Foreword by Sarah Elliott, Independent Chair

This is my second year as Chair of the Dorset Safeguarding Children Board and I am pleased to report the progress in delivery against our commitments in our Business Plan for 2016/17.

This is set against a challenging environment with organisational changes, budgetary constraints and uncertainty as we await the implementation of the Children and Social Work Bill.

Excellent partnership working and a full commitment to multi-agency working has been maintained and is evidenced in recent months by the introduction of a Multi-Agency Safeguarding Hub which has already shown improvements in information sharing and decision making. Our joint work with Bournemouth and Poole Local Safeguarding Children Board ensures we make the best use of resources and expertise across the broad safeguarding agenda.

Following a Planning Day in 2016, the DSCB prioritised work in two main areas of reducing the number of children who experience harm and reducing the need for children and young people going into care.

Progress has been made in both these areas with a focus on ensuring early identification of risk and the need for multi-agency support through the new Family Partnership Zones. In addition, a Pan Dorset Neglect Strategy was adopted including a successful “Be Curious” campaign to raise awareness amongst practitioners and the general public.

Towards the end of 2016/17, I was delighted to host two annual conferences which were attended by a large number of local practitioners, managers and partners. The conferences reflected our commitment to share best practice, learn from research and provide opportunities for networking across agencies.

Over the past year, our quality assurance arrangements have been further developed with improved use of data and audit which has enabled greater scrutiny and challenge. This alongside an excellent Practice Learning model for Serious Case Reviews is building our commitment as a “learning” Safeguarding Children Board.

All of the above would not be possible without the commitment, expertise and tireless work of our small Business Team and chairs of our Sub Groups who provide excellent leadership to drive improvements in our safeguarding work.

I would like to thank the Board, practitioners and managers across all agencies for their energy, hard work and continuing support to ensure we have the best possible safeguarding arrangements for children, young people and their families across Dorset.
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1. About the Annual Report

The DSCB annual report is an assessment of the effectiveness of safeguarding and the promotion of child welfare being delivered across the County Council area of Dorset.

Section 1 sets out the governance and accountability arrangements for the Dorset Safeguarding Children Board (DSCB). They provide information about the structures in place that support the DSCB to do its work effectively.

Section 4 highlights the lessons that the DSCB has identified through its Learning and Improvement Framework and the actions taken to improve child safeguarding and welfare as a result of this activity.

Section 7 sets the context for safeguarding children and young people in Dorset, highlighting the progress made by partnership over the last year and the challenges going forward.

Section 10 describes the range and impact of the multi-agency safeguarding training delivered by the DSCB.

Section 11 sets out the priorities going forward and the key messages from the Independent Chair of the DSCB to key people involved in the safeguarding of children and young people.

In line with statutory requirements and best practice, this annual report has been sent to the following:

- Dorset County Council Chief Executive
- The Health and Wellbeing Board
- The Dorset Children’s Trust Board
- The Dorset Safeguarding Adults Board
- The Bournemouth & Poole Safeguarding Children Board
- The Pan-Dorset Community Safety Partnership
2. The Board

WHAT IS THE DSCB?

The Dorset Safeguarding Children Board (DSCB) was set up in 2006 as set out in the Children Act 2004\(^1\). The function of the Board is to coordinate the response of organisations in safeguarding children; and to ensure the effectiveness of what is done by those agencies in order to best protect children. The specific roles and functions of the DSCB are set out in the statutory guidance, Working Together to Safeguard Children 2015\(^2\).

KEY ROLES AND RELATIONSHIPS

The Board is independently chaired and is made up of senior representatives of local organisations who commit to work together to safeguard children and young people.

The Independent Chair of the DSCB changed during the course of 2016/167 with Sarah Elliott taking the chair from July 2016.

The Chair and the work of the Board are supported by a Business Manager and Administrative roles. The Chair is tasked with ensuring that the Board fulfils its statutory objectives and functions to impact positively on outcomes for children and young people. Key to achieving this is the facilitation of a working culture of transparency, challenge and improvement across all partners with regard to their statutory arrangements and their commitment to multi-agency working.

The Chair is accountable to the local authority Chief Executive and meets regularly with them and other Chief Executives from key partners such as Police and Health. While being unable to direct organisations, the DSCB and the Chair is able to influence, challenge and hold agencies to account for their safeguarding responsibilities. This can relate to governance and resourcing, as well as to aspects of safeguarding that directly impact on the welfare of children and young people.

PARTNER AGENCIES

All partner agencies across Dorset are committed to ensuring the effective operation of the DSCB. This is supported by Terms of Reference that defines the fundamental principles through which the DSCB governed. Statutory members of the Board hold a strategic role within their organisations and are able to speak with authority, commit to matters of policy and hold their organisation to account.

In 2016, a Governance Review was undertaken using learning from the Local Government Association Peer Review, the Ofsted Single Inspection Framework, the Terms of Reference of the National Review of LSCBs and the DSCB Terms of Reference. The review made 31 recommendations for improvement around quality assurance. Board sub-groups, line of sight to the front line and incorporating the voice of children and young people. The Board have progressed these and put in place the following as a direct result:

- Annual accountability reviews for Board members and sub-group chairs
- More child focused Board agendas
- Focus on partner challenge with records kept in the form of a challenge log
- Business plan focused on two central obsessions
- Data and analysis included in the Board annual report

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\(^{2}\) Working Together to Safeguard Children 2015: [http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children](http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children)
DESIGNATED PROFESSIONALS

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of DSCB activities, these designated roles have continued to demonstrate their value during 2016/17. Dorset Clinical Commissioning Group (CCG) continues to demonstrate strong local leadership, driving the safeguarding agenda pan-Dorset. As committed partners, the CCG has invested in robust quality assurance for safeguarding arrangements. The Designated Nurse is part of key national work streams, consultations and audits, including the implementation of the Wood Review recommendations and the Children and Social Work Act. Dorset recognises safeguarding as a high priority for their organisation. Robust arrangements are in place, in line with relevant legislation, statutory guidance and best practice. The team comprises of Designated Nurse Leads and Doctors for adult and child safeguarding, ensuring full compliance with the statutory roles required. The Designated Nurse and Named GP are members of the Child Death Overview Panel, which is chaired by a public health consultant. This aids triangulation back in to the commissioning of front line services. The designated professionals play a key part in clinical decision making across the organisation, work closely with local health providers to influence thinking and, where improvement is required, support change in front line clinical practice. Dorset CCG has invested in a team of 3 Named GPs, as well as ensuring each GP practice has a lead GP for child safeguarding. The recent Section 11 Audit carried out by all GP practices showed a high level of compliance, leading to key work streams and areas for development. The Designated Nurse has continued to support:

• Training and multi-agency staff development in areas such as Fabricated and Induced Illness
• Development and learning from Serious Case Review

• Leadership of partnership learning and driving improvement and quality of reports.

RELATIONSHIPS WITH OTHER BOARDS

There is a clear expectation that LSCBs are highly influential strategic arrangements that directly influence and improve performance in the care and protection of children. There is also a clear expectation that this is achieved through robust arrangements with key strategic bodies across the partnership. During 2016/17, engagement continued with the Safeguarding Adults Board, the Children’s Trust, the Community Safety Partnership and the Health and Wellbeing Board. There were also additional opportunities for the DSCB to interface with elected members through the Local Authority scrutiny functions. All of these partnerships agreed their working relationship through a Dorset Partnership Agreement. This sets out the interface across these forums to ensure clarity of strategic alignment and management of risk. From the DSCB’s perspective, this helps ensure that the voice of children and young people and their need for safeguarding is kept firmly on the agenda in terms of multi-agency work involving vulnerable adults, health and wellbeing and the local response to crime.

In the Ofsted Single Inspection Framework review of the DSCB in 2016, it was noted that “It is not providing sufficient challenge and leadership at a strategic level, working with the Health and Well-being Board, as statutory guidance directs, or with partner agencies through the Dorset Children’s Trust.” The DSCB responded to this by:

• Establishing DSCB representation on other partnership boards
• Formally inviting other partnerships to the Board planning day
• Inviting other partnerships to inform Board obsessions and aligning these with the priorities of other partnerships through their strategic planning

1 https://www.dorsetlscb.co.uk/download/10962/
4 http://reports.ofsted.gov.uk/local-authorities/dorset
The DSCB is represented on the new pan-Dorset Community Safety and Criminal Justice Board, for which the terms of reference state: “to contribute to the implementation of both the Safeguarding Adults Board and the Local Safeguarding Children’s Board strategies by ensuring that all work undertaken by the CSCJB demonstrates clear links with the wider safeguarding agenda.”

Bournemouth and Poole LSCB
The DSCB works closely with the Bournemouth and Poole LSCB through a joint Independent Chair and pan-Dorset partners (such as Police and Health). The geography and demographics of the county of Dorset mean that agencies operate across local authority boundaries and beyond in the case of Police and South West Ambulance Trust.

A number of the sub groups carry out the work of the Board, and have collective membership from both LSCBs and report to both Boards, which is a practical solution for pan-Dorset members and enables sharing of practice. This includes the Policy and Procedures Group which has established pan-Dorset procedures covering both LSCBs, which are included on both websites.

The Dorset and the Bournemouth and Poole LSCBs collaborated on a number of projects in 2016/17 in order to become more efficient and streamlined:

- The majority of sub-groups are now facilitated and represented pan-Dorset
- A new joint neglect strategy has been completed and launched
- Joint annual conferences were held in March 2017 in respect of assessing risk
- The joint performance management framework has been revised

Multi-Agency Safeguarding Hub (MASH)
In 2016/17 the DSCB continued to support the development of a pan-Dorset Multi-Agency Safeguarding Hub (MASH). The MASH has been established to provide a model of intelligence sharing between safeguarding partners in order to create an environment within which safeguarding decisions can be based upon the best available information.

It is a multi-agency partnership and sits within its own discreet organisational structure with staff co-located from Police, Health and Social Care at Poole Police Station and from April 2017 will provide a service to Dorset County, Poole and Bournemouth Councils. Co-location has enabled multi-agency staff to more easily share information and develop operational strategies in order to best respond to the needs of children and families.
BOARD MEMBERSHIP AND ATTENDANCE
The Board met six times, including a business planning session, during 2016/17 and had a membership made up of representatives from all statutory partners and others concerned with safeguarding children.

Independent Chair 100% attendance
0-19 Voluntary Sector Youth 100% attendance
Bournemouth Churches Housing Association 83% attendance
Christchurch Borough and East Dorset District Councils 16% attendance
Designated Doctor for Safeguarding 83% attendance
Designated Nurse Consultant for Safeguarding 88% attendance
Dorset Association of Secondary Headteachers 50% attendance
Dorset Clinical Commissioning Group 83% attendance
Dorset County Council Adult and Community Services 100% attendance
Dorset County Council Cabinet Member for Children 66% attendance
Dorset County Council Children’s Services 100% attendance
Dorset County Hospital NHS Foundation Trust 83% attendance
Dorset, Devon and Cornwall Community Rehabilitation Company 0% attendance
Dorset Healthcare University NHS Foundation Trust 100% attendance
Dorset Police 100% attendance
Dorset Youth Offending Service 83% attendance
Lay Members 66% attendance
National Probation Service 66% attendance
North, West and Weymouth & Portland Tri-Council 83% attendance
NHS England 33% attendance
Purbeck District Council 83% attendance
South West Ambulance Service NHS Trust 50% attendance

The Board continued to experience good attendance during 2016/17 with new members adding additional value to coordinated partnership working

The DSCB Chair has acknowledged that some smaller organisations have struggled with regular attendance and the Board will consider this in discussions following the Governments National Review of LSCBs. The DSCB holds meetings based on a quoracy of 75% attendance.

✓ The DSCB chair has continued to lead an accountability review process in 2016/17. This enables the chair to work with members to ensure effectiveness, accountability and challenge. Self-evaluations were undertaken and members met with the chair to discuss their development and support needs and provided an opportunity to enhance partnership commitment.
The Board Structure

- Health & Wellbeing Board
- Community Safety Partnership
- Safeguarding Adult Board
- Bournemouth and Poole LSCB
- Overview & Scrutiny Panels
- Strategic Alliance for Children & Young People

**Dorset Safeguarding Children Board**

**Pan-Dorset Chairs Sub Group**

- E-Safety and Anti-Bullying
- CP
- LAC

**Pan Dorset Sub Groups**

- Serious Case Review
- Policy & Procedures
- Strategic Training
- Quality Assurance
- Child Death Review
- Child Sexual Exploitation, Missing & Trafficked
Having the right finances to deliver impact is key

Dorset Board Budget

Partner agencies continued to contribute to the Board budget for 2016/17, in addition to providing a variety of resources such as staff time and free venues for meetings and events. Contributions totalled £163,669 from 12 organisations plus an underspend carried forward from 2015/16 of £9,981. Of this total budget of £173,650, expenditure totalled £175,307 resulting in an overspend of £1,667 which was due to the costs incurred of a change in chairing arrangements in year.
Pan-Dorset Training

The DSCB in collaboration with the Bournemouth and Poole LSCB Offers a central training offer in 2016/17. The function is supported financially by partners and hosted by Dorset County Council.

<table>
<thead>
<tr>
<th>Income</th>
<th>£</th>
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<tbody>
<tr>
<td>Fees and Charges</td>
<td>101,091</td>
</tr>
<tr>
<td>Course fees + income from academies</td>
<td>69,560</td>
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<tr>
<td>Additional income</td>
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<tr>
<td>Total</td>
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Expenditure

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<th>£</th>
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<tr>
<td>Travel</td>
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<tr>
<td>Management fee to DCC</td>
<td>5641</td>
</tr>
<tr>
<td>Cost of venues</td>
<td>105,981</td>
</tr>
<tr>
<td>Total</td>
<td>170,644</td>
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*off to 17/18  15,360

Pan-Dorset Child Death Review

The pan-Dorset function is funded by the three Local Authorities and hosted by Dorset County Council. Police and Health partners provide trained designated professionals to undertake the statutory function as set out in Working Together to Safeguard Children 2015.

<table>
<thead>
<tr>
<th>Income</th>
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<tbody>
<tr>
<td>DCC</td>
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</tr>
<tr>
<td>BPC</td>
<td>21.64%</td>
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<tr>
<td>BBC</td>
<td>27.82%</td>
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<tr>
<td>Total</td>
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Expenditure

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<td>Running Costs</td>
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</tr>
<tr>
<td>Total</td>
<td>39,964</td>
</tr>
</tbody>
</table>

*off to 17/18  4,036
Our Lay Members have played an important role supporting stronger public engagement and understanding of children’s safeguarding issues.

**WHAT OUR LAY MEMBERS SAY**

The attendance of the Board’s Lay Members at Board meetings and a variety of other forums has been key to offering a different perspective, helping everyone to stay in touch with local realities and the issues of concern in our communities.

*I have been a lay member of the DSCB for 3 years. The lay members are the “voice of the community” on the DSCB. We provide challenge to the Board to assist it to strengthen the systems for safeguarding the children of Dorset. My background in the health service helps me to undertake this important role and also to contribute to the work of the Child Death Overview Panel as a lay member.*

– Gill Fozard
Voluntary, Community and Faith Groups in Dorset

In Dorset there is active involvement and representation on the DSCB from the voluntary sector. This is arranged via the 0-19 VCS Forum Board which brings together voluntary, community and faith organisations working with children, young people and their families across Dorset.

The purpose of the 0-19 Forum is to promote the effective involvement of the Third Sector in the planning, development and delivery of services across Dorset. The term ‘Third Sector’ includes: Voluntary and Community Sector; Social Enterprises (i.e. businesses that have primarily social objectives, and whose profits are reinvested in the business rather than distributed to shareholders); Mutuals and Cooperatives (membership-based organisations run on a democratic basis for the benefits of their members).

This is achieved by:

- Providing a strategic overview of third sector involvement in children and young people’s services across Dorset.
- Providing formal arrangement for third sector reps to be accountable to the sector: providing a means of communication and consultation and overseeing the process of electing third sector reps
- Providing opportunities for the third sector to discuss matters of shared interest, form working alliances and information sharing relating to local, regional and national developments
- Maintaining and developing the relationship between the third sector and the statutory sector
- Sustaining and developing the capacity of the third sector
- Co-ordinating and raising the profile of the third sector

There are two members of the 0-19 VCS Forum represented on the Safeguarding Board itself and there are several other members involved in the work of the DSCB sub-groups such as e-safety and quality assurance. Voluntary sector representatives attend all DSCB meetings and within 14 days of that meeting, compile a report on the meeting content along with any action or consideration points for voluntary and community groups. This report is discussed at the 0-19 forum board and any areas for action taken forward.
3. Review and Inspection

The Ofsted Inspection of the DSCB made conclusions as to the Board’s effectiveness

The purpose of the Ofsted Inspection of Children in Need of Help and Protection, Children Looked After, Care Leavers and LSCBs under the Single Assessment Framework was to focus on the effectiveness of services and arrangements to help and protect children as well as the experiences and progress of looked after children, including adoption, fostering, the use of residential care and children who return home.

The report produced in 2016 made a number of recommendations to which the DSCB has responded in 2016/17. The following work has been completed:

- A new pan-Dorset Quality Assurance Group established to oversee a revised Performance Management Framework. Chaired by the Clinical Commissioning Group and contributed to by statutory partners. Data analysts also engaged to analyse quarterly data and support audits.
- A framework for challenge by partners has been drawn up and a challenge log developed which is now monitored by the Board quarterly.
- An annual Accountability Review of Board Members commenced to determine their and their agency’s effectiveness.
- A Governance Review was completed with an implementation plan covering 5 themes; quality assurance, line of sight to frontline, voice of the child, sub-groups and the board. This implementation plan was monitored and completed by the Board in year.
- A ‘deep dive’ audit was completed in respect of the Board obsession around children looked after by the local authority. The Board took action on the findings from that audit through the work of the pan-Dorset Quality Assurance Group.
- Relationship with Adults Board strengthened through joint meetings between the two Board chairs and joint business meetings with Board officers.
- Communication systems have improved enabling officers who attend other Boards and Partnerships to report back into the DSCB at every meeting.
- 14 half day SCR training sessions were delivered in summer 2016 and a new delegate evaluation form was used enabling pre and post training to be measured.
• Monthly e-newsletters are distributed across agencies providing reminders and updates on the outcomes from SCRs and other Board work.
• A 6 month follow up evaluation of safeguarding training courses now takes place. Evaluation forms reference how practitioners have made practice change.
• Pan-Dorset SCR learning transfer project completed. A joint collaboration with the B&P LSCB and both Safeguarding Adults Boards agreed how to implement consistent methods of sharing learning and assuring the impact on practice.
• Quarterly reporting now undertaken on the DSCB website and on the pan-Dorset Tri-X Procedures to confirm an increase in traffic following a campaign or review.
• The SCR group has a more proportionate view of cases referred for SCR in order to ensure that relevant learning outcomes are shared in the most impactful way. The SCR group now takes a more thematic, risk based approach.

Areas identified for further work in 2017/18:

• Report card for each Board obsession to be completed quarterly and scrutinised by the Board. Board to evaluate outcomes for that quarter and agree areas requiring SMART action.
• Focus groups to be held with multi-agency professionals in order to understand how practice is changing in respect of each Board obsession.
• To better incorporate the views of children and families in all multi-agency case audits.
• To ensure that professionals from all agencies are more engaged in the auditing process directly and their reflection influences the outcomes of those audits.
4. Learning, Improvement and Quality Assurance

To quality assure and monitor the effectiveness of safeguarding practice and systems by partner agencies individually and collectively.

The Quality Assurance (QA) and Scrutiny functions in 2016/17 have been led by a newly established QA sub group, which met for the first time in October 2016. The group works across Dorset, Bournemouth and Poole. The establishment of a pan Dorset function was identified by both Boards as an area for collaboration to make the best use of resources and to provide a more holistic overview of quality assurance across both Board areas. The Dorset Safeguarding Children Board and Bournemouth and Poole LSCB Performance Frameworks have been reviewed throughout the year to develop a pan Dorset approach, which has provided the basis for robust analysis, question and challenge between partners of the key elements of multi-agency practice and impact.

Three types of information have been used:

- **Core data**: The core data has been reviewed at the end of each quarter during 2016/17. The analysis of data by operational managers has begun to improve during the latter part of the year. In addition the data has been analysed by independent analysts prior to submission to QA and Boards. This has provided improved assurance and visibility regarding trends, performance across partners and spotlighting areas for further action or challenge. The data is key to the Board in measuring the effectiveness of agencies in safeguarding children and young people.

- **Audits** undertaken in the last year have included Neglect, Section 11 audit in primary care and Looked After Children.

- **Performance Reports**: Performance reports presented during the year have included: Private Fostering, Substance Misuse Services, Early Help, CSE, Missing and Trafficked Children, Domestic Abuse, Child Protection and Children in Need, Allegations Management, Looked After Children, IRO Reports, Safeguarding in Education.

Where there were areas for challenge, there were reported by exception to the Board.

The main areas for multi-agency quality assurance work and development in the coming year include:

- Effective transition to refreshed core data set, using new means of data analysis.
- Development and systematic use of performance Score Card headline data linked to the previous point.
- Implementation of a new audit framework linked to the Board priorities or obsessions.
- Overview of report cards completed each quarter by the priority/obsession sub group lead.
- Completion of Section 11 Audit to provide assurance to the LSCB that effective safeguarding arrangements are in place at operational levels in line with the “safeguarding is everyone’s business” commitment.

**SERIOUS CASE REVIEW**

Between January 2016 and March 2017 the DSCB considered 12 cases for a Serious Case Review or a Serious Case Audit. Of these:
• 3 SCR’s were commissioned
• 3 Serious Case Audits were commissioned
• 6 cases were concluded as no further action at initial panel stage

The DSCB used a systemic model of review for these cases, involving direct input from practitioners in order to understand the context of the organisation and the perspective of the individual as to why work was undertaken in a particular way. All of these reviews also involved the child (if appropriate) and families in order to understand their perspective of how agencies were working with them.

learning documents were joined up to enable professionals to understand the systemic overview of the learning points. 12 multi-agency training sessions were also held in order to directly deliver the messages from Reviews and these were attended by 355 professionals in summer 2016.

Of these Reviews:
• 50% of cases involved the sexual abuse of teenage girls
• 33% of cases involved the physical abuse of children under the age of 5 and half of these resulted in the death of the child
• 16.5% of children were neglected
• 16.5% of children were living with domestic abuse
• 16.5% of cases involved the death of a parent
5. Communication and Voice of the Child

Progress has been made in the way the DSCB communicates with stakeholders:

- A well-used website with increasing visitor statistics
- A new joint e-newsletter from the DSCB, Dorset Safeguarding Adults Board, Bournemouth and Poole LSCB and the Bournemouth & Poole Adults Safeguarding Board which is distributed monthly to over 3000 professional
- Sharing of resources such as procedure update e-briefings, leaflets and posters for safeguarding and CSE and thresholds guidance
- Campaigns to highlight particular issues such as a neglect awareness week which was held in January 2017. This was a pan-Dorset campaign aimed at increasing public awareness and the professional response to neglect. The evaluation of this was positive.

What children and young people have told us…

The DSCB has heard from children and young people directly on a numbers of areas in 2016/17. This has been through attending a Board meeting, conference or other event in order to share their experiences, challenges around service provision and suitability of services. Some of these include:

- The Young Researchers who completed a ‘Being Safe Survey’ in 2016. This was followed by a question and answer session with the Board. Much centered on the emotional well-being of young people in school and bullying.
- The Young Inspectors who worked with partners in health to shape the Child and Adolescent Mental Health Services (CAMHS) provision following a review of the new commissioning arrangements.
- Students from Sunninghill School who have successfully implemented the DSCB E-safety standards and were presented with the DSCB E-Safety Accreditation.
- Young Researchers who presented at the Board annual conference on their work on transition and what the impact is for a young person receiving services when the move from childhood into adulthood
6. Dorset Safeguarding Snapshot 2016/17

- 16,111 Contacts made with Social Care 35% of these needed ongoing work
- 2,400 Children in need were given support
- 415 Children had a Protection Plan
- 483 Children came into care
- 208 Children left care
- 20 Children were adopted

Children were present in 28% of all domestic abuse incidents

- 34 cases where children abused their parents
- 4 cases of suspected or known honor based violence reducing from 16 in 2015/16

There were 609 incidents where children were reported as missing

- 77,100 Children under 18 18.5% of total population

- 49 children identified as at risk of or suffering child sexual exploitation
- 720 children and young people aged 0-24 years were admitted to hospital as a result of self-harm

- 100% of young people who were first time entrants, did not commit further offences following work from the youth offending service (in the 12 months following case closure)
- 91% of eligible two year olds are in free early years provision 19% 23% increase on last year

14% of Dorset children are living in poverty

Children & Young People from minority ethnic groups account for 6.5% of school children in Dorset
7. Dorset Safeguarding Context

This section describes the geography, economy and demographics of Dorset, local levels of deprivation and poverty and presents data on children’s needs and service provision. This is essential information for the Board in understanding what services children need locally and how the Board can best support and challenge agencies who provide these services.

Geography and economy
Dorset is a large county on the south coast. Much of the county is rural, with small market towns and seaside towns. The largest towns, Bournemouth and Poole, are separate unitary authorities so do not fall within the Dorset County area. Weymouth and Christchurch are the largest towns within Dorset and the local authority is organised into district councils: Christchurch and East Dorset District Council, Purbeck District Council and the Tri-Council Partnership made up of North Dorset, West Dorset, Weymouth and Portland. The rural geography and small town make-up of the area may mean that some families find it difficult to access services.
People in Dorset are employed in tourism, agriculture, manufacturing and the service sector. There is also a military presence, with bases in the west of the county.
Average weekly earnings in the South West are £500.00. In Weymouth & Portland this is lower at £488.

Population
In March 2017, there were an estimated 68,585 young people aged 0 to 18 living in Dorset. 27% of those were aged 0 to 4 years, with 64% aged 5 to 15. The number of 0-4 year olds is expected to increase slightly but the number of 5-15 year olds will increase from about 49,090 in 2017 to 52,122 in 2027 (0.6% pa).
Deprivation and poverty

Children who are living in poverty or deprivation are more likely to be at risk or need additional services and to have poorer outcomes. Higher levels of poverty and deprivation will present challenges for service provision across all agencies in Dorset.

In Dorset the level of child poverty is highest in Weymouth and Portland, at 45% (after housing costs) and lowest in East Dorset at 17% although Three Cross and Potterne Ward in East Dorset has a third of their children living in poverty.

Top 10 Wards for Child Poverty in Dorset

<table>
<thead>
<tr>
<th>District/Borough</th>
<th>Ward</th>
<th>BEFORE HOUSING COSTS</th>
<th>AFTER HOUSING COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weymouth &amp; Portland</td>
<td>Underhill</td>
<td>29.1%</td>
<td>44.9%</td>
</tr>
<tr>
<td>Weymouth &amp; Portland</td>
<td>Melcombe Regis</td>
<td>26.2%</td>
<td>42.2%</td>
</tr>
<tr>
<td>Weymouth &amp; Portland</td>
<td>Littlemoor</td>
<td>24.5%</td>
<td>38.6%</td>
</tr>
<tr>
<td>West Dorset</td>
<td>Marshwood Vale</td>
<td>27.0%</td>
<td>38.6%</td>
</tr>
<tr>
<td>West Dorset</td>
<td>Sherborne East</td>
<td>26.0%</td>
<td>39.5%</td>
</tr>
<tr>
<td>Purbeck</td>
<td>Langton</td>
<td>25.6%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Christchurch</td>
<td>Grange</td>
<td>23.3%</td>
<td>36.6%</td>
</tr>
<tr>
<td>East Dorset</td>
<td>Three Cross and Potterne</td>
<td>21.7%</td>
<td>33.5%</td>
</tr>
<tr>
<td>West Dorset</td>
<td>Lyme Regis</td>
<td>21.1%</td>
<td>31.7%</td>
</tr>
<tr>
<td>Purbeck</td>
<td>Lychett Minster and Upton East</td>
<td>20.6%</td>
<td>31.5%</td>
</tr>
</tbody>
</table>

Housing costs increase poverty by approximately 10%. The proportion of children in poverty in Dorset has increased since 2013. Nine neighbourhoods in Dorset fall into the top 20% nationally for income deprivation (up from five in 2010) - seven of these are in Weymouth and Portland.

There are twelve areas (out of a total of 249) in Dorset within the top 20% most deprived nationally for multiple deprivation, down from 13 in 2010.

41% of Dorset’s population lives in rural areas. Barriers to housing and essential services are significant in Dorset reflecting rurality and distance from services. 67 Dorset neighbourhoods fall into the 20% most deprived nationally for this measure. 21 are in West Dorset and 20 in North Dorset.
There are challenges for services in responding to this local picture of considerable affluence in some areas – though some children in affluent communities may still have additional needs – whilst supporting good outcomes for children in areas where there are higher levels of poverty or deprivation.
This section sets out the data used by the Board on the number of children supported children’s services in Dorset in order to understand their needs and best ensure the quality of the services they receive.

**Contacts and Referrals**
In Dorset there were 16,111 contacts during 2016/17. This resulted in approximately 5,203 referrals to children’s social care of children in need, a rate of 32% contact to referral progression. This is a higher rate than other similar authorities (Statistical Neighbours) and is an increase on last year’s rate. This increase may, however, be attributable to the creation of the Multi-Agency Safeguarding Hub (MASH) in September 2016.

**Children in Need**
At the end of 2016/17 there were approximately 2,400 children in need receiving services from Dorset children’s social care. This is a rate of 311 per 10,000 children in Dorset, above the figure for similar authorities in the previous year of 294 but below the regional average of 322. The rate of children in need receiving services has now decreased over the last two years, despite the increase in referrals.

So although the rate of referrals is high, the rate of children who were receiving a service at the end of 2016/17 was below the regional average.

**Child Protection**
Where children or families have a higher level of need, they may become the subject of child protection plans. The rate of Dorset children subject to this higher level of intervention has risen year on year for the last four years, and is higher than the average for other similar authorities. At 31 March 2017 the number of children who were the subject of child protection plans was 415. This is a rate of 53 per 10,000 children, much higher than other similar authorities, where the average was 37 in the previous year. So although the number of children in need receiving services in Dorset is in line with similar authorities, more children in Dorset have been assessed as needing the multi-agency protection and support provided by a child protection plan.
Children in Care

Some children will need to enter care (become looked after by the local authority). Dorset's rate of children in care was stable in 2012/3 and 2013/14, and in line with other similar authorities. Since 2014/15 the rate has continued to increase and in 2016/17 the number was 483, a rate of 62 per 10,000 children. This is much higher than the average for other similar authorities of 48 (15/16).

Domestic Abuse

Just over 5,500 domestic abuse incidents were reported to the police in Dorset in 2016/17, with 28% of these taking place with children present. Of course some children who were not actually present during domestic abuse incidents will still be affected by domestic abuse in the family.

Children who are Disabled

344 children in Dorset received services through the Teams for children who are disabled. 16% of children in Dorset are recorded in the 2017 school census as having special educational needs. The national figure is 14%.

Youth Justice

Where young people in Dorset do offend, a lower percentage of them re-offend. For 2016/17, 100% of First Time Entrants did not commit further offences for which they received a substantive outcome in the 12 months following a YOT intervention.

Injuries

In Dorset the rate of children admitted for injuries fell slightly – the actual number of children aged 0-24 admitted to hospital for unintentional or deliberate injuries was 720 for 2016/17 compared to 728 in the previous year. This rate remains above the figure for similar authorities.
Early Help

Research shows that intervening early to support children and families who are struggling, before their level of need becomes high enough to require intervention from statutory services, can prevent problems developing and improve outcomes for children.

In Dorset, the local authority aims to provide preventative services to vulnerable children through Children’s Centres. At the end of March 2017 over 9,500 vulnerable children were receiving services through Children’s Centres (41% of all children engaged with Children’s Centres).

A key measure of the success of early help and outcomes for all children and young people is the proportion of young people aged 16-19 who are Not in Employment, Education and Training (NEET). In Dorset, 3% of this age group are NEET. This figure has fluctuated over the last four years, but shows an improvement since 2012/13. It is in line with the figure for similar authorities of 4.1%.

Dorset does well in ensuring it knows the NEET status of almost all its young people. In 2016/17 it did not know the status of 3% of 16-19 year-olds, compared to 9% for similar authorities.

Children at Risk of Sexual Exploitation

The Dorset Safeguarding Children Board closely monitors children who may be at risk of sexual exploitation (CSE). This is a form of child abuse in which children and young people aged under 18 are persuaded or forced into sexual activity in exchange for money, drugs or alcohol, affection, status or other things. It does not always involve physical contact and may take place online.
The total number of children and young people in Dorset identified by services as experiencing or at risk of child sexual exploitation has decreased from 71 at the end of 2015/16 to 49 at the end of 2016/17. The number of those children who were identified as at significant or moderate risk (as opposed to mild or minimal risk) deceased over the same period from 21 to 17.

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><em>dorset</em></strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant risk</td>
<td>14</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Moderate risk</td>
<td>14</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Mild risk</td>
<td>19</td>
<td>29</td>
<td>16</td>
</tr>
<tr>
<td>Minimal risk</td>
<td>4</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td><strong>total</strong></td>
<td>51</td>
<td>71</td>
<td>49</td>
</tr>
</tbody>
</table>

Services in Dorset also monitor the number of _alleged perpetrators being charged_ as a result of an allegation of CSE. In 2016/17 this was 4.

In some cases of CSE a group or gang, or multiple perpetrators, may be alleged to be involved. In 2016/17 this was a very small number (suppressed for data confidentiality reasons).

**Children Missing from Care or Education**

Children and young people in care who go _missing_ from their placements are at risk and likely to have poorer outcomes.

In Dorset in 2016/17, 102 children in care went missing, with a total 273 separate incidents of missing. This is an increase in the number of individual children going missing from 44 in the previous year and 25 three years ago. This is likely to be a result of increased awareness and better recording by services.
Services have a responsibility to offer children who go missing a return-home interview, to see what can be done to prevent them going missing again. The number of interviews completed in Dorset has fluctuated over the past three years, but shows an overall increase.

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of incidents of looked after children reported as missing</td>
<td>128</td>
<td>169</td>
<td>153</td>
<td>275</td>
</tr>
<tr>
<td>Number of looked after children reported as missing in the above incidents</td>
<td>28</td>
<td>25</td>
<td>44</td>
<td>102</td>
</tr>
<tr>
<td>Number of return home interviews completed</td>
<td>74</td>
<td>42</td>
<td>93</td>
<td>139</td>
</tr>
</tbody>
</table>
8. Progress in Dorset

The Board obsessions for safeguarding in 2016/17 were to ensure that there is efficient, effective and co-ordinated responses to the identified needs of:

- Children in Care
- Children Subject to a Child Protection Plan

The DSCB also focused on progressing work in relation to:

- Sexual Exploitation, Missing and Trafficked Children
- Bullying, E-Safety and Sexting
The partnership response to child sexual exploitation, missing children and children who are trafficked continues to be coordinated through a pan-Dorset Sub-group

“Child sexual exploitation (CSE) is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money or affection as a result of performing sexual activities or others performing sexual activities on them.

Children or young people may be tricked into believing they’re in a loving, consensual relationship. They might be invited to parties and given drugs and alcohol. They may also be groomed and exploited online.

Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs.

Child sexual exploitation is a hidden crime. Young people often trust their abuser and don’t understand that they’re being abused. They may depend on their abuser or be too scared to tell anyone what’s happening.

It can involve violent, humiliating and degrading sexual assaults, including oral and anal rape. In some cases, young people are persuaded or forced into exchanging sexual activity for money, drugs, gifts, affection or status. Child sexual exploitation doesn’t always involve physical contact and can happen online.”

Child Sexual Exploitation has received a significant of media attention over the years. So too has the risk of children going missing or being trafficked. These areas continue to be a priority for the DSCB and LSCB.

A considerable amount of work has been undertaken in the last year by committed members of the LSCB/DSCB to embed practices that are intended to better identify potential risks of CSE. Pathways and processes that lead to improved information sharing and risk assessments have been adopted which has enabled the LSCB/DSCB to better understand the effect of CSE in the County.

A considerable amount of focus has been given to the response to missing children, specifically the quantity of return home interviews that are being conducted. The LSCB and DSCB understand the importance of the return home interview and have applied considerable scrutiny to the volume of interviews conducted. Working closely with local authorities and commissioned services the LSCB/DSCB continues to monitor the completion rate of the return home interviews.
The LSCB has also supported the development of an escalated meeting structure focussing on children that are most vulnerable to CSE, Trafficking and missing episodes. The LSCB/DSCB members have worked tirelessly to develop consistency across the County, developing a culture of professionals challenge at practitioner and management level to ensure that the safeguarding of a child is prioritised.

- The LSCB/DSCB have continued to focus on CSE, Missing and Trafficked Children.
- In the last year the Sub Group has applied scrutiny to the volume of return home interviews that are being conducted by Local Authorities and commissioned services.
- Implemented changes that were identified from a multi-agency audit of CSE within Dorset.
- Challenged process that inhibited the sharing of information that could safeguarding children at risk of CSE.
- Developed multi-agency forums to review the children most at risk of being reported missing.
- Commenced development work to report on a qualitative outcome framework to capture the voice of the child affected by CSE or missing episodes.
- Promoted CSE Awareness Week.
- Supported ROCU CSE practitioner event on 5th April 2017.
- Supported the development of the Dorset Police IMP&CT (Integrated Missing Person & CSE Team) within the MASH.
- Supported the development of the MASH.
- Review pathways for support for children that have been the victim of a sexual offence.
- Supported a hotel watch scheme to raise awareness of CSE.
- Conducted a review of CSE victims to better understand the impact CSE has on boys.

**PRIORITY AREAS**

In the future we will be focussing on:

- How do we prevent CSE?
- How do we identify CSE (risk factors – including Missing Persons)?
- How do we respond to CSE and Missing Children?
Children and young people in Dorset should be safe online and feel safe from bullying, confident that adults will listen to them and address all incidents

BULLYING, E-SAFETY AND SEXTING
To ensure that member agencies and partners of the DSCB, as well as other settings in which children and young people access the internet and other web based technologies, have in place policies, procedures and practices that enable children and young people to use these technologies safely.

To ensure that member agencies and partners of the DSCB, as well as other settings where children and young people come together, have in place policies, procedures and practices that enable them to feel safe from bullying.

The E-Safety and Anti-bullying sub-group has continued to support schools in implementing their e-safety strategies and action plans and spreading good practice using the South West Grid for Learning 360 Online tool. An enhanced training about sexting has been developed and is now being used by professionals and young people.

The Safer Schools and Communities Team has delivered E-safety education to young people, parents and professionals.

- We continued to roll-out an E-Safety Accreditation Scheme. This is to recognise schools and organisations who are doing a good job in safeguarding their young people in relation to E-safety. Organisations are asked to provide evidence as to why they feel they should be awarded according to the criteria for the scheme. The group verify all applications and a visit is made. More accreditations were achieved during the year and a further push will be made in 2017-18.

- Plenty of good practice is taking place in Dorset. The Anti-Bullying Ambassador programme has continued to equip young people to be a point of contact with their peers about bullying in school environments. Colfox School and Budmouth Technology College have led the way and have been recognised nationally for their work.
9. Child Death Overview Panel

The Pan Dorset Child Death Overview Panel continues to undertake its role with sensitivity and has identified and implemented a range of recommendations that are improving child safety and welfare.

The Child Death Overview Panel (CDOP) enables the DSCB and the Bournemouth & Poole LSCB to carry out their statutory responsibilities relating to child deaths.

**CDOP FACTS AND FIGURES 2016/17**

- 362 children have died in Dorset, Bournemouth and Poole since April 2008
- 42 deaths were notified during the year, a slight decrease from 44 the previous year
  - 23 were resident in Dorset
  - 14 were resident in Bournemouth
  - 5 were resident in Poole
  - 2 were resident outside the county
- 26 deaths were expected and 17 were unexpected
- 24 deaths were dealt with at Poole Hospital and 19 at Dorset County Hospital
- CDOP met on 6 occasions and reviewed 42 deaths

**Categorisation**

There is a requirement on CDOP to categorise each death. The data over the last five years (176 deaths) illustrates the following percentage in each category

- Perinatal/neonatal event: 32%
- Chromosomal, genetic and congenital anomalies: 20%
- Sudden unexpected, unexplained death: 12%
- Malignancy: 10%
- Acute medical or surgical condition: 8%
- Trauma and other external issues: 7%
- Suicide or deliberate self-inflicted harm: 5%
- Infection: *
- Chronic medical condition: *
- Deliberate inflicted injury, abuse or neglect: *

* 6% were in these three categories. To avoid identification, the percentages under 5 are not shown.
CDOP is also required to categorise the preventability of a death by considering whether there were factors which may have contributed to the death of the child and if so, whether these could be "modified" to reduce the risk of future child deaths. During 2016/17 CDOP identified modifiable factors in 10 of the 42 deaths reviewed and represents 24% of cases reviewed which matches the national average. There were a range of modifiable factors identified:

- Maternal smoking during pregnancy is a factor as it raises the risk of pre-term birth. Smoking in the household is a high risk factor in Sudden Infant Death Syndrome (SIDS). Research suggests whilst this risk factor reduces in Sudden Unexplained Death in Children (SUDC), it is still a risk. Smoking by parents, alcohol/substance misuse, co-sleeping and unsafe sleeping environments were also identified as modifiable factors.
- The Panel highlighted the importance of health professionals correctly recognising or suspecting the onset of labour to ensure potential pre-term babies are delivered in the most appropriate locations, attended by the right staff with the right equipment available as modifiable factors.
- Accidents in the home featured during the year with the Panel identifying the importance of prompt repairs to faulty mechanical equipment and homeowners recognising the dangers to young children from unstable heavy furniture.
- Mental health and wellbeing in young people were issues identified by the Panel. The Panel expressed concerns around existing capacity to address the growing need for services to address the emotional health of young people. However it was acknowledged that there is an ongoing review of mental health services by Dorset HealthCare. The final factor of concern to the Panel was the lack of support to young people following a termination of pregnancy.

**CDOP Impact 2016/17**

**Improving child safety, child welfare and the CDOP process**

**Regional/National CDOP**

Members of the Pan Dorset CDOP are very supportive of regional and national events where opportunities exist for networking, learning and sharing of best practice. Six members attended the 2017 National CDOP Conference in Birmingham. The CDOP Manager retains his position on the Executive Committee of the National Network of CDOPs. The South West Region CDOP Coordinators Group continues to meet on a quarterly basis and now holds joint meetings with the South East Group. The Pan Dorset CDOP was represented at two Stakeholder events organised by NHS England as part of the consultative process pending the passing of legislation to transfer responsibility for the child death review process from the Department for Education to the Department of Health.
Recommendations Arising from CDOP

CAMHS

The Panel expressed concerns around the opt-in system of appointment letters sent from CAMHS to parents of children and young people. Parents can refuse/fail to engage which can deny children and young people access to the treatment they need and GPs are failing to be notified of cases closed to CAMHS. It was raised that the young person is not given the opportunity to engage directly. The Interim Chair discussed the Panel’s concerns directly with the commissioning lead for CAMHS and it is hoped these concerns are taken into consideration. The current Pan Dorset Integrated Emotional Health and Wellbeing Services Policy (CAMHS) addresses these concerns by stating: “in situations where the family have not engaged the referrer will be contacted to establish any risk factors and agree what further action needs to be taken and that the referrer and GP must be notified when a case is closed”.

Personal Healthcare Budgets (PHB) and Continuing Health Care (CHC)

In a small number of cases reviewed by the Panel quality assurance issues were identified in relation to continuing health care packages and personal health budgets exist. Delays had been experienced and concerns had been expressed about the general quality and competency of carers to undertake end of life care. Some carers lacked the necessary clinical skills and have to be trained by nursing staff, who must bear the ultimate responsibility should anything go wrong. It was agreed by the Panel that the interim Chair would highlight the concerns to the CCG and the provider concerned, and that ultimately the issue would be flagged to the LSCBs. The quality and timeliness of provision of care packages identified with the preferred provider have been addressed with a focus on contract and performance monitoring by the CHC commissioning team. Where the provider identifies they are unable to fulfil the requirement at the outset, other providers are now commissioned immediately to fill the package. As a consequence, the need to move packages to a PHB to meet this shortfall has ceased, a PHB is now offered if the family wish it to be used to manage the care. Work is continuing, through the contract monitoring process, to ensure that all training requirements for the staff are met, for all care providers engaged in delivery care for CHC funded patients.

Safe Sleeping Advice to Health Professionals

The Panel considered it appropriate for health professionals to reinforce the safe sleeping advice to new parents and as a result of SCR N, contracts with Health Visitors were revised to improve oversight of safe sleeping arrangements and a further awareness raising drive was undertaken. The Panel’s GP representative prepared an article for GP colleagues which was published in the local GP bulletin. Similar advice was produced by the Dorset HealthCare representative to target the perinatal service for mothers with mental health issues. The Black and Minority Ethnic Safeguarding Forum were consulted and suggested further distribution of information to clinicians who may deal with parents experiencing post-natal depression and GPs undertaking the 6 week baby check.
Police Family Liaison Officer Training

CDOP training was given to Family Liaison Officers (FLO) to highlight the requirements of the child death review process together with bereavement support for families. This aims to reduce the risk of communication break down, identified in CDOP review and supports partner agencies in understanding the purpose and process of CDOP.

Local Learning implemented

CDOP recognises the significant number of individual actions and improvements identified in the Local Case Reviews. These are implemented and result in improved delivery of services. Sharing this in a Pan-Dorset CDOP allows learning to be disseminated beyond one provider.

Contribution to research studies

Sharing of Data with the National Confidential Inquiry into Suicide

The University of Manchester has been commissioned and funded by the Healthcare Quality Information Partnership (HQIP), on behalf of NHS England to conduct a study with the following aims:

- to describe the characteristics of young people in the general population who die by suicide and those young people that die whilst in the care of mental health services;
- to investigate the antecedents of suicide for these two groups;
- to establish the impact factors such as abuse, bullying, and social media have on young person suicide.

The Panel elected to contribute anonymised data in support of the study and to use the findings published in the future to inform services’ approaches and responses.

Oto Acoustic Signals Investigation Study (OASIS)

Professor Peter Fleming from the Centre for Child and Adolescent Health at the University of Bristol is leading on this research project. This study is an innovative new study which could lead to identifying babies and young children at risk of sudden, unexpected deaths, by examining data from the new born hearing screen. The study will investigate whether any feature of the routinely collected new born hearing screen, either alone or in combination with other risk factors, can be used to identify infants at increased risk of unexpected death in infancy and will provide important information about the current risk factors for SIDS.

CDOPs nationally, have been asked to identify families bereaved by SIDS so that they may be signposted to The Lullaby Trust who will seek their permission for the child’s audiometry records to be provided to the study. Locally, families will be signposted to The Lullaby Trust through the Gully’s Trust Parents Support Group. Any learning from the study will be disseminated locally.
10. Training and Development

2016/17 saw the centralisation of all safeguarding multi-agency training to a business model overseen directly by both LSCBs. This model enabled training to be centrally commissioned for the 2016/17 financial year.

Introduction

The LSCBs have a statutory duty to 'monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.'

The Dorset Safeguarding Children Board and the Bournemouth and Poole Local Safeguarding Children Board joined to centralise training in October 2015. A Strategic Coordinator was appointed at that time to bring together training previously organised and delivered through a variety of routes across Bournemouth, Dorset and Poole. All training courses came together under the LSCB central training offer from April 2016 with a decision to maintain all courses that had been run previously.

Poole CPD on-line was utilised as the single booking system for all LSCB courses. This enabled potential course attendees to find training in one place and increased the choice in terms of number of courses available and locations.

Data

A total of 92 courses were run under the central training offer in 2016-17.

Historically the Initial Safeguarding course (Level 3) has been delivered differently in terms of duration by different providers that have been commissioned. Therefore a disparity arose for practitioners about attendance and material covered which was inconsistent across the training programme offered. There are proposals for 2017/18 to bring the Initial Safeguarding course inline across Dorset so that practitioners are clear about the training offer and what is required to complete the Level 3 training.
The attendance of each of the courses can be summarised as follows:

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
<th>Number of Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial safeguarding (2 day course)</td>
<td>Two days</td>
<td>18</td>
</tr>
<tr>
<td>Initial Safeguarding (1 day course)</td>
<td>One day</td>
<td>5</td>
</tr>
<tr>
<td>Safeguarding update</td>
<td>One day</td>
<td>27</td>
</tr>
<tr>
<td>Serious Case Review</td>
<td>Half day</td>
<td>14</td>
</tr>
<tr>
<td>Child Sexual Exploitation</td>
<td>Half day</td>
<td>4</td>
</tr>
<tr>
<td>Safer Recruitment</td>
<td>One day</td>
<td>4</td>
</tr>
<tr>
<td>Working with Child Sexual Abuse</td>
<td>Three day</td>
<td>2</td>
</tr>
<tr>
<td>Working with Resistant Families</td>
<td>One day</td>
<td>2</td>
</tr>
<tr>
<td>Understanding fabricated and Induced Illness</td>
<td>Half day</td>
<td>2</td>
</tr>
<tr>
<td>Managing Allegations</td>
<td>Half day</td>
<td>2</td>
</tr>
<tr>
<td>Level 2 safeguarding</td>
<td>Half day</td>
<td>2</td>
</tr>
<tr>
<td>Emotional Abuse and Neglect</td>
<td>Three day</td>
<td>2</td>
</tr>
<tr>
<td>Graded Care Profile</td>
<td>Half day</td>
<td>2</td>
</tr>
<tr>
<td>Keeping Children Safe Putting Analysis into Assessment</td>
<td>Two days</td>
<td>1</td>
</tr>
<tr>
<td>Introduction to Protecting Disabled Children</td>
<td>Two days</td>
<td>1</td>
</tr>
<tr>
<td>Child Sexual Exploitation L4</td>
<td>One day</td>
<td>1</td>
</tr>
<tr>
<td>Assessment and Direct Work</td>
<td>Three days</td>
<td>1</td>
</tr>
<tr>
<td>Protecting Children who are Disabled follow on</td>
<td>Two days</td>
<td>1</td>
</tr>
<tr>
<td>Supervising to Safeguard</td>
<td>One day</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>92</strong></td>
</tr>
</tbody>
</table>

The Initial Safeguarding course and the Update Safeguarding course attract over 50% of the overall number of practitioners attending the pan Dorset training offer. This would be expected as these are courses that are mandatory for many organisations to attend.
As part of the monitoring role of the DSCB, attendance by different agencies is monitored to ensure that multi-agency training is occurring. The majority of attendance is from health, schools, early years and the three local authorities across Dorset and this would be anticipated as many of these roles have a statutory requirement to meet in terms of safeguarding training. It is encouraging to acknowledge that the training is also being accessed at this level by the military, drug and alcohol services etc.

There were 3,058 training attendances across all courses in 2016/17. Agency attendance is broken down as follows:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Number of Training Attendances/%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorset County Council</td>
<td>365 (12%)</td>
</tr>
<tr>
<td>Borough of Poole</td>
<td>286 (9%)</td>
</tr>
<tr>
<td>Bournemouth Borough Council</td>
<td>157 (5%)</td>
</tr>
<tr>
<td>Dorset Healthcare</td>
<td>303 (10%)</td>
</tr>
<tr>
<td>Dorset County Hospital</td>
<td>97 (3%)</td>
</tr>
<tr>
<td>Royal Bournemouth Hospital</td>
<td>17 (.5%)</td>
</tr>
<tr>
<td>Poole Hospital</td>
<td>77 (2.5%)</td>
</tr>
<tr>
<td>Nurseries &amp; Pre Schools (Pan Dorset)</td>
<td>320 (10%)</td>
</tr>
<tr>
<td>Children’s centres (Pan Dorset)</td>
<td>148 (5%)</td>
</tr>
<tr>
<td>Charities (free places)</td>
<td>64 (2%)</td>
</tr>
<tr>
<td>Dorset schools</td>
<td>443 (14%)</td>
</tr>
<tr>
<td>Poole schools</td>
<td>184 (6%)</td>
</tr>
<tr>
<td>Bournemouth Schools</td>
<td>137 (4.5%)</td>
</tr>
<tr>
<td>Dorset Police</td>
<td>24 (1%)</td>
</tr>
<tr>
<td>Medical Centres</td>
<td>15 (.5%)</td>
</tr>
<tr>
<td>Military</td>
<td>8</td>
</tr>
<tr>
<td>Housing</td>
<td>10</td>
</tr>
<tr>
<td>Drug and Alcohol</td>
<td>30 (1%)</td>
</tr>
<tr>
<td>SWAST</td>
<td>9</td>
</tr>
<tr>
<td>Dental practices</td>
<td>2</td>
</tr>
<tr>
<td>Fire &amp; Rescue</td>
<td>10</td>
</tr>
<tr>
<td>Dorset CCG</td>
<td>11</td>
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</table>
Free places were offered to small charitable organisations on the two day initial courses, one day updates, child sexual exploitation and serious case review courses. 64 places were taken up during the year from a range of charities including hospices, horse courses, child counselling organisations, Dorset Youth Association, faith groups, youth clubs, Home Start, arts groups and drug and alcohol groups.

Conferences

In addition to the training courses provided, the Dorset Childrens Board and the Bournemouth and Poole Childrens Board joined together for the first time to deliver the same conference in two locations in March 2016. The title of the Conference as ‘It’s a Risky Business’ and facilitated a focus on the Obsessions and Priorities of the two boards. There was a mixture of presentations and workshops at each and the conferences also provided the opportunity to launch the Pan Dorset Neglect Strategy. A total of 323 people attended across both conferences (184 in Bournemouth and 139 in Dorchester). There were a broad range of agencies that attended across the two conferences including primary schools, secondary schools, local authorities, health trusts, police and the voluntary sector.

Delegates were asked for feedback at each event and 99 forms were returned at Bournemouth and 77 at Kingston Maurward, therefore almost 30% of delegates responded. Feedback was very positive with most delegates rating the speakers and workshops as good or excellent. Overall delegates expectations of the conferences were met and in some cases exceeded. The evaluation also asked delegates to rate their knowledge prior and post conference and the majority of returns confirmed they felt their knowledge had increased. Ideally the return rate of evaluations would have been higher which would have given a stronger indication of the impact on practice the conference had on practitioners, and there are plans to increase participation in evaluation for forthcoming conferences. An example of some of the comments are below:

**What will you do or change back in the workplace as a result of the conference?:**

- Share learnings of personal resilience and use in supervisions
- Work with school staff to highlight Neglect Strategy
- Plans to visit MASH and shadow a social worker
- Looking for causes and reasons rather than just focusing on the enforcement
- Think about the language I use
- Look at how we can improve engagement of young people in shaping our services
- Approach to supporting adolescents – be more led by them/their strengths
- Think differently about the link between risky behaviour and neglect.
Serious Case Review Training

As in previous years, the Boards offered half day workshops to share and promote the learning from recent Serious Case Reviews in Bournemouth, Dorset and Poole. A total of 14 sessions were run during June, July and September. These were well attended by practitioners from a range of agencies and provided them with the opportunity to reflect on their practice. A total of 406 people from health trusts, local authorities, schools, police and the voluntary sector attended. Every delegate who completed an evaluation form reported that they had an improvement in their knowledge with a 100% of delegates scoring on at least three points an improvement in knowledge. Within every course a majority of delegates highlight that group discussion and multi-agency perspectives have been enjoyable and beneficial to them.

Successes During the Year

2016-17 was the first year of delivery of LSCB courses under the new coordinated arrangements. The DSCB website was utilised to promote training courses and a comprehensive circulation list of partners to send training information to was established. Having a single point of booking and an electronic booking system was a significant step forward and over the year, as people began to understand and use the new system, courses were generally full. This was enhanced by the branding of all courses with the prefix LSCB and the logos of both boards prominently featured on all training information, including certificates. Utilising a single point of booking also increased choice for participants in terms of the range of courses available and the locations across the area covered by the Boards.

A clear charging and cancellation policy was introduced to ensure that the costs of late cancellations and non-attendances on courses was covered. This is sent out with every course booking.

During the year, a review was undertaken of the courses that had come into the LSCB central offer. It was noted that some were poorly attended and also had high costs, which in turn had an impact on income generated from the training. As a result of this review some of the courses initially brought into the offer have been discontinued. This has enabled us to move forward into 2017/18 with a more focussed multi agency core programme that supports the priorities and obsessions of both Boards.

During the year, it was agreed that the E safety training delivered by the Safe Schools and Communities Team and the annual E safety Champions Update event would come into the LSCB central training offer. Work was also undertaken to develop and commission a new one day course on neglect which will launch in autumn 2017.
The courses underwent a general review to ensure that emerging local and national concerns were included in their contents and this would have included Female Genital Mutilation, exploitation of children, private fostering etc.

**Going Forward to 2017-18**

The Strategic Training Group has set a number of priorities for 2017-18. These include:

- Continuing to provide a central training offer, with courses well promoted and fully attended
- Developing an improved process for training needs analysis
- Improving the training evaluation and impact assessment processes to ensure that outcomes are measured and the planning of future courses can meet the needs of the workforce
- Developing a commissioning framework and quality assurance standards for LSCB training
- Developing joint working and exploring training opportunities with the Adults Safeguarding Boards
- The administration team which is part of the training team will be expanded to support the function
11. Priorities for 2017/18 and beyond

To be assured that there is efficient, effective and co-ordinated responses to the identified needs of children in care, children subject to a child protection plan and children experiencing neglect, which results in improved outcomes for those children.

At its planning day in February 2017, the DSCB agreed three ‘obsessions’ on which to base core work in 2017/20. These groups of children were identified as the most vulnerable in Dorset based on intelligence from the Board’s performance management framework. The Board will therefore put a lens on the system in order to ensure the effectiveness of services to these children.

**Obsession 1:** Reduce the need for children and young people to come into the care of the Local Authority

**Obsession 2:** Reduce the number of children and young people at risk of significant harm

**Obsession 3:** Prevent early neglect

The DSCB will also maintain statutory responsibilities:

- Ensure compliance against Section 11 of the Children Act 2004
- Conduct Serious Case Reviews and other Reviews and Audits as required
- Implement the Child Death Review Process
- Deliver and evaluate a multi-agency training programme
• Provide multi-agency safeguarding procedures

12. Glossary of Terms

ABH Actual Bodily Harm
BME Black and Minority Ethnic
CAF Common Assessment Framework
CAFCASS Children and Family Court Advisory and Support Service
CAIT Child Abuse Investigation Team
CAMHS Child and Adolescent Mental Health Services
CCG Clinical Commissioning Group
CDOP Child Death Overview Panel
CPP Child Protection Plan
CSC Children’s Social Care
CSCJB Community Safety and Criminal Justice Board
CSE Child Sexual Exploitation
CQC Care Quality Commission
CTB Children’s Trust Board
DA Domestic Abuse
DBS Disclosure and Barring Service
DCHFT Dorset County Hospital NHS Foundation Trust
DfE Department for Education
DHUFT Dorset Healthcare University NHS Foundation Trust
DSAB Dorset Safeguarding Adults Board
DSCB Dorset Safeguarding Children Board

FGM Female Genital Mutilation
GP General Practitioner
CVS Community and Voluntary Sector
LA Local Authority
LAC Looked After Child / Children
LADO Local Authority Designated Officer
LSCB Local Safeguarding Children Board
MAIST Multi-Agency Information Sharing Team
MAPPA Multi Agency Public Protection Arrangements
MARAC Multi Agency Risk Assessment Conference
MASH Multi-Agency Safeguarding Hub
NHS National Health Service
NSPCC National Society for the Prevention of Cruelty to Children
OFSTED Office for Standards in Education, Children’s Services and Skills
PPU Public Protection Unit
PSHE Personal, Social and Health Education
RHI Return Home Interviews
SCR Serious Case Review
SEND Special Educational Needs and Disability
SLT Senior Leadership Team
SRE Sex and Relationship Education