



Halton Safeguarding Children Board

Annual Report 2018-19

and

Business Plan 2018-19

June 2019

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1. Independent Chair's Introduction

As the Independent Chair of the Board I challenge the partnership to meet its responsibilities to work together effectively to safeguard Halton's children and young people. This year has been demanding as we focus on maintaining scrutiny of our partnership safeguarding arrangements whilst preparing to handover our responsibilities to the new Safeguarding Children and Young People Partnership in accordance with the Children and Social Work Act 2017.

This report provides an overview of the work we have undertaken, and progress against our agreed priorities to ensure that children and young people are appropriately safeguarded. Throughout the period we undertook a number of audits and review activity, highlighting the strengths and learning opportunities for agencies in Halton; communicating to all partners the key lessons to be learned. HSCB partners have developed an Early Intervention Strategy to ensure that identified and assessed needs of children and families are met in a timely and effective manner. This means that risks of issues such as neglect and domestic abuse can be identified and addressed at the earliest opportunity.

The partnership has recognised the threat to young people from criminal exploitation; including sexual exploitation, trafficking and modern slavery and has developed strategy and procedures to identify risk and support young people to prevent harm. This work is developing under the title of "Contextual Safeguarding". The Annual Report outlines how partners in Halton have worked together to improve frontline practice in key areas where children are most vulnerable and at risk.



Richard Strachan
Independent Chair
Halton Safeguarding Children Board

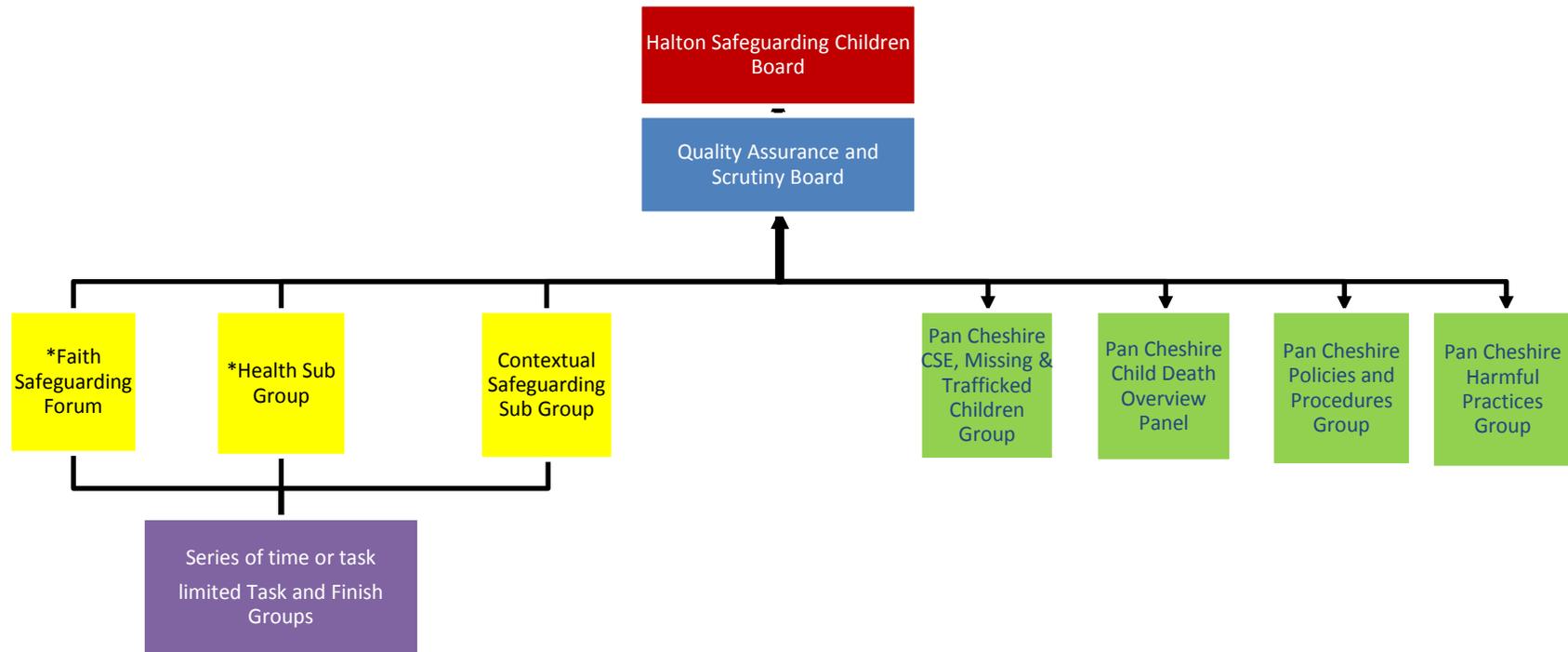
2. The Structure of the HSCB

The HSCB comprises of a strategic Main Board, a Quality Assurance and Scrutiny Board and a number of sub groups, both local and Pan Cheshire. All sub groups have defined terms of reference, work plans under the HSCB Business Plan and are accountable to the Strategic Board. The Main Board is the overarching decision making body whilst the Quality Assurance and Scrutiny Board drives the business on behalf of the Board, with the sub groups reporting directly to it. In recognition of the inclusion of Contextual Safeguarding in the Working Together to Safeguard Children 2018 guidance, Halton began work to change from the CSE, Missing and Trafficked Children Sub Group to a Contextual Safeguarding Sub Group.

There are clear overlaps and common issues between children's and adults' services in relation to safeguarding vulnerable groups, whatever their circumstances. Examples include: Criminal Exploitation, Trafficking and Female Genital Mutilation. The behaviours and personal situation of an adult at risk in a family can impact significantly on any children and young people in that family, and may impair parenting abilities. In addition, childhood experiences may have lasting effects into adulthood. For this reason, Halton has strong links between the Safeguarding Adults and Children Boards. The Health Sub Group and Faith Safeguarding Forum are accountable to both Boards.

The Pan-Cheshire sub groups - Child Sexual Exploitation, Missing & Trafficked Children; Policies & Procedures; Harmful Practices; and Child Death Overview Panel (CDOP) – support the four Cheshire LSCBs to work more effectively. This supports and enables improved information sharing arrangements to address issues which do not recognise local authority boundaries, such as Criminal Exploitation or Trafficking.

HALTON SAFEGUARDING CHILDREN BOARD STRUCTURE



*Denotes joint Sub Group of the HSCB and Safeguarding Adults Board

3. Demographics of Halton

Halton has an estimated population of 127,595, of which approximately 28,337 children aged between 0-17 years are living in the borough. (Source: ONS, 2016 Mid-Year Population Estimates). The population is largely White British, with only 3.2% of the population identified as being from a minority ethnic group. (Source: 2011 Census)

Halton is the 27th most deprived local authority area in England out of 326. 26% of the population live in areas that fall in the top 10% most deprived nationally. (Source: Index of Multiple Deprivation, 2015) In 2014, 12% of children and young people were living in poverty. (Source: DWP, Out of Work Benefit Claimant Households, 2015)

4. Key Priorities 2017-18:

The HSCB's Business Plan was revised in order to support transition to the new multi-agency safeguarding arrangements which are to replace LSCBs in 2019. The four strategic objectives were refocussed to three:

1. Ensuring that the Board has a project plan in place for transition to multi-agency safeguarding arrangements.
2. Assuring the quality of practice in the local safeguarding context.
3. Support the development of a safe and informed workforce, including volunteers.

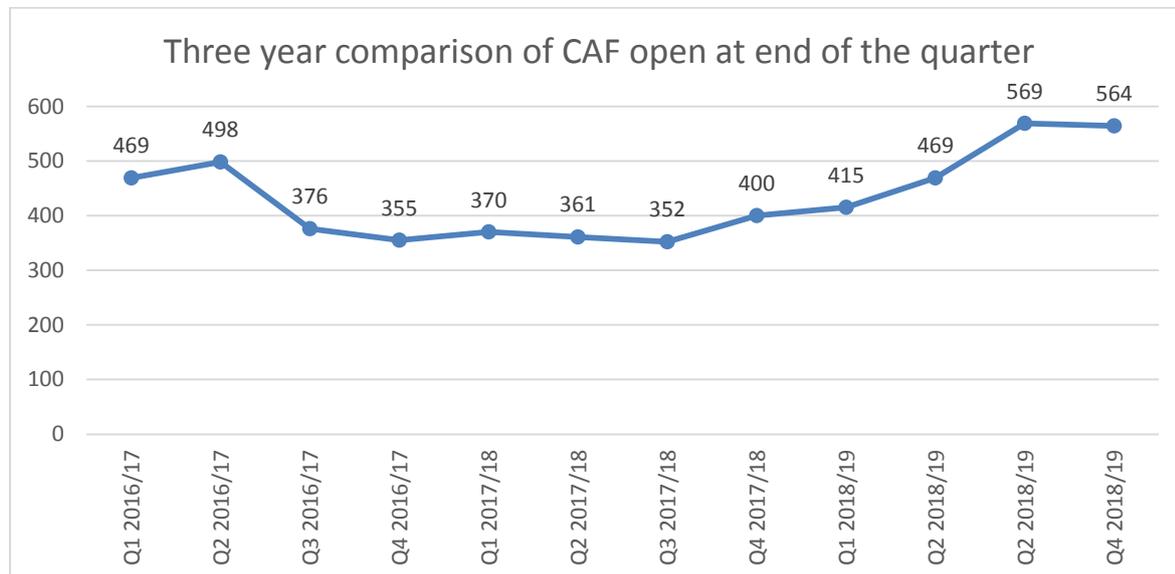
5. How Safe are our Children and Young People in Halton? Safeguarding Activity 2018-19

5.1 Early Intervention

Halton's Early Intervention Strategy ensures that identified and assessed needs of children and families are met at the lowest, safe level of service possible. In some instances children may have additional needs which if addressed at an early stage will prevent the need to refer to Children's Social Care at a later point. The child and family may need a range of supportive services to address these additional needs. Partners across Halton use the Common Assessment Framework (CAF) to assess early intervention needs. This is a voluntary assessment process, requiring informed consent of the family or young person, dependent upon age and understanding. The child's needs are assessed holistically, services delivered in a coordinated manner with progress and outcomes reviewed regularly.

The CAF may also be used when the level of risk has been reduced so that families no longer need a service from Children's Social Care. This is to ensure that any ongoing needs of families continue to be met and/or that families and young people are supported to access universal services.

After some significant data quality work undertaken in 2016/17 the number of CAF remained stable. During quarter four 2018/19 the numbers began to rise and Halton now has 564 children with an open CAF at the end of quarter four 2018/19.



Data in relation to step ups from CAF to Children's Social Care shows that a total of 183 cases were stepped up during the year which represents a slight decline on that seen last year (198 cases).

From quarter three 2017/18, data has been available in relation to the number of CAFs advised by the integrated Contact & Referral Team (iCART) and how many CAFs were subsequently put into place. This data is included in the HSCB Data

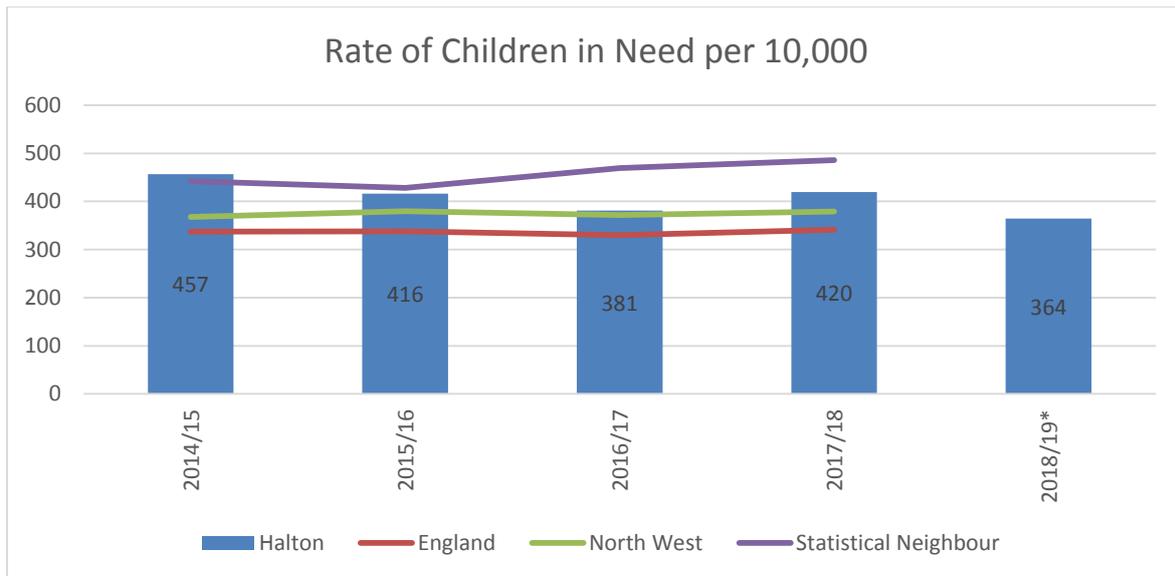
Scorecard and is scrutinised by the Quality Assurance and Scrutiny Board. During 2018/19 a total of 234 CAF started from 785 contacts where CAF advised is the outcome (01/04/2018 - 31/03/2019). It is noted that for an additional 127 cases it was later deemed that a CAF was not necessary (due to escalating needs or family refusal) and that a further 134 contacts were still within the CAF tracking process. The tracking of this data was a recommendation from a local Practice Learning Review (PLR) which recognised the importance of being able to monitor this so that partners, where necessary, can be challenged as to why a CAF was not initiated as advised.

5.2 Children in Need and Child Protection

All services and the community in Halton need to be vigilant and have the confidence to report concerns where they think that a child may be at risk of harm. We also need to ensure that children have opportunities to speak out when they are at risk, or are being harmed. Specialist services such as Children's Social Care and the Police can only intervene to protect children if they are alerted to concerns. The HSCB promotes messages to both the public and staff regarding what to do if concerned about a child's welfare. In addition, specific campaigns are also promoted by the HSCB, such as the "Know and See" Child Sexual Exploitation campaign and the Child Criminal Exploitation campaign.

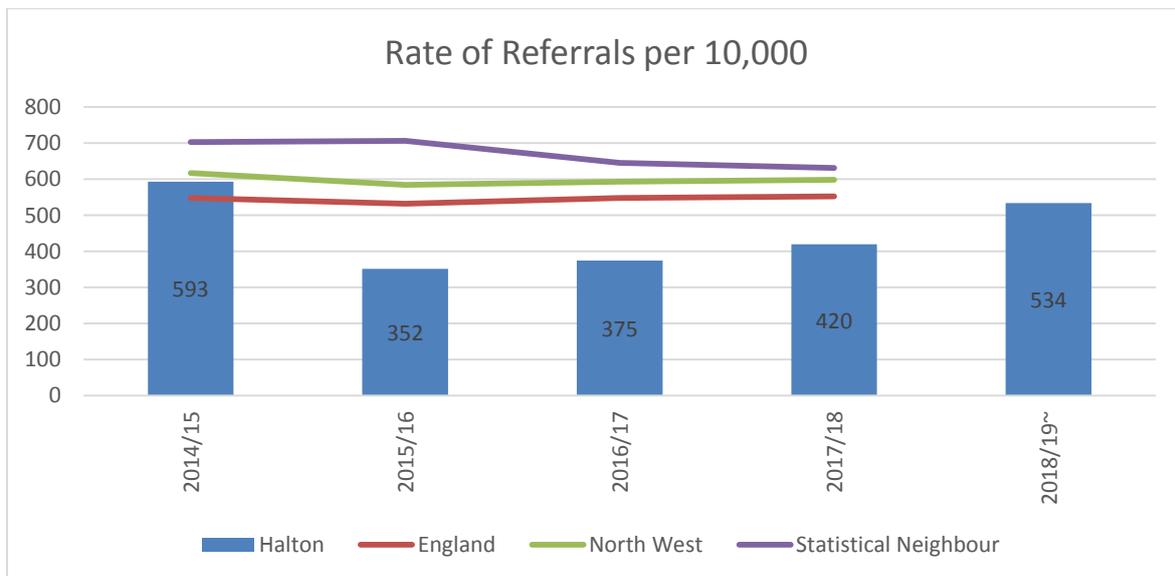
The following information is about children and young people in Halton who have been identified by the Local Authority and partner agencies as being in need of safeguarding.

The rate of Children in Need in Halton has seen a decrease on last year, with the most significant decrease seen in quarter two. The provisional rate for Halton at the end of 2018/19 was 364 per 10,000 population based on those children and young people who have been involved with Social Care across the Levels of Need Framework (see Appendix B Halton Levels of Need Framework). This includes those receiving an assessment, subject of Child Protection Plans, Children in Need and Care Leavers. The most recent available data from 2017/18 shows that Halton's rate remains higher than the England average (341 per 10,000), but below the rate of its statistical neighbours (486 per 10,000) and regional comparators (379 per 10,000).



5.3 Referrals

A referral is information received by Children’s Social Care where there are concerns about a child. The response may be to provide advice, a single agency response, signpost to early intervention services or to undertake a Social Worker led single assessment.



iCART has experienced similar numbers of contacts this year (an average of 646 per month) compared to last year. The demand is balanced between Social Care (Level 3) and Early Intervention (Level 2). [See Appendix B Halton Levels of Need Framework.]

In relation to comparators the referral rate is low but is increasing. It should be noted that Halton’s processes for recording referrals may differ to other local authorities. For instance, some local authorities record all contacts whether they resulted in a referral or not, and as a result they would have a significantly higher rate of referral,

and are likely to also present a higher proportion of those deemed no further action. Halton has a very low number of referrals leading to no further action.

5.4 Re-Referrals:

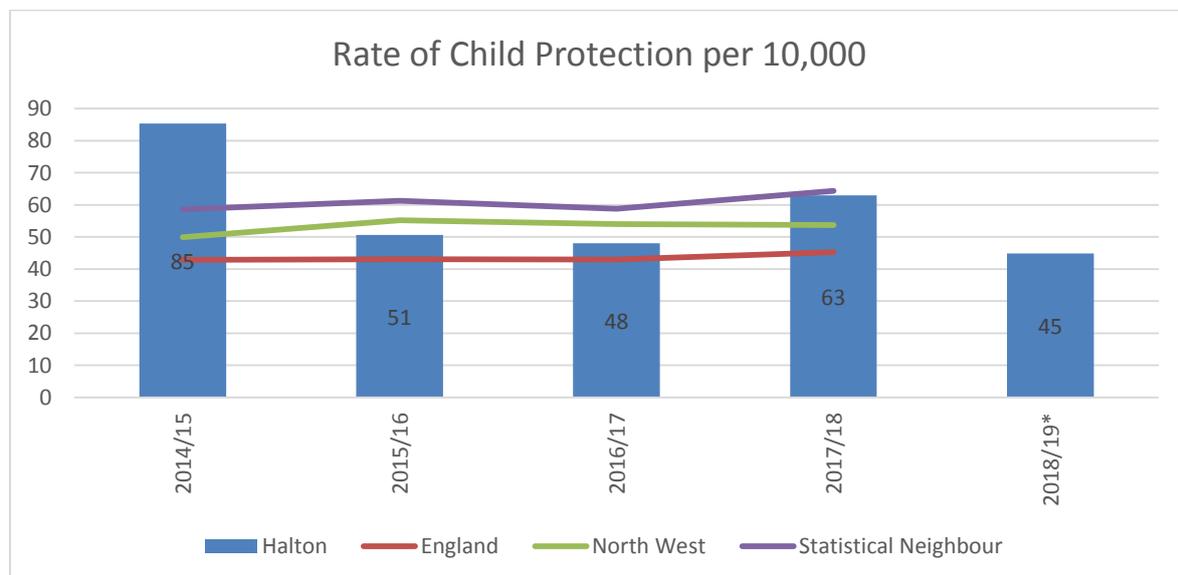
Re-referrals to Social Care are defined as a referral being received within 12 months of the previous referral. Provisional data suggests that in 2018/19 the level of re-referrals in Halton increased to 16% from the previous year (8%). All re-referrals are discussed monthly by the Local Authority’s Senior Management Team and if applicable learning is identified and fed back into practice.

5.5 Assessments:

When Children’s Social Care accepts a referral an assessment is undertaken by a Social Worker. Checks are built into the process to ensure that the child is seen in a timely manner and that the assessment is progressing to timescale. Social workers have up to 45 working days to complete their assessment and determine what services, if any, are appropriate for that child/children and family. The HSCB set a target to complete 95% of Single Assessments within 45 days. This target has been exceeded for the past three years. At the end of 2018/19 96% of assessments had been completed within the 45 day timescale.

5.6 Children Subject to Child Protection Plans:

Children become the subject of a Child Protection Plan when it has been identified that they are in need of protection from either neglect, physical, sexual or emotional abuse. Only the most vulnerable children have Child Protection Plans.

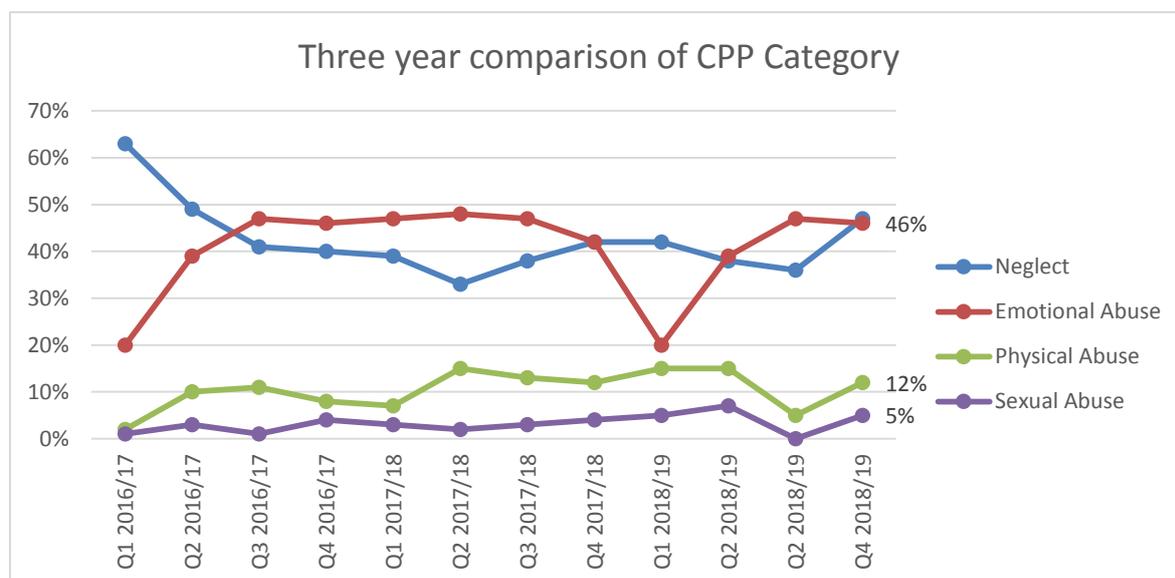


The rate of Child Protection Plans per 10,000 has been variable in Halton over the past five years. The population at the end of 2018/19 is the lowest seen in the five year period, and brings Halton in line with the England average (2017/18) and below both regional and statistical neighbour comparators. This decrease is despite the slight increase in referrals to social care.

Category of Abuse for Child Protection Plans:

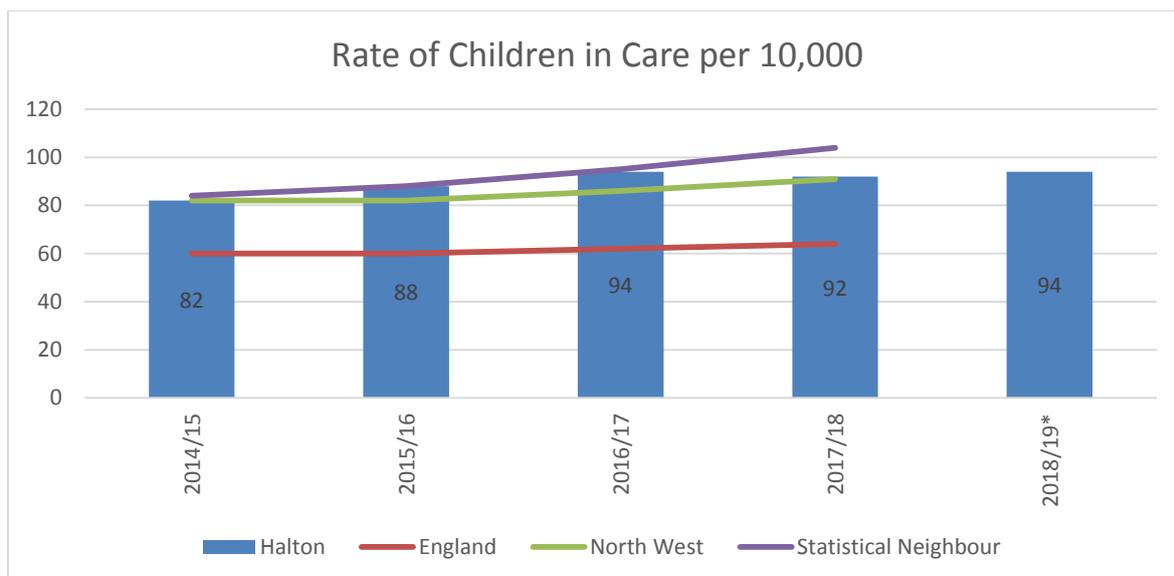
The category of abuse reflects the most significant risks to the child.

Emotional Abuse and Neglect remain the categories used for the majority of Child Protection Plans and although the trend can vary between which is more prevalent, at the end of March 2019 there were an equal number of plans with each of the categories. Over the past three years there has been a slight increase in the proportions where Physical Abuse or Sexual Abuse have been selected, however due to small numbers in the child protection cohort caution should be used in using this data to suggest an increase in physical or sexual abuse.



5.7 Children in Care

At 31 March 2019 there were 265 Children in Care. This is a slight increase on the number at the end of the previous year. This is a rate of 94 per 10,000 population. The latest available data in relation to statistical neighbours from 2018/18 shows that Halton's rate is significantly lower than the statistical neighbour average of 104 per 10,000 population. Halton's rate remains higher than the North West average of 91 and an England average of 64. The numbers of Children in Care remained relatively static during the year.



5.8 Children Living in Halton in the Care of Other Local Authorities

Some children living in Halton are Children in Care of other local authorities (this means that they live in foster care placements, independent children's homes or within a Leaving Care/Semi Independent placement in Halton where the placement has been arranged by another Local Authority.)

Each Local Authority is required to maintain a current list of the children placed in its area. On 31 March 2019 there were 121 children placed in Halton from other local authorities, which is a 10% decrease on last year.

The children in care placed in Halton by another Local Authority are recorded on Halton's systems by iCART when a notification has been received that the child has been placed in Halton or left Halton. There is very little fluctuation in the numbers and often delay in receiving notification that the child has left Halton can lead to a false increase in numbers. Data cleansing is regularly undertaken to ensure a more accurate understanding of the local picture. This supports the multi-agency partnership in ensuring that these vulnerable children are receiving services, including universal services such as a GP, School Nurse and education, which they are entitled to.

5.9 Private Fostering

Private fostering is an arrangement, usually made by a parent, for a child under 16 years (or under 18 years if they have a disability) to be cared for by someone other than a close relative (ie grandparent, brother, sister, aunt or uncle) for 28 days or more. It does not apply to children who are looked after by the Local Authority.

LSCBs are expected to ensure that effective processes are in place to promote the notification of private fostering arrangements in their local area. This includes raising awareness amongst staff and the public of what constitutes a private fostering arrangement, and the requirement to notify Children's Social Care. The local

authority is required to provide an annual Private Fostering Report to the HSCB, which the Board reviews and responds to any findings as necessary.

Whilst private fostering spans most age groups it more commonly occurs for young people between the ages of 13-16 years old. In research undertaken in 2015 the reasons for being privately fostered were identified as follows:

- 25% said they became privately fostered because their parents were on holiday;
- 17% said they were privately fostered because their parents had long term health problems;
- 17% said their parents were working away from home;
- 10% said their parents were living somewhere else;
- 9% said they'd had a row with their mum and dad;
- and 5% said their parents were in prison.
- A further 34% cited 'other' as the reason they became privately fostered. (British Association of Adoption & Fostering)

Despite continued awareness raising Private Fostering notifications remain low.

Private Fostering activity during 2018-19 was as follows:

	2018/19
Notifications received during the report year	7 (30 abandoned notifications* from referral)
Private Fostering Arrangements starting during the reporting year	3
Arrangements open during the year	5
Average age of those children & young people with Private Fostering arrangements during the year	14
Private Fostering arrangements ending during the reporting year	3 (3 families)
Number open at end of reporting year 31 st March 2019	2 (2 families)

*Abandoned referral notifications relate to cases whereby the child's circumstances have changed – for example, where they return to live with a parent/close relative or the carer obtains a Child Arrangement Order – or the child is identified to be living with a close relative.

5.10 Children who are Adopted

The number of adoptions from care during the reporting period was five, a significant decrease on the previous two year's (13 2016/17, 23 2017/18). Of these, four (80%) were placed with prospective adopters within 12 months of the decision to adopt.

The government sets two threshold measures for adoption:

A1: Average time between a child entering care and moving in with their adoptive family. The threshold is 426 days and Halton's forecast is 407 days suggesting both an improvement from the previous three year period, and meeting the threshold.

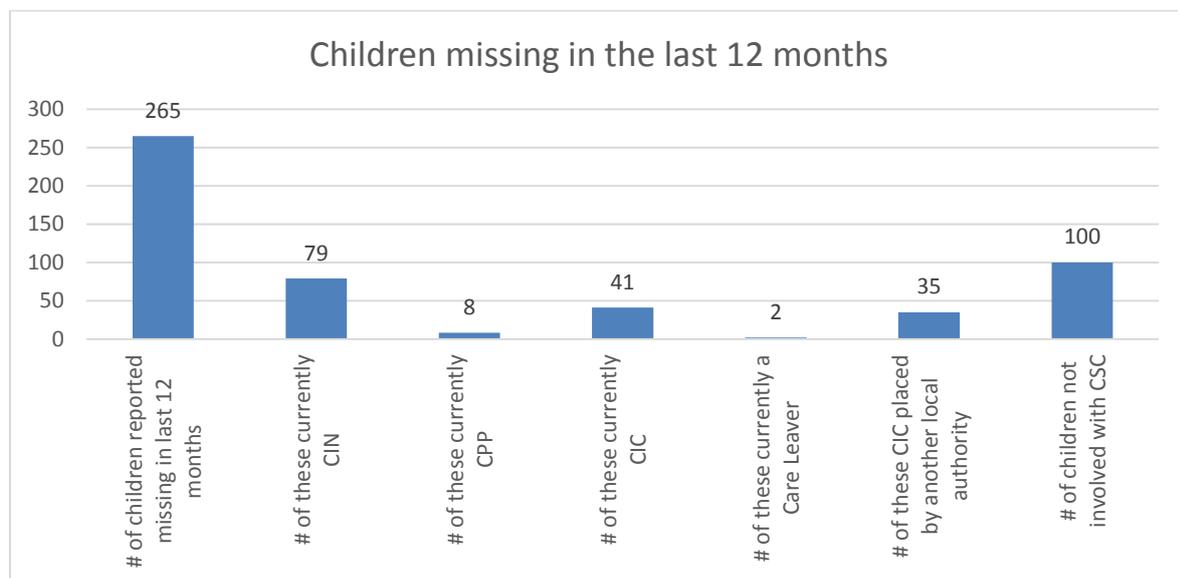
A2: Average time between the Local Authority receiving court authority to place a child, and the Local Authority deciding on a match to an adoptive family. The threshold is 121 days and Halton’s forecast is 175 days, which is an increase from the previous three year period, and remains below the threshold.

Data is awaited to confirm the position for the three year period ending 31 March 2019; however given previous published data it is unlikely that many local authorities will have met both thresholds.

5.11 Missing Children

YoungAddaction began providing the commissioned Missing from Home Service across Cheshire from 1st July 2018. Previous to this Catch22 had held the contract since 2012. The case workers moved over from Catch22 to YoungAddaction ensuring continuity. Staff from YoungAddaction work closely with the police Missing from Home Coordinator and other partners, with a weekly Missing from Home meeting taking place in iCART. They undertake return interviews and assessment, followed by direct intervention work as required. They also undertake independent return interviews with Halton’s Children in Care, placed outside Cheshire, but living within a 20 mile radius.

Missing Children Data 2018/19



In 2018-19 there were 1087 missing notifications recorded. Compared to 2017-18 (with 1318 missing notifications) this is a reduction of 231 (18%) missing notifications. The chart above shows the breakdown of the individuals recorded missing during the year (265) and their status in terms of social care at the end of March 2019.

The CSE, Missing Children and Modern Slavery Sub Group scrutinises activity on behalf of the Board. This has included the impact of the multi-agency Weekly Meetings; how Return Interviews inform the child's plan; and practice in relation to the Missing from Home Strategy.

6.0 The Work of the Sub Groups

6.1 Child Sexual Exploitation, Missing Children and Modern Slavery Sub Group

The Sub Group achieved the following in 2018-19:

- Sub Group terms of reference were revised to include Contextual Safeguarding.
- Terms of reference and working of the CSE Operational Group revised to include Criminal Exploitation.
- List of young people at risk of CSE revised and all screening tools updated.
- Partners engaged in activity for national CSE awareness day.

Work will continue under the new safeguarding partnership arrangements to develop the group as the Contextual Safeguarding Strategic Group with a Contextual Safeguarding Operational Group underneath looking at themes, trends and disruption activity in relation to young people at risk due to Contextual Safeguarding. A model for Contextual Safeguarding will also be developed following benchmarking of activity in Halton using the Contextual Safeguarding Network toolkit.

6.2 Health Sub Group

The Health Sub Group reports to both the Safeguarding Adults and Children Boards. For the purposes of this report the focus is upon reporting the Sub Group's achievements in relation to children and young people.

NHS Halton Clinical Commissioning Group (CCG) have appointed a Designated Doctor to the post which has been vacant for some time; the post-holder takes up position on 1st April 2019. A Named GP will also take up post at the beginning of 2019-20, with the CCG looking to provide additional capacity via recruitment to a nursing post.

The Sub Group achieved the following in 2018-19:

- Designated professionals have taken action to raise awareness of safeguarding within Primary Care through practice visits, training sessions, safeguarding forum meetings and targeted support as required. There is a GP Safeguarding Lead in place in every Practice.
- All provider Trusts have presented the outcomes of their safeguarding related audits.
- A new model of service delivery for Children in Care over 5yrs old went live on 1st April 2019. Every Child in Care in Halton has a Child in Care Nurse who will work with them, their Social Worker and their carer to ensure that they are supported to achieve their best possible health outcomes. One of Halton's Care Leaver's was actively involved in recruitment of the Child in Care nurses and remains in contact with the team as an ambassador for Children in Care.

- North West Boroughs Trust have reported on a range of work undertaken by the CAMHS participation group, SHOUT, which has included promoting messages on Mental Health to children and young people in public areas.
- Scrutinised the School Health Service safeguarding prioritisation plan.
- Scrutiny of Health Sector Safeguarding Annual Reports.

Under the new safeguarding partnership arrangements the group will become the Health Operational Sub Group joining with Warrington; there will be a Health Executive Group which the Operational Sub Group will be responsible to. The group will report to both Halton and Warrington safeguarding children partnerships and Safeguarding Adult Boards. This reflects the joined up approach of the CCGs.

Priorities for 2019-19 include:

- Develop pathways, reporting, quality assurance and safeguarding processes within Primary Care
- Ensure audit activity of Health partners is scrutinised by Sub Group.
- Development of a case management model for Children in Care over 5 years old.
- S11 scrutiny of Primary Care and small contracts commissioned by NHS Halton CCG.

6.3 Faith Safeguarding Forum:

The Faith Safeguarding Forum reports to both the Safeguarding Adults and Children Boards. For the purposes of this report the focus is upon reporting the Sub Group's achievements in relation to children and young people.

The Forum achieved the following in 2018-19:

- Diversified membership with additional representatives attending from local places of worship in Halton.
- Regular information briefings to safeguarding leads across the sector.
- Two Faith representatives joined Halton's Child Poverty Group which enabled information on activity undertaken by the sector to support vulnerable people to be recognised and inform the group's action plan.

Forum members were involved in consultation events on the new safeguarding partnership which informed how the sector will continue to inform and be involved in the arrangements in Halton. The Forum has committed to continue its work following transition from LSCB to the safeguarding partnership arrangements.

Throughout the year the Forum has supported its members with advice and guidance on safeguarding concerns. Members have also supported one another by sharing policies, procedures, guidance documents and training opportunities.

Priorities for 2019-20:

- The Forum to continue as a self-supported sector-led group.
- Completing S11 audits across Faith organisations in Halton, including a redacted version for smaller organisations.

- Continue to focus on working with the more vulnerable groups including refugees and asylum seekers, victims of trafficking, families in poverty and those adults and children with disabilities.

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7.0 Child Death Overview Panel (CDOP)

All Boards have a statutory requirement to review the circumstances of the deaths of every child under the age of 18 years (excluding infants live-born following planned, legal terminations of pregnancy and stillbirths), who normally reside in the borough. This is in order to identify any potentially preventable child deaths in the future.

Preventable child deaths are defined as those in which “modifiable factors” may have contributed to the death. These are factors which, if changed, could help to reduce the risk of injury or death in other children, although we cannot say that they would have prevented this particular child from dying.

The review of child deaths for Halton is undertaken by the Pan Cheshire Child Death Overview Panel. The Panel has an Independent Chair, Mike Leaf.

In 2017-18 there were seven deaths of Halton children reported to the Pan Cheshire Child Death Overview Panel. This is in line with previous years of between six to eight deaths from 2015-16 to 2018-19. Seven Halton child deaths were reviewed and closed by the Panel during the year; one from 2017-18 and six from 2018-19.

The Pan Cheshire CDOP has been undertaking development work in preparation for it to move from being responsible to the LSCBs to being responsible to the statutory partners of the Cheshire Clinical Commissioning Groups (CCGs) and Local Authority Public Health. In order to support the collation and analysis of data a new eCDOP reporting system will be introduced. Revisions have also been made to the SUDIC Protocol and the Safer Sleep guidelines which will be included in the Pan Cheshire Multi-Agency Safeguarding Children Procedures.

8.0 Training Activity 2018-19

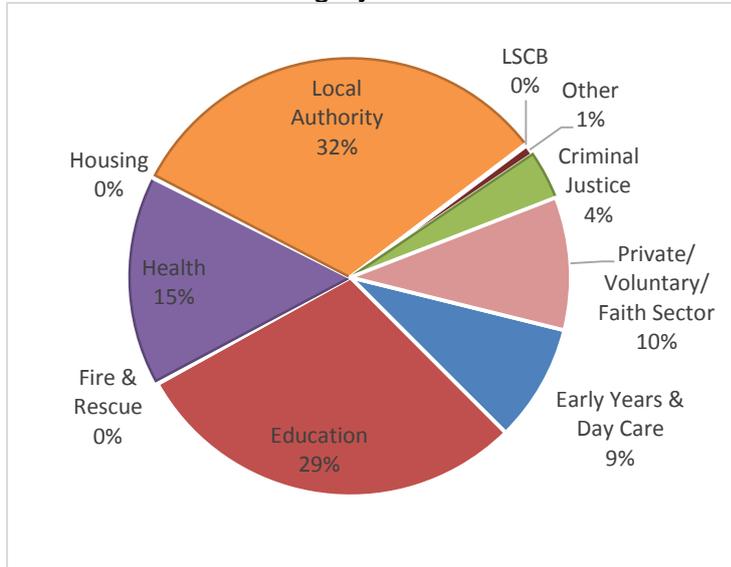
The HSCB has a responsibility to ensure that appropriate safeguarding training is available to the workforce across the borough.

The 2018-19 training programme saw 36 courses delivered with 1125 participants attending. This was a slight decrease on the number of attendees compared to 2017-18, and a reduction in the number of available training sessions. However a wider choice of courses was available compared with the previous year. As the Learning & Development Officer post was vacant from September onwards, the majority of the training year was delivered by the HSCB Training Pool with additional external facilitators. The HSCB also promoted a range of local and national e-learning. In addition bespoke safeguarding training was delivered by the Board to Home Tutors, a Primary School, Early Years and Day Care settings; and Safer Recruitment training delivered to two Multi Academy Trusts.

Overall Agency Attendance on HSCB Courses 2018-19:

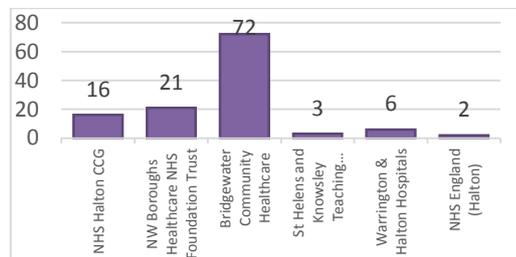
Between 1st April 2018 and 31st of March 2019 there were 19 different courses offered in the HSCB Training Programme, with 1125 participants attending. Delivery ranged from 2 hours to two day face to face courses. The charts below indicate the overall distribution of training places by agency and across sectors.

Attendance at Training by Sector

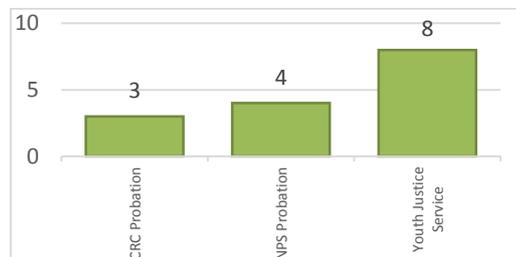


Within each sector a number of organisations are included – key breakdowns for these sectors:

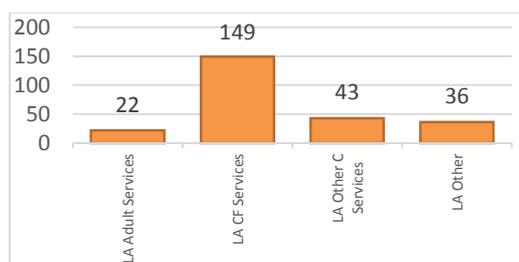
Health:



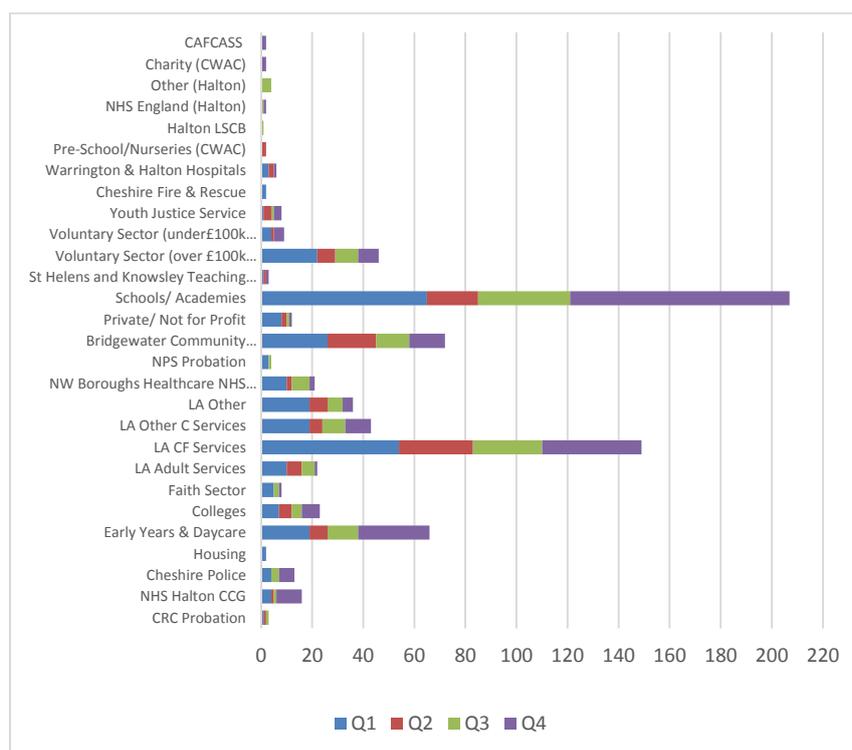
Criminal Justice:



Local Authority:



Attendance by Quarter for Organisations:



All courses are subject to immediate post course evaluation which is collated and used to develop delivery of future courses. Due to the vacant Learning & Development Officer post from September onwards the Board did not have the capacity to coordinate and undertake the post course impact evaluations.

9.0 Local Authority Designated Officer (LADO)

Each local authority must have a Designated Officer (LADO), or team of officers, to oversee all allegations relating to adults who work with children whether they are a paid member of staff, foster carer or volunteer, where there is concern or an allegation that the person has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The LADO role includes providing advice and guidance to employers and voluntary agencies; management and oversight of individual cases; monitoring the progress of

cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process. This is part of the process of ensuring that safer workforce practices are in place to safeguard children from individuals and practices which may be harmful. This process also safeguards staff by ensuring that malicious or unsubstantiated allegations are thoroughly investigated and resolved in a timely manner. In Halton the LADO functions are undertaken by staff from the Safeguarding Children Unit, under a duty system, which ensures the functions are covered during office hours.

In 2018-19 the LADO team received 190 consultations. This continued the trend for an increase in consultations which compared with 153 in 2017-18 and 140 in 2016-17. Of these 58 were dealt with as allegations that resulted in strategy meetings. Proportionately this shows a reduction in the number of consultations converting into referrals, at 31% compared with 39% in the previous year. This demonstrates the positive links and awareness of the LADO role, and that agencies feel able to contact the LADO team for advice and guidance. It also reflects the expectations of OFSTED on providers to contact the LADO team even when it is clear that the threshold is not met.

Strategy meetings should be convened within 7 working days of the point of referral. 37% of strategy meetings were convened outside of this timescale compared with 30% in 2017-18. This was due to factors including: it not being possible to get the right professionals together within the time period; the referral may have been received late; or due to reduced capacity in the Safeguarding Unit due to staff sickness and vacancies meaning that a LADO Chair is unavailable.

Training this year focused upon the consultation form and the employer's investigation reports.

10. Learning and Improvement Activity:

The HSCB undertakes a range of activity under the Learning and Improvement Framework including case reviews, audits and performance reporting.

An audit schedule of Multi-Agency practice audits continued. Themes for 2018-19 were: Think Family and Missing Children. In addition, the HSCB Quality Assurance Officer undertook an audit of Children in Care who had been missing outside the borough in order to test the impact of actions undertaken in relation to a Practice Learning Review. A planned audit on Inter-familial Child Sexual Abuse was cancelled due to long term sickness absence of the HSCB Quality Assurance Officer. The themes were identified to understand the effectiveness of multi-agency working in such cases.

Across all of the audits the following was evidenced in good practice cases:

- Good attendance at meetings and communication from all agencies working with the family.
- Consistent chronologies provided by agencies involved in the case.
- SMART plans – where everyone was clear of the aims and outcomes and were clear as to what work they needed to undertake to improve outcomes for the child

- Child's voice was captured and had influenced the plan
- Evidence of improved outcomes

Good practice identified in specific audits included:

- Clear evidence of a Think Family approach to the case, with Adult Services and Children Services working seamlessly together.
- Evidence of improved outcomes for the child and parent. An example was where Domestic Abuse had ceased due to interventions with father and the family now reported having a good relationship and a child had gone from poor attendance at school to almost 100% attendance.

(Think Family Audit)

- The missing incidents has reduced or stopped.
- The child's voice in relation to why they were going missing was obtained, understood and was incorporated into the child's plan.

(Missing Children Audit)

- Good communication between Police forces and primacy agreement in place where Children in Care went missing across borders.

(Children n Care Missing across Police Forces Audit)

Learning from the audits included:

- Children's Services workers not identifying safeguarding adults concerns.
- Adult Services electronic recording system was not able to identify whether the adult they were working with was living in a household where there were children.
- Adult facing services and some health workers were unaware or unclear as to what constitutes Private Fostering.
- Staff from Adult Services working with parents not being invited to meetings regarding the children.
- Instances where adult facing and children facing services were working with the family independently from each other.
- Lack of understanding by a commissioned service that when the provider changed the information from work under the previous provider should be shared as part of audit.
- Staff to consider additional vulnerabilities as well as number of missing incidents when determining when to undertake a Missing Strategy Meeting under the Pan Cheshire Missing Children Protocol.

The learning from the audit schedule continues to be used to inform practice with specific briefing sessions to the workforce, including learning from case reviews. There were also sessions held with partners to review the Multi-Agency Audit guidance and process for 2019-2.

HSCB Business Plan 2018-19

	Strategic Priority	Outcomes to be achieved		Actions undertaken	Impact
1.0	Ensuring that the Board has a project plan in place for transition to multi-agency safeguarding arrangements.	That an effective handover takes place during process of transition to new arrangements under the Children & Social Work Act.	1.1	The budget for the Board will sustain the core business for the Board.	<p>Relevant agencies from the LSCB partnership continue to engage in effective partnership working to safeguard children in Halton under the multi-agency safeguarding arrangements.</p> <p>The key safeguarding partners understand their role in the new performance arrangements.</p> <p>The relevant agencies understand their role in the new performance arrangements.</p>
			1.2	In the context of the Children & Social Work Act and the abolition of LSCBs, partner agencies will continue to commit to engaging in robust arrangements and co-ordination and ensure the effectiveness of local arrangements to safeguard young people.	
			1.3	Partners successfully deliver against the Board's transition plan and Sub Group plans.	
			1.4	To continue to engage in local and sub regional partnerships.	
			1.5	To review the functions and impact of the existing sub groups.	
	Strategic Priority	Outcomes to be achieved		Actions undertaken	Impact

2.0	Assuring the quality of practice in the local safeguarding context.	Children and young people in Halton who are most vulnerable and at risk receive a timely response at the earliest opportunity. That they receive support and services to reduce the risk of harm and protect those who have been harmed.	2.1 Monitoring the ongoing effectiveness and impact of the partnership in responding to the priority areas in Halton. Priority Areas: <ul style="list-style-type: none"> • Neglect • Domestic abuse • Emotional health and wellbeing • Missing Children/CSE/Modern Slavery 	The LSCB evidences an improvement in the effectiveness of safeguarding process and practice across the priority areas.
			2.2 To develop a model of contextual safeguarding.	
			2.3 To monitor and scrutinise the work of partners to deliver comprehensive multi-agency arrangements that improve safeguarding outcomes in relation to the safeguarding priority areas.	
			2.4 To agree new performance arrangements for the multi-agency safeguarding arrangements and to ensure that the performance arrangements reflect the views of children and families.	

			2.5	To ensure that all outstanding actions from the LSCB's SCR, PLRs and Multi-Agency Audits are completed and evidence of impact reported.	
	Strategic Priority	Outcomes to be achieved		Actions undertaken	Impact
3.0	Support the development of a safe and informed workforce, including volunteers.	Staff from all agencies have access to quality single and multi-agency safeguarding children training appropriate to their role to ensure that Halton has a skilled, knowledgeable and confident workforce.	3.1	Development and coordination of a skilled multi-agency training pool to support delivery of HSCB Training Programme which supports the Board in delivering its priorities.	Halton retains a skilled and knowledgeable workforce which work together to safeguard children.
			3.2	Ensure that the 2018-19 HSCB Training Programme is delivered.	

			3.3	Engagement with all partners, including Voluntary, Community & Faith Sector, and promotion of inclusion in learning and development activity.	
		That robust Allegations Management processes are in place across all partners to ensure that there is a prompt response to cases where allegations are made against staff, including volunteers, in order to support safer organisations providing services to children.	3.4	Monitor and scrutinise partners' engagement with LADO processes.	
		That effective Safer Recruitment processes are in place across all partners to deter, detect and act upon unsuitable individuals entering the children's workforce; this includes recruitment of volunteers.	3.5	Monitor and scrutinise partners' compliance with Safer Recruitment processes.	

12.0 Budget Information

Income 2017-18	
HBC – Children & Enterprise Directorate	45, 140
HBC - Schools	16, 000
NHS Halton Clinical Commissioning Group	45, 820
Cheshire Constabulary	25, 000
National Probation Service (NPS)	634.59
Community Rehabilitation Company (CRC)	1, 158
Cafcass NW	550
Training Income	17, 891
Carry Forward 2017-18	36, 680
Total Income:	188, 873.59

Expenditure 2017-18	
Staffing	115, 819
Multi-Agency Training	6, 461
Learning & Improvement Framework Activity	22, 601

Appendix A

Halton Safeguarding Children Board Membership & Attendance 2018-2019

Attendance Log		Meetings 2018-2019					
		10.07.2018	02.10.2018	11.12.2018	19.03.2019		
Independent and Overseeing Members	Richard Strachan, Independent Chair	✓	✓	✓	✓		
	Cllr Tom McInerney, Lead Member Children & Young People (Participant Observer)	✓	✓	A	A		
Lay Members	Marjorie Constantine, Lay Member	✓	✓	A	✓		
Local Authority	Mil Vasic, Director People	✓	✓	A	✓		
	Ann McIntyre, Operational Director, Education, Inclusion and Provision	✓	✓	A	✓		
	Tracey Coffey, Operational Director Children & Families	✓	✓	✓	✓		
	Marie Lynch, Divisional Manager, Adults	D	A	✓	A		
	Eileen O'Meara, Director of Public Health	R	R	✓	✓		
Health	Kristine Brayford-West, Associate Director for Safeguarding, Bridgewater Community Healthcare Foundation Trust	R	R	A	R		
	Lyn Mcglinchey, Quality Manager, NHS England North (Cheshire & Merseyside)	✓	A	A	R		
	Michelle Creed, Chief Nurse, Halton CCG	✓	R	R	D		
Police	Peter Shaw, Detective Superintendent, Cheshire Police	A	R	R	✓		
Criminal	Ceri Schofield, Community Director, Cheshire & Greater Manchester Community Rehabilitation Company	✓*	D*	D*	✓		

Attendance Log		Meetings 2018-2019					
		10.07.2018	02.10.2018	11.12.2018	19.03.2019		
Justice Services	Lisa Jenkins, Senior Operational Manager, National Probation Service	✓	✓	✓	✓		
	Gareth Jones, Head of Service, CWHW YOS	✓	✓	✓	✓		
CAFCASS	Brigid Sheehan, Service Manager	✓	✓	✓	A		
Schools and Colleges	Rachel Tainsh - Primary Headteacher Rep	✓	A	A	A		
	Danielle Scott, Saints Peter & Paul High School - Secondary Headteacher Representative	V	✓*	✓*	✓		
	Paula Mitchell, Programme Manager, Riverside College	✓	✓	✓	✓		
VCF Sector	Donna Wells, Service Manager Young Addaction, Voluntary Sector Rep	D	✓	A	D		
Advisors to the Board	Tracey Holyhead, Business Manager	✓	✓	✓	✓		
	Hayley McCulloch, Designated Nurse, Safeguarding Children, Halton CCG	R	✓	✓	A		
	Designated Doctor for Child Protection, Halton CCG	V	V	V	V		
	Marion Robinson, Legal Advisor, HBC	NR	NR	NR	NR		

Key:

A = Apologies

R = Designated Rep

D = Did Not Send Apologies

V – Post is vacant

NR – Attendance not required

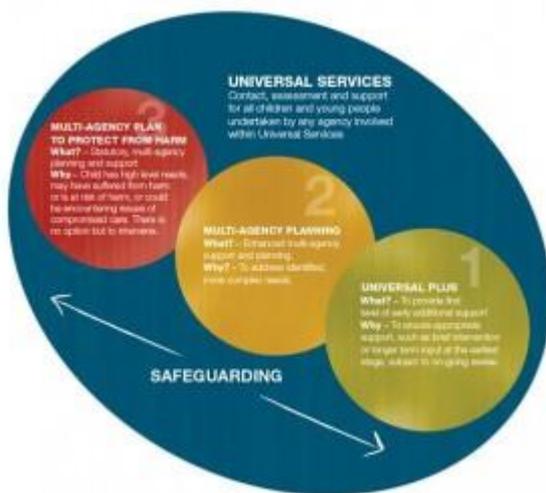
*Denotes attendance of previous Board Member in this role

Appendix B Halton Levels of Need Framework

The Halton Levels of Need Framework aims to support agencies to meet the needs of children, young people and their families to ensure the best possible outcomes. It aims to assist practitioners and managers in assessing and identifying a child's level of additional needs and how best to respond in order to meet those needs as early as possible to prevent needs escalating further.

Halton Levels of Need Framework was revised and launched in April 2013. The framework sets out three levels of additional needs above Universal Services that captures the full range of additional needs as they present. Universal Services remain at the heart of all work with children, young people and their families and are in place for all whether additional needs present themselves or not.

The fundamental relationship between Universal Services and the three levels of additional needs is captured in the diagram below:



The key principles of the Framework include:

- Safeguarding runs throughout all levels.
- Provide early help and support at the first possible stage and meet needs at the lowest possible level.
- The focus is on Halton's more vulnerable groups and directing service responses at preventing vulnerability.
- Builds on existing good multi-agency working and formalises shared responsibility for meeting all needs.
- Supports work of all agencies and is equally applicable to all agencies.
- Flexible and fluid, allows free movement between levels as additional needs increase or reduce.
- Clear and understandable
- Focus on the needs of the child and family to ensure the best outcomes for all.

Working Together 2018 seeks to ensure that all local areas have effective safeguarding systems in place and sets out two key principles that should underpin all safeguarding arrangements:

SAFEGUARDING IS EVERYONE'S RESPONSIBILITY: for services to be effective each professional and organisation should play their full part; and

A CHILD CENTRED APPROACH: for services to be effective they should be based on a clear understanding of the needs and views of children

The Halton Levels of Need Framework has been developed in line with this guidance and meets the requirement for the publication of a 'thresholds document' for Halton. It is based on a robust application of the Framework for the Assessment of Children (underpinned by the Children Act 1989), Team around the Family procedures and is consistent with LSCB procedures. The Halton Levels of Need Framework can be used as a central focal point to bring the right agencies together at the right level.

In terms of the **Children Act 1989**, our responsibilities include:

Where a child is accommodated under section 20 (when parents retain the parental responsibility for the child), the local authority has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's identified needs.

Under section 31A, where a child is the subject of an Interim Care Order or a Full Care Order, the local authority (who in these circumstances shares responsibilities, as a corporate parent, for the child and becomes the main contact around the child's every day needs) must assess the child's needs and draw up a care plan which sets out the services which will be provided to meet the child's identified needs.