysis of the evidence from the data noted above along with evidence from other sources will take place at the April 2018 Learning Hub with recommendations then being made to the Quality and Effectiveness Board.

5.7.4 Factors identified during assessments

The Department for Education publish information on factors identified during assessments. More than one factor can be identified. In 2016/17, 3129 assessments were completed in Bexley. Information on factors identified in assessments was provided for 1,782 assessments. The top 6 factors identified during assessments taking place in 2016/17 were as follows:
The 2017/18 work on neglect will pick up on neglect and on the mental health of parents or carers. During 2017/18 the Learning Hub will also consider safeguarding of children with special educational needs and disabilities and emotional abuse. Physical abuse was discussed in section 3.2 above and information on domestic abuse work can be found in the section which follows.

5.8 Other safeguarding issues

5.8.1 Domestic Violence Commission and Peer Review

The Learning Hub discussed, “What we know about domestic abuse in Bexley” at the June 2016 Learning Hub event. It was noted that a Domestic Violence Commission had been established.

During 2016/17, the local authority led on a Domestic Violence Peer Review which involved other agencies. It has been agreed that the Peer Review findings will be shared with the Learning Hub in 2017/18.

5.8.2 Early help

The Practice Review and Learning Manager met Early Years managers in March 2017 and followed up with a visit to the childminders’ forum to hear about their experiences working with other agencies. This resulted in Early Years workers joining the Champions network.

Early help is one of the Learning Hub priorities for 2017/18 and the following items noted in the 2015/16 annual report will be covered during this work:

- The role and purpose of the Council’s Early Help/Thriving Families Service to be better communicated to all partner agencies
- A list of early help services to be available
- Assessments for Early Help/Trouble Families to be holistic, ensuring appropriate joint assessment of need with the development of a joint early help support plan. Reviews of plans to involve relevant key agencies
- Early Help services to be able to evidence that children are being seen and spoken to and that the voice of the child is clearly heard
- Agreed referral pathways for cases diverted from the MASH to Early Help/Thriving Families services to be followed
- In addition to the follow up action noted above in 2016/17, the BSCB will review the impact and outcomes of the changes made to the Council's early help service.

5.8.3 Private fostering

Children’s social care reviewed arrangements for private fostering in 2016/17 and decided that private fostering arrangements should be assessed and supported in the fostering service. Numbers have remained low with two privately fostered children known to the local authority at the end of March 2017. During 2017/2018, the BSCB will include information on private fostering in e-bulletins and at Champions events. The regular briefing sessions for new staff members will include information on private fostering. Private fostering will be an item for the full LSCB meeting in November 2017.
6. Learning and Improvement

This section includes the following:

6.1 Training review
6.2 Training events
6.3 Learning from individual cases
6.4 The Child Death Overview Panel (CDOP)
6.5 Investigation of allegations concerning persons who work with children
6.6 Section 11 peer challenge
6.7 Revising the multi-agency data set

6.1 Training review

In January 2016, the BSCB agreed a training programme from 1 April 2016 to the end of September 2016 and asked for a review of training functions to take place. The BSCB Independent Chair took an active role in the training review.

In May 2016, the Quality and Effectiveness Board considered a report on the review. There was agreement that it was important that partners should have a good basic awareness of inter-agency child protection and safeguarding in Bexley. There were different views on what training the BSCB should provide and on the content of single agency safeguarding training. The July 2016 Quality and Effectiveness Board agreed a number of actions to take the training review forward including the Chair meeting training leads to assess core single agency training and that children’s social care would provide training for partner agencies on Signs of Safety. The report to the November 2016 Partnership Board summed up views on BSCB training as follows:

“There is a shared view across the partnership that there is a place for inter-agency training and that this should accord with agreed priorities and be appropriately targeted. There is also recognition that the BSCB training programme had limited reach and that other ways of disseminating learning and good practice need to be developed. Future BSCB training should include a range of learning events and opportunities including some taught sessions alongside targeted training for Safeguarding Champions (identified by agencies and services as those staff who either have designated responsibilities for safeguarding or who are willing to take them on) who can then disseminate good practice and learning in their own agencies. The BSCB has recently introduced a regular e-bulletin to keep staff informed of local and national developments in safeguarding. In the future this will include reports from the Learning Hub on research, serious case reviews and Ofsted findings on children’s services.”

6.2 Training and development programme

A report to the LSCB Partnership Board in November 2016 provided an update on the training review activity and on the BSCB training which had taken place from 1 April to 30 September 2016. The programme had included 2 basic safeguarding awareness courses and 2 advanced safeguarding courses as well as courses on female genital mutilation, child sexual exploitation, domestic abuse, self-harm and suicide, substance misuse and disabled children and safeguarding.

271 participants took part in these training events. Schools attended more training than other sectors. 95 staff attended from 32 schools with the highest rates of attendance at Advanced Safeguarding Training, Disabled Children and Safeguarding and Domestic Abuse. With the exception of a small number of CAMHS staff, there were few participants from health. It is worth noting that health agencies have an extensive in-house training programme. Although attendance from children’s social care was the second highest at 45, relatively few social workers participated with the
exception of a small number of students. The courses were not targeted specifically apart from the
course on ‘Understanding Suicide Interventions’ which was targeted at secondary schools.

Initial feedback received was positive. Returns received on the impact of training were low and
positive.

4 Signs of Safety workshops took place between September and November 2016 as agreed
by the BSCB in July 2016. The sessions provided a briefing on Signs of Safety and included child
protection conference simulations. 69 participants took part in these sessions. Overall the feedback
was positive. Objectives were met and delegate said they would recommend this training to
colleagues.

As part of the training review, the BSCB Independent Chair and Practice Review and Learning
Manager took a close look at the BSCB basic on-line training. The November 2016 training report to
the Board noted there were a number of issues about content and accuracy. The BSCB Independent
Chair followed up these issues with the online training provider and in April 2017 the BSCB agreed to
fund a revised basic on-line training programme.

**Plans for training and development 2017/18**

In January 2017, the BSCB agreed a training and development programme for 2017/18 which would
be subject to consultation during February 2017. In March 2017, the Quality and Effectiveness Board
agreed the following on training and development for 2017/18:

- To allocate a budget of £14,500 for training with an additional £7,500 allocated for
  communication and publicity
- Further work to take place on the single agency training available and a report to be
  presented to the July 2017 Quality and Effectiveness Board on this work
- Twice a year in March and October, there will be a meeting of training leads or
  representatives with knowledge about training. The following agencies will be represented:
  schools, Metropolitan Police, Bexley CCG, Bexley Council, Bexley Children’s Services, Bexley
  voluntary sector. The purpose of the meeting will be to:
    - Provide feedback on the BSCB training and development programme
    - Share information on training planned including opportunities for other agencies to
      attend training events organised by single agencies
    - To reflect on and share evidence of the impact of BSCB and single agency training
      and development activities.

In April 2017, the BSCB agreed to allocate additional one off funding of £30,000 to the training
budget. This will purchase a 2 hour bespoke on-line training package and a half hour on-line training
package for Safeguarding Champions.

The 2017/18 training programme is summarised below:
### BSCB TRAINING AND DEVELOPMENT 2017/18

<table>
<thead>
<tr>
<th>Target group</th>
<th>What will be provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasional contact</td>
<td>• BSCB basic e-learning&lt;br&gt;• Easy access to basic training on safeguarding children for small agencies and as a refresher/reminder for all partners.&lt;br&gt;• There is an expectation that agencies are responsible for providing basic safeguarding training. The BSCB on-line training is primarily for smaller agencies who may not have the resources to provide this training.</td>
</tr>
<tr>
<td>Might get involved in safeguarding processes</td>
<td>• Substantially funded programme of 1.5 hour multi-agency multi-agency lunch-time sessions. (initial pilots to check if 1.5 hours sufficient&lt;br&gt;• Themed webinars linked to BSCB priorities&lt;br&gt;• 2 x LSCB conferences themed per year – adolescent risk&lt;br&gt;• 4 x 2 hour masterclasses including DV, adolescent risk&lt;br&gt;<strong>Purpose:</strong> To ensure staff who have a lead role in safeguarding cyp have knowledge and understanding of statutory guidance, multi-agency Bexley approaches and access to new learning and up to date information on priority issues.</td>
</tr>
<tr>
<td>Safeguarding Champions</td>
<td>• June, October, February Champions events&lt;br&gt;• E-bulletins&lt;br&gt;• 1 pager briefings&lt;br&gt;<strong>Purpose:</strong> Ensure staff who are key conduits of information – to and from the BSCB – are kept up to date with the work of the Learning Hub, actions being progressed by the Q &amp; E Board and national policy, research and learning</td>
</tr>
</tbody>
</table>

### 6.3 Learning from individual cases

NB: There were no Serious Case Reviews in Bexley in 2016-17.

#### 6.3.1 Improved serious incidents procedures and learning from individual cases group

The Serious Incident sub-group met 5 times in 2016/17. During the year the group considered learning from a number of cases and also reviewed the purpose and role of the Serious Incident sub-group and the BSCB Serious Incident process.

#### 6.3.2 Child H

A management review of the Child H case was initiated in November 2014. The management review report was considered by the BSCB in November 2015. Learning was shared in the March 2016 BSCB e-bulletin. A case review assurance panel was held in June 2016 to assess whether issues identified in the original report had been fully addressed. Agencies also updated on progress against the recommendations.

The BSCB received a report on the Child H review in July 2016. This provided an update on the initial recommendations. 10 additional recommendations were agreed.

In March 2017, the Independent Chair had separate meetings with senior staff from the Child and Adolescent mental health service and children’s social care. These meetings provided an opportunity to reflect on changes and improvements since the case review.

A progress report on the 10 recommendations agreed in July 2016 and on the reflections from the meetings with CAMHS and children’s social care staff was due to be presented to the July 2017 Quality and Effectiveness Board.

In response to the Child H review the BSCB led on the development of Self Harm Practice guidance which was issued in 2015. In 2016/17 work began on evaluating the impact of the guidance and 26
professionals responded to a survey on the practice guidance. This work will be completed in 2017/18.

6.3.3 Adults Safeguarding Review

During 2016 the Bexley Safeguarding Adults Board commissioned a Safeguarding Adults Review. Due to the cross-sector themes and learning the Independent Chairs of the BSCB and BSAB kept in close contact throughout the review process. The BSCB Independent Chair attended a meeting to discuss the draft report in October 2016 and also attended a multi-agency event in December 2016. A special BSCB meeting was arranged for April 2017 for key agencies to consider the report and learning for children’s services.

6.3.4 Multi-agency audits, case analysis and observations

The table below summarises the number of audits, case analysis and observations which took place in 2016/17. Learning from this activity is noted in section 5 above:

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation of core groups</td>
<td>7 core groups</td>
</tr>
<tr>
<td>Core Group plans considered by the Learning Hub</td>
<td>2 cases</td>
</tr>
<tr>
<td>Multi-agency domestic abuse audit</td>
<td>6 cases</td>
</tr>
<tr>
<td>Multi-agency case work considered by the Domestic Abuse Peer Review</td>
<td>8 cases</td>
</tr>
<tr>
<td>Adolescent risk case analysis by Independent Chair and Practice Review and Learning Manager</td>
<td>32 cases</td>
</tr>
<tr>
<td>Other cases reviewed and analysed by the Practice Review and Learning Manager</td>
<td>80 cases</td>
</tr>
<tr>
<td>In depth case analysis by the Serious Incidents sub-group</td>
<td>10 cases</td>
</tr>
<tr>
<td><strong>Total of 7 observations and 138 cases</strong></td>
<td></td>
</tr>
</tbody>
</table>

6.4 Child Death Overview Panel (CDOP)

NB: There is a separate CDOP annual report.

6.4.1 CDOP overview

The Child Death Overview Panel (CDOP) is accountable to the BSCB. In 2016/17 the Panel met 4 times with good attendance from the membership. Rapid Response meetings are held when a child has died unexpectedly. In 2016/17 6 Rapid Response meetings were held.

There were 16 deaths in the year. The table below provides information on child deaths since 2008:
6.4.2 Learning from child deaths

Supporting good end of life care:
The Ellenor Lions Hospice provides end of life care for children and young people. The hospice is represented on Bexley’s CDOP and provides valuable expertise. Due to an increase in the number of patients requiring care by the hospice, Bexley CCG increased funding to provide a nurse to care for children in the community. By providing this service the Ellenor hospice has potentially reduced the number of children needing overnight hospital admissions/attendances. This is a benefit to families enabling their child to be cared for at home.

Contribution to the University of Manchester’s national study into suicide by children and young people in England
Following Bexley CDOP’s work in 2015/16 on suicides by young people, Bexley CDOP contributed to the University of Manchester’s national study. The report published in May 2016 included the following key messages:

- Suicide rates rise sharply in the late teens. Numerous factors appear to contribute to this.
- Many young people who die by suicide have not expressed recent suicidal ideas. An absence of suicidal ideas cannot be assumed to show lack of risk.
- Agencies who work with young people can contribute to suicide prevention by recognising the pattern of cumulative risk and “final straw” stresses that lead to suicide.
- Improved services for self-harm and access to CAMHS are crucial to addressing suicide and there is a vital role for schools, primary care, social care, and youth justice.


Local work on suicide prevention
Work continued during 2016/17 in relation to the deaths from suicide the previous year. The Health and Wellbeing Board led a review into children and young people’s emotional health. The BSCB is continuing to prioritise the Keeping Yourself and Your Friends Safe campaign.

The Clinical Director of the Children and Young People’s Directorate (Oxleas) has collaborated with the parents of the young people to develop videos for young people focussing on emotional wellbeing. These have been uploaded to YouTube:

- Full film: https://www.youtube.com/watch?v=IfWJt35i2Nk
- For parents: https://www.youtube.com/watch?v=XA7_CCGe9ts
- For young people: https://www.youtube.com/watch?v=kLV4S48uMQU

The Director has worked with one of the parents to develop a presentation to be delivered as part of a school assembly for young people over 15 years of age. The presentation promotes positive mental health and shares information on suicide prevention. This input is being promoted to Bexley secondary school heads.

Sudden Infant death
Representatives from Bexley CDOP attended a tri-borough meeting hosted by Lewisham and Greenwich NHS Trust to audit the neonatal deaths across the three boroughs for possible similarities. Learning from these events and others, such as the Healthy London Partnership are disseminated to the BSCB partnership through CDOP members, via the BSCB website and in the BSCB e-bulletin.
Bexley CDOP has been working with The Lullaby Trust to host a workshop on Safer Sleeping during 2017 to remind the children’s workforce of research and the importance of delivering a consistent safer sleeping message.

Bexley CDOP identified the importance of health staff showing professional curiosity regarding social and environmental factors. This led to midwifery and health visiting staff being asked to routinely request to see where a baby will sleep when on a home visit.

**Identification of multi-agency learning around ‘professional curiosity’**
Linked to the multi-agency learning detailed above, Bexley CDOP also identified a training need around professional curiosity and the capacity and communication skills needed to explore and understand what is happening within a family rather than making assumptions or accepting things at face value. The BSCB has responded to this recommendation and plans to feature professional curiosity in four e-Bulletins to support staff to develop this area of practice. The BSCB will also be incorporating these learning points into the Safeguarding Champions workshops.

### 6.5 Investigations of allegations concerning persons who work with children

NB. The Local Authority Designated Officer (LADO) who is responsible for managing the process for investigations of allegations of persons who work with children produces a separate annual report.

In 2016-17, 178 referrals were made to the LADO. This is an increase of 31% (55) on the number of referrals received last financial year. The graph below provides information on the source of referrals:

47% of referrals (84), involved allegations of physical abuse. This is a decrease on the figures from last year, where 65% (66) of allegations involved physical abuse. There has been an increase in the number of referrals concerning allegations of sexual abuse this year, with 23% (41) of all referrals involving concerns about sexual abuse. 22% (9) of those referrals led to a formal outcome to the LADO process. This year has also seen an increase in referrals concerning emotional abuse, neglect and issues around suitability to work with children.
66% (117) of referrals to the LADO reached an outcome within 2 weeks, and a total of 74% (132) reached an outcome within 4 weeks. This is a significant improvement on last year where 62% were concluded within 4 weeks.

The LADO received 5 referrals that are still subject to ongoing management, and are the subject of police criminal investigations. There are currently no cases in court.

14% (24) of allegations were substantiated during 2016-17 which is the same percentage substantiated last year.

The LADO annual report sets out progress since the last annual report and plans for the future. In particular, it notes that last year there were 4 areas where further development is required - safeguarding in schools, fostering, faith groups and the LADO operating procedures.

6.6 Section 11 peer challenge

At the end of 2015 BSCB members completed a pro-forma self-assessing their performance on key safeguarding issues and identifying safeguarding strengths and challenges for their agency and across the partnership. Information was provided in the 2015/16 Annual Report.

The BSCB received an initial report on the self-assessments in March 2016. The Board agreed that agencies would then pair up and provide peer challenge on the self-assessments. Agencies summarised key achievements, strengths and areas for development. These were reported to the BSCB in July 2016. Feedback indicated this was a useful exercise which increased knowledge about each other’s practice.

Returns reveal a number of strengths including:

- Developing performance management and quality assurance including audit and data.
- Practice standards and procedure in place for supervision.
- Examples of good multi agency working and information sharing, e.g. the operational work on missing children.
- Robust recruitment procedures.
- Examples of effective single agency training.
- Examples of engagement and participation work with young people.
- Improvement in support and engagement on safeguarding with schools.
- Examples of good use of risk assessment.
- Important work on the wellbeing of young people, e.g. self-harming behaviours.
- Use of Signs of Safety.

Areas for development identified included:

- Improving information sharing – this was due to be discussed at the April 2017 LSCB Partnership Board.
- Monitoring and improving supervision of staff – a Learning Hub session on workforce issues is being planned for 2017.
- Safeguarding performance data – data was shared at various Learning Hub meetings. A revised BSCB data set including a summary safeguarding profile will be agreed by the end of 2017.
- Developing support for schools – the Safeguarding and Education Group continued to meet in 2016/17. Close work is taking place with schools on the safeguarding and Emotional health and Well-being Conference planned for November 2017.
- More work on engagement with young people in service development – the work on *Keeping Yourself and Your Friends Safe* is involving young people.
- Workforce to be better skilled in direct work with children and young people – this will be part of the 2017/18 training and development programme.

6.7  **Revising the multi-agency data set**

In January 2016, it was agreed that the multi-agency data set would be reviewed and as part of this a safeguarding profile which highlights key multi-agency indicators would be developed. In July 2016, agencies submitted 3 to 5 safeguarding performance indicators for the safeguarding profile. It was agreed that for 2016/17 the focus would be on supporting the *Back to Practice* innovation and the data requirements of the Learning Hub. As was noted in section 4 and 5 above, the Learning Hub used data as a valuable source of evidence. The revised multi-agency data set and safeguarding profile will be agreed by the end of 2017.
7. BSCB governance

This section covers the following:

7.1 BSCB budget
7.2 BSCB meetings
7.3 Communication
7.4 BSCB development plan

7.1 BSCB budget

“All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies.”

‘Working Together’ 2015

The 2016/17 budget for the BSCB is outlined below. In March 2017, the BSCB discussed and agreed the budget for 2017/18:

<table>
<thead>
<tr>
<th>Income</th>
<th>2016-17 £</th>
<th>Expenditure</th>
<th>2016-17 £</th>
</tr>
</thead>
<tbody>
<tr>
<td>London Borough of Bexley</td>
<td>195,000</td>
<td>Staffing</td>
<td>195,000</td>
</tr>
<tr>
<td>Bexley CCG</td>
<td>31,000</td>
<td>Training &amp; Events</td>
<td>14,500</td>
</tr>
<tr>
<td>Metropolitan Police</td>
<td>5,000</td>
<td>Communication &amp; publicity</td>
<td>7,500</td>
</tr>
<tr>
<td>Probation Service</td>
<td>2,000</td>
<td>Reviews and audits</td>
<td>18,500</td>
</tr>
<tr>
<td>CAFCASS</td>
<td>550</td>
<td>Independent Chair of LSCB</td>
<td>35,000</td>
</tr>
<tr>
<td>Oxleas NHS Foundation Trust</td>
<td>13,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lewisham &amp; Greenwich NHS Trust</td>
<td>15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London Fire Brigade</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td>5000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total income</strong>*</td>
<td><strong>267,050</strong></td>
<td><strong>Total expenditure</strong></td>
<td><strong>270,500</strong></td>
</tr>
</tbody>
</table>

* Excluding carry forward of any surplus

In addition, for 2016/17 the BSCB received a grant of £120,000 from the Department for Education to fund the Back to Practice innovation. Expenditure is noted below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing</td>
<td>£80,000</td>
</tr>
<tr>
<td>Additional days for LSCB chair</td>
<td>£44,500</td>
</tr>
<tr>
<td>Events</td>
<td>£500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£125,000</strong></td>
</tr>
</tbody>
</table>
### 7.2 BSCB meetings

The table below list the BSCB meetings which took place during 2016/17:

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Chair</th>
<th>Number of meetings which took place in 2016/17</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSCB Partnership Board</td>
<td>Jane Shuttleworth</td>
<td>1</td>
<td>See Appendix 1 for membership</td>
</tr>
<tr>
<td>BSCB Quality and Effectiveness Board</td>
<td>Jane Shuttleworth</td>
<td>5</td>
<td>See Appendix 1 for membership</td>
</tr>
<tr>
<td>Learning Hub</td>
<td>Jane Shuttleworth</td>
<td>12</td>
<td>See Appendix 2 for attendance information</td>
</tr>
<tr>
<td>Serious Incidents Sub Group</td>
<td>Jane Shuttleworth</td>
<td>5</td>
<td>See Appendix 3 for membership</td>
</tr>
<tr>
<td>Safeguarding in Education Sub Group</td>
<td>• Head Teacher, Fosters Primary School</td>
<td>6</td>
<td>Safeguarding in Education Sub Group attendance is noted below and see Appendix 3 for membership.</td>
</tr>
<tr>
<td></td>
<td>• Head of School Improvement, LB Bexley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASE</td>
<td>Detective Inspector, Bexley Borough Police</td>
<td>10</td>
<td>See Appendix 3 for membership</td>
</tr>
<tr>
<td>Child Death Overview Panel</td>
<td>Designated Nurse, Safeguarding Children, Bexley CCG</td>
<td>4</td>
<td>See Appendix 3 for membership</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>Number of Schools attended</th>
<th>Overall total of schools attended 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.05.2016</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>14.07.2015</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>15.09.2015</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>24.11.2015</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>19.01.2016</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>23.3.17</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
7.3 Communication

NB: It is important to note that the champions events noted in section 4.5 were also an important means of communication.

7.3.1 BSCB bulletin

During 2016/17, the BSCB established an e-bulletin to communicate key messages with multi-agency partners. 4 e-bulletins were published during the year. Initially these were distributed to Board members and focussed on national child safeguarding reports and articles of interest. By March 2017, the distribution list was broadened to include Learning Hub members and the Safeguarding Champions. In addition to national items of interest, the e-bulletin includes specific local updates, for example, information was shared on the draft multi-agency thresholds and on the BSCB Training and Development Plans for 2017-2018. A specific message from the BSCB Chair was communicated through the bulletin during “Safer Sleeping Week”.

7.3.2 Keeping Yourself and Your Friend Safe

At the January 2016 BSCB meeting it was agreed that the Independent Chair and the Head of Safeguarding/Designated Nurse (CCG) would meet with Bexley Youth Council to discuss a proposal for a BSCB campaign on Keeping Yourself and Your Friends Safe. The idea for this campaign came from learning from the CDOP on the suicides of 3 young people. The Youth Council was very positive about this idea. The BSCB agreed that during 2016/17 there would be a focus on promoting the importance of Keeping Yourself and Your Friends Safe. As part of this campaign all agencies represented on the BSCB would be asked to undertake at least one Keeping Yourself and Your Friends Safe promotion in 2016/17.

This work did not happen due to the focus on Back to Practice and also due to BSCB staffing pressures. However, it remained a high priority for the Independent Chair. In February 2017, the BSCB employed a secondee from the partnership for 12 days work including some with young people on scoping how best to progress the Keeping Yourself and Your Friends Safe campaign. This will remain a priority in 2017/18.

7.4 BSCB development plan

In May 2016 the Quality and Effectiveness Board considered the 2016/17 BSCB development plan and agreed to reduce the number of priorities. A revised list of 7 priorities was agreed by the full BSCB in November 2016. It was also agreed that there would be a highlight report on the development plan at each Quality and Effectiveness Board meeting. The 7 priorities agreed were:

- Getting the basics right – see section 5.2, 5.3 and 5.4
- Adolescent risk – see section 5.5
- Keeping Yourself and Your Friends Safe - see section 7.3
- Ensuring a collaborative culture – developed through Back to Practice covered in section 4
- Learning, training and improvement – see section 6
- Awareness and communication – see section 4.5 and 7.3
- Well-organised working – see sections 2, 4 and 7.2.
# Appendix 1  BSCB membership

**Chair:** Jane Shuttleworth, Independent Chair, BSCB

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Governance &amp; Quality</td>
<td>Bexley Clinical Commissioning Group</td>
</tr>
<tr>
<td>Deputy Chief Executive</td>
<td>Oxleas Foundation NHS Trust</td>
</tr>
<tr>
<td>Director of Nursing, Darent Valley Hospital</td>
<td>Dartford and Gravesham NHS Trust</td>
</tr>
<tr>
<td>Divisional General Manager Women’s &amp; Sexual Health Services</td>
<td>Lewisham and Greenwich NHS Trust</td>
</tr>
<tr>
<td>Designated Nurse for Safeguarding Children</td>
<td>Bexley Clinical Commissioning Group</td>
</tr>
<tr>
<td>Lead Consultant Community Paediatrician and Designated Doctor for Safeguarding Bexley</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Named GP for Bexley</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Manager</td>
<td>Healthwatch Bexley</td>
</tr>
<tr>
<td>Borough Commander</td>
<td>Bexley Borough, Metropolitan Police Service</td>
</tr>
<tr>
<td>Detective Chief Inspector</td>
<td>Child Abuse Investigation Team, Metropolitan Police Service</td>
</tr>
<tr>
<td>Headteacher, Secondary</td>
<td></td>
</tr>
<tr>
<td>Director of Children’s Services</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Deputy Director, Children’s Social Care</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Deputy Director, Education &amp; SEN</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Deputy Director, Communities, Libraries, Leisure, Parks</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Service Manager, Youth Crime and Prevention</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Head of Public Health</td>
<td>Public Health</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>Bexley Moorings Project</td>
</tr>
<tr>
<td>Borough Commander, Bexley Fire Station</td>
<td>London Fire Brigade</td>
</tr>
<tr>
<td>Assistant Chief Officer</td>
<td>National Probation Service London</td>
</tr>
<tr>
<td>Assistant Chief Officer</td>
<td>Community Rehabilitation Company</td>
</tr>
<tr>
<td>Senior Service Manager</td>
<td>CAFCASS</td>
</tr>
<tr>
<td>Lay member</td>
<td>BSCB</td>
</tr>
<tr>
<td>Lead Member - Children’s Services (Participant Observer)</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Job Title</td>
<td>Agency</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>Dartford &amp; Gravesham NHS Trust</td>
</tr>
<tr>
<td>Divisional General Manager, Women’s &amp; Sexual Health Services</td>
<td>Lewisham &amp; Greenwich NHS Trust</td>
</tr>
<tr>
<td>Director of Children’s Services</td>
<td>LB Bexley, Education and Children’s Services</td>
</tr>
<tr>
<td>Deputy Director, Children’s Social Care</td>
<td>LB Bexley, Education and Children’s Services</td>
</tr>
<tr>
<td>Deputy Director - Education Services for Children, Schools and Educational Improvement</td>
<td>LB Bexley, Education and Children’s Services</td>
</tr>
<tr>
<td>Lead Member for Children’s Services, Bexley Council - Participant Observer</td>
<td>LB Bexley</td>
</tr>
<tr>
<td>Director of Quality, Governance and Performance</td>
<td>NHS Bexley Clinical Commissioning Group</td>
</tr>
<tr>
<td>Designated Nurse for Safeguarding Children</td>
<td>NHS Bexley Clinical Commissioning Group</td>
</tr>
<tr>
<td>Head of Safeguarding Children, Lead Named Nurse Oxleas</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Detective Chief Inspector, South Regional CAIT</td>
<td>Police</td>
</tr>
<tr>
<td>Borough Commander, Bexley Police</td>
<td>Police</td>
</tr>
<tr>
<td>Director of Public Health, Bromley &amp; Bexley</td>
<td>Public Health</td>
</tr>
<tr>
<td>Acting Principal, The Business Academy Bexley</td>
<td>Schools</td>
</tr>
<tr>
<td>Chief Executive, Bexley Voluntary Service Council</td>
<td>Voluntary Sector</td>
</tr>
</tbody>
</table>
### Appendix 2  Learning Hub attendance

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>No. attended</th>
<th>Agencies represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 April 2016</td>
<td>Learning Hub</td>
<td>10</td>
<td>Bexley Clinical Commissioning Group, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Bexley Women’s Aid, Bexley Police, Oxleas NHS Foundation Trust, Children’s Social Care, National Probation Service</td>
</tr>
<tr>
<td>13 June 2016</td>
<td>Learning Hub</td>
<td>9</td>
<td>Bexley Clinical Commissioning Group, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Bexley Women’s Aid, Oxleas NHS Foundation Trust, Children’s Social Care, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>19 July 2016</td>
<td>Learning Hub</td>
<td>10</td>
<td>Bexley Clinical Commissioning Group, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Oxleas NHS Foundation Trust, Bexley Voluntary Services Council, Children’s Social Care, Bexley Borough Police</td>
</tr>
<tr>
<td>24 August</td>
<td>Learning Hub</td>
<td>11</td>
<td>Bexley Clinical Commissioning Group, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Oxleas NHS Foundation Trust, Children’s Social Care, Probation, Bexley Child and Adolescent Mental Health Services (CAMHS), Dartford and Gravesham NHS Trust (Darent Valley Hospital), Housing</td>
</tr>
<tr>
<td>17 October 2016</td>
<td>Learning Hub</td>
<td>10</td>
<td>Oxleas NHS Foundation Trust, Children’s Social Care, Bexley Police, Bexley Clinical Commissioning Group, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>2 November 2016</td>
<td>Adolescent Risk Scoping Workshop</td>
<td>11</td>
<td>Children’s Social Care, Community Safety, Oxleas NHS Foundation Trust, Bexley Borough Police, Public Health, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>22 November 2016</td>
<td>Learning Hub</td>
<td>12</td>
<td>Oxleas NHS Foundation Trust, Children’s Social Care, Dartford and Gravesham NHS Trust (Darent Valley Hospital), Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Bexley Clinical Commissioning Group, Bexley Borough Police</td>
</tr>
<tr>
<td>7 December 2016</td>
<td>A walk through the Children Front Door Process Scoping Workshop</td>
<td>15</td>
<td>Children Social Care, Bexley Clinical Commissioning Group, Community Safety, Oxleas NHS Foundation Trust, Bexley Borough Police, Public Health, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>14 December</td>
<td>Learning Hub</td>
<td>10</td>
<td>Oxleas NHS Foundation Trust, Children’s Social Care, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Bexley Borough Police, Bexley Clinical Commissioning Group, Bexley Voluntary Services Council, Business Academy Bexley, Hurstmere School</td>
</tr>
<tr>
<td>11 January 2017</td>
<td>Neglect Scoping Workshop</td>
<td>23</td>
<td>Children’s Social Care, Health, Schools, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>17 January 2017</td>
<td>Learning Hub</td>
<td>12</td>
<td>Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Children’s Social Care, Bexley Borough Police, Bexley Business Academy, Housing and Community Safety (LB Bexley) Oxleas NHS Foundation Trust, Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>7 February 2017</td>
<td>Learning Hub</td>
<td>16</td>
<td>Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital), Bexley Borough Police, Children’s Social Care, Bexley Clinical Commissioning Group, Business Academy Bexley, Dartford and Gravesham NHS Trust (Darent Valley Hospital), Child and Adolescent Mental Health Services (CAMHS), Bexley Voluntary Services Council</td>
</tr>
<tr>
<td>15 March 2017</td>
<td>Briefing Session on ICPCs</td>
<td>13</td>
<td>Bexley Clinical Commissioning Group, Children’s Social Care, Dartford and Gravesham NHS Trust (Darent Valley Hospital), Oxleas NHS Foundation Trust, Bexley Borough Police</td>
</tr>
</tbody>
</table>

54
## Appendix 3  
**BSCB sub-group membership**

### Appendix 3.1 Serious Incident Sub-group

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Governance &amp; Quality</td>
<td>Bexley Clinical Commissioning Group (CCG)</td>
</tr>
<tr>
<td>Headteacher</td>
<td>Fosters Primary School</td>
</tr>
<tr>
<td>Designated Doctor Safeguarding Children</td>
<td>Bexley Clinical Commissioning Group (CCG)</td>
</tr>
<tr>
<td>Designated Nurse Safeguarding Children</td>
<td>Bexley Clinical Commissioning Group (CCG)</td>
</tr>
<tr>
<td>Head of Safeguarding Children</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Detective Inspector, CAIT</td>
<td>Met Police</td>
</tr>
<tr>
<td>Superintendent, Bexley Borough Police (from Jan 2016)</td>
<td>Met Police</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>Dartford and Gravesham NHS Trust</td>
</tr>
<tr>
<td>Head of Nursing</td>
<td>Lewisham and Greenwich NHS Trust</td>
</tr>
<tr>
<td>Deputy Director, Children’s Social Care</td>
<td>LB Bexley</td>
</tr>
</tbody>
</table>

### Appendix 3.2 Safeguarding in Education Sub Group

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Student Services</td>
<td>Bexley College</td>
</tr>
<tr>
<td>Vice Principal</td>
<td>Erith School</td>
</tr>
<tr>
<td>Head Teacher</td>
<td>Fosters Primary School</td>
</tr>
<tr>
<td>Chair of Governors Forum</td>
<td>Gravel Hill Primary School</td>
</tr>
<tr>
<td>Head Teacher</td>
<td>Oakwood School</td>
</tr>
<tr>
<td>Head Teacher</td>
<td>St Catherine’s Girls School</td>
</tr>
<tr>
<td>Head Teacher</td>
<td>Upton Primary School</td>
</tr>
<tr>
<td>Head Teacher</td>
<td>Woodside School</td>
</tr>
<tr>
<td>Deputy Director School Improvement</td>
<td>Schools and Educational Improvement, CSC LB Bexley</td>
</tr>
<tr>
<td>Behaviour &amp; Attendance Advisor</td>
<td>Schools and Educational Improvement, CSC, LB Bexley</td>
</tr>
<tr>
<td>Head of School Improvement</td>
<td>Schools and Educational Improvement, CSC, LB Bexley</td>
</tr>
<tr>
<td>Public Health Advisor for C/YP</td>
<td>Public Health, LB Bexley</td>
</tr>
<tr>
<td>Head of Virtual School for LACs</td>
<td>Headteacher Virtual School, Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Head of Inclusion and SEN</td>
<td>Schools and Educational Improvement, Children’s Services, LB Bexley</td>
</tr>
</tbody>
</table>
### Appendix 3.3  MASE

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>DS and upwards (Chair of MASE)</td>
<td>Bexley Borough Police</td>
</tr>
<tr>
<td>Business Manager</td>
<td>BSCB</td>
</tr>
<tr>
<td>MPS (Missing Persons)</td>
<td>Bexley Borough Police</td>
</tr>
<tr>
<td>Head of Social Care</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Child Protection Team Manager &amp; LADO</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Head of Prevention Strategy</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Head of Children’s Placement and Specialist Services</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>MASH Manager</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Service Manager, Youth and Crime Prevention</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Head of Professional Standards &amp; Quality Assurance</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Head of Inclusion and SEN</td>
<td>Children’s Social Care, LB Bexley</td>
</tr>
<tr>
<td>Designated Nurse Safeguarding Children</td>
<td>Clinical Commissioning Group, Bexley</td>
</tr>
<tr>
<td>Community Partnership Manager</td>
<td>Community Partnership, LB Bexley</td>
</tr>
<tr>
<td>Sexual Exploitation Team, Detective Constable level</td>
<td>Met Police</td>
</tr>
<tr>
<td>Head of Safeguarding, Lead Named Nurse</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Sexual Health Programme Lead</td>
<td>Public Health, LB Bexley</td>
</tr>
</tbody>
</table>

### Appendix 3.4  Child Death Overview Panel

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAIT Team (Child Abuse Investigation Team)</td>
<td>Bexley Borough Police</td>
</tr>
<tr>
<td>Designated Nurse (Chair of CDOP)</td>
<td>Bexley Clinical Commissioning Group</td>
</tr>
<tr>
<td>CDOP Administrator</td>
<td>BSCB</td>
</tr>
<tr>
<td>Head of Professional Standards &amp; Quality Assurance</td>
<td>CSC, LB Bexley</td>
</tr>
<tr>
<td>Head of Care</td>
<td>CHYPS Ellenor Lions Hospice</td>
</tr>
<tr>
<td>Clinical Director, Paediatrics</td>
<td>Dartford and Gravesham NHS Trust (Darent Valley Hospital)</td>
</tr>
<tr>
<td>Consultant, Public Health</td>
<td>LB Bromley/Bexley</td>
</tr>
<tr>
<td>Clinical Governance Manager</td>
<td>Maternity Services, Lewisham and Greenwich NHS Trust (Queen Elizabeth Hospital)</td>
</tr>
<tr>
<td>Designated Doctor Safeguarding Children,</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
<tr>
<td>Named Nurse, Community Services</td>
<td>Oxleas NHS Foundation Trust</td>
</tr>
</tbody>
</table>