ANNUAL REPORT 2008/09

Ratified at Strategic Board, Sept 09

NCSCB ANNUAL REPORT 08/09

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1. Chair's Foreword

1.1 I am pleased to welcome this third Annual Report of the Nottingham City Safeguarding Children Board (NCSCB).

1.2 Protecting the children and young people of Nottingham from harm and promoting their well being is at the heart of Nottingham City Safeguarding Children Board's work.

1.3 Nationally, 2008/9 has been a year which showed us how relentless our efforts must be. The death of Baby Peter, the Haringey toddler, at the hands of those who should have cared for him focused everyone's attention on the tragic consequences of failings in interagency work to protect individual children.

1.4 Throughout the year despite the pressures, Nottingham agencies have worked hard through their Board representatives to better equip staff to recognise and respond effectively to the many different forms abuse can take. Our progress has included new practice guidance for staff working with children living with domestic violence and increased opportunities for front line staff to learn the lessons from serious case reviews. The statutory and voluntary agencies have also had to absorb a surge in referrals following the publicity around the Baby Peter.

1.5 It is the front line staff, social workers, police officers, heath visitors, care workers, teachers, school staff, voluntary sector workers and countless other professionals, volunteers and neighbours who are in contact with children and who make the difference to their safety and well being.

1.6 My thanks must go to the small staff team who support the Board and organise its work; particularly Maureen Elliot, the Board Administrator and Anne Partington who stepped in during the summer of 2008 to cover the unexpected absence of Janet Castillo, the Board Manager. Without all their efforts the Board would not run so smoothly or complex interagency work move forward.

1.7 Constant change is to be expected and in 2009/10 we anticipate revised government guidance for the Board

1.8 I look forward to the continued cooperation and ongoing efforts of all those who come together to work collectively through the Board to improve safeguarding in Nottingham.

Margaret McGlade
NCSCB Independent Chair
September 2009

2. Introduction

2.1 The aim of the Annual Report is to inform the staff of the NCSCB partner agencies, their service users and the public of the work of Nottingham City Safeguarding Children Board. In addition it forms part of the accountability of the Board to those who fund and support the LSCB; the City Council's Lead Member for children and the agencies represented on the Strategic Partnership Board for Children and Young People and Families.

2.2 The NCSCB Business Plan for 2008-11 is currently published separately. This document shows which aspects of the Board's work have been prioritised for the period and the Annual report details progress made against these priorities.

2.3 It has been a challenging year for all agencies involved with safeguarding children and young people, particularly in light of the media and political attention, both locally and nationally, on safeguarding as a result of the tragic death of baby Peter and the subsequent review and report undertaken by Lord Laming.

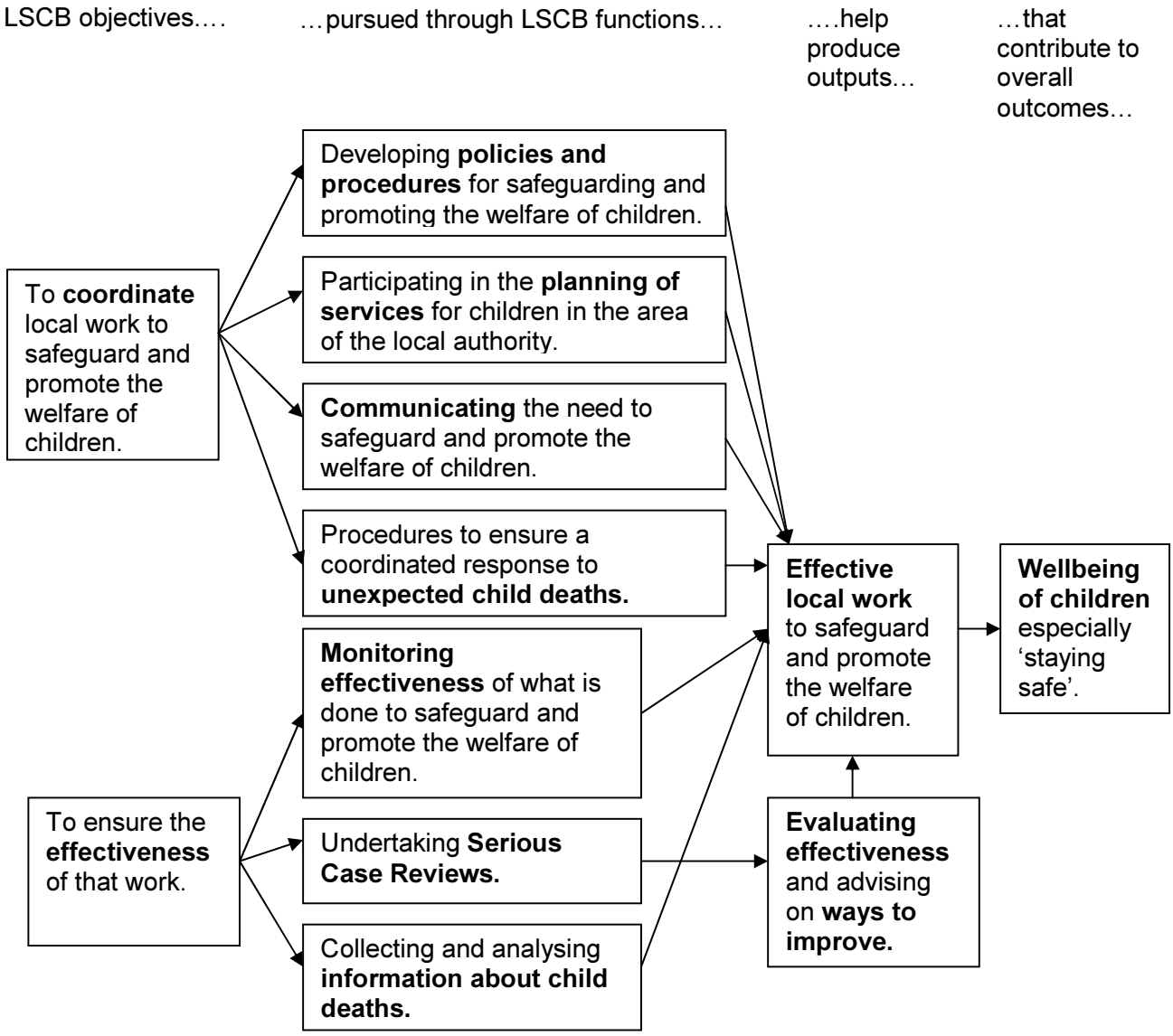
2.4 It is always our intention to be continually proactive in raising awareness about safeguarding children and young people across partner organisations, including the voluntary and community sector and the public. The NCSCB intends to continue to engage all partner agencies in the active development of safeguarding strategies to drive their individual agency performance in relation to the commissioning, planning and delivery of services to children and young people.

2.5 If you would like further information about the Board, or want advice on safeguarding children in Nottingham, please visit our website www.nottinghamcity.gov.uk/ncscb or contact Janet Castillo (NCSCB Manager) on 9159314

Anne Partington
Acting NCSCB Manager
September 2009

3. Progress against the Core Objectives of Nottingham City Safeguarding Children Board (NCSCB).

3.1 The LSCB objectives and functions, as set out in Working Together 2006, are:



3.2 The achievements of the NCSCB during 2008/09, along with our priorities for future work, have been laid out in this Annual Report against the two core objectives as described above and in Working Together 2006.

4. NCSCB Objective 1:

"To coordinate local work to safeguard and promote the welfare of children"

4.1 The NCSCB has been striving within the last year, in difficult and challenging times, to ensure that all agencies in Nottingham work in a coordinated way to improve outcomes for children and young people in the city and ensure their safety. To this end, we have undertaken the following work in the last 12 months:

Review membership and governance arrangements

4.2 A full review of the current NCSCB structure has been undertaken in 2008, including the role and function of the board, the sub partnerships that undertake much of the work identified in the current business plan and the membership of all these groups.

4.3 The purpose of this review has been to ensure the NCSCB is fit for purpose and able to manage the work required to undertake its statutory functions.

4.4 The board was supported during the process by the Senior Head of Corporate Finance from the City Council, Simon Tovey, current members of the board and Jenny Myers from Government Office East Midlands (GOEM).

4.5 Early in 2009, GOEM facilitated a session at the Board development day using the DCSF "Challenge and Improvement Tool" to enable members to self assess against agreed criteria and statutory functions. This was a successful session resulting in a wealth of information in relation to current performance and areas for development. The results of the session have been transferred into the NCSCB Governance Implementation Plan.

4.6 During 2008, Children's Services has been working with partner agencies to develop Nottingham City's Children's trust style arrangements and has established a Children's Partnership Board, (CPB) acting as the Children's Trust with effect from 1 April 2009.

4.7 Working Together 2006 paragraph 3.52 requires that '*the LSCB should not be subordinate to, or subsumed within, the children's trust arrangements in a way that might compromise its separate identity and independent voice. The LSCB should expect to be consulted by the partnership on issues that affect how children are safeguarded and how their welfare is promoted. The LSCB is a formal consultee during the development of the Children and Young People's Plan.'*

4.8 Agreements have been made in relation to the links between the Children's Partnership Board (CPB) and the NCSCB, with the following detailed in the new constitution:

- The Director of Children's Services (DCS) will be a standing member of the NCSCB

- The Independent Chair of the NCSCB will attend the CPB meeting twice yearly by arrangement to report on the work of the NCSCB and the work of the agencies in safeguarding children and will present the Annual Report of the NCSCB to the Children's Trust. The Independent Chair will receive all minutes, agendas and papers for all meetings of the Trust

- The Chair of the CPB will be able to attend the NCSCB Strategic Board by arrangement; and will receive all NCSCB papers, agendas and minutes

- The Independent Chair of the NCSCB will have a standing invitation to attend the Senior Officer Group of the CPB

- The NCSCB will, through the Independent Chair, provide reports to be considered by the Senior Officer Group (SOG) in relation to the work of the NCSCB and on work by the agencies in relation to their safeguarding duties

- The Senior Officer Group will make a formal response to reports received from the NCSCB. This may be by a representative of the SOG attending a meeting of the NCSCB Strategic Board.

- The NCSCB will be consulted on the preparation and review of the Children and Young People's Plan and will take overall responsibility for the implementation of the Stay Safe aspects of the Plan

4.9 The proposed structure and governance arrangements for the NCSCB have been discussed at board on a number of occasions and been to full consultation with partner agencies. The full document was ratified on 19.03.09.

4.10 The new arrangements include the development of an NCSCB Strategic Board, the NCSCB Steering Group and a clear structure of partnerships required to undertake the work of the board, including reporting expectations of each of these groups and partner agencies of the board.

4.11 An Implementation plan has been devised and the new arrangements will be in place from September 2009. A copy of the revised structure has been included at Appendix 2 for information.

Domestic Violence Policy and Procedures

4.12 Domestic violence has been highlighted in a number of local and national Serious Case Reviews (SCRs) as a serious risk factor to children and young people.

4.13 The joint NCSCB / NSCB Domestic Violence Practice Guidance was launched in September 2008, with a seminar for approximately 200 people and updated training developed to support implementation.

4.14 The practice guidance was developed by a multi agency group of managers, with representatives from children's services, including social care, the police, health trusts, the voluntary sector and NCSCB staff.

4.15 It contains a simple to use risk assessment tool for practitioners when working with adults experiencing domestic violence. This tool was developed using the CADA model and links directly into the MARAC (Multi Agency Risk Assessment Conference)

4.16 It also details clear care pathways to enable practitioners to undertake the appropriate level of intervention, including a referral to single support agency, initiating a Common Assessment Framework (CAF) or referring to social care.

4.17 The MARAC is operating positively in Nottingham, meeting every fortnight to discuss the most high risk cases within the city, ensuring that multi agency action plans are in place to support both the non abusing adult and the child(ren).

Guide For Professionals on Accessing Social Care Services for Children, Young People and Families.

4.18 Children's Services Social Care instigated a review of their threshold document in 2008 and engaged with a multi agency group of managers to undertake this work, chaired by GOEM and supported by the NCSCB.

4.19 The purpose of the work was to up date the current threshold document to ensure it was up to date, robust and reflects current safeguarding priorities and risks.

4.20 In order to achieve this, the review was informed by current practice, learning from Serious Case Reviews, and an understanding of specific risks to children and young people in Nottingham.

4.21 Alongside this, the Children's Heath and Disability Team have reviewed their criteria for accessing services and this is included within the document.

4.22 The new "Guide for Professionals on Accessing Social Care for Children, Young People and Families" document was ratified at the NCSCB in March 2008 and the Strategic Partnership for Children, Young People and Families in the same period.

4.23 Launches and training sessions on the guidance will be undertaken in 2009, with the NCSCB / NSCB Child Protection Procedures and training updated appropriately.

NCSCB Inter-agency Training and Seminars

4.24 The provision of multi agency training is a requirement of Working Together 2006 and is essential in developing the knowledge and skills of practitioners in recognising and dealing with child protection.

4.25 The NCSCB has reviewed its training programme over 2008/09 and as a result published a Training Strategy for 2009 – 11 detailing the priorities for the multi agency training programme over the next 2 years.

4.26 These priorities have been determined by the NCSCB Business Plan 2008 – 11; learning from local and national Serious Case Reviews and child deaths; a local training needs analysis and understanding of practitioners and managers needs; and national legal and policy developments.

4.27 The NCSCB Training Programme has been fully updated and will be re launched in September 2009. All courses have been reviewed and revised to ensure materials are in line with current legislation and practice guidance. In addition, a number of new courses are in the process of being developed, including:

- Domestic Violence
- Working with domestic violence, adult mental health issues and substance use.
- Non Compliant Families / Families Who Are Difficult To Engage.
- Assessment Skills
- Safeguarding responsibilities within universal and targeted services
- Protecting teenagers
- Emotional Wellbeing

4.28 In addition, training will be provided within the programme to support both the Serious Case Review and child death processes, including Individual Management Review (IMR) training and Rapid response training.

4.29 A seminar programme has also been devised to support the full training programme.

Jackie Richardson Martin *from Children's Services says "I have been involved with the NCSCB Training Partnership for many years now and have acted as both Chair and Vice Chair during the last year, also co facilitating courses. Being involved with the training is exciting and worthwhile as we review and develop courses to ensure the learning from practice and reviews is shared with frontline practitioners. The training pathway is designed to support staff across all agencies fulfil their roles in safeguarding children and young people and there have been valuable contributions from many to ensure these are up to date and delivered by the multi agency training pool. The success of the Training Programme relies on the commitment of partner agencies to provide strategic support for the partnership and frontline staff for the training pool.*

I look forward to another year working with the NCSCB!"

Public Information and Communication Strategy

4.30 The NCSCB has developed a Public Information and Communication Strategy to support the Board in the delivery of the NCSCB Business Plan, the Stay Safe agenda and to promote community awareness in relation to the process of safeguarding and promoting children's welfare.

4.31 The strategy will support a key requirement of the board to communicate the need to safeguard and promote the welfare of children, ensuring safeguarding is a focus of the staff of all partner agencies and is everyone's business.

4.32 The strategy also ensures that key messages from Serious Case Reviews and child deaths are communicated to agencies, as well as developing campaigns aimed at raising understanding and the profile of the NCSCB and safeguarding. This will include the development of a message calendar, updating leaflets for children, young people and families, producing a "Safe Parenting Handbook" and ensuring the NCSCB website is regularly reviewed and updated.

Establishing Child Death Procedures, Rapid Response and the Child Death Overview Panel (CDOP)

4.33 Working Together 2006 (Chapter 7) placed new responsibilities on LSCB's and agencies in relation to child deaths within their area. Two inter related processes for reviewing child deaths have been introduced as follows:

- A rapid response procedure undertaken by a group of key professionals in order to investigate and evaluate each unexpected death of a child

- An overview of all child deaths (under 18 years) in the LSCB area undertaken by a panel.

4.34 The LSCB function in relation to the death of any child normally resident in their area is to collect and analyse the information about each death with a view to identifying:

- Any case giving rise to the need for a review
- Any matters of concern affecting the safety and welfare of children in the area of the authority; and
- Any wider public health or safety concerns arising from a particular death or pattern of deaths.

4.35 NCSCB has developed joint procedures and training with Nottinghamshire Safeguarding Children Board, implementing the rapid response procedures from April 2008 and establishing the Child Death Overview Panel (CDOP) at the same time.

4.36 The CDOP has produced its first Annual Report, the detail of which is to be found in Part 2 of the NCSCB Annual Report and a work plan for 2009/10, including undertaking a review of Rapid Response Procedures, awareness raising and training and ensuring effective parental engagement.

Dr. Lizzy Didcock, Chair of the Nottingham City CDOP said *"this has been a good first year for the CDOP, we have good representation and commitment from agencies and have set up systems that work, enabling us to review the vast majority of child deaths of children in Nottingham. It is early days for us to identify full trends although these are emerging and enabling learning. The work plan for the CDOP identifies priorities for the next year and we want to increase representation at the CDOP, particularly from lay members of the community and education. We also plan to develop our understanding of the trends and preventability of deaths which will allow us to look at interventions that will reduce the number of children dying in Nottingham."*

Cross Authority Work

4.37 We work jointly with Nottinghamshire Safeguarding Children Board (NSCB) in a number of area's, including the development of joint NCSCB / NSCB Child Protection Procedures; a variety of practice guidance documents; jointly planned and delivered training sessions; and shared protocols.

4.38 The six weekly Cross Authority Group manages the joint annual work plan that directs activity and in the last year has undertaken reviews of practice guidance in relation to Parental Substance Use, Child Sexual Exploitation and Children From Abroad.

4.39 In addition, a number of joint seminars have been undertaken, including Domestic Violence, Safeguarding Young People and Safe Recruitment.

Regional Partnerships

4.40 NCSCB maintains regular contact with Safeguarding Children Boards across the region to share good practice and development opportunities. In the last year, regional training in relation to Serious Case Reviews has been undertaken along with regular attendance at Tier 3 Safeguarding meetings

4.41 NCSCB also maintains positive links with Government Office East Midlands (GOEM) and Jenny Myers regularly attended Board meetings and has supported various developmental areas of work over the last year including the Serious Case Review Process, the review of the NCSCB governance arrangements and the impact of Lord Laming's progress report on safeguarding.

4.42 **Our priorities for 2009 - 10 in coordinating local work to safeguard and promote the welfare of children are to**:

- Fully implement the new NCSCB Constitution and governance arrangements
- Implement the Public Information and Communications Strategy.
- Implement the updated Working Together 2006 once published
- Update and implement the Serious Case Review Toolkit following the publication of an updated Chapter 8 of Working Together
- Review and update NCSCB / NSCB Safeguarding Procedures
- Developing a Participation Strategy
- Practice Guidance – Child Sexual Exploitation, Children from Abroad, E Safety
- Develop guidance on children and young people involved with gun / gang crime

- Publish and deliver the updated NCSCB Training Programme
- Ensure robust links with the Children's Partnership Board

5. NCSCB Objective 2:

"To ensure the effectiveness of work undertaken locally to safeguard and promote the welfare of children."

5.1 The effective delivery of NCSCB Core Functions and Business Plan contribute to improving the well being of children in Nottingham, especially enhancing the Stay Safe outcome for children.

5.2 This section of the NCSCB Annual Report 08/09 aims to deliver a retrospective review of safeguarding practice in Nottingham City during 2008-09. Its purpose is to inform partner agencies and the community of the quality of safeguarding practice in Nottingham and identify current gaps in service provision which will feed into future commissioning processes both on a single and multi-agency basis.

5.3 In providing some context to safeguarding work in Nottingham, we have some data and local intelligence available, which is used to understand levels of need and plan / commission services to meet this need. It has been recognised, however, that improved sharing of information, intelligence and performance information will strengthen our understanding in this area and further work will be undertaken during 2009/10.

5.4 Approximately 60,000 children and young people aged 0-18 live in Nottingham. The proportion of the population who are 5 -15 is lower than the national average whereas the numbers of children who are 0 – 5 are in line with the national average.

5.5 We know that Nottingham has high levels of deprivation, 62% of 0 to 18 year olds (38,000) live in households where either no adults work, or where earnings are sufficiently low to warrant state financial assistance[1]. This compares to an England average of 38%. For many children this presents a significant risk to their successful transition to adulthood.

5.6 Deprivation is compounded by a number of social issues: for example; The Nottingham City Alcohol Needs Assessment estimates the number of harmful drinkers in Nottingham at 10,947. This would place the numbers of children and young people affected by drugs and alcohol at over 15,000. We also know that approximately 7,000 children live in households within the City in which domestic violence is present. For some children parental substance misuse and domestic violence will be their day to day reality.

[1] NCC, Child Poverty in Nottingham: a report for the City Strategy, July 2007. Low income is defined as those households receiving both Child Tax Credit and Working Tax Credit.

5.7 Performance data from the key statutory agencies in relation to child protection activity is presented below.

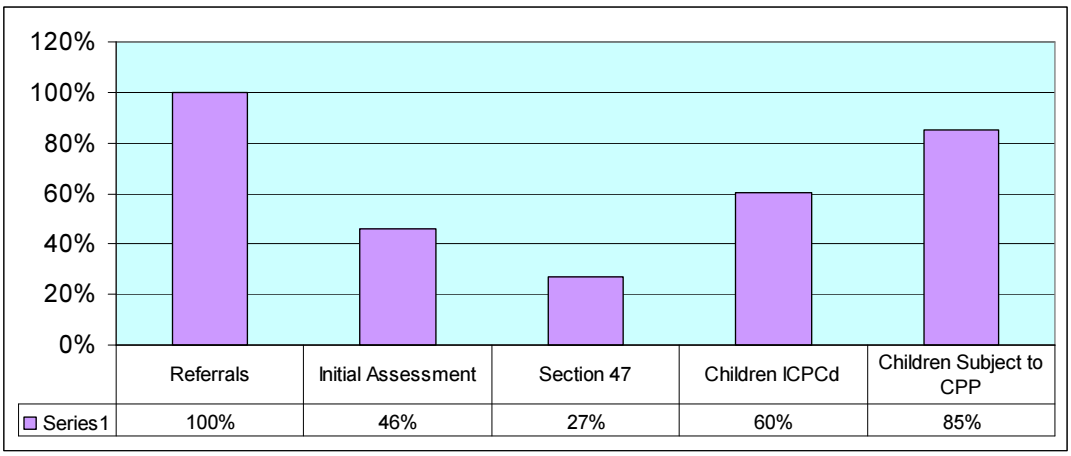
Social Care

5.8 The rates of service delivery within Nottingham City Children's Services Social Care are relatively high. For a number of years, referrals to Social Care have been approximately double the rate of the all England average (For 2007-08 Nottingham received 1085 referrals per 10,000 population compared to the all England average of 490 and statistical neighbour figure of 825).

5.9 Between April '08 and March '09, 4833 referrals were made to Children's Services. This represents a decrease from the 6057 referrals received in 07-08. This reduction is predominantly due to improved clarity in recording practices, specifically in terms of the differentiation between referrals and contacts. When contacts are added, the number increases to 6716 representing an increase from the previous year.

5.10 Increased referral rates have been specifically noted since November 08 following the publicity linked to the Baby Peter case in Haringey. In the quarter ending Dec 08 referrals were equivalent to 1216 per 10,000 children. In the Quarter ending March 09 this figure rose to 1487, giving a quarter averages of 1412 per 10,000. Similar authorities would expect 825 per 10,000. This combined with the very high number of children subject to a protection plan creates significant capacity pressures in Social work teams.

5.11 The graph below demonstrates the percentage progress at each stage in the process. In 2008-09 46% of referrals proceeded to initial assessment. Of those cases that proceeded to initial assessment 27% went on to be a Section 47 Enquiry, 60% of those Section 47s resulted in the child being considered at an Initial Child Protection Conference, and 85% of children considered at an ICPC became subject to a Child Protection Plan. Overall only 6% of referrals result in a child becoming the subject of a Child Protection Plan.

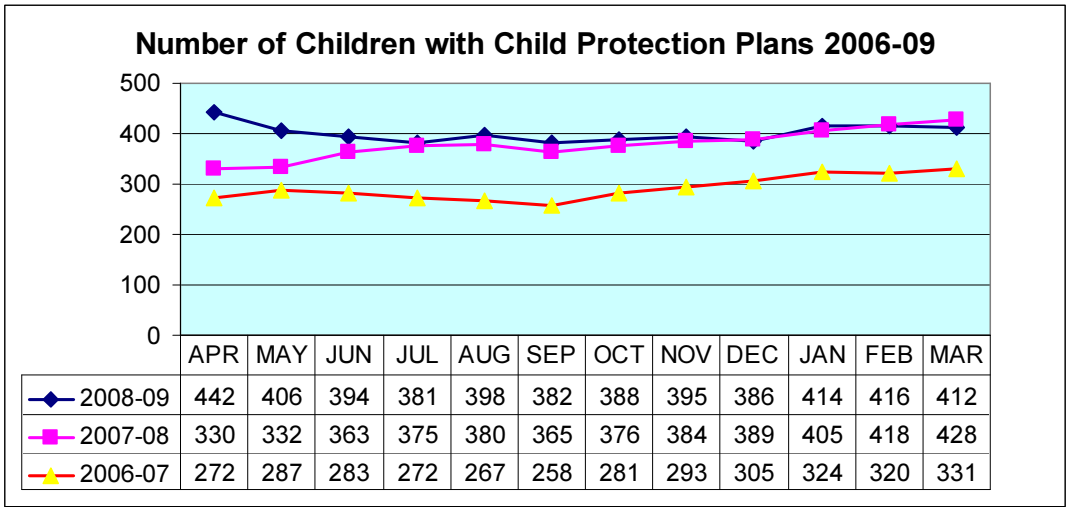


5.12 The number of plans that ceased in 08-09 increased to 318 from 259 in 07-08.This, alongside a reduction in new plans commenced {302 in 08-09 compared with 358 in 07-08}, resulted in an overall reduction in the number of children are the subject of Child Protection Plans {from 428 in 07-08 to 412 in 08-09} but still results in Nottingham City being significantly out of line with its statistical neighbours.

5.13 Nottingham has almost double the number of children who are subject to a child protection plan (per 10,000 population) as its statistical neighbours. As at the 31st March 2009, Nottingham had 412 children who were the subject of a Child Protection Plan. This is equivalent to 74 children per 10,000 population compared to a statistical neighbour figure of 37.7 per 10,000 population.

5.14 This difference cannot be explained by the number of children commencing a child protection plan alone which is 6% higher than similar authorities, the greater difference is in the number of children subject to a plan for more than 2 years at 15.5% compared with 4.5% in similar authorities. The proposed audit of plans of longer duration may provide a better understanding of the factors which contribute to 11% of children remaining subject to a plan for longer than average.

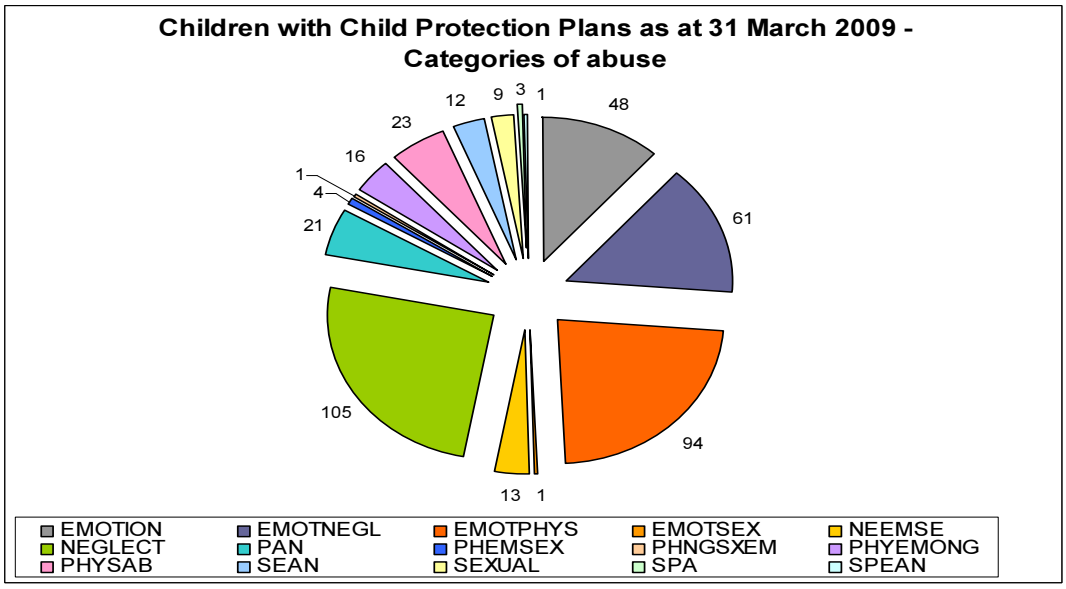
Inter-agency information in respect of children who are the subject of a Child Protection Plan and agency attendance at meetings.



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
2008-09	442	406	394	381	398	382	388	395	386	414	416	412
2007-08	330	332	363	375	380	365	376	384	389	405	418	428
2006-07	272	287	283	272	267	258	281	293	305	324	320	331

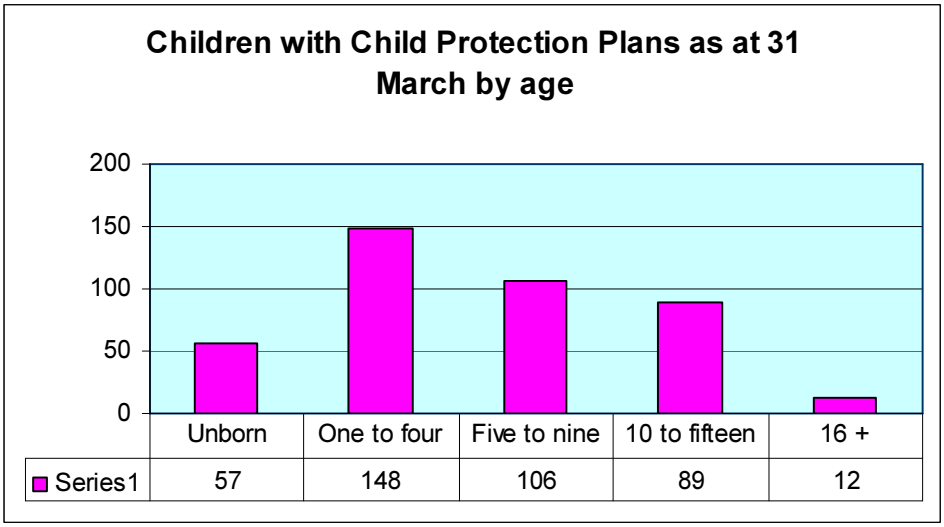
Category

5.15 By far the biggest category for which children have child protection plans is neglect. This is linked to the large numbers of under 5s who are the subject of plans and will also incorporate issues relating to parental substance misuse, mental ill health and learning difficulties. The second largest category is physical/emotional abuse which generally relates to domestic violence cases, this is closely followed by emotional abuse. Nottingham City still has a relatively high number of children who are the subject of child protection plans due to concerns that fall into more than one category.

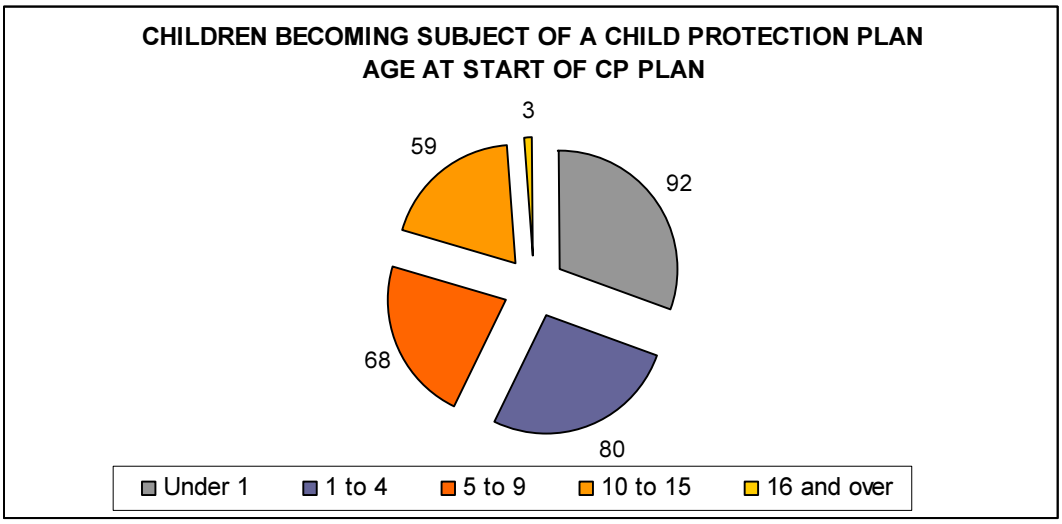


Age

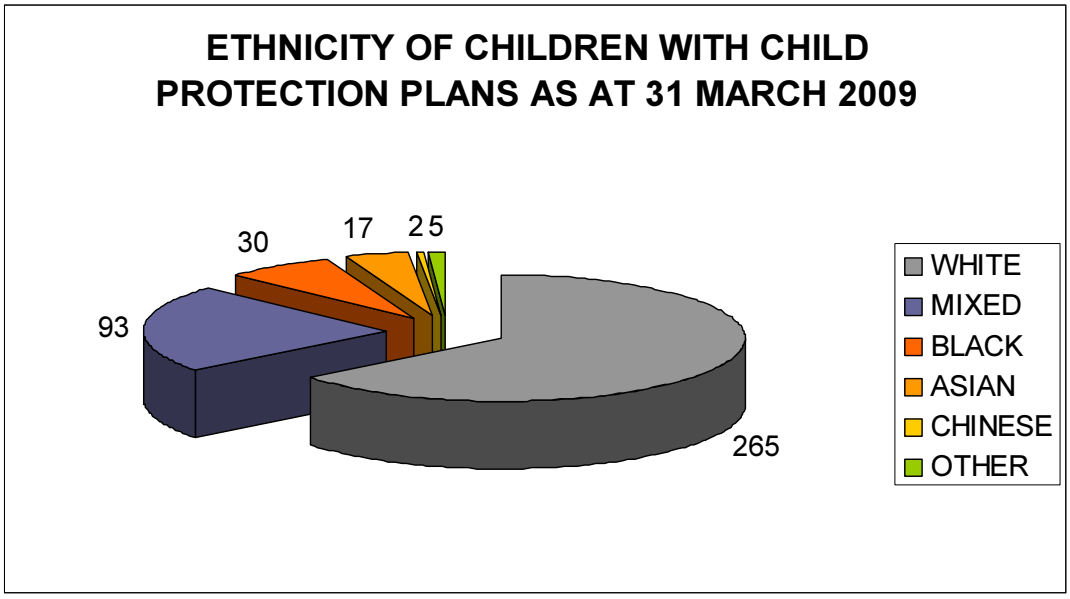
5.16 The under 5s remain the largest age category for those children who have a Child Protection Plan which mirrors national research in respect of those children who are most vulnerable to serious injury or death as a consequence of child abuse. 2007-08 however saw a significant increase in children aged between 10 and14 who became the subject of a plan.



5.17 Of all the new plans started in this period (358) 107 were for boys aged 1-4 and 98 for girls aged 1-4.



Ethnicity

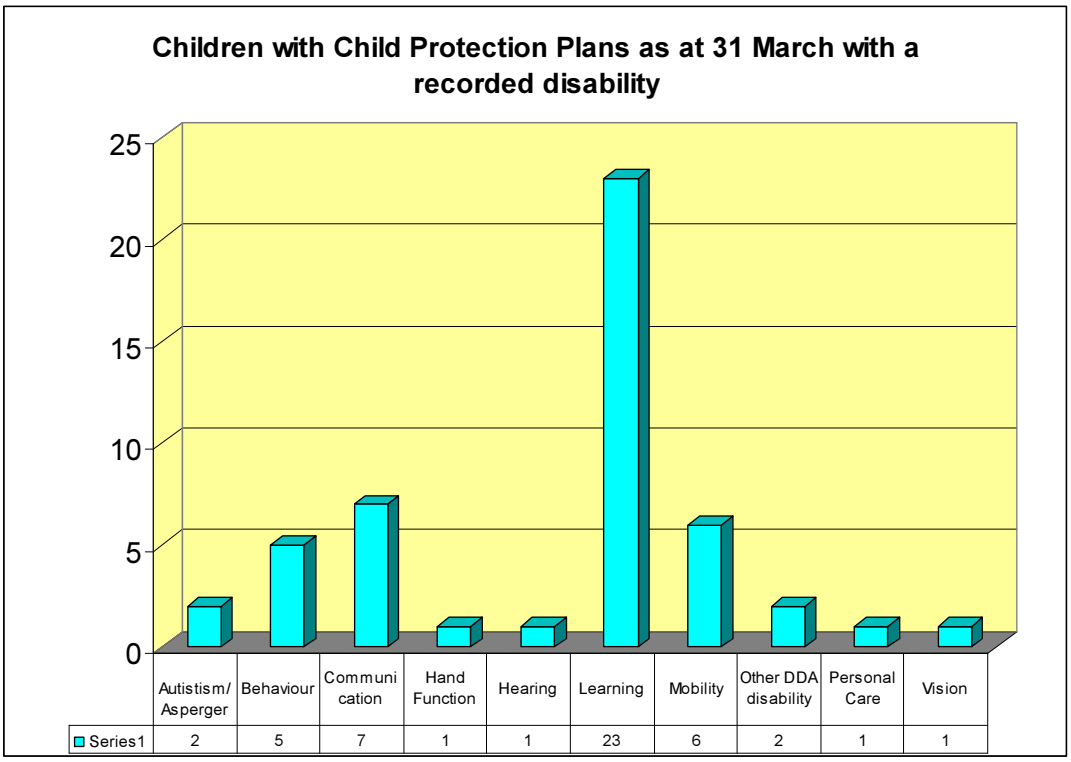


5.18 The ethnicity of children who are the subject of a Child Protection Plan shows a marked variation to the ethnicity of the population (based upon information from the 2001 census). White children with child protection plans are under represented with a total percentage of 64% compared to a general population figure of 84.9%. Asian children are also under represented; only 4.1% have a child protection plan compared to a population figure of 6.6%.

5.19 The percentage of Black Caribbean and Black African children who have child protection plans (7%) almost directly mirrors the general population in Nottingham at 6.5%.

5.20 Children with mixed ethnicity who are the subject of a child protection plan are significantly over represented 22.5% compared to a general population figure of 3.1%.

Disability



5.21 Of the 412 children with Child Protection Plans on the 31st March 2009, 373 had no disability recorded and 39 children had one or more disability recorded.

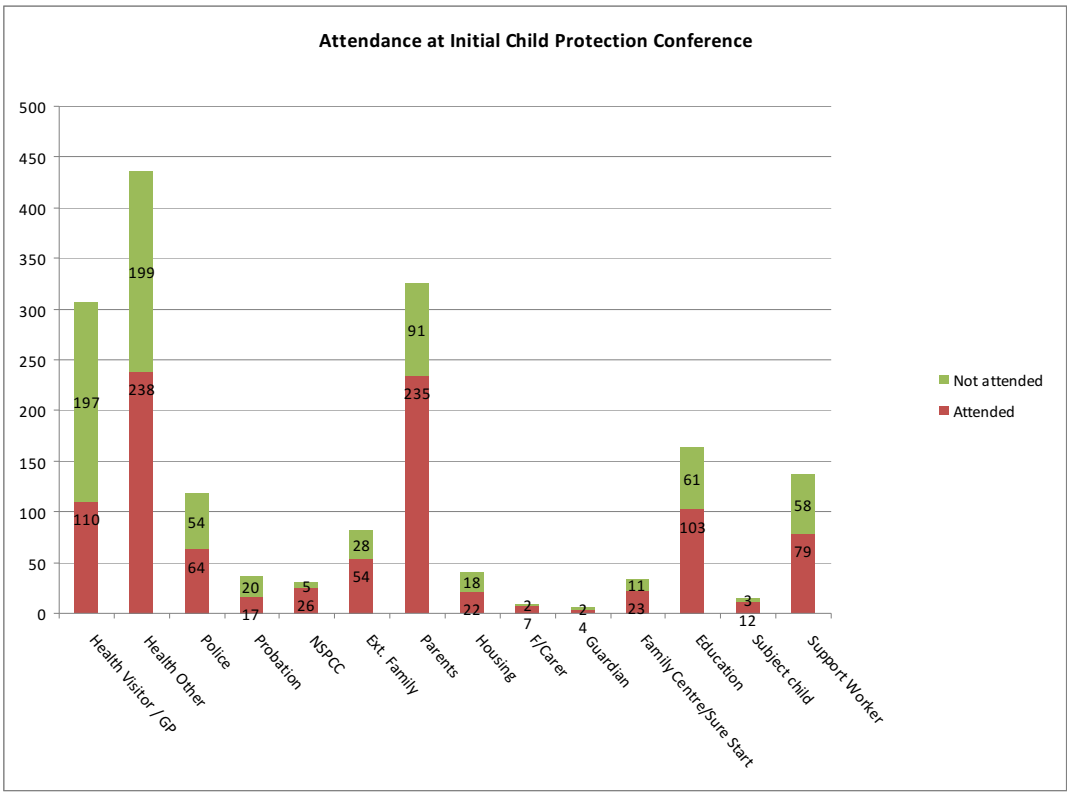
Agency attendance at Child Protection Conferences

5.22 The following graphs illustrate the number of invitees to child protection meetings, both Initial Child Protection Conferences and Child Protection Review meetings. There were 177 ICPCs in 2008-09 and 509 Child Protection Reviews.

5.23 The numbers given are the total number of individuals invited. Thus, there may be more than one person from an agency invited to a meeting – for instance in cases where there are older and younger siblings at different schools, or at nursery, there will be school nurses and health visitors invited.

5.24 Additionally, invitees fall into many categories, as an example workers from John Storer may be classed as health workers or as support workers, Housing workers in some cases are classed as support workers for example: Framework.

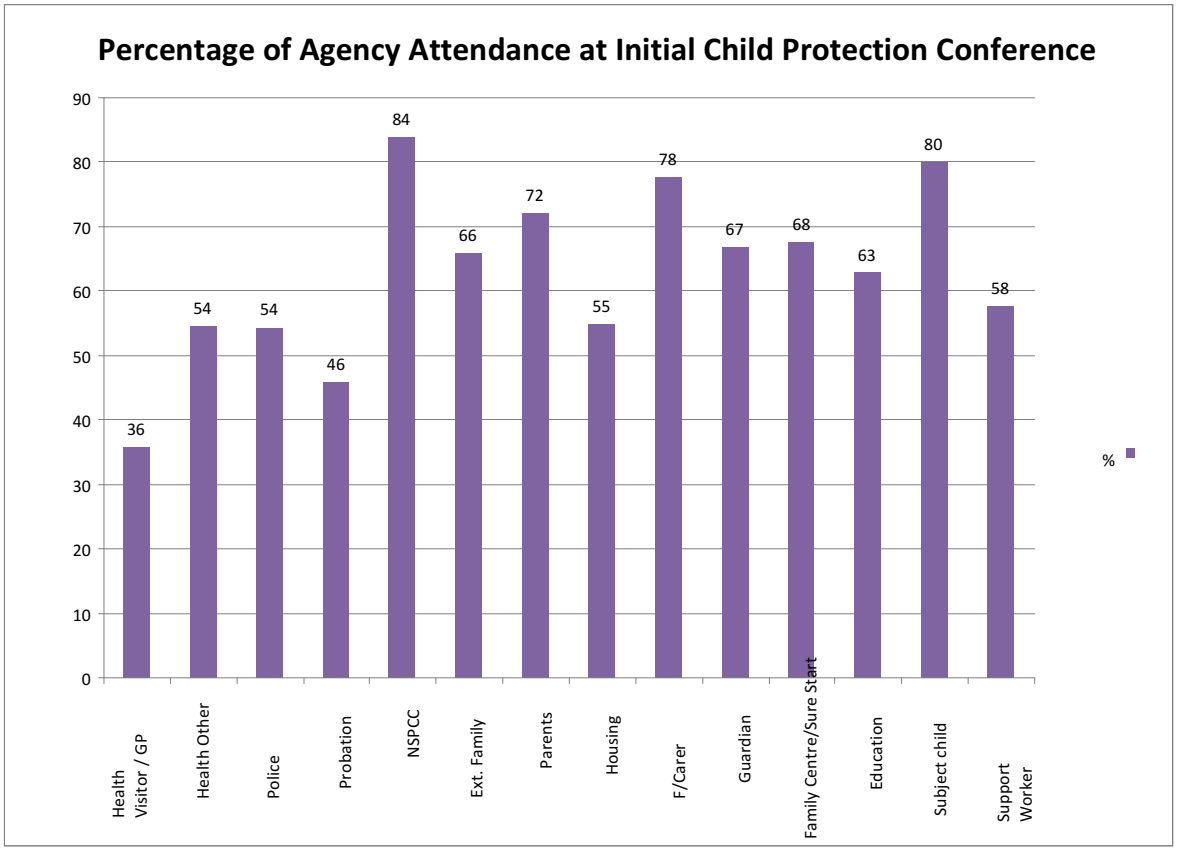
5.25 Please also note, Health Visitors and GPs are included as one type of invitee, and all other health workers are included in the "Health Other" figures.



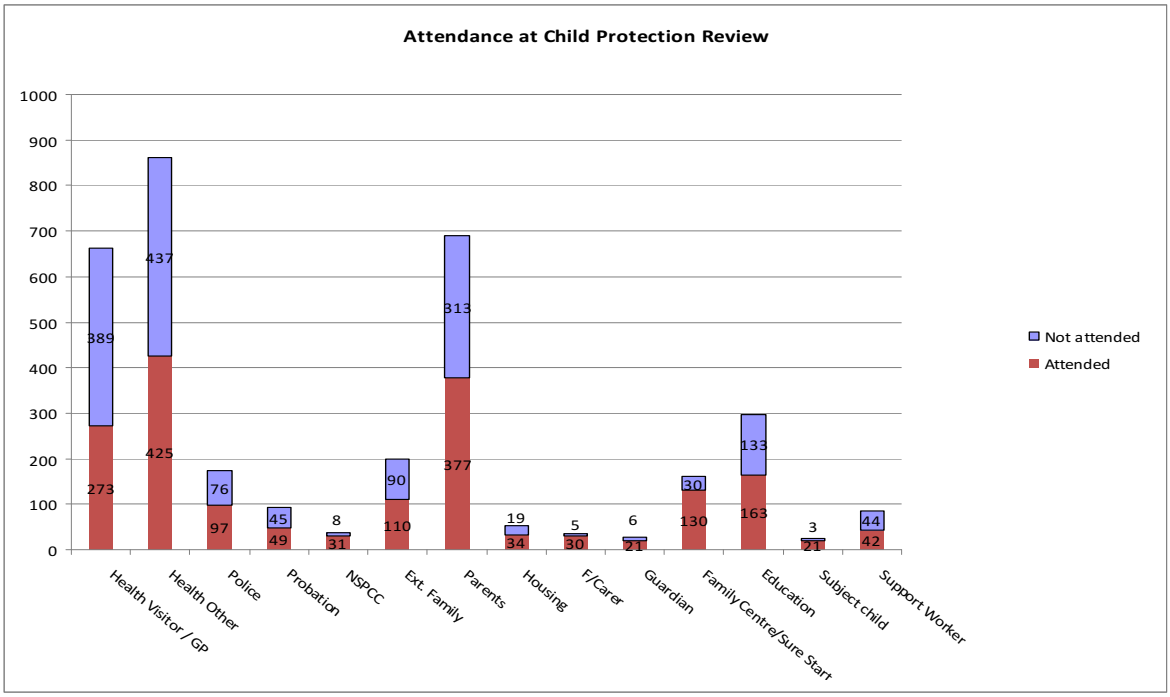
5.26 Given the significance of ICPCs and the police role within the initial enquiries/decision-making process, we would expect a greater proportion of attendance from police officers than the 54% who attended meetings to which they were invited. Similarly, schools have a critical contribution to make in relation to providing the conference with in depth knowledge of the child's day to day life and therefore a 64% attendance rate is lower than one would expect.

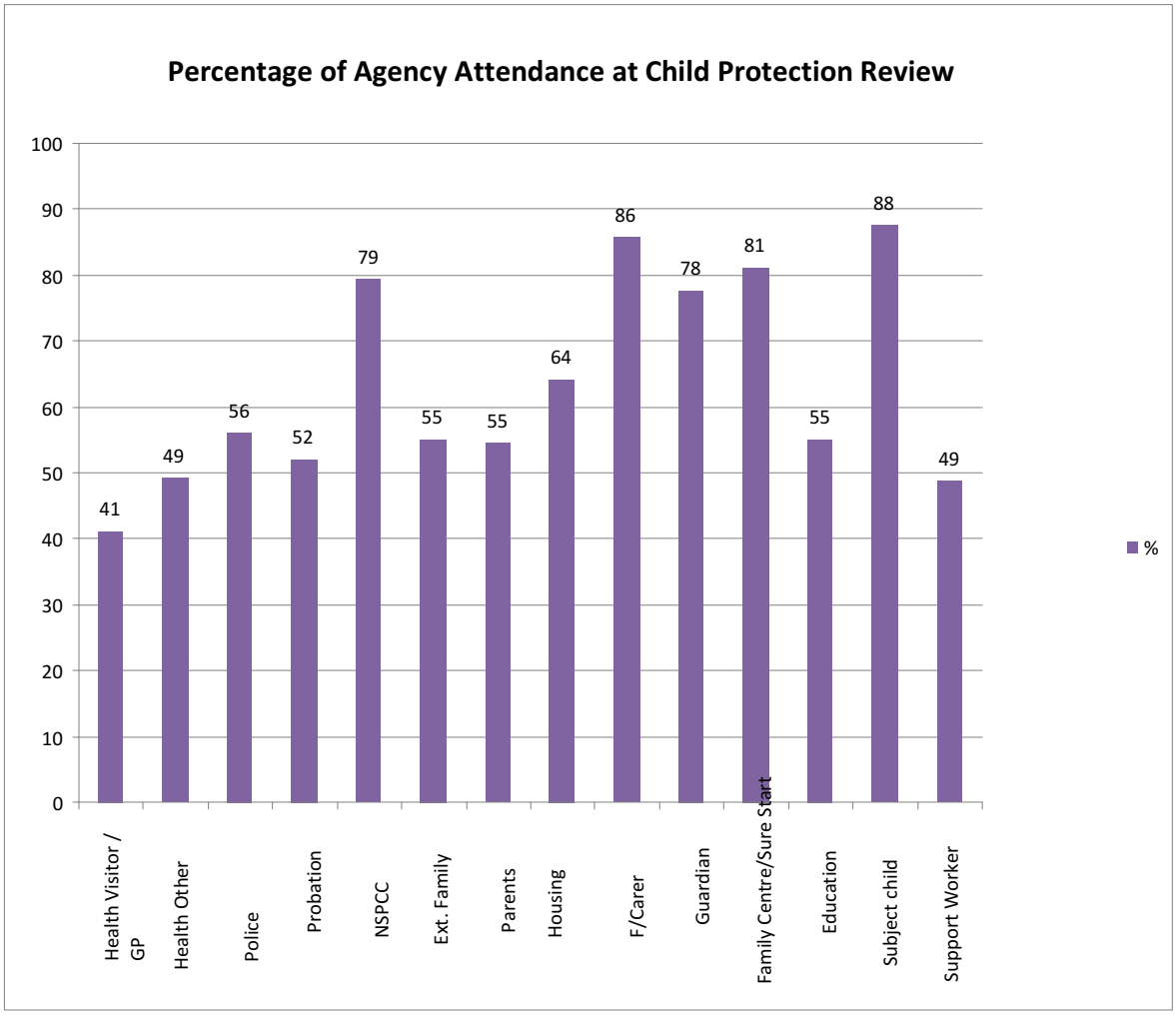
5.27 Child Protection Conferences where not all the services involved in a child's life are present or able to give a view were identified by Lord Laming as an example of poor practice.

5.28 The figure for GPs/Health Visitor is skewed by the low attendance of GPs which is known to be a national issue. Health Visitors attended 73% of ICPCs to which they were invited.



Child Protection Review Conferences





5.29 Issues around school attendance become more acute within Review Conferences and indicate a need for improved communication with schools in respect of the significance of their attendance and how this can be facilitated.

5.30 Parental attendance shows a significant decrease from the ICPC rates of attendance. Further exploration is required in relation to why levels of engagement fall as the process continues particularly as the involvement of parents/carers is absolutely critical in terms of making decisions re risk reduction.

5.31 The same issue applies in relation to the figure for GP/Health Visitor attendance-80% of Health Visitors attended the reviews to which they were invited.

Performance in relation to Safeguarding National Indicators

5.32 **Please note all statistical neighbour (SN) information is based upon 07-08 year end returns**

5.33 **NI059 Initial Assessments completed within timescale** - 63.8% (SN 66.8%). This is a slight increase from the 07-08 figure of 62%. There is a noticeable difference in relation to performance in the first six months of year reflecting capacity pressures within Social Care during the summer months with the latter six months when performance increased to 74.1% despite the increased pressures on referrals.

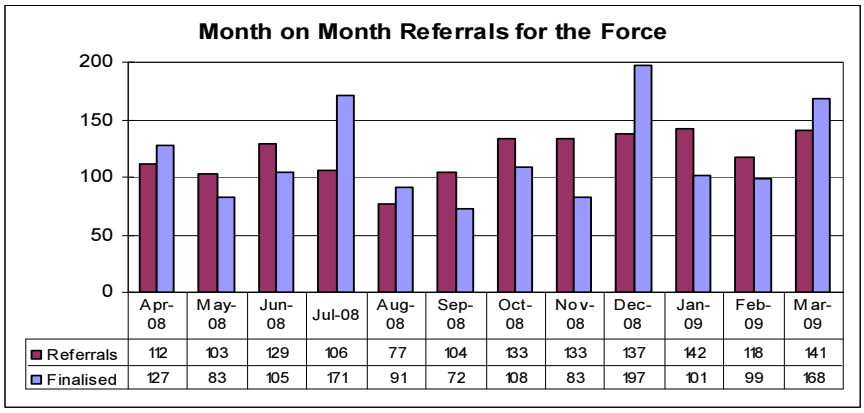
5.34 **NI060 Core Assessments completed within timescales** -74.5% (SN 79.0%). This is a slight decrease from the year end figure of 77.3% for 07-08. Again variations within the year are noted with 76.5% of core assessments being completed within timescale for the last six months of the year.

5.35 **NI064 Child Protection Plans lasting two years or more** -15.7% (SN 4.5%). This demonstrates a significant increase from the year end figure of 7.3% for 07-08.

5.36 **NI065 Children becoming subject to a child protection plan for a second or subsequent time** - 12.3% (SN 13.7%). This has remained fairly static from the year end figure for 07-08 of 12% which places Nottingham city in the top performance band.

5.37 **NI067 Child Protection cases being reviewed within timescales** - 98.7% (SN 99.1%). This represents a slight decrease from the 99.7% achieved in 07- 08.

Nottinghamshire Police



5.38 In January 2007, a new referral process was introduced within the Child Abuse Investigation Unit (CAIU) of Nottinghamshire Police which enabled performance to be measured by both process efficiency indicators and key performance indicators. This information predominantly relates to the CAIU, so reports on countywide trends covering both Nottingham City and Nottinghamshire County Council local authority areas. Information specific to Nottingham City will be reported upon in future years.

CAIU Targets

5.38 The following internal targets have been set by the CAIU:

- A strategy discussion/ meeting should take place with 24 hours of referral receipt.

- 90% of all referrals should have a strategy discussion/ meeting within 24 hours. (Target initially set for; 75% of referrals requiring strategy discussion/meeting to have same within 24 hours of referral receipt and that no strategy discussion/meetings should take place over 3 days.)

- Risk Assessment Stage 6 should take place within 4 days of referral receipt.

- The CPS Review should take place within 28 days of referral receipt.

Health

5.39 NHS Nottingham City, CitiHealth NHS Nottingham, Nottingham University Hospitals NHS Trust and Nottinghamshire Health Care NHS Trust are establishing performance management frameworks to monitor safeguarding delivery across their organisations. Critical information such as referrals to social care, number of open high support files, frequency of supervision/training and domestic abuse notifications to the police is already being collated by CitiHealth NHS Nottingham on behalf of their organisation, and data will be available to the NCSCB in the forthcoming year.

5.40 In addition NHS Nottingham City is adding quality schedules for safeguarding children into contracts for all their health providers, including independent providers, which will be performance managed.

Nottinghamshire Probation Service

5.41 The following level of activity has been undertaken in respect of cases where safeguarding issues are apparent within the Probation Service in 2008-09. These figures relate to both Nottingham City and Nottinghamshire County Council Local Authority areas. There is no comparable data available from proceeding years. Future data analysis will include City specific information in order that year on year comparisons can be made.

Current during 2008-2009	Overall Number	Number that are also MAPPA offenders		
		Level 1 Mappa	Level2 Mappa	Level3 Mappa
Offenders with a Risk Children Flag	1365	302	100	11
Child protection Line on the offenders record	435	45	26	0
Overll MAPPA cases		1255	166	12

What does this mean?

5.42 Nottingham City is a city that has high levels of need in relation to its child population. The number of 'children in need' have been rising year on year and historically the City has had more children who are the subject of child protection plans than its statistical neighbours.

5.43 Overall the numbers of referrals to social care decreased over the last year. However the heightened awareness of child protection issues following the publicity surrounding the tragic death of Baby Peter in Haringey has led to a more cautious approach to practice across all

agencies resulting in more families being drawn into safeguarding processes. This is already being demonstrated by the increase in referrals to social care duty points since November 08.

5.44 In the period 2008-09 there was a reduction in the number of Section 47 enquiries undertaken resulting in fewer children becoming the subject of a Child Protection Plan. Equally, more children had their plans ceased. The overall impact of this was to reduce the number of children who were subject to a Child Protection Plan as at the 31st March 2009.

5.45 The high numbers of children who have been subject to a plan for longer than two years is linked to measures that have been put in place to improve the number of children who became subject to a Child Protection Plan for a second or subsequent time. Whilst performance around the latter has improved significantly, moving Nottingham into the highest performing band, the length of time children remain the subject of a plan is obviously an area of concern that is worthy of further exploration. Audit activity is planned around this PI in order to offer some insight into changes that are required.

5.46 The large numbers of children living in households with domestic violence and substance misuse issues adds to the complexity of undertaking assessments in respect of need and risk. Insufficient interventions at a targeted service level is likely to result in a faster escalation of families into specialist services or the opposite extreme of families being provided with services too late when poor parenting practices have become more entrenched.

5.47 Longer term, investment in early intervention should result in a reduction in the need for specialist service provision ensuring families are provided with appropriate services at a much earlier level. The challenge will be how to achieve this whilst continuing to offer high level of services to those children who are currently most in need.

5.48 Full compliance with the implementation of the Common Assessment Framework will assist in targeting specialist services to those children in greatest need but despite high levels of training around the CAF, the number of completed CAFs is still relatively low. Board members need to be proactive in their awareness raising of the CAF and put internal systems in place to ensure appropriate usage.

5.49 Lord Laming's comments about the need to performance manage across partner agencies needs to drive a new inter-agency approach to data analysis. In doing so all agencies need to ensure that they have the right processes/systems in place to report on safeguarding activity within their organisations.

5.50 Whilst waiting for the proposals from the National Service Delivery Unit in respect of inter-agency safeguarding performance, many agencies are beginning to put their own safeguarding performance measures in place. The NCSCB needs to drive this agenda ensuring that its report in relation to the effectiveness of safeguarding practice within Nottingham is based upon integrated data analysis which allows for the development of intelligence around those children who are at greatest risk and what interventions lead to the most positive outcomes.

Audit Activity

5.51 A full programme of audit work was undertaken during 2008-09. This comprised of a variety of different methodologies being used to measure the effectiveness of safeguarding practice in Nottingham on an inter-agency basis. The methods used varied from self assessment, in depth audits using a serious case review model to specific bespoke audit processes.

5.52 Self Assessments: A Section 11 Self Assessment was undertaken by all partner agencies using the 51 safeguarding standards established in the Children Act 2004. Agencies were asked to RAG (red, amber, green) rate themselves against these standards. Agencies were also asked to self assess their compliance with the NCSCB procedures in respect of safe recruitment practices. This self assessment was requested following implementation of new practice guidance in relation to safer recruitment practices in 2007-08.

5.53 This has resulted in an NCSCB spreadsheet that summarises self assessed agency compliance with Section 11; action plans for those area's agencies have self assessed as either amber or red; and an evidence file for those area's agencies assessed as green.

5.54 Within the new NCSCB Constitution, each of the Section 11 requirements have been allocated to a partnership, panel or sub group within the NCSCB structure and these groups will be responsible for reporting to board on going assessments and action plans. Each agency has also nominated a Section 11 lead who will be responsible for holding the evidence collated for all 51 components for their agency and overall reporting arrangements.

5.55 In depth inter-agency audits using the Serious Case Review model: an audit was undertaken in respect of 3 domestic violence cases (2 of which were assessed as being high risk, the third was deemed to be medium risk, in addition the two high risk cases also contained issues of problematic parental substance misuse) in which all agencies were asked

to complete an in depth management review in respect of practice in their organisation which included interviewing key staff involved with the case. A panel was set up to consider these reports and an overview report was completed based upon the presenting issues.

5.56 The audits found:

Positives

- The majority of practitioners had undertaken the necessary child protection training or had access to the necessary child protection training
- Workers had access to the procedures and advice re child protection
- Some pockets of good practice
- There was significant levels of inter-agency activity, particularly at the point of crisis
- There was some evidence of a focus upon the issues around domestic violence but this tended to be dominated by an emphasis upon the separation of the parents.

Areas for development

- Interventions tended to be reactive and incident focussed rather than proactive.
- A focus on adults rather than an analysis of how their behaviour impacted upon their ability to deliver good enough parenting.
- Lack of significance placed on the co-existence of domestic violence, parental substance misuse and the impact on children by practitioners.
- Lack of joined up thinking both within and across agencies
- Contingency plans were not considered

5.57 This audit was completed prior to the implementation of the NCSCB inter-agency practice guidance in relation to domestic violence which establishes a risk assessment model for practitioners to use when working with families where domestic violence is suspected. The findings from these audits have informed the development of this practice guidance.

5.58 Specific audits: in addition the NCSCB has been advised of a number of single agency audits that have been undertaken and acted upon during the year in a response to process issues that have emerged:

Analysis of Audit Activity

5.59 There are a number of reoccurring themes being picked up through the range of audit activity that has been undertaken this year.

5.60 The framework for delivering good inter-agency safeguarding is in place and there is sufficient guidance available to support staff in the delivery of front-line practice. However, available procedures and practice aids are not used consistently – consequently the NCSCB needs to ensure that all new procedures/practice guidance are audited in the year following implementation to ensure compliance and measure the impact upon service delivery. This will be the responsibility of the Quality Assurance and Risk Management Panel.

5.61 There are still pockets of staff in critical safeguarding roles that have not received the appropriate levels of training. All NCSCB agencies need to evidence their audit processes in relation to this area of activity. The Training and Workforce Management Sub-Group will need to satisfy itself that there are no identified gaps in respect of basic safeguarding training.

5.62 Services are not always being delivered to families in the most efficient and effective way. Intervention is generally occurring at the point of crisis and can be dominated by parental issues. Board members need to satisfy themselves of their agencies use of the Common Assessment Framework (CAF) in order to relieve capacity within specialist services to work with families in a more planned and appropriate manner. The number of CAFs initiated and completed will become part of the core data set reported to the NCSCB.

5.63 Consideration around contingency and sustainable planning remains inconsistent. Practice issue that is to be included within agency improvement plans.

5.64 A lack of 'professional curiosity' was evident in a number of the audits. Workers accepted on face value, information provided to them without scrutinising the evidence that was available to either confirm or reject this position. Practice issue that is to be included within agency improvement plans.

5.65 A more robust monitoring process needs to be put in place to ensure that there is sufficient evidence to confirm how agencies have rated themselves where self assessment is the tool used to evaluate safeguarding practice and processes. Improvements will be initiated and scrutinised by the Quality Assurance and Risk Management Sub-Group

5.66 All audits have action plans attached to them that are overseen by the NCSCB Quality Assurance and Risk Management Sub-Group.

Monitoring Effectiveness via Core Board Processes

5.67 Serious Case Reviews

5.68 Working Together 2006 (Chapter 8) states that a Local Safeguarding Children Board should always undertake a serious case review when a child dies {including death by suicide} and abuse or neglect is suspected to be a factor in the child's death. Additionally, LSCBs should always consider whether a serious case review should be conducted where:

- A child has been subjected to particularly life-threatening injury or serious impairment of health and development through abuse or neglect; or
- A child has been subjected to particularly serious sexual abuse; or
- A parent has been murdered and a homicide review is being initiated; or
- A child has been killed by a parent with a mental illness; or
- The case gives rise to concerns about inter-agency working to protect children from harm.[2]

5.69 The purpose of a serious case review is to:

- Establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children
- Identify clearly what those lessons are, how they will be acted on, and what is expected to change as a result; and
- As a consequence improve inter-agency working and better safeguard and promote the welfare of children.

5.70 Serious Case Reviews allow performance to be examined in a number of ways; via thorough examination of practice, implementation of action plans and external scrutiny.

5.71 The year 2008/09 has seen a number of developments within the SCR process within Nottingham as a result of the SCR improvement plan implemented in April 2008 and updated in November 2008. The Child Death Manager is now in post and SCR practice guidance and toolkit has been developed. Feedback following SCRs is embedded within the process and twice yearly seminars to disseminate learning from local and national reviews are being developed.

[2] See paragraph 8.6 Working Together 2006 for clarification of the criteria

5.72 During 08/09, 3 SCRs have been completed although only one of these reviews related to an incident that occurred within the year. One review was undertaken jointly with another LSCB.

5.73 Key themes arising from the 3 SCRs undertaken during 08/09 were:

- Understanding the significance of hard to reach individuals and families
- Assessment and engagement with families with multiple and chronic difficulties
- Information sharing
- Compliance with procedures

5.74 Ofsted evaluations in respect of these reviews (two were evaluated as 'adequate' and one as 'good') demonstrate continued improvement in the quality of individual management reviews although there is still development work to be done, particularly in relation to Overview Reports and process. This is especially relevant given the changing climate nationally.

5.75 The year has also seen the national expectation for all LSCBs to report to the Secretary of State on any SCR judged by Ofsted to be inadequate. NCSCB have reported on one SCR and the review of that SCR was able to identify significant improvements to the process overall.

5.76 A thematic audit has been undertaken of all the SCRs completed by NCSCB. In order to do this, recommendations from SCRs were categorised into themes. What this has demonstrated is that themes arising from SCRs are recurrent i.e. adherence to procedures, recording practices, effective assessments and development of working together practices. In addition; characteristics of the cases subject of SCRs mirror the national picture in that drug and alcohol misuse, domestic violence and mental health issues are prevalent features.

Neville Hall, Chair of the Serious Case Review Standing Panel said *"It has been an interesting and challenging year for the Serious Case Review Standing Panel, with a number of historical cases reaching conclusion and an enormous number of changes to the process taking place nationally and locally. The panel has maintained a focus on learning from these tragic cases where children have either died or been injured and are committed to identifying how we can improve practice and sharing this across agencies. There is strong commitment from panel members and the agencies they represent within the Serious Case Review process and in particular Individual Management Review writers have devoted a huge amount of time and resource to the completion of reviews. We have made a number of positive changes to the whole process, including the SCR*

Practice Guidance and Toolkit; the challenge and decision making process within the panel and the quality of reports produced and we are looking forward to seeing a change in outcomes for children within the city. I feel the Standing Panel is in a strong position to move forward in 09/10 to continue to improve our performance in this critical area of work and provide critical, reflective analysis to improve the safeguarding of children."

Child Death Overview Panel

5.77 The Child Death Overview Panel was established within Nottingham City in April 2008. This Panel is responsible for reviewing all information on child deaths and reports directly to the NCSCB. During 08-09 this consisted of:-

Total No. of deaths (01/04/08 – 31/03/09)	29
No. of unexpected/expected	13/16
Rapid responses (since Oct 08, 17 deaths)	7
Age at death	
<28 days (Neonatal deaths)	13
28 days – 1 year	9
1yr – 5 yrs	1
5yrs- 10 yrs	0
10 yrs – 18 yrs	6
Males/Females	15/14

Category of death	**No of deaths**
1. Deliberate inflicted injury/abuse or neglect	1
2. Suicide or deliberate self inflicted injury	1
3. Trauma or other external factors	0
4. Malignancy	2
5. Acute medical or surgical conditions	1
6. Chronic medical condition	2
7. Chromosomal, genetic or congenital anomalies	6
8. Perinatal / neonatal event	6
9. Infection	2
10. Sudden, unexpected, unexplained death	1
Not classified	7

(those child deaths that occurred within 08/09 but not reviewed to completion by CDOP within 08/09)

5.78 **Public sector agreement (PSA) 13 'to improve children and young people's safety' indicator 4: preventable child deaths as recorded through child death review panel processes:**

5.79 Data has been submitted by NCSCB to the DCSF in respect of PSA 13. This data will help monitor the progress being made against indicator 4, on reducing preventable child deaths.

5.80 The statistical return was completed on time and NO deaths were classified as preventable.

5.81 The majority of deaths reviewed are neonatal deaths (45%), and these are generally expected deaths due to either extreme prematurity or chromosomal, genetic or congenital abnormalities. Due to the high proportion of neonatal deaths, a specific cross authority neonatal CDOP is to be held in the autumn and continue on an annual basis.

5.82 There are some themes that are beginning to emerge in relation to a number of deaths that have not yet been fully reviewed. These include the need to raise awareness in respect of co-sleeping arrangements and safe places to sleep. Issues have also been identified in relation to shaken baby syndrome and the need to deliver a 'Don't Shake the Baby' campaign.

NCSCB Inter-agency Training and Seminars

5.83 As a result of the review of NCSCB Training undertaken throughout the year, attendance, specifically at "specialist" courses which were suspended midway through the year, has been at a reduced level.

5.84 However, core training and seminars have continued to be provided throughout the year, with all courses also being updated and new ones prepared for 2009/10.

Course Title	Total Courses ran 08/09
Introduction to Safeguarding	10
Safeguarding Update	4
Working Together Stage 1	5
Working Together Stage 2	4

5.85 Attendance figures for NCSCB Training per agency are shown below, with the figures for the NCSCB Seminars and Networks shown in the following table.

AGENCY ATTENDANCE AT NCSCB CORE COURSES 2008/09					
Agency	**Introduction**	**Update**	**WT 1**	**WT 2**	**TOTAL**
Adults Services, Housing and Health	1	0	0	0	**1**
CAFCASS	1	0	0	0	**1**
Children's Services	38	21	36	15	**110**
Connexions	5	0	0	0	**5**
Education	6	3	5	4	**18**
Health	0	3	1	5	**9**
Housing	20	1	3	1	**25**
Police	6	0	1	0	**7**
Probation	0	3	23	10	**36**
Sure Start	10	0	4	1	**15**
Voluntary Sector	51	12	10	1	**74**
Other	9	10	2	1	**22**

NCSCB Seminar / Networks Attendance 2008/09		
Seminar / Network	**Date**	**Attendance**
Sexual Abuse Network	11.06.08	28
Safeguarding Young People Seminar	12.09.08	48
Safeguarding Children & Domestic Violence Seminar	24.09.08	94
Persons Who Pose a Risk Network - North	15.10.08	16
Persons Who Pose a Risk Network - Central	08.10.08	33
Persons Who Pose a Risk Network - South	05.11.08	15
Developing Safer Working Practices Seminar	07.12.07	43
Drugs & Alcohol Misusing Parents Seminar	20.11.08	76

Allegations Management

5.86 Working Together 2006 (Chapter 6 and Appendix 5) stipulates that LSCBs have a responsibility for ensuring that there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and for monitoring and evaluating the effectiveness of those procedures.

5.87 The framework for managing cases where allegations have been made against people who work with children is wider than those situations where there is a reasonable cause to believe that a child is suffering, or is likely to suffer significant harm. It also caters for cases of allegations that might indicate that a perpetrator is unsuitable to continue to work with children in his or her present position, or in any capacity. The procedures are adhered to in those cases where it is alleged that a person who works with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child; or
- Behaved in a way that indicates that he/she is unsuitable to work with children

5.88 All member organisations of the Safeguarding Board have a named senior officer with responsibility for dealing with allegations. In addition, the Local Authority Designated Officer {LADO} manages and oversees all individual cases. The LADO provides advice and guidance in relation to allegations as well as monitoring the progress of cases to ensure that they are dealt with as quickly and consistently as possible. The LADO role with Nottingham City is currently performed by the Head of Safeguarding and Quality Assurance.

5.89 The Local Authority Designated Officer (LADO) received 69 allegations/concerns in relation to people who work with children between 1st April 2008 and the 31st March 2009.

5.90 These staff worked in a variety of different roles across a number of agencies, including schools, childcare, foster care, children's services, the police and voluntary sector.

5.91 The allegations/concerns related to the following categories:-

Physical Abuse (Including inappropriate restraint)	44
Sexual Abuse (including Internet abuse)	18
Emotional	1

Neglect	2
Inappropriate	4

5.91 Of the 69 allegations/concerns received, 40 have been resolved in this period, resulting in 4 Section 47 enquiries, 1 Initial Child Protection Enquiry and 1 child being accommodated. Two police cautions were issued and employers took action in 17 cases, ranging from verbal warnings to dismissal. In additional, 4 staff were required to undergo further training.

Oversight of Private Fostering Arrangements

5.92 A private fostering arrangement is one that is made privately (i.e. without the involvement of a Local Authority) for the care of a child under the age of 16 (under 18 if disabled} by someone other than a parent or close relative for 28 days or more).

5.93 LSCBs have a responsibility to oversee private fostering arrangements within their area and monitor the Local Authority's compliance with their duties and functions. In discharging this responsibility, an annual report is presented to the Quality Assurance Partnership by the Local Authority officer with lead responsibility for private fostering. The report for this year concentrated upon recent audit activity undertaken to quality assure service provision to this very vulnerable group of children.

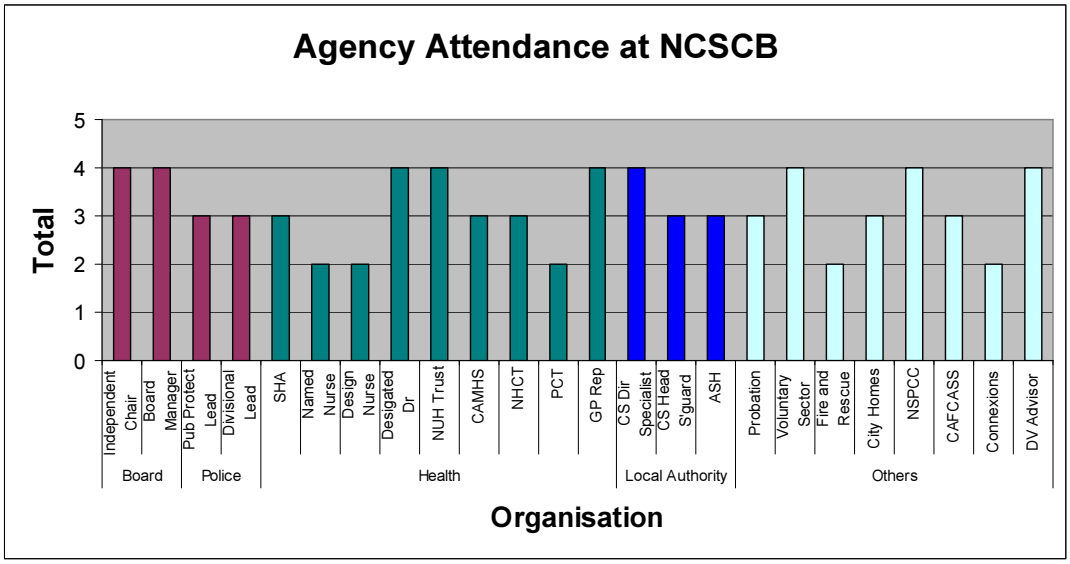
Licensing Representations

5.94 One of the key objectives of The Licensing Act 2003 is 'The Protection of Children from Harm'. Nottingham City Safeguarding Children Board is named as a Responsible Authority under the Licensing Act 2003. In this capacity the Board is required to ensure that decisions about licensing are taken with due regard to the need to safeguard and promote the welfare of children. The Board is committed to working in partnership with other local authority partners, organisations and businesses in discharging this responsibility.

5.95 In the last year the NCSCB has made 2 licensing representations, and is currently involved in one ongoing case. All three representations relate to the provision of adult "entertainment" involving full or partial nudity and lap dancing. The two cases that have been heard by the Licensing Committee have been refused based upon representations made by a number of Responsible Authorities, including the NCSCB.

Agency attendance at the NCSCB

5.96 It is essential that there is full partnership accountability for the delivery of safeguarding practice within Nottingham City. Agency representation on the NCSCB is critical in terms of driving an improvement agenda that all agencies own. The following chart identifies patterns of attendance at the NCSCB during 08-09. It is generally expected that Board members will attend at least 75% of Board meetings. The PCT were represented at all Board meetings but representation varied between the strategic lead, named nurse and the designated nurse all of whom attended 50% of meetings.



Monitoring Effectiveness via External Inspections

5.97 The NCSCB actively scrutinises the work of its constituent agencies by reviewing all external inspection report.

5.98 During the year 2008 – 09, The Annual Performance Assessment for Children and Young People in Nottingham City Council 2008, concluded that the City Council delivers services for children and young people that meet the minimum requirements for service users and it's capacity to improve is good.

5.99 Services in relation to the stay safe outcome were described as adequate, with key strengths including strategic leadership by the NCSCB, prompt action taken to safeguard children most in need of protection and good improvement in the range and availability of foster placements and the quality of residential care.

5.100 Area's highlighted for improvement included the completion of initial and core assessments within timescales, implementation of the Common Assessment Framework and looked after children moving swiftly into adoptive placements.

5.101 NHS Nottingham City, CitiHealth NHS Nottingham, Nottingham University Hospitals NHS Trust, and Nottinghamshire Health Care NHS Trust have been subjected to a number of external inspection processes in 2008-09, including the Healthcare Commission Child Safeguarding Review; The Standards for Better Health Declaration and the NHS East Midlands Markers of Good Practice Audit, with feedback from all of these due in Autumn 2009.

5.102 In addition, a report into services delivered by CAFCASS was published by Ofsted in February 2008, following an inspection the previous year. A number of criticisms which resulted in CAFCASS implementing a regime of practice improvement, resulting in satisfactory progress being made in all areas.

5.103 **Our priorities for 2009/10 in ensuring the <u>effectiveness</u> of work undertaken locally to safeguard and promote the welfare of children are:**

- the development and implementation of a performance management strategy and related performance management systems and processes for the NCSCB
- working with partner agencies to establish and deliver effective mechanisms of information exchange
- driving the Section 11 Self Assessment process across all agencies and the voluntary sector
- discharging the NCSCB's responsibilities in relation to the provision of data relating to the Stay Safe National Indicators and oversee the delivery of the Stay Safe section of the CYPP
- delivering an annual inter-agency audit programme that enables the Board to have an oversight of the current state of front line delivery of safeguarding practice
- monitoring the outcomes of Serious Case Reviews and the Child Death Overview Panel to ensure actions are delivered and outcomes are improved

Dorne Collinson, Chair of the NCSCB Quality Assurance Partnership said *"The Quality Assurance Partnership has undertaken a full programme of audits in the last year, along with monitoring the implementation of action plans arising from Serious Case Reviews and providing oversight and management for the delivery of the Board's*

work plans and implementation of practice guidance. The review of the NCSCB Constitution, Partnership Roles and Responsibilities will help to shape the next year for the new Quality Assurance and Risk Management Panel as we further develop quality assurance processes within agencies, ensure a focus on improving outcomes for children in Nottingham and take responsibility for the implementation of the national indicators in relation to Stay Safe and the local Children and Young People's Plan in relation to the stay safe outcome."

6. The Voices of Children and Young People.

6.1 The creation of an NCSCB Participation Strategy is contained within the NCSCB Business Plan for 2008-11 and is currently being developed as a priority for implementation during 2010.

6.2 The NSPCC Child Protection Advocacy Service provides advocacy support to all eligible children and young people in Nottingham City who are subject to a Child Protection Advocacy Conference or Child Protection Reviews.

6.3 The Advocacy Service is offered to all children and young people in Nottingham aged 10 or over who are the subject of an Initial Child Protection Conference or Review Conference. If there are slightly younger children within the same family (8 / 9 years) then the service is also offered.

6.4 The aim of the advocacy service is to empower children and young people to participate to a greater extent within the child protection process, both directly and indirectly and to enable them to have a greater degree of control over decisions affecting their life.

6.5 The advocate will meet with the child at least once prior to each conference and will always aim to see the child away from other family members and influences.

6.6 The advocate initially will support the young person in developing his or her understanding of what a child protection conference is for and what is likely to happen. She will then support the child in exploring if there is anything that they would like to say at the conference and – if yes – how they would like to have their say. Most young people choose to have the advocate attend on their behalf although an increasing number are choosing to attend with the advocate.

6.7 Following the conference, the advocate will have a feedback / debrief session with the young person. If the young person attended the meeting – the advocate and young person will discuss this experience and what could be improved and their understanding of what happened at the meeting. If the young person did not attend, then the advocate will give feedback from the meeting, with particular reference to any decisions / comments that were given in response to what the young person said. All

young people are then offered advocacy support for forthcoming review conferences.

6.8 Referrals to the Advocacy Service:

	Number referred	Number who received a service
Children and young people referred for advocacy support at an ICPC	**118**	**92**
Children and young people referred for advocacy support at an RCPC	**85**	**72**
Total	**203**	**164**

6.9 The referral figures for 2008-2009 are approximately a 100% increase on the previous year when 106 children in total were referred. This increase is particularly due to improvements in the re referral system for children who are the subject of review conferences. We have focussed on improving these referral systems this year as a priority because we believe that participation by young people is a process and advocacy needs to be offered for all review conferences if young people are to develop the skills, understanding and confidence to genuinely participate.

	Referrals received	Service accepted
Pakistani	**10**	**10**
Chinese	**1**	**1**
Black Caribbean	**7**	**5**
Black other	**3**	**3**
White	**124**	**101**
Dual heritage	**17**	**15**
Indian	**7**	**3**
Unknown	**34**	**26**
TOTAL	**203**	**164**

	No. referred	No. accepted	%
Male	**105**	**85**	**81**
Female	**98**	**78**	**80**
Under 8	**2**	**2**	**100**

Age 8-10	**68**	**62**	**91**
Age 11-13	**94**	**73**	**78**
Age 14-16	**39**	**26**	**67**
Known disability	**10**	**10**	**100**

6.9 The figures for ethnicity and gender indicate that there is no discernable pattern at this stage in acceptance rates, bearing in mind that for some groups the overall numbers that we are taking into account are very small.

6.10 The table does indicate some emerging patterns in relation to age. They indicate that the younger children are more likely to accept the support of an advocate compared to the older children. Anecdotal evidence suggests that this is because older children feel that they do not need the support to have their say and that some older children are more likely to be disillusioned with the whole child protection process. However, if a child does choose not to have an advocate on one occasion, we endeavour to offer the service again for each future meeting, as it is common for children to change their mind when they gain a greater understanding of the meeting.

6.11 Where a child has a known disability the advocate would usually liaise with the child's key support worker (usually from the school) to maximise the child's ability to be able to communicate what they need to say for the meeting.

Evaluation of the Advocacy Service.

6.12 Evaluations were received from 82 children and young people over the full year. Of these, 81 /82 said that they found the service helpful. All 82 children and young people reported that they felt listened to.

6.13 Evaluations were received from 13 professionals, all of which were positive.

6.14 Over the last year, suggestions for improvements to the service by children, young people, parents and professionals included:

- Spending more time with each child (when there is a sibling group)
- Seeing a child away from the family home
- Spending more time explaining the child protection conference process

6.15 These suggestions are incorporated into future planning of the service. The work of the participation group will have a positive impact on how we can improve the understanding that children have of the conference process.

Participation Project

6.16 The Advocacy Service participation group – Kids4kids was launched in 2008. The group consists of children and young people who have all been the subject of a child protection conference. Their mission statement is to work as a group to help other children who also have to have child protection conferences. They have been successful in obtaining funding through the Youth Opportunity Fund for 2008 and 2009.

6.17 The group's plan for 2009 is to create a digital film made by children for children that shows what a child protection conference is for, what is likely to happen and how children can be involved in the process. This project is in partnership with the NSPCC and the YMCA Digital project. If successful, the NSPCC Advocacy service will facilitate the promotion of this digital film to children and young people through the advocacy service.

6.18 In addition to this DVD the group also have other suggestions and ideas about how it would be more possible for children and young people to participate in child protection conferences and are liaising with the Independent Reviewing Service to discuss their ideas.

"She helped me to speak at my meeting…because I am not that good at saying things out loud." Tania*, aged 10, 2008 (*name changed)

The Tell Us Survey

6.19 The TellUs3 survey was a survey of children and young people across England, asking their views about their local area, and including questions covering the five Every Child Matters outcomes. The survey was carried out in spring 2008. A sample of schools was selected within each local authority, representing the different types of schools in each area.

6.20 Data collected within Nottingham is set alongside national data allowing us to compare ourselves with national averages as well as with previous years figures.

6.21 In relation to the Staying Safe outcomes, children and young people in Nottingham City have reported the following:

- fewer Nottingham children felt safe around their local area than the national average (67% compared to 75%). Same result as previous year.

- more Nottingham children felt safe on public transport than the national average (73% compared to 70%). Improved from previous year

- fewer Nottingham children felt safe travelling to and from school than the national average (81% compared to 88%). Worse than previous year

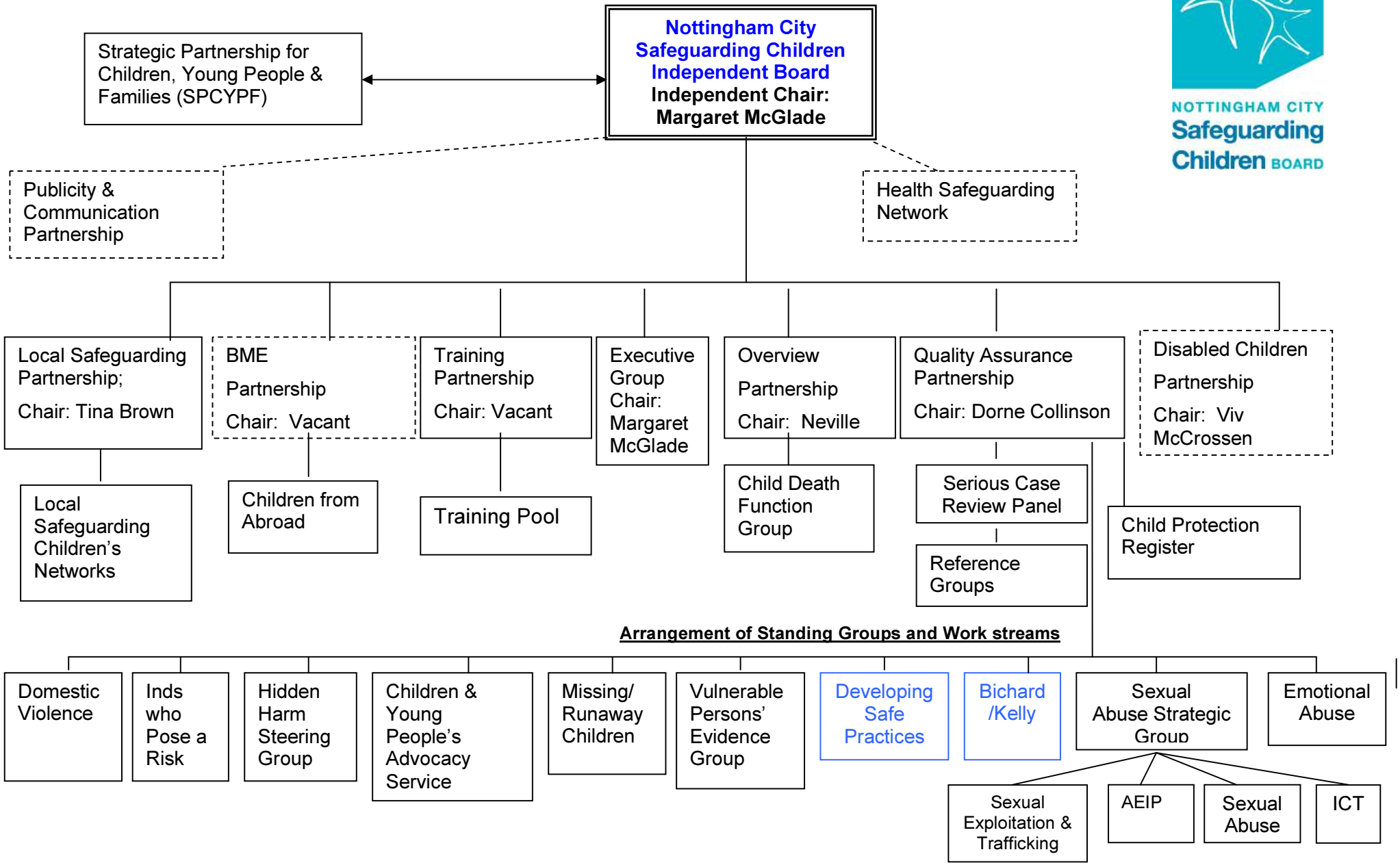
- more Nottingham children felt “very safe” in school, less felt “quite safe”, but the overall safety responses were the same as compared to national averages. Same overall result, percentage feeling Very/Quite Safe increased from previous year by 4%.

- more Nottingham respondents felt their school dealt well with bullying (50% compared to 35%), even though more identified bullying within their school as a problem. In the previous year these results showed no difference to national figures.

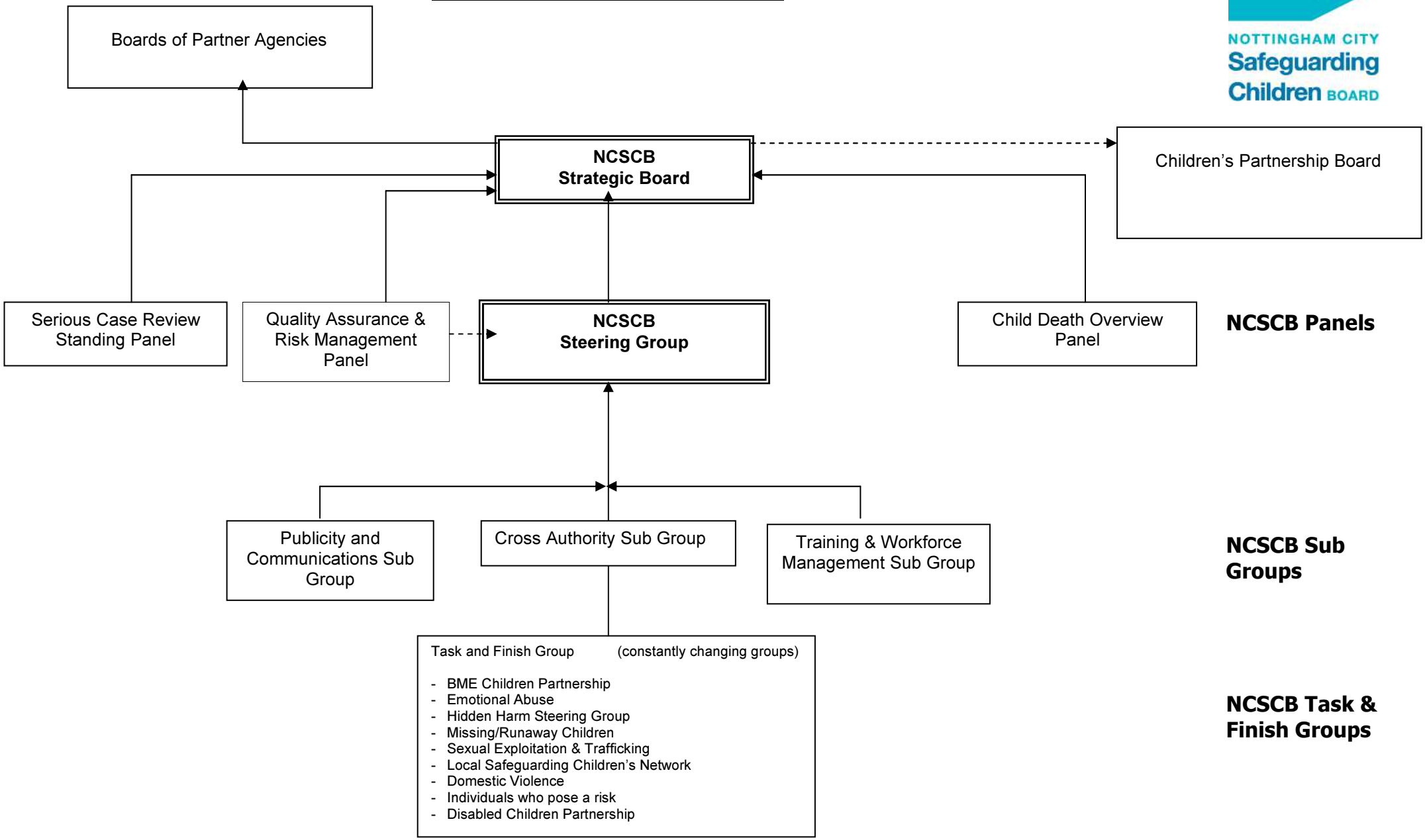
6.22 In conclusion, although pupils feel safe in their school, and also on public transport, they feel less safe in their local area and when travelling to and from school. They feel that their area would be a better place to live if it was safer, with less crime and ‘fewer young people hanging around’

NOTTINGHAM CITY
Safeguarding
Children BOARD

APPENDICES


Strategic Partnership for Children, Young People & Families (SPCYPF)
Nottingham City Safeguarding Children Independent Board
Independent Chair: Margaret McGlade
Publicity & Communication Partnership
Health Safeguarding Network
Local Safeguarding Partnership;
Chair: Tina Brown
BME Partnership
Chair: Vacant
Training Partnership
Chair: Vacant
Executive Group Chair: Margaret McGlade
Overview Partnership
Chair: Neville
Quality Assurance Partnership
Chair: Dorne Collinson
Disabled Children Partnership
Chair: Viv McCrossen
Local Safeguarding Children's Networks
Children from Abroad
Training Pool
Child Death Function Group
Serious Case Review Panel
Reference Groups
Child Protection Register
Arrangement of Standing Groups and Work streams
Domestic Violence
Inds who Pose a Risk
Hidden Harm Steering Group
Children & Young People's Advocacy Service
Missing/ Runaway Children
Vulnerable Persons' Evidence Group
Developing Safe Practices
Bichard /Kelly
Sexual Abuse Strategic Group
Emotional Abuse
Sexual Exploitation & Trafficking
AEIP
Sexual Abuse
ICT

NCSCB Structure 09/10



Membership as at 31 March 2009

Margaret McGlade (Independent Chair)	The Lindens, 379 Woodborough Road, NOTTINGHAM NG3 5GX margaretmcglade2@aol.com
Det Supt Jackie Alexander (Vice)	HQ (CID) Public Protection, Holmes House, Ratcliffe Gate, MANSFIELD NG18 2JW jackie.alexander@nottinghamshire.pnn.police.uk
Tina Brown (Chair – LSP)	Clifton Cornerstone, Southchurch Drive, Clifton, NOTTINGHAM NG11 8EW tina.brown@nottinghamcity-pct.nhs.uk
Neville Hall (Chair – SCRP)	CAFCASS, 2a Castlebridge Office Village, Castle Marina Road, NOTTINGHAM NG7 1TP neville.hall@cafcass.gov.uk
Dorne Collinson (Chair – QA)	Head of Service – Safeguards and Quality, Children's Services, The Lindens, 379 Woodborough Road, NOTTM NG3 5GX dorne.collinson@nottinghamcity.gov.uk
Jackie Martin (Vice - Chair – Training)	Snr Welfare Officer, Education Welfare Service, Sandfield Centre, Sandfield Road, NOTTINGHAM jackie.martin@lea.nottinghamcity.gov.uk
Jane Appleby	Trent Strategic Health Authority, Octavia House, Bostocks Lane, Sandiacre, NG10 5QG jane.appleby@eastmidlands.nhs.uk
Janet Castillo	NCSCB Manager, The Lindens, 379 Woodborough Road, NOTTINGHAM janet.castillo@nottinghamcity.gov.uk
June Dickens	Clifton Cornerstone, Southchurch Drive, Clifton, NOTTINGHAM NG11 8EW june.dickens@nottinghamshirecounty-tpct.nhs.uk
Dr Lizzie Didcock	Designated Doctor (CP), RHR Medical Centre, Calverton Drive, Strelley NOTTINGHAM NG8 6VV elizabeth.didcock@ntlworld.com
Dr Stephen Fowlie	Medical Director, Trust HQ, NUH Trust, City Hospital Campus, NOTTINGHAM NG5 1PB c/o janina.fejfer@nuh.nhs.uk
Alan Goode	National Probation Service, Castle Marina, NOTTINGHAM alan.goode@nottinghamshire.probation.gsi.gov.uk
Tony Graham	Operations Director, Connexions Notts, Heathcote Buildings, Heathcote Street, NOTTINGHAM NG1 3AA tony.graham@cnxnotts.co.uk
Sue Gregory	Service Director (Specialist Services), Children's Services, Sandfield Centre , NOTTINGHAM sue.gregory@nottinghamcity.gov.uk
Mel Hanlon	CAMHS, Thorneywood, Porchester Road, Mapperley, NOTTINGHAM NG3 6LF melanie.hanlon@nottshc.nhs.uk
Alan Wood	Assistant Director, NSPCC, Friary Works, 119 Friar Gate, DERBY DE1 1EX awood@nspcc.org.uk
DCI Paul Murphy	Nottinghamshire Police, Central Police Station, North Church Street, NOTTINGHAM NG1 4BH paul.murphy@nottinghamshire.pnn.police.uk
Claire Knowles	Legal Services, Corporate Services, The Guildhall, Burton Street, NOTTINGHAM NG1 4BT claire.knowles@nottinghamcity.gov.uk
Jane Lewis	Domestic Violence Policy Officer, Crime & Drugs Partnership, Neighbourhood Services, Barrasford House, Goldsmith St, NOTTINGHAM NG1 5JJ jane.lewis@nottinghamcity.gov.uk
Janet Lewis	Base 51, 51 Glasshouse Street, NOTTINGHAM jlewisbase51@hotmail.com
Stuart Smith	Project Manager, Nottingham City Homes, 14 Hounds Gate, NOTTINGHAM NG1 7BA stuart.smith@nottinghamcityhomes.org.uk
Dr Peter Miller	Medical Director, NHCT, Duncan Macmillan House, Porchester Road, Mapperley, NOTTM NG3 6AA peter.miller@nottshc.nhs.uk
Janet Sheard	Nottingham City PCT, Standard Court, 1 Park Row, NOTTINGHAM NG1 6GN janet.sheard@nottinghamcity-pct.nhs.uk

Maureen Elliott	NCSCB Administrator, The Lindens, 379 Woodborough Road, NOTTINGHAM maureen.elliott@nottinghamcity.gov.uk

NCSCB Budget 2008/09

The NCSCB multi-agency budget currently receives contributions from the following Partners:

NCSCB CONTRIBUTORS

	£	%
NOTTINGHAM CITY PCT	63,400	27.2
NOTTINGHAMSHIRE POLICE	17,000	7.3
NCC LEISURE	7,680	3.3
NCC HOUSING	3,280	1.4
PROBATION	2,830	1.2
NCC CHILDRENS SERVICES	135,390	58.2
CONNEXIONS	2,050	0.9
CAFCASS	520	0.2
TOTAL	**232,690**	

Expenditure

The Board expenditure for period 2007/08 relates to the following costs (the figures in bold are the total expenditure for each service section):

CPR Services	**118,020**
Staffing	117,820
Non-Pay Costs	200
NCSCB Administration	**55,740**
Staffing	38,160
Non-Pay Costs	17,130
NCSCB Training Services	**70,300**
Staffing	52,350
Non-Pay Costs	17,950
Total Expenditure	**244,069**
Overspend	**11,379**

Priorities 2008/09

Historically, the core business of the Board has always been delivered within the existing budget; however in this financial year there is a small projected overspend of £4,000. In addition to this, the Board has no provision within its budget for the commissioning of independent authors for serious case reviews, and this has led to a further overspend of £7,379. Children's Services have

increased their contribution by 20% all other agencies have increased contributions in line with inflation (2.5%).

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