

Bristol Safeguarding Children Board

Annual Report 2011-12

Business Plan 2012-13



Our Vision: *That we will work in partnership with families, communities and organisations in Bristol, to ensure that all children and young people feel safe and are protected from harm*

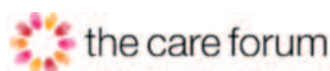
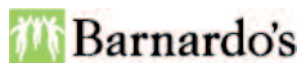
BSCB

Bristol Safeguarding
Children Board

making safeguarding everybody's business

Contents

1	Message From the Chair	1
2	Overview report from CYPs Service Manager	2
3	Board Membership	4
4	Review of Business Plan 2011–12	7
5	Training sub-group annual report	15
6	Quality and Standards sub-group report	19
7	Performance sub-group report	20
8	Serious Case Review sub-group report	21
9	Education sub-group report	22
10	Female Genital Mutilation Safeguarding Group report	22
11	Substance Misuse working group	24
12	Avonsafe Bristol	25
13	Financial report	26
14	Data Reports	28
15	Glossary of abbreviations	35
16	Sources of further information	35
17	Business Plan 2012–13	36



1 Message from the Chair

In the previous annual report I commented on the major inspection by OFSTED and the other national inspectorates of child protection services in Bristol. The view of the inspectorates was that the agencies in Bristol were 'good' in protecting children. When many areas in England were only rated as 'adequate', or even worse as 'inadequate', it can be seen how positive the inspectors' opinion about Bristol was.

As the independent chair of the Local Safeguarding Children's Board for Bristol, a board which brings together all the key organisations working with children, my view is that Bristol's child protection services are still good, but as in most other places they are under considerable pressure.

In Bristol, as elsewhere, more families are experiencing severe difficulties. Cuts in income support for the poorest, insecure housing as housing benefit is reduced, and increasing unemployment have all added to the stresses for families, and especially for families who were already very disadvantaged. It should be no surprise that more families are finding it hard to cope and to parent well.

The consequence is that everyone who works to assist families and children is finding there is more work to be done. In Bristol, for example, health visitors have had another annual increase in the numbers of families where they are recognising worrying difficulties. The number of children and families referred to social workers has yet again increased, for the fifth year in succession. And the number of children in Bristol with child protection plans, the most vulnerable children, is now at its highest level ever (449 children at the end of March 2012), an increase of 42% on only two years ago.

So increasing difficulties for families, and increasing work and concerns for those who seek to assist, care for and protect children. And this at a time when all public services are facing real-term cuts in their funding ... the council, the health service, schools and the police, and with a knock-on impact with reduced funding for voluntary organisations and community groups. It could not be a more difficult picture.

But throughout it all Bristol has committed, competent and caring workers who every day do their best to help families and, when necessary, protect children. They include under fives workers, teachers, doctors and nurses, police officers, and colleagues within the voluntary sector. How difficult, demanding and distressing this work can be was well illustrated by the BBC television series in January on 'Protecting our Children', which was filmed over two years looking at the work of the city council's children's services social workers. It had a national impact with a recognition of how important is their work, but it also showed the terrible lives and difficulties for some families.

We should all be anxious about the increasing difficulties for families, and especially very poor families, and about the increased workloads for those who work to help and to protect children. It is these workers who are a beacon which shines through increasingly difficult times facing many children in Bristol and elsewhere.

**Professor Ray Jones,
Chair of Bristol Safeguarding Children Board**



2 Overview Report from CYPs Service Manager Safeguarding

As our Chair's introduction has highlighted, the most significant issue for all our safeguarding services this year has been the continued increase in demand for child protection responses. In this year there have been more children who have been made the subject of child protection plans in Bristol than ever before. This could be due to the increasing pressure on families, but I believe that it is also a reflection of our improved collective ability to identify children who need protection, and to respond to their needs effectively.

This additional activity adds pressure to our whole child protection system and means that our inter-agency focus is inevitably concentrated on working with those families with the highest level of need. Once again, it has been a challenge for the Board to complete its Business Plan for the year and, as the progress report indicates, there are some actions that we need to continue to work on in the year ahead.

Despite the additional pressure, there have been some areas of real progress in this year:

- We now have a Shadow Board of young people who will champion the perspectives of children and young people, and challenge us to ensure that their priorities are addressed;
- The excellent work in Bristol to tackle the crime of Female Genital Mutilation has been recognised nationally;
- Our annual Board Conference "What works for families? Effective Assessment and Interventions for Emotional Abuse and Neglect" was very positively received by the wide range of practitioners that attended;

- The Serious Case Review that was evaluated by Ofsted received an 'outstanding' grade;
- Our 2 Lay Members have been appointed and are making a valuable contribution to our work;
- Considerable developments have been made in improving our inter-agency responses to families where parental drug misuse is a concern;
- Our audit activity, both on a single-agency and inter-agency basis, indicates that the overall quality of child protection work in the city is good;
- We have participated in the South West pilot of the SCIE 'Learning Together' method of systems case review, and are developing capacity to undertake such reviews in the future;
- Partners in the Youth Offending service have responded positively to the inspection findings and improved the quality of safeguarding practice;
- A full inter-agency training programme has been delivered, despite reduced resources;
- The Performance sub group has continued to adapt our performance monitoring framework;
- The Education sub group has become firmly established and is leading educational establishments in the city to ensure they are meeting the safeguarding needs of children;
- The annual safeguarding audit of Bristol schools was completed by the majority of schools, and showed a high level of commitment to keeping children safe.

There have been significant financial pressures on all of our constituent agencies, and despite our Board contributions remaining similar to previous years, and reducing spending on training costs, the budget was in deficit at the end of the year. This was predominantly due to the costs associated with undertaking Serious Case Reviews.

Tragically, in August 2011 a toddler died in Bristol due to being given methadone. The Board commissioned a Serious Case Review (Child K), which will be published in September 2012, now that legal processes in relation to the parents have concluded. This was the second death of a child in similar circumstances in the last 5 years, and has focussed our efforts on continuing to improve our responses to parents who misuse substances.

There have been many national developments in arrangements for safeguarding children in this year, significantly driven by “The Munro Review of Child Protection”¹.

Professor Munro has challenged us to:

- Deliver whole system reform
- Enable professionals to make the best judgments about the help to give to children
- Move from ‘doing things right’ to ‘doing the right thing’
- Measure our success in terms of the provision of effective early help
- Develop and support effective social work practice

‘Working Together to Safeguard Children’ has been revised and a draft of the significantly reduced guidance is being consulted upon. The Board will be expected to lead work on developing locally agreed assessment frameworks.

There have been significant changes to the Ofsted inspection framework for child protection services, and future unannounced inspections of child protection services will place greater emphasis on the impact of our services, and on the experience of children and families that we work with.

A new national performance framework has been developed, and although the implementation dates are not confirmed yet, it is clear that we need to extend the range of ways that we capture qualitative information about the effectiveness of our child protection systems.

It is not unusual for public sector organisations to experience change, but the cumulative effective of many widespread national and local organisational changes that are happening currently cannot be under-estimated. The challenge for us in Bristol is to ensure that we sustain a coherent and effective response to those children that need our protection.

Angela Clarke,
Service Manager Safeguarding & Quality Assurance, CYPS

¹ <http://www.education.gov.uk/munroreview/index.shtml>

3 Membership

Board

Professor Ray Jones (Independent Chair)

Jean Pollard (Vice Chair)

BCC CYPS Social Care

Annie Hudson

Director of Children's Services BCC CYPS

Angela Clarke

BCC CYPS Social Care

Annie Medhurst

Board Administrator

Sophia Ali

Lay member

Esther Morley

Lay Member

Catherine Boyce/Fiona Tudge

Designated Manager CP Plans; BCC CYPS

Fiona Birch

Avon and Somerset Probation

Nick Batchelar

BCC CYPS Learning, Achievement & Schools

Jackie Mathers

Designated Nurse NHS Bristol

Dr Jane Schulte

Designated Doctor NHS Bristol

Adrian Quinn

Bristol Youth Offending Team

Rose Richards

BCC CYPS Youth Play and Outdoor Education

Mark Dean

Avon & Wiltshire Mental Health Partnership NHS Trust

Spencer Hird

CAFCASS

Christopher Cross

Learning Partnership West

Carol Metters

Next Link DVA Services

Rick Palmer

Safer Bristol

Duncan Stanway

Barnardo's

Peter Evans

Special School Rep

Dr Helen Holman

Secondary School Rep

Angela Burridge

Primary School Rep

Guy Martyn

Independent Schools Rep

Toni Glazzard

Early Years Rep

Anne Fry

Named Nurse Child Protection, North Bristol NHS Trust

Nancy Rollason

Bristol City Council Legal Services

Sandra Meadows

PEYTU

Karen MacVean

Shelter Bristol

Carol Sawkins

Named Nurse University Hospitals Bristol

Adam Bond

Policies and Projects Officer- Safeguarding, BCC CYPS

Lindsey Scott

Director of Quality and Governance

Alison Moon

University Hospitals Bristol NHS Trust

Ann Remmers

North Bristol NHS Trust

Councillor Clare Champion-Smith

Lead Member Children's Services BCC

Katrina Murphy

BCC CYPS Area Services

Liz Morris

NSPCC

Carol Watson

BCC Health & Social Care

Richard Nochar

BCC Neighbourhood & Housing

Mandy Cox

South West Strategic Health Authority

DI Gary Stephens

Avon & Somerset Constabulary

DCI Leanne Pook

Avon & Somerset Constabulary

Claudia McConnell

Service Director - CYPS/Programme Director NHS

Executive

Jean Pollard (Chair)
 Dave McCallum (Vice Chair)
 Prof Ray Jones
 Angela Clarke
 Adam Bond
 Gary Stephens
 Mark Dean
 Catherine Boyce/Fiona Tudge
 Jackie Mathers
 Dr Jane Schulte
 Liz Morris

Training Sub-group

Sandra Meadows (Chair)
 Anne Fry (Vice Chair)
 Liz Hall
 Kathy Laurie
 Dr Emma Bradley
 Sybil Watson
 Des Mills
 Rusell Thomas
 Jeanette Plumb
 Adam Bond
 Justine Leyland
 Helen Williams
 Fiona Tudge

Quality & Standards Sub-group

Gary Stephens (Chair)
 Adam Bond
 Dr Lisa Goldsworthy
 Kevin Gibbs/Spencer Hird
 Dr Wanda Owen
 Jan Budden
 Trevor Barnes
 James McFeat
 Carol Sawkins
 Zoe Blackburn

Performance Sub-group

Claudia McConnell (Chair)
 Angela Clarke
 Gary Stephens
 Mark dean
 Sue Field
 Pommy Harmer
 Graham Wilkie

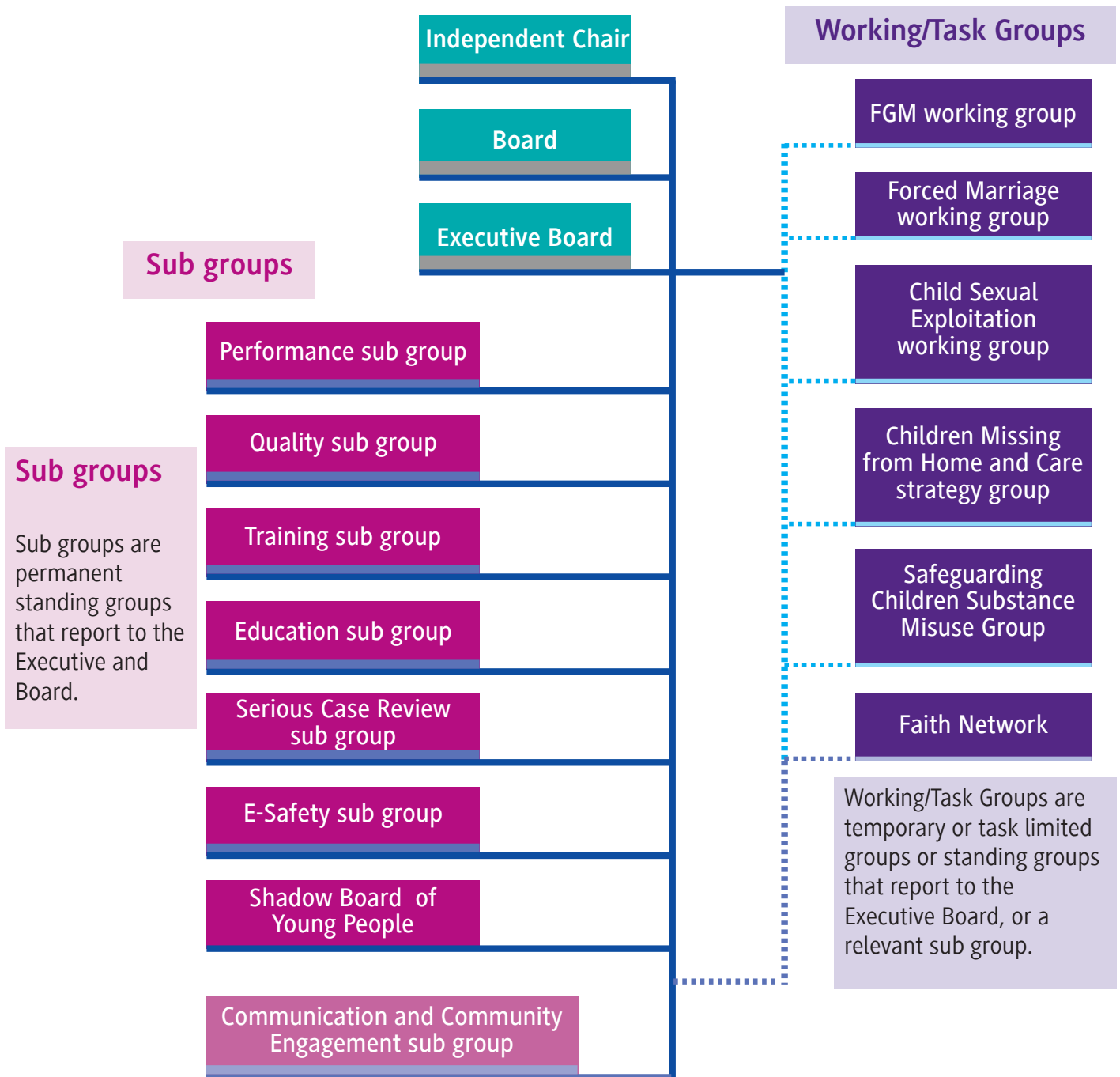
Serious Case Review Sub-Group

Angela Clarke (Chair)
 Lyn Chamberlain
 Carol Sawkins
 Sue Bandcroft
 Jane Schulte
 Leanne Pook
 Jackie Mathers
 Nancy Rollason

Education Sub Group

Lyn Chamberlain (Chair)
 Fiona Tudge
 Helen Holman
 Toni Glazzard
 Peter Evans
 Angela Burrige
 Guy Martin
 Michael Jaffrain
 Sophia Ali
 Mike Wheeler
 Jackie Patterson

Structure of BSCB 2012 - 2013



Communication and community engagement subgroup and the E-Safety sub-group to be developed during 2012-2013.

4 BSCB Business Plan 2011 – 2012

Strategic Priorities are listed with their associated actions

Strategic Priority 1: Making the safeguarding of Children and Young people in Bristol everybody's business

1. Respond to and implement the recommendations of Munro Review

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> Respond to and implement the recommendations of the Munro review. 	Executive	March 2012	An action plan has been drafted, although there are a number of elements that are dependent on Government action. The Executive needs to consider what aspects can be taken forward in the interim.	Revision of WT now being consulted upon. Local action plan being implemented in the year ahead

2. BSCB Membership

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> Appoint 2 lay members. 	Catherine Boyce	September 2011	2 lay members have been appointed. They started attending Board meetings in January 2012.	Completed Jan 2012
<ul style="list-style-type: none"> Appointment of BME representative to the BSCB. 	Ray Jones/ Catherine Boyce	January 2012	Chair has met a group of leaders from BME groups, but further actions are required to progress representation on the Board.	Will be addressed in the Business Plan for 2012-13

3 Implement The BSCB communication strategy

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> To include raising awareness of the impact of domestic abuse. Challenging perceptions, myths and misconceptions re: Children's Social Care thresholds. Develop a communication and Community Engagement Sub-Group. 	Angela Clarke	September 2011	Not progressed	A number of other priorities took precedence in this year, but the Board has agreed that it want to implement its communication strategy more effectively in the year ahead.

4 Improve the interface between those working in Adult Services and those in Children's Service

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> Review joint working protocols alongside establishment of new Children, Adults & Families Department; <ul style="list-style-type: none"> * Disabled Parents Protocol * Drug and substance misusing parents * Parents with mental health needs. 	Ray Jones, Mark Dean	March 2012	<p>Work has progressed in relation to guidance/protocols re Parents who misuse substances which will be published shortly.</p> <p>See report from Sue Bandcroft.</p> <p>Work in relation to parents with mental health needs will require further action in 12/13.</p>	Will be addressed in the Business Plan for 2012-13.

5 Establish e-safety Sub-Group and Develop E-safety Strategy

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> Establish e-safety sub-group and develop e-safety strategy. 	Geoff Wessell	September 2011	Not progressed	Will be addressed in the Business Plan for 2012-13.

6 Ensure that all Faith Groups are aware of and supported with respect to child protection issues

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Ensure that all faith groups are aware of and supported with respect to child protection issues. 	Fiona Tudge, BSCB Faith Network	November 2011	Faith groups have been sent a questionnaire and information about child protection and have been offered training. Some organisations have taken up the offer but there is still a need to reach out to those groups who have not responded to the needs questionnaire.	Action in this area will continue in the year ahead.

Strategic Priority 2: Supporting and developing a competent and safe children's workforce

1 Ensure quality Supervision Policy implemented and audit compliance (within CYPS)

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Ensure quality Supervision Policy implemented and audit compliance (within CYPS). 	Maria Finlayson	October 2011	Supervision Policy has been implemented and compliance has been audited.	Completed July 2011

2 BSCB to Audit recruitment practice of board agencies, including compliance with vetting and barring requirements

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • BSCB to Audit recruitment practice of board agencies, including compliance with vetting and barring requirements. 	Angela Clarke	March 2012	No action to date	Board agreed that this was expected of all agencies individually and currently Board lacks capacity to monitor this.

3 Improve guidance to frontline practitioners in relation to faith issues and child protection

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Improve guidance to frontline practitioners in relation to faith issues and child protection. 	Angela Clarke	December 2011	No action to date	Will be addressed in the Business Plan for 2012-13.

4 BSCB to set up Pilot Project to provide verification for single agency Safeguarding Training

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • BSCB to set up Pilot Project to provide verification for single agency Safeguarding Training. 	Fiona Tudge	November 2011	A group has been set up to verify child protection training on offer and they have begun the task of verifying known training courses.	Will be addressed in the Business Plan for 2012-13.

Strategic Priority 3: Establish shared thresholds for Child protection intervention and effective procedures to protect them

1 Monitor the quality of frontline CP practice and address risks/concerns)

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Respond to risks as they arise. • Monitor use of escalation Protocol. 	Quality Sub-group; Performance Sub-group	Ongoing activity	The Quality Sub group and Performance Sub group have monitored the quality of inter-agency CP practice in a number of ways in this year. Areas for development have been identified. There has been limited use of the 'Escalation Protocol' in this year, but work to review this will continue in the year ahead.	Will be addressed on an ongoing basis in the Business Plan for 2012-13.

2 Quality of frontline work with specific groups to be audited by Quality Sub-Group, to include

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • 'Think Family' where there are adult social care as well as child social care issues. • Children and families who have received more than three or more initial assessments. • Agency Audit – effectiveness of multi-agency working regarding initial referrals. • New communities – how are we collectively responding to the needs of new communities in Bristol? 	Gary Stephens	April 2012	Audits completed and areas for further development identified.	Audits completed and areas for further development identified.

Strategic Priority 4: Ensuring rigorous reviews of serious cases and unexpected child deaths

1 Review of SCR processes to consider outcomes of Munro Review

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Review of SCR processes to consider outcomes of Munro Review 	Adam Bond, SCR Sub-Group	September 2011	The draft of relevant part of Working Together is recommending LSCBs adopt a 'systems model' of SCR. Bristol has participated in a pilot of the 'Learning Together' methodology developed by SCIE. There will need to be further local development once the final version of WT is published.	Will be addressed in the Business Plan for 2012-13.

2 Serious Case Review sub-group to oversee implementation of recommendations of Serious Case Review Regarding Child M

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Serious Case Review sub-group to oversee implementation of recommendations of Serious Case Review Regarding Child M 	Dave McCallum	April 2012	The SCR sub-group have reviewed the Action Plan. There are a number of the Overview recommendations where there has been limited progress to date which need to be worked on. Agencies involved in the SCR need to report progress on their recommendations to the SCR sub group.	Will be addressed in the Business Plan for 2012-13

3 CDOP Audit of Rapid Response arrangements

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • CDOP Audit of Rapid Response arrangements 	Angela Clarke	December 2011	Rapid Response arrangements have been audited by the Designated Doctor for Child Deaths and are reported on in the CDOP Annual Report.	

4 SCIE Pilot of Serious Case Review Process

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • SCIE Pilot of Serious Case Review Process 	Catherine Boyce	November 2011	The pilot review has been completed. However, there will need to be further local capacity building to conduct reviews using the systems methodology.	Will be addressed in the Business Plan for 2012-13.

Strategic Priority 5: Raise Awareness of the impact of domestic abuse and work to reduce its incidence and protect those at risk

See notes

Strategic Priority 6: Support the development of services for children and young people that ensure their safety and wellbeing

1 Ensure the voice and experience of children and young people is at the heart of service delivery and planning

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Ensure the voice and experience of children and young people is at the heart of service delivery and planning. 	Children's Trust Board (Service planning), Angela Clarke (Service Delivery)	Ongoing activity	Shadow Board of Young People has been established to support this aim. Change Programme led by CYPS and the work to implement the new Safeguarding Children Performance Framework will continue to develop this action.	Will be addressed in the Business Plan for 2012-13

2 Continue to lead and challenge practice in relation to services for privately fostered children

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Auditing of Private fostering assessments. • Annual report to BSCB. 	Liz Osborn	Ongoing activity	Private fostering assessments are quality assured and any concerns about practice are addressed. The Board received a report in April 2011.	Completed – further annual report to be received in April 2012.

3 Ensure services identify those children who are missing from school and meet their needs

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • Ensure services identify those children who are missing from school and meet their needs. 	Nick Batchelar and School Leads, Richard Lingard (CYPS), Education Sub-Group.	February 2012	Processes for dealing with children not on school roll are embedded but reliant on notification to the CME service.	Work still required for LA to champion those children missing from school.

4 Ensure that children and young people in the youth justice system are protected including those that are the victim of crime

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> • BSCB/Safer Bristol to undertake safeguarding Audit of YOT 	Adrian Quinn, Exec/Safer Bristol	September 2011	<p>YOT Board is content that the areas of criticism in the inspection have been attended to satisfactorily, and that there are management actions in place to maintain the progress.</p> <p>2. All cases of young women known to the YOT who are pregnant, or who have children, are subject to a vulnerability risk.</p> <p>3. All individual victims of young offenders are contacted by the YOT.</p> <p>4. The YOT continues to contribute to the safeguarding of victims of sexually harmful behaviour by other young people.</p> <p>5. The YOT continues to deliver an appropriate adult scheme protecting the rights of young people arrested and held in police custody.</p> <p>6. Each young person going in to custody or secure remand has a vulnerability assessment undertaken by a qualified practitioner before leaving Court.</p>	

Strategic Priority 7: Evaluate the performance of the board and member agencies and contribute to the performance of the Children’s Trust Board

1 Evaluate the impact of audit and other quality assurance activity, with the aim of improving child protection practice

Action:	Lead	Completed by	Progress to date (RAG status):	Completion
<ul style="list-style-type: none"> Ensure that actions identified in previous audits/inspections have been implemented and can be evidenced. 	Exec. And Quality Sub-Group	March 2012	Some action plans have been completed and some are still in progress.	Will be addressed in the Business Plan for 2012-13

5 Training Sub-Group Annual Report

BSCB Training Section and Sub-group have ensured the ongoing provision of high quality and well resourced training for all agencies providing services for children within Bristol. The training on offer through the Board’s inter-agency programme is of high quality and is appreciated by the great majority of participants.

Significant work has been undertaken to ensure that groups such as dentists are now accessing commissioned safeguarding training. This was an action highlighted in the OFSTED inspection in 2010.

Training personnel

Jeanette Plumb remained in post as a full-time senior training and development officer although she has reduced her hours to 4 days per week. Daryl Dugdale will not be returning to his post having completed his PhD. Philomena Green joined the Training Section to cover Daryl's post for a temporary period and has now left the training section. Administrative support to the team

continues to be provided ably by Donald Gloag: Fiona Tudge has continued to provide effective management of the Training section.

New Training Programme

The BSCB Inter-Agency training programme was revised in light of the recommendations outlined in Chapter 4 Working Together to Safeguard Children, 2010. To assist single agencies in their role the Training Sub-Group have developed a 'verification process' to quality assure the training provided by single agencies. This will be implemented over the coming year.

For the year 2012 -2013 the training programme has been revised and issued in two 6 month blocks. Specialist training courses have been condensed to cover 2 hours in the morning and late afternoon to facilitate attendance from a wider variety of agencies where it is recognised that a full half day or full day training is difficult to release staff to attend.

Staff attending training

The BSCB Training Section has delivered 78 inter agency courses over the year, involving 1257 people during 2011-2012. This is a reduction on those trained in 2010- 2011 with a slight decrease in

attendees of 1.9% since 2010-2011. The reasons for the slight reduction are possibly due to a small number of courses being cancelled earlier in the year.

Agency	% 2009/10	% 2010/2011	% 2011/2012
CYPS - social care	28	21.51	16.3
CYPS - education	20	18.94	23.6
Health:	16	24.63	17.58
PCT, (NHS)	-	1.71	1.11
NBT,	-	17.15	9.86
UHB,	-	2.18	3.97
CAMHS	-	-	-
GPs	NA	1.17	1.43
Bristol Community Health	NA	2.42	1.19
Voluntary/private/Independent	11	11.85	11.53
Connexions	2	1.56	0.95
Police	3	3.59	5.80
Probation	2	0.78	2.70
YOT	4	2.81	2.06
Housing	<1	0.62	0.87
Others (Inc. AWP, Early Years, Other BCC, Youth & Play and AFRS)	14	10.21	17.02
Other local authorities	<1	0.16	1.52

here appears to have been an increase in attendance from CYPS Education, Probation and Police and a reduction in attendance other agencies, notably CYPS Social Care, Health, YOT and others.

Commissioned courses 2011/12	Projected Income for Board
Arcadia Housing	£300
BCC Capital Assets	£600 (3 sessions)
Bridge Learning Campus	£500 (2 sessions)
Bristol Arts and Music Tutors	£150
Bristol Association for Neighbourhood Daycare	£1000
Early Years Inclusion Team	£300
East Central	£300
Foster Carers	£300
Hostels - Novas Scarman	£600
Learning Communities Team	£200
New Oak Primary School	£300
Off the Record	£300
PEYTU	£2400 (4 sessions)
Red Maids Schools	£600 (2 sessions)
Sefton Park Primary	£300
Social Work Team Broadwalk	£150
St Matthias PRU	£300
Summerhill Infant School	£250
Supplementary Schools	£250
The Meriton (PRU)	£250
Torwood House School and Nursery	£600
Upper Horfield Children's Centre and School	£400
UWE Volunteering	£300
Total income:	£ 10650

BSCB Conference May 2012 –

“What works for families? Effective Assessment and Interventions for Emotional Abuse and Neglect.”

The BSCB Annual Safeguarding Conference was held in May 2012. We had a good spread of attendance across partner agencies.

Feedback

Overall we received very positive feedback on the conference. 90% of attendees felt the day had met the aims and objectives, 6% felt they were mostly met and 4% gave no answer. 95% of attendees stated that the keynote speaker, Harriet Ward, was excellent or good. 92% of attendees stated that the workshops were excellent or good. There was an complaint about one workshop which did not deliver what the title of the workshop had described.

79% of attendees said they thought the theatre workshop was good or excellent and 21% said it was satisfactory. 89% said the afternoon workshop was excellent or good.

Within the general comments there were very positive comments about the day in general and suggestions about making the conference a 2 day event; having more frequent but smaller conferences; and wanting opportunities to attend multiple workshops. A GP made a comment that it was really positive to work with colleagues from other agencies. A further comment was made that it would have been good to look at how Bristol meets the challenges raised by Harriet Ward.

Attendees were asked to make suggestions for future BSCB Conferences and suggestions made were Safeguarding Adolescents and Positive Working with Families i.e. what goes right.

Costs/ Budget

The Training Section budget has experienced significant pressures from both external and internal events. The projected overspend of approx. £15,000 for the year 2011-2012 has been significantly reduced resulting in an underspend of £7000. Significant efforts have continued to be taken to reduce this overspend and a greater emphasis on income generation has enabled the significant reduction in the overspend.

Course fees continue to remain low and have not been increased for next year in order to acknowledge the pressures on budgets in partner agencies.

Current areas of work

- Reviewing the 2012/13 programme in terms of the take up and feedback from the short courses that have been developed this year and on the basis of the review plan for the remainder of the year.
- Requesting individual agencies provide the sub group with their current training plans and confirm what safeguarding training is being provided within the agency and to whom.
- Addressing the need to evaluate the impact of the training on practitioners work with children and families in more detail.

Summary

2011-2012 has been another challenging year for the Training Section and all involved. There remain a number of outstanding areas for development over the year to come which we are confident that the Training Section with the support of the BSCB will be fully able to meet.

Adam Bond,
Policies and projects Officer – Safeguarding
Chair Training Sub-Group 2011-2012

6 Quality and Standards Sub-group Report

The quality sub-group continues to be active in undertaking reviews and audits of key areas as commissioned by the main BSCB. Responsibility for Chairing the group remains with Gary Stephens of the Child Abuse Investigation Team from Bristol Police. The group continue to be comprised of key experienced professionals from CYPS, Police, Health, Case Conference Chair, the voluntary sector, and a Lay Board member; attendance at meetings is very good.

The business plan for the last year has included the following themes:

'Think family'

How effectively are all agencies working together where there are adult social care as well as child social care issues?

Children and families who have received 3 or more initial assessments

(Subject from SCR recommendation 19, Baby Z)

Agency audit

Annual audit to consider threshold decisions and effectiveness of multi-agency working regarding initial referrals

New communities

How are we collectively responding to the needs of new communities in Bristol?

In reviewing these cases both good practice and areas for improvement are highlighted, recorded and progressed within the relevant agencies. A record of the meeting is always discussed at the BSCB Executive and shared for all at the full board meeting. An audit process is planned to review these actions to ensure they are progressed. Without fail where feedback is given to other professional it is always regarded as positive in the context of professional reflection. The business plan agreed by the BSCB Executive group for 2012/2013 is as below:

- **Families where substance abuse is a key issue**
- **Families where domestic violence is a key issue**
- **Avoidant/resistant families**
- **Annual threshold audit**

DI Gary Stephens
Avon and Somerset Constabulary
Chair Quality Sub-Group

7 Performance Sub Group Report

The performance sub group has met quarterly throughout the year, with some changes to membership but sufficient continuity to allow us to build on previous work and plans. The group reviews an agreed set of indicators every quarter and reports on any concerns or highlights to the Executive, prior to bringing them to the attention of the Board.

The group has determined that the BSCB needs a more comprehensive performance framework which responds to and reflects the requirements from the Munro recommendations, and enables the Board to be confident and assured that we are consistently 'closing the loop' in the performance cycle. To this end we have:

- Reviewed existing governance and the roles and responsibilities of the Board, Executive and sub groups, to ensure that relevant performance issues are addressed at an appropriate level;
- Started a register of all planned single agency audits which we will monitor on behalf of the Board;
- Revised the pro-forma for Board member agencies to use when attending sub-group meetings to report on their performance issues;
- Developed a risks and issues log.

We need to develop an action plan for improving processes to capture children and young people's views of safeguarding processes.

Performance issues that the Board has focused on in the past year include the significant increase in workload and pressures on all agencies from the increasing numbers of children in care, and children with a child protection plan (increased from 385 this time last year to 451 (a 17% increase) in April 2012). This remains of huge concern as numbers continue to rise. The Board has also expressed concern about the poor levels of training achieved by some agencies, or the inability of others to report on their training figures. Examples of really good practice in the city include the nationally recognised work on

FGM, and the strength and calibre of our frontline staff and partnership working.

The NHS reforms and the shadow Clinical Commissioning Group present an opportunity to strengthen the focus on safeguarding within all NHS Trusts, and we will work closely with performance leads in the NHS to join up reporting wherever possible.

Claudia McConnell,
Service Director - Strategic Commissioning
Chair of Performance Sub Group

8 Serious Case Review Sub Group Report

The Serious Case Review Sub Group first met in March 2011, under the chairmanship of Dave McCallum.

At that time, the Board had already commissioned a Serious Case Review in respect of Child M and it was progressing to its conclusion. The SCR was signed off by the Board on 6th April 2011. Thereafter, the SCR Sub group has been monitoring the implementation of the Action Plans in relation to the Child M SCR. This SCR was evaluated by Ofsted and was rated 'outstanding'.

Progress on implementing the Action Plan from the Overview recommendations has been variable for a number of reasons, although some actions have been achieved. Completion has been particularly impacted on by the decision to commission a further Serious Case Review in September 2011, and this has been challenging to our combined inter-agency resources.

Child K died in August 2011, and the SCR Sub-group considered the information about the child's death in September 2011. In the absence of the Board Chair, a recommendation was made to the Vice Chair of the Board that a Serious Case Review be commissioned. This was accepted and the SCR completed on 27 February 2012. The report will be published on 4 September, following the criminal court proceedings in relation to the parents.

There have been 2 further requests to complete Serious Case Reviews that have been considered by the Sub group. One request has resulted in a decision to conduct a Case Review (though not a Serious Case Review as per Chapter 8 of Working Together,) using the systems methodology. The other was judged not to meet the criteria for a Serious Case Review.

Following Dave's departure in November 2011, I took up the Chair. In the year ahead, the Sub group will be monitoring the progress of the Action Plans in respect of Child M and Child K, and receiving the report of the Case Review, which is also likely to result in some considerations for the LSCB.

We are fortunate in Bristol to now have some experience of conducting a Case Review using the systems methodology developed by SCIE – "Learning Together." In this year, we will need to build the capacity of the Board to conduct such reviews, and be responsive to the requirements of the revised Working Together guidance.

Angela Clarke,
Service Manager Safeguarding and Quality Assurance
Chair SCR Sub-Group

9 Education Sub-Group Annual Report

The first meeting of the sub group was held in July 2011. The group was set up to act as an active link between educational settings and the Bristol Safeguarding Children Board. The subgroup represents all educational settings in Bristol.

The sub group discussed possible priorities, including: supporting the safeguarding Audit return, attendance, and CEOP.

The group decided to take an overview of the safeguarding audit to ensure it is an effective tool for highlighting excellent practice and key areas for development.

The group have recently implemented a pilot project using peer mentoring to raise awareness of the implications arising from the use by pupils of social network sites. Rather than banning their use schools will also be encouraged to use these social network sites to benefit learning.

Through the pilot project St Brendan's VIth form are working with Orchard school KS4 students and Orchard students will then design a suitable programme to be delivered in Brentry Primary School. This acknowledges that young people are the best advocates to ensure pupils are aware of the potential dangers associated with social networks and have the knowledge to keep themselves safe. This learning will cascade from Yr 13 to Yrs 5 and 6.

**Lyn Chamberlain,
Service Manager - Learning Achievement
Chair Education Sub-Group**

10 Female Genital Mutilation (FGM) Safeguarding working group

The FGM safeguarding group has continued its multi-agency work around raising awareness, training and policy development for Bristol Safeguarding Children Board (BSCB). The group continues to link with the FGM network and Advisory group. These two groups support the community work of adults and voluntary groups working on FGM issues. The advisory group has traditionally reviewed the contract delivery of FORWARD and the Refugee Women of Bristol project (RWOB). To reduce duplication it has been decided to merge these two groups into the FGM delivery group. One of the achievements of these groups has been the scoping of agencies work around FGM and promoting the BSCB FGM safeguarding training.

Below is a list of the achievements for all groups working on the issues related to FGM, - this is not an exhaustive list:

- ❖ Integrate Bristol (young peoples charity) received a national film award in London for their film 'Silent Scream'.
- ❖ 3rd revision of the BSCB FGM Guidelines

- ❖ The 4th Community Led 'International Zero Tolerance to FGM day'
- ❖ FGM Network have collated a document of 'the FGM work in Bristol'
- ❖ Further engagement work with men from FGM affected communities around FGM and sexual health issues for men

- ❖ Public film presentation and discussion on the FGM Film 'Africa Rising' with national speakers leading the discussion.
- ❖ First whole day BSCB FGM training exploring the issues in more depth to develop practitioners. This training was supported by the FGM Community Health Advocates.
- ❖ A new provider (Platform 51) started working with Refugee Women of Bristol (RWOB). Developing a youth group looking at issues related to FGM and women's rights.
- ❖ Delivering FGM workshops at Migrant Health Afternoon for third year medical students from University of Bristol on 23.03.12.
- ❖ Delivering a FGM lecture at Bristol University for 5th Year Medical students on cultural and moral issues related to FGM.
- ❖ RWOB represent Bristol and their work on FGM at 'Cardiff's International women's day' and at 'Bristol's International Women's day'
- ❖ RWOB, Platform 51 and Public Health have meet with both male and female students in Further Education colleges to explore views and knowledge of FGM.
- ❖ Completion of the independent evaluation report of FORWARD's FGM work in Bristol on the FGM community development project.
- ❖ Integrate Bristol are organising a national FGM Conferences with 3 strands, looking at health, professionals and policy makers and young peoples work impacting on FGM
- ❖ Imbedding of the NBT FGM midwifery guidance
- ❖ Bristol Launched it's 4th Summer campaign in May 2012

- ❖ FORWARD and RWOB held a community event to celebrate the 'Day of the African Child' with Workshops and a theme on FGM, safeguarding children, and improving communication across generations.
- ❖ Developing a multi-agency FGM strategy
- ❖ FGM is included in the East Central Partnership Plan for education

The International Zero Tolerance to FGM day was another great success this year. This event organised by the community called 'Ending FGM together', was supported by speakers from the police, social care and midwifery services. There were workshops for men, how can we share good practice and hearing the voice of young people. Layla Ismail the Advocacy Worker, RWOB and FGM Community Development Project Coordinator, FORWARD gave a moving account and case study on their work so far and views from women in the community. Over the last 4 events there have been an increasing number of men joining the movement to stop the practice of FGM, both as husbands and fathers.

In the 12 months between Sept 2010-Sept 2011 the RWOB delivered 30 outreach sessions and workshops to communities across Bristol many of these were with women's groups. Nearly 300 women from FGM affected communities have directly benefited from the FGM Community Development Project. The community health advocates have all been trained in basic safeguarding awareness and they all understand the clear message that safeguarding children is a priority.

At this years FGM summer campaign launch event the Independent Chair of the BSCB presented the young people involved in the 'silent scream' project with an award and certificate for their outstanding contribution to safeguarding children. The young people are challenging professionals and policies

makers in how they deal with FGM in schools, health settings and through police and making positive arrests. The young people are organising their national FGM Conference and their hard work and dedication to stopping FGM act as an example to all professionals. The role of the BSCB FGM Safeguarding Group is to continue to raise the issue that professionals have a duty to prevent FGM and protect girls at risk of FGM.

Our aim for the coming year is to develop recommendation for a core standard of training for each professional group and to explore with the FGM delivery group how we can evidence prevalence data to see what risk still exist around FGM so work can be targeted appropriately.

Jacalyn Mathers
Designated Nurse for Safeguarding Children
Chair of the FGM Safeguarding Children Group

11 Substance Misuse Working Group

This new group first met in December 2011 and agreed terms of reference and membership. Membership is drawn from Safer Bristol, NHS Bristol, treatment providers, CYPS, Police and Probation and service users. The group is chaired by the Substance Misuse Team Manager and reports to Bristol Safeguarding Children Board, Safer Bristol Executive Board and Substance Misuse Joint Commissioning Group and the Young People's Substance Misuse Delivery Group.

Initial work focused on the renewal of the Joint Protocol between Substance Misuse services and services for children and families. This protocol was signed off in May and presented to the Board in June 2012.

Guidance for practitioners has also been refreshed and will be published in July 2012.

The 'Working with Substance Using Parents Network' held an event in April and will meet again in September to promote both the Joint Protocol and Practitioners' Guidance documents.

Treatment agencies and CYPS locality teams have provided Safeguarding: substance misuse named leads.

The group now has formal links with the BSCB training sub-group and will be involved in delivering training packages regarding working with substance using parents.

A best practice event for GPs and practitioners working in Primary Care, 'Safeguarding and Substance Misuse – Issues for Concern in Bristol' was held in March. This also counted towards level 3 accreditation.

Representatives from Safer Bristol's Substance Misuse team delivered a workshop at the BSCB's annual conference in May.

The group will develop and monitor the delivery of action plans resulting from any relevant Serious Case Reviews.

Sue Bandcroft,
Senior Commissioning Manager
Safer Bristol

12 Avonsafe Bristol

Avonsafe (www.tinyurl.com/avonsafe) is the local multi-agency injury prevention partnership that seeks to reduce the burden of significant harm caused by unintentional injury. Avonsafe's strategy is to concentrate on the most numerous and serious injuries - those that require hospital admission.

Emergency admissions from external causes of injuries to children under 18 continue their slow but steady decline, falling by 3.5% to 1,029 in 2011/12. The main causes of serious preventable unintentional injury were falls (389), transport related (91) and "strikes crushes and jams" (85). 122 (12%) of the 1,029 were known to be of deliberate intent including assaults (29), neglect (2), and intentional self harm (91).

During 2011–2012, Avonsafe (Bristol) took action to reduce injuries in the Bristol area. This included:

- A continuing focus to give effect to NICE recommendations;
- A highly successful media campaign to highlight the hazard of burns from hair-straighteners including supply of subsidised hair-straightener safety pouches through Bristol's Children Centres;
- Concluding a research project to identify how to support nurseries communicate child safety issues to parents has led to consideration of brief intervention training for use in daycare settings;
- Projects to tackle single biggest cause of emergency admission in 0-18's - Falls involving playground equipment - through our continuing support for the development of a local play policy that will reduce significant preventable harm and increase activity levels at the same time, and a project to reduce serious injuries as a result of garden trampolines;
- Improving the Avonsafe Home Safety Scheme. Families now benefit from a comprehensive home safety check and provision of a wider range of equipment than before, but the demand for the scheme still exceeds supply;

- Systematically reviewing the injury prevention training available to for the wider childcare workforce, and have put in place or are developing enhanced provision for health visitor, midwives, and childminders.

Other significant developments this year included, the publication of Public Health Outcomes by Department of Health 2012 that highlighted unintentional injuries as an issue that the Council, the NHS and our partners will need to focus on. Also, we began discussions with the Child Death Overview Panel that highlighted the potential for closer collaboration.

Angela Clarke,
Service Manager Safeguarding and Quality Assurance
Chair, Avonsafe (Bristol)

13 Financial Report

BSCB contributions from Board Partners and income from training revenue in 2011-12 was £363,632 - this includes the Child Death review funding and additional funding from Bristol City Council.

There was a £14,921 deficit in 2011-12 which was as a result of the costs of Independent Consultants who conducted the Serious Case Reviews and the Government savings being met by Bristol City Council.

In this year, the Board funded the following staff:

- Independent Chair 3 days per month
- 1 x FTE Senior Training and Development Officer
- 1 x FTE administration support to trainer
- 0.4 x FTE of the Safeguarding Business Unit Manager post which provides the Designated Manager for Children who are the subject of Child Protection Plans
- 1 x FTE Policies and Projects Officer
- 1.5 x FTE contribution to the child protection note-taking service
- 2 x FTE administrative support to the Child Protection List

Bristol Safeguarding Children Board 11/12 Out turn and draft 12/13 Budget

Expenditure	Outturn 11/12	Budget 11/12	Variance 11/12	Draft Expenditure 12/13
Salaries - all	208,129.00	163,611	44,518	208,129
Training - Venue expenditure TB2	12,207.00	4,784	7,423	16,953
Training - Printing training material	6,421.00	4,869	1,552	7,500
Training Transport TB2	21.30	424	-403	50
Conference Speakers	0.00	0	0	3,500
Conference Expenses	5,136.00	0	5,136	1,500
Consultancy	15,254.00	0	15,254	24,000
Transport TB1	26.00	1,242	-1,216	100
Supplies & Services TB1	937.39	4,868	-3,931	806
Childsafe	8,000.00	1,074	6,926	16,000
Total	256,132	180,872	75,260	278,538

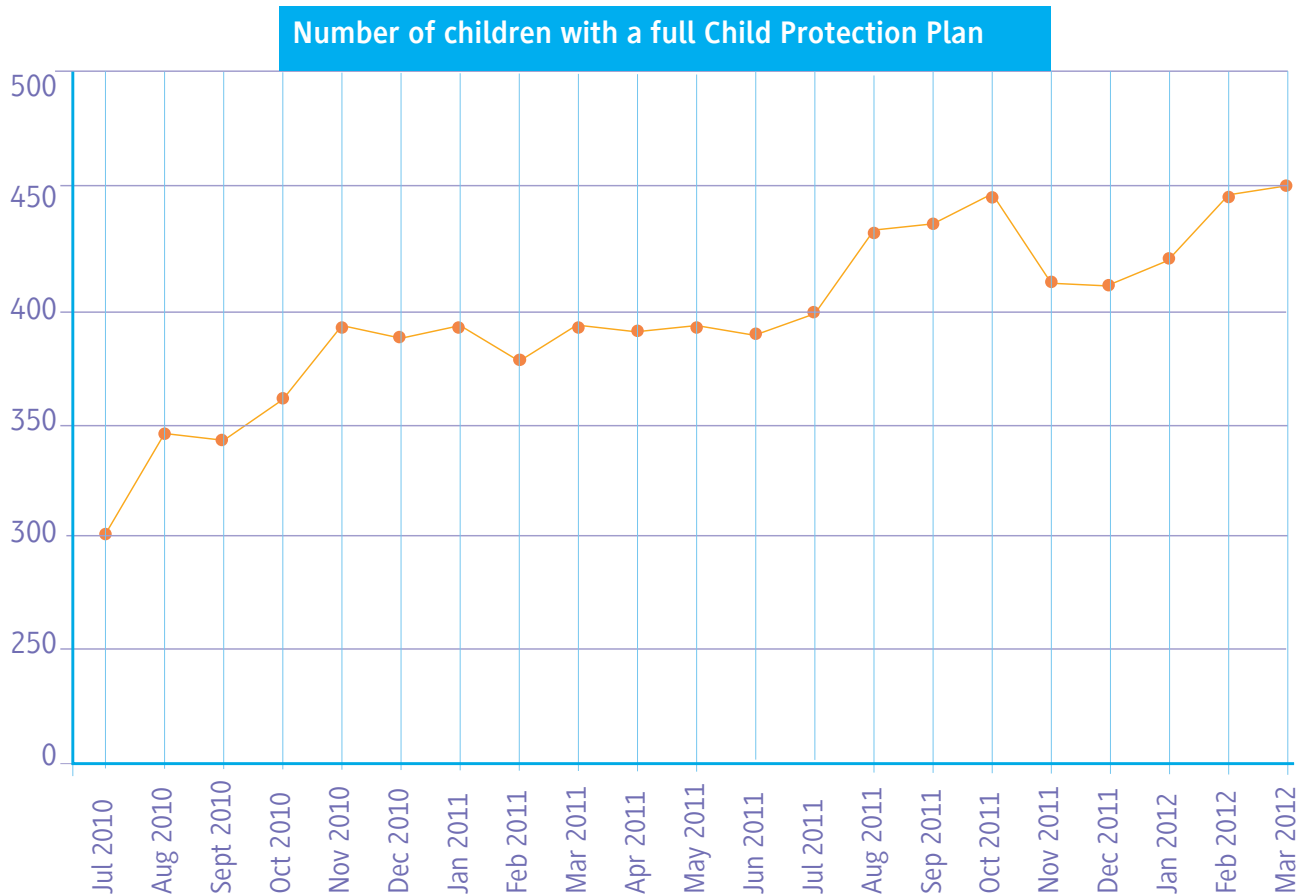
Income	Outturn 11/12	Budget 11/12	Variance 11/12	Draft Income 12/13
Probation	3,090	0	3,090	3,090
Bristol City Council	253,675	247,446	6,229	247,446
Bristol PCT & UBHT	24,611	29,515	-4,904	29,515
North Bristol NHS Trust	13,186	0	13,186	13,186
Avon & Somerset Constabulary	18,699	19,852	-1,153	19,852
Learning Partnership West	2,838	0	2,838	2,838
Sale of Training	39,915	6,480	33,435	20,000
CAFCASS	555	0	555	555
One-off contribution from Safer Bristol	5,000	0	5,000	0
YOT	2,063	0	2,063	2,063
Total	363,632	303,293	60,339	267,129
Actual over/underspend for 11/12 and forecast for 12/13			14,921	11,409
			11/12 overspend	12/13 overspend

14 Data Reports

Child Protection enquiries and Initial Child Protection conferences held during 2010-2012

	2009-2010	2010-2011	2011-2012	% change
Number of children who were the subject of s.47 enquiries during the year	824	966 17% increase	1080 12% increase	31% increase over two years
Number of children who were the subject of an initial child protection conference during the year	387	430 11% increase	514 20% increase	33% increase over two years
Number of children whose initial child protection conferences were held within 15 working days of the initiation of the S.47 enquiry that led to the child protection conference	121 31% in 15 working days	252 57% in 15 working days	158 31% in 15 working days	Both volume and timeliness increased in 2010-2011.
Number of children who were the subject of Child Protection Plans at 31 March	317	387 22% increase	448 16% increase	41% increase over two years
Children who were the subject of Child Protection Plans per 10,000 of child protection	40.1	48.1 20% increase	55.0 14% increase	37% increase over two years

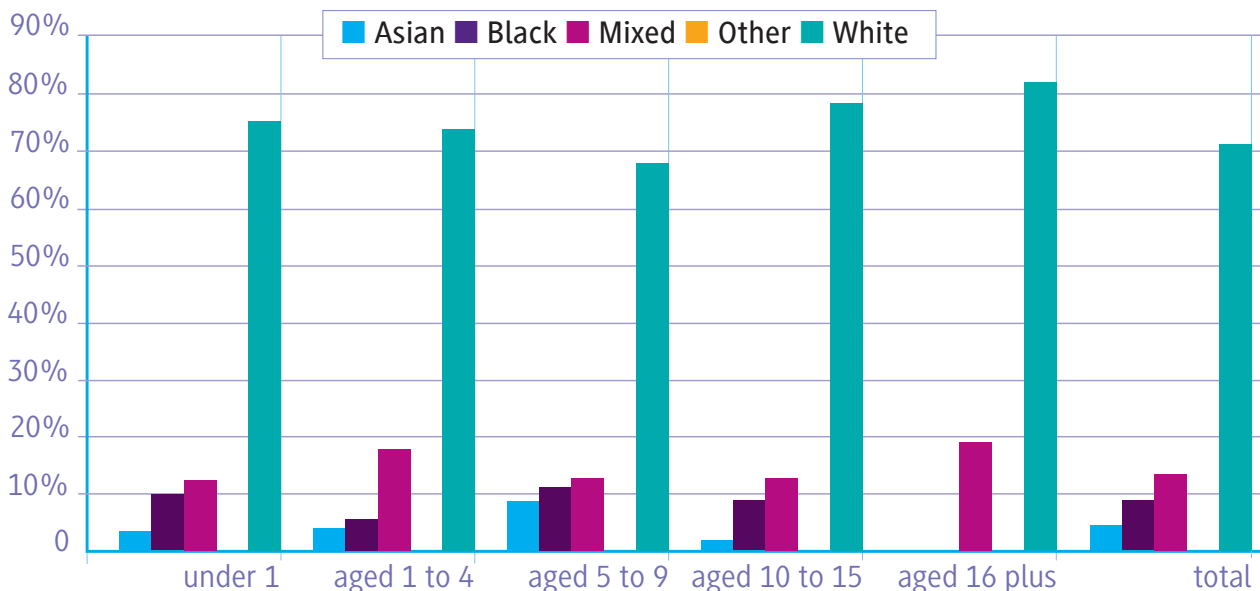
Child Protection Plans, January 2010 – March 2012 (snapshot data)



There was a 16% rise in the number of children with a CP Plan at 31 March 2012 compared with 31 March 2011. Since 30 June 2010 there has been a 49% increase in the number of children with a CP Plan.

Age-band and ethnicity of children with a CP Plan at 31 March 2012

(Unborn children have been removed from the cohort)



The school census is a reliable measure of the child population by ethnicity.

In the 1-4 age band there is a slightly lower percentage of Black and Minority Ethnic (BME) children with a CP Plan than the school census indicates there is in the child population. This is reversed in the 5-9 age band, with a slightly higher representation of BME children with a CP Plan

compared to the child population. Overall though, the percentage of BME children with a CP Plan is very much in line with the % in the general child population:

Children with CP Plans at 31 March 2012= 27.1% BME

Children in Bristol schools at Jan 2012 = 26.9% BME.

Categories of Abuse for children who were made subject of a child protection plan	2009-2010 %	2010-2011 %	England 2010-2011	Bristol 2011-2012
Physical Harm/Abuse	14%	13.7%	14.8%	13.2%
Emotional Harm/Abuse	39.7%	39.6%	30.9%	44.0%
Sexual Abuse	5.3%	5.7%	6.2%	6.3%
Neglect	41%	40.9%	48.0%	36.5%

There has been a slight increase in 2011-12 in the use of the category 'Emotional Harm / Abuse', a corresponding decrease in 'Neglect' and slight increase in 'Sexual Abuse', compared to the categories used in Bristol in 2010-11.

The gender break down is fairly even, with the exception of neglect. Of the CP Plans with a category

of neglect, 38.5% were given to girls, 59.8% to boys and 1.7% to unborn children.

The England figures for the year ending 31 March 2011 show a higher use of the category 'Neglect' and a lower use of the category 'Emotional Harm/Abuse' compared to Bristol's usage.

Duration of Child Protection Plans	2009-2010	2010-2011	2011-2012
Number Child Protection plans ended in the year to 31 March where the Child Protection plan began two or more years earlier	20	19	20
Total Number of Child Protection Plans ended during the year	297	343	411
NI64 Proportion of Child Protection plans after 2+ years	5.1%	5.6%	4.9%

The England average for NI 64 has been 6% for the past three years.

Child Protection plans ended during 2010-2011 by duration of plan	2009-2010	2010-2011	2011-2012
Under 3 months	73	84	93
Over 3 months but under 6 months	31	38	48
Over 6 months but under 1 year	111	97	135
Over 1 year but under 2 years	64	105	112
Over 2 years but under 3 years	16	19	18
Over 3 years	2	0	2
Total	297	343	408

NI65 Children who were made the subject of a Child Protection Plan for a second or subsequent time	2009-2010	2010-2011	2011-2012
Number of Child Protection Plans started during the year to 31 March 2011 that were subsequent plans	38 (10.7%)	80 (17.6%)	66 (13.8%)
Total number of Child Protection plans made during the year	355	454	477

In 13 cases the subsequent CP Plan was made within a year of the ending of the previous CP Plan. There were six sibling groups involved. There were also 13 such cases in the years ending 31 March 2010 and 31 March 2011.

NI67 Reviews of Child Protection Conferences	2009-2010	2010-2011	2011-2012
Number of children whose child Protection plan had been reviewed within timescale during the year ending 31 March	225 (99.1%)	286 (99.7%)	301 (94.7%)

The England average for the year ending 31 March 2011 was 97.1%.

Childhood Injury

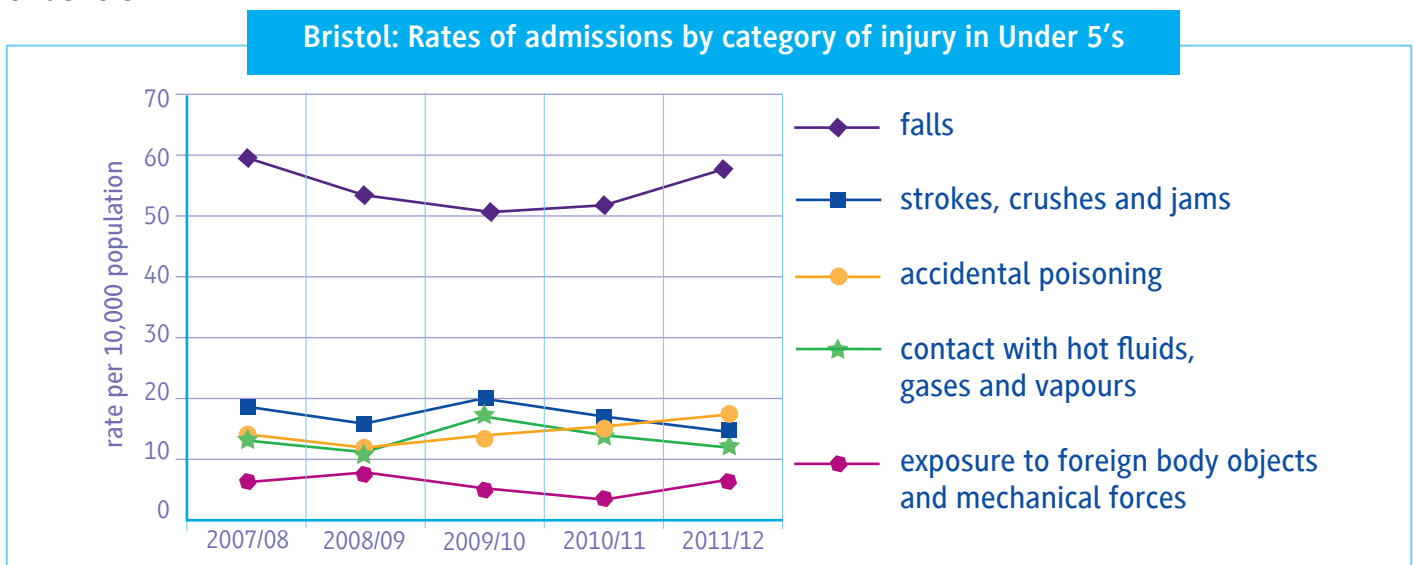
Emergency admissions are formal admission to a hospital bed that are a result of a child sustaining an injury that was unintentional or deliberate in origin.

Injury risk is directly related to level of deprivation and disadvantage. The risk can be reduced by targeted intervention

NI 70 Emergency hospital Admissions due to unintentional and deliberate injuries to children

Rates of emergency injury admissions per 10,000 population 2004/05									
Bristol	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Under 18	114.0	137.7	159.1	167.6	147.8	137.2	138.1	130.9	126.3
Under 5	93.8	142.7	181.5	175.0	148.4	131.2	145.1	133.1	141.8
5 to 17	121.8	135.7	149.9	164.4	147.5	140.2	134.5	129.7	118.4

Under 5's



It is not necessarily helpful to simply compare one year with another; we need to observe trends. This is made slightly harder by the change in the ways that numbers are calculated in 2009/10, but we don't think this change has made a very significant difference.

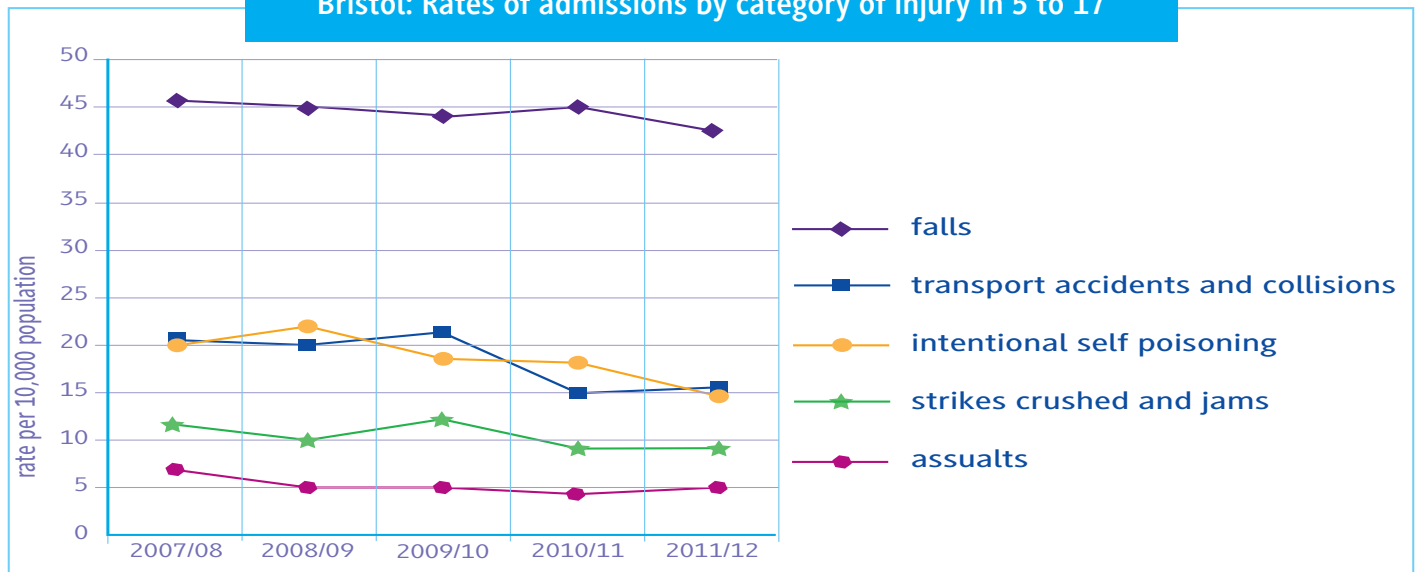
- During 2011-12, 395 children under 5 suffered harm from a preventable injury that resulted in hospitalisation.
- The overall rate of admissions in under 5's in Bristol has increased slightly in 2011/12

comparing to previous year's figure (6.5%).

- Both number and rate of admissions due to falls have risen by 15% in 2011/12. The average falls injuries rates in Avon have increased by 15% as well.
- Admissions figures for accidental poisonings have increased by 12% comparing to previous year. Admissions for strikes, crushes and jams as well as burns and scalds have increased by around 13%.

5-17 year olds

Bristol: Rates of admissions by category of injury in 5 to 17



The overall rate of admissions in 5 - 17's has decreased slightly in 2011/12 comparing to previous year's figure (-8.7%).

- During 2011-12, 635 children aged 5-17yrs suffered harm from a preventable injury that resulted in hospitalisation.
- Both number and rate of admissions due to falls have fallen by 4.6% in 2011/12. The average falls injuries rates in Avon have fallen as well, by 4.9%.
- Admission rates for transport accidents and collisions injuries have increased by 11.7% comparing to previous year. Admissions for intentional self-poisoning have decreased by 21%.

Road traffic Injury

One Public Health Outcome Indicator uses police records of numbers killed and seriously injured in road traffic accidents. It is known that police statistics may significantly underestimate the total number of casualties resulting from travel and transport. The table below incorporates hospital with

- The Avon average admission rates in the categories above have fallen, except for assaults which have slightly increased.

Deliberate injury

14.4% of all emergency admissions included in this indicator were as a result of deliberate or intentional injury either self inflicted or inflicted by another person: includes assault, deliberate self-harm intentional self-poisoning, neglect and maltreatment, hit struck etc by another person. This is a slight reduction from the proportion in 2010/11, which was 14.7%.

police data to present a fuller picture. Hospital data is likely to underestimate the numbers who are treated as outpatients. The table below assumes that all serious injuries recoded by police also appear in hospital records. Some double counting may be occurring where serious injuries resulting in

emergency treatment in hospital could be recorded as slight injuries in police records. The NHS definition of injuries 'related to travel and transport' is wider than the police's road traffic injuries, because it

includes injuries wherever they occur. In Bristol during 2010/11, three people aged 0-18 were injured on vehicles designed primarily for off road use and five animal riders were injured.

Recorded injuries to 0-17 yr olds	2009	2010	2011
Fatalities (From police records)	2	2	1
Serious injuries (0-18 travel and transport related emergency admissions. From HES data)	127	88	90
Serious injuries (0-18s travel and transport related injuries treated in Bristol's emergency departments as outpatients, excluding those subsequently admitted. This is certainly an underestimate. Analysis relies on RTA being recorded in free text fields.	(April to December) 75	142	140
Slight injuries (Usually, but not exclusively, treated at the roadside and that are recorded by police).	178	139	144
Total		371	348

Returns for indicators based on STATS19, the police's collision database, are presented in Table below.

Number of road traffic casualties to children 0-17yrs recorded by the police	2007	2008	2009	2010	2011
Fatal	0	0	2	2	1
Serious	37	21	15	15	15
Slight	219	170	178	139	144
Total	256	191	195	156	160
Total (all ages)	1749	1347	1426	1351	1281
Percentage of all collisions	15%	14%	14%	11.5%	12.5%

Injuries recorded by the police

In Bristol, the Road Safety Partnership has agreed that the injury priorities are to focus on vulnerable road users; mostly cyclists, but also with some concern for riders of powered two wheel vehicles and pedestrians in Bristol.

15 Glossary of Abbreviations

Acronym	Acronym
AWP Avon and Wiltshire Partnership NHS Trust	LSCB Local Safeguarding Children Board
BCC Bristol City Council	NICE National Institute of Clinical Excellence
BSCB Bristol Safeguarding Children Board	NBT North Bristol Trust (NHS)
BME Black and Minority Ethnic	NSPCC National Society for the Prevention of Cruelty to Children
CDOP Child Death Overview Panel	NSO Named Senior Officer (Allegations)
CP Child Protection	SCR Serious Case Review
CYPS Children and Young People's Services	UHBT University Hospitals Bristol NHS Foundation Trust
DART Domestic Abuse Referral Team	WTSC Working Together to Safeguard Children
FGM Female Genital Mutilation	
LADO Local Authority Designated Officer (Allegations)	

16 Sources of Further Information

- Bristol Safeguarding Bristol Safeguarding Children Board
www.bristol.gov.uk/safeguardingchildren
- South West Child Protection Procedures
www.online-procedures.co.uk/swcpp/
- Department for Education
www.education.gov.uk/
- Munro Review of Child Protection
www.education.gov.uk/munroreview/index.shtml
- Working Together to Safeguard Children (HM Government 2010)
www.workingtogetheronline.co.uk/index.html
- Safeguarding Children and Safer Recruitment in Education (DCSF 2007)
www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-04217-2006
- Guidance on the Duty to Safeguard and Promote the Welfare of Children – Sec 11
www.education.gov.uk/publications/standard/publicationDetail/Page1/DFES-0036-2007
- The Safe Network (Support for voluntary and community organisations re safeguarding)
www.safenetwork.org.uk/Pages/default.aspx
- Independent Safeguarding Authority (including workforce vetting and barring)
www.isa.homeoffice.gov.uk/
- NSPCC
www.nspcc.org.uk/

17 BSCB Business Plan 2012–2013

Strategic Priority 1:	Strategic Priority 2:	Strategic Priority 3:
<p>Making the safeguarding of Children and Young people in Bristol everybody's business</p>	<p>Supporting and developing a competent and safe children's workforce</p>	<p>Establishing shared thresholds for Child Protection intervention and effective procedures to protect them</p>
<p>1 Respond to and implement recommendations of Munro Review of Child Protection. Lead: Executive</p> <p>2 Enhance BSCB membership:</p> <ul style="list-style-type: none"> Develop Shadow Board of young people Lead: Jean Pollard Appointment of BME representative members to the BSCB Lead: Catherine Boyce <p>3 Implement the BSCB Communication Strategy. Lead: Executive</p> <p>4 Improve the interface between those working in Adult Services and those in Children's service: Lead: Carol Watson (HSC), Sue Bandcroft (Safer Bristol), Mark Dean (AWP) and Richard Hurst (CYPS)</p> <p>5 Establish E-Safety Sub-group and develop E-Safety Strategy: Lead: Executive</p> <p>6 Ensure that all Faith Groups are aware of and supported with respect to Child Protection issues. Lead: Fiona Tudge, BSCB Faith Network</p> <p>7 Ensure services are responsive to the needs of diverse communities. Lead: Christina Gray, (Public Health - Diversity work Group)</p> <p>8 Support the implementation of IRIS Team. Lead: Fiona Birch, ASPS, and Police</p>	<p>1 Support of professionals to identify disguised compliance and support workforce to work with avoidant and or resistant families. Lead: Sandra Meadows/Fiona Tudge Training and Development Sub-Group</p> <p>2 Ensure workforce have the skills for good Child Protection Practice. Lead: Sandra Meadows/Fiona Tudge Training and Development Sub-Group/BSCB Executive</p> <p>3 Ensure that workforce know how to identify children at risk of sexual exploitation and trafficking, and that processes and support are responsive to their needs. Lead: DI Gary Stephens (ASC), Duncan Stanway (Barnardo's)</p> <p>4 Review managerial accountability for decision making in Child Protection work. Lead: Designated leads, (Dr, Nurse, Principal Social Worker, Schools Lead and Police)</p> <p>5 Explore ways of supporting reflective practice, especially in duty (frontline) environments. Lead: Designated leads, (Dr, Nurse, Principal Social Worker, Schools Lead and Police)</p> <p>6 Assess the impact of training on improving outcomes for children. Lead: Sandra Meadows/Fiona Tudge Training and Development Sub-Group</p>	<p>1 Review the Information Sharing Guidance, to ensure that workforce are sharing relevant information outside of CP processes. Lead: Children's Outcomes Board and Executive</p> <p>2 Review and re-launch practice guidance for working with parents/carers who misuse substances. Lead: Substance Misuse Working Group, (BSCB/Safer Bristol)</p> <p>3 Quality of frontline work with specific groups to be audited by Quality Sub-Group, to include:</p> <ul style="list-style-type: none"> local inter-agency audits of cases where substance misuse is a feature inter-agency communication record keeping. Lead: Quality Sub-Group, DI Gary Stephens <p>4 Monitor the use of Escalation procedures:</p> <ul style="list-style-type: none"> explore understanding use of escalation policy Lead: Executive <p>5 Review information exchange when children who have been the subject of concerns transfer schools. Lead Education Sub-Group</p> <p>6 Review the use of strategy meetings, to include managing retraction of concerns. Lead: Designated leads, (Dr, Nurse, Principal Social Worker, Schools Lead and Police)</p> <p>7 Review services for children who run away. Lead: Missing from Home and Care task group</p>
<p>Notes on the BSCB Business Plan</p>		
<p>The strategic priorities are those specified in the BSCB Strategic Plan 2008-2011. Each action is derived from the Strategic Plan, Ofsted Inspection recommendations, revisions to Government guidance and various recommendations including those from the Munro Review of Child Protection 2011. High priority actions are those written in Bold in each listing</p>		

Strategic Priority 4:

Ensuring rigorous reviews of serious cases and unexpected child deaths

1 Implement action plans from Serious Case Review:

- Child K SCR
 - Child M SCR
 - Child D 'Learning Together' Review
- Lead: SCR Sub-Group

2 Widen expertise on use of systems model of case review

Lead: SCR Sub-Group

Strategic Priority 5:

Raise awareness of the impact of domestic abuse and work to reduce its incidence and protect those at risk

Violence and Abuse Against Women and Girls Strategic Group

Strategic Priority 6:

Support the development of services for children and young people that ensure their safety and promote well-being

1 Respond to the requirements of the Revised Working Together guidance.

Lead: Executive

2 Explore use of professionals only meetings and develop guidance.

Lead: Executive

3 Ensure services identify those children who are missing from school and meet their needs.

Lead: Education Sub-Group

4 Ensure that all services, including 'early help' services, are focused on meeting the needs of the whole family.

Lead: Executive and Shadow Board

5 Develop ways of obtaining feedback from children and young people and their families, to inform learning and drive service improvement

Lead: Executive and Shadow board

6 Explore the efficacy of services to meet the emotional needs of children in crisis.

Lead: Designated leads, (Dr, Nurse, Principal Social Worker, Schools Lead and Police)

7 Respond to the needs of young people who self harm

Lead: Shadow Board

Strategic Priority 7:

Evaluate the performance of the board and member agencies and contribute to the performance of the Children's Outcomes Board

1 Support the 'Troubled Families' initiative.

Lead: Executive

2 Develop the safeguarding childrens Performance Framework to reflect new statutory requirements.

Lead: Performance Sub-Group

3 Monitor the impact of resource decisions.

Lead: Executive and Performance Sub-Group

4 Monitor agency involvement in Child Protection conference and plans:

- Audit agency contributions to child protection plans
 - Monitor agency attendance at Child Protection conferences
- Lead: Quality Sub-Group

5 Review LSCB Governance and Chairing arrangements.

Lead: Executive and Jean Pollard

6 Use LSCB challenge and improvement tool to evaluate BSCB.

Lead: Executive

7 Support activity to reduce attendance at A&E due to accidents.

Lead: Avonsafe and Angela Clarke

8 Monitor implementation of the action plan re thematic inspection of Appropriate Adult service.

Lead: Executive

*That we will work
partnership with families,
communities and
organisations in Bristol,
to ensure that
children and young
people feel safe and*

- If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please contact 0117 903 7788