



BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB)

ANNUAL REPORT 2016-2017

FOREWORD BY THE INDEPENDENT CHAIR

In April 2016, the Council's services for children in need of help and protection and children looked after was inspected by Ofsted, as was the Local Safeguarding Children Board (LSCB). The inspection report published in June 2016 found that London Borough of Bromley Children's Services were 'Inadequate' and that the LSCB 'Required Improvement'. The Ofsted report and the information in this Annual Report speak for themselves. We had lost our grip, performance suffered and the inspection was the wakeup call we needed.

In June 2016, the Secretary of State appointed Frankie Sulke CBE as a Children's Commissioner. This was the first of a number of key appointments. The most significant from an improvement point of view being that of Ade Adetosoye OBE to Deputy Chief Executive and Executive Director Education, Care and Health Services. Recruited and appointed by the Chief Executive of London Borough of Bromley, Doug Patterson, Ade has ensured a clear focus, invigorated and supported staff and built a stronger management team. His relentless commitment to improved services is complemented and reflected in the work of Isobel Cattermole, the Independent Chair of the Bromley Children's Services Improvement Governance Board.

Whilst an Ofsted inspection can be positive, a negative outcome can and does impact on staff, especially if not placed in context. In the pre-inspection context of Bromley too many managers lacked grip and staff were working in an environment epitomised by high caseloads and high supervision ratios - a recipe for disaster in any environment.

In the weeks following my appointment as Independent Chair of the Safeguarding Children Board, in January 2017, I spent time with many of the teams across children's social care. What I found were people who care about what they do and staff who recognised and valued the steps taken by the new regime to increase the quality of their supervision. It was clear that the investment made by the council to support the Executive Director's promise to reduce caseloads was working. There are good people here, at and across all levels and agencies, not least the tiny team in the LSCB who I want to formally thank for doing so much with so little. It is our intention to reinforce their number this year.

From the Board's perspective, we have reviewed our structure, improved our systems and begun to strengthen our relationships, not least with schools. We are now keenly focused on the context of children's lives in Bromley and are working hard to wrap the services the partnership can deliver around our young people and their families, when, where and how they need it.

As 2016/17 year closed there was and is a clear sense of optimism and an appetite to push ahead. We have set foundations for better, smarter partnerships and committed to ensuring the health and wellbeing of all our staff, a vital issue, if we are to sustain the work required to make Bromley's children safer.

Looking forward we still face significant challenges. In a world of cuts and cost savings, pressure can be relentless and no one is immune from the need to do more with less. However, I am confident that the council is committed to sustaining the improvement they have invested in and will ensure that we do everything in our power to demonstrate value for money and a willingness to eradicate duplication of effort and waste.

Whilst mindful of the uncertainty and challenges brought about by the Wood Review, we will make good use of the options it provides to flex, think and do some things differently. Uncertainty is unhelpful, so let me finish on a point of clarity. The Board will continue to be the platform from which partners support our children and reinforce our journey of improvement.

My personal commitment is this: there will be no let-up and there will be no opting out.

Jim Gamble

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ABOUT THE ANNUAL REPORT

The BSCB Annual Report 2016-17 is a transparent assessment of the effectiveness of safeguarding and the promotion of child welfare in Bromley

Pages 7 to 22 set out the governance and accountability arrangements for the BSCB. They provide information about the structures in place that support the BSCB to do its work effectively.

Pages 24 to 48 set the context for safeguarding children and young people in Bromley, highlighting the progress made by the partnership over the last year and the challenges going forward.

Pages 49 to 57 highlight the lessons that the BSCB has identified through its Learning & Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.

Pages 59 to 64 describe the range and impact of the multi-agency safeguarding training and briefings delivered by the BSCB.

Pages 64 to 68 set out the priorities going forward and the key messages from the Independent Chair of the BSCB to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, the BSCB annual report 2016/17 has been sent to the following:

- Chief Executive LBB
- The Lead Member for Children's Services
- The Director of Children's Services
- The Chair of the Health and Wellbeing Board
- The Chair of the Community Safety Partnership
- The Independent Chair of the Bromley Safeguarding Adults Board
- Bromley Youth Council
- The Mayor's Office for Policing and Crime

This Annual Report covers and reports on activity between 1st April 2016 and 31st March 2017

GLOSSARY OF TERMS

ABH	Actual Bodily Harm	LA	Local Authority
BCCG	Bromley Clinical Commissioning Group	LAC	Looked After Child
BAME	Black, Asian and Minority Ethnic	LADO	Local Authority Designated Officer
BSCB	Bromley Safeguarding Children Board	LBB	London Borough of Bromley
CAF	Common Assessment Framework	LSCB	Local Safeguarding Children Board
CAFCASS	Children and Family Court Advisory and Support Service	MAP	Multi Agency Panel
CAIT	Child Abuse Investigation Team	MAPPA	Multi Agency Public Protection Arrangements
CAMHS	Child and Adolescent Mental Health Services	MARAC	Multi Agency Risk Assessment Conference
CCG	Clinical Commissioning Group	MASE	Multi Agency Sexual Exploitation
CDOP	Child Death Overview Panel	MASH	Multi Agency Support Hub
CHIN	Child in Need	NHS	National Health Service
CME	Children Missing Education	NSPCC	National Society for the Prevention of Cruelty to Children
CP	Child Protection	OFSTED	Office for Standards in Educ, Children's Services & Skills
CPP	Child Protection Plan	PF	Private Fostering
CRIS	Crime Reporting Information System	PPU	Public Protection Unit
CSC	Children's Social Care	PRUH	Princess Royal University Hospital
CSE	Child Sexual Exploitation	PSHE	Personal, Social and Health Education
DBS	Disclosure and Barring Service	PSP	Pupil Support Plans
DfE	Department for Education	QAPM	Quality Assurance and Performance Monitoring Sub Grp
DSL	Designated Safeguarding Lead	RAS/R&S	Referral & Assessment Service
DVIP	Domestic Violence Intervention Project	RHI	Return Home Interviews
ED	Emergency Department	SCR	Serious Case Review
EWS	Education Welfare Service	SDVC	Specialist Domestic Violence Court
EHE	Elective Home Education	SEND	Special Educational Needs and Disability
EIFS	Early Intervention and Family Support	SRE	Sex and Relationship Education
FGM	Female Genital Mutilation	TAC	Team Around the Child
FJR	Family Justice Review	UASC	Unaccompanied Asylum Seeking Children
GP	General Practitioner	VAWG	Violence Against Women and Girls
ICPC	Initial Child Protection Conference	YOS	Youth Offending Service
IHA	Initial Health Assessment		

THE BOARD

Context

The Bromley Safeguarding Children Board (BSCB) is the key statutory body overseeing multi-agency child safeguarding arrangements across Bromley. Governed by the statutory guidance in Working Together to Safeguard Children and the Local Safeguarding Children Board (LSCB) Regulations 2006, the BSCB comprises senior leaders from a range of different organisations. It has two basic objectives defined within the Children Act 2004; to co-ordinate the safeguarding work of agencies and to ensure that this work is effective.

In April 2016, the London Borough of Bromley was subject to a Review of the Effectiveness of the LSCB as part of an Ofsted Inspection of Services for Children in Need of Help and Protection, Looked After Children and Care Leavers. The BSCB was given the judgement 'Requires Improvement'. The inspection judged that the BSCB complies with its statutory responsibilities and the requirements of 'Working Together 2015' and that a number of improvements have been made to board organisation. However, it concluded that the board 'needs to develop a more critical overview of practice and performance to understand fully the quality of practice in safeguarding services, and the experiences of children and young people in Bromley'. Since the Ofsted inspection, the BSCB team and partners have been dedicated to addressing the recommendations set out in the Ofsted report and have made a significant number of changes to the focus of the Board's work.

2016 Ofsted Inspection

The Council's services for children in need of help and protection and children looked after were inspected by Ofsted between 11th April and 5th May 2016. As mentioned above, Ofsted also carried out an inspection of the Bromley Safeguarding Children Board at this time. The inspection report published on 27 June 2016 found that Bromley's children's services were 'Inadequate'.

In June 2016 the Secretary of State under the provisions of Section 497 A appointed Frankie Sulke CBE as a Children's Commissioner to assess and make recommendations on how to improve children's services in Bromley. The Commissioner worked alongside children's services, members and partner agencies to complete her assessment. The first report recommended that a DfE Commissioner undertake a further six months scrutiny of the service and was shared with Ministers in September 2016. Frankie Sulke was appointed for a further six months. In May 2017 the Commissioner will submit her final report with recommendations to Ministers.

Authorities judged as 'inadequate' are subject to further monitoring activity from Ofsted. The first was on Tuesday 8th and Wednesday 9th November 2016, the second took place on Wednesday 22nd and Thursday 23rd February 2017; with further visits scheduled for May, August and October 2017 and February 2018.

The Children's Services Improvement Plan was submitted to Ofsted in September 2016. The Plan, which comprises of 10 priorities, covers the 23 Ofsted Report recommendations with 306 actions.

The service has introduced a range of improvements following the Ofsted inspection in April 2016 including the following:

- **Leadership and Management**

In November 2016, the Children's Services Improvement Governance Board (CSIGB) appointed an independent Chair, Isobel Cattermole (an Independent Consultant with extensive experience in Children and Adult Social Care) to Chair the Governance Board which has the membership of multiagency partners together with Children's Social Care and Members. Monthly meetings include regular focus and scrutiny on practice improvement and performance-related issues.

In December 2016, the council appointed a permanent Deputy Chief Executive & Executive Director of Education Care and Health (Ade Adetosoye CBE) and Director of Children's Social Care (Janet Bailey) to lead on the improvement agenda. At this time ***"The Roadmap to Excellence - Delivering better outcomes for children and families"*** was developed and launched; providing a clear direction and ambition for Children's Social Care. As well as this, the ***Social Work Practice Standards*** were developed and the ***Caseload Promise*** setting caseloads for Social Workers at between 12 and 15 children:

- Referral and Assessment: 12-15
- Safeguarding and Care Planning: 12-15
- Court Team: 8-10
- Children Looked After: 10-12

The rationale, as part of the 'promise' and investment made available by Members of the Council, was to enable Social Workers to carry out their statutory work within an environment that enables them to develop relationships with families and children; ensure any support or intervention is effective and proportionate and, above all, make a difference for children and their family; improving outcomes. Its purpose is to ensure that Social Workers and their managers produce good quality written work and improve practice, alongside ensuring that professional judgements are made and our social care workforce continues their own professional development and reflective practice. This sits alongside our ambitious workforce development plan demonstrating the support for their journey from the beginning of their career to more senior roles within the organisation.

In January 2017, Jim Gamble QPM was appointed to the role of Independent Chair of Bromley's Safeguarding Children Board. Jim was awarded the Queen's Police Medal for distinguished service in a former role and is currently independent chair of the City and Hackney Safeguarding Children Boards. Under his leadership The City of London and London Borough of Hackney became the first Boards to be judged outstanding by Ofsted.

Member's responsibilities have been realigned so that the Portfolio holder for Education also holds responsibility for Children's Services. A comprehensive training and development programme for members has been developed, circulated and commenced. The contact details of the Children's Social Care senior management team has been circulated to members for ease of access.

The Council commissioned an experienced external consultant from the Local Government Information Unit to undertake Member-development training to support them in their role. The consultant has observed a Care Services Policy Development and Scrutiny Committee and reported back initial observations from this. A training and support package and dates are being developed for autumn 2017.

Following the outcome of the inspection, recruitment and retention of quality and experienced staff was recognised as a priority for the department. The Executive demonstrated its commitment to this by approving the drawdown of additional funding to support the implementation of the Improvement Plan and the service set up a Recruitment and Retention Board to focus on this area of work.

Extra capacity within the Children's Social Care senior management team has been created in order to provide clear lines of responsibility, accountability and oversight. This has included an increase in the number of Heads of Service from 4 to 7. All the Heads of Service are experienced and 6 are permanent with one Head of Service being contracted for one year to ensure continuity.

Funding has also been used to realign the current departmental structure and recruit additional social workers and Team Manager posts. These posts have been created to enable the caseload promise to be fulfilled and the additional management capacity to support practitioners has ensured a workforce with the skills and experience to implement the improvement plan and promote good outcomes for children. In November 2016, the service introduced additional capacity to the Referral and Assessment Service (RAS) by realigning the Family Assessment Support Team (FAST) Team as a fifth Referral and Assessment Duty Team to help improve the operational functionality of front door work. A second Group Manager and sixth RAS team was introduced from February 2017.

Two specialist teams have been created (Court Team in September 2016 and Atlas Team in January 2017) in order to ensure that the service has dedicated, experienced and skilled resources available to respond to care proceedings cases and where children are at risk of child sexual exploitation and/or missing. The Atlas Team is a co-located team with police officers and therapeutic provider offering services to children who have been victims or are likely to be at risk of CSE. The service has planned its first Corporate Parenting Fun Day, due to take place on Sunday 30 July 2017. The event will aim to create a sense of a Corporate Family, giving children, young people and foster carers an informal opportunity to meet officers, managers and elected members.

- **Quality Improvement Framework**

The Quality Improvement Team introduced a Quality Assurance Framework including a robust monthly auditing schedule in September 2016, with the first audits completed in October 2016. This activity continues to be well supported across the service with feedback and learning from all audit

activity regularly disseminated. The monthly audit and improvement programme has also included a number of thematic 'deep dive' audits covering specific areas agreed by the Director of Children's Social Care.

The outcomes desired as part of this Phase 1 were as follows:

- Establish a culture of service audits
- Ensure ownership of quality assurance
- Identify areas for change
- Identify improvement
- Establish a feedback loop to staff through various forums
- Improve outcomes for children

The Board has received, throughout the year, reports on deep dives and auditing activity by the Head of Service of the Quality Improvement Service and has noted the progress.

In December 2016, three Practice Consultants commenced a programme of audits of live cases to quality-assure decision making in real time, provide feedback to front line staff and to facilitate continuous improvement and learning. The process, called 'Triple lock', is a systemic approach which supports line managers in good decision-making, whether this is dealing with children in need, child protection or children looked after. This process does not replace the existing line management responsibilities and decision making points; rather working in parallel with current processes. Auditors have been monitoring themes, and have been co-ordinating benchmarking of practice, which they feedback.

The Quality Improvement Service has planned its first practice development week (called "***Practice Week***") for members of the senior management team (including the Leader, Chief Executive, Deputy Chief Executive, Director of Children's Social Care and Portfolio Holder) for April 2017. This will include the following activities and observational opportunities; Review Child Protection Conferences, LADO (Local Authority Designated Officer) Strategy Meetings, CLA (Child Looked After) Reviews, Child in Need Meetings, CSE MAPs (Multi Agency Planning) Meetings, Team-Based Discussions and Live Audits. Feedback will be used to strengthen practice and inform the development of a second practice development week; scheduled for 9th to 12th October 2017.

In addition to this the Multi Agency Safeguarding Hub (MASH) /RAS service hosted an open day for schools to share the work of the front door and have a better understanding of the work, volume and decision making. A further open day is planned for health colleagues in 2018.

- **Scrutiny and Challenge**

The service has set up a number of Panels at key decision-making points to provide further overview and scrutiny of practice. These include:

Placement Panel	To facilitate discussion and approval of placements and funding arrangements within Children's Social Care (CSC) and with partner agencies
Public Law Outline	Sets out what should happen before care proceedings are issued
Legal Gateway Panel	Responsible for hearing all new cases and providing management oversight and scrutiny of all cases where a Legal Planning Meeting has been requested by CSC
Pre-Proceedings Tracking Meeting	To ensure that all cases in pre-proceedings are monitored and that all the assessments and other agreed tasks on the cases are progressing to the agreed deadlines
Early Permanency Panel	Focuses on children and young people entering care in Bromley to scrutinise care plans and to ensure that all aspects of care arrangements, permanency and contingency plans are in place
Care Leavers' Placement Panel	Responsible for ensuring care leavers are in suitable accommodation, have the appropriate level of support and clear transition plans into adulthood
Long Term Fostering Permanency Surgery	Reviews and tracks permanency plans for all young people who are not yet matched and secured in long term fostering placements
Child in Need Panel	Focusses on cases that have been subject to Child in Need for over nine months, whether the plan is purposeful or if the case should be stepped up, down or closed
Transfer Panel	Case transfer meetings focus on ensuring the effective and efficient transfer of cases between Bromley Children Services

In February 2017, the service introduced a series of quarterly seminars entitled **"Getting to Good"**. The seminars are open to all practitioners, managers and group managers from across all service areas and highlight learning from auditing and practice improvement. In addition, Managers Forums are regularly scheduled to share information and learning and support practice.

The service has reviewed and simplified the escalation process, which is regularly monitored and reviewed by Senior Managers at SMT and performance data is included in the monthly Risk Management Matrix. Cases that are not resolved within agreed timescales are referred to the Director of Children's Social Care for resolution within 28 days.

The service has recruited a specialist Children in Need (CIN) Chair to independently review CIN cases. The purpose of this role is to chair the first CIN meeting following step down from a child protection plan and make sure that all CIN get the right help at the right time to help them to reach their full potential.

- **Partnership Working**

This year, the London Borough of Bromley has hosted monthly multi-agency partnership events co-ordinated by the Early Intervention Services and supported by the BSCB and attended by a wide range of Bromley agencies. These events have been key to sharing best practice, understanding the child's journey and cascading important learning. It has also been a vital way of developing partners' commitment to Bromley's improvement journey. Feedback has been very positive, one attendee describing it as an excellent event and a good opportunity for networking.

The Children's Executive Partnership Board has been set up and held its inaugural meeting in March 2017. The partnership whose membership includes the police, schools, health, parents and carers and the voluntary sector will be monitoring and reviewing the Children and Young People Plan which is currently being developed.

- **Support to the Existing Workforce**

In December 2016, the Deputy Chief Executive and Executive Director Education, Care and Health Services (ECHS) organised a series of sessions to launch the Communication Roadmap "**Line of Sight**", "**Training Programme**", "**Practice Standards**" and "**Caseload Promise**".

Frontline staff are also encouraged to attend the monthly "**Listening to you**" sessions in order to ascertain views from all staff. The Director of Children's Social Care holds monthly "**Tell me**" sessions to enable staff to discuss any issues or concerns regarding the service in an informal and confidential manner. In addition, the Deputy Chief Executive & Executive Director of Education, Care and Health and Director of Children's Social Care both undertake regular "**floor walking**" in all areas of the service so they are visible and accessible to staff. A staff survey is scheduled to take place in 2018 to gather further intelligence.

Email updates from the Chief Executive and Senior Management continue to inform members of staff about key changes and developments within the service including the ongoing monthly ECHS Staff Surgery.

A comprehensive Practice Development Plan commenced in January 2017 for members of staff including mandatory training modules. The Practice Development Plan is reviewed quarterly and is bespoke and able to reflect the needs of the staff as we identify areas of support and training. Intensive training by Safer London to social workers is planned for the summer of 2017 around CSE and Sexually Harmful Behaviour.

The "**Threshold of Needs**" document has been reviewed, updated and launched by the Bromley Safeguarding Board.

The service continues to progress work streams to support the implementation of the new IT management system **Eclipse**; scheduled for launch in December 2017.

All Social Workers have access to a laptop to facilitate mobile working arrangements. This has enabled staff to access and update records following visits rather than needing to return to the office to access IT.

In January 2017, the Deputy Chief Executive & Executive Director of Education, Care and Health set up the Social Work Practice Development Group; a group of frontline practitioners who act in an advisory function on a wide range of professional practice developments, and whose members act as the champions of quality outcome-focused practice in Bromley. This group meets monthly and has a forward work plan. which has included the compilation of the **Resource Directory** (a central reference guide outlining all the Council's services which support vulnerable children and their families), assisting with defining the progression pathway for social workers and launching a **"Break Out"** resource room for practitioners. The service plans to formally launch the reviewed and updated **Career Progression Pathway** for Social Workers In June 2017 which demonstrates how the service values staff and wants to recognise and support those with the skills and expertise required to shape the service. A further development has been the identification of a provider to deliver a front line manager programme which will be supporting Team Managers across the service and will be accredited to support their development. The first phase of the programme will be starting in January 2018.

Following a review and revision of the London Borough of Bromley Children's Social Care processes and procedures, the new **Procedure Manual** has been developed in collaboration with tri.x, and will be formally launched on 17 July 2017. To compliment this, the service's internal SharePoint pages are being reviewed and updated to reflect what practitioners need to see to help them in their role; as well as a revision and relaunch of the Children and Families section of the London Borough of Bromley Internet Site to ensure that the public are better able to access key service information and pathways. This work has been linked to the revision of the BSCB to ensure that information and resources are consistent and accessible.

All actions within the Improvement Action Plan are set in the context of the **"Building a Better Bromley"** Key Priorities for 2016-2018 by being ambitious for all our children and young people through:

- Fulfilling our duty of care to ensure the health, wellbeing and achievements of our vulnerable children
- Providing the best possible service to deliver appropriate support to all children and young people
- Ensuring the best possible future for the children and young people of Bromley, with a clear focus on supporting the most vulnerable through:
 - Safeguarding children and young people within schools and the community
 - Listening to the views of children and young people to influence the decisions that are made about them
 - Encouraging excellent educational opportunities from the early years through to further and higher education for all Bromley children and young people including those with Special Educational Needs.

The Independent Chair of the BSCB is a member of the Children's Services Improvement Board and the BSCB Team has contributed to driving forward the improvements demonstrated during Ofsted monitoring visits throughout 2016-17. In March 2017, the BSCB assumed strategic oversight and monitoring of the Ofsted Improvement Priority (8) to tackle CSE, Missing and Gangs.

Key Roles and Relationships

The Independent Chair and the BSCB Team

Annie Callanan was the Independent Chair of the BSCB from April 2015 until December 2016. Jim Gamble QPM has been the Independent Chair of the BSCB since January 2017. The Independent Chair is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions. Key to this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regards to their safeguarding arrangements. The Chair is accountable to the Chief Executive of the London Borough of Bromley and met with leaders frequently during 2016-17. The Director of Children's Services also continued to work closely with the Chair on related safeguarding challenges.

The BSCB is supported by one full time Business Manager (job share) and one full time Business Support Officer. They ensure the smooth running of the Board's day to day business.

Whilst being unable to direct organisations, the BSCB does have the power to influence and hold agencies to account for their role in safeguarding. This influence can touch on matters relating to both local and national arrangements that impact directly on the welfare of children and young people.

Partner Agencies

"The Chair of the Board and its members work closely together" - London Borough of Bromley Ofsted Report, 2016

All partner agencies across the Bromley are committed to ensuring the effective operation of the BSCB. This is supported by a Constitution that defines the fundamental principles through which the BSCB is governed. Members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.

Following the inspections of LBB CSC and the BSCB in April 2016, Bromley Clinical Commissioning Group (CCG) commissioned an independent healthcare consultant to conduct a review of safeguarding children and children looked-after arrangements across the health economy (NHS and private). The review did not raise any serious concerns. It concluded that the CCG has strong effective safeguarding children leadership in place across the health economy and at the interface with the BSCB and Improvement Governance Board. A composite SMART action plan for areas for improvement is monitored by the Bromley CCG Safeguarding Children Health Economy Forum.

The Metropolitan Police Service Safeguarding Survey received the highest response from Bromley officers; demonstrating how they are increasing the level of engagement and understanding of safeguarding by frontline officers. This is in line with the MPS 'Spot It, Stop It' campaign. Dedicated borough resources have seen a significant increase in police attendance at Strategy Meetings to provide a multi-agency response. Additionally, there has been an increased use of protective measures such as Child Abduction Notices and an increase in the number of law enforcement powers, such as warrants.

Designated Professionals

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. The Designated Doctor came into post towards the end of this reporting year. The full-time Designated Nurse has continued to demonstrate her value by offering challenge and support to partners. This includes the escalation of cases as recommendation for learning review, overseeing the scrutiny of leadership and safety at a tier 4 mental health provision, chairing an editorial group for the development of multi-agency protocols for FGM, Parental Mental Health and Information Sharing, and leading on health contributions to the BSCB dataset.

Relationship with Other Boards

The Independent Chair of the BSCB is a member of the Health and Wellbeing Board and has developed links between the two boards with regard to strategic use of the Joint Strategic Needs Assessment. The Chair is also a member of the monthly Children's Services Improvement Governance Board to ensure that the BSCB is part of the post-Ofsted improvement journey, and has had strategic oversight of key partnership areas such as CSE since March 2017. A focus for 2017-18 will be to set up a regular Inter Board Chairs meeting, to include the Chairs of the BSCB, the Bromley Safeguarding Adults Board, the Community Safety Partnership and the Health and Wellbeing Board. This meeting will be responsible for the coordination of leadership, collective awareness, and the coherence of respective plans when reporting back to individual Boards and will consider the strategic risks and key issues across safeguarding including children, young people, families, adults, those leaving care, and communities.

Lay Members

The attendance of Lay Members at Board Meetings and a variety of other forums has been key to offering a different perspective which provides insight into the realities of life in Bromley. The Lay Members (Marina Laurie and Valerie Burton) operate as full members of the BSCB, participating as appropriate on the Board itself and in various projects. They have shown commitment to the work of the Board in coordinating and ensuring the effectiveness of safeguarding arrangements. The BSCB is hugely grateful to the Lay Members for their dedication, time and effort. This year, our lay members have:

- attended all BSCB Board meetings
- participated in Board discussions and challenged partners on access to referral and assessment channels for young people in difficulties
- taken an active role in selecting a web designer and then subsequently in the design of the new BSCB website
- attended the Child and Family Forum. At one of the meetings, a report was presented on the subject of resilience in young people and how to foster it, useful and relevant to the work of the board in promoting the health and wellbeing of young people.
- taken part in the BSCB development day in November 2016
- acted as key members of the team during the BSCB's consultation events with children and young people in Bromley.

From April 2017, the Lay Members will start submitting written updates to the BSCB to ensure the full work of the Lay Members is accurately reported and reflected to the BSCB. In addition, a Lay Member is to take part in The Mental Health Strategy Stakeholder Event to report back to the Board and to pursue the safeguarding agenda specifically for children.

Board Membership and Attendance

“The LSCB should ensure that there is critical enquiry and challenge in relation to the core safeguarding activity undertaken by all agencies”.

(Recommendation from BSCB Ofsted Report, 2016)

The Board met four times during the 2016-17 and had a membership made up of representatives from all statutory partners. The Board also has representation from the Portfolio Holder for Education, Children and Families, and Head teachers from two Bromley Schools. A list of current Board Members is set out at the back of this report. The Board oversees the work of the sub groups which meet between the quarterly board meetings and scrutinises agency reports from across the partnership. The agenda offers opportunities for information sharing and discussion, but also encourages questioning and challenge. Following the Ofsted report recommendation, the BSCB now captures all challenges raised by the Independent Chair and partners inside and outside of Board meetings in an Impact Log. The Independent Chair has also reviewed governance arrangements and reconfigured sub groups in or order to improve oversight and scrutiny.

There were some fluctuations around attendance rates sometimes associated with changes of staff changes within agencies. Attendance rates remain subject to ongoing monitoring and agencies are robustly challenged if attendance decreases. This has been a key area of focus for the Chair. The attendance rates by agency for 2016-17 to the four main Board meetings are set out below.

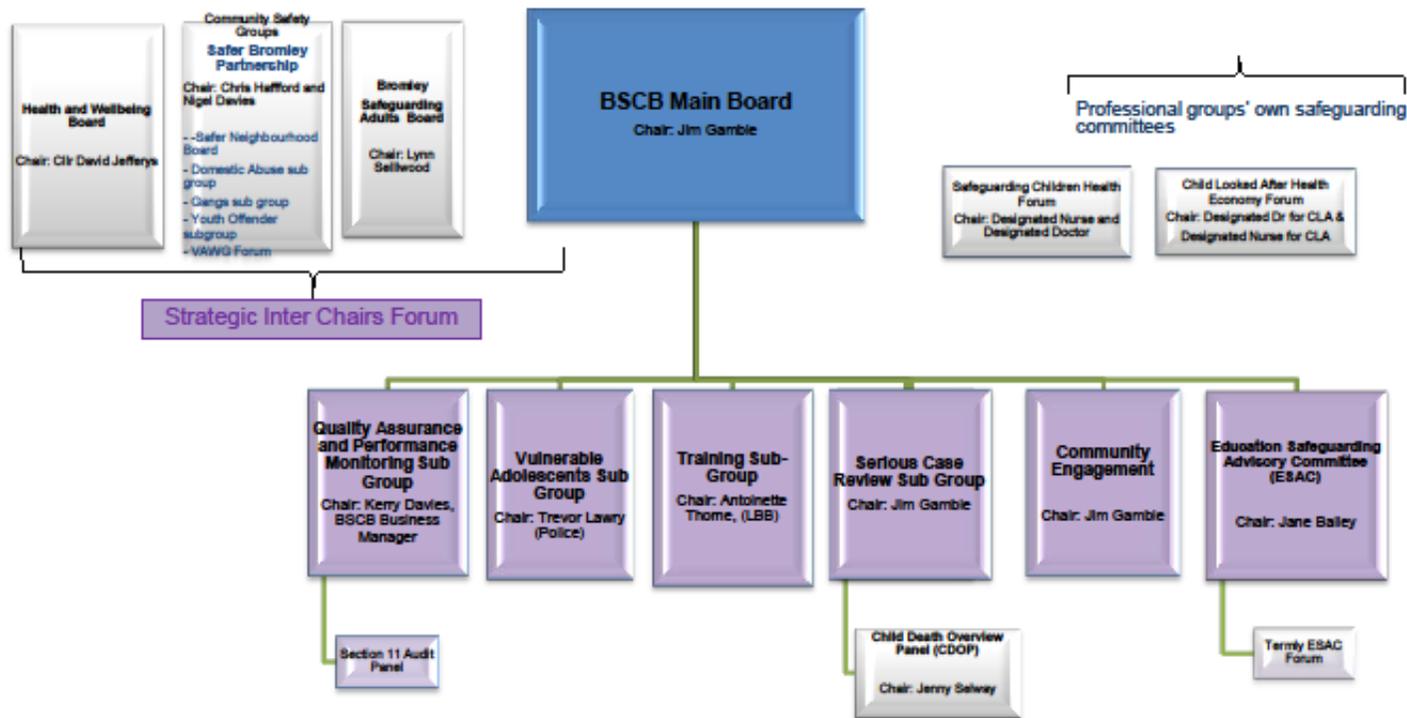
The BSCB now regularly reviews performance through reference to its risk register, self-assessment process and partner agency updates submitted to each Board meeting. During 2016-17, key risks identified as having the potential to impact on the BSCB’s ability to carry out its statutory objectives included reductions in public sector funding, the abolition of LSCBs via the Children and Social Work Act 2017, the development of effective partner agency data sets, stakeholders not being sufficiently aware of the BSCB and the regular updates it provides.

	Attendance	Number of seats per organisation
Independent Chair	75%	1
Statutory DCS	50%*	1
London Borough of Bromley, Children's Social Care	100%	2
London Borough of Bromley, Education	100%	1
London Borough of Bromley, Youth Offending Service	100%	1
London Borough of Bromley, Public Health	50%	1
National Probation Service	75%	1
London Community Rehabilitation Company	0%	1
Lay Members	100%	2
Children & Family Court Advisory & Support Service	0%	1
Bromley Secondary School Representative	100%	1
Bromley Primary School Representative	100%	1
NHS England	50%	1
Bromley Clinical Commissioning Group	100%	2
Bromley Portfolio Holder Care Services	75%	1
London Ambulance Service	0%	1
Kings College Hospital	25%	1
Metropolitan Police Service – Bromley Borough	75%	1
Metropolitan Police Service – Child Abuse Investigation Team	75%	1
Bromley Healthcare	50%	1
Oxleas NHS Trust	100%	1

*DCS in post from December 2016

BSCB Structure

Bromley Safeguarding Children Board structure 2017



Updated August 2017

BSCB Sub Groups

The initial focus of the new Independent Chair has been to review and reconfigure BSCB governance, structure and sub groups. Below is an outline of each sub group, priorities and achievements over the last year.

Quality Assurance and Performance Monitoring Sub Group

The Quality Assurance and Performance Monitoring (QAPM) Sub Group is central to the effective functioning of the BSCB. The sub group met 5 times during 2016-17. The sub group was chaired by the independent Chair until December 2016 and is now chaired by the BSCB Business Manager. The QAPM subgroup takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single-agency safeguarding arrangements are working and is able to provide robust challenge to improve practice and outcomes for children and young people.

This year the work of the QAPM sub group included:

- A multi-agency audit of ten cases where neglect featured which did not meet the threshold for a statutory social care response
- Starting a multi-agency audit of CSE cases (historic and current). This was published after April 2017
- Scrutiny of Section 11 returns and ongoing monitoring of improvement through a S11 action plan
- Revision of the BSCB performance management information dataset (including a half day workshop facilitated by a peer independent chair)
- Quarterly scrutiny and challenge of performance information with challenge and follow up (includes 'triangulation' meetings)
- Challenge sessions on: care leavers' Education, Employment and Training (EET) and accommodation; children looked after placed in residential placements; late bookers to maternity services; young people presenting to the Emergency Department following an overdose
- Scrutiny of Child Wellbeing Needs Assessment and Risk Assessment following proposed changes to School Health Service
- Scrutiny of single agency's audits, inspection reports, deep dives and peer reviews
- Robust challenge of a tier 4 mental health provider's performance
- Monitoring BSCB performance against the post Ofsted Improvement Plan and post YOS inspection Improvement Plan
- Developing a new Practitioner Survey for roll out in late 2017.

Training Sub Group

The BSCB Training Sub Group meets 4 times a year to evaluate the BSCB training provided and to agree the training programme for the following year. It is chaired by the Head of Workforce Development at LBB. This year it achieved the following:

- Increase in numbers attending training (948 attendances at multi-agency training/briefings)
- Reduction in late cancellations/no shows to training courses (89% of people who booked actually attended)
- Increase in the number of attendees from the third sector, private sector and schools

- 78% of people evaluated their classroom based course as Excellent with a further 21% evaluating it as Good. Nobody said any course was poor
- Very well received Annual Conference on Safeguarding Children in a Digital Age with 68% of attendees saying it was extremely useful and a further 28% saying it was very useful to their work with children
- 1489 people completed online learning modules in safeguarding children

Vulnerable Adolescents Sub Group

The Vulnerable Adolescents Sub Group has been in place since February 2017 and subsumed the Vulnerable Children Sub Group and post-Ofsted Working Group for CSE (child sexual exploitation), Missing and Gangs. The sub group is chaired by the Deputy Borough Commander and has had a primary focus on ensuring robust and effective arrangements are in place for the following three priority areas of risk:

- Child Sexual Exploitation (including Harmful Sexual Behaviours)
- Children and young people missing from home, care and education and
- Children and young people exposed to risk through gang involvement or association

It met monthly for the first quarter and then every other month. Priority actions were to develop a Vulnerable Adolescents Strategy and underpinning multi-agency protocols for CSE, missing children and children at risk of gang involvement. The development of risk assessments, training and performance data will be crucial to this work. Once arrangements for these priority groups are well embedded, the sub group will review its work plan to consider other vulnerable groups.

Serious Case Review Sub Group

The Serious Case Review (SCR) Sub Group was chaired by the Director of Quality & Governance, Bromley CCG until January 2017. It is now chaired by the Independent Chair of the BSCB and meets quarterly. In addition, extra-ordinary meetings are held when the unexpected death of a child requires further enquiry and cross-partner investigation. The purpose of the sub group is to: consider instances of significant harm to, or the death of a child that may meet the criteria set out in section 5 of the Local Safeguarding Children Boards Regulations; to agree how learning can best be captured, distilled and shared; to act as the core group when an SCR is initiated and to maintain critical oversight of action plans resulting from SCRs and learning reviews.

The Child Death Overview Panel (CDOP) now reports directly to the SCR Sub Group. The BSCB Business Manager attends CDOP meetings and all Rapid Response meetings for unexpected deaths of children in Bromley. CDOP and Rapid Response is a standing item of the SCR Sub Group. During 2016/17, the SCR Sub Group:

- commissioned one Bromley SCR and one joint SCR with Lambeth (learning will be published in 2017/18 annual report)
- commissioned one multi-agency learning review (Learning Review 1).

- reviewed an unpublished SCR from a neighbouring borough to extrapolate local learning for Bromley as the child was in receipt of some Bromley services.

Community Engagement Sub Group

A new Community Engagement Sub Group will be in place by May 2017. The sub group will provide a platform to listen, learn and reflect on the experiences and feedback from our children and young people, their families and carers. It will be responsible for the development and maintenance of the BSCB Communication Strategy, networking and surveying opportunities, reality checking, providing an opportunity to be heard and to challenge, capture impact and cascade strategies.

Policy and Procedures Editorial Groups

Policy and Procedures Editorial Groups have been chaired by the Designated Nurse, Head of Safeguarding at Bromley CCG. This year, the following multi-agency protocols have been developed and published:

- Bromley Parental or Carer Mental Ill Health Procedure (October 2016)
- Children's Safeguarding Information Sharing (March 2017)

An editorial group also commenced the review of the multi-agency protocol for child sexual exploitation and missing children; as well as the Threshold of Needs Guidance and Escalation Policy. These are due to be published by summer 2017. Reviews of the BSCB Protocols regarding Substance Misusing Parents and Working with Neglectful Families have commenced and are planned for publication in winter 2017.

Education Safeguarding Advisory Committee

The overall aim of Education Safeguarding Advisory Committee (ESAC) is to ensure that all children and young people are safeguarded in their place of learning. The ESAC is chaired by the Director of Education, LBB. The Committee meets quarterly in advance of BSCB Board Meetings.

During the year, ESAC has run termly Safeguarding Education Forums attended by safeguarding leads for the different educational settings, to facilitate the effective dissemination of key safeguarding messages and learning. This year the committee has focussed on the review of the BSCB audit tool for education settings as well as raising awareness of the DBS Update Service, MASH referral processes and quality of referrals and the role of the Local Authority Designated Officer (LADO).

It is recognised that further development of the relationship between social care and schools is required and therefore an Education Safeguarding Officer will be in post from April 2017 to advise schools on safeguarding and facilitate more effective dialogue with social care. This role will be central to the functioning of ESAC.

Health Economy Safeguarding Children Forum

The Health Economy Safeguarding Children Forum is chaired by the Bromley Clinical Commissioning Group (CCG) Head of Safeguarding / Designated Nurse. It provides a professional network for named safeguarding professionals (nurses and doctors) across the NHS and private sectors. The Forum helps support these professionals to link the work of Bromley CCG, BSCB and NHS England and informs their work plans, training, supervision and their Boards. Learning from local and national reviews is shared and recommendations discussed. An audit schedule is in place and new policies are shared for comment. The monitoring of work streams and action plans from CCG and BSCB subgroups also occurs, with constructive challenge and support encouraged between professionals. Speakers have included Bromley Child Protection Information Sharing (CP-IS) managers and the Children's Society Training team for Seen and Heard. The Forum meets bi-monthly. Examples of topic areas covered in the Forum during 2016/17 include:

- Ofsted Inspection of LBB Safeguarding/CLA and BSCB
- Children Sexually Exploited, Missing, Gangs and Trafficking
- Audit presentations from each organisation throughout the year e.g. Bromley Health Care Audit– Child Protection Medical Reports – community paediatricians, GP Child Protection Reports Views of Children, Emergency Department, Mental Health Audit Princess Royal University Hospital
- DFE consultation on the mandatory reporting of Child Abuse and Neglect

Financial Arrangements

Partner agencies continued to contribute to the BSCB's budget for 2016-17, in addition to providing a variety of resources, such as staff time, accommodation and IT for the BSCB Team and free venues for meetings and training. Agency contributions totalled £178,432. This income ensured that the overall cost of running the BSCB were met.

NOMS (Probation) reduced their contributions to the BSCB by £200 this year, My Time Active ceased to contribute financially as per a long term transition agreement, and Bromley Healthcare were unable to contribute the increased amount requested in 2015-16, a late adjustment was therefore made in April 2016 as shown below. The impact of these reductions was minimised by the BSCB by generating significant additional income from our Annual Conference and training this year together with securing some increased contributions by other statutory partners. This additional income together with prudent financial management and London Borough Bromley's agreement not to recharge for training administrator and management oversight in 2016-17 has resulted in a healthy carry forward of £59,297 into 2017-18. Additionally £20,000 has been put in SCR Reserves. With two Serious Case Reviews already agreed (and underway) for 2017-18 and an ambitious new business plan, this carry forward is essential to balance the budget next year.

BROMLEY SAFEGUARDING CHILDREN'S BOARD 2016-17

£

INCOME

2015-16 Carry forward (including SCR Reserves and £10k 'earmarked' project costs)	52,196
Bromley CCG	21,614
Oxleas NHS Trust	21,614
Bromley Healthcare CIC	10,324
Bromley Healthcare CIC (full invoice was not paid for previous year. Adjustment in 2016-17)	-4,919
Kings College Hospital NHS Trust	21,614
Metropolitan Police	5,000
Bethlem And Maudsley Hospital School	615
CAFCASS	550
National Probation Service	800
Community Rehabilitation Company	1,000
London Borough of Bromley (including one-off contribution of £55k)	94,801
London Fire Brigade	500
Training income (including annual conference)	55,610
TOTAL INCOME	<u>281,319</u>

EXPENDITURE

BSCB SALARIES, including independent Chair, lay members expenses and temp BSCB Auditor	153,527
TRAINING COSTS, including e-learning and annual conference	36,612
SCR/Learning Review COSTS, including Chronolator license	5,152
OTHER costs, including general office expenses, venue hire, website project design and build	6,732
SCR Reserves	20,000
TOTAL EXPENDITURE	<u>222,022</u>

As part of its Corporate Social Responsibility (CSR) programme, Ineqe Group Ltd funded the complete cost of the design and development of the new BSCB apps and Twitter account. As a leader in its field, Ineqe continues to support the BSCB in its programme of work focussing on safeguarding and technology and social media. Work commenced at the end of this financial year with the apps and a Take Five video to raise awareness of CSE being launched in July 2017.

Going forward, it is essential that the BSCB receives adequate resources at the beginning of the financial year in order to effectively plan its work and achieve its priority objectives.

COMMUNICATION

Significant work has been undertaken by the BSCB in developing its digital ability to communicate with all stakeholders. A new website has been central to this work, alongside the creation of a Twitter account.

THE BSCB WEBSITE www.bromleysafeguarding.org/

A BSCB Communications Task and Finish Group commissioned a new website based on feedback from children and young people, parents and carers, and members of the children's workforce in Bromley. The development of the website was a considerable piece of work in 2016-17 and we are very proud of the end product.

The new site includes separate sections for people working with children, for parents and carers, and for children and young people. Issues including CSE, E-Safety, Gangs, Harmful Cultural Practices, Radicalisation, Emotional Health and Wellbeing; Domestic Abuse, Bullying, Substance and Alcohol Misuse and Sexual Health have their own sections of the website with advice, signposting to resources, tips and information tailored to the specific audience. There are specific pages for young carers, children in care, licensed premises, and educational establishments. We now have videos embedded, a News section to promote our surveys and new products and a live Twitter feed. The BSCB multi-agency training programme is accessed through the website and the Training and Resources section is a rich source of learning from audits, reviews and partnership events.

TWITTER [@BromleyLSCB](https://twitter.com/BromleyLSCB)

BSCB's Twitter account was launched in January 2017 and has been steadily increasing its number of followers. BSCB uses Twitter to share information about local and national safeguarding campaigns and promote local learning events and BSCB products to the children's workforce in Bromley as well as children, young people and families in the Borough. BSCB has supported the following campaigns through Twitter and our website this year: NSPCC's Share Aware 'Tips for Parents', Safer Internet Day, E-Safety and CSE awareness; NSPCC's 'Talk PANTS' and Preventing Child Sexual Abuse; Private Fostering Week; DfE's Tackle Child Abuse; World Autism Awareness Week; Barnardo's and NSPCC FGM campaigns; and Young Minds and NSPCC's good mental health campaigns.

SAFEGUARDING CONTEXT IN BROMLEY

Children and young people under the age of 20 years make up 24.3% of the population of Bromley. 35.0% of school children are from a minority ethnic group. The health and wellbeing of children in Bromley is generally better than the England average. The infant mortality rate is better than the England

average. The child mortality rate is similar to the England average. The level of child poverty is better than the England average with 15.5% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average. Children in Bromley have better than average levels of obesity: 8.0% of children aged 4-5 years and 16.2% of children aged 10-11 years are classified as obese. The hospital admission rate for alcohol specific conditions is lower than the England average. The hospital admission rate for substance misuse is higher than the England average.

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Bromley. The admission rate in the latest period is lower than the England average. Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing. This is not the case in Bromley where the trend is decreasing. The admission rate in 2013/14-2015/16 is also lower than the England average. Nationally, levels of self-harm are higher among young women than young men.

(Public Health England - Child Health Profile, March 2017)

Bromley Safeguarding Snapshot

- Approximately 80,000 children and young people under 18
- 24% of total population
- Bromley ethnic groups are Black African (7%), White and Black Caribbean (3%) and Black Caribbean (3%). Other White group, which include Gypsy or Irish Travellers, is 6%.
- Children in Need with a Statement 32.3%
- 10% of Primary school children in receipt of free school meals
- 8% of secondary
- 481 children lived in families with domestic violence (Child Wellbeing Needs Assessment 2015/16)
- 1,000 known to Young Carers programme. Carers Bromley 2016-17 assessments
- The number of looked after children was 281 in April 2016 and 174 lived with foster carers.

Bromley Demographics

The London Borough of Bromley is an outer London borough. There are approximately 80,000 children and young people under the age of 18 years, representing 24% of the total population. Of these, around 21,000 are aged less than five years. Around 18% of Bromley's population are from BAME. The largest ethnic groups are Black African (7%), White and Black Caribbean (3%) and Black Caribbean (3%). The Other White group, which includes Gypsy or Irish Travellers, is 6%.

MASH Enquiries and Referrals

The number of enquiries received by MASH has fluctuated throughout the year, peaking at a high of 854 in March. Previous years have seen highest numbers in July but numbers in Bromley rose generally in the earlier part of the year following the 2016 Ofsted inspection. The lowest month for enquiries was December with 668; this is in line with seasonal trends over the last few years.

The three biggest sources of enquiries to MASH were:

- Police (52%)
- Health (13%)
- Schools (12%)

33% of all children with MASH enquiries have been referred through to CSC for an assessment this year. This conversion rate increased to 41% in January and reduced to 35% in March. 4% more referrals have been passed to CSC in 2016-17 than in 2015-16 and the number of referrals is significantly higher than the previous year.

MASH enquiries were responded to in a timely way from the point that they were accepted, but enquiries need to be accepted sooner following submission.

181 referrals have been recorded by teams (outside of MASH) throughout the year; these referrals have not come through MASH. Some of these were contacts on open cases but some were new referrals resulting in social work assessment.

A sixth team and additional Group Managers were introduced within the Referral and Assessment Team from 1st February 2017 to provide more capacity to work the increasing numbers of referrals from MASH and to reduce caseloads for workers. Almost a quarter of the year's social work assessments were completed in the last 2 months of the year. The increase in referrals after the Ofsted inspection has increased the number of social work assessments undertaken this year by 28% from 2015-16.

68% of social work assessments have been completed within 45 days in the year. This is below the target of 80% and below the 2015-16 national average of 81%. Again this reflects the increase in referrals and was addressed by the increase in social work capacity. The monthly outturn has varied significantly throughout the year; ranging from 50% in July to 82% in November.

The most common factor identified at the end of social work assessments in the year was 'concerns about the child's parent/carer being the subject of domestic violence'. This was followed by 'concerns that services may be required or the child may be suffering or likely to suffer significant harm due to emotional abuse'.

Children in Need

In 2016-17, 4549 children were open to CSC at some point. At the 31st March there were 2294 children in need. This is 316 per 10,000 children in the Bromley population, and slightly below the 2015-16 national average of 338 per 10,000. 4549 is 18% higher than last year and is felt to be largely due to the impact of the inadequate Ofsted inspection.

Locally, our Child in Need cohort are those children who have been assessed to be in need by a completed social work assessment (excluding CLA, care leavers, CP, PF). This has been recorded and reported since July 2016.

Children with a disability are categorised into three further subcategories of Child in Need based on their level of need. Disabled Children Team CIN have the same level of safeguarding need as those Children in Need without a disability.

The total number of children assessed to be in need has fluctuated throughout the year reaching a high of 721 in September. The lowest number of children in need was 638 in January, and this increased to 692 in March. The Disabled Children Team CIN numbers do not show much of a monthly variance.

Over the year, 7 children have been child in need for over 24 months. By the end of the year there were no children in need for 19 to 23 months.

From October to February the timeliness of CIN visits improved. In March the way visit information was recorded on the CareFirst system was reviewed and changed. During this period of transition it was not possible to report total numbers. Managers have been using weekly reports to monitor this at child level and new data will be presented in April 2017.

Once a child has been assessed and the decision is to progress the case as a Child in Need, the case will be transferred to the Safeguarding or Disabled Children's Team. The numbers of cases open as a Child in Need in the Referral and Assessment Team for longer than 1 month was 13. This has reduced from a high of 39 in September.

The LBB Children's Social Care Child in Need Protocol was revised in January 2017 and a CIN Chair appointed in February 2017 enabling increased clarity of process and expectation; as well as increased oversight and focus; particularly of those children stepped down from a CP plan.

The Child Protection Information Sharing programme (CP-IS) is a national database system led by NHS England that connects social care child IT systems with those used by the NHS in unscheduled care settings. The CP-IS red flag gives health professionals across the country the ability to see whether a child has a child protection plan or is a child looked-after, regardless of the local authority where that plan was created or updated. The Bromley CCG CP-IS Implementation Group was convened in February 2017. All relevant providers have CP-IS in their organisational work streams and are preparing to go live.

Section 47 Investigations and Initial Conferences

1661 Strategy Discussions were held in 2016-17 and 1335 Section 47 enquiries commenced. This is more than double the volume for 2015-16.

501 children went to Initial Child Protection Conferences (ICPCs) in 2016-17. This is a 57% increase from 2015-16. The average monthly number for 2016-17 was 42; ranging from the lowest number of 20 in April up to 69 in December. Per 10,000 children in Bromley, 69 had an ICPC which is an increase from 43 in the previous year and now above the National average of 63.

84% of children going to ICPC did so within 15 days of S47. This is slightly lower than 2016-17 (86%) but above the National average of 77%. There were also multiple S47s commencing for the same child. Work on strengthening the recording of S47 has been a feature of improving practice.

Children Subject to a Child Protection Plan

There were 342 children subject to a Child Protection Plan (CPP) at the end of 2016-17. This is a reduction from the high of 362 in December, but is still a significant increase from 230 12 months ago. 342 represents 47 per 10,000 population and is only slightly above the national average rate of 43. The Safeguarding and Care Planning East Team had the highest number of CPP.

This year, the highest category of abuse for CPP is Neglect (154, 45%) followed by Emotional abuse (138, 40%).

There were 9 children who had been subject to a CPP for longer than 2 years; one of these is over 3 years. 11 children have been CP for 19-23 months. In 2016-17 there have been 16 children who ceased to be subject to a CPP that was longer than 2 years. This is 5.1%, which is lower than 6.4% in 2015-16 but higher than the National average of 3.8%.

82 children have been subject to a Child Protection Plan for a second or subsequent time in 2016-17. This constitutes 31 more than the previous year but a slight drop in the percentage to 19.2% - this is 1% higher than the national average.

Care Proceedings

A new Care Proceedings form was introduced in July 2016. Most teams were using this form by January 2017 and child level reporting is in place. There were 108 children in care proceedings at the end of 2016-17. 168 children had care proceedings issued in 2016-17 which is double the number for the previous year. For the children for whom care proceedings were concluded in 2016-17, the average duration was 18.5 weeks which is well within the 26 week guidelines.

Work continues to ensure that recording is accurate on every case so that numbers can be reported from the CareFirst system.

Children Looked After

There were 288 children looked after at the end of 2016-17. This number has remained stable throughout the year. 288 represents 40 per 10,000 population and is significantly below the national average rate of 60 and the statistical neighbour average 51. 41% of the CLA cases are held in the CLA team and 21% in the Leaving Care Team. The remaining children were in 7 other teams.

46 children have been in 3 or more placements this year. This is 16 more children than in the previous year and is 15.9% of all CLA, above the National average of 10%. 58% of children looked after under the age of 16 have been in care for 2.5 years and in the same placement for 2 years. This is below the previous year's outturn of 72% and the national average of 68%.

74% of current CLA are in foster placements. Of these 59% are with in-house carers, 25% with Independent Fostering Agencies (IFAs) and 15% are in connected persons placements. 19% of CLA are in residential placements, 4% in independent living, 2% in adoptive placements and 2% are placed at home. 18% of children are placed outside of Bromley and more than 20 miles from where they used to live. This is 2% less than last year but above the national average of 13%.

32% of children are looked after under Section 20, this is 7% lower than last year as there are now more children with Full Care Orders.

61 children were missing from care for 276 instances in 2016-17 and 53 CLA were away from placement without authorisation 202 times. The increase in missing incidences for our CLA can be explained partly by improved recording together with a more focussed response by the Atlas Team and a dedicated Missing Co-ordinator. Further analysis of the increase also explains the changing patterns. 84% of missing incidences relate to 15-17 year olds, compared to 74% last year. 30% of missing incidences were within 1 year of becoming looked after, an increase from 25% last year. The increase in the incidences is in line with the increase in children recorded as going missing and the number of missing incidences per child has reduced from 4.8 to 4.5. Although the number of incidences has increased, the average number of days missing has reduced from 3 to 2 since last year. The longest instance is much shorter; 44 compared to 154.

Of the 58 care leavers aged 17 and 18; only 2 were not in touch on their birthday. Of the 56 in touch, 90% were in suitable accommodation (the rest were in custody) and 76% were in EET. These outturns are better than the national figures for 2015-16. The outturns for 19-21 year old care leavers are below the national averages. 21% of the 151 care leavers were no longer in touch on their birthday compared to 8% nationally. 74% were in suitable accommodation (4 care leavers in custody, 2 care leavers in B&B back in April 2016), compared to 83% nationally, and 46% were in EET, just below the 49% nationally.

Placement Stability, Type and Location

Adoption

20 children have been adopted from care in 2016-17. This is 11% of children ceasing to be looked after, the same as last year and below the national average of 15%. 8 children have been newly placed for adoption in the year, compared to 18 in 2015-16. There are currently 6 children placed for adoption and a further 19 have been agreed for adoption and are waiting to be placed.

14% (25) CLA have ceased to be looked after due to a Special Guardianship Order; 4% more than last year and above the national average of 12%.

The publish scorecard looks at data over the last 3 years and will continue to be affected by the long adoption timeframe of a 15 year old in 2015-16. The timeliness has been much improved for adoptions in 2016-17 only; but the DfE thresholds have not yet been met. The 3 year average outturns have reduced for both of the 2 main indicators but remain significantly above the DfE thresholds. The percentage of children waiting less than 14 months between entering care and moving in with their adoptive family has improved to 44% from 37% last year.

Fostering Households

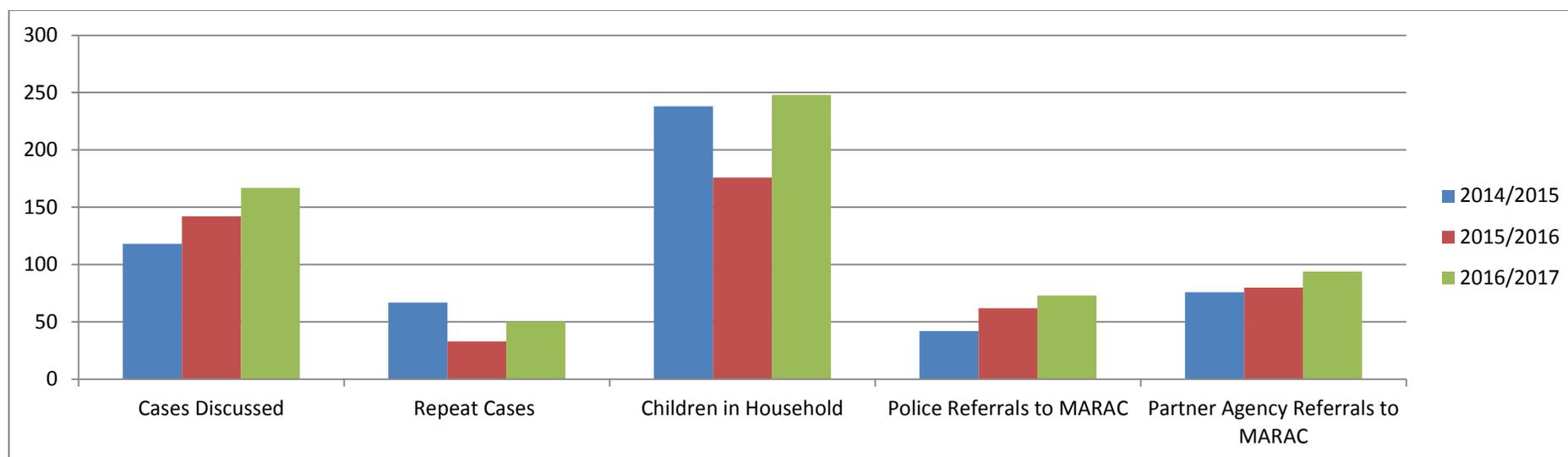
There are currently 115 approved foster carer households (including respite and connected persons). This is a reduction from 123 at the end of 2015-16. The reduction has come in the number of approved connected persons households, which has dropped from 14 at the beginning of the year to 5 now. There have only been 3 newly approved connected person households this year and 11 new mainstream foster carer households.

Domestic Violence and Abuse

Ensuring a robust and effective multi agency response to Domestic Violence and abuse is a priority for BSCB. Domestic violence is one of the key themes of Safer Bromley Partnership's Strategic Assessment Report around keeping victims and their families safe and holding perpetrators to account. Further detail on the progress made is set out later in this report.

The Multi-Agency Risk Assessment Conference (MARAC) is a process which aims to allow statutory and voluntary agencies to give a consistent and structured response to managing the risk in cases of Domestic Abuse. During 2016/17, 167 cases were discussed at MARAC which is an increase on previous years. There were 248 children in the households of these cases. Referrals from agencies continue to increase.

The table below sets out MARAC referrals over the last three years.



Data provided by the SafeLives

Elective Home Education

“The local authority has a good understanding of the reasons why parents choose to home educate their child, and holds good information on children’s individual circumstances”. London Borough of Bromley Ofsted Report, 2016

As of July 2016, 212 children were registered as receiving elective home education (EHE) compared with 122 in 2011/12, 139 in 2012/2013; and 146 in 2013/2014 and 178 in 2014/2015. There has been a steady year on year increase. This is not confined to Bromley, but seen as a national trend. Bromley has a high point of engagement between the education advisor and EHE families, with 89% success with 1:1 face to face visits compared with neighbouring LAs of Lewisham (50%) and Croydon (60%). Clear systems of escalation for non-engagement are embedded. The main reasons given for EHE remain consistent year on year with the greatest reason of philosophical preference, accounting for 27% of declarations; followed by bullying and anxiety issues accounting for 18% of declarations and 10% of declarations linked with dissatisfaction with the school. It should be noted that the gender split of students declaring EHE is balanced.

The ethnic breakdown of students appears to be representative of the demographic mix of the population of Bromley; 56% of EHE declarations coming from a white British background and 19% from a minority ethnic background. This appears representative of the demographic student population of Bromley with 63% of 49371 student population coming from a white British background and 34.87% coming from a minority ethnic background.

A clear protocol exists between Bromley CSC and the Education Welfare Service to manage EHE arrangements. These arrangements remain subject to ongoing and robust scrutiny by Senior Leadership Team and Portfolio holders.

Private Fostering

“The LSCB should ensure that the arrangements for children privately fostered comply with statutory guidance, and that they are safe and that their health and well-being are properly promoted.”

(Recommendation from BSCB Ofsted Report, 2016)

A private fostering (PF) arrangement is where a child under the age of 16 (under 18, if disabled) is cared for by a person other than their parent, person with parental responsibility or a close relative for 28 days or more. BSCB monitors the arrangements in place for privately fostered children in Bromley. The QA&PM sub group considers the quarterly data on private fostering and the BSCB receives the local authority (LA) annual report to scrutinise the arrangements the LA has in place to discharge its duties in relation to PF. Progress in 2016/17 has included regular scrutiny of progress by the BSCB, strengthening the links with language schools who are a significant source of referrals and setting up robust systems when cases progress through CSC safeguarding teams to prevent drift and delay. Bromley Annual Private Fostering Report 2016/17 provides a full analysis of Private Fostering activity.

The BSCB Business Manager contributed to the PF Awareness campaign which took place in July 2016. Materials were published and distributed widely and included printed, web-based and social media. Information was circulated to GP surgeries, libraries, Children’s Centres, education establishments, leisure centres, resident associations, faith groups, churches and council buildings. The LBB website and new BSCB website includes a PF webpage.

There were 12 PF notifications during 2016/2017. This represents a decrease in PF notifications from 19 in the previous year; the reasons for this decrease are not clear. A significant number of referrals during 2016/17 were from language schools (5 out of 12 notifications). PF arrangements ended with the majority of children returning to their family home (9 children). Outcomes for other children included transferrals to Safeguarding teams – during 2016/17 a change of process was instigated whereby all transferring cases were presented to a Case Transfer Panel to ensure the timely transfer of cases. At the end of March 2017 there were 7 children privately fostered in Bromley. Private Fostering now has a designated Private Fostering Lead within the Fostering Service. Future plans include an App for Private Fostering which will be available to all from summer 2017.

Young Carers

Young carers are young people who care for a family member who is affected by a long term illness, disability, mental health issue, alcohol or substance misuse or HIV. Carers Bromley’s Young Carers Service supports young carers aged 4 - 18 years.

Carers Bromley is in contact with over 1,000 young carers living in the London Borough of Bromley.

Oxleas NHS Foundation Trust has a Carers lead and a young carers website was launched this Autumn 2016. The site helps the young person identify themselves as a young carer and has links to support systems.

SEND (Special and Educational Needs)

In 2016, there were 54,398 of children and young people aged 0-19 attending Bromley schools. Of this cohort, 5,544 (10.19%) are receiving SEN Support (primary age 10.9% and secondary age 9.5%). There are 1,621 (2.98% of the school population) with EHC Plans/statements.

Figures show that within identified vulnerable groups captured on the school census, Bromley has 1,403 children and young people receiving free school meals, 690 who have English as a second language and 61 identified as from the traveller population:

	Travellers	Service Children	EAL	Free School Meals
SEN Support	58	1	534	1,047
Statement	3	0	109	258
EHC Plan	0	0	47	98
	61	1	690	1,403

Data source: January school census (returned Jan'17)

Bromley schools have a higher percentage than outer London or national of pupils with

- Specific learning difficulties
- Severe learning difficulties
- Social, emotional and mental health needs
- Hearing impairment
- Autistic spectrum disorder

Bromley schools have a lower percentage than outer London or national of pupils with

- Moderate learning difficulties
- Multi-sensory impairment
- Profound and multiple learning difficulties
- SEN support but no specialist assessment of type of need

During 2017, SEND services will participate in a number of reviews to ensure that forthcoming national SEND reforms can be successfully implemented.

Children with Disabilities

The numbers of children with disabilities known to the Disabled Children's Team decreased from the highest of 435 in May; reducing to 407 in March.

Youth Offending

Bromley Youth Offending Services (YOS) is responsible for the supervision of children and young people, resident in the borough of Bromley who are subject to out of court (youth caution, youth conditional caution and diversion) and statutory court disposals. Under section 37 (1) of The Crime and Disorder Act 1998, the principal aim of the Youth Justice System is the prevention of offending by children and young people.

The Strategic aims of the Bromley Youth Offending Service are reflected in the themes addressed in the YOS Improvement Plan for 2016 / 2017. These are:

- To reduce offending
- To protect the public
- To protect the child or young person
- To ensure that the sentences passed by the courts are served
- That the YOS partnership monitors and supports the YOS service
- That YOS interventions are effective and re-offending is reduced
- That there is a culture of continuous improving practice

The service has worked very hard to increase its impact and effectiveness, and address the areas for development identified within the 2015 HMIP Full Joint Inspection. Their efforts have been rewarded and acknowledged by the vastly improved key judgements following the 2017 HMIP Full Joint Inspection; with improved performance in each of the judgement areas.

Some of the specific achievements by YOS in 2016-17 include:

- Continued downward trend of First Time Entrants (FTE's) into the Criminal Justice System
- Strong focus on getting young people into Education, Training and Employment
- Committed and dedicated staff team; following successful recruitment and increased focus on support and development of the team
- Effective and continuously developing multi-agency partnership work; with working relationships further strengthened and

clarified through development of revised joint working protocols with key partner agencies (including strengthened joint working with Children's Social Care)

- Multi-disciplinary team with specialist service input and expertise (Health, Education etc. - including the School Nursing Service)
- Increase in variety of Reparation Schemes for Young Offenders in Bromley
- YOS Management Board Workshop (March 2016)
- Reviewed, revised and updated Bromley YOS policies, protocols and joint working arrangements in collaboration with Children's Social Care Procedure Manual revision (January to July 2017)
- Further embedding of core elements of good practice including; motivational interviewing techniques, *Signs of Safety* (to facilitate positive change) and restorative justice to repair the harm

- Better use of information to strengthen data management to improve the impact of the work of the service
- Enhanced production of quality gatekept reports to the Courts; supported by proportionate and credible community support packages, receiving consistently good feedback from sentencers
- Working to adhere to PACE Concordat and have produced a local protocol to ensure that vulnerable young people are not unnecessarily kept overnight in police cells
- Staff training delivered to embed the AssetPlus assessment framework
- Expansion and strengthening of the service's reparation activity

The service is constantly seeking to move forward and improve, and in the period 2017-19 YOS will have the following important key priorities to achieve, including:

- Reducing re-offending by working more effectively with Early Help
- Increasing focus on victim support and public protection
- Working in partnership with Police and other multi-agency colleagues to strengthen early identification and response to child sexual exploitation (CSE) and increasing monitoring and intelligence-sharing of gang-related activity across the borough
- Increasing focus on the individual safety, wellbeing and learning styles of our young people within our assessments and interventions
- Increasing the number and quality of these interventions
- Strengthening the effectiveness and impact of our collaborative partnership working with commissioned and external agencies

Children's Mental Health

Bromley has a single point of access for children and young people experiencing emotional or mental health issues, this is provided by the Community Wellbeing Service (Bromley Y). Specialist Child and Adolescent Mental Health Services (CAMHS) is provided by Oxleas NHS Foundation Trust in Bromley. It is based at two sites – Stepping Stones House and Phoenix Centre.

2016-17 marked the second of five years of the National CAMHS Transformation Plan which aims to improve access and timeliness of access to services. Early local impact includes an increase in referrals to the front door with a particular increase in self-referrals and referrals from schools. There have been

fewer referrals to specialist CAMHS indicating that earlier intervention is working. SDQ scores have consistently improved as a result of interventions. There has been a 36% reduction in specialist hospital admissions in 2016-17 and a stable number of A&E presentations. An audit of presentations at PRUH Emergency Department by patients under 18 with mental health issues was requested by the QAPM subgroup for April 2017.

A new telephone advice line for those with eating disorders is now open.

The Board has escalated concern to NHS England regarding the local availability of adolescent Tier 4 mental health beds following local cases which have caused concern. This challenge was raised in 2016-17 financial year and was escalated in 2017/18. A triangulation visit to the Emergency Department area where young people with mental health issues stay prior to admission is planned by the BSCB Independent Chair to better understand the context.

A total of 52 referrals were made to Children's Social Care this year from Bromley CAMHS and Adult Mental Health Services.

Kent House is a 20 bed Tier 4 low secure hospital for young people aged 12 – 18 years with mental health needs requiring a low secure environment. The Hospital also has an OFSTED-registered school which supports the young people with educational attainment. Over the past few years, due to mixed findings from CQC Inspections and frequent changes of ownership, BSCB has been maintaining oversight of the safeguarding arrangements. Following a Care Quality Commission Inspection (October 2016) that highlighted a small number of areas that needed strengthening, Bromley CCG and the Chair of BSCB continue to meet with NHS England, who commission the service, to gain assurance that the safeguarding arrangements and settings meet minimum legal requirements and that there are established and robust links in place between the CCG, NHS England and BSCB.

MAPPA

Multi-Agency Public Protection Arrangements (MAPPA) are the statutory measures for managing sexual and violent offenders. The Police, Prison and Probation Services (Responsible Authority) have the duty and responsibility to ensure MAPPA are established in their area and for the assessment and management of risk of all identified MAPPA offenders. The purpose of MAPPA is to help reduce the re-offending behaviour of sexual and violent offenders in order to protect the public from serious harm, by ensuring all agencies work together effectively.

There are 110 Category 1 Registered Sex Offender's (RSO's) and 183 Category 2 Violent offenders in Bromley subject to MAPPA scrutiny.

Alcohol and Substance Misuse

Bromley Changes is a young people's drug and alcohol support service who works with young people aged 10-18. They work with young people who are residents in the borough of Bromley or who have a connection with Bromley such as attending a Bromley school. They work with young people who need support around their substance misuse as well as giving information around the affects and associated risks of substance misuse. Bromley Changes is a confidential service which aims to provide young people with the necessary information around substance misuse so that young people can make their own informed choices. In 2016/2017, the Bromley Changes service received a total of 176 referrals which is an increase on previous years. They were also able to engage with over 3,000 students in the same year by providing drugs and alcohol workshops in schools.

Mental Health

Oxleas NHS Foundation Trust continues to promote a 'Think Family' approach in adult mental health services focussing on finding the hidden child, understanding the effect and impact of family situations on a child. Developments include introduction of an information sharing form between Oxleas Adult Mental Health Services, Bromley Health Visitors and Midwifery Services and introduction of a Bromley Perinatal Mental Health Service. 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 with the practitioner.

Trading Standards

Protecting children from accessing products like cigarettes, alcohol, knives and fireworks is an important contributor to reducing the risk to health of young people. By restricting access to alcohol and fireworks to young people LBB Trading Standards Team also help to reduce the potential for anti-social behaviour in the community.

Between April 2016 and March 2017, the trading standards team carried out 13 under age sales operations, where police cadets aged between 16 and 17 were sent into businesses to attempt to purchase age restricted products. Nearly 200 test purchases were made resulting in 26 sales of cigarettes, alcohol and fireworks by 17 shops. Around 115 businesses were targeted, based on intelligence received or generated through pro-active engagement. With regards to sales of alcohol, 9 of these resulted in licensing reviews. In most cases additional conditions on the licence were imposed although one business was prohibited from selling alcohol for two weeks.

More recently, LBB has worked with another trading standards authority to effect the removal from sale of imitation food soap bars which could tempt children to bite and with young children, potentially inhale sharply and try to swallow, putting them at risk of choking or damage to throat.

This year LBB will also be looking to support the MOPAC knife strategy by working closely with small businesses who sell knives, testing compliance through test purchasing and adopting a zero tolerance policy to any trader who sells a bladed product to a person under the age of 18.

PROGRESS IN BROMLEY

Early Help

“Assessments for early help intervention are timely and lead to a range of appropriate services. The borough commissions an extensive range of effective early help and statutory services for children and families”

(London Borough of Bromley Ofsted Report, 2016)

Children and young people in Bromley continue to have access to and benefit from a wide range of early help services that are focused on meeting the diverse needs of local communities. Increasing the number of children and their families taking up early help services has remained a priority for BSCB. There has been an increase from last year on the number of step-downs from statutory social care.

The Early Help Strategy has a focus on ensuring the right help is provided at the right time and in the right place. The interface between early help and child in need/child protection is clear through the management of all referrals via the MASH. The CAF team are embedded within the MASH two days a week to help decision making in relation to thresholds and signposting MASH colleagues to services within Early Intervention and Family Support (EIFS). A total of 408 holistic EIFS family assessments were completed by the Bromley Children Project team during this reporting year.

EIFS comprise of the Bromley Children Project which includes Children and Family Centres, Family Support and Parenting under SureStart Children’s Centres and the Tackling Troubled Families agendas, the Information Advice and Support Service, the Common Assessment Framework (CAF) Team, and the Family Contact Centres.

The progress and impact of a range of local early help services is set out below:

Family Support and Parenting work

- Over 365 parents attended evidence-based parenting programmes delivered by Bromley Children Project – this was in excess of 2,290 sessions
- The number of families referred to the Bromley Children Project for support continues to grow. This year we received 833 family referrals compared to 711 last year. Contained within this were 187 step-downs from statutory social care, an increase from 139 last year. Alongside this 597 families were closed to the service
- The Signs of Safety changes to the EIFS Assessment Tool have been embedded
- A total of 408 holistic EIFS family assessments were completed by the Bromley Children Project team during this reporting year

Tackling Troubled Families

- Tackling Troubled Families is a Payment by Results (PbR) model. During this reporting year Bromley achieved a grant settlement of £675,400 of which £94,400 was PbR.

- Bromley's target cohort for Phase 2 is 1,660 families plus an additional 249 for the Early Adopter period, totalling 1,909 families across the five years six months

Children and Family Centres

- The number of visits to the Children and Family Centres reached an all-time high this reporting year of 85,236
- The co-location of the Health Visiting Service continues to show positive benefits. There is now closer working as a result and families at risk are held more securely as health visitors are becoming more familiar with the range of services and support available through the Children and Family Centres
- Health clinics delivered in the Children and Family Centres by Bromley Healthcare Health Visitors had over 17,000 attendances
- The Midwifery 'Early pregnancy Parent Education' Classes continue to grow with over 1,270 people attending these sessions in 2016/17
- A course commissioned by Children's Social Care is now being delivered for parents of children on a Plan for Neglect - 'Caring for your Child'
- 1,340 people have used the Sensory Rooms in the Children and Family Centres including families with children displaying traits of sensory related conditions but awaiting official diagnosis. The spaces are also used by children with diagnosed special educational needs and disabilities

Information Advice and Support Service

- This year saw a massive increase in the number of families accessing the service with 530 cases opened compared to 372 the previous year. The most common reason for seeking support from Information Advice and Support Service was for support related to SEN Support Stage and a perceived level of support from the school

Common Assessment Framework

- The number of CAFs logged with the CAF Team during this reporting year was slightly down on the all-time high of 2015/6, at 726
- BCP and Early Years increased their CAFs cases whereas there were a decrease in partnership CAFs (BCP 367, schools 295 and all health partners 56)
- The pattern of CAFs by age with the greatest proportion logged for children aged 5-10, followed by those for young people aged 11-16. There was a 100% increase in the number of CAFs logged for young people aged 17+, this rose to 14
- Over 50% of all CAFs relate to parental issues impacting on the children, followed by behavioural issues. Special Educational Needs, rose to third most common primary reason for a CAF

Domestic Violence and Abuse

The Safer Bromley Partnership has identified domestic violence as one of the key themes of the Community Safety Strategic Assessment Report and is committed to keeping victims and their families safe and holding perpetrator to account.

The DV and VAWG (Violence Against Women and Girls) Strategic Group is a sub group of the Safer Bromley Partnership and works on its behalf to lead on the effective monitoring, scrutiny and governance of the multi-agency responses to DV. It consists of senior managers across social care, health, police, education and voluntary sector. The DV/VAWG Forum and the MARAC (Multi-Agency Risk Assessment Conference) Steering Group report to the DV and VAWG Strategic Group. The [VAWG Strategy 2016-2019](#) was launched in 2016.

MARAC is a process which aims to allow statutory and voluntary agencies to give a consistent and structured response to managing the risk in cases of Domestic Abuse. MARAC is used to consider cases of domestic abuse that are categorised as High Risk. The Bromley MARAC is held on a monthly basis and is chaired by Police and LBB Safer Communities. Relevant agencies are able to share up to date risk information, with a comprehensive assessment of a victim's needs and decide upon the most appropriate way to lower or manage the identified risks. The number of cases considered at MARAC has continued to increase and reflects a more robust response to providing multi-agency support to victims and children at risk of domestic violence and abuse.

The Independent Domestic Abuse Advocacy Project had 2 full time Independent Domestic and Sexual Violence Advisors (IDSVA's) placed within the Bromley Metropolitan Police Community Safety Unit and 1 full time Community IDSVA. The project increased victim safety and worked to improve conviction rates for domestic abuse crimes by providing dedicated support, advocacy and advice to victims. It supported 342 victims during 2016/17 from their first point of contact with the police:

- Service User demographics show that the victims of domestic abuse in Bromley had 212 dependants
- 36.5% of victims were aged between 26-35 years old..
- 13.7% of victims that were supported by the service were male from various relationship types

Domestic Violence Intervention Project (DVIP) is a holistic intervention designed to address intimate partner violence. The project received 80 referrals for perpetrators during a 2 year period to address intimate partner violence (the main referrer being Children's Services). The following figures are for a 2 year period (2015/2016 and 2016/2017):

- 38 perpetrators were assessed as suitable for the programme
- 17 men completed 30 hours of treatment

There are clear pathways for victims via the One Stop Shop (OSS) - 324 clients attend the service in the year 2016/2017. The OSS is a crucial starting point for victims by offering a wide range of services under one roof, including a Police Officer, a family law solicitor, Bromley Metropolitan Police and other DV service providers:

- 219 of those attending sought advice from a the solicitor
- 102 from housing

- 51 sought advice from the Police
- 147 from specialist domestic violence/abuse services

Victim/Survivor Support Groups (12 week courses) received 109 referrals during 2016/2017. It aims to help women make sense of what has happened to them, to recognise potential future abusers and to help women gain confidence to improve their lives. During the year it had:

- 21 referred from Bromley Children's Social Care
- 11 referrals the Bromley Children's Project
- 93% of service users reported understanding the effects of domestic abuse on children

Bromley CCG received funding to implement the IRIS project which is a General Practiced-based domestic violence training and referral service. This helps support GPs and their staff to identify and assess victims early and ensure the right intervention occurs. This approach also takes into account the experiences and needs of children and young people affected by domestic abuse.

Maternity staff in Kings College Hospital NHS Foundation Trust have received training this year on domestic abuse from the Domestic violence advocate at the Princess Royal University Hospital (PRUH) as part of their annual safeguarding update. The training was positively evaluated by the majority of staff.

BSCB continued to offer safeguarding training on domestic abuse to multi agency professionals who work in a range of services including adult social care, the police, substance misuse agencies and schools through new courses commissioned by the Bromley Safeguarding Adults Board.

Neglect

The impact of neglect on children and young people impacts on children's outcomes both in the short term and long term and it often co-exists with other forms of abuse and adversity. It is the most common category for Child Protection Plans in Bromley in 2016-17 and the most common reason for child protection plans in the UK. The BSCB commissioned a multi-agency audit on Neglect in 2016/17. This audit aimed to examine early intervention and partnership work for children experiencing neglect and thresholds within Children's Social Care.

The BSCB plans to publish a multi-agency protocol for Working with Neglectful Families in winter 2017.

Oxleas NHS Foundation Trust continues to raise awareness of neglect. A chronology template has been devised to assist with the analysis of risk factors and practitioners have been made aware of 'disguised compliance' which can hinder recognition.

Child Sexual Exploitation

“The LSCB should ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation are underpinned by effective information sharing, performance monitoring and action planning, and are strategically coordinated and monitored by the Board”.

(Recommendation from BSCB Ofsted Report, 2016)

A new CSE Coordinator post was created by Children’s Social Care; with a very experienced individual recruited to set up a specialist CSE Team and strengthen and develop the response and arrangements to CSE in collaboration with partners across the borough.

A strategic lead has been appointed by all partner agencies and the BSCB Independent Chair has written to all agencies to request they publicise this role in training and on agency intranets.

In October 2016, Police and Children’s Social Care CSE Awareness-Raising Event was attended by 99 multi-agency representatives, including secondary schools.

The strengthened and developed MAP meetings were recognised by Ofsted as improving the outcomes and scrutiny of children

The BSCB’s annual conference in November 2016 was focused on the topic of ‘Safeguarding Bromley’s Children and Young People in a Digital World’ and was attended by 146 multi agency attendees. It included presentations by CEOP (Child Exploitation Online Protection Centre), Child Net, and the Predatory Offenders Unit. The day had a strong focus on child sexual exploitation and received very good feedback on the relevant and up to date information.

The Atlas Team was launched in January 2017 as a joint enterprise between CSC and the Police. The team sits under the CSC Head of Service for Referral and Assessment to strengthen the link to the ‘front door’ teams. In March the team co-located with MASH and the public protection desk, which links missing children from care and home. This reconfiguration driven by the combined leadership of the Deputy Chief Executive (LBB), Director of Children’s Social Care (LBB) and Independent Chair BSCB is designed to further strengthen inter-agency relationships, improve information sharing and focus practice. This initiative also ensures that experienced workers are available for consultation and advice in relation to recognising CSE within the wider context of child protection. The aims and objectives of the Atlas team now includes the development of the gangs work stream and future profiling.

The BSCB Vulnerable Adolescents Sub Group has been in place since February 2017 and subsumed the Vulnerable Children Sub Group and post-Ofsted Working Group for CSE (child sexual exploitation), Missing and Gangs. The sub group’s primary focus has been CSE, missing children and children involved with gangs; it challenges performance against the Improvement Plan actions, initiating multi-agency work streams to drive

improvement where progress has been slower than expected. Initial priority actions have been to develop a Vulnerable Adolescents Strategy and underpinning multi-agency protocols for CSE, missing and gangs.

In March 2017, the newly appointed Independent Chair held a CSE Round Table Event in order to seek assurance from partners that nobody was aware of an allegation or report regarding CSE that they believe has not been appropriately escalated or that they think may have been withheld or hidden. This event was well attended and gave partners the opportunity to demonstrate their effectiveness in addressing CSE. Following this, the BSCB assumed strategic oversight and monitoring of the Ofsted improvement priority to tackle CSE, Missing and Gangs. The post Ofsted improvement plan for CSE and Missing Children is a standing agenda item at BSCB Board meetings. CSE has been a key focus of presentations given by the Independent Chair of the BSCB at the monthly multi-agency partnership events and in summer 2017 the BSCB will launch CSE short videos, linked to the BSCB websites. The BSCB will also hold launch events for the revised CSE protocol alongside multi-agency training on CSE.

As part of the BSCB's commitment to access the authentic voice of children and families in Bromley they have formed a Community Engagement Sub Group. This group is populated by members of the community and includes young people themselves, as well as business reps, parents and young people with special needs. CSE will be the subject of review and discussion at these meetings.

The use of the Sexually Active Risk Assessment Tool is being promoted in CAMHS.

In 2016, Bromley Borough Police has continued to strengthen its response to safeguarding by investing in a dedicated safeguarding manager at inspector level and four detective constables. Frontline officers have been trained in Child Sexual Exploitation and missing children and there is now a briefing process for neighbourhood officers to be aware of the Registered Sex Offenders living on their wards so they can provide an additional level of monitoring in the community.

The CSE Single Point of Contact within Borough Police meets all victims of CSE and builds a safeguarding relationship with them.

During the 2016/17 the MPS has developed a safeguarding audit unit. This has focused on CSE, Missing and indecent images of children. Learning has been embedded by face to face meetings with officers involved in the cases, team meetings and incorporated into locally delivered training days. Borough Police have provided safeguarding information to parents in the Glades shopping centre and its schools unit delivers safeguarding advice in school assemblies. In addition the Police work alongside the Prison Service and Fire service in delivering 'Impact' days in schools which encourage young people to consider issues of CSE and internet safety.

The Designated Professionals for Safeguarding Children and Named professionals from Bromley Healthcare have been working closely with Children's Social Care Head of Services for MASH and Referral and Assessment to improve the quality of strategy discussions and meetings. This has included the introduction of conference calls and consideration of protected time slots to support the right health staff to take part. A Multiagency Strategy Discussion

Protocol has been drafted. Through this process, the health needs of children experiencing Child Sexual Abuse (CSA) have been highlighted and Community Paediatricians are now included in all strategy meetings in which there are CSA concerns.

Missing Children

The Vulnerable Adolescents Sub Group's initial primary focus has been on ensuring robust and effective arrangements are in place for CSE, missing children and children involved with gangs. Priority actions for spring 2017 are to agree a multi-agency Vulnerable Adolescents Strategy and underpinning multi-agency protocols for CSE, missing and gangs.

There is now a Missing Person Risk Reduction Officer within Bromley Borough Police. Training is provided to all frontline staff as well as briefing packs of missing young people.

Discussions have taken place to consider whether there can be health involvement in the Return Home Interviews e.g. sexual health checks, physical and emotional wellbeing checks; with the Bromley CCG Head of Safeguarding planning to facilitate the placing of a Sexual Health Nurse within the Atlas Team. Going forward the partnership will be working to strengthen the Return Home Interview process to ensure that they are completed in a timely manner and analysed in order to understand the profile of missing children and links to CSE and Gangs.

MISSING FROM EDUCATION

"The local authority is more effective in tracking and identifying children and young people missing education.....with staff demonstrating tenacity and determination in locating them"

(London Borough of Bromley Ofsted Report, 2016)

The Education Welfare Service through their Children Missing Education Officer (CME) continue to ensure that Bromley Council is meeting its statutory responsibilities in regard to the identification, monitoring and tracking of children missing or not receiving a suitable education. This includes liaison with MASH where there are safeguarding concerns. The work of the EWS team fits closely with other strands of work to support vulnerable pupils including supporting schools and families to prevent poor school attendance, truancy, exclusions and supporting schools and families to get children back to school once absence has occurred. The team liaises closely with Bromley Children's Project and Admissions services.

Whilst robust referral and tracking procedures are in place, children continue to leave the borough without a known destination. The majority of these cases are tracked and traced by the Education Welfare Service and Child Missing Education Officer (CME). From September 2015 to July 2016, the EWS received 213 CME referrals. The majority of pupils referred to the CME officer either moved out of the borough or remained resident in the borough but transferred to an out of borough school: Bromley School 100 / Out of Borough School 16/ Out of Borough Destination/Known 44/ Moved overseas confirmed 36/ Returned to school of origin 3/ Identified as EHE 10/ In receipt of home tuition as provided by LA 3.

Female Genital Mutilation (FGM) and Harmful Practices

The Multi Agency FGM Protocol, developed by the BSCB, is well embedded across Bromley and will be reviewed in 2018. This is a joint document with the Bromley Safeguarding Adult Board as it includes referral pathways for children, pregnant women and adult women who are not pregnant. The document was distributed widely and the BSCB requested that managers embed the protocol through training and supervision. The protocol also signposts to the on-line FGM training provided by the Home Office which was endorsed by partners.

Bromley Clinical Commissioning Group (BCCG) commissioning managers and contracts team are ensuring FGM pathways and mandatory reporting is included within service specifications. The head of safeguarding is a member of the NHS England pan-London FGM Steering group and uses the information from this group to inform the local FGM health agenda. BCCG Safeguarding Children Health Dataset includes indicators around numbers of FGM identified in children, young people and adult women and is reported to the BSCB.

Midwifery reports to health visitors if a client has had FGM. The midwife or health visitor refers a case into the MASH if concerns about the baby are identified before or following delivery. Any new case of an adult disclosing would be reported under the mandatory reporting process.

Kings College Hospital NHS Foundation Trust has introduced a new IT system in maternity which includes an FGM assessment. When women book for care they are asked about FGM. If FGM is reported, the system takes the midwife to an FGM risk assessment tool. Once this has been completed it links to the Department of Health leaflet on FGM (2015) which is available in 12 languages which the midwife can print for the woman to take home.

In January 2016, the GP Academic half day conference had FGM as part of the programme. Health professionals are now reporting (mandatory) identified cases of FGM as per NHS England guidance. The Health Education England, e-FGM educational programme is provided free to all healthcare professionals including school nurses, practice nurses, health visitors and GPs and was disseminated across the health economy via the safeguarding health forum.

FGM information has been updated on the Oxleas intranet and includes Mandatory Reporting duties and what to do to support women and girls who have undergone FGM.

Preventing Radicalisation

The Counter Terrorism and Security Act 2015 places a statutory duty on responsible authorities to have due regard to the need to prevent people from being drawn into terrorism. Responsible authorities are local authorities, schools, further and higher education, the health sector, prison, probation and the police. Further information can be found in national [Prevent Duty Guidance](#).

PREVENT is part of the Government's counter terrorism strategy which is known as CONTEST. PREVENT aims to stop people becoming terrorists or supporting terrorism. The objectives of the PREVENT strategy are:

- Respond to the ideological challenge of terrorism and the threat we face from those who promote it
- Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support
- Work with sectors and institutions where there are risks of radicalisation that we need to address

The Home Office recognises Local Authority areas across the UK on the basis of risk as either priority or non-priority areas. Bromley has been deemed to be a non-priority area and as such receives no specific funding for Prevent activity.

The Community Safety Team co-ordinates the Prevent Strategy on behalf of LBB. The Chief Executive Corporate Leadership Team acts as the Strategic Prevent Panel and receives an annual update on the authority's response to the duty. The Safer Bromley Partnership oversees the delivery of the outcomes of the Prevent Action Plan. Prevent is one of the key priorities of the 2016-2020 Safer Bromley Partnership Strategy.

The Home Office have produced a DVD based training package called WRAP (Workshop to Raise Awareness of Prevent). It is designed to help make staff aware of their contribution in preventing vulnerable people being exploited for extremist or terrorist purposes. It details when, how and where to refer concerns about vulnerable individuals. Presentations have been given to senior managers in order that they can ensure relevant staff have training to help them identify individuals at risk to being drawn into radicalisation. All LBB staff are able to attend a WRAP via the LBB Learning & Development team. The BCSB are also arranging for Train the Trainer sessions to be made available for Designated Safeguarding Leads within local schools in order that new and existing staff are kept up to date with the Prevent agenda and can cascade training within their setting.

Bromley has a clear referral process which is linked to existing referral pathways in order to avoid duplication. In most cases, referrals are sent directly to the Prevent police via the relevant safeguarding leads. In the case of children, this will be the MASH team, or the LADO in cases of adults who are working with children. Concerns about adults will be via the Safeguarding Adults Early Intervention Teams. A Prevent Strategy/Channel Referral Process has been produced which sets out the referral contact points.

Factors that may have a bearing on someone becoming vulnerable may include: peer pressure, influence from other people or via the internet, bullying, crime against them or their involvement in crime, anti-social behaviour, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances. Case referrals over the past 12 months covered a wide range of behaviours and situations including: use of extremist language, abuse of position of trust, mental health and antisocial behaviour.

Channel supports Prevent. It is a confidential and voluntary process where safeguarding professionals meet to discuss options which can be offered to a person who has been identified as being vulnerable to being drawn into violent extremism. It operates in the same way as existing multi agency panels. Core members include the police, mental health, education, adults and children's services. It is chaired by the Head of Community Safety. There is an agreed terms of reference, membership, confidentiality agreement and information sharing agreement. The panel meets monthly as a Prevent Case Management Board which will agree collectively on whether a referral will be accepted as a Channel case.

During 2016-17, five WRAP (Workshop to Raise Awareness of Prevent) training sessions were held for LBB staff; 68 attendees were from the children's workforce. In November 2016, the Prevent Lead reported the Prevent action plan to the Vulnerable Adolescents Sub Group, shared the referral pathway and addressed partners' questions and challenge. The Prevent Lead will present to the full BSCB Board in June 2017. The BSCB also plans to deliver WRAP 'Train the Facilitator' sessions to schools throughout 2017 so that schools have the expertise to train their own staff on the Prevent agenda.

Oxleas NHS Foundation Trust introduced new Prevent learning requirements this year, comprising 'Awareness' (levels 1 and 2) and 'Practice', with the latter requiring participation in a WRAP. At the point of introduction, evidenced Awareness compliance was less than 8% of the target audience comprising some 2,000 staff. Prevent Awareness compliance exceeded the 80% target in less than 4 months.

Local Authority Designated Officer (LADO)

In accordance with Working Together to Safeguard Children 2015 the London Borough of Bromley like all Local Authorities has a designated officer with overall responsibility for managing and co-ordinating allegations made against staff who work with children.

LSCBs have a responsibility for ensuring that the correct procedures are in place for investigating allegations against adults who work with children. This role is undertaken by a Local Authority Designated Officer (LADO). The LADO should be informed of all allegations and should provide advice and guidance to ensure cases are dealt with and resolved in a timely manner. The LADO post sits within the Quality Improvement team. From April 2017, a Safeguarding Education Senior Practitioner will be managed by the LADO to serve as a link between schools and Social Care. This role will ensure that schools understand the thresholds within Children Social Care and that their safeguarding is robust and challenging.

- There were 223 referrals made to LADO in 2016-17
- There has been an increase from 2015-16 which was 193. The increase in the number of referrals is positive and in line with referrals within the London Regional Boroughs. One of our neighbouring boroughs, Croydon had 215 referrals whilst Wandsworth and Bexley had 261 and 178 respectively. The increase is also a reflection of the increased awareness and knowledge of the LADO process. Organisations within Bromley appear to be having a better understanding of what the role of the LADO is and where they are unsure, there is evidence that they are seeking advice and support
- Of the 223 referrals, 106 cases met the threshold for a LADO Complex Strategy Investigation meeting
- In regards to the overall outcomes of the cases which were referred: 3 cases were founded; 45 were substantiated; 111 were unsubstantiated; 32 were unfounded as the referrals were assessed as malicious; and 32 are ongoing cases

- 11 of the 223 cases were sent to the Disclosure and Barring Service (DBS) and 41 cases involved a criminal investigation with 2 leading to conviction and caution. In the previous year, there were 2 cautions, 1 non-custodial and 2 custodial sentences
- It is worth noting that although 48 had an outcome of substantiated/founded outcome, the matters alleged which were founded did not necessarily meet the threshold for a DBS referral. In those cases, although what was alleged did occur, discussions between the LADO and relevant organisations and Human Resources professionals assessed that the issues were not significant enough to require the member of staff to be barred from working with children.
- The unsubstantiated outcome appears to be the highest outcome in regards to the investigations undertaken. This is usually where there is not enough evidence to substantiate the allegation.

Analysis of LADO Referrals

- Out of the 223 allegations/referrals made, 106 were of a physical nature, 42 sexual, 26 emotional, 25 inappropriate behaviour and 24 fell under the category of neglect
- The category/referrals of physical harm continue to remain the highest both in this current year and the previous. Referrals from schools mainly tend to be of physical harm. 90 of the overall referrals were allegations against education staff, 23 related to secondary school staff, 47 related to primary school staff, 2 related to independent school staff, 15 to special school whilst 3 related to college staff
- The referrals in respect of sexual abuse and or misconduct have doubled since last year. In 2015/16, there were 24 referrals and in 2014-15 there were 27 referrals. This is not unusual when compared to other boroughs and may be due to increased awareness in what constitutes sexual abuse/misconduct in working with children and in the personal life of professionals. A number of these referrals have come from the police /CEOP team who have been tracking online sexual exploitation. The increased use of social media may also be accountable for the increase in the number of referrals
- There is currently a drive within the London Borough Bromley to increase awareness around Child Sexual Exploitation through the newly formed ATLAS team and this supports professionals to become more aware
- 24 allegations were against 17 Foster Carers and there appears to have been an increase in the last two years where there were 10 referrals in 2014-15 and 19 in 2015/16. 16 of the referrals against foster carers were returned for a Standard of Care Investigation and 11 of those returned panel. The LADO has recently started to have quarterly meeting with the Fostering and Placement Group Manager to identify common themes, track cases and promote positive working relationship
- The number of referrals from the police and about police professionals are generally low in Bromley and this view is shared with regional LADOs across London. In 2014-15, there was no referral from and about the police. In 2015-16, there 4 referrals and in 2016-17, there was 1 referral

against the police and 3 in respect of personal life referral. In March 2017, the LADO met with the Bromley Police Safeguarding Children Manager to discuss the need for better working together and greater awareness

Raising LADO Awareness

- The LADO runs a LADO quarterly lunch time briefing for all professionals in Bromley
- The LADO also presents at the Bromley Multi Agency Partnership events. There have been two events involving the LADO during 2017 and two more planned to take place before the end of the year
- The LADO has attended team meetings across Children Social Care and other teams to raise awareness and offer training
- The LADO has also undertaken training with Governors of schools in Bromley

Plans for the Future

- The LADO role is quality assured through practice observation and case supervision. In April 2017, LBB will conduct a practice week where the Deputy Chief Executive and Executive Director for Education, Care & Health Services of Bromley will observe a LADO Complex Strategy meeting
- The LADO has agreed to form a sub audit committee to undertake peer audit with regional LADOs. This is due to start before the end of the year
- The LADO will also promote in house audits of at least 4 LADO cases per year -two founded and two unfounded
- Continue awareness-raising through multi-agency events and team meetings

LEARNING AND IMPROVEMENT

The Child's Voice

“The LSCB should actively seek the views and opinions of children and young people, and engage them in a systematic manner in order to ensure that it is aware of and benefits from their experiences”.

(Recommendation from BSCB Ofsted Report, 2016)

Throughout 2016-17, the BSCB continued to hold its quarterly Board meetings in community settings. These included Bullers Wood Secondary School and St Mary's Catholic Primary School. Board members explained the role of the board and asked children and parents separately about the most urgent safeguarding issues they face where they can obtain safeguarding information and where to go if they have a concern about a child's safety. In addition, the Business Manager attended Bromley Youth Council in June 2016 to consult on the new website design and content and talk about safeguarding

concerns as well as meeting with the Living in Care Council in September 2016 to discuss effective engagement methods of communication. In November, the Bromley Youth Council closed the BSCB annual conference with a very well received presentation and short film on personal safety.

Following the Ofsted report recommendation, the Independent Chair visited Bromley Youth Council in March 2017 to propose a number of joint projects including digital footprint surveys in order to better understand how local children and young people are using technology, particularly social media and any safeguarding risks they are taking. A draft memorandum of understanding will be agreed in 2017 and a new Community Engagement Sub Group will be set up with the Bromley Youth Council.

Oxleas NHS Foundation Trust employs a Young People's Participation Worker who facilitates a range of participation activities in each of its Boroughs. In Bromley the Bursting Stigma Group runs every Wednesday. Feedback gathered through these processes is reported into the Directorate Patient Experience Group where it informs future plans and actions.

Borough Police have engaged with young people in school assemblies and 'Impact' days and support the Bromley Youth Council and the 'Speak Out' challenge.

This year Bromley CCG Communications and Engagement Team have led on engaging children and families in transformation of services programme, such as CAMHs.

The Community's Voice

In March 2017, the Independent Chair attended a Forum of Bromley Parent Voice, an organisation which seeks to improve services for children and young people with additional needs or disabilities and their families by working in partnership with statutory and voluntary agencies and by contributing towards the development of policies and practices. The Independent Chair values this partnership and will be seeking ways to ensure that Bromley Parent Voice can contribute to the work of the BSCB.

As part of the Independent Chair's reconfiguration of the Board's structure, a new Community Engagement Sub Group will be in place by May 2017. The Sub Group will provide a platform to listen, learn and reflect on the experiences and feedback from our children and young people, their families and carers. It will be responsible for the development and maintenance of the LSCB Communication Strategy, networking and surveying opportunities, reality checking, providing an opportunity to be heard and to challenge, capture impact and cascade strategies. Members will include representations from Bromley Youth Council, Bromley Parent Voice, Bromley Children and Families Voluntary Sector Forum, local businesses, and faith communities.

Reviews of Practice

Serious Case Reviews are undertaken to learn lessons and improve the way in which local professionals and organisations work together to safeguard and promote the welfare of children. LSCBs must always undertake a Serious Case Review (SCR) when the following criteria are met under Regulation 5 of the 2006 LSCB Regulations.

- (a) Abuse or neglect of a child is known or suspected
- (b) Either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child

Where the SCR criteria has not been met, the BSCB can also undertake smaller-scale multi-agency case reviews. Whatever the type of review, the principles are still the same with the aim being to share information, identify good practice and establish the key lessons that will help to improve safeguarding arrangements.

- During 2016-17, the SCR Sub Group has met on four occasions
- One Bromley SCR was commissioned and one joint SCR was commissioned with Lambeth (learning will be published in 2017-18 annual report)
- One multi agency learning review was commissioned (Learning Review 1)
- Bromley reviewed an unpublished SCR from a neighbouring borough to extrapolate local learning for Bromley as the child was in receipt of some Bromley services
- All decisions made by the Chair were communicated with the National Panel of Experts

LEARNING REVIEW 1

This Learning Review focussed on the safeguarding elements of a maternal death where the mother had a known medical condition. There were significant safeguarding issues within the family which led to the two children being subject to a Child Protection Plan at the time of the mother's death. Over the time period of the scope of this review a number of agencies were involved. Professionals across the agencies had little understanding of the impact of the mother's chronic condition on her wellness and the impact on caring for her children. Prior to her death, there was a deterioration in her self-care and a disengagement from professionals. She did not recognise the risks her second partner posed to her children.

A key aspect of this review was professionals' curiosity. Professionals met on a number of occasions to discuss the family but needed to further explore what was really happening in the family and impact on the family as a whole. Recommendations from the Learning Review include the following:

- Multi-agency meetings must consider both medical and social issues relating to the parents and how this impacts on parental capacity. Medical opinion should be sought if there is lack of knowledge relating to health conditions
- When an adult presents with vulnerabilities such as learning difficulties, agencies should consider referring to adult services to undertake an assessment or signpost to appropriate services such as the voluntary sector

- When a case has domestic violence, substance misuse or mental health issues, each agency should ensure that the interplay between the toxic trio is considered in assessment and documented
- All agencies are to ensure that the use of chronologies / case histories is accepted practice and that it is evidenced that they are used to inform assessments and safeguarding supervision
- All agencies should provide evidence through quality assurance that their current safeguarding processes, systems and policies demonstrate continuous improvements are taking place

Progress has been made in addressing the learning from this review. This includes improved GP communication with Case Conferences, GP sign up to the Local Enhanced Service and training, tracking processes regarding invites to case conferences, a Vulnerability Panel held by the Director of Nursing at Bromley Healthcare, Quality Assurance audits on representation at Strategy Meetings and a briefing for GPs on the need to use child protection codes in parent health records. GPs and Health Visitors also hold quarterly meetings to consider child protection cases for the under 5s. Children's Social Care has reviewed its Practice Standards for Excellence during 2016/17 and includes the promotion of chronologies and Legal Gateway Meetings.

Auditing

SECTION 11 AUDITS

The Section 11 Audit is the BSCB's primary audit to examine the safeguarding arrangements within agencies and provides the Board with reassurance that agencies are doing what they can to ensure the safety and welfare of children and young people. Section 11 (S11) of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children. On a biannual basis, the BSCB undertakes an audit of local organisations to establish reassurance that they are compliant with these expected safeguarding standards.

Agencies audited during the year ending March 2017 were:

- Kings College Hospital
- Greenbrooks Urgent Care Centres
- South London and Maudsley NHS Foundation Trust
- Bromley Clinical Commissioning Group
- BMI Healthcare
- Youth Offending Service
- Public Health
- Oxleas NHS Foundation Trust
- Bromley Changes (substance misuse service for young people), part of Change Grow Live
- My Time Active (run leisure centres and childcare in the borough)

- London Ambulance Service
- British Transport Police
- CAIT
- Borough Police

A live action plan captures all issues arising from the scrutiny of Section 11 challenge sessions. Progress is monitored at QAPM Subgroup meetings. As a result: the Urgent Care Centre has introduced a child friendly feedback form and staff now undertake DV and Think Family training as part of their safeguarding training; NHSE agreed to conduct a Deep Dive at one of their providers following escalation from BSCB; there is improved regular information sharing between CSC and CAMHS; whistle blowing policies, complaints procedures and managing allegations against professionals procedures have been improved for one agency.

CAMHS NHS Foundation Trust: Additional assurance was sought in respect of practitioners knowing who the Trust Lead for CSE was and how CAMHS practitioners were supported in asking difficult questions in respect of domestic violence and abuse. The Safeguarding Children Policy and procedures will be updated to indicate that the Head of Safeguarding is the single point of contact for partner agencies for all groups of vulnerable children. The CAMHS annual safeguarding training will address the issue of asking difficult questions in relation to domestic violence and abuse.

In 2015/16, 37% of schools did not respond to the BSCB request to complete a Section 11 audit, possibly due to the large number of academies in the Borough. There has been a misunderstanding nationally that LSCB audits do not apply to academies. However, throughout 2016 the Education Safeguarding Advisory Committee has dedicated time into reviewing the audit tool with school representatives in order to make it more relevant to schools. Schools were asked to resubmit their audits in early 2017 and there was a 95% response rate. The next step in 2017/18 is to bring together a panel of BSCB Board members to consolidate the data across schools, identify trends, themes, patterns and good practice across schools. In addition the panel will test the submissions by auditing a selection of audits that have been self- assessed as red, amber and green. Feedback will be provided to schools.

MULTI AGENCY CASE AUDITS

Systematic multi-agency case auditing allows the BSCB to deliver one of the best learning opportunities across agencies; directly engaging them in a process that reflects upon, assesses and measures professional practice across a wide spectrum of agencies. BSCB has identified examples of positive safeguarding practice being undertaken by the partnership. Learning from the themes and issues identified via the audit have led to tangible improvements and plans to impact on longer term issues.

Two multi-agency audits were commissioned by the BSCB in 2016/17: a Neglect audit and an audit of Child Sexual Exploitation (CSE). The learning from the CSE audit will be reported on in the annual report 2017/18. All audits result in an outcome focussed action plan that the QA Sub Group use to track and evidence improvements in front-line practice and processes.

The impact of neglect on children and young people impacts on children's outcomes both in the short term and long term and it often co-exists with other forms of abuse and adversity. Future vulnerabilities for young people with additional associated risks of harm as they grow up.

It is the most common category for Child Protection Plans in Bromley this year (second most common in 2015-16) and the most common reason for child protection plans in the UK.

This audit aimed to examine early intervention and partnership work for children experiencing neglect and thresholds within Children's Social Care.

The following strengths were identified in the cases audited:

- Supportive relationships with parents (emotional & practical support)
- Identifying and supporting difficulties families are facing e.g. health, housing, employment
- Effective challenge to parents
- Direct work with children included examples of skilled and thoughtful work around children with disabilities
- A flexible service being offered to a mother by a nursery together with a range of practical supports

Key Lessons for Professionals

Early naming of neglect - The audits identified the importance of the early naming of neglect to help professionals focus on identifying potential risk.

Are you familiar with the signs and symptoms of neglect?

Do you utilise chronologies and appropriate information sharing to identify patterns of neglect?

Do you use SMART plans with clear, child-focused actions and outcomes to gauge the impact of the work?

Assessment of parental capacity for change e.g. parents presenting as responsive with vulnerabilities such as a history of substance misuse or mental health.

Do you assess and respond to underlying issues which impact on parenting and the relationship with the child?

Do you seek specialist advice on issues such as substance misuse and domestic violence?

GPs – Do you consistently use record coding of vulnerabilities which will assist in the identification of neglect?

All professionals - if you have unresolved concerns about the response by health in any case, this can be escalated to the Designated Nurse at Bromley CCG.

Skilled support to child around sharing their experiences of harm e.g. children's wider views are heard whilst children not being asked about their experiences of harm.

Do you support children to share their difficult experiences e.g. neglectful care / exposure to parental substance, by asking them directly?

Do you seek advice and guidance in supervision to support you in how to do this?

Social Workers - do you explain to children in an age-appropriate way why you are involved with their family?

Identifying and responding to needs around Diversity e.g. interpreters being used on the initial contact however limited further use disempowering parents from fully participating.

Do you support children and parents with language needs?

Case management and supervision - Limited reflective supervision providing support, guidance and a focus on outcomes

Managers – Do you enable practitioners to reflect on cases? Are supervision records up-to-date and management decisions clearly recorded?

Assessment and plans for each child - The individual needs of all children within a household to be identified.

Do you consider and respond to the needs of all children within a household taking the history into consideration?

Application of thresholds - This was an area that agencies needed support in helping them understand how and why certain decisions are made and by receiving proportionate feedback from CSC.

Do you make reference to the Bromley Threshold of Need tool in your day to day work? Download a copy from BSCB website

Challenge and escalation around thresholds - There were no escalation of cases by partner agencies where concerns remained about a child.

Do you seek out missing information when you remain concerned about a child and utilise Bromley Escalation procedures when concerns remain?

Raising Awareness about Neglect

A Neglect Strategy will be considered. An action plan with a clear focus on associated vulnerabilities and local context is in the process of being implemented. The BSCB will agree and sign off the audit report and action plans for 2017. Monitoring of the implementation of relevant actions will continue by the BSCB. The BSCB multi-agency training offer for neglect has been amended for 2017-18.

Two learning events were held for multi-agency practitioners and managers which shared the key themes and practice issues from the wider range of agencies were debated increasing ownership and understanding around neglect within Bromley.

SINGLE AGENCY AUDITS

CAMHS NHS Foundation Trust undertook a Child Protection Record Audit which showed a lack of consistency in recording details of a child protection (CP) plan on RiO system. There was variance in working practice where a child was on a CP Plan e.g. a report was not always submitted to CP conference. As a

result, a CAMHS Safeguarding Summary document has been launched which sets out the role and responsibilities of CAMHS practitioners where a child is the subject of a CP Plan.

Bromley CCG undertook an audit on General Practitioners' contribution to Safeguarding Children processes in Bromley. The audit aimed to gain information regarding the contribution made by GP practices to the safeguarding children processes in Bromley, specifically to investigate the quality of information provided by GPs in written reports for case conferences, both initial and review. The audit looked at a random sample of 15 GP reports submitted for conferences; both initial and review, between September 2015 and May 2016. Overall, 66% of reports evidenced that the GP had engaged with the safeguarding process and reviewed the child and family records and provided information that would be useful for conference. There was a great deal of variability between the reports in terms of amount of information provided. Recommendations included more training for GPs on quality case conference reports and to triangulate the views of the Quality Assurance unit on the quality of GP case conference reports in the next GP case conference reports audit.

Kings College Hospital NHS Foundation Trust's early intervention audit demonstrated that staff in maternity are active in identifying families that need additional support to prevent their difficulties escalating. An audit for young person's attendances to ED with mental health issues showed that there was an increase in self-harm attendances at the Princess Royal University Hospital (PRUH).

Children's Social Care Audit Programme

The Quality Improvement Service implemented a new audit programme October 2016. The focus of the audit programme was continuous learning and improvement with the focus on quality of practice; in addition to improving the skills of staff teams in respect of auditing and using audit findings to improve practice.

The single case audit tool covered 7 key practice areas to enable a detailed look at the quality of practice. The overall audit findings were incorporated in the audit matrix which is reported to the Improvement Governance Board and the Director of Children's Social Care's Senior Management Team (SMT).

During 2016-17 the focus has been on understanding where improvements can be made to underpin more effective practice and interventions.

Audit Headlines:

- There was evidence of improvement in audit outcomes; with the trajectory in the number of inadequate audits having decreased
- The outcome of case re-audits remained variable with a need for increased evidence of discussion between manager and practitioner of audit findings
- There was evidence of improved care planning for children and young people
- There needs to be continued focus on improving the evidence of the child's voice through direct work, observations, etc.

Performance Data

“The LSCB should establish a performance dataset that ensure that it can measure progress against its key priorities” Recommendation from BSCB Ofsted Report, 2016.

The QAPM Subgroup held a workshop event in June 2016 facilitated by a peer independent Chair from a Good LSCB. The full dataset was scrutinised and a revised set of principles agreed. Each key safeguarding partner then revised their part of the dataset according to the requirement of the Board. Some sections were completely revised whilst others refined to better match the Board’s priorities. A key focus in 2016-17 was improving the data for CSE/Missing and the new Atlas Data Analyst worked with partners to gather a complete picture.

The first full year of collating the new BCCG Safeguarding Children and Children Looked-after Health Economy Dataset has been completed. This has been a huge undertaking led by the BCCG Head of Safeguarding and Performance Analysts with full engagement from safeguarding leads across provider organisations and the BSCB Managers. It is exciting to see the emerging trends and patterns across safeguarding activities. This is ‘shining a light’ on services or areas of care which require more focused challenge and support from BCCG and directly improving the safeguarding arrangements and thus outcomes for vulnerable children and young people. The next phase of this approach is to undertake ‘deep dives’ into areas identified by the data which we need further assurance on e.g. suicide attempts by children and young people.

In 2016-17 the Metropolitan Police provided data at borough level from their central Intelligence Team. Data scrutinised by the QAPM in 2016-17 included serious sexual offences, rape, domestic violence incidents and sanction detection rates for those crimes. The indicators selected were the same for all London LSCBs and there was no scope for additional local priorities. This was unsatisfactory and the London Safeguarding Children Board challenged the Met Police on behalf of the 32 London boroughs. As a result a new ‘safeguarding dashboard’ is in development with much greater capacity to provide localised data. It is not yet clear when this will be shared with LSCBs.

THE CHILD DEATH OVERVIEW PANEL

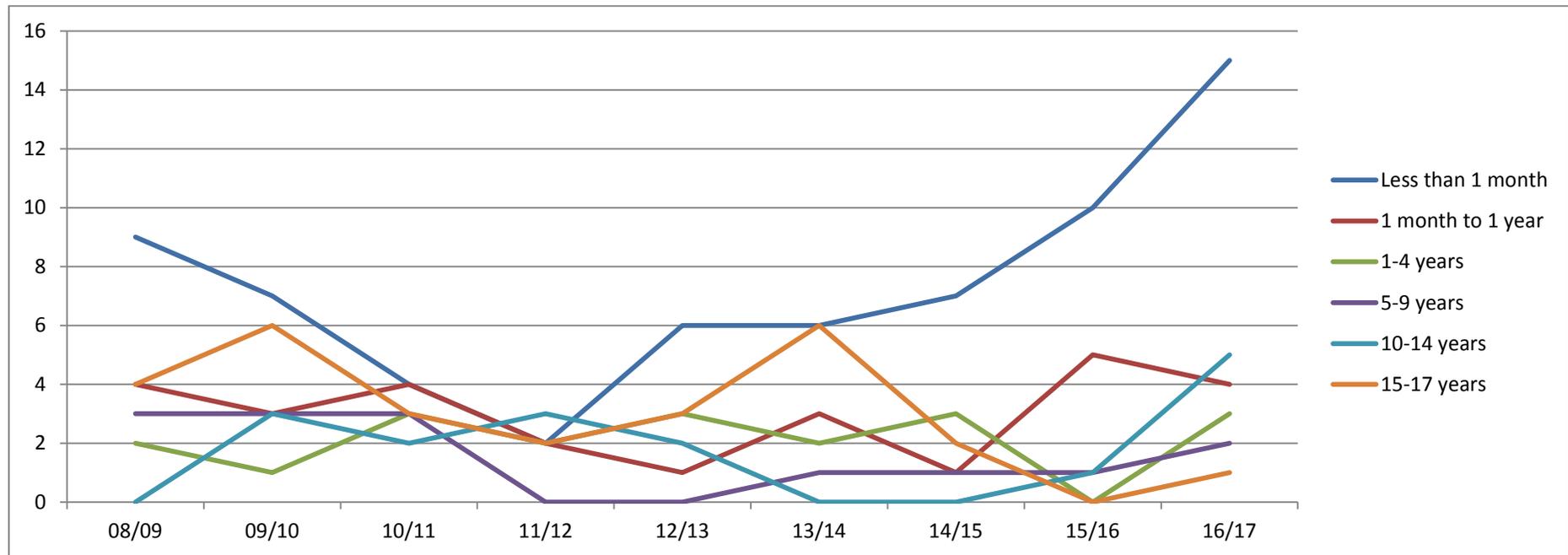
The Child Death Overview Panel (CDOP) is chaired by a Consultant in Public Health and enables the BSCB to carry out its statutory functions relating to child deaths.

CDOP facts and figures

- A total of 169 deaths of children and young people have been reviewed since April 2008

- In 2016/17 there were 30 deaths of CYP who lived in Bromley (an increase from 17 deaths in 2015/16). The vast majority of the increase in deaths was due to the recording of very premature babies who showed some signs of life as a child death

Age at Death of Bromley Children, 2008-2017



- 20 of these were unexpected deaths (defined as a death which was not expected 24 hours previously). 11 of the 20 deaths were very premature babies
- 37 cases were reviewed by CDOP during 2016/17 and completed
- The rate of infant mortality (deaths of children under the age of 1) in Bromley is very low at 2.3 per 1000 live births. This is lower than the national rate of 3.9. It may be expected to increase in future as the deaths of more premature babies are included in these figures
- The rate of deaths in CYP aged 1-17 in Bromley is 11.9 per 100,000 children aged 1-17 years. This is similar to the national rate of 12.0

As part of its functions the CDOP is required to categorise the preventability of a death by considering whether any factors may have contributed to the death of a child and if so whether these could be “modified” to reduce the risk of future child deaths. Professional challenge is a key part of the CDOP process.

During 2016/17 the CDOP identified modifiable factors in 4 (13%) of the deaths classified as unexpected. This is lower than the national rate of 24% although the numbers locally are small and not statistically significant.

CDOP impact

- Sharing learning with Public Health England regarding a child who died of measles, and promoting MMR vaccination uptake in Bromley
- Sharing learning with paediatric heart specialists in Kings College Hospital about a case of congenital heart disease operated on soon after birth who developed serious complications leading to death in adolescence (before screening for late complications of this surgery had started)

TRAINING AND DEVELOPMENT

Annual Conference 2016

The BSCB’s annual conference in November 2016 was on the topic of ‘Safeguarding Bromley’s Children and Young People in a Digital Age’ and was attended by 146 multi-agency attendees. It included presentations by CEOP (Child Exploitation Online Protection Centre), Child Net, The Breck Foundation, The Predatory Offenders Unit and Bromley Youth Council. 68% of attendees found the conference ‘extremely useful’ with a further 28% saying it was ‘very useful’. 59% said the conference was extremely relevant to their jobs’ with a further 38% saying it was very relevant/helpful. Feedback included:

“A good multi-agency mix of participants from social workers, teachers, foster carers and support workers, police - it was brilliant.”

“Good that speakers discussed issues for all ages of young people – both primary and secondary age.”

“A well organised and informative day. Covered many different areas. Lots to take back to school.”

“An excellent conference with very up-to-date, relevant information.”

Classroom based face to face courses

The training provision for 2016-17 is the second year of a three year commissioned programme. This year, the programme consisted of 27 different courses run in 61 sessions, attended by a total of 663 people across the different agencies. This was an increase of 82 people compared to last year.

There were 739 bookings made for our training courses in 2016-17. 89% of people who booked on a classroom based course actually attended. This is an improvement from 84% last year. This is a very high proportion and is attributed to the ‘no show/late cancellation’ charge implemented by the BSCB Training Sub Group). In 2016-17, 39 charges for late cancellations/no shows were made. The Training Sub group routinely looks at no show/cancellations

and line managers are informed in each case. The Board continues to support this policy; however, charges will be reduced from 1st April 2017 following challenge made by health agencies who felt the charges were prohibitive.

There were several new courses this year (shown with an asterisk in the table below). The 'Safeguarding neglected children' course was decommissioned and replaced with two new courses: 'Introduction to Safeguarding Neglected Children' and 'The Challenge of Safeguarding Neglected Children in Families with Complex Needs'. These will run for one year and be re-evaluated. This increase in training places is as a result of learning points in Bromley's 2015 multi-agency audit on neglect.

Additional courses on domestic abuse were commissioned by the Bromley Safeguarding Adults Board (BSAB) this year on behalf of BSAB and BSCB. The BSCB's existing 'Working with perpetrators of DV' ran until September 2016 then it was replaced by the new courses. The new programme includes foundation, intermediate and advanced levels. Three sessions were delivered by the end of the financial year. This offer will increase for 2017-18.

Four training sessions on 'Prevent' ran in 2016-17 reaching 68 people from the children's workforce in Bromley. The BSCB will commission 'train the trainer' sessions for WRAP in 2017-18 in order to reach all school staff working in the borough.

Seminars, briefings, MAPEs and other multi-agency learning events

In addition to the half day and full day classroom based courses, the BSCB also ran three shorter briefing/seminar sessions in 2016-17. The topics covered included managing allegations against professionals and learning from SCRs featuring neglect. We do not require staff to book for these events as they are less formal than training courses. Typically they are one or two hours.

There were fewer BSCB lunchtime briefings this year as following the Ofsted inspection of April 2016, a series of twelve Multi Agency Partnership Events (MAPE) were commissioned by London Borough Bromley in partnership with key partners to run until December 2017. Rather than duplicate, the BSCB worked with the organisers of MAPE to ensure priority areas were covered. The BSCB Team presents at each MAPE. Three sessions were delivered before 1 April 2017. A further nine will run in 2017-18.

Another addition to the training calendar in 2016-17 was the CSE Awareness Training Event in October 2016. This was a full day and 99 multi-agency staff attended. This was organised by the police and local authority. Further CSE training events are planned for 2017-18.

BSCB Training - Uptake, number of courses, number of attendees and evaluations 2016-17

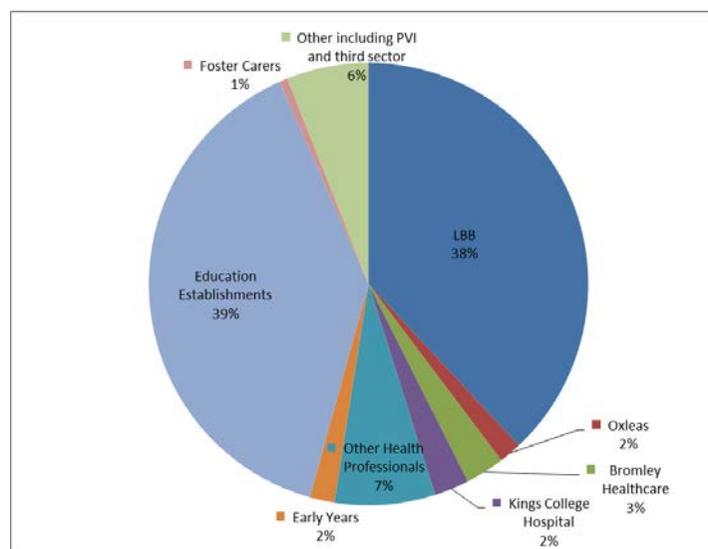
Capacity for each course is usually 18 people due to the size of the rooms available.

Course Title	No. of sessions run over the year	Total no. of attendees
Face to face classroom learning *=new course for 2016-17		
Group 3	6	84
Group 3 Refresher	3	28
Group 4/5	3	34
Group 4/5 Refresher	2	13
Introduction to Safeguarding Children	2	22
Early Help: Understanding & Using Common Assessment Framework (CAF)	3	25
CAF: developing confidence chairing TAC	4	34
*Child trafficking awareness	2	19
Child Sexual Exploitation	2	28
*Domestic Abuse Foundation	2	18
*Domestic Abuse Intermediate	1	5
Working with Perpetrators of Domestic Abuse	1	14
Effective Supervision - Successfully Safeguarding Children & YP	2	11
Effective Supervisory Skills - Facilitating Reflective Practice	1	7
*Engaging Hard to Reach Families	1	7
Safeguarding Children for Designated Teachers	3	51
Safeguarding Children for Designated Teachers - refresher	3	36
Safeguarding Disabled Children	2	20
Introduction to Safeguarding Neglected Children	2	23
The Challenge of Safeguarding Neglected Children in Families with Complex Needs	3	26
Teenagers who self-harm	1	10
Developing Confidence in Working with Diversity	1	7
Introduction to Parental Mental Ill Health	2	28
Parental Mental Ill Health - Working Better Together to SG the Child & Adult	2	25
Parental Substance Misuse	2	13
Safeguarding Young Carers	1	7
*Prevent	4	68
SUB TOTAL for face to face classroom courses	61	663
Seminars, briefings, MAPEs and other multi-agency learning events		
SEMINARS: Allegations Against Professionals	2	27
BRIEFING: learning from SCRs featuring neglect	1	41

CSE Partnership Awareness Event October 2016 (full day)	1	99
MAPE 1,2 and 3 (half day each), delivered by 31/3/2017	3	118
SUB-TOTAL for lunchtime briefing/MAPEs/CSE events	7	285
TOTALS (classroom-based courses and lunchtime briefings/seminars/MAPE) 2016-17	68	948

BSCB aims to have a multi-agency mix of professionals at every training course as we believe this is key to fostering trust and confidence among the children’s workforce in Bromley. It is a challenge for some agencies to send their staff to our multi-agency training as their training budgets have reduced dramatically in the last two years resulting in some difficult decisions about where to prioritise their staff development. Health agencies and police have struggled with this the most as their organisations have introduced more mandatory online learning modules for children’s safeguarding. The BSCB has continued to challenge those agencies whose staff are not attending sufficient multi-agency training.

A breakdown of agencies attending our classroom based, face to face BSCB training for the year 2016-17 is below:



The BSCB consistently provides training of a high standard, with course participants agreeing that courses are useful and relevant to their needs. Each course is subject to user evaluation. Overall feedback across all courses showed that 78% of the attendees judged the courses to be Excellent. Evaluation scores have improved every year for the past three years.

	Excellent	Good	Satisfactory	Poor
2014-15	68%	30%		
2015-16	73%	25%	2%	
2016-17	78%	21%	1.4%	0%

Since 2014, the BSCB has had a comprehensive evaluation process which includes pre and post training evaluation, as well as a two month follow up evaluation with attendees for all courses to identify the impact of training and whether learning has been applied. Each course is allocated to a member of the Training sub group to monitor, dependent on their specialist area. Where a course consistently has a low score, indicating low impact, attendees are contacted to obtain more specific details, which is then fed back to the trainer to amend content or delivery. Poor evaluations can lead to unsatisfactory trainers being replaced or courses decommissioned. Furthermore, certificates can be withheld if individuals do not apply the training and the BSCB also expects that this is followed up by supervisors and line managers during supervision.

All trainers are required to submit an evaluation form to evaluate how well the course went. Questions include how relevant the course was to the experience of the delegates and whether any organisational issues emerged during the training. Forms are submitted to and followed up by a manager in the Workforce Development team. The Training Sub group routinely analyses evaluation data and also carries out 'mystery shopping' of courses to ensure quality and impact.

E-Learning Courses

The BSCB's free e-learning courses for Group 1 and 2 training which was introduced in 2012 continues to be good value for money. The BSCB and BSAB commission a provider together with neighbouring boroughs to achieve economy of scale. This year Bromley's e-learning package consisted of 11 courses suitable for the children's workforce. These courses make up the Group 1 and 2 training offer. The advantage of online training is that delegates can learn at a time and pace that suits them. A breakdown of the number of people taking the BSCB e-learning courses for 2016-17 is below.

915 people completed the Level 1 Safeguarding Children module this year compared to 279 last year. This is a significant improvement and ensures the 'safeguarding is everybody's business' is reaching a much broader audience. Participants included pharmacists, childcare staff, housing, adult services staff, healthcare assistants and those working as volunteers.

Online learning course (called 'ME Learning') April 2016 March 2017	
COURSE TITLE	Number Completed
Autism Awareness	56
Data Protection Act	46
Domestic Abuse	43
E-Safety - Risks to Children	55
E-Safety - for Parents	10
Information Sharing and Consent for people working with Children	28
Managing Conflict - Children's Workforce	11
Safeguarding Awareness	30
Safeguarding Children - Level 1	915
Safeguarding Children - Level 2	223
Safeguarding Children with Disabilities	72
TOTAL NUMBER OF PEOPLE COMPLETING ONLINE COURSES	1489

PRIORITIES FOR NEXT YEAR AND BEYOND

BSCB Vision: "Children and young people in Bromley are seen, heard and helped; they are effectively safeguarded, properly supported and their lives improved by everyone working together."

This Business Plan for 2017-19 replaces the Business Plan 2015-18 as part of the review and reconfiguration of the BSCB following the Ofsted inspection of 2016 which graded the BSCB as 'requires improvement'. It acknowledges the inadequacy of previous approaches which lacked strategic oversight. The

BSCB is moving away from monitoring the functions of the board and will now shift our focus more firmly on the context of the lives of our children in Bromley and demonstrate a commitment to grip, pace and impact.

In the context of impending change, the structure of this Business Plan will allow us flex to meet the challenges and embrace the opportunities of the Children and Social Work Bill.

PRIORITY 1: THE LOCAL SAFEGUARDING CONTEXT

Outcome: Children and young people at risk of specific vulnerabilities in Bromley are seen, heard and helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support. The BSCB and partner agencies focus on how to safeguard children and young people in the context of their lives at home, in friendship circles, health, education and public spaces including social media – context is key.

Actions: To monitor the ongoing effectiveness and impact of the partnership in responding to previous Business Plan priorities of CSE, Missing, Gangs, Domestic Violence, Neglect, Radicalisation and FGM. To work with partners to deliver comprehensive, multi-agency arrangements that tackle the identified safeguarding priorities set out below; and to evaluate their impact on children and young people:

- Domestic Violence (abusive relationships linked to CSE and Gangs)
- Mental Health
- Authentic voice of Children with special and educational needs
- Authentic voice of Children Looked After

PRIORITY 2: EARLY HELP & EARLY INTERVENTION

Outcome: Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise.

Actions: To evaluate the effectiveness of early help arrangements Bromley.

PRIORITY 3: STRONG LEADERSHIP AND STRONG PARTNERSHIP

Outcome: The BSCB leads the safeguarding agenda, is professionally curious and challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by children, young people and their families. A key focus within Priority 3 is how the BSCB and partner agencies commit to Making the Invisible Visible. This reflects the importance that the BSCB and partner agencies apply to ALL children and young people living in Bromley being seen, heard and helped.

Actions:

- In the context of the Children and Social Work Bill and the proposed abolition of LSCBs, partner agencies will continue to commit to engaging in robust arrangements that coordinate and ensure the effectiveness of how children and young people are safeguarded

- The BSCB and partners successfully deliver against the Business Plan and associated work plans set for the BSCB and its sub groups / working groups
- Continue to strengthen the governance interface between the BSCB and other key strategic forums and Chairs
- Maintain the BSCB Learning & Improvement Framework; scrutinise & challenge performance; identify, disseminate and embed lessons; engage with children, young people and families and evaluate the impact on outcomes
- To communicate and raise awareness about safeguarding to individuals, organisations and communities
- To consistently promote the importance of effective and swift information sharing, promoting a culture that puts the protection of children before the protection of information

PRIORITY 4: A HEALTHY WORKFORCE

Outcome: In the context of reducing public sector funding, the BSCB listens to partners and seeks reassurance that agencies have in place effective arrangements to support their staff deliver high quality safeguarding practice.

Actions: The BSCB sets up a task and finish group to lead on designing and implementing a thorough health check of the organisational arrangements in place to support effective safeguarding practice.

TECHNOLOGY AND SOCIAL MEDIA

The BSCB business plan aims to develop and deliver services that meet the needs of the children they seek to safeguard. This in the context of children's lives; at home, in care, in education and health, with family and friends and in all the offline and online spaces they frequent. The BSCB recognises that children's access to technology and use of social media is not novel and distinct; rather it is fundamentally integrated in the lives of young people. We further recognise that the context within a child's offline life; neglect, emotional or physical abuse or living in the shadow of abusive relationships is often reflected in the online 'digital footprint' children, young people and many adults now create.

We have therefore discarded the development of an e-safety strategy on the basis of its singular focus on technology and will instead, be developing a strategy and suite of supporting documents focused on safeguarding children and young people within the context of their real lives and their access and use of technology. In the toolkit supporting this strategy, professionals will be provided with policy, guidance and checklists that will assist safeguarding professionals identify and support children and young people in need of help and protection. This will be available in summer 2017.

In addition the BSCB will be developing Apps to support professionals so that they have immediate access to the guidance they need. The BSCB App will include information on subjects such as thresholds of needs, escalation, what to do if you are concerned about a professional and how to get help if you are concerned about a child. Videos on CSE will also be available for professionals on the BSCB website.

The BSCB's annual conference in November 2016 was on the topic of 'Safeguarding Bromley's Children and Young People in a Digital Age' and was attended by 146 multi-agency attendees. It included presentations on the topic of on-line grooming (child sexual exploitation and radicalisation) and meeting strangers on line via gaming. Bromley Youth Council also presented their experiences and views on social media. Feedback from attendees was excellent and referred to the 'very up to date, relevant information' and one attendee said that 'my eyes were opened to a few things'.

WHAT YOU NEED TO KNOW

THE BSCB WEBSITE <http://bromleysafeguarding.org/>

TWITTER @BromleyLSCB

CHILDREN AND YOUNG PEOPLE

- Nothing is more important than making sure you are safe and well cared for
- As adults, sometimes we think we always know best...we don't..... and that's why your voice is so important
- This is about you and we want to know more about how you think children and young people can be better protected
- We want to talk to you more often and we want to know the best way to do this..... please help
- If you are worried about your own safety or that of a friend, speak to a professional you trust or speak to ChildLine on **0800 1111**

PARENTS AND CARERS

- Public agencies are there to support you and prevent any problems you are having getting worse...Don't be afraid to ask for help
- Tell us what works and what doesn't when professionals are trying to help you and your children
- Make sure you know about the best way to protect your child and take time to understand some of the risks they can face
- You'll never get ahead of your child when it comes to understanding social media and IT – but make yourself aware of the risks that children and young people can face

THE COMMUNITY

- You are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. Don't turn a blind eye. **If you see something, say something.**
- If the child lives in Bromley, call the Multi Agency Safeguarding Hub (MASH) on **0208 461 7373/7379 7026** during working hours
- If you need to speak to someone out of office hours contact the Out of Hours Duty Service on **030 0303 8671**
- You can also call the NSPCC Child Protection helpline on **0808 800 5000**

FRONT-LINE STAFF AND VOLUNTEERS WORKING WITH CHILDREN OR ADULTS

- Make sure children and young people are seen, heard and helped... whatever your role
- Your professional judgement is what ultimately makes a difference and you must invest in developing the knowledge, skills and experiences needed to effectively safeguard children and young people. Attend all training required for your role
- Understand the importance of talking with colleagues and don't be afraid to share information. If in doubt, speak to your manager
- Escalate your concerns if you do not believe a child or young person is being safeguarded
- Use your representative on the BSCB to make sure that your voice and that of the children and young people you work with are heard
- If your work is mainly with adults, make sure you consider the needs of any children if those adults are parents

LOCAL POLITICIANS

- You are leaders in your local area. Do not underestimate the importance of your role in advocating for the most vulnerable children and making sure everyone takes their safeguarding responsibilities seriously
- Councillor Peter Fortune is the Portfolio Holder for Education and Children and Families and has a key role in children's safeguarding - so does every other councillor
- You can be the eyes and ears of vulnerable children and families... Keep the protection of children at the front of your mind

CHIEF EXECUTIVES AND DIRECTORS

- You set the tone for the culture of your organisation. When you talk, people listen - talk about children and young people
- Your leadership is vital if children and young people are to be safeguarded
- Understand the capability and capacity of your front-line services to protect children and young people - make sure both are robust
- Ensure your workforce attend relevant BSCB training courses and learning events
- Ensure your agency contributes to the work of BSCB and give this the highest priority. Be Section 11 compliant
- Advise the BSCB of any organisational restructures and how these might affect your capacity to safeguard children and young people
- Keep engaged with the safeguarding process and continue to identify children who need early help and protection

THE POLICE

- Robustly pursue offenders and disrupt their attempts to abuse children
- Ensure officers and police staff have the opportunity to train with their colleagues in partner agencies
- Ensure that the voices of all child victims are heard, particularly in relation to listening to evidence where children disclose abuse
- Ensure a strong focus on MAPPA and MARAC arrangements

HEAD TEACHERS AND GOVERNORS OF SCHOOLS

- Ensure that your school / academy/ educational establishment is compliant with ‘keeping children safe in education’ (DfE, 2016)
- You see children more than any other profession and develop some of the most meaningful relationships with them

CLINICAL COMMISSIONING GROUPS

- CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations
- Discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children

THE LOCAL MEDIA

- Safeguarding children and young people is a tough job
- Communicating the message that safeguarding is everyone’s responsibility is crucial - you can help do this positively.
- Hundreds of children and young people are effectively safeguarded every year across the borough of Bromley

BSCB MEMBERSHIP (AS AT AUGUST 2017)

Independent Chair

Jim Gamble QPM

BSCB Team

Kerry Davies	Board Business Manager (Job Share)
Joanna Gambhir	Board Business Manager (Job Share)
Hazel Blackman	Business Support Officer

Board Members

Ade Adetosoye	Deputy Chief Executive and Executive Director Education, Care and Health Services (statutory DCS),
Jane Bailey	Director of Education
Janet Bailey	Interim Director Children's Social Care
Deidre Bryant	Head of Service, National Probation Service
Valerie Burton	Lay Member
Khalil Campbell	Senior Service Manager CAF/CASS
Deborah Carter	Deputy Head Teacher, Bullers Wood School

Jane Clegg	Director of Nursing, NHS England
Sonia Colwill	Director of Quality Governance and Patient Safety, CCG
Kerry Davies	BSCB Business Manager (job share)
Helen Dyer	Bromley CFVSF Chair (third sector)
Darren Farmer	Quality Governance Assurance/ Stakeholder Engagement Manager, London Ambulance
Jenny Flavill	Designated Dr, Consultant Community Paediatrician
Peter Fortune	Portfolio Holder, Education, Children and Families Services
Joanna Gambhir	BSCB Business Manager (job share)
Gillian Halden	Interim Head of Service Quality Assurance
Debbie Hutchinson	Deputy Director Nursing, Kings College Hospital
Marina Laurie	Lay Member
Trevor Lawry	Deputy Borough Commander, Borough Police
Fiona Martin	DCI Child Abuse Investigation Team (CAIT)
Sadie McClue	Head of Safeguarding (Designated Nurse), Bromley Clinical Commissioning Group
Betty McDonald	Head of Youth Offending Service
Jenny Selway	Consultant Public Health Medicine (Chair of CDOP)
Lucien Spencer	Area Manager, London CRC
Isobel Vassallo	Head Teacher, St Mary's Catholic Primary School
Natalie Warman	Director of Nursing, Therapies and Quality Assurance, Bromley Healthcare
Jane Wells	Director of Nursing and Safeguarding, Oxleas NHS Trust