



# Children's Services Improvement Board December 2016

Fran Gosling-Thomas (BSCB Chair)  
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# Timeline

**Summer 2014:** Inadequate Ofsted rating



**November 2014:** New Independent Chair appointed & Board Membership reviewed



**February 2015:** Board develops 2 year Improvement & Development Plan focusing on 5 priority areas



**February 2016:** Plan refreshed for second year of delivery

- **Presentation** provides update on progress and next steps against key recommendations from Ofsted – supported with evidence pack
- **Annual Report** 2015/16 provided for wider view across priorities

# Leadership and Governance

## Ofsted finding

- Leadership & governance needs strengthening
- Board needs to evaluate its own effectiveness and provide robust challenge
- Funding insufficient to carry out core functions

## What have we done?

- Strong leadership through new Independent Chair
- Governance and individual agency responsibilities defined through Member Compact, role descriptions for sub groups and refreshed terms of reference
- Board effectiveness measured through dashboard and annual self-assessment
- Increased funding agreed for 2015/16 and maintained for 2016/17

## Outcomes

- Increased challenge and scrutiny at Board meetings and Sub Groups means Board is more aware of safeguarding concerns
- Clearer roles for Sub Groups and stronger links to Board
- Funding has enabled substantial development to manage & reduce risk around key areas of concern
- Board has improved level of self-awareness

## Next steps

- Pressures across partners mean budget is an ongoing concern
- Responding to Wood Review & defining next steps for Bucks

# Partnership Working

## Ofsted finding

- Board has been ineffective in ensuring partners are working together – including to find capacity to support board activity
- Relationship with other Strategic Boards not leading to effective partnership working



## What have we done?

- Stronger monitoring of partnership attendance and engagement
- Improved communication (e.g. newsletter, website, Twitter) to promote and encourage ownership of consistent messages across partnership
- Links and partnership working across other Strategic Boards supported by Joint Protocol



## Outcomes

- Strengthened engagement from a number of partners
- Joint Protocol supporting inter-board challenge, co-ownership of priorities, improved sharing of risk, reduced duplication and a wider oversight of safeguarding arrangements across different agendas
- September monitoring letter positive about partnership working



## Next steps

- Maintaining engagement & challenge across Board and ALL sub groups
- Ensuring partners take a shared responsibility for supporting a child's journey

# Performance & Quality Assurance

## Ofsted findings

- Board not effective or robust in assessing whether agencies are fulfilling statutory duties to protect children
- Staff must be included in programme of multi-agency audits of practice
- Poor use of data to understand practice and identify concerns (no data set; too focused on CSC; insufficient enquiry & challenge)
- Individual agencies must own audit findings and use them to promote improvement



## What have we done?

- Revised Section 11 process – increased focus on local priorities, evidence of outcomes and voice of the child
- Challenge event format used to gain assurance and identify concerns
- Development of Risks and Concerns Log
- Annual multi-agency audit schedule agreed – focus on frontline practice with some standard lines of enquiry (e.g. thresholds, escalation, voice of child) ; significant single agency audits being reviewed
- Learning from all audits shared via online learning logs
- Multi-agency dataset developed

# Performance & Quality Assurance

## Outcomes

- Ownership of data across sub groups is opening up new lines of enquiry and informing our work
- Dataset has improved reporting links between Sub Groups and Board
- From both data and auditing activity, Board has improved assurance around practice, better visibility of areas of concern and improved mechanisms for hearing the voice of the child
- Monitoring of audit recommendations is providing evidence of improvements to services and outcomes



## Next steps

### Dataset

- Opportunities to develop links across Strategic Boards
- Automation of system
- Make more data available online

### Auditing

- Share learning more quickly
- Improve ability to respond flexibly to emerging areas of concern
- Complete current Section 11 process

# Early Help & Thresholds

## Ofsted findings

- Need to ensure partners fully engaged in delivering Prevention & Early Intervention Strategy
- Need to ensure Thresholds document agreed and understood across partners, supported by guidance, implemented and monitored



## What have we done?

- Consulted on and relaunched Thresholds document (Sept 15)
- Published revised Early Help Strategy (Nov 15)
- Published revised MARF (Feb 16) to improve alignment to thresholds document
- Communication & awareness raising campaign around Early Help & thresholds (over 4,000 laminated thresholds documents distributed along with wallet cards and referral flow diagrams)
- Tailored training and awareness raising and support for partners to disseminate key messages within their own organisation
- Embedded Early Help training into core training programme
- Improved scrutiny around partner engagement & the effectiveness of Early Help including through Early Help dashboard and regular reporting from Early Help Panel
- Public awareness raising campaign through joint video with Safeguarding Adults Board and support for DfE 'Concerned about a Child' campaign

# Early Help & Thresholds

## Outcomes

- Evidence of improved knowledge & confidence around thresholds (e.g. peer review, Home Office Review, BSCB web stats, auditing activity, feedback from partners, survey results)
- Good evidence of excellent partnership working around Early Help panel process
- Board has evidence of a wide range of good quality Early Help services
- Continually improving evidence of impact and outcomes of Early Help for children and families



## Next steps?

- Communication and awareness raising now needs to focus on increased ownership and embedding of the key message by individual agencies
- Outcomes Star has been endorsed as the Early Help engagement tool but take up needs to be wider; there has been confusion in some agencies around whether the Star is a requirement and which staff should be using the tool
- Progress work more quickly around Neglect, including roll out of new Graded Care Profile (Bucks is part of pilot)



# Knowledge of Thresholds

*April 2015 – 40% of those who answered our Thresholds survey had not heard of the Thresholds document*

Results from September 2016

- **4%** were unaware of the Thresholds document (compared to 40% in spring 2015)
- **95%** knew where to access the Thresholds document
- **90%** said the Thresholds document was prominently displayed in their organisation
- **80%** said they regularly or sometimes used the Thresholds document as part of their day to day work (compared to 61% in 2015)
- **83%** said they found the Thresholds document helpful to inform decisions regarding children
- **87%** said they knew the level(s) at which their service / organisation was providing support

# Child Sexual Exploitation

## Ofsted findings

- Identified areas of good work – including Chelsea's Choice and awareness raising



## What have we done?

- CSE Strategy launched
- Agencies have signed up to CSE Promise
- Joint working with Safer Stronger Bucks Partnership Board to deliver 'Pursue' strand of strategy
- CSE 'pop up' event to build knowledge around CSE and share Serious Case Review learning
- 2 challenge events to gain assurance around practice
- Serious Case Review into CSE since 1998 – including engagement with victims
- Well attended multi-agency CSE training – outside of our training pathway
- Chelsea's Choice delivered free to secondary schools
- Awareness raising for parents and carers
- Audit of Swan Unit
- Development of CSE Dataset
- Work to explore emerging themes – learning disability and transitions

# Child Sexual Exploitation

## Outcomes

- Effective partnership engagement and working together around CSE
- Good evidence that awareness raising has made a positive difference – including disclosures
- Good evidence that frontline services are achieving positive outcomes for children
- Evidence from Swan Unit audit of good performance
- CSE SCR identifies poor past performance, but shows significant improvements
- Improved data providing assurance and opening new lines of enquiry
- What victims and survivors have told us is shaping our work



## Next steps?

- Communication and awareness raising – need to focus on reaching all sections of the community
- Continue to work with other Strategic Boards to look at the provision for children after they turn 18 and for adults disclosing past CSE
- Look at how we ensure the families of victims are effectively supported
- Implement SCR recommendations
- Learn from the coordinated and targeted approach that has been taken to CSE
- Develop a more coordinated approach across other forms of exploitation

“Then it started to get out of control. I didn’t think it could get worse but it did. If I had a drink or took something it did stop for a while. Well not really, you can never stop thinking about it. They won’t let you. **Then someone listened to what I was saying.** It felt like it was my last chance. I couldn’t manage this on my own any more. They didn’t rush me or ask me to speak on a video. They got to know me. She said I needed help and she would make sure I got it....This time they did listen and I wasn’t allowed to go home”

*(The story of young Person J—extract from an audio recording based on her experiences)*

“ My daughter had to bare her soul in front of the court. They called her a liar. The judge said she was brilliant but she walked out of there and was dropped. **Suddenly there was nothing.** Now the guys are getting out of prison before she’s even got any treatment” *(Parent, CSE Serious Case Review)*

“ I didn’t tell anyone when it was happening. I didn’t attend school much. I had panic attacks and needed extra help. I was a difficult student. Then we had an R U Safe assembly at school and a teacher picked me out after and said I needed to speak to someone. I didn’t want to at first. I spoke to Claire at R U Safe; she was really nice to me. Second time I saw her I told her everything. I was crying when I said it. **I was heard.** *(Megan, CSE Serious Case Review)*

"It made me more aware of the issue and has made me more careful on the internet"

*"I will now make sure I keep all my social medias on private."*

*"I now know that you shouldn't trust everything and everyone on the internet."*

"It has changed my perspective as to how often it occurs and how easy it is to be fooled."

*"It is very detailed and presented well. It shocks enough to get the students talking about it without being too overwhelming. Very well thought out."*

**"Made me more aware of what can happen to us"**

(Pupil and school feedback after watching Chelsea's Choice)

# Journey & Voice of the Child

## Ofsted findings

- Increased awareness raising required around private fostering
- Need to ensure the views of young people inform service improvement



## What have we done?

- Number of privately fostered children monitored through dashboard
- Reports from the service to gain assurance and understand ongoing risks
- New section on private fostering on BSCB website
- Partner agencies reminded about private fostering responsibilities through newsletter
- Offer to service to support with communication through other channels
- Increased engagement through Youth Voice Steering Group (e.g. Bullying event, CYP version of Annual Report, assurance around how partners are working with young people to improve services, co-design of new microsite with young people)
- Work with E-Safety Ambassadors through our E-Safety conferences
- Increased focus on voice of child in auditing activity

# Journey & Voice of the Child

## Outcomes

- Young people directly influenced the Board's decision to design a new microsite, and have co-designed the site with us
- Zap Bullying workshops trialled for young people – now being evaluated
- Board has a better understanding of how young people feel about the Board and our priorities.
- Permanent young person rep on E-Safety Sub Group

## Next steps?

- Publish and test website with young people
- Work with young people to do a CYP version of our 2015/16 Annual Report
- Continue to think more widely about how our Board partners respond to the views of children and look for wider opportunities to engage young people in our work

*“Who would read all that?”*

*“What would happen if a 12 year old rang First Response?”*

*“Needs more pictures”*

*“I like the videos, but some of them are a bit strange.”*

*“The home page has buttons all over the place”*

*(feedback from young people on BSCB website)*





# Serious Case Reviews

## Ofsted findings

- Completed in line with statutory guidance with the implementation of recommendations monitored through the Board
- Effective dissemination of learning
- Ineffective at tackling common themes such as escalation – poor understanding of procedure across partners



## What have we done?

- Review of SCR process – increased flexibility of model
- Continued monitoring of all SCR recommendations – stronger escalation around delays
- Strengthened links between SCR Sub Group and Child Death Overview Panel (CDOP)
- Sought more innovative ways to share learning including recent learning events to ‘bring the baby into the room’
- 6 monthly monitoring of single agency serious incidents to look for trends
- Self-assessment against nationally developed quality markers
- Significant work around escalation (audits, review of procedure)

# Serious Case Reviews

## Outcomes

- SCRs continue to be conducted inline with statutory requirements
  - We have assurance that all relevant cases are identified for review
- BUT....
- SCRs continue to highlight common themes – including poor escalation & challenge and non-accidental injury to babies

## Next steps?

- More work underway focusing on creating the right culture for escalation and challenge
- Continue to ensure we are effective in sharing learning and that we can evidence the difference this is making
- Progress piece of work to look at analysis across all our SCRs to understand the impact and outcomes that have been achieved
- Plan focused work around our response to non-accidental injury in babies



Photo from recent SCR learning session

# Training

## Ofsted findings

- Training covers a broad range of safeguarding issues including some evidence of training being developed in response to local and national issues
- Courses evaluated on the day and follow up after 3 months
- Capacity to maintain breadth of training significantly compromised by funding restrictions and by the fact some agencies do not release staff for training



## What have we done?

- Started signposting to relevant training opportunities offered by partners
- Conducted a Learning & Development Challenge event – provided assurance, identified risks across partner training and identified areas for the BSCB to improve
- Introduced shorter learning sessions and delivered 3 free half day conferences
- Training manager post maintained
- Agency attendance and evaluations monitored and reviewed through L&D Sub Group
- Developed training quality assurance framework and undertaken some observations

# Training

## Outcomes

- Training evaluations continue to be positive with feedback at 3 months suggesting training does impact on practice (BUT low response rates from partners!)
- The BSCB has an improved understanding and assurance around safeguarding training offered across partners
- Wide range of training courses continue to be offered
- Actions taken to explore low agency attendance

## Next steps?

- Reduce amount of training being delivered by our Training Manager and increase her quality assurance role
- Undertake 1:1 conversations with Board partners as a follow up to Challenge Event
- Continue to develop more flexible learning opportunities

## 3 Month Feedback

*"[XX] has been able to use this knowledge to the benefit of families she has worked with. She has been able to discuss concerns with parents who then were able to put safety boundaries in place around their children"* **CSE April 2016 (Line Manager)**

*"I made a referral to First Response – had to gain consent from the parent, was able to achieve this and have a difficult conversation with the parent, was made easier by having this training."* **Working with Challenging Families June 2016 (Delegate)**

# Policies & Procedures

## Ofsted findings

- Board continues to develop a range of appropriate policies and procedures
- Review of their impact is not undertaken therefore impossible to tell whether they have improved practice



## What have we done?

- Deep dive evaluation of effectiveness – a number of weaknesses identified
- Board decision to commission refresh across all policies and procedures
- Board decision to move to online manual
- Website analytics starting to be used to look at how frequently procedures are accessed
- Policy impact assessment tool developed – now being used to review equality impact and plan for how wider impact will be evaluated
- Developed child protection policy toolkit to help external agencies create robust child protection policies

# Policies & Procedures

## Outcomes

- Board has increased its ability to focus on keeping core policies and procedures up to date
- Board has recognised weaknesses in current arrangements and taken steps to resolve



## Next steps?

- Complete commissioned refresh (December / January)
- Move to online manual (Jan – March 2017)
- Promote child protection policy toolkit
- Continue to work on understanding impact and effectiveness

# QUESTIONS?

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