

Sheffield Safeguarding Children Board ANNUAL REPORT 2011–2012

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Chairs Introduction



Dear Colleagues

This is my third year as the Independent Chair of Sheffield Safeguarding Children Board and I am pleased to report consistent good performance over the last year. This is despite the current financial pressures that have led to reduced resources for both the Board and for our partner agencies.

At a time of considerable organisational change in the NHS, it was heartening to have such a good response to the GP learning event in Sheffield with 212 GPs in attendance. There was very positive feedback from those present on the content of the presentations and workshops.

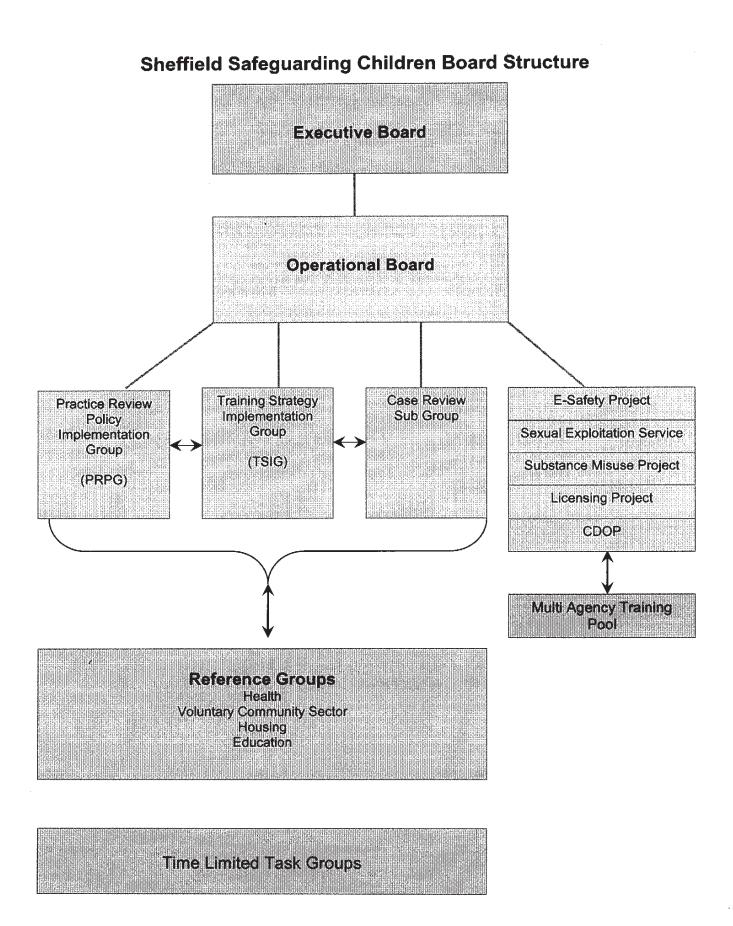
The Business Plan for 2011-12 has progressed well with the majority of objectives being achieved. However the anticipated revision of 'Working Together to Safeguard Children' following the Munro Review was not received during this year and therefore Sheffield's response to this and the development of a local framework will go forward into next year's business plan. In addition to this, the work on improving pathways for young people (subject to safeguarding processes) who are moving on to adult services (transitions) requires a long term commitment. Therefore this action plan also forms part of the ongoing business plan.

During the year, the Board launched its new web based safeguarding procedures which were well received by our partner agencies. In addition, Fact Sheets were produced that provide a quick and easy reference guide for specific issues such as Forced Marriage, Domestic Abuse and Substance Misuse amongst others. The Board's intention to provide training and development sessions on a more flexible and reduced time basis, while holding on to the multi agency focus, was commenced and will be evaluated at the end of 2012-13. To ensure effective performance monitoring we developed a data dashboard that is updated on a quarterly basis.

Finally, I would like to thank all staff for the good work over the year of this report and congratulate all agencies on open governance and willingness to test leadership and practice.

Sue Fiennes Independent Chair

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Section One: Sheffield Agencies Working Together to Safeguard Children

Engagement, Participation and the Effectiveness of the Board

An effective Board is one where partner agencies fully participate and engage in Board business. In Sheffield good attendance is achieved from partner agencies at all meetings from the Executive Board through to the sub-groups and reference groups. This provides strong leadership, an effective dissemination of key safeguarding messages and a communication pathway from the operational front line through to strategic planning. Partner agencies have an open and honest engagement with learning from reviews, and work hard to implement recommendations in a timely and effective manner. They provide valuable resources to the multi-agency training pool and facilitate good attendance at learning events.

Successful LSCB's challenge in a supportive, clear and robust manner. Partner agencies felt this was a particular strength in Sheffield where they were held to account for their engagement in safeguarding processes but supported to achieve best practice. This is shown through the robust s.11 audit and the focussed action plan monitoring. (Further information about s.11 can be found on page17.)

In October 2011 the SSCB undertook a self assessment exercise based on guidance in the Ofsted report *Good Practice by LSCBs (2011)*. Using facilitated workshops, we asked Board members to think about our current strengths and identify areas for future development, by focusing on five key areas identified by Ofsted as being central to good performance by LSCBs. These key areas were; governance, quality assurance, learning from SCRs and child deaths, multi-agency training and learning and measuring impact.

We recognised our strengths as;

- An effective, strong chair who is well respected in the city
- A comprehensive training programme
- Rigorous monitoring of the action plans from Serious Case Reviews and Case Reviews
- Senior leadership from all agencies represented at Executive Board level
- Well attended and clearly structured reference groups

We agreed areas for development included;

- More effective communication pathways from the Executive Board through to sub-groups and reference groups
- Better induction processes for new Board members
- Greater ownership of the SSCB Business Plan by providing regular progress updates

The results of the self assessment are being used by the Board to provide a structure for future planning.

Budget Information

SSCB Income and Expenditure 2011-12

Income		Expenditure	-
c/fwd 10/11	£111157		
Contributions:		Employees	£266471
scc	£112000		
Health (PCT)	£112000	Multi Agency Training	£ 17850
S.Y. Police	£ 45000		
Probation	£ 6500	Practice Review & Standards	
Cafcass	£ 550	Document Production	£ 6704
		Tri-X (Procedures)	£ 1910
Income Generation	£ 10050	, ,	
		Board Running Costs	£ 24176
Munro Grant	£ 41133	Serious Case Reviews	£ 0
		Independent Chair	£ 5279
Child Death Overview (CDOP)	£ 76000	Mosque Consultant	£ 12000
(,		SE Service	£ 10000
		c/fwd 2012/13	£128867
		+ Munro Grant	£ 41133
TOTAL	£514390	TOTAL	£514390

Projected Expenditure 2012-13

ACTIVITY	COST
Independent Chair	- £8k
Secretariat	218k
Operating Costs	£38k
1. Multi-Agency Training	
Manager + Business Support	£72k
Training Strategy & Programme	
2. Practice Review & Standards	
Manager + Business Support	£78k
Coordinator + Research & Performance Officer	£63k
(Safeguarding Evaluation) SCRs/Publicity/Campaigns	£30k
3. Policy & Procedure	
TriX	£2k
Local Procedures & Policies	
4. E Safety Project / Manager (50%)	£28k
(50% Traded Services)	
5. Community Adviser Consultant	£10k
SUB TOTAL – CORE BUDGET	£347k
6. Child Death Overview Arrangements	e74k
(EIG)	
OVERALL TOTAL	£421k

Indicative Agency Contributions 2012-13

A'siangy, a	Forgula %	2011-12	2012-13	Variation
SCG (CYPF)	40%	£112k	£101k	- 10%
HEALTH (PCT)	40%	£112k	£101k	- 10%
S.Y. POLICE	16%	£45k	£40.5k	- 10%
PROBATION	4%	£11k (6.5k Actual)	£10k (6.5k Actual)	- 10%
Sub Total	100%	£280k	£253k	-10%
C/F		£48k	£94k (est)	
TOTAL		£328	£347k	

Notes:

- Agency contributions were reduced by 10% in the budget setting round 2011-
- A further 10% reduction 2012-13 can only be achieved by maximising the underspend, and therefore the carry forward, through efficiencies and retaining tight control over expenditure in the final third of the current financial year.

Sexual Exploitation Service

	Sexual Exploitation 2011-12	Sexual Exploitation 2012-13	Variation
AGENCY			
SCC (CYPS)	£27k (25%)	£27k (25%)	⇔
HEALTH (PCT)	£22k (20%)	£22k (20%)	⇔
s.y. Police	£27k (25%)	£27k (25%)	⇔
SHEFF FUTURES/ CONNEXIONS	<i>In Kind</i> (30%)	<i>In Kind</i> (30%)	⇔
TOTAL	£76k	£76k	0

Notes:

 A standstill position is illustrated, but only describes a baseline position that is subject to change, dependent on the new Strategy for the SE Service, agreement of the associated Business Plan, and clarity re the model going forward.

Training For Professionals and Volunteers

Local Safeguarding Children Boards are responsible for safeguarding and promoting the welfare of children; this includes ensuring that there are appropriate training and learning opportunities for people who work with children and families.

Training covering a wide variety of safeguarding issues is delivered by a range of projects and services, in line with the SSCB training strategy. Information regarding all the training offered during the year has been collated below. For more details on courses available, please see www.safeguardingsheffieldchildren.org.uk.

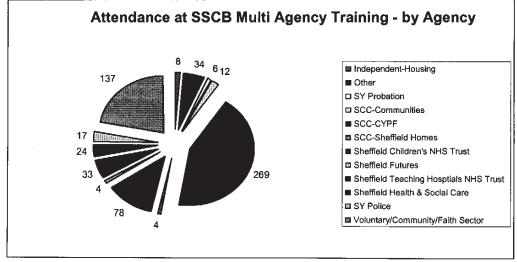
SSCB Multi Agency Training

The SSCB provides a comprehensive programme of high quality multi-agency training covering a range of issues including neglect, mental health, working with fathers and domestic abuse among others. The **key aims** are enabling participants to achieve:

- a shared understanding of the tasks, processes, principles, roles and responsibilities for safeguarding children and promoting their welfare
- more effective working relationships and integrated service provision
- improved communication and information sharing between professionals.
- a common understanding of key terms, definitions and thresholds for action
- sound and child focused assessments and decision-making

The programme of training supports the SSCB Business Plan and is responsive to local need and emerging priorities. Courses are open to any practitioner in Sheffield working with children, including the voluntary and community sector.





E-learning

A number of on line courses are now offered allowing staff to study at a time and place that is most convenient to them. Courses currently available on line are:

- Basic Awareness of Child Abuse and Neglect an introductory level course of particular benefit to staff in ancillary roles or community settings where access to single agency safeguarding training is limited.
- Hidden Harm the effects of parental problem substance misuse on children.
- Safer Recruitment
- Runaways

Update and Refresher Events

Held twice a year, these provide a further opportunity for practitioners from all agencies to come together and share good practice, disseminate key messages and discuss lessons learned from practice reviews. This year they concentrated on:

- Asylum & Immigration and Safeguarding Children
 This event included presentations from the UKBA, learning from the Child Z SCR and working with unaccompanied asylum seeking children.

SSCB Annual Conference – 'From Struggling to Succeeding: The Impact of Child and Household Poverty and Identifying Solutions.'

This was the first joint conference by the SSCB and Sheffield Adult Safeguarding Partnership. The conference reflected the priority given across the city to the implementation of the Child and Household Poverty strategy, and was very successful.

Early Years

The Early Years Advisors based in the Safeguarding Children Service offer introductory and advanced safeguarding and child protection training. In addition, they provide briefings and workshops in response to national or local SCRs to highlight issues relevant to Early Years' professionals or changes in legislation. The training is open to Childminders, Nurseries (Private, Voluntary and Independent sectors) and out of school clubs.

Numbers Trained 2476 courses allocated 109 professionals 218 professionals 213 professionals 1028 professionals

Education

The Education Advisors offer a range of training for education staff including basic, advanced and refresher safeguarding courses.

Additional training for education professionals includes:

- A training package provided for the staff at 3 further education colleges.
- Training for Community Language Support Teachers & Volunteers
- Safeguarding training for Teachers & Imams from Mosques & Madrassahs (including the management of allegations)
- Safeguarding Children training for School Governors

Health

These include 'Safeguarding and promoting the welfare of the child for health practitioners', GP training (seminars, PLI (Protected Learning Initiative) event and in house training) which also involves other clinical and non clinical staff.

LADO (Local Authority Designated Officer)

Training provided regarding the procedure for managing an allegation against people who have contact with children (professionals and volunteers).

Licensing

The core training delivered by the licensing project is 'Safeguarding Children at Licensed Premises'. This training is delivered on a multi agency basis to licensees, with contributions from the youth service, police and trading standards. In addition, 'in house' training has also been provided to staff at supermarkets and independent pubs.

The project also delivered training raising awareness of illegal practices in relation to alcohol and tattoos to school staff as part of Education Advanced Refresher Training (see the education section above) and at the Evidence Informed Practice conference in November 2011.

Sexual Exploitation

Training events were held to raise awareness of sexual exploitation, including to staff at GU medicine in Sheffield, various police training events and other multi agency training.

Numbers Trained

3573 professionals

90 professionals

47 Teachers & Volunteers

45 Teachers & Imams

> 142 School Governors

977 GP, other clinical and non clinical staff

55 professionals & volunteers

136 staff

65 social care professionals

565 police, health and other professionals

Substance Misuse Service

The core training delivered by the service is the 'Substance Misuse and Safeguarding Children Multi Agency Training'.

In addition there were:

- Two practice seminars for Social Workers and substance misuse agency staff.
- Two half day refresher events that focused on:
 - Identifying and supporting young carers whose parents misuse drugs and alcohol.
 - The affect on pregnancy and neonates of maternal substance misuse and improving attachment, attunement and brain development in Infants whose parents misuse substances.

E Safety

The SSCB e safety project has delivered training and e safety awareness sessions to a wide range of organisations, including:

- · Sheffield Library staff
- staff working with vulnerable adults,
- Early Years providers and staff working at primary, secondary, special, independent schools and FE colleges.
- School Governors
- South Yorkshire Police
- Lifelong learning and Skills staff
- Psychology services (children)

Numbers Trained

376 professionals

76 professionals

161 professionals

35 library staff

25 adult social care

520 school & 94 early years professionals

60 school governors

20 police

18 LL& S staff

15 psychological staff

Total number of training contacts in the year: 11,765 1

Feedback from the Annual Conference, 'Struggling to Succeeding'- Impact of Poverty on Children and Families and Identifying Helping Strategies

The Conference was framed within the context of, and provided an introduction to, the 'Sheffield Child and Household ~Poverty Strategy 2011-14' which aims to improve the life chances of all those in Sheffield living in, or in danger of falling into, poverty.

¹ This is the number of attendees at training, briefings, workshops and seminars. Some professionals will have attended more than one event.

Completed evaluation forms were returned by 66% of the delegates who attended and clearly indicated the value of the conference, with 99% reporting that their experience of the conference was 'excellent' or 'good' and 'relevant' or 'very relevant' to their role.

Delegates were able to attend two workshops during the day all of which evaluated highly, with 97% of attendees rating their workshop as 'very useful' or 'useful'.

Feedback from Training

Working through case studies with people from other agencies was so useful - I feel so much better about an area of my work that I find quite difficult

Very knowledgeable trainers that made a difficult subject come to life. Best training I have ever attended Yes I'm more aware and understand a wider knowledge of safeguarding children. Before this course I didn't think e-safety was relevant in our school. We teach special needs and now I know just how 'at risk' most of our students are.

The facilitators are an inspiration and more people should be like them

Conferences (Regional & National)

Sexual Exploitation presented at the following conferences:

- Yorkshire Child Sexual Exploitation conference, Leeds
- 'Out of mind, out of sight', CEOP conference, London
- 'Children in Care', Capita Conference, London

Number of attendees

30 professionals

100 professionals

30 professionals

Raising Awareness – Seminars and Workshops for Parents and Young People

Although the majority of training delivered is for professionals and volunteers working with children, some seminars and awareness raising sessions have targeted parents and young people. These include:

- Parent e safety awareness
- Direct E safety work with pupils in 7 schools
- Licensing False ID awareness workshop
- Safeguarding workshop Somali women's group at the Sheffield Somali Community Centre

Number of attendees

180 parents and foster carers

250 children

18 young people

40 mothers

Total number of training contacts with parents and young people: 488

Evaluation and the Impact of Training

In order to maximise the take-up of single and multi-agency training, a wider range of training methods have been employed in recent months and this has resulted in the SSCB being able to reach more practitioners from a variety of agencies. These include seminars, awareness-raising briefings, workshops, half-day update and refresher events, conferences as well as courses (one and two day).

The training has reached a broad range of professionals, including those working principally with children and families as well as professionals working with adults who are parents (e.g. substance misuse service) and others that are come into contact with young people (e.g. licensing).

All training has clear learning outcomes and are subject to evaluation, either immediately after training, through follow up questionnaires three months after a course, or by recording levels of confidence on a topic before, during and after training. At all events, participants are encouraged to inform us of any training they would like to see offered in future.

Priorities for 2012-13

- To deliver a programme of regular seminars open to all practitioners.
- To deliver a programme of Manager's seminars to enable managers to identify staff training needs and ensure skills and knowledge acquired in training can be embedded in practice.
- To launch two new e-learning courses on the SSCB website: Safeguarding & Leadership and Safe Sleeping.
- To ensure Quality Assurance -The Training & Development Service will
 oversee the quality of single agency safeguarding training via the Training
 Strategy Improvement Group (TSIG.) Members of TSIG will be required to
 provide information relating to staff numbers completing single agency training
 and participate in agreed audit processes. Minimum standards required of
 single agency training have been agreed by TSIG and will be incorporated
 into future audit activity.

LADO - Managing Allegations Against Staff and Volunteers in the Children's Workforce

Each Local Authority must identify a senior officer to fulfil the role of Local Authority Designated Officer (LADO). All allegations against staff or volunteers working with children in the local area must be referred to the LADO. The role of the LADO is:

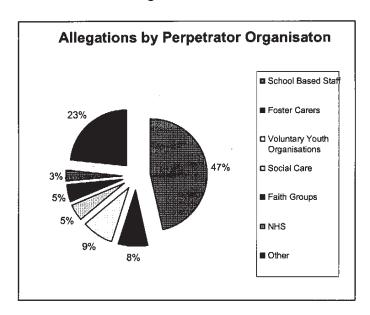
- To provide a consistent approach to the management and oversight of allegations against staff.
- To provide advice and guidance to employers and voluntary organisations about each referral, and liaise with the police and other agencies to ensure the case is dealt with promptly, fairly and thoroughly.
- To advise employers whether there is a need to make a referral to the Independent Safeguarding Authority (ISA) for consideration of the individual being barred from working with children.
- To monitor the progress of each case through to conclusion, keeping the child's welfare at the centre of all decisions.

Referrals must be made to the LADO whenever there is an allegation that a person who works with children has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Notifications of Allegations

86 notifications were referred to the LADO during 2011-12, which was a reduction from 129 notifications received during 2010-11



Resolution

6 Allegations notified to the LADO over the year	
3 (15%) allegations were deemed not to fall within the scope of the guidance	
7 (20%) allegations were, following enquiries, deemed to be unfounded	
1 (13%) allegations were found to be unsubstantiated	
4 (5%) allegations were found to be malicious	
30 (35%) allegations were proven	
1 (13%) allegations are on going	

Of the 30 allegations which were proven, action taken ranged from further training to disciplinary action against employees. In no cases were any persons dismissed and no persons were reported to their professional body or referred to the Independent Safeguarding Authority.

Priorities for 2012-13

- Over the coming year we will seek to address the issues which have contributed to some delay in the time taken to resolve cases.
- The NHS and police are currently under represented among cases reported to the LADO and work will be undertaken with the HR service at NHS Sheffield, Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospital NHS Foundation Trust and the Sheffield Health and Social Care NHS Foundation Trust to raise awareness of the guidance and their role in contacting the LADO.
- It is unclear at present whether the revised Working Together to Safeguard Children will impact on the role of the LADO. This will need to be explored following publication of the finalised document and local arrangements determined

Audit of Compliance with Section 11 (s.11) of the Children's Act 2004

Background

Working Together to Safeguard Children (2010) requires LSCB's to audit compliance with s.11 Children Act 2004. In March 2010, organisations covered by s.11 were contacted by the SSCB and asked to complete a self assessment. This asked for evidence of how these organisations complied with s.11 when carrying out their day to day business. The self assessment identified 13 'essential requirements' which all agencies were expected to meet and 29 'additional requirements'.

Following submission of completed self assessments, and identification of any gaps, organisations then developed action plans detailing the steps they would to take to ensure full compliance with the requirements of s.11. These action plans have been monitored by SSCB at quarterly intervals throughout 2011/12.

Organisation	Date Action Plan Completed
South Yorkshire Probation Trust	August 2010
Sheffield Children's NHS Foundation Trust	November 2010
Sheffield Teaching Hospitals NHS Foundation Trust	December 2010
Cafcass	May 2011
South Yorkshire Fire and Rescue	May 2011
Sheffield Health and Social Care NHS Foundation Trust	May 2011
Sheffield Youth Offending Service	June 2011
South Yorkshire Police	June 2011
Sheffield City Council PLACE	August 2011 (SSCB agreed that remaining actions be pursued on council wide basis)
NHS Sheffield	October 2011
Sheffield Futures	November 2011
Community Services Directorate, Sheffield Children's NHS Foundation Trust	November 2011
Sheffield City Council Housing Solutions	March 2012 (SSCB agreed that remaining actions be pursued on council wide basis)
Sheffield City Council Adult Services	March 2012
Sheffield City Council Children and Families	March 2012
Sheffield Homes	April 2012
Sheffield City Council – Early Years	March 2012 (SSCB agreed that remaining actions be pursued on council wide basis)

SSCB Recommendation to Sheffield City Council

During the self assessment process, it became apparent that common issues were presenting across different departments within Sheffield City Council (SCC). In response the SSCB recommended that SCC develop a corporate response to a number of the s.11 standards. Doing this would support individual portfolios to meet the requirements of s.11 and provide a more consistent approach across the council.

Several issues have already been dealt with on a council wide. In addition the SSCB recommended that SCC address the following at a whole council level:

Development of a corporate Safeguarding Policy

- Ensuring each portfolio has a safeguarding lead/champion, whose safeguarding responsibilities are detailed within their job description
- All staff who have individual contact with children/young people have access to supervision
- When services are commissioned from external sources, it becomes standard council policy to ensure those organisations are compliant with s.11
- Develop a corporate e-safety/acceptable use policy, similar to that already in place for schools

Common Themes Identified Across Organisations during Self Assessment Process

As well as the issues identified within SCC, a number of common themes emerged as 'sticking points' in different organisations across the city, these included:

- The identification of a safeguarding lead / champion whose responsibilities are set out in their job description.
- E safety and the use of digital media were identified as issues across many organisations, reflecting the more recent recognition of e safety as a safeguarding issue. (The s.11 self assessment has helped to promote e safety as a safeguarding issue and highlighted the importance of policies, procedures and training for staff around e safety.)
- When services are commissioned from another organisation, mechanisms
 must be in place to ensure they are also s.11 compliant. In response to this,
 information was provided to develop checklists for organisations to use when
 commissioning services.
- Safer recruitment training for staff involved in recruitment and induction training which covers safeguarding were highlighted as issues for a number of organisations when the self assessment was first completed in March 2010.
 Since this time, however, financial constraints have meant that in some organisations very little external recruitment has taken place. This has meant these actions have become less of a priority.

Follow up Audits

This year as a follow up from the main s.11 audit, the SSCB carried out a short 'quality assurance' survey with 129 professionals from a range of agencies. The aim of the survey was to provide reassurance that frontline staff are confident when working with safeguarding children issues.

Are you confident about what	Yes	No	N/A*	
to do if you identify a child who could benefit from early help?	84%	7%	9%	27 (18) 110 (18)
Are you clear on the	Very	A little	Not very	Not at all
circumstances in which you	confident	confident	confident	confident
can share information without consent?	65%	30%	4%	1%

Do workers who have	Yes	No	N/A*	
individual contact with children and young people have access to regular, minuted supervision?	61%	14%	25%	120 - 1 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
Are you aware of your	Yes	No		
organisations safeguarding policies and procedures?	99.25%	0.75%		

^{*} Denotes a response from adult workers who did not have contact with children and young people.

The responses provide assurance that frontline staff are largely confident and well supported when working with children and families.

Voluntary and Community Sector

Although Voluntary and Community Sector organisations were not included within the s.11 self assessment, the NSPCC have developed a set of 'safe standards' for the third sector, based directly on the Sheffield s.11 self assessment toolkit. Details of the safe standards can be found on the NSPCC Safe Network website (http://www.safenetwork.org.uk/resources/safe network standards/Pages/default.as px)

The SCCB continues to provide support to any voluntary or community sector organisation wishing to check their existing policies and procedures against the safe standards.

Priorities for 2012-13

- The s11 self assessment will be repeated in 2013, this time jointly with the Sheffield Safeguarding Adults Partnership. The self assessment will provide the Board with important information on how well partner agencies have maintained their duties to safeguard and promote the welfare of children following an intense period of organisational restructuring and a challenging financial climate
- Consideration will be given along with NHS Sheffield to develop a self assessment toolkit for Sheffield GPs

Learning Lessons from Reviews

Sheffield Safeguarding Children Board is keen to learn from practice and although no Serious Case Reviews were commissioned during the year we undertook three Learning Lessons Reviews (LLRs). These were of cases that fell below the threshold for a Serious Case Review but where the Board felt learning across agencies would result from an in depth review.

All three reviews concerned young children (under 1 year old) who had suffered physical abuse from a parent or care giver. All three children and their families were known to universal services and had had some limited involvement from children's social care but none of the children were subject to formal child protection processes. The reviews were well supported by the partner agencies who provided honest and open analysis of their agency involvement. The issues arising from these reviews included;

- Quality of assessment the assessments undertaken by all the agencies involved, both universal and specialist, lacked rigour, were too reliant on information provided by the parents and lacked curiosity and challenge
- Recognising vulnerability- The parents of the children had experienced
 difficult, abusive childhoods and were known to Children's Social Care due to
 the poor parenting they received. In addition ADHD was diagnosed at an early
 age; they experienced interrupted schooling and left with no formal
 qualifications. The reviews call into question how successful services were in
 recognising the parent's vulnerabilities, providing additional support and
 identifying any risk factors for the children.
- Injuries in young children when the children were injured practitioners
 worked in 'silo', making decisions in isolation with no evidence of joint
 responsibility for the decisions being made. The policy decision made as a
 result of these incidents to hold mandatory strategy meetings on all children
 under 2 years old who present at the hospital with injuries that raise concern
 is entirely appropriate.
- Working with uncooperative, hostile families There is no doubt that some families, for many different reasons, are difficult for professionals to engage with and a great deal of professional time can be spent 'getting through the door'. Professionals can be frightened and intimidated by parents or parents show passive compliance without making the required changes to their parenting.
- Use of challenge Sheffield workers should be empowered to challenge the opinions and decisions of other workers, irrespective of status, role or organisation. Sheffield workers in all organisations need to have the necessary skills, knowledge, time and support to become practitioners that are curious, that are able to reflect and question the actions and the decisions of both themselves and others and where ultimately they feel able to challenge.

The Child Z Serious Case Review commissioned by Croydon LSCB and involving Sheffield agencies was published in September 2011 (for further details see SSCB Annual Report 2010-11). Although this was not a Sheffield commissioned SCR it has been published on our website to ensure the learning is disseminated to Sheffield agencies and practitioners.

The primary purpose for conducting reviews is to embed the lessons learnt into the daily practice of frontline workers. The SSCB is keen to ensure this happens through rigorous monitoring of action plans arising from reviews. Agencies are expected to update action plans on a regular basis and once completed provide evidence to the SSCB to support the implementation. Where progress is delayed or evidence does not sufficiently address the recommendation, the agency is supported to make the required changes. Where this fails to result in action, the SSCB Independent Chair challenges the agency at a senior level to ensure action is taken.

The dissemination of key message from reviews is central and agencies are expected to share the findings with their workers. In addition, the SSCB provides learning briefs for use in training or supervision and shares the learning through presentations at key safeguarding events.

Following on from the Q Family SCR which identified the need for an expert panel the SSCB launched a Case Review sub – group. This group is made up of senior managers, of sufficient status to make decisions on behalf of their agency and who, in addition, have sufficient child protection knowledge and expertise. The group acts as a consultant for professionals who require independent advice about a case; they review individual cases when there are concerns that the professional networks have become 'stuck' and are failing to progress. They also review cases of 'best practice' where good inter-agency working has been demonstrated and, on an annual basis, they review a selection of Child Protection cases that have come back into the Child Protection arena (following removal from a plan) and those children subject to a Child Protection Plan for over two years.

Priorities for 2012/13

- The SSCB plans to extend its learning over the coming year by carrying out a
 thematic review of all Serious Case Reviews undertaken between 2005 and
 2011 to identify themes emerging at both a local and national level that
 require a cultural shift in workers practice.
- To undertake an Appreciative Inquiry to learn from cases that have gone well.
- To pilot a new methodology for conducting case reviews as highlighted in the Munro review.

Child Death Overview Panel (CDOP)

Sheffield Safeguarding Children Board has to have specific procedures in place when a child, who is under the age of 18, dies. The key requirements are that we:

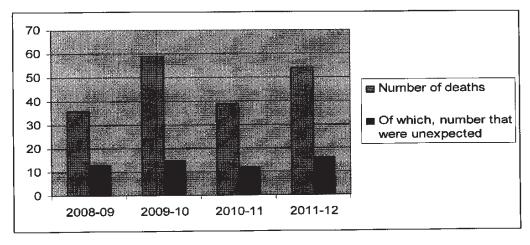
- have a rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating the unexpected death of a child
- have an overview panel of key professionals who come together to review the deaths of all children resident in Sheffield.

Achievements 2011/12

- A follow-up letter to parents, three months after the death of their child, is now sent by the CDOP Manager. This letter gives parents a further opportunity to contribute their thoughts and questions to the CDOP to help us review the child's death. This appears to have led to an increase in feedback from parents. We have also had comments from parents keen to praise those practitioners who cared for their child and family.
- An overview of bereavement support services available to families in Sheffield
 was presented to the CDOP. This highlighted some excellent levels of care
 provided to families by palliative care services, both during and after a child
 dies. Additional training for MASTs is planned to equip practitioners to
 support bereaved families.
- Agreement has been reached for Sheffield Children's Hospital to provide data
 on presentations at the Emergency Department as a result of accidental
 injuries to provide context to deaths resulting from accidents. This will help
 better identify any patterns or themes in these deaths and injuries which the
 CDOP can then address through the recommendations it makes.
- Work with the Trent Neonatal Network to improve the review of Neonatal death

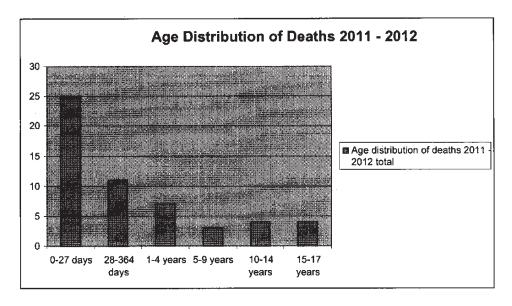
Cases

In 2011-12, the deaths of 54 Sheffield children (29 males and 25 females) were reported to CDOP, 16 of these (30%) were unexpected. Unexpected deaths require follow up by the Rapid Response Team (RRT) to ascertain the exact circumstances around a child's death to assist the Child Death Processes. The cover for RRT is currently being reviewed.



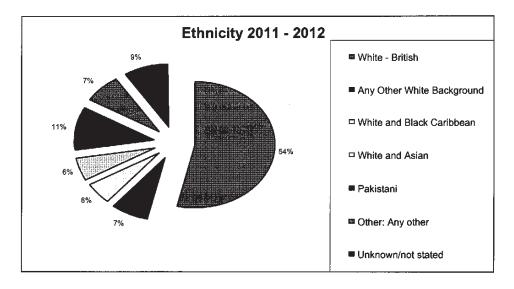
Age Distribution

A child that shows any signs of life at birth is classified as a live birth and therefore is reviewed by CDOP. This accounts for the relatively high numbers of neonatal deaths (babies dying between 0 – 27 days) some babies being born so prematurely that they are not viable. Children remain more vulnerable in the early years of life. The rates of child deaths decrease after the first year and then are likely to be due to accidents or life limiting conditions.



Ethnicity

The chart below illustrates the ethnic background of the 54 children that have died in the last year.



Panel Findings

The Panel reviewed 50 deaths at 6 meetings through the year. Members identified modifiable factors in 17 (34%) cases and no modifiable factors in 33.

A death where there are modifiable factors is one where the panel have identified one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths, e.g. parents not sleeping on a sofa with a young child. Occasionally the panel may feel there is inadequate information upon which to make a judgement, although this category should be used very rarely indeed.

The panel made a number of recommendations that are now being acted upon. These include:

- Increase the uptake of H1N1 immunisation in pregnant mothers
- Establish communication pathways between schools and GPs where ill-health is given as a reason for persistent absenteeism from school
- Messages about water safety to be promoted during Child Safety Week, 20th
 26th June 2011.
- Work to promote Safe Sleep practice across Sheffield is included in the Infant Mortality Strategy. There is an agreed policy document for professionals on the advice they should give to parents, and a training programme for all frontline practitioners who have contact with children and their families is being developed. A conference to learn from best practice throughout the UK is planned for September 2012. Following this we will look at further targeted work that could be undertaken, particularly with high-risk families. The Safe Sleep campaign material produced previously will also be evaluated and updated as required.

Priorities for 2012-13

- Reviewing the current Rapid Response provision in Sheffield, and consider options for extending the availability of health staff for this.
- Continue to liaise with colleagues in South Yorkshire and the Yorkshire & Humber region, and contribute to regional events and conferences to share practice and learning across CDOPs.
- Develop an audit tool of the Rapid Response to measure the quality and timeliness of the response.

Section Two: Work with Children and Families

Demographic Information

There are 106 000 children and young people aged 0-18 living in Sheffield².

The city's population is becoming increasingly diverse; the most recently available data for school age children shows that 28.4% of children and young people are from BME backgrounds; this figure is increasing year on year (it was 25.7% in 2010 and 26.9% in 2011.)

1 in 4 Sheffield children live in poverty with great disparity across the city. For example, just 2.9% of children and young people in the Fulwood Ward live in poverty, compared to 45.1% in the Manor Castle Ward.

23.5% of Sheffield children have special educational needs; although this figure has been falling since 2010, when it was 26.1%, it remains higher than the national figure of 19.8%.

864 adults who accessed drug treatment during the year reported that they were living with at least 1 child. This represents 31% of the Sheffield treatment population, compared to the national average which is 34%. In addition, 760 adults accessing drug treatment reported having a child not currently living with them. This equates to 27% of the Sheffield treatment population.

In 2011/12, 139 young people in the city accessed treatment for drug or alcohol misuse.

During the year a number of primary, secondary and special schools across the city took part in the annual Every Child Matters consultation. The consultation has been taking place since 2006 and seeks to find out the issues affecting children and young people living in the city. Key findings from this year include³:

- Indications that there are high numbers of young carers in the city (11% of respondents from Sheffield reported caring for someone in their family, compared to a national figure of 8%)
- Half of the children and young people surveyed said they had been bullied at some time in their lives
- A quarter of children in Y10 said they had given out personal information on line to someone they had not met.

² Source ONS Mid 2010 population estimates

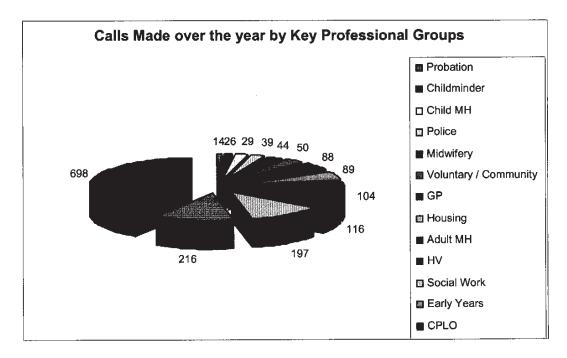
³ For additional information on the Every Child Matters consultation go to www.sheffield0to19.org.uk/ecm

Safeguarding Activity

Calls to the Safeguarding Advisory Service

The Safeguarding Advisory Service was established in 2007 to provide support and advice to front line staff working with children and families. Advisors who are from health, social care, early years and education backgrounds provide cover on a rota, five days a week during office hours. Two members of staff, from different professional backgrounds, work on the desk at any one time

Volume of calls received over the year - Between April 2011 and March 2012, **2358** calls were made to the Advisory Service. This is an increase of 11% on the previous year. Staff from education settings are the most frequent callers, followed by early years professionals and social workers.



Reason for calls - Just under 40% of calls received by the advisory service concerned the welfare of an individual child or young person. 10% concerned issues affecting parenting capacity and just under 20% asked for advice around policies or procedures.

Reason for Call	Number of Calls	% of Total
Query re Policies and Procedures	423	18.0
Child Welfare concerns	929	39.5
Caller unhappy with agency response	46	2.0
Multi Agency working	97	4.1
Training	62	2.6
Call for another Service	151	6.4
Social care questions	91	3.9
LADO / allegations	212	9.0
Child from another authority	34	1.4

Un co-operative parent	43	1.8
Parental Concern	243	10.3
Historical Sexual Abuse / PPR	22	0.9

Where calls concerned individual children and families, the following issues were raised:

Child Welfare Concerns	Number	%
Physical Abuse	213	22.9
Sexual Abuse / Exploitation	165	17.8
Neglect	144	15.5
Poor Supervision	114	12.3
Concerns about Behaviour	88	9.5
Emotional Abuse	69	7.4
Mental Health	26	2.8
Missing Children	44	4.7
E Safety	17	1.8
Self Harm	16	1.7
Drugs Alcohol	17	1.8
School Attendance	16	1.7
Parent Welfare concerns	Number	%
Domestic Abuse	116	47.7
Drug / Alcohol Misuse	42	17.3
Disability	12	4.9
Mental Health	73	30.0

Most calls concern children aged 0-5 years. It is of interest that 14% of callers had concerns relating to young people over 16.

	Number	%
Unborn	11	1
0 - 5	430	33
6 – 11	384	30
12 15	283	22
16 +	178	14

Advice given - Advisors were generally able to respond to the caller's concern immediately (22%). Some (20%) were advised to refer the matter to Children's Social care and 12% were signposted to a more relevant organisation.

Early Intervention and Prevention

Sheffield Multi Agency Support Teams (MAST) provide early intervention and prevention services across the city. MAST teams work with the whole family to provide information and support on a range of issues including parenting skills, being healthy and happy and help with learning, behaviour and attending school.

During 2011/12, the MAST teams received 9055 requests for a service.

MAST Requests for Service by Age of Child

	Number	%
Unborn	413	5
0-5 years	3000	33
6-11 years	2517	28
12-15 years	2467	27
16+ years	658	7

MAST Requests for Service by Source of Referral

	Number	%
Children's Social Care	1673	18
Schools	3841	42
Health	2257	25
Police / YOS	747	8
MAST	242	3
Children's Centre	149	2
Voluntary / Community	130	1

A total of **2991** CAFs (common assessment forms) were received into the MAST teams during 2011/12. CAFs are sent to MAST teams when families being referred for support are more complex or vulnerable. Of those received:

- 16% were regarding unborn children
- 42% 0 5 year olds
- 17% for 6 11 years
- 5% regarding 12 15 year olds
- 20% for young people aged 16+

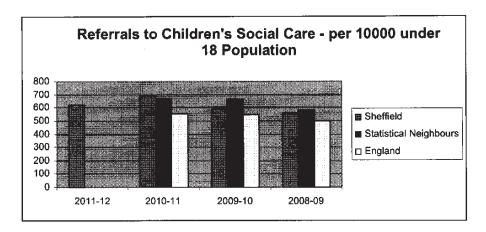
The majority of CAFs received by the MAST teams were sent by health agencies (53%) and schools (34%).

Feedback from families who have worked with the MAST teams is positive, and across the City 82% of respondents to a survey sent out on case closure thought the service had made 'some' or 'lots' of difference to their child/family.

Children's Social Care

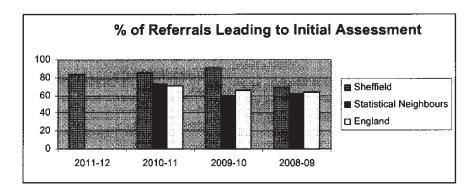
Referrals to Children's Social Care

In 2011/ 2012, children's social care received **6624** referrals, down 10% from the number received in 2010/11.



Referrals Leading to Initial Assessment

94% of referrals received during the year led to an initial assessment, an increase of 11% on the previous year. Sheffield has a much higher proportion of referrals leading to initial assessment than comparator authorities. Social workers completed 6210 Initial Assessments during the year.

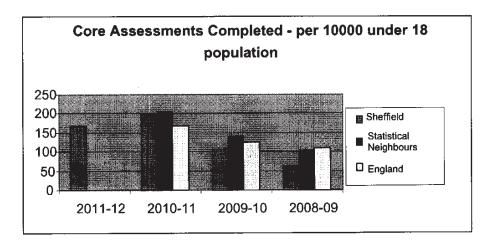


Initial Assessments in Timescale

Working Together to Safeguard Children (2010) requires initial assessments to be completed within a maximum of 10 working days from the date of referral. This timescale has attracted widespread concern, and under the proposed revisions to Working Together to Safeguard Children, authorities will be able to develop their own guidelines and frameworks for the completion of assessments. It is likely that the distinction between initial and core assessments will be removed. During 2011/12, 75% of Initial Assessments were completed within 10 working days.

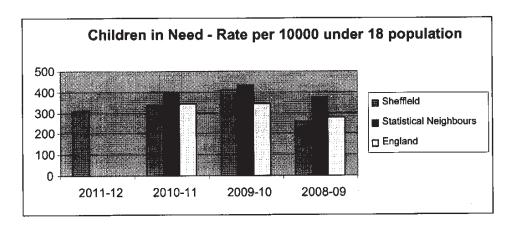
Core Assessments

During 2011/12, Children's social care completed **1799** core assessments, down 14% on the previous year.



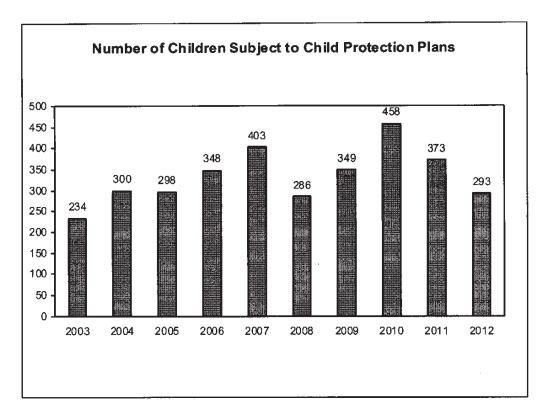
Children in Need

The total number of children in need at 31 March 2012 was **3256**; down 9% from the number in 2010/11.



Children Subject to Child Protection Plans

The total number of children subject to a child protection plan at 31st March 2012 was 293



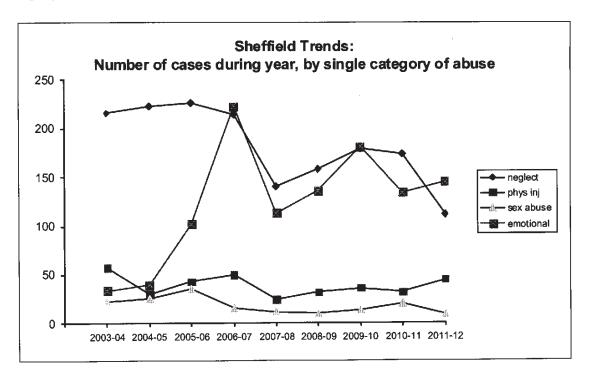
This represents a decrease of 21.4% since 31 March 2011.

The number of children subject to a child protection plan, measured as a rate per 10,000 of the population under 18, gives a rate for Sheffield of **27.6**. This is lower than the England rate of 38.3 and lower than the rate for our statistical neighbours (53.8) and core cities (59.5)⁴

In England there were 42,330 children who were subject to a child protection plan at 31 March 2011, compared with 35,700 in 2010, an increase of 18.6% This is a much larger increase than in 2009/2010 when the total number of children subject to CPP in England increased by 4.7%.

⁴ NB All comparative figures are based on Department for Education Referrals, assessments and children who were the subject of a child protection plan (2010/11 Children in Need census, Provisional) Data for some local authorities was missing and therefore excluded from any analysis.

Category of Abuse: Reasons for CP Plans during Year



Locally in recent years, neglect has been the most frequent reason for children requiring a CP plan; this year however, emotional abuse was the most common reason for plans being made (n = 145, 46.6% of all plans made.) Neglect accounted for 36% of all plans made, physical injury 14.4% and sexual abuse 2.9%.

Comparisons with national data on reasons for CP plans are no longer possible, as for the last 2 years the Department for Education have not made this information available for all authorities.

Children who Became the Subject of a Child Protection Plan during the Year

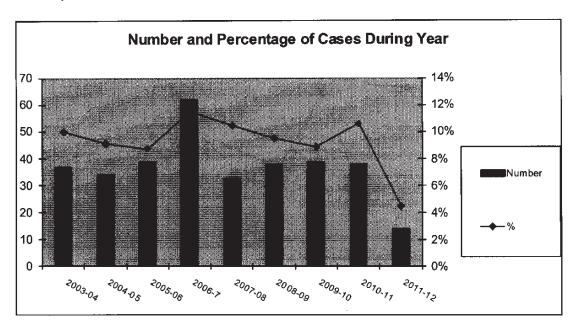
In Sheffield 311 children became the subject to a CP plan during 2011/2012 (compared with 359 in 2010/2011) – a decrease of 13.4% on the previous year.

That gives a rate per 10000 of 29.3 which is below the rate for all authorities (43.9), as well as core cities (67.3) and statistical neighbours (63.8).

The gender split was 152 boys (48.9%), 133 girls (42.8%) and 26 unborn babies (8.4%). Unborn babies are down from 64 last year, a reduction of 59% over 12 months.

There was a fairly even distribution between age groups: Under 1s accounted for 27%; 1-4yrs = 30.5%; 5-9yrs = 24.5%; 10-15yrs = 17.0%. Young people over 16yrs who were made subject of a CP Plan represented 1% of the total.

Children Becoming the Subject of a Child Protection Plan for a Second or Subsequent Time



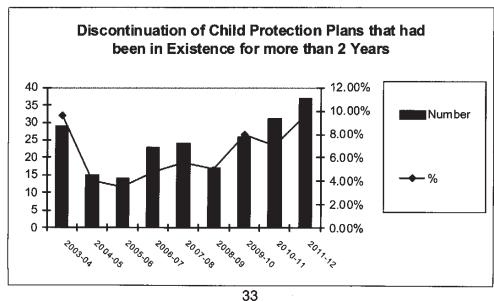
During 2011-12, 14 children became the subject of a second/subsequent CP plan. That represents 4.5% of all CP plans made during the year. Sheffield's performance is considerably better than the national average for all authorities (13.3%), statistical neighbours (10.8%) and Core City comparators (14.5%).

Discontinuation of Child Protection Plans

During 2011/2012, 387 Sheffield children had their CP plans discontinued; a decrease of 8.7% on 2011/12 when 424 children had their CP plans discontinued.

That represents a rate per 10000 of **36.5**. The national average for England = 40.6; the average for statistical neighbours = 40.1; and core cities = 52.3

Child Protection Plans Lasting More Than 2 Years



During 2011/12, **37** children (9.6% of all discontinued plans) had a CP plan discontinued that had been in existence for more than 2 years. This figure is higher than the number in the previous year (31, 7%).

It is also higher than the national average for all authorities which was 6.0%, our statistical neighbours 4.2% and core city comparators 7.4%.

Review of Children Subject to Child Protection Plans for Longer than 2 years

In 2011, SSCB completed a review of all children in the city who had been subject to child protection plans for longer than two years. Paper files held in the Safeguarding Children Service were reviewed, along with information held electronically to try and identify whether there were any common characteristics or themes to help explain these 'chronic' cases. A comparison group of children who had been on plans over one year but less than two years was also selected.

Previously subject to child protection plans – almost twice as many children in the 2 year+ group had previously been subject to child protection plans (37% compared to 20 %) Furthermore within the 2 year+ group of children and young people, over half had been subject to (often lengthy) child protection plans in other authorities before moving to Sheffield.

Family size - Families in the 2 year+ sample were larger on average than those families where the child protection plans ended before the 2 year mark. Almost half of the long term cases were families with four or more children.

Ethnicity – 80% of the 2 year+ sample were White British, compared to 58% of those families with plans that ended before two years. Overall in Sheffield during 2011/12 64% of children with child protection plans were White British. There were therefore more White British families within the long term group than among the population of children with child protection plans as a whole.

Age of child when plan commenced – a quarter of children in the long term group were aged between 9-12 years at the time the plan commenced. Just 3% of children in the less than 2 year group fell within this age group at the time their plan commenced. It is important that when older children are made the subject of child protection plans, professionals are alert to the possibility that there can be a risk of drift in these cases and that good outcomes may be harder to achieve. A well written child protection plan which is closely monitored by the core group should help avoid this.

Almost 50% of the children who had been on child protection plans for longer than two years were aged 5 years or under. Parents of young children must be able to demonstrate to professionals that they can bring about the required changes quickly.

Reasons for plans ending (between 1 – 2 year cases) – In 55% of cases the plan was ended as all the outcomes had been achieved. In 15% of cases the plan ended as there had been a change in the family situation (e.g. parents separated) and in 30% of cases the plan ended as legal proceedings were commenced.

Reasons for continuation of plans (2 year+ cases) – Reasons given for the continuation of child protection plans were: no improvements in the child's circumstances (19%), parental non co-operation with professionals (19%), changes

made but not sustained (19%) and a change in family circumstances (31% e.g. family moved, new baby, new partner).

Within the long term cases there was evidence on file and in minutes of child protection conferences of legal proceedings being considered by professionals, and discussed with family members, but then not followed up. The use of legal proceedings within this group could have been more decisive.

Parental issues - Substance misuse was identified as a factor affecting parenting capacity in twice as many of the long term cases than the comparison group. High levels of parental non co-operation also featured in the long term group. In addition, missing medical appointments relating to a disability or illness affecting the child was a major concern in 50% of the long term cases but did not feature at all in the comparison group.

Lessons for Practice

- 1) Cases coming into Sheffield from Other Authorities Professionals must ensure that when families move into Sheffield from other authorities, proper account is taken of their previous history. There was evidence in this study of re assessment and over optimism when child protection cases were transferred into the city - even with children who had been subject to lengthy plans elsewhere.
- 2) Non co-operative families families who are un co-operative and / or obstructive need to be identified by professionals and recognised as being a factor for potential drift in cases. The SSCB protocol for working with non co-operative families is a useful resource and should be promoted among all workers (www.safeguardingsheffieldchildren.org.uk)
- 3) Changes in Family Circumstances in 31% of cases, child protection plans continued due to a change in circumstances. Better planning by the core group and professionals working on the case might have enabled some of these changes to have been accommodated (for example with a new pregnancy or where an offender is due to be released from prison.)
- 4) Avoiding 'empty threats'— Where legal options have been considered, and change is not being effected by the plan, then those options should always be progressed. Families should not be threatened with legal action which is then allowed to drift as happened in a number of the long term cases in this study.

Child Protection Reviews in Timescale

During 2011/2012, 100% of review child protection conferences were held within timescale.

Ethnicity and Child Protection Plans

Over recent years, the possible over and under representation of some ethnic groups within the population of children subject to child protection plans has been a recurring source of concern. It has, however, been very difficult to draw any firm conclusions as information on the demographic make up of the city from the 2001 census is now considered very out of date. We are still waiting for demographic

information from the 2011 census to be released. The table below shows the changes in the percentage of children subject to CP plans from different ethnic groups since 2003.

White British	81.7%	81.2%	82.8%	79.9%	79.0%	74.8%	71.4%	71.8%	64.2%
Mixed Ethnic Origin	7.3%	10.7%	9.8%	11.7%	15.0%	17.4%	15.3%	10.7%	12.6%
Asian or Asian British	6.3%	4.0%	4.0%	5.5%	1.5%	2.6%	5.9%	5.1%	9.2%
Black or Black British	4.7%	4.0%	2.9%	1.7%	3.1%	3.4%	4.6%	3.8%	6.5%
Other Ethnic Groups	0.0%	0.0%	0.8%	1.5%	1.4%	0.9%	1.5%	8.0%	4.8%

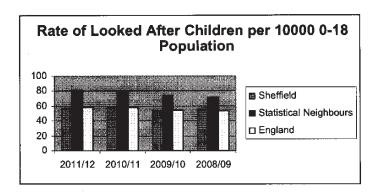
Since 2003/04, the percentage of children subject to CP plans who are White British has fallen from 81.7% to 64.2%.

Over the last twelve months the percentage of children who are of Mixed, Asian or Black ethnic origin and subject to CP plans has increased.

In 2011, the SSCB conducted an in-depth review looking at the possible over and under representation of children from different ethnic groups within the population of children subject to CP plans. We found that (when compared to the Sheffield school age population), children from White and Black Caribbean, any other Black background, Gypsy / Roma and Mixed ethnicity were over represented among children subject to CP plans. Pakistani and Black African children were under represented. These analyses will be re-run using demographic information from the 2011 Census on release.

Looked After Children

On 31 March 2012, **610** children from Sheffield were looked after by the Local Authority (LAC). The rate per 10 000 children has changed very little since 2010/11, and remains considerably lower than our Statistical Neighbours.



16% of children who ceased to be looked after during the year were adopted, down from 20% in 2010/11.

Care Leavers – 83% of care leavers were in suitable accommodation, down from 94% in 2010/11. 63% of care leavers were in employment, education or training; down from 80% in the previous year.

Placements – 68% of looked after children during the year were placed with foster carers, 6% were placed for adoption, 11% were in secure residential units and 6% were placed with their parents. 9% of children had three or more placements over the year, down from 11.7% in 2010/11. Three quarters of children were placed within 20 miles or less of their home address.

LAC Demographics

	% Male	% Female	% Under	% 1 to 4	% 5 to 9	% 10 to 15	% 16 and over
Sheffield 2012	57	43	8	20	17	36	20
Sheffield 2011	57	43	8	20	15	34	23
England	56	44	6	18	18	37	21

Involving Parents, Carers and Young People in Our Work

Sheffield has consistently achieved a high level of parental participation in child protection conferences – for a number of years it has been around 90%. During 2011/12, parents / carers attended 88% of initial child protection conferences.

During the year a number of developments were introduced to ensure that children's wishes and feelings are heard clearly during child protection conferences. The first of these is the Child's Wishes and Feelings form which is sent to all social workers prior to the child protection conference. Social workers are asked to complete the form with the child / young person and bring to the conference to share with other professionals. The form asks the young person six simple questions including whether they understand why they have a social worker, what they like at home, what is important to them and what would make their family better.

To coincide with the launch of the children's wishes and feeling forms, four 'communicrate' training sessions were run during the year. The 'communicrate' training introduced a range of different tools and practical techniques which professionals can use to engage children and young people and help explore their wishes and feelings.

In addition the SSCB has this year begun joint working with two groups of young people, Sheffield Young Advisors and SOVA Northern SPACE group. Working with these groups will increase the opportunities for young people to influence and comment on the Board's work, and is a very positive development. Several projects are now on going and will be reported in next year's Annual Report.

Section Three: Achievements and Progress in our Priority Areas

Private Fostering

Under the Children Act 2004, private fostering is defined as a child under 16 (or under 18 if they are disabled) who is looked after for at least 28 consecutive days, by someone other than a close relative. It is a legal requirement for the Local Authority to ensure that any privately fostered child is safeguarded and their welfare promoted. This is achieved by:

- offering support and guidance
- · undertaking assessments and checks
- · carrying out regular visits to the child and their carer

The number of private fostering notifications in Sheffield has varied over the last 3 years:

Year	Number of Notifications
2009 - 10	17
2010 - 11	27
2011 - 12	15

An advertising campaign has been run to promote awareness of private fostering and increase notifications. Posters and leaflets have been distributed widely (GP services, schools, libraries and children's centres). Nonetheless, almost all of the referrals being made to FACT (Families, Adopters & Carers Team) continue to come from professionals working within Children Young People and Families. Early discussions with FACT Duty staff about potential private fostering arrangements, together with a continuing understanding among professionals of what constitutes private fostering has resulted in clearer identification of these arrangements. Inappropriate notifications are identified at an early stage and where required a suitable service is signposted to

- Make continued efforts to alert the public and others to their responsibilities in regard to notifying the local authority of private fostering arrangements (the advertising campaign should provide a platform for this)
- Evaluate the advertising campaign to establish its effectiveness.
- Hold further discussions regarding resources allocated to private fostering particularly if there is an increase in notifications.
- Continue to strengthen the links with the MAST areas to secure support and resources for children who are privately fostered in the local community.
- Make continued efforts to engage and raise the profile of private fostering with professional bodies throughout the council and their partners.

Sexual Exploitation

The main achievements this year have been:

- The ongoing work through the Sexual Exploitation practitioner group which covers partner agencies in Sheffield and has excellent commitment.
- The establishment of a co-located service with the police and Taking Stock (Sheffield Futures), situated within Star House
- Development of new resources and a leaflet for foster carers
- Positive feedback from parent and young people evaluations
- The development of a boys group.
- Established links with the Brathtay Trust and offered a girls group, 'On side'
- South Yorkshire Police placing Child Sexual Exploitation (CSE) as a force strategy.
- Providing the most comprehensive data (in the country) for the CEOP report 'Out of Mind, Out Of Sight' and was cited as an example of good practice.
- Contributing to the government's national action plan through the University of Bedfordshire Research, 'What's going on to Safeguard Children and Young People from Sexual Exploitation.'
- Assisting with the Children's Commissioners' enquiry into CSE.
- Continuing close links with CROP (Coalition for Removal Of Pimping)

The main safeguarding concerns, identified this year, are that there have been increases in:

- Young people being exploited by young similar aged males not the traditional 'older boyfriend' scenario.
- Internet referrals, in particular referrals of a younger age (11-13 years) with issues linked with using social networking sites.
- The level of risk around sexual exploitation, with more people now selling sex and swapping sex for favours than reported in previous years.
- Sexual exploitation in relation to gangs and groups.
- Young people at risk who have been forced into criminal behaviour by offenders.
- The number of young people disclosing rape / sexual assault
- Cannabis / alcohol use amongst young people

- Update the resource 'Friend or Foe'
- Progress a new model of working as an integrated team to intervene early and reduce the sexual exploitation of children and young people
- Contribute to the deputy Children's Commissioner Review of Sexual Exploitation

Domestic Abuse

The main achievements this year have been:

- The Domestic Abuse Helpline has completed its second year of operation with referrals and calls up 79% on the previous year. This is encouraging as domestic abuse is often known to go unreported.
- The Community Youth Team Prevention Officer (formerly YOS) continues to work with children and young people who are at risk of offending due to their experience of domestic abuse. This work supports the young people in exploring their experiences, talking through fears and concerns and it encourages them to develop safe and healthy relationships themselves.
- The IDVA (Independent Domestic Violence Advocacy) service for adult victims has extended into A & E and the Genito-Urinary Medicine Clinic. GP training has also begun. Consideration is always given to the safeguarding needs of children in the household and appropriate referrals made.
- Sheffield conducted its first Domestic Homicide Review (DHR) this year. This
 highlighted lessons to be learned regarding the services offered to children
 who are known to agencies and may be living with domestic abuse.
 Sheffield's 'Adult A' DHR was quality assured as 'excellent by the Home
 Office'

The main safeguarding concerns identified this year are the:

- Impact of domestic abuse on children and young people. It can manifest itself
 as emotional vulnerability and is often not picked up on until it becomes more
 problematic (e.g. putting them at risk of exclusion from school, anti social
 behaviour or other offending).
- Risks of physical injury to children and young people, as well as emotional impact, when living in a family where there is domestic abuse.
- Ability of the parent to cope with issues, faced by children and young people, especially if they also have additional needs e.g. substance misuse or mental health difficulties.

- Training colleagues in the 'group work' model
- To work in partnership with the Parenting Service so that parenting support is offered at the same time as the young people attend their support group.

E Safety

The main achievements this year have been:

- Leading an Early Years Implementation Group to produce an E-safeguarding policy template and other documents which will be available through the SSCB website.
- Engaging with a wide range of children's services and supporting them to develop an e-safeguarding strategy to protect children and staff when communicating through digital and mobile technologies.
- Developing a structured programme of e-safety training and a complete set of e-safeguarding policy templates and supporting documents for the education sector.

The main safeguarding concerns identified this year are:

- The increase in under 13 year olds using social networking sites.
- The increasing number of young children with mobile phones that have a private messaging service.
- Young children (5yrs upwards) playing violent 18 yrs classification online games.
- Parents giving young children new technology without understanding the capability of the device and therefore, not applying controls to keep their children safe.
- · Creating and sending sexually explicit images.

- To launch the Early Years E-safeguarding policy template
- Further consultation with a range of children and young people (using questionnaires, school councils and focus groups).
- Develop participation of young people through peer mentor projects in schools/colleges
- Work with specialists from Special Schools to develop appropriate e-safety resources for their pupils.
- Create an E-safeguarding resource on the SSCB website.

Licensing

The main achievements this year have been:

- To establish a joint working protocol between the project, South Yorkshire Police (SYP) and the Sexual Exploitation Service (SES) to ensure a consistent response to premises identified as presenting a risk of child sexual exploitation.
- To pilot an 'awareness raising' campaign in relation to young people caught
 using false identification. The multi-agency campaign ran from August 2011
 to March 2012 and informs young people about the legal, social and personal
 risks of using false ID to purchase alcohol or access adult venues. It was
 commended by the Home Office and is based on a restorative justice model.
- To improve partnership work with the Adult Protection Service by:
 - Including information about vulnerable adults into the training programme
 - Consultation in relation to gambling and licensed premises
 - The production of training materials for the taxi trade to raise awareness and improve practice around children and vulnerable people.
- Attending 'Safety Advisory Group' meetings for large scale public events, working with a number of agencies to identify potential safeguarding issues and agree risk management procedures.
- Chairing the 'Tackling Underage Sales Group' meetings. This multi-agency group shares information in relation to problem premises. It also develops and delivers new initiatives and evaluates the training that is provided by this group to the licensed trade to promote safeguarding children at licensed premises.
- Representing the SSCB on the DAAT's Alcohol Sub Group within the
 Woodhouse and Mosborough SNA. Representatives from local services meet
 to specifically address issues raised at the Community Assembly in relation to
 the local community and alcohol. The success of this local partnership group
 has been recognised by the 'Leaders in Action' partnership scheme and the
 Licensing Project will receive an award as a key partner on 21st June 2012.
- Contributing to the city's partnership bid for the Purple Flag quality award, through its work with licensed premises and the promotion of materials such as 'The Children's Charter' and the False ID scheme which contribute to making the city centre a safer environment for children and young people. Sheffield has been successful in its bid for Purple Flag status and will receive its award on 3rd July 2012 when the Licensing Project Manager will be representing the SSCB with partners at the national award ceremony.
- Working proactively with private sector partners, advising event organisers, promoters and local retailers (including large corporate organisations)
- Attending Licencewatch Committee and Pubwatch meetings and consulting with the trade when producing best practice guidance and toolkits.

The main safeguarding concerns identified this year are:

• The increased number of complaints to the Licensing Project and Health Protection Service in relation to young people having illegal tattoos.

- Improve partnership work and awareness raising with social care and schools staff.
- Pilot the training and information sharing campaign with the taxi trade (locally and regionally)
- Review existing training to find a way of providing cost effective in-house or 'bite sized' sessions to the trade
- Roll out educational resource pack(s) in relation to the risks associated with body modification (body piercing, illegal tattoo, branding, scarification, etc)
- Develop an educational resource pack for schools and sixth form colleges to discourage young people in their attempts to use false identification.
- Update existing materials and republish, including an update of the website.

Safeguarding Children Who Live in Households with Substance Misuse

The main achievements this year have been:

• The three year Hidden Harm strategy, 'Preventing Hidden Harm – a strategy to safeguard and improve the health and well-being of children affected by drug and alcohol misuse in their families' entered its first full year of implementation during 2011-12. This strategy is intended to improve the outcomes for all children in Sheffield where drug and alcohol misuse is a factor and is relevant for all agencies who come into contact with families. Sheffield Safeguarding Children Board has overall responsibility for the governance of the strategy and the action plan developed by the Hidden Harm Implementation Group is monitored by the Board.

The three key objectives are:

- 1) Identifying problems earlier to ensure:
 - That when adults enter drug or alcohol treatment routine information gathering takes place about their family and children
 - That competency frameworks for social work staff and substance misuse treatment staff include competency in identifying risks to children from parental drug and alcohol misuse
- 2) Providing earlier and more joined up support to prevent problems getting worse
 - Funding for the 'So what about me' project was secured for a 12 month period
- 3) Working more closely together
 - Ensure that Hidden Harm was included in the Children & Young People's Plan 2011-14
- Ongoing work has been undertaken through MAPLAG (Multi-Agency Pregnancy Liaison and Assessment Group). This is a local screening / risk assessment system prenataly for all pregnant women who disclose drug and alcohol misuse. During the year 102 pregnant women were referred into the MAPLAG system of assessment. Of the 91 babies that were born, 78% were discharged home with their mothers.
- Professional awareness was raised through offering advice and support. This
 ensures good multi-agency working and information sharing, which increases
 the prospects of a positive outcome with the family. The service provided 755
 consultations relating to improving outcomes for children whose parents /
 carers misuse drugs and / or alcohol.

The main safeguarding concerns identified this year were:

 Despite training being delivered, well attended and well evaluated, workers from across agencies often still ignore the possible impact of maternal drug / alcohol misuse during pregnancy on the baby making them more vulnerable and often with additional needs.

- Safeguarding refresher events for substance misuse services to be run jointly with social care workers to improve communication and understanding of both fields of work
- Hidden Harm Strategy refresh and data dashboard
- Universal drug and alcohol screening for all parents accessing services (child, family and adult). Update training to be delivered across the city to ensure all services understand the appropriate referral routes. Whole family approach.
- Updated web pages that will provide services with information relating to current trends in drug and alcohol misuse and safeguarding children.

Children Who Run Away and Go Missing From Home or Care

Sheffield Runaway Action Group [SRAG] was set up in 2008, and produced an action plan to meet the needs of young people who runaway or are missing from home or care.

Sheffield's multi-agency procedures outlining joint working arrangements between social care and South Yorkshire Police for children missing from home or care are currently under review. Key aspects of this review are:

- Reducing the number of children in care who are placed outside of Sheffield.
- · Improving data collection and information sharing.
- Meeting the specific needs of trafficked children who are missing from care.
- The police response to children missing from care.
- · Focus on children's homes.

- Report to the Children's Trust Executive Board [CTEB].
- · Revision of multi-agency procedures.
- Continued partnership working with South Yorkshire Police including a review
 of information sharing, recording and mapping. This will include a risk factor
 analysis comparing children missing from care with the general population in
 Sheffield and identifying key factors which lead to running away.
- Review of the Sheffield Runaway Action Group [SRAG] Terms of Reference, membership and develop options for a clear strategic structure for the council.
- Improvements in data collection, recording, and analysis in order to identify specific themes and issues to inform specific action planning.
- Improve communication between local authorities where Sheffield is placing children and where children from outside of the city are placed in Sheffield.
- Continued monitoring of the quality of care in children's homes and a review of service policy and procedures.
- Strengthen joint working with the Sexual Exploitation Service in respect of looked after children who are missing and their high level risk of vulnerability to being sexually exploited.
- Develop an awareness raising communication strategy for all professionals working with children who run away or have the propensity to run away, based on the principles of prevention, protection and provision.
- Sign off of the Runaway Action Partnership Protocol by SSCB.
- Respond directly to the government recommendations expected in September 2012.

Section 4: SSCB Priorities for 2012/13

Every child and young person in Sheffield should be able to grow up free from the fear of abuse or neglect. The SSCB is committed to improving the safety of all children and young people in Sheffield. If children are not safe, they cannot be healthy, happy, achieve or reach their full potential. We recognise and promote the concept that keeping children safe is everybody's responsibility.

Sheffield has an effective Safeguarding Children Board with strong partnership working and arrangements and this will continue to be built on and strengthened. However, we acknowledge that this all takes place during a time of change for both child protection, through the Munro Review and for many of our partner agencies, through governmental changes to health and education. It is also a time when finances and resources need to be used effectively to ensure we meet the needs of the most vulnerable in our city.

All of these changes have been taken into consideration in the development of the priorities for 2012/13.

An effective LSCB demonstrates good practice by:

- Identifying and agreeing a small number of priorities and concentrating on doing those well
- Undertaking regular reviews and updates of the Business Plan

Priority Areas 2012-13

A number of objectives within the Business Plan for 11-12 were either long term objectives that could not be fulfilled within 12 months or were reliant on government implementation. As a result some objectives from the previous business plan will be rolled over, including:

- Implementation of the Munro Review Recommendations and 'Working Together'- this remains reliant on the publication of 'Working Together to Safeguard Children' (expected date autumn 2012)
- Ensure partners maintain their duties to safeguard children during this period
 of organisational change and in the development of new structures this
 remains a key objective with the anticipated changes to health and education
 structures and in line with continued financial constraints on organisations
- Implementation of the Sheffield Hidden Harm Strategy the timescale for this objective was 2014
- Transitions agenda this was an ambitious timescale and as progress has been made the proposal has grown to include other key areas of transition as agreed by Operational Board members. Further time is required to fulfil the remit.

Other key objectives identified are:

 To undertake a review of SSCB training to ensure it best meets the needs of the multi-agency workforce. The review will include looking at innovative delivery models and at the impact and effectiveness of training on the workforce.

- To develop a SSCB social media policy
- To undertake an Appreciative Enquiry into a case where good safeguarding practice has been identified
- To ensure information on the 'child's journey' is obtained and acted upon and feedback from children and young people is used to develop the work of the SSCB
- That we ensure that key safeguarding messages, challenges and the work of the SSCB reaches all members of the Sheffield community and that different methods of communication are utilised to achieve this
- Undertake a thematic review of SCR/CR and disseminate the key learning