

Annual Report 2015/2016



**Working with children, families
and professionals to make our
children's lives safer**

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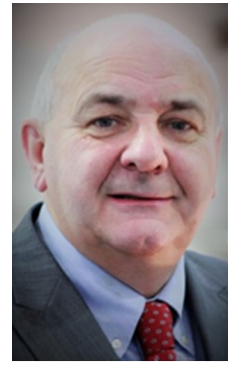
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Foreword by the Chair

This is my third annual report as Independent Chair of the City of York Safeguarding Children Board (CYSCB) and covers the year ending 31 March 2016.

The work of the Board is driven by its vision:

“For all the children of York to grow up in safety and to always feel safe.”



The last two years have been characterised by continuous improvement and steady forward progress, coupled with growing partnership involvement, purpose, and respect. As a consequence, the Board is able confidently to set its priorities for action in 2016 and beyond.

In my first annual report I said I was struck by the commitment to continuous improvement in York and that the culture here is child-centred, open and transparent. In my second report I said that partnership working was very strong in operational practice and strategic oversight. That has continued and strengthened over the last two years.

2015-16 has been a period of significant change for the Board as we implemented a new Board structure, working arrangements and staff changes. I want to record thanks to Joe Cocker and Dee Cooley, who left during the year, for their work over a number of years; and to Juliet Burton, our new Business Manager for keeping a focus on improvement through a period of significant change.

Within this report we have set out the achievements made this last year but also identified the improvements that we must continue to address. A particular highlight has been the Board's work, in partnership with NSPCC, to initiate and carry out a very successful campaign - 'It's Not Ok' - to raise awareness about child sexual abuse and exploitation.

The Board is confident that safeguarding arrangements in York are robust - but they can always be further strengthened. The challenge will be to maintain the progress of the last three years, at a time of unprecedented pressures on public finances, and through a period of national policy changes (including to the focus and remit of safeguarding boards) without losing sight of what matters most: the safety and wellbeing of children in York. It is a challenge for which we are well equipped. On behalf on the Board I want to thank everyone, especially parents and carers for their dedication and effort in helping to make York a safer place for children and young people.

A handwritten signature in purple ink, which appears to read 'S Westwood'. The signature is written in a cursive style and is underlined with a single purple stroke.

Simon Westwood, Independent Chair of City of York Safeguarding Children Board

Formal Summary Statement

The City of York Safeguarding Children Board (CYSCB) is a statutory body set up in accordance with the Children Act 2004, and in line with the guidance in *Working Together (2015)*¹. The Board is a robust partnership of enthusiastic members, dedicated to the improvement of practice which safeguards children in York.

Information about our work, and our current membership, plus advice, guidance and links to other useful websites is available on our website: <http://www.saferchildrenyork.org.uk/>. We work closely with other strategic boards including the York Health and Wellbeing Board, the YorOK Board, the Safer York Partnership and the Safeguarding Adults Board.

Consultation with children and young people tells us that they think York is a good and a safe place in which to grow up. CYSCB continues to monitor, challenge and support services to ensure that all children and young people in York, as far as possible, continue to be safe, well cared for and happy. In line with the new Children and Young People's Plan 2016-20, CYSCB focuses particularly on those children and young people who are most vulnerable.

It is a fundamental principle of the way in which we work that all Children and Young People in York should be treated with dignity and respect and have their voice heard regardless of their age, gender, ability, race, ethnicity, religion, sexual orientation and circumstance.

This Report is a summary of our work during 2015-16.

Overall, our Board believes that arrangements for safeguarding children in York during this period were robust and effective; that there is a strong commitment to safeguarding children across the York partnership; and that frontline practice continues to improve.

In reaching this conclusion, we have:

- **challenged** those who work directly with children and young people to listen to what they are saying and to respond to them appropriately, including re-shaping services to meet their needs. **Chapter 2** has more detail;
- **monitored** data and information on a regular basis. **Chapter 3** tells you what we have learnt from this including:
 - up to 80% of children in the most deprived 10% of local areas are registered with a Children's Centre;
 - there are increasing referrals to Children's Social Care with neglect or domestic abuse as a factor;
 - The number of re-referrals within 12 months to Children's Social Care has dropped since the beginning of the year;

¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

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- Throughout 2015-16 the average social work caseload has remained at 15 cases;
 - the number of children subject to a child protection plan in York was 135 on 31 March 2016 (it was 124 last year);
 - the number of children in the care of the local authority has fallen during the year from a peak of 203 to 191 by the end of the year;
 - The rate of young people sentenced to custody has fallen over the last two years;
- **reviewed** how we are doing as a Partnership, including an assessment as to how far we have achieved the actions we identified for ourselves in last year's Annual Report. This is covered in **Chapter 4**;
 - **invited** our partners to contribute accounts of the work they have carried out over the last year to safeguard children. These are summarised in **Chapter 5** and, in more detail, in **Appendix F**;
 - **conducted** a series of formal audits of our safeguarding arrangements, including:
 - a "Section 11" audit process (Children Act 2004) at an event held jointly with colleagues from North Yorkshire Safeguarding Children;
 - case reviews of frontline practice which have included themes such as children who are in the care of the local authority with their parents' consent, children who are subject to child protection plans and children who have been affected by domestic abuse;
- We had no serious case reviews in 2015-16 but we have looked at cases from which lessons have been learned. Our formal audit activity is covered in **Chapter 6**;
- **updated** our guidance in relation to Female Genital Mutilation and Reporting Allegations Against Professionals;
 - **overseen** the revision of York's Early Help Strategy which will see the establishment of multi-disciplinary and multi-agency local area teams during 2016;
 - **initiated and carried out** a very successful campaign - '*It's Not Ok*' - to raise awareness about child sexual abuse and exploitation;
 - **provided training** on working together to safeguard children, on domestic abuse, and about female genital mutilation. Our training programmes are described in **Chapter 7**;
 - **reviewed and revised** our '*Learning and Improvement Framework*' which describes the way the Board assesses what it knows and how it addresses this. **Chapter 8** contains an assessment of our performance as a Board, whilst **Appendices D-F** contain more details about our membership, structure and finances.

We recognise that there are always improvements to be made. Our new Board structure is still taking shape and we are continuing to learn, to improve our systems, and to find out

about issues which need our attention. However, we are confident that our new structure is focused more on our priorities, with every Sub-group examining and interrogating data and information. We are revising our Business Plan so that each element of that plan reflects the Board's priorities and in order for progress to be measured against agreed outcomes each year, in accordance with our *Learning and Improvement Framework*. **Chapter 9** sets out our priorities for the year ahead.

We have, as usual, set out key messages for everyone, at the end of our report, as well as contact details: these are in **Chapter 10**.

A shorter Executive Summary of this report is available on our website.

This report is formally the responsibility of the independent Chair, Simon Westwood. Its contents have been accepted by the CYSCB. In line with statutory guidance in Working Together 2015, it will be submitted to Chief Executive, the Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Well-being Board.

Chapter 1: Some facts and figures

York is a unitary authority which is predominately urban with some rural areas. It has a population of just over 204,000². Data published by Public Health England in 2016 shows that in 2014, the number of children aged 0-19 living in York was 44,200³. People aged below 20 years old account for 21.6% of York's population. In 2014, the number of 0-4 year olds was 10,600, equivalent to 5.2% of the population. Findings from Public Health England project that by 2025, the number of children living in York aged 0-19 will be 47,300. Further detailed demographic information on York is available online on the York Health and Wellbeing website⁴. Additional characteristics of York are also available in the Council Plan 2015-2019⁵.

There are 68 schools in York: 50 Primary, 9 Secondary, 6 Independent Schools, 2 Special Schools and 1 Pupil Referral Unit (Danegate). At the time of writing, data released from the Local Authority Schools' Service reports that 7 Primary Schools in York are academies with a further 3 converting to academies at the end of this academic year. There are currently 3 secondary schools which are academies in York. The city also has over 100 voluntary organisations offering services for children and young people.

In 2015, York Health and Wellbeing Board reported that York has become more culturally and religiously diverse. The Black and Minority Ethnic (BME) population in 2015 was 9.8% compared to 4.9% in 2001⁶. Public Health England states that in 2015, there were 2,125 children of BME origin living in York, making up 10.1% of the school population⁷. The ethnic composition of York changes year on year. York's most ethnically diverse ward is Heslington where 35% of the city's BME population reside, owing to the high number of international students attending York University⁸. In the coming year, we will seek further guidance to ensure that as a Board we are fully up-to-date with York's changing population and its possible implication for our safeguarding work.

At the end of March 2016 there were 135 children on child protection plans in York. The number of looked after children in the city at year end was 191. During 2015-16, York set out a new *Strategy for Children and Young People in Care*⁹; CYSCB had input into its construction.

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<http://www.neighbourhood.statistics.gov.uk/dissemination/LeadKeyFigures.do?a=7&b=6275327&c=York&d=13&e=13&g=6383071&i=1001x1003x1004&m=0&r=1&s=1459766461250&enc=1>

³ <http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101630>

⁴ <http://www.healthyyork.org/>

⁵ https://www.york.gov.uk/downloads/file/7880/council_plan_2015-2019

⁶ <http://www.healthyyork.org/the-population-of-york.aspx>

⁷ <http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=101630>

⁸ https://www.york.gov.uk/downloads/file/86/census_2011_population_by_area

⁹ <http://www.yor-ok.org.uk/workforce2014/looked-after-children-strategy.htm>

The city is relatively prosperous, with the level of people claiming of out-of-work benefits statistically lower than regional and national averages¹⁰. Over the last year, the number of people claiming Job Seekers Allowance (JSA) has fallen by 31.7% in York. The JSA claimant count for York represents 0.5% of the working population and contrasts to the regional average which stands at 1.9% and the national average which stands at 1.5%. Alongside this, the number of young people (18-24) claiming has fallen by 48.3% in the last year. However, 7% of York's population (around 14,000 people - adults and children) live in areas classified as being in the 20% most deprived areas in the country.

Recent Public Health figures show that the number of children under the age of 16 living in poverty in York (11.2%) is lower than regional and national averages (20.6% and 18.6% respectively). This represents a decrease of 0.5% from 2014/2015¹¹.

Children's services in York are overseen by a Children's Trust Board, known as the YorOK Board¹². CYSCB works closely with YorOK, in a spirit of constructive challenge, and there is reciprocal reporting between the Boards. The YorOK website contains a wealth of valuable information and documents, including the latest *Children and Young People's Plan* for 2016-2020¹³.

¹⁰ <http://www.cycbuzz.org.uk/may-2016/latest-news/317-per-cent-fall-in-job-seekers-allowance-claims>

¹¹ http://www.chimat.org.uk/resource/view.aspx?QN=PROFILES_STATIC_RES&SEARCH

¹² <http://www.yor-ok.org.uk/>

¹³ <http://www.yor-ok.org.uk/workforce2014/Dream%20again%20and%20YorOK%20Board/Children%20and%20Young%20Peoples%20Plan%202016-2020.pdf>

Chapter 2: What children and young people have told us

Involving children and young people, and hearing their voice, is a well established part of how York works to deliver the best possible outcomes for families. There are many forums and mechanisms through which the voice of the child is heard, and all partners strive to translate this into meaningful action. This chapter outlines the key ways in which children and young people are involved in the design and delivery of their own services, and how opportunities for their involvement have been improved in 2015-16.

Children's Engagement Strategy

As highlighted in our Annual Report for 2014-15, a joint ***Voice and Involvement Strategy*** was agreed by the YorOK Board and the City of York Safeguarding Children Board for 2014-2017¹⁴. The strategy was created through listening to children and young people's views. It sets out a clear vision for our work in this area:

"Children and young people are at the heart of our strategic arrangements. We are committed to ensuring that children and young people have a voice in decision-making, planning, commissioning, design and delivery of services."

Since then, the Safeguarding Children Involvement Group merged with the YorOK Voice and Involvement group to provide a single multi-agency, city-wide group to take forward this vision. A detailed report looking at work undertaken is available on the Children's Trust website¹⁵. This "***Review of Voice***" document brings together:

- key messages from children and young people;
- examples of how messages from children and young people have shaped service design and delivery;
- how opportunities for children and young people to have a voice have developed over the last year; and
- priority areas in need of further development.

Children and young people's feedback

UMatter Survey for Looked After Children

The latest U Matter Survey of children who are looked after was conducted between February and April 2015. This survey gives children and young people an opportunity to

¹⁴ <http://www.yor-ok.org.uk/downloads/Involvement/YorOK%20Voice%20and%20Involvement%20Strategy%202014%20-%202017.pdf>

¹⁵ <http://www.yor-ok.org.uk/workforce2014/Voice/2015-review-of-voice.htm>

voice their opinion on what the local authority should change and improve for those in care. The key messages that came out of the survey were:

- 87% of young people felt the council provides good quality placements for children and young people in care;
- most young people (86%) were happy with foster carers and 72% of young people felt they could talk to a foster carer or social worker if they were ever unhappy in their placement. It is worth noting that the 14% who said they weren't happy with carers was only 7 young people and some had mixed views of foster carers;
- 85% of young people knew how to contact their social worker if they needed them, an improvement from last year when 54% of young people didn't know how to do this;
- 78% of young people knew who their Independent Reviewing Office was, an improvement from last year when fewer than half knew who this was;
- 65% of young people normally attend their reviews. However, 35% said they do not attend because their review meetings are 'boring', 'pointless' or 'repetitive';
- 76% of young people knew about their Personal Education Plan: a big increase from the previous year when only 54% of young people knew about their Plan;
- 90% of young people felt their carers take care of their health very well or well, compared to 98% in 2014;
- 85% of young people are aware of the Speak Up service compared to 54% in 2014;
- 81% of young people were aware of their rights and entitlements;
- 85% of young people said workers treated them with respect in comparison to 74% of young people in 2014.

The next U-Matter Survey is due to be conducted between September and December 2016. CYSCB has requested the following questions are included in this survey to ensure we hear the voice of children at different tiers of need:

- a child's/young person's experience of being on a child protection plan;
- a child's/young person's experience of having a social worker;
- a child's/young person's experience of having any Early Help support worker.

Stand Up for Us Survey

This survey has been running since 2011 and aims to monitor the prevalence and nature of bullying behaviour in primary and secondary schools in the City of York. The survey has since been further developed to explore aspects of physical health and emotional wellbeing. The survey takes place once every two years with one being conducted in March 2016, the results of which we will consider in the Autumn.

CYSCB Voice and Involvement Sub-group

This Sub-group of our Board engages partners across the sectors in a process that builds capacity, shares resources and expertise, and promotes the voice of children and young people across the city. These are some of the things that the Sub-group has heard in 2015-16, and what has been done in response.

<i>Young people said ...</i>	<i>So ...</i>
Children and young people said they would like to be recognised for their community spirit and for volunteering	CYC and Door 84 hold an annual Lord Mayor's awards with partners to say thank you for children and young people's contribution to York
Young people would like more opportunities to go to new places and have new experiences	Partnerships have been developed along with young people to deliver a programme of positive activities
Disabled children and children in the care of the Local Authority wanted friendships to be given more importance when foster carers and other professionals are making assessments that affect their lives.	The Children's Society and the Local Authority deliver the 'Friendship for All' project which provides professional guidance, training resources and a new website to increase friendship in the lives of disabled children and children in care
Young people in care said it is important that elected members and decision makers understand what is like to be in care	The Local Authority enabled young people to deliver training to 17 elected members and senior leaders. In 2016 this will include members of CYSCB.
The Youth Council in consultation with other young people wanted more young people to have the chance to participate in a political process	The Local Authority empowered young people to run a referendum across York secondary schools and over 2,000 young people took part
The Young Inspectors said that they wanted to inspect GP surgeries	Healthwatch commissioned The Young Inspectors to mystery shop GPs' surgeries and to make recommendations that will improve children and young people's experience in the future
The Youth Council said transport is vital to children and young people and not everyone can afford a bike	The Local Authority have supported young people to work with Cannon Lee School to develop the first 'Bike Library', funded by the Clifton Ward
Children and Young People told us that mental health support in schools was critical and designed the 'Minding Minds Award'	A new model of working has put mental health at the top of schools' agenda with the creation of new Well-being Worker posts funded by the Local Authority, and the Vale of York Clinical Commissioning Group
Refugee and migrant children said that	Refugee Action York in partnership with the Local

young people needed a place to meet, socialise and discuss issues and ideas	Authority created a youth club for young refugees
Children and young people said that they wanted to be able to talk to and influence Local Councillors	The Local Authority in collaboration with Cannon Lee School have set up the first under 18 Ward Group in Clifton who are currently transforming provision in their local area and lobbying local councillors
Children and young people said that they needed support with issues like self harm, depression and anger	The Local Authority worked with partners like IDAS and MIND to develop specialist services in partnership with children and young people.
Children and young people said they wanted more people to understand autism.	Professionals worked with young people to understand about autism and advocated on their behalf to improve their experiences at school and college
Young people in care wanted to be more involved in the training of Foster Carers	The <i>Show Me That I Matter</i> group now works closely with the fostering team and contributes to foster carer training.
Young people said they wanted access to more information on leaving care	Information has been made more accessible via Facebook. The Independent Reviewing Officers are now routinely asking at reviews, once a young person has turned 16, to make sure they have begun the pathway plan and have enough information about their rights and entitlements.
Children and young people wanted to reduce the stigma of being in care.	The <i>Show Me That I Matter</i> group now delivers the <i>Speak Up and Hear My Voice</i> training on behalf of young people in care and the <i>Aspire to More</i> project was set up with <i>Inspired Youth</i> and a blog produced that sets out to inspire young people and care leavers and challenge the negative views. The project has achieved national recognition.

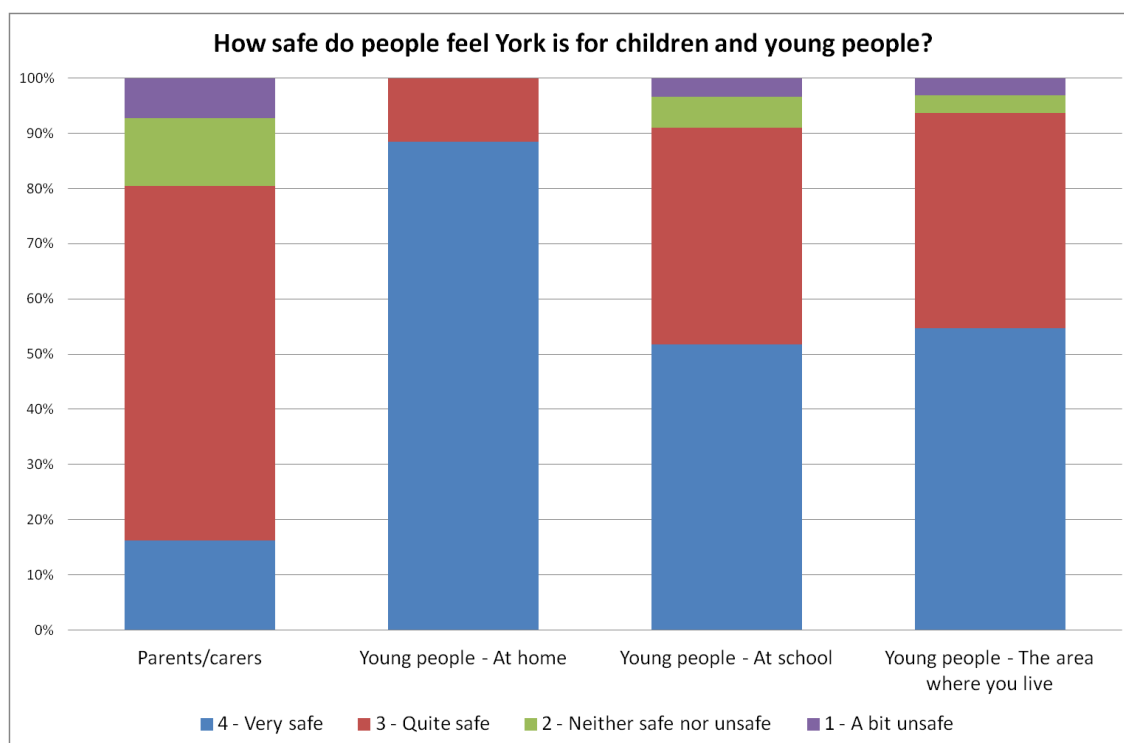
Children and young people shaping services

Children and young people in York continue to shape services at both a strategic and an operational level. Over 70 young people participate in groups, projects and other forums citywide, but the children and young people's voice network reaches out across *all* schools, colleges and communities to make sure diversity is valued, and many more children and young people participate in projects which seek to understand what they have to say. This section sets out some examples of such involvement from the past year.

Children and Young People's Plan

During 2015-16 children and young people helped to shape the new *Children and Young People's Plan* as young researchers and through stakeholder meetings. During this

consultation safeguarding was highlighted a number of times as a key priority. Generally, young people, parents and carers feel that York is a safe place and a good place to live and grow up, as shown in the chart below:



This is encouraging and correlates with other feedback gathered through existing surveys undertaken with children and young people.

Show Me That I Matter

*Show Me That I Matter*¹⁶ is York's Children in Care Council. It is a monthly forum where care-experienced young people (13+ years of age) raise important issues for discussion with Elected Members and senior managers, with the aim of helping to shape and improve services for looked after children in York. A separate focus group has been established to provide additional space for discussion. As part of *Show Me That I Matter*, the group have developed a young person's interviewing panel which provides input into the recruitment process to the children's social care sector¹⁷.

The group also offers *Speak Up and Hear My Voice* training which aims to help adults understand the needs and experiences of children and young people in care, and the importance of listening and acting on their wishes and feelings. It is an excellent opportunity to learn from young people themselves whilst developing professional skills and knowledge. So far, four sessions of the training have been delivered and have received very positive

¹⁶ <http://www.yor-ok.org.uk/workforce2014/Voice/show-me-that-i-matter.htm>

¹⁷ <http://www.cycbuzz.org.uk/March-2016/in-the-spotlight/am-i-just-a-number-amys-story>

feedback from attendees. Further sessions are being planned for 2016 including shorter twilight sessions aimed at Board Members and/or Elected Members

Speak Up

Speak Up is York's Children's Rights and Advocacy Service which helps children understand their rights and provides them with help and support on a wide range of issues. In 2015-2016, 64 children requested the support of advocate's from *Speak Up*; 14 of these resulted in no further action and 50 resulted in the provision of advocacy support. The main issues raised were as follows:

Primary Issues Raised	No. Of Requests	Percentage
Contact	2	3%
Unhappiness with social work service	11	17%
Placement	7	11%
Disagreement with Care Plan	3	5%
Access to support/services	5	8%
Support to express wishes and feelings in decision making process	32	50%
Other	4	6%

Castlegate

Castlegate¹⁸ provides free and confidential information, support, advice and counselling to young people and adults aged 16 to 25 who live in the city of York. A consultation exercise entitled *Have your say* ran from 24 August to 21 September 2015 with the aim of exploring different options for service delivery by analysing young people's needs when accessing these services. 131 young people were involved with the consultation. The participants valued the opportunity to express their views and demonstrated their ability to provide valuable information to decision makers.

Young Inspectors

The young inspectors programme aims to work with a small group of disadvantaged young people and allow them the opportunity to have a voice and say in some of the services they may access. They have the opportunity to go into services and inspect them and give recommendations for improvements from their and other service users' perspective. It also a great opportunity for young people to make friends, gain confidence and self esteem, and receive some lightweight support. The latest inspection was of GP surgeries. The Young Inspectors' key findings included: the importance of 1:2:1 confidential spaces; better mental

¹⁸ <http://www.29castlegate.org/>

health training for GPs and surgery staff; and being able to access GPs without parents/carers.

Lunch club for deaf children

As a result of feedback from children and young people, the Deaf and Hearing Support Team now operate a lunch club each half-term for deaf children. The event is organised by the children, their teaching assistants, and by the various schools which are used as venues on a rotating basis. Board members will be joining a session of the lunch club to listen to the young people later in 2016.

Schools Health and Well-Being Project

One of York's key objectives in relation to mental health provision has been the initiation of a School "Cluster Pilot" of the Health and Wellbeing Project. This pilot project started in September 2015 and was funded by the City of York Council and Clinical Commissioning Group. The aim was to introduce a new form of partnership working to strengthen the emotional and mental health support arrangements for children and young people in universal school settings. A child group evaluation of the work to date revealed very positive feelings about the project:

Question	Responses from the group
What has helped?	<ul style="list-style-type: none"> - "Talking to each other" - "Knowing what to do when I am angry and worried" - "Making friends with people in the group" - "I have been able to verbalise feelings that feel confusing- which helps me understand them better" - "talking about feelings and emotions and how to solve them"
What have you learnt?	<ul style="list-style-type: none"> - "New skills for life and coping" - " To do a breathing exercises to relax" - "About emotions and different feelings" - "How to tell people how you feel" - "How to stand up for myself"
Do you feel more able to cope?	<ul style="list-style-type: none"> - "I feel like I can share my feelings more" - "I know that I can talk to people and I know how to talk now, after speaking about feelings/situations we have talked about solutions" - "It makes me feel like I can open up to everyone" - "It makes me want to come to school far more" - "It has improved my mood" - "It has made my self esteem go up and makes me want to get up in the morning"

Voice Priorities for 2016-2017:

Even though achievements have been made, as evidenced above, many of the priorities set by the Voice and Involvement Group for 2014-15 remain priorities for 2015-16:

- voice at different tiers of need: so that every child whether receiving support at any level or simply accessing universal provision (schools and health services) will have an opportunity to express a view;
- voice in assessments: every child who participates in an assessment, whether early help or statutory, will be able to contribute to that assessment;
- pre-verbal or non-verbal “voice”: those children and young people who are unable to express their wishes and feeling verbally because they are too young or because they communicate in a different way, will be heard.

An additional priority for 2016-17 is:

- voice and change: children and young people will be consulted and heard when changes are made to services which affect their lives. The ongoing re-modelling of early help services has included the voices of children and young people in the re-structure consultation.

Progress made by partners will be reported back to our Board throughout 2016-17 via the Voice and Involvement Group, and we will continue to challenge each other and develop further our approach to listening to the voice of children and young people.

Chapter 3: What the performance data tells us

We changed the structure of our Board at the beginning of 2015-16 so that performance reporting is now closely aligned to our priorities. Early Help, Sexual Abuse and Exploitation, Children Missing, Neglect and Domestic Abuse are the subject of performance updates at each board meeting. In addition, each Sub-group of the Board reviews data pertinent to their area and highlights and responds to issues and exceptions.

Our data comes from a variety of sources: not just Children's Social Care and other local authority services but also from partners such as North Yorkshire Police, York Teaching Hospital, Public Health and voluntary sector services. Together with other information from partners, including regular assurance reports, this data helps us to build a picture of what is happening in terms of safeguarding children.

At **Appendix A** you can see the kind of data that the CYSCB monitors. At **Appendix B** you can see the cycle of reports to the Board through the year and the activity which goes on in between Board meetings.

Early Help

- 171 Early Help Assessments were recorded by the Advice Team as initiated in 2015-16;
- primary schools initiated the most Early Help Assessments followed by Children's Centres and then closely followed by Secondary Schools;
- the number of re-referrals within 12 months to Children's Social Care has dropped since the beginning of the year;
- during the year, up to 80% of children aged 0-4 who live in the most deprived 10% of local areas have been registered with a Children's Centre;
- the latest available figures for persistent absence and total absence in primary and secondary schools show that York has better attendance than the national average;
- the rate of teenage pregnancies - already at its lowest, and below the regional and the national average - is forecast to continue to fall¹⁹;
- the rate of attendances for 0-4 year olds at Accident and Emergency has fallen.

Neglect

- the percentage of referrals to Children's Social Care with neglect as a factor has risen during the year to 17.3% at year end and is higher than it was in 2014-15;

¹⁹ <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=40&geoTypeId=4#iasProfileSection5>

- the percentage of referrals and enquiries with neglect as a factor at the point of referral (inc. alcohol and substance misuse by parent and absent parenting) is almost one fifth of all referrals and enquiries;
- The percentage of Social Care Single Assessments in which neglect is identified as a factor has also increased;
- the number of admissions to hospital for children with deliberate or unintentional injuries has remained stable;
- the most recent health data (2014-15) for hospital admissions for dental caries (tooth decay) shows that York has a higher number than the national average.

Child Sexual Abuse and Exploitation (CSA&E)

- the percentage of referrals to Children’s Social Care with sexual abuse as a factor at the point of referral has remained the same as 2014-15 as have the number of Single Assessments in which Sexual Abuse has been identified as a factor;
- the percentage of referrals in which Child Sexual Exploitation is a concern at the point of referral has risen since last year;
- these percentages remain low in comparison with other factors such as domestic abuse and neglect;
- the number of reports to police of sexual offences in which victims are under the age of 18 has risen slightly year on year;
- Child Sexual Exploitation is being recognised more as a possible concern for young people accessing sexual health services.

Missing from Home, Care and Education

- the number of children recorded as missing from home or care increased slightly in the numbers recorded in last year by both Children’s Social Care and by the Police;
- half of these children are recorded as ‘missing’ (i.e. they might be at risk) and the other half as ‘absent’ (i.e. just not where they are expected to be);
- none of these children have remained missing;
- 89% of children reported as ‘missing from education’ have been located or assessed as ‘no concern’. (The other 11% are those carried over at year end for further enquiries.)

Young People and Youth Offending

- the number of first time entrants to the Youth Justice system has risen slightly since last year, but remains low and in line with national trends;
- the rate of young people sentenced to custody continues to remain very low and has fallen over the last two years;

- the percentage of young people who re-offend has remained stable at 36%, in line with, but slightly above the national average.

Disabled children

- 90% of Education, Health and Care Plans were issued within statutory time limits;
- two School Wellbeing Workers based in the East and Southbank school clusters have provided training, support and advice to pastoral staff, and delivered individual and group work to 394 children and young people between October 2015 and March 2016. (The project is being extended in September 2016 to cover all schools in York.)

Contacts and Referrals to Children's Social Care (CSC):

- The Children's Front Door received just over 3600 *contacts* in the whole of 2015-16; 645 of these reached the threshold for Children's Social Care assessment and intervention ;
- the re-referral rate within a 12 month period as an average for 2015-16 is similar to that in 2014-15 at 10.3% but had fallen significantly to 6.3% at the end of the year.

Child in Need

- 191 children were receiving a service from the CSC Child In Need teams in March 2016;
- 3.3% of these children were on the 'edge of care' or 'statutory child protection intervention'.

Child Protection and Court Proceedings

- at the end of March 2016, 135 children were subject to Child Protection Plans; this is slightly more than at the at the same time last year (124);
- as in previous years, the majority of children subject to a plan (55.6%) are listed under the category of neglect, with emotional abuse (36%) a close second. Physical Abuse (3.5%) and Sexual Abuse (4.2%) are well behind these two;
- figures from CAFCASS Care Demand Statistics show that 55 children from York were subject to applications to court for care orders in 2015-16.

Children's Social Care Caseloads

- throughout 2015-16 the average social work caseload has remained at 15 cases (with variations owing to the nature and complexity of cases);
- there has been around 90 % compliance with the requirement for monthly supervisions of social care staff.

Children in the Care of the Local Authority

- the number of children in the care of the local authority has fallen during the year from a peak of 203 to 191 by the end of the year;
- there has been a reduction in the number of children looked after outside of York;
- 100% of care leavers were in suitable accommodation at the end of the year and 70.5% in education, employment or training (an improvement on last year).

Private fostering

- 6 Private fostering arrangements were supported during the year 2015-16;
- 2 Private Fostering Arrangements ended within the period.

Child Deaths

- in 2015-16 there were 11 child deaths in York;
- 6 of the 11 were unexpected deaths - see **Chapter 6** for how these were investigated;
- there has been a 13% decrease in the number of child deaths in North Yorkshire and City of York over the last 5 years.

Chapter 4: How we are doing as a Partnership

This Chapter contains an analysis of our progress as a partnership during 2015-26. It is divided into two sub-sections, examining in turn our progress:

- (a) against the five priorities we set ourselves and the actions in last year's Annual Report;
- (b) in overseeing York's other work with vulnerable children and young people.

The perspective of individual partner agencies is covered in the next Chapter.

The five priorities we set ourselves last year

In 2015-16 we continued to identify the Board's five priorities as:

- Priority 1: Early Help;
- Priority 2: Neglect;
- Priority 3: Sexual Abuse and Exploitation;
- Priority 4: Missing from Home, Care and Education; and
- Priority 5: Domestic Abuse.

We have also continued to consider data and information on Female Genital Mutilation as new government guidance has been developed.

The work we have done is outlined in the following sections and includes our response to the specific actions identified in last year's report.

Priority 1: Early Help

The Early Help Group reports both to the Children's Trust Group (the YorOk Board) and to the CYSCB. The priorities for this group therefore span the spectrum from universal need up to the provision of statutory intervention.

The Children's Advice Team have recorded the initiation of 171 Early Help Assessments in 2015-16 with most carried out by Primary Schools, Children's Centres and Secondary Schools. The Safeguarding Board has been interested in the percentage of cases passed on for Early Help Assessment by the Children's Social Care Referral and Assessment service when the enquiry and concern does not reach the threshold for Social Care assessment and intervention. The percentage has been low and this has largely been influenced by the lack of consent from families sought by practitioners prior to contacting the 'Children's Front Door'. It is hoped that a change in the referral form used by Children's Social Care and a complete revision of the Threshold Guidance will lead to an improvement in practitioners' confidence in sharing their concerns with parents and young people prior to contacting Children's Social Care in all but the most serious child protection cases.

A primary focus for the Early Help Group since October 2015 has been the project for remodelling the provision of prevention and early help services across the city. This project

will see the formation of three local area multi-disciplinary teams working together to ensure a seamless service and robust systems for information sharing.

As described above, in 2014-15 the Board had expressed some concern about the number of cases which were being referred to Children's Social Care which did not meet the threshold for statutory intervention. The Board has therefore welcomed updates on the planning and progress of this project which is designed to offer a more coordinated and robust early help service with practitioners from all disciplines working together using a 'think family model. The Board hopes to see that a greater number of situations will be addressed through early working alongside families and communities. CYSGB looks forward to further updates and to full initiation of the new service in late 2016.

The Early Help Group will oversee a full revision of the Board's Threshold Guidance in 2016, as part of our assessment and evaluation of the arrangements for the child's journey in York.

Priority 2: Neglect

The Neglect Sub-group was set up with the aim of responding to the apparently high levels of neglect cases reaching the threshold for statutory intervention and in particular the significant number of children subject to a Child Protection Plan under the category of neglect. In terms of the numbers, York is no different from the rest of the country which has seen a surge in the number of reported cases of neglect over the last ten years²⁰. Neglect is the most common form of child abuse and can affect a child's development and outcomes for the whole of their life.

The Neglect Sub-group has developed a city-wide Neglect Strategy the draft of which will be out for consultation from July 2016, to be finalised later in 2016. In addition, the Sub-group, led by the Director of Public Health, has worked with the local authority and Public Health services to initiate training on the Graded Care Profile which will see practitioners from Children's Social Care (Social Workers) and the Healthy Child 0-19 Service (Health Visitors and School Nurses) use a common language and common assessment approach to cases of neglect. Training on the Graded Care Profile may, in due course, be extended to other practitioners.

The Neglect Sub-group is planning a multi-agency Neglect Event to be held in July 2016 which will be the launch of the York Neglect Strategy, as well as an opportunity to hear from experts, to learn about the use of the Graded Care Profile, and to share experience and good practice.

Priority 3: Sexual Abuse and Exploitation

The Child Sexual Abuse and Exploitation/Missing from Home and Care Sub-group has met bi-monthly throughout 2015-16 to consider a range of issues and projects in relation not only

²⁰ <https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/how-safe-are-our-children-2016/>

to sexual abuse and exploitation but also in regard to vulnerability in the widest sense including children who go missing from home and care.

The group has considered information from statutory and voluntary services on the range of provision for vulnerable children and has requested research information where gaps in provision have been identified such as information about services for children who have been victims of online sexual abuse.

In February 2016, the Chair of CYSCB, along with the Chair of NYSCB, supported the Police and Crime Commissioner from North Yorkshire in a challenge to NHS England in regard to the newly established Child Sexual Assault Assessment centre at York Hospital. The PCC raised concerns about whether the resourcing of the service, which did not operate 24 hours, meant that children had to access services out of county. CYSCB received assurances from NHS England, the CCG and York Hospital that although this had only happened on one occasion, steps were being taken to look at collaborative working in 2016 so that there is more capacity to see children locally as soon as possible.

During 2015-16 the group has been active in supporting the joint CYSCB/NSPCC *'It's Not Ok'* campaign addressing child sexual abuse and exploitation and raising awareness to prevent this kind of abuse (see ***'It's Not Ok'*** section in this report). The campaign will be evaluated fully later in 2016 and the Board will request further information about its longer-term impact. In the meantime:

- around 2000 Year 7 children have seen the play and taken part in the workshop;
- more than 450 parents have taken part in workshops;
- 273 professionals attended workshops; many attended more than one workshop;
- bus side adverts have had a reach of 137,857 people; 88.9% coverage of the city;
- bin lorries with adverts have covered approximately 320 miles per week, all day, six days a week;
- to date there have been more than 4,500 hits on the *'It's Not Ok'* website.

The campaign has been a successful collaboration between a range of agencies and organisations backed by CYSCB and the NSPCC. Interest has been expressed by other local authorities wishing to use part of, or the whole, model. In early 2016 the campaign was shortlisted for a UK Public Sector Communications Award.



NSPCC The 'It's Not Ok' Campaign

The 'It's Not Ok' campaign ran from May 2015 until July 2016 as a joint partnership between the CYSCB and NSPCC. The aim was to ensure that parents, carers, children and young people, professionals and the general public knew how to recognise the signs of child sexual abuse and sexual exploitation, where to get help and advice, and to increase their confidence in saying or doing something to stop the abuse.

The campaign had four distinct phases:

- an in-school play and workshops for children and young people;
- workshops and seminars for professionals;
- workshops and seminars for parents and carers;
- publicity to raise awareness for the wider York community.

For children and young people delivery of the campaign has been mainly through schools, with the NSPCC delivering to primaries, and colleagues from North Yorkshire Police linking with secondary schools to deliver 'risky behaviours' workshops. York St. John University's drama department produced an interactive play and a DVD for Year 7 children. A full workshop on sexual abuse and exploitation accompanied this. As a result:

- 95% of the Year 7s said that they felt the drama had enhanced their understanding;
- 89% said they had experienced a piece of new learning;
- 92% said that they would be able to offer a piece of advice to a young person experiencing sexual abuse or exploitation;
- 83% felt that they would be able to offer a piece of advice to a parent or carer.

What the young people said:

'It showed me what it's like in someone else's shoes. It made me know what to do if it happened to me'

'It helped me understand how people are affected, better than a talk in assembly'

'The play put difficult problems into a format that made it easier for me to understand what child sexual abuse was'

'I learnt that lots of social media sites have report buttons'

'I learnt about grooming and what it is'

'It made us think about ways to solve a problem like the characters...I learnt where to report abuse'

'I already knew most of it. But I learnt that you can get abused by a member of family'

Sessions were provided **for parents and carers** on 'How to parent in a digital age' about keeping children safe online. The sessions addressed:

- online 'grooming';
- online reputation;
- overuse and exposure to inappropriate content.

The campaign website and the CYSCB website also provided information and links for parents, children and young people on online safety.

For professionals a series of workshops took place covering topics such as:

- understanding Child Sexual Abuse and Exploitation and the relevance to your organisation;
- young people's experience of abuse and exploitative relationships;
- sexually harmful behaviour;
- making your organisation safer;
- supporting local communities to respond to the issue of child sexual abuse.

Posters and wallet cards were displayed across the city **for the general public** and selected 'hotspots' were targeted with posters in bus shelters. Buses, bin lorries and police vehicles were used to advertise the campaign and signpost people to the campaign website, to the NSPCC 24 hour helpline and to the police. There were regular pieces about the campaign in the local press.

During 2016 taxi drivers will be trained to recognise the signs of possible child sexual exploitation. This training will be mandatory for every taxi driver wanting to renew their licence. Hotels, pubs and clubs will be provided with information and materials promoting the campaign and given information about useful websites and sources of support. Bespoke training will be provided for local businesses.

The campaign materials and resources will remain available on the website and schools have been provided with further resource packs. It is intended that the play and workshop will continue as a rolling programme for schools and colleges with a DVD provided if a performance of the live play is not possible.



Priority 4: Missing from Home, Care and Education

The CSA&E/Missing from Home and Care Sub-group considers that a child or young person who goes missing from home can be vulnerable to abuse including sexual abuse and sexual exploitation. In 2015-16 there were 657 reports of children or young people missing from home or care reported to police. However, many of these were the same individual on more than one occasion. Only half of these incidents were any cause for concern and the Board is assured that those individuals who appear to be of particular concern and may be putting themselves at risk, are discussed at a multi-agency meeting (police, social care and health) so that support can be provided for them and their carers. Every child or young person who has been reported as missing during 2015-16 has been found.

A new joint North Yorkshire/York LSCB Protocol was agreed with North Yorkshire police in April 2015 in relation to Children Missing or Absent from Home and Care. CYSCB, Children's Social Care and North Yorkshire Police continue to work together to identify all of those children who are of concern and ensure that they receive intervention and support.

Children missing from education can also be vulnerable. During 2015-16, 124 children were reported as not at the school they were registered at in York. The vast majority of these children were found at other schools or found to have moved elsewhere. For those few not immediately located, consultation takes place with Children's Social care to ascertain whether there is any reason to be concerned. 89% of those children missing from education were found or ascertained to be of no concern. One or two cases remain ongoing at the year end.

Priority 5: Domestic Abuse

The York and North Yorkshire Joint Coordination Group for Domestic Abuse and the Safer York Partnership have the overall lead on the strategy for domestic abuse in York. The CYSCB Domestic Abuse Sub-group was formed to bring together agencies such as schools, police, the Independent Domestic Abuse Service (IDAS), health commissioners and providers, to identify and highlight issues relevant to children in York. CYSCB has representation on these Boards.

The Domestic Abuse Sub-group was set up specifically to look at the impact of Domestic Abuse on children in York. Domestic abuse data indicates an increasing percentage of reports of incidents to North Yorkshire Police in which children had been seen to be present. This does not necessarily mean that more children are witnessing domestic abuse; it may suggest that police officers are getting better at recording this. However, domestic abuse is known to be a dominant factor in referrals to, and assessments by, Children's Social Care and CYSCB has been keen to understand the prevalence of domestic abuse and the perspective of children and young people in York. This understanding can then inform and support the overall Domestic Abuse Strategy.

The CYSCB has been pleased that plans for Operation Encompass to be implemented in York are progressing and that this will be launched later in 2016 (this is a scheme to inform

schools of domestic abuse incidents in order for them to support children in families where this may be an issue). This is being led by North Yorkshire Police. CYSCB looks forward to hearing more about progress and outcomes.

Additional Priority: Female Genital Mutilation (FGM)

In 2014-15 CYSCB added Female Genital Mutilation as an area for attention given the increasing national awareness of this as a form of child abuse. With the introduction of national statutory guidance on FGM and the mandatory duty to report suspected FGM²¹, CYSCB has worked with North Yorkshire Safeguarding Children Board to raise awareness of FGM across the workforce and to provide local guidance. This has included FGM briefings to practitioners and access to e-training (as described in Chapter 8) and briefings to designated safeguarding leads in schools. Although the number of suspected FGM cases in York is not high, there has been a rise in the number reported to Children's Social Care as awareness has increased over the year.

York's other work with vulnerable children and young people

This sub-section contains an assessment of York's other work with children and young people, particularly those who are vulnerable. It is itself divided into five sub-sections:

- (1) Children in contact with Children's Social Care
- (2) Family Focus
- (3) Those in contact with the criminal justice system
- (4) Disabled children
- (5) Schools

Children in Contact with Children's Social Care

*(In mid- March 2016, Children's Social Care transferred their recording and reporting to a new system. Some of the data and information below **may not include** the whole of Quarter 4 (January to March 2016))*

The Children's Front Door received just over 3600 *enquiries* in the whole of 2015-16. Six hundred and forty five of these contacts were 'referrals' i.e. reached the threshold for Children's Social Care assessment and intervention. Both numbers are lower than in previous years and slightly higher than the England average rate for the end of 2015 (but figures must be seen in the context of the new reporting system and may not be a complete year).

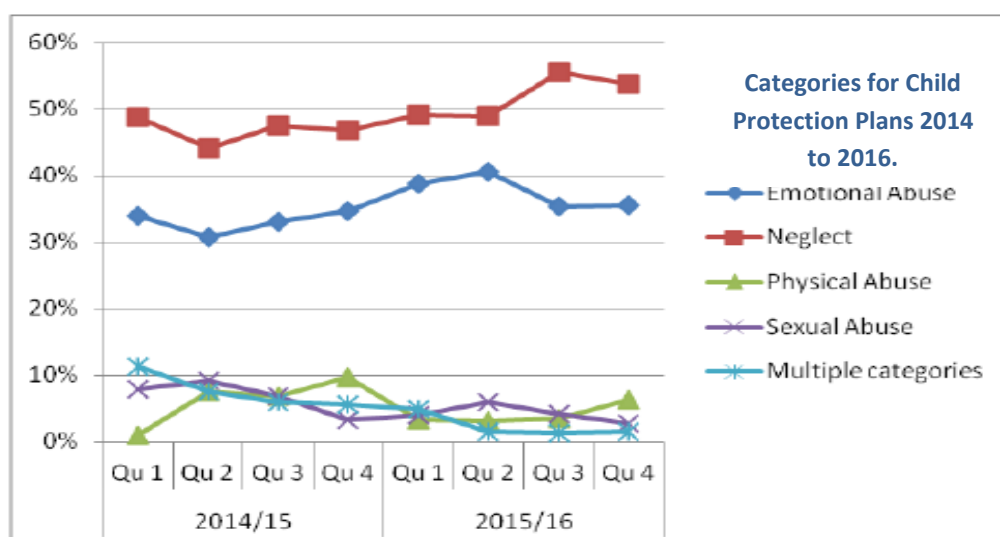
The percentage of repeat referrals within a period of 12 months has, however, dropped significantly since the beginning of the year which suggests that cases are being closed or stepped down with a more lasting outcome.

²¹ <https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

Children who have a **Child Protection Plan** are considered to be in need of protection from either neglect, physical, sexual or emotional abuse; or a combination of two or more of these. The plan details the main areas of concern, what action will be taken to reduce those concerns and by whom, and how we will know when progress is being made.

At the end of March 2016, 135 children were subject to a child protection plan with 100% reviewed within timescales. (York had 124 on 31 March 2015; 125 in 2014; and 128 in 2013.) This equates to a rate of 37 children per 10000 population. This is lower than York's statistical neighbours (53) and the England average (60). York's rate for child protection plans is broadly stable with variations not considered statistically significant given the overall size of the cohort.

On 31 December 2015 over half the child protection plans were listed under the category of neglect (55.6%) (36.8% in 2014 and 43.8% in 2013). This is followed by Emotional Abuse (36%) (41.6% in 2014 and 40.6% in 2013), with Physical Abuse (3.5%) (4.8% in 2014 and 7.8% in 2013) and Sexual Abuse (4.2%) (5.6% in 2014 and 2.3% in 2013) some way behind. 1% of plans are listed under more than one category. The numbers are broadly comparable with statistical neighbours and national averages and York's own historical trends.



On 31 March 2016, York had 27.3% of children subject to a child protection plan for the second time. This is more than double the percentage at the same time the previous year (12.2%). CYSCB understands that this variation was subject to robust scrutiny by Children's Social Care by way of case file audit. CYSCB is assured that no issues of concern were identified and that the increase was not considered indicative of practice or process deficits. (**Chapter 6** refers to CYSCB's own multi-agency audit of cases of children subject to a child protection plan for the second time.)

Care demand statistics from the *Children and Family Court Advisory and Support Service*²² (CAFCASS) show that the rate of children in York subject to court proceedings for a variety of orders is below the national and regional average. CAFCASS data records the number of individual children from York as 55. Children's Social Care reports that 16 cases in public law proceedings were initiated by the Local Authority.

The number of **children and young people in the care of the local authority** at the end of March 2016 was 191 (53 per 10,000). This is a fall in numbers from 203 at the beginning of the year. There has been a year on year decrease since 2012-13 when the number was 243 (68 per 10,000). York is marginally above its statistical neighbours (50 per 10,000) but lower than regional (64) and national (60) averages.

Most children and young people in the care of the local authority were up to date with their health checks (a snapshot at the end of the year shows that 74% were up to date with health checks and 64% with dental checks) with Children's Social Care and health colleagues working to increase this. Development checks for children under the age of 5 stand at 100%.

100% of York's **care leavers** are living in appropriate accommodation, enabling them to safely develop their independence skills, with none in B&B or HMO accommodation, although 7 are in supported temporary accommodation. 6 care leavers are at University.

Sixty four percent of children waited less than 20 months between entering care and being **adopted**. At the time of this report, 25 children are receiving **adoption support** services.

A new **Children In Care Strategy** was published at the very end of the year²³; CYSCB played a role in its construction. It features six new strategic themes:

- *Ambition – 'good enough' is not good enough*
- *Personalisation – every child and every family is different*
- *Normality – every child and young person is entitled to a normal, stable, caring family life*
- *Trust – we need to trust each other better, and young people even more*
- *Accountability – we need to be clear who is responsible for what*
- *Efficiency – we have to live within our means*

In 2015-16 there were 86 full-time equivalent **Social Workers** in employment working directly with children and families. This suggests an average caseload for York of 15 cases per Social Worker which is in line with the national average and marginally above the regional average of 12. For additional scrutiny, caseload monitoring is reported to the Independent Chair and Lead Member. York has a higher vacancy rate than the regional average at 9% (versus 7%) but it is lower than the national average which is 17%. York's turnover rate for Social Workers is lower than both the regional and the national average which means that it

²² www.cafcass.gov.uk/leaflets-resources/organisational-material/care-and-private-law-demand-statistics/care-demand-statistics.aspx

²³ <http://www.york.org.uk/workforce2014/Childen%20%20Young%20People%20in%20Care%20Strategy%202016%202020.pdf>

keeps its Social Workers for longer and the rate of agency workers is half that of the national average.

Private Fostering is when a child under the age of 16 (under 18 if disabled) is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more, and the local authority must be informed so that it can assess that the arrangement is suitable for the child. During 2015-16, 4 notifications were received of children privately fostered in York. There were still 2 children privately fostered whose situation was being assessed from 2014-15. Of these six arrangements 2 ended during the year so 4 were still ongoing at the end of March 2016: 2 girls, 2 boys; ethnically - 3 white British; one black African; 3 were teenagers; one was a baby.

'Family Focus'

The national Troubled Families Programme, known locally as *Family Focus*, is now in the second year of the expanded programme. In 2015-16, 231 families with multiple and complex needs entered the programme. To be eligible for programme families must meet indicators under at least two of the programme's eligibility headlines. Families entering the programme must consent for their data and information to be shared, must be allocated an appropriate lead practitioner, undergo a whole family assessment and have a family action plan supported by a team-around-the-family to support their needs.

Families who have entered the programme have lead practitioners from a range of services, including Family Focus, Schools, Children's Centres, Health Visiting, Police and Child In Need Teams. The number of families achieving payment by results (PbR) outcomes is very low to date. To achieve PbR, all family members need to have made sustained and significant progress against the issues that were identified and have no newly identified issues across all six programme headlines. Where the issue is around school attendance, three terms' attendance at 90% is required across three consecutive terms, so we have not yet reached a point where families who were identified as having education issues have been able to show sustained progress in this area.

The Family Focus consent is now embedded into the Family Early Help Assessment document, which means the Family Focus Team are no longer required to ask for additional consent from families before they enter the programme. The team are required to ensure that 259 more families enter the programme by March 2017. Some of these families will be supported through the new early help operating model via Local Area Teams, but other services will need to begin to embrace their role as a Family Lead Practitioner if the Government target is to be achieved.

Those in contact with the criminal justice system

2015-16 saw 477 new entrants to the youth justice system. The figure has fluctuated over the last 4 years and is on a par with 2013-14. However the percentage of reoffending has dropped since previous years.

At the end of 2015-16 the Home Office issued a draft Concordat seeking the voluntary agreement of Directors of Children's Services, Lead Members for Children's Services, Chief Officers and Police and Crime Commissioners to improve local arrangements around the transfer of young people in police cells to local authority accommodation. York has signed up to the Concordat and recognises that police cells are not a suitable place for children. Joint planning between North Yorkshire Police, North Yorkshire Youth Justice Service, York Youth Offending Team and both area Children's Services is currently ongoing to ensure the right pathways are in place to appropriately place young people who are refused bail. The group will actively report to the Board later in 2016-17 to ensure that ongoing developments are monitored.

In August 2015 CYSCB heard the plans that the Youth Offending Team (YOT) were putting in place locally. These included:

- only using custody for the serious few and providing creative alternatives with whom work can be undertaken;
- developing resettlement practices;
- improving multi-agency bail and remand practices.

YOT report that they have clear pathways for arranging secure accommodation for the very rare few who pose a public protection risk and a good agreement with Housing for 16/17 year olds. However, there is still more work to be done. YOT will report back to the Board on progress later in 2016.

Disabled children

Our Board considers the welfare of disabled children along with the welfare and safeguarding needs of all children. As outlined in **Chapter 2**, CYSCB, via the Voice and Involvement Sub-group, has listened to disabled children and been assured that their needs and wishes receive a response and appropriate action.

CYSCB is aware that disabled children can sometimes be more vulnerable to child abuse than other children. CYSCB is committed to giving specific attention to this group of children if it emerges that their safeguarding needs are not being met.

In 2015-16, 90% of final Education, Health and Care Plans were issued within statutory time limits and 90.6% of Year 11 Leavers with special needs were still in learning 3 months after they finished Year 11. We are satisfied that the majority of our disabled children are well supported in their education and aspirations.

We have also been following with interest the roll out of the School Cluster Health and Wellbeing Worker Pilot to strengthen the emotional and mental health support arrangements for children and young people in universal school settings, which was mentioned in **Chapter 2**. Later in 2016 this project will roll out across the whole of York. CYSCB will be interested in hearing about the outcomes and impact of this project via the CAMHS Executive.

Schools

There has been very positive engagement between schools and CYSCB in 2015-16. The Board and Sub-groups have representation from Headteachers from primary and secondary schools along with the head teacher of the 'virtual school' (which considers all children who are in the care of the local authority) and the pupil referral unit, plus a representative from independent schools.

Our Safeguarding Advisor (Education) supports schools by offering regular training and updates on safeguarding issues for designated leads, as well as safer recruitment training for all schools, and bespoke safeguarding training where required or requested. She also supports with advice on safeguarding issues and policies. An audit of schools' safeguarding arrangements will take place in the Summer of 2016.

During 2014-15 (the latest date for which data is available), persistent absence rates (i.e. more than 15% absence) for York secondary schools for 2014-15 (5.7%) were slightly up on 2013-14 (4.6%) but the rate was still better than national averages which had also increased. Attendance in York primary schools was excellent.

In the same academic year, disadvantaged pupils (those eligible for free school meals, looked after or adopted) were achieving better results in terms of narrowing the gap between their achievements and those of their less disadvantaged peers. For GCSE's A*s-Cs (including English and Maths) the gap had narrowed from 39% (2013-14) to 34% (2014-15).

The Independent Chair met with Safeguarding Leads from Private Schools in November 2015 and gave a short presentation to the Headteachers' Conference in January 2016.

There is an Independent Schools Safeguarding Conference planned jointly with North Yorkshire Safeguarding Children Board in June 2016.

Chapter 5. Individual Agency Assessments

As part of our overall assessment of services for vulnerable children and young people, we invited the *individual agencies* who are our partners to submit an up-to-date account of the state of safeguarding in their organisation. This enables us to share best practice and, where necessary, to challenge each other. You can read the full set of assessments in **Appendix F**. Below is a summary of the most salient points.

NHS Services

Vale of York Clinical Commissioning Group (CCG)

Safeguarding children assurance processes within the CCG have continued to develop during 2015-16. The Designated Nurse for Safeguarding Children (DNSC) presents a quarterly report to the CCG Quality and Finance Committee. These reports provide assurance, and where necessary flag risks with associated action plans.

In April 2015 the CCG assumed delegated responsibility for the commissioning of Primary Health Care across the CCG locality. In order to support safeguarding children developments, the CCG agreed a collaborative arrangement with 3 other CCGs across North Yorkshire and have recruited to the post of Nurse Consultant for Primary Care (Safeguarding Children and Adults). The CCG has also secured a Named GP for Safeguarding Children. This has led to increased access to expert advice and support on developing safeguarding systems and processes within individual practices. It has also allowed for greater engagement of Primary Care in LSCB-led multiagency audits and Learning Lessons Reviews.

The DNSC has continued to provide support and expertise to health provider organisations across the city. This includes provision of supervision, delivery of supervision skills training and ongoing support to develop safeguarding children systems and processes. In particular, the DNSC has worked closely with colleagues in the TEWV Trust, as the new provider of mental health services across the city, to support their engagement with Board activity.

The CCG has worked closely with provider organisations to strengthen the development and reporting against safeguarding children quality requirements within contracts. The Designated Professionals have updated the CCG's *Safeguarding Children Policy* and *Allegations Against Staff Policy* in line with *Working Together* (2015).

Face-to-face safeguarding children training sessions (including PREVENT) have been arranged for CCG staff during 2016. This will contribute towards an increased awareness of the CCG's role and responsibilities in relation to safeguarding children, and further develop staff's understanding of the role of the Designated Professionals Team.

The Chief Nurse and DNSC have provided consistent support to the Board. The DNSC plays an active role in the work of the Sub groups, including taking the role of Chair for the Case

Review Group. The CCG has continued to make a financial contribution to the Board on behalf of commissioners and providers. An additional financial contribution was made to support the 'It's not ok' campaign.

Primary Care

The Board has heard from the Nurse Consultant (Primary Care) about safeguarding plans for GP and primary care practitioners in York. Overall the model being implemented increases resilience in this area and improves the capability, capacity and quality of Primary Care in relation to the safeguarding of children and vulnerable adults. Progress identified was:

- new safeguarding arrangements have been developed across CCGs and the NHS;
- dedicated support for GPs is being provided;
- a GP forum has been developed with an action plan in place for needs and concerns. All GP practices should now have a safeguarding lead. The forum was well attended and received;
- a new training strategy for GPs is being prepared aimed at delivering 'hot topics' training around issues and concerns particular to practices;
- a robust support network is being developed which includes practices receiving relevant safeguarding publications and alerts.

The Board has been given assurance that action has begun to map current processes in Primary Care against the revised requirements and that this will highlight and address any risks identified. The new NHS England Safeguarding audit tool has been disseminated to all GP practices. If any areas for development are identified within practices, support will be offered to ensure effective safeguarding arrangements are in place.

York Teaching Hospital and NHS Foundation Trust (YTHFT)

There were significant staffing changes within the Safeguarding Children Team of York Teaching Hospital NHS Foundation Trust (YTHFT) during 2015-16. These included the appointment of a full time Child Sexual Assault Assessment Centre Lead Nurse, a new full time Named Nurse for Safeguarding Children, and an additional '0.8' (i.e. not quite full time) Child Protection Advisor. This has given the team the necessary capacity to take forward a number of initiatives, including raising its profile across the Trust. The Trust Executive Lead for Safeguarding, the Chief Nurse, remains very involved in all safeguarding-children work and is a champion for safeguarding at Board level.

In the last 6 months the Maternity Safeguarding Children Record has been updated by the Safeguarding Children Team, with input from Midwives and their managers, to make the record more 'user-friendly', thus assisting in completion and identification of risk areas. The Team has also developed an *aide memoire* for midwives to assist their assessment of risk in relation to the unborn child: the "CHARM" Assessment Tool. The impact of this tool will be audited at the end of this year, but anecdotal feedback has been very positive.

In anticipation of the move from 1st April 2016 of School Nurses and Health Visitors previously in the Trust's employment to City of York Council, YHFT arranged that their Safeguarding Children Team would continue to support School Nurses, with a view to providing the same services (advice, support, education and reflective supervision) in the interim whilst arrangements are made for support going forward.

The uptake of Safeguarding Children Training has continued to increase since last year, with an overall rate of 84% (from 65% in 2014-15), and is expected to rise further following a Trust announcement that no member of non-medical staff will be allowed to progress to their next incremental salary increase unless they are up to date with all mandatory training.

The Child Sexual Assault Assessment Centre (CSAAC) is now a fully commissioned service by NHS England (Yorkshire and Humber) and the Office of the Police and Crime Commissioner, with the service being available Monday – Friday during office hours.

The Trust has sent 3 members of staff, 2 Consultant Paediatricians and the Lead Nurse for the CSAAC, on an 8 month training course on Forensic Medical Examinations for Rape and Sexual Assault. This will allow these staff to undertake forensic examinations once all their competency assessments have been completed; in the interim the Trust continues to use Mountain Health Forensic Nurses to undertake the forensic elements of CSA examinations.

There have been significant developments in Safeguarding Children Reflective Supervision uptake for Trust staff. Although national guidance states that it is only 'case holders' that must access such supervision, the Trust has invested in the development of this highly effective supervision for the staff in Paediatrics (including the Special Care Baby Unit) and in the Emergency Department. Staff have hugely valued the delivery model and are already evidencing how they transfer the knowledge into practice.

In order to improve support and education on appropriate referral processes a Safeguarding Children Team Child Protection Advisor has been deployed to have an increased presence in the Emergency Department. The Trust is closely monitoring the impact of this, but envisages a reduction in inappropriate referrals to Social Care. The Child Protection Advisor supports Emergency Department staff in accessing training and reflective supervision, as well as offering general safeguarding-children advice and support. The Advisor will also support the embedding of risk assessment tools into everyday practice.

Within the last 12 months, Female Genital Mutilation (FGM) mandatory reporting has been implemented within the Trust and compliance with FGM training for relevant staff continues to be excellent.

In summary, YHFT continues to place the highest importance on the Trust's safeguarding children responsibilities and to develop and progress in all areas of this agenda, whilst remaining alert to any areas of deficit which need attention. In addition, the Trust has been promoting the importance of hearing the voice of the child in all of its interactions with children and young people.

Tees and Esk Wear Valley Foundation Trust

During 2015-16, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) became the provider of mental health and learning disability services in York that had previously been provided by Leeds and York Partnership NHS Foundation Trust. As a result, the safeguarding children team has been increased, with two new staff based in York. The team have a duty system whereby there is a member to provide support and advice to practitioners by telephone. They also provide specialist safeguarding supervision to practitioners.

Safeguarding supervision is mandatory for staff involved with service users subject to a child protection plan or where the service user is a parent/carer taking responsibility for a child/young person with a child protection plan. Work is under way to ensure that the relevant supervision is being provided to all staff. Staff are able to request safeguarding supervision where there are concerns about child.

Staff within TEWV are trained with the appropriate levels of safeguarding children as set out in the Intercollegiate Document *Safeguarding Children and Young people: Roles and Competencies for Healthcare Staff*²⁴. The Trust has developed a training package for all adult mental health staff about the impact of parental mental health on children and young people.

The safeguarding children team undertake audits but none has been completed in the York area as yet. There is a full audit programme planned for next year which will include York. The Trust was represented at the recent section 11 event which was provided jointly by CYSCB with North Yorkshire LSCB.

The Trust is committed to the 'Think Family' approach and so children are always part of the assessment when adults access services.

In short: safeguarding children is a high priority within TEWV, which is evidenced by the establishment of a safeguarding team base in York. TEWV are fully committed to ensuring that they are an active partner within CYSCB.

CYSCB has, in turn, been working with TEWV since they took on the commission for Child and Adolescent Mental Health Services in October 2015. In March 2016 CYSCB received an assurance report from TEWV including their plans to:

- increase the numbers in their safeguarding children team for York;
- audit all CAMHS case files in terms with a focus on child protection;
- undertake further audits of safeguarding policies, safeguarding supervision, and of referrals in to Children's Social Care.

²⁴ [http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%20%20%20%20%20(3)_0.pdf)

CYSCB has challenged TEVV to provide a further update, information and data once the systems have been established and are up and running. The Board expects this update in October 2016.

NHS England

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England's roles in terms of safeguarding are direct commissioning and assurance, and system leadership as set out in the revised *Safeguarding Vulnerable People Accountability and Assurance Framework* published in July 2015²⁵.

Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within the NHS. Representatives from this network attend each of the national Sub Groups/Task and Finish Groups, which include topics around FGM, MCA, CSE, Prevent, Safeguarding Adults and Children.

NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the NHS, not just within the services where the incident occurred. The Yorkshire and the Humber Safeguarding Network has met on a quarterly basis throughout 2015-16 to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

The Network hosted a safeguarding conference on Challenges for Modern Day Safeguarding Practice on 11 March 2016. Two conferences were also held in the North region on Child Sexual Exploitation for healthcare staff and a series of conferences for healthcare and relevant care sectors on Female Genital Mutilation.

The Network has produced an FGM guide for health care professionals²⁶, and pocket books on Child Sexual Exploitation and on Prevent.

NHS England has developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which is being implemented from February 2016. NHS England North Regional Designated Nurses will review all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.

NHS England North also received national safeguarding development monies to support improvements in the implementation of NHS responsibilities regarding the health of looked after children. This funding has been used to second two designated LAC nurses within Yorkshire and Humber to develop a benchmarking tool based on standards in national

²⁵ <https://www.england.nhs.uk/?s=safeguarding+assurance>

²⁶ <https://www.england.nhs.uk/north/our-work/safeguarding/>

guidance. A report of the trends and themes will be shared with all CCGs in the North via the North Region Safeguarding Steering Group.

Local Authority

Children's Social Care

Work continues to deliver the ambitious *Vision for Children's Social Care* set out three years ago. The *Vision*, welcomed by staff, partners and elected members, identified significant changes in style, environment, skill and tools that all parties wanted to achieve.

Over the past year, Children's Social Care have continued to consolidate the effectiveness of the offer of qualified Social Worker advice at the point of contact. They have broadened the use of evidence-based tools in Single Assessment work, and the resulting plans have become more outcome-focused and are reviewed more systematically.

The commitment to strong professional support is as strong as ever: Children's Social Care undertakes an annual survey of staff about their experience of supervision and the contribution it makes to safeguarding. They continue to scrutinise robustly whether staff are receiving supervision by way of monthly 'scorecard'. Caseloads are also monitored and, where issues emerge, additional resources have been deployed. Through regular case file audits, Children's Social Care continues to develop a learning culture, identifying areas of strength and areas for development.

Over the past year, staff have continued to access a wide range of excellent learning and development opportunities to support them in their ongoing professional development. Training has included Dyadic Developmental Psychotherapy, Graded Care Profile, Signs of Safety, Motivation to Change, Pre-Birth Assessment, AIM training and more. Staff are also offered online research through 'CCInform', a nationally recognised and respected provider of the latest evidence of best practice with vulnerable children and their families.

Children's Social Care has delivered on its commitment to provide its staff with the right tools to do the job. Most significantly, on 21 March 2016 they replaced the old case management system with a new state-of-the-art system called Mosaic. Mosaic offers a range of functions not previously available, yet does so in a modern, easy-to-use and intuitive way with an emphasis on reducing the screen time required. Mosaic was designed to reflect the need identified by Professor Eileen Munro in her national review of child protection to move away from overly bureaucratic processes and focus on outcomes for children and their families.

Despite the significant work done to improve its safeguarding of children and young people over the past year, Children's Social Care recognises there is still more to do. In consultation with staff, over the coming year services will be restructured to create a dedicated service for Children and Young People in Care, provide a quicker response to those on the edge of care, better support permanency, and free up staff working with complex cases within the Family Courts. The service is committed to continuous improvement, and will

enthusiastically implement the actions set out in the *Children and Young People's Plan*, and in the new *Strategy for Children in Care*.

The Criminal Justice Community

North Yorkshire Police

Since January 2016, the relevant police team has been renamed the Vulnerability Assessment Team; the York team is based within the City of York Council Offices. The aspiration of the team is to provide a single point of contact for safeguarding concerns across York and North Yorkshire. The work of the team is critical in the multiagency response to protect children and vulnerable adults from abuse. This is achieved through the identification of safeguarding concerns by police and partners; checking these through a process of multi agency information sharing and risk assessment; and sharing information to ensure that the most appropriate safeguarding response is achieved.

Critical to this process is the joint assessment and screening of child protection referrals. This has been embedded successfully within the Referral and Assessment team in York. A Detective Sergeant is co-located within the referral and assessment centre. This role includes the joint assessment of police referrals, providing a point of contact for the team for safeguarding concerns, conducting joint visits with social care, and critical information sharing between police and social care in respect of children who are at risk of abuse.

"**Operation Liberate**" was launched in the City of York in Summer 2015. The purpose of the operation was to identify young vulnerable people who were out late at night, and who were at risk of becoming victims of crime, or of being drawn into criminal behaviour. The children were taken to a multi agency place of safety before being returned to their parents. The place of safety included representatives from North Yorkshire Police, Sexual Health, Youth Offending Team and the Rock Church. The operation will be repeated in 2016.

"**Operation Vestige**" has been launched within the City of York to manage those vulnerable children that do not meet thresholds for statutory service provision. These children and young people will be visited by officers from local police teams to provide support and seek intervention if necessary.

In conjunction with the NHS, much work has been undertaken during the last 12 months to ensure that there is a consistent and excellent service available to all children who are the victim of sexual abuse. The service and allows for an immediate forensic examination to be conducted by a Consultant Paedritician when an allegation of sexual abuse is made. In addition, any child making a non-recent sexual abuse allegation will also be seen at an appropriate time for an overall medical examination.

North Yorkshire Police undertake internal audits as part of a continued improvement cycle so as to ensure their internal policies, procedures and governance are relevant and having the desired impact. In the last 12 months, they have undertaken audits on how the force responds to CSE and Domestic Abuse. Recommendations from these audits have been added

to the existing comprehensive Action Plans. In addition, CSE training and awareness is being delivered to all frontline staff and a 'toolkit' has been devised for all staff highlighting their powers and procedures and identifying disruption tactics available to deter perpetrators.

The profile of Human Trafficking and Modern Slavery is being raised. Again an action plan is being developed along with a 'toolkit' to assist frontline staff. Literature on neglect, outlining the signs to look for and action to be considered, is being prepared for frontline staff. The 'DASH' risk assessment form used in cases of domestic abuse has been amended to capture information 'through the eyes of the child' so as to ensure the voices of children caught up in these incidents are recorded.

The Board welcomed the supportive action of the Chief Constable and the PCC in redirecting £3m of resources into York and North Yorkshire to tackle areas of vulnerability including:

- a team to investigate online CSE offences;
- a team to investigate child abuse offences in line with the Goddard enquiry;
- the amalgamation of Multi Agency Public Protection Arrangements and Integrated Offender Management to form an Offender Management Unit to tackle those who pose the most serious risk of harm.

Youth Offending

A Short Quality Screening of Youth Offending Work in York by Her Majesty's Inspectorate of Probation was conducted from 22-24 February 2016 and examined 14 cases. Key points:

- All the pre-sentence reports contained a clear assessment of the safeguarding and vulnerability factors relating to the child or young person. Similarly, the custodial cases demonstrated an understanding of vulnerability issues, which were clearly identified and recorded, with plans put in place to manage them appropriately.
- There were a number of examples of both health and substance misuse professionals working with the YOT to provide useful additional assessments and relevant interventions.

Areas to now focus on are improving the robustness of management oversight for the timely identification of safeguarding and vulnerability factors. The YOT recently implemented a new assessment framework 'AssetPlus'. The recommendations are timely in order to implement the new framework in a comprehensive and effective way.

Wetherby YOI – regional provider

The Independent Chair has agreed with with the Chair of Leeds LSCB, which covers Wetherby, that any concerns about safeguarding at Wetherby YOI will be notified to Leeds LSCB as Wetherby YOI are represented on their Board. York Youth Offending Team will keep the Board informed should any concerns arise.

Probation services

2015-16 has been a year of significant change for probation providers, as the new National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) implemented the organisational arrangements that came into effect as part of the Ministry of Justice *Transforming Rehabilitation Programme*. The NPS manage high-risk-of-serious-harm offenders, including those eligible under Multi Agency Public Protection Arrangements (MAPPA). NPS also advise courts on sentencing, conduct risk assessments and determine the allocation of all cases. Responsibilities in relation to safeguarding children cut across both NPS and CRC organisations and safeguarding children has remained a key priority.

The delivery of services to adult offenders (who may be parents or carers) is designed to take into account any impact on children through:

- recognition of factors which pose a risk to children's safety and welfare and implementation of relevant agency procedures to protect children from harm;
- appropriate referrals, information sharing and collaborative multi-agency risk management planning and review;
- seconding Probation staff to Youth Offending Teams;
- providing services to child victims of serious sexual and violent offences;
- providing services to women victims of male perpetrators of domestic abuse who attend the relevant accredited programme, having regard to the needs of any children in the family;
- working with offenders who may be sexually exploiting young people;
- working with, for example: substance misusers; offenders with mental health problems; offenders sentenced to imprisonment; domestic abuse cases; and those offenders identified as benefiting from support with parenting skills.
- attending, engaging, and sharing information with local Safeguarding Children Boards and other relevant agencies, and sharing lessons learnt from Safeguarding Children reviews and other reviews and audits.

NPS has launched a new process management system 'EQUIP ('Excellence and Quality in Processes') which provides all NPS staff with a single source for Safeguarding documents, guidance and processes. E-learning training was launched in autumn 2015 which is being rolled out to all NPS staff. NPS National Interim Safeguarding Children Guidance was issued in June 2015.

Community Rehabilitation Company

Humberstone, Lincolnshire and North Yorkshire CRC has responsibility for medium and low-risk-of-harm offenders. In the past year the Company has:

- reviewed and updated its Safeguarding Children Policies and Processes. All staff have been briefed and lead managers monitor and update the processes to reflect legislative changes and any learning from Serious Case Reviews/Serious Further Offence Reviews;
- ensured Case Management systems are equipped to identify cases with safeguarding concerns and staff supervision prioritises such cases;
- worked in co-location with police colleagues, sharing intelligence and expertise;
- continued to manage adult offenders to reduce the risks of harm they pose to children by means of skilled assessment, planning review, multi agency working and targeted interventions;
- designed services to take account of the impact on the whole family - staff are encouraged to conduct regular home visits;
- commenced delivery of an early intervention voluntary domestic abuse perpetrators programme across City of York and North Yorkshire;
- regularly audited processes to provide assurance about the quality of Safeguarding work and to inform local Quality Improvement Plans;

The CRC are members of the CYSCB Domestic Abuse Sub-group where they hope to begin looking at maximising their experience of working with perpetrators to assist and support the work of colleagues in other agencies. They have representatives on the MARAC core groups in York and Selby and support the attendance of case managers.

Priorities for the coming year are to:

1. continue to work closely and co-operatively with NPS colleagues to ensure that interface arrangements work to protect children and minimise risk of harm;
2. increase the understanding within CYSCB of the role and responsibilities of the CRC;
3. explore opportunities to work more closely with Prevention and Early Intervention Services within the community;
4. continue to improve child safeguarding practice and knowledge through local Safeguarding Quality Improvement Plans;
5. provide consistent representation to the CYSCB: the appointment of a new Community Director for York and North Yorkshire, and the establishment of a lead Manager for Safeguarding, will ensure consistency of attendance.

Children and Family Court Advisory and Support Service (CAFCASS)

Cafcass is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children;

provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015-16 with a 13% increase in care applications and an 11% increase in private law applications. The following are examples of the continuous improvement of Cafcass's work:

- revision of both the *Quality Assurance and Impact Framework* and the *Supervision Policy* which set out the organisation's commitment to delivering outstanding services, and how staff are supported to achieve this. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact must be present for an 'outstanding' grade to be achieved;
- implementation of the *Equality and Diversity Strategy*. This includes a network of Diversity Ambassadors who support the development of staff understanding and skills;
- extending the Child Exploitation Strategy to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions (at a team level) to have a 'finger on the pulse' of local issues and to support learning, training and research;
- working with a range of partners across family justice, children's services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services;
- the development of innovations that are aimed at improving practice and supporting family justice reform. These include: piloting the provision to Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; and *the supporting separated parents in dispute* helpline;
- contributing to the government review of Special Guardianship Orders;
- a Service User Feedback Survey, which looked at the interim outcomes for children six to nine months after private law proceedings concluded. The survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

NSPCC

NSPCC services in York are closely aligned with two of CYSCB key strategic priorities: Child Sexual Abuse and Early Help. The team delivers a therapeutic service (*Letting the Future In*) for children aged 4 to 17 years who have been sexually abused, and their safe carer(s). In 2015-16, 32 children and 11 carers accessed the service from the City of York. The aim of the service is to help children to overcome the impact of the sexual abuse they have

experienced and to offer advice and support to parents. The team participated in a randomised control trial conducted by Bristol and Durham Universities to test the effectiveness of the approach. The findings have been shared with partners from CYSCB.

The sexual abuse service has been working at capacity throughout 2015-16, with established referral pathways with all key agencies.

'*Women as Protectors*' is a group-work service introduced by NSPCC in 2015 for women who are in a relationship with a man who poses a risk of sexual harm to a child. It is designed to assess and enhance the protective ability of female carers with the aim of keeping children safe now and in the future. The programme is being delivered and evaluated in York and across the country to find the very best methods for preventing child sexual abuse and for supporting and protecting children whose lives have been affected by it.

NSPCC has a multi-disciplinary team of social workers and nurse practitioners delivering an early help service called *Minding the Baby*. This is a 27 month home visiting parenting programme that begins during the third trimester of pregnancy and aims to help first time mothers (14-25 yrs) to care for their babies and cope with the challenges of becoming a parent up to the child's second birthday. During the course of 2015-16 the team completed work with 27 mothers from the first programme. The second programme has recruited new mothers via a randomised control trial, with half receiving the programme and half receiving the usual range of services offered in the community. The research findings will be published in 2017 and shared with CYSCB.

NSPCC has worked in partnership with CYSCB colleagues to bring national NSPCC services/resources/research and campaigns to the CYSCB with the aim of bringing 'added value' from a national children's organisation where there is synergy with the business of the Board. An example is the Spotlight research programme that has been published over the past year.

NSPCC is committed to the work of the CYSCB: the *It's Not Ok* campaign, featured earlier in this report, is an example of this. It has achieved national recognition. The Service Manager has been an active member of the CYSCB. During 2015-16, NSPCC also contributed to the work of 3 Sub-groups. NSPCC staff have had regular briefings on the work of the CYSCB and attended workshops and training provided by the Board so that they are aware of lessons from themed audits and from learning lesson reviews.

Chapter 6: Formal audits of our safeguarding arrangements

The Board undertakes a number of formal audit processes in addition to looking to partners and other Boards for the information given in the previous chapters. This enables the Board to identify where improvements can be made, to identify good practice and to be assured about safeguarding across the city. This chapter describes these formal audits. All of the learning that has emerged from them has been fed back to frontline staff as part of our commitment to continuous improvement, in line with our revised ***Learning and Improvement Framework*** which is described in more detail in Chapter 8.

The "Section 11" Audit

Section 11 of the Children Act 2004 places a statutory duty on key agencies and bodies to make arrangements to safeguard and promote the welfare of children.

The *Section 11 Audit* is the Board's annual audit to examine the safeguarding arrangements within local agencies and provides the Board with assurance that agencies are doing what they can to ensure the safety and welfare of children and young people.

As usual, in 2015-16 CYSCB worked with the North Yorkshire Safeguarding Children Board on the Section 11 Audit as several partner agencies work across York and North Yorkshire. Minor amendments were made to the *Section 11 audit tool* to make it easier to complete online in response to agency feedback. This year the tool incorporated questions under 10 categories:

1. Information about the organisation
2. Senior management commitment to the importance of safeguarding and children's welfare
3. Availability to staff of a clear statement about the agency's S11 responsibility.
4. Safer recruitment and supervision.
5. Training and development
6. Roles and responsibilities
7. Learning and improvement
8. Service development taking account of the need to safeguard and promote the welfare of children and being informed, where appropriate, by the views of children and families
9. Effective inter-agency working to safeguard and promote the welfare of children
10. Work with individual children and families.

Among these questions – and new for 2016 – were questions about agencies' policies and procedures in relation to children who are missing or trafficked, and about radicalisation and

extremism. Agencies and organisations were asked to support each response with details of evidence.

All key partners who deliver (or commission) services for York responded – some, such as the Local Authority, providing more than one service. A joint peer learning event took place in February 2016. Partners were given the overall findings from the audit, invited individually to share their self-audit findings, and then asked to challenge each other, in small groups, to identify themes and determine future actions.

There were no significant multi-agency safeguarding concerns across the agencies identified. Some recurring themes were identified. These were:

- information sharing and assurance from agencies and organisations that they were aware of the information sharing protocols;
- single agency safeguarding training and how far this was inclusive of all relevant staff;
- DBS checks and how often these were updated, as there was some variation in this.

York partners subsequently updated on their actions to address these issues in their regular individual assurance reports to the Board. The Board is satisfied that its partners' safeguarding practices cover these issues. A further joint audit will take place with our North Yorkshire counterparts in the coming year, along with a self-audit of voluntary sector organisations.

Multi-agency Case File Audits

In April 2015 the former Case File Audit Group became the **Partnership Practice Scrutiny and Review Group (PPSRG)**. This multi-professional group has a remit to meet on a regular basis to look at the quality of multi-agency working and adherence to safeguarding policy and procedures. It draws on a variety of written material from various agencies from a random selection of cases.

Membership comprises – as a minimum - the following agencies:

- Children's Social Care
- North Yorkshire Police
- Youth Offending Team
- CAFCASS
- Tees and Esk Wear Valley NHS Trust
- York Teaching Hospital
- CCG Consultant Nurse for Primary Care
- Independent Reviewing Officers
- CYSCB Safeguarding Advisor (Education)

The group met on 6 occasions during 2015-16 and in addition worked on new terms of reference and a new audit tool. During the year the **themes for audit** were:

- Child protection:
 - A focus on planning and setting SMART, outcome focused objectives
 - The impact of those plans
 - Children who had been subject to a plan more than once with a focus on the initial decision to 'deregister'.
 - Children subject to a CP plan one year on.
- Child In Need plans
- Children in care long term under S20 of the Children Act (i.e. with parents' consent).

The Group's findings included:

Child protection:

- The headings of the child protection plans were considered to facilitate good planning. They were in plain language which was useful for families. Such language should be replicated throughout the plan.
- Plans would benefit from making explicit whether each element had been agreed and understood, particularly by parents, and especially in relation to cases where 'deregistration' was recommended.

Child In Need:

- The objectives set and the tasks set for families were clear and defined.
- There was clear evidence that children were involved in assessment and planning.
- Clarity of expectations with families is a foundation for working with them.
- Written agreements need to clarify "who is doing what" and include professionals and all others involved.

Children in care under S20:

- A more robust analysis of the alternatives to Section 20 at each review with a "balance sheet" approach to the alternatives should be carried out.
- Signed consent must be obtained and recorded for all S20 arrangements.

Findings from all of these audits were shared with CYSCB. Relevant agencies were asked for assurance that findings were noted and actions taken. For example, assurance was given to the board that all S20 arrangements now have recorded signed consent from parents.

At the end of 2015-16 the Chair of the PPSRG, Margaret Harvey, Service Manager CAFCASS, indicated her intention to resign because she has a new post away from York. CYSCB would like to extend its thanks to Margaret for chairing the group throughout 2015-16.

Reviewing Serious Cases and Child Deaths

Serious Case and Learning Lessons Reviews

There were no cases which merited **Serious Case Review (SCR)** during 2015-16. One case was considered for SCR but the decision of the CYSCB Case Review Group (CRG) was that it did not meet the criteria either for SCR or for a Learning Lessons Review. This decision was endorsed by the CYSCB Independent Chair and upheld by the National Panel of Independent Experts. While the case did not meet the criteria, CRG was nevertheless able to follow up on some valuable learning points.

The Case Review Group has also reviewed the action plans of earlier Learning Lessons Reviews from previous years. Among others, actions resulting from reviews during the year have included:

- a challenge in regard to therapeutic provision for children and young people subject to online abuse. The strong recommendation about better understanding of the scope and offer of this provision has been picked up by the CSA&E Sub-group for follow up in 2016;
- the setting-up of a task and finish group to develop guidance on the assessment of injuries to non-mobile children;
- a clear pathway developed to address admission to the Children's Ward from the Emergency Department for children and young people requiring CAMHS assessment.

At year end 2015-16, one **Learning Lessons Review** is under way in regard to a neglect case. The action plan from this Review will be followed up and monitored by CRG and lessons learned shared with the CYSCB neglect Sub-group.

Child Death Overview Panel

CYSCB shares the Child **Death Overview Panel (CDOP)** with North Yorkshire Safeguarding Children Board in order to review the death of every child (up to the age of 18 years) in the York and North Yorkshire area so as to learn any lessons that may help other children and families in the future. The North Yorkshire LSCB administers the CDOP on our behalf.

In 2015-16 there were 11 child deaths in York. On average it takes 6 months for a case to come to panel and delays can be for a number of reasons including Police or Coronial investigations. This means that not all of these cases have yet been discussed to look at possible learning from them.

A Rapid Response audit was completed by the CDOP Coordinator for all unexpected child deaths that occurred between 1 April 2015 and 31 March 2016. The audit gave assurance that there are effective systems in place that are working well and that the attendance of Rapid Response meetings is good. However, it did highlight significant cross-boundary issues

and a lack of bereavement support available to parents within North Yorkshire and City of York. This being addressed by services across the city and county.

CDOP Priorities for 2016-17 are:

- further development of the Performance Framework;
- improved engagement with national campaigns;
- development of a range of 1 minute guides for professionals regarding the Rapid Response Process and what to expect at an inquest;
- further consideration regarding modifiable factors;
- renewed regional CDOP Managers Meetings, to ensure regional learning and sharing of best practice is disseminated in North Yorkshire and York;
- logging of data in which online/telephone health advice is sought to identify potential links with certain categories of child deaths.

A full CDOP Annual Report for 2015-16 is available on our website²⁷.

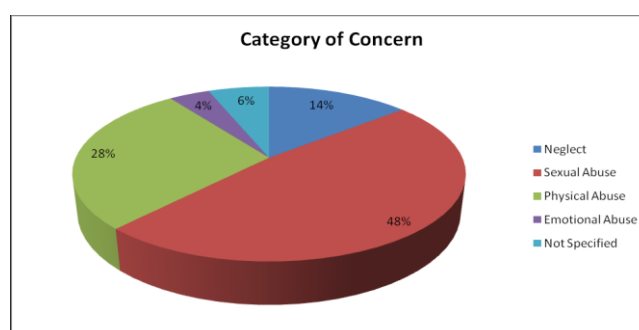
There may be significant changes to the CDOP process in 2016-17 as the Wood Review of LSCBs²⁸ has made recommendations that it be moved to the Department of Health and that arrangements be carried out on a more regional basis.

Dealing with allegations against professionals

There were a total of 50 contacts received by the Local Authority Designated Officer (LADO) in 2015-2016. This figure has increased marginally since 2014-2015 (45) but remains similar to the figure in 2013-2014 (49). Out of the 50 contacts, 30 were referrals and 20 were consultations.

Category of concern:

The largest single category of concern was sexual abuse (48%), followed by physical abuse (28%), neglect (14%) and emotional abuse (4%). Three cases (6%) could not be categorised. The 'It's Not Ok' campaign took place in 2015-16 and will have resulted in heightened awareness of sexual abuse.



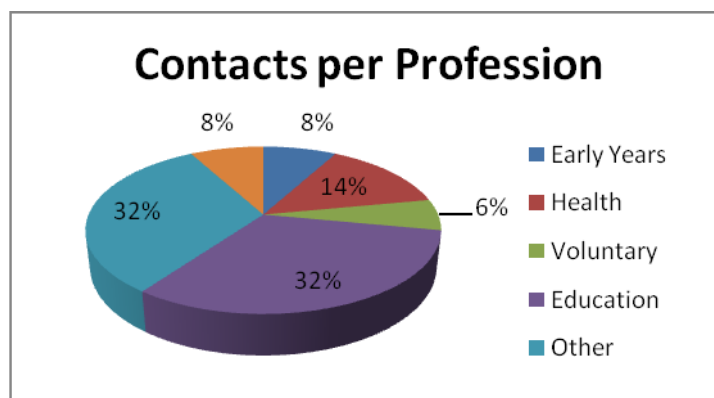
²⁷ <http://www.saferchildrenyork.org.uk/annual-reports.htm>

²⁸

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf

Contacts per profession:

The number of contacts relating to education personnel increased from 13% in 2014-2015 to 32%; however the majority of these were consultations rather than concerns being taken up for action. Managers in education are more likely to contact the LADO for advice than those in other agencies, owing to the close contact that schools have with children, even though most of these consultations would not result in any further action by the LADO. The number of contacts relating to early years professionals has decreased from 22% in 2014-2015 to 8%.



Safe recruitment practices

Finally, all agencies and schools are required to give assurance to CYSCB about their safer recruitment practice through the Section 11 audit and an audit of schools' safeguarding arrangements. The Board is satisfied that partner organisations and schools operate according to safer recruitment guidance.

Chapter 7: Learning and Development

In 2015-2016, the Board has continued to provide a programme of learning and development opportunities on a multi-agency basis. Courses are linked to the Board's priorities, core knowledge requirements and emerging issues and lessons. Partners have continued to support delivery with facilitators from Lifeline, IDAS, NSPCC, Health, Children's Social Care and Education. Independent trainers have been commissioned as appropriate, funded by income generated by delivering bespoke events or levying a small delegate charge.

Quality and content is overseen by the City of York Council's Workforce Development Unit and a new Workforce Development Advisor (Safeguarding) will be appointed in 2016. The latest training offers, which convey the richness and range of our offering, are available on our website²⁹. Attendance at our multi-agency training events is usually good, with numbers at, or close to, the preferred target for each course. Courses are not run unless registration rates are viable. Feedback for training is consistently good or excellent, with exceptions usually arising from the relevance of course for the practitioner's role.

The principles of equality and diversity are at the heart of the all the training we offer. We challenge agency delegates as to whether they make their services accessible to all, including those with physical disabilities or learning difficulties that may require specific tools, aids or language. Our safeguarding training also addresses the issues of cultural norms and whether practitioners understand the difference between a safeguarding matter and a cultural matter. As York's population changes, we will keep these issues under review.

The Children's Advice Team have delivered a wide range of Early Help training to delegates throughout 2015-2016. This included:

- Information Sharing
- Using the FEHA Tool
- Early Help Principles Tools and Assessment
- Coordinating Early Help Processes
- Managing and Supervising Early Help
- The Whole Family - Listening to Everyone
- Engaging Families in Challenging Work

In total, 129 professionals attended this training and feedback continues to be positive from attendees. Professionals commented that the training was '*Very informative and well presented*' and that it was '*Very well presented and very clear*'. The Children's Advice Team also delivered 8 bespoke training sessions at primary schools across York. These sessions generally involved most of the teaching staff at each school. The training that was the most frequently requested was 'Engaging families in challenging work' and 'Difficult conversations

²⁹ <http://www.saferchildrenyork.org.uk/learning-and-development.htm>

with parents'. IDAS (Independent Domestic Abuse Services) have also delivered training to a total of 29 delegates from various agencies in relation to domestic abuse and managing risk and supporting families. Feedback for this training averaged at excellent.

Female Genital Mutilation became a priority for the Board in 2014-2015. During 2015-2016, an FGM briefing was delivered to professionals to give an understanding of the practice. In the session, information on what FGM is, why this is carried out and who is at risk was provided. The Board also encourages practitioners to undertake online FGM training as delivered on the Home Office website³⁰.

The Safeguarding Advisor (Education) has continued to deliver whole school safeguarding training to staff in York schools during 2015-16. This training now incorporates important information around FGM and the 'Prevent' duty. Six-monthly updates are run for Education Designated Safeguarding Leads. These are well attended and the feedback from the sessions is very positive. The Safeguarding Advisor (Education) has provided safeguarding training for taxi drivers, passenger assistants and bus drivers involved in the children's transport contract. A Safer Recruitment Training Course was also run for governors and staff. This was very well attended and the feedback positive. A further course is planned during 2016-17.

A new learning and development needs assessment will be undertaken in 2016 to ascertain multi-agency training needs across the workforce. This will include scoping the safeguarding training within single agencies in order to avoid duplication and to ensure that CYSCB meets its remit to monitor safeguarding training.

Training and shared learning will be delivered through a variety of methods, acknowledging that practitioners learn in different ways. Some may learn in a traditional 'classroom' setting; other may prefer seminars where experience, knowledge and skills may be shared. CYSCB already makes use of e-learning and online material.

At the end of 2015, **Dee Cooley** the CYSCB Workforce Development Advisor moved on to take up new opportunities. CYSCB would like to extend its thanks to Dee and is pleased that Dee will continue to deliver some of the CYSCB multi-agency training on a freelance basis.

³⁰ <https://www.fgmelearning.co.uk/>

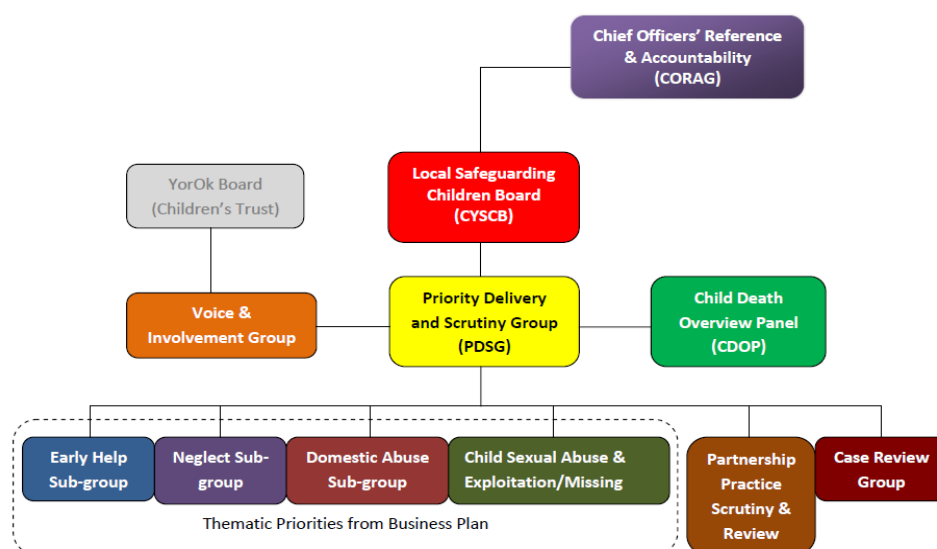
Chapter 8: How are we doing as a Board?

Over the past two years, the board has been reviewing how it operates to build on its strengths and address any issues hindering its development. A development day and partner consultation and feedback in 2014-15 resulted in a revised model which was adopted at the April 2015 Board meeting and is now in place. Within the new structure, there is greater input of other agencies rather than an over-focus on Children's Social Care, with seven partners represented as chairs of Sub-groups providing a broader spread of input. In 2015-16 the chairs come from the following partner agencies:

- Early Help Sub-group – Children's Trust
- Neglect Sub-group – Public Health
- CSA&E/MfH Sub-group – Children's Social Care
- Domestic Abuse Sub-group – York Teaching Hospital NHS Foundation Trust
- Case Review Group – Vale of York Clinical Commissioning Group
- Partnership Practice Scrutiny and Review Group – CAFCASS
- Priority Delivery and Scrutiny Group - Local Authority Children Services

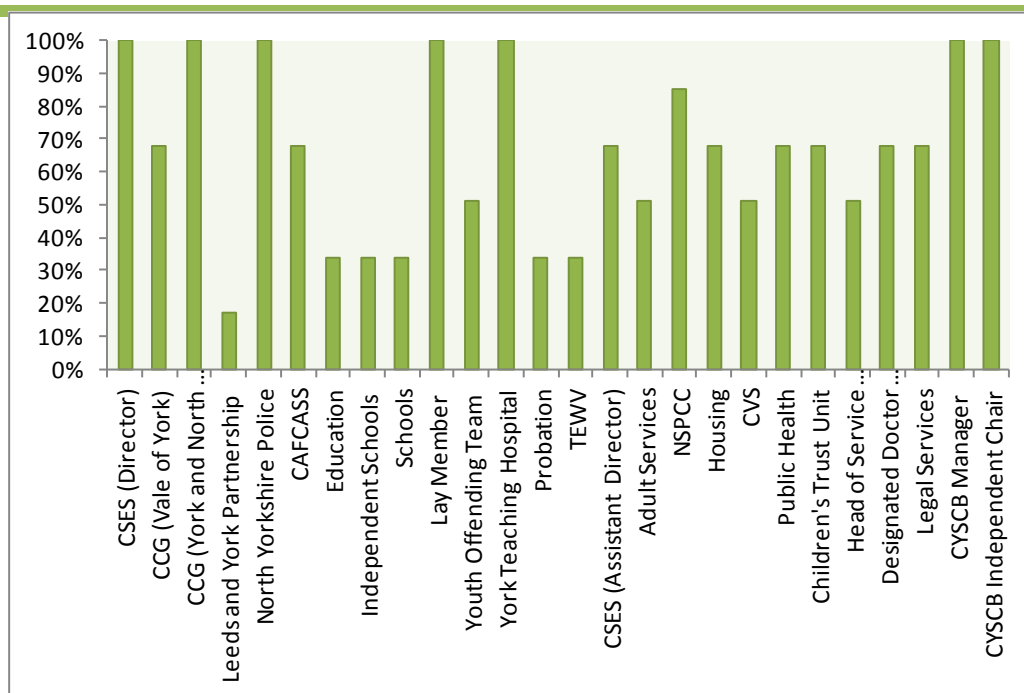
All partners are also asked to contribute to at least one Sub-group if at all possible.

The structure of the Board and its Sub-groups looks like this:



A description of the function of each Sub-group is at **Appendix D**.

Board meetings take place every two months. Partners are committed to attending and Board meetings are always well attended.



CYSCB Attendance 2015-16

Towards the end of 2015-16 and into 2016-17 CYSCB has gained new members as Tees and Esk Wear Valley have taken over the delivery of CAMHS services in York; the new Community Rehabilitation Company (Offender Management) has been created from the split with Probation Services; and IDAS has become a key partner. In addition new individuals in posts with established partners have joined the Board. The full membership on 31 March 2015 is at **Appendix C**.

Minutes of all CYSCB meetings are available on our website.³¹

The Board is financed through contributions from Partners. A table setting this out is at **Appendix E**.

There has been a full revision of the ***CYSCB Learning and Improvement Framework*** to reflect changes in the Board's structure and the ways in which it carries out its work. A copy of this is available on our website³². This important document, together with our robust commitment to scrutinising our own, and our partners', performance, encompasses our approach to quality assurance. All of the learning points that have emerged from the process of compiling this Annual Report have been reflected in the *Learning and Improvement Framework*.

The Board and the Sub-groups make good use of available data and information. Each Sub-group, where appropriate, is developing its own dataset and using it to understand issues and the impact of policies; and to support and challenge partners to improve on these. An illustrative scorecard is available at **Appendix A** and an illustration of the reporting cycle at

³¹ http://www.saferchildrenyork.org.uk/cyscb-minutes_2.htm

³² <http://www.saferchildrenyork.org.uk/cyscb-ways-of-working.htm>

Appendix B. A growing culture of information sharing has meant that these datasets have become truly multi-agency with partners understanding that sharing data and information gives a much clearer picture of safeguarding across services rather than relying on data from Children’s Social Care alone.

During 2016 we are revising and refreshing our Business Plan. The Business Plan enables us to see progress against agreed priorities and to understand where further progress needs to be made. Our Business Plan relates to our priorities, with the ‘voice of the child’ and ‘children with disabilities’ running throughout.

In addition to a restructure of the Board, the Business Unit which supports the Board has also been reconfigured. The Unit now focuses specifically on the business support function with the Local Authority Designated Officer role being covered temporarily by colleagues in North Yorkshire prior to a dedicated York function being based within Children’s Social Care.

During 2015-16 the Board Manager, Joe Cocker, left. Joe had managed the Board for a number of years and had, among other achievements, been responsible for a very comprehensive thematic review of neglect. CYSCB would like to extend its thanks to Joe in acknowledgement of his very significant contribution to the Board over the years.

The Board recognises there are still some areas for improvement; the challenges and priorities are outlined in **Chapter 9**.

Chapter 9: What we have learnt: the priorities and challenges for next year

As a Board, we are committed to continuous improvement: this is reflected in the *Learning and Improvement Framework* mentioned in the previous chapter. This chapter sets out our priorities and challenges for the year ahead: these will be reflected in our new Business Plan and, in due course, in a further update to the *Learning and Improvement Framework*.

Priorities

Early Help

CYSCB has learnt that while robust and effective systems for early help exist already, there are improvements to be made in terms of the rising number of enquiries to Children's Social Care (CSC) which may possibly indicate a lack of confidence amongst early help practitioners.

The Board is therefore interested to see the new operating model for Early Help which will be developed during 2016 and which will launch in early 2017. The new model will see three multi-disciplinary local area early help teams established in key areas of the city to provide a city-wide service, but with specific areas targeted where support is most needed at an individual and community level.

The Board has requested an update and dialogue on the planning and initiation of the project and hopes to see increased whole-family working, with agencies and organisations collaborating to prevent issues and problems escalating to crisis level such that there is a requirement for statutory intervention.

In the longer term, the Board will be looking for a decrease in the high level of referrals and enquiries to CSC. In the shorter term, the Board will want to see a higher proportion of enquires to CSC which do not reach the threshold for statutory intervention being stepped down for early help support. This will need there to be sufficient early help practitioners who are well trained and supported in methods of integrated working and assessment.

Neglect

The number of referrals and enquiries to Children's Social Care and the percentage of Child Protection Plans under the category of 'neglect' has remained a concern to CYSCB. CYSCB has therefore focused a significant amount of attention on this matter during 2015-16 and will continue to do so.

2016 will see the launch of the new City of York Neglect Strategy. The draft strategy will go out for consultation and will be endorsed and finalised later in 2016. The Board will then face the challenge of testing the understanding of practitioners in terms of assessing and addressing neglect and of measuring outcomes. CYSCB will stage a Neglect Event later in 2016 in order to raise awareness of neglect as a concern and to look at ways in which practitioners can address this.

During 2016 the Graded Care Profile will be rolled out, initially for use by practitioners in CSC and in the new 0-19 service (health visitors and midwives) in Public Health. The Board will want to monitor how this is impacting on standardisation of assessment of neglect and in improved outcomes for children and young people affected by neglect.

Jointly with partners in York and North Yorkshire, CYSCB will carry out a problem profile project to assess the scale of neglect across the county.

Child Sexual Abuse and Exploitation

2015-16 saw the rollout of the 'It's Not Ok' campaign. In terms of the number of children, young people, practitioners, teachers, parents, carers and members of the public that the campaign reached, it was deemed to be very successful. The very positive feedback, particularly from young people themselves, confirmed this. Several disclosures were made.

CYSCB is not complacent, however, about this issue. While the full evaluation is still pending and is expected to be completed in 2016, the challenge for the Board, and partners such as NSPCC, will be to ensure that this good work becomes embedded via the use of tools and information packs in schools; and that awareness raising about the impact of sexual abuse and exploitation on children and young people continues.

Children Missing from Home, Care and Education

CYSCB continues to work with partners on ensuring that the processes for identifying and protecting children who go missing from home and care are improved. CYSCB will monitor and challenge the work of Children's Social Care and North Yorkshire Police in ensuring that information about children who go missing, particularly at night and at the weekend, is shared and that return interviews are carried out in order to understand why and where children are going.

The Board is aware that new guidance on children missing from education will be issued in 2016 and will continue to monitor the numbers and to request information on the issues and level of concern in relation to these children.

Domestic Abuse

Whilst a significant amount is now known about the numbers of children witnessing domestic abuse and the percentage of children who are present at reported incidents of domestic abuse, the Board is keen to ensure that the plight of, and impact on, children witnessing domestic abuse remains a key priority for strategic leaders in the York and North Yorkshire Joint Coordination Group, and in the Safer York partnership. The CYSCB Domestic Abuse Sub-group will be identifying the questions and challenges for these strategic groups in relation to such children in York, and lobbying for a county-wide strategy to ensure that services for children and young people are available, funded and supported.

Additional challenges

National LSCB Review

CYSCB is aware that the review of Local Safeguarding Children Boards being undertaken in 2016 on behalf of the government - the Wood review³³ - will result in changes to the way that LSCBs function. CYSCB is prepared for possible changes and confident that it will continue to operate as a strong partnership. All Board members will take part in agreements about any reconfiguration of the Board. Changes to the Serious Case Review process and the Child Death Overview process are also anticipated.

Shared responsibilities and relationships between strategic Boards

During 2016, CYSCB will strengthen its relationship with other strategic Boards. A protocol is already in place with the YorOk (Children's Trust) Board and with the Health and Wellbeing Board but CYSCB will seek to extend this to include the Safer York Partnership and the Safeguarding Adults Board. The joint protocols will identify strategic leads on priority areas such as Domestic Abuse, Mental Health and 'Prevent', among others, and reinforce joint working on many areas of concern.

Support for young people's emotional and mental health

As indicated earlier in the report, CYSCB will be challenging partners to assure the Board that we are doing everything possible to support and improve young people's emotional and mental health. This will have a number of strands:

- we will be working with the new provider of **Child and Adolescent Health Services** in York (see Chapter 5) to further assure ourselves that there is a proper focus on child protection. This may involve further audits of safeguarding policies, safeguarding supervision, and of referrals in to Children's Social Care.
- a particular theme of our work in this area will be **self-harm**, recognising that all agencies already share concerns about this issue. CYSCB will avoid duplicating others' efforts, but will nevertheless undertake a scrutiny role and will seek a report on progress made by agencies on this issue as this remains an area of challenge.
- we will also be interested to hear about the impact of the work to strengthen the emotional and mental health arrangements for children and young people in **schools**, and how this will be further developed.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/526329/Alan_Wood_review.pdf

Outcomes and impact

CYSCB is committed to refining its capacity to understand outcomes and impact. The revised Business Plan will mean that the objectives set in the Plan are reviewed regularly (formally at least annually but also at more frequent intervals). In addition to scrutinising the data pertinent to their area and highlighting and responding to issues and exceptions, each Sub-group will look for assurance from the data and information that outcomes for children and young people in York have been improved. Their scrutiny of, and conclusions from, performance data will be reported to the Priority Delivery and Scrutiny Group and to the Board. This is consistent with our *Learning and Improvement Framework*, which will itself be kept under review and further revised if necessary.

Learning and Development

During 2016 CYSCB, supported by the local authority's Workforce Development Unit, will undertake further work on understanding and analysing multi-agency training needs. Multi-agency training will be commissioned which avoids overlap with training delivered already on a single agency basis. A new training strategy will be agreed and CYSCB will look at a variety of formats for delivering learning and development opportunities.

York's Changing Population

As indicated earlier in this report, the principles of equal opportunities run through all of our work; and in particular we are sensitive to different cultural norms without ever for one moment compromising our commitment to safeguarding children and young people. We recognise that these issues can sometimes pose challenges, and that York's population is changing rapidly. The city will also be welcoming a new group of **refugees** in 2016.

For all of these reasons, during the year ahead we will seek advice to ensure the Board is fully up to speed with the current and projected nature of York's population, and any challenges this might pose for our safeguarding work - as well as the opportunity to reach out to new community-based groups.

Others

There may be other new challenges for the Board:

- Fresh national concerns have emerged during 2015 in relation to children in receipt of **home education** and CYSCB will be asking local authority colleagues and partner agencies what they know about these children and what safeguards are in place.
- CYSCB is aware that there may be increasing challenges in terms of **radicalisation**, potential **modern slavery situations** and **forced marriage**.
- As part of continuous improvement we are committed to the regional arrangements for **peer review** as the last review was in 2013. Therefore, we will commit to a new review later in 2016.

Chapter 10: Key messages for readers

This year, the Board would like to convey the following key messages. Many of these messages are the same messages as last year but this is because they still matter:

For children and young people

- We are still listening and your voices are the most important of all voices. We think we are getting better at listening to you but we are continuing to work on new ways of hearing you.
- Your wellbeing remains at the heart of our child protection systems.
- We want to hear from you about how services can be improved to ensure your wellbeing, to prevent you being harmed, and to protect you.

For the community

- You are in the best place to know what is happening to children and young people and to report your concerns if you think something are happening.
- Protecting children is everybody's business. If you are worried about a child, contact the Children's Front Door (contact details below).

For City of York Safeguarding Children Board partners and organisations

- The protection of children is paramount. How do decisions that your agency makes affect children and young people?
- You are required to assure this Board that you are discharging your safeguarding duties effectively and ensuring that services are commissioned for the most vulnerable children.
- Are you making sure that the voices of all children and young people are informing the development of services?
- Take notice of the voices of vulnerable children. Listen and respond, particularly if they disclose abuse.
- Children and young children may not always verbalise their feelings. Be aware of other non-verbal ways they may indicate to you that they are distressed or worried.
- Use your representative on our Board to make sure the voices of children and young people and front line practitioners are heard.
- Ensure your workforce is able to contribute to the provision of safeguarding training and to attend training courses and learning events.
- Know the priorities of the Board and take these into account. Share responsibility in the delivery of the Board's work.

-
- Be prepared to evidence your agency's safeguarding processes via the annual Section 11 audit and event and via assurance reports to the Board.
 - This Board needs to understand the impact of any organisational changes on your capacity to safeguard children and young people.

For schools:

- Make sure that you are compliant with the processes which all schools, in the maintained, non-maintained or independent sector, must follow to safeguard their pupils.
- In particular ensure that you are familiar and compliant with 'Safeguarding Children in Education' guidance and the new guidance which will be implemented in September 2016.
- Be aware of and compliant with safer recruitment processes.

For practitioners:

- Make sure that you attend safeguarding courses and learning events required for your role and that you are constantly up to date with changes in safeguarding practice, guidance and legislation. These change all the time.
- Be familiar with, and use, the multi-agency tools designed for you: e.g. our 'Threshold Guidance'³⁴ and the online safeguarding procedures³⁵.
- Resist complacency. Just because certain issues such as Child Sexual Exploitation, Trafficking, Female Genital Mutilation and other similar problems are rare in our community, does not mean that they are not present. Indeed, they may be even harder to spot.
- Be 'professionally curious' with other practitioners and when working with children and young people.

For everyone:

'If you see something, say something'

³⁴ <http://www.yor-ok.org.uk/workforce2014/Concerned%20about%20a%20child/childrens-front-door.htm>

³⁵ <http://www.saferchildrenyork.org.uk/child-protection-procedures.htm>

Contact details for the Board

CYSCB website

<http://www.saferchildrenyork.org.uk/>

CYSCB Chair: Simon Westwood CYSCB Manager: Juliet Burton

CYSCB, City of York Council,
West Office, Station Rise,
York,
YO1 6GA

<http://www.saferchildrenyork.org.uk/contact-us.htm>

How to report concerns about a child or young person

If you have a concern that a child is vulnerable or at risk of significant harm please contact the Children's Front Door:

Phone for advice: **01904 551900**

or, using a referral form:

Email: childrensfrontdoor@york.gov.uk

Post: **The Children's Front Door, West Offices, Station Rise, York, YO1 6GA**

Out of hours please contact the Emergency Duty team on: 01609 780780

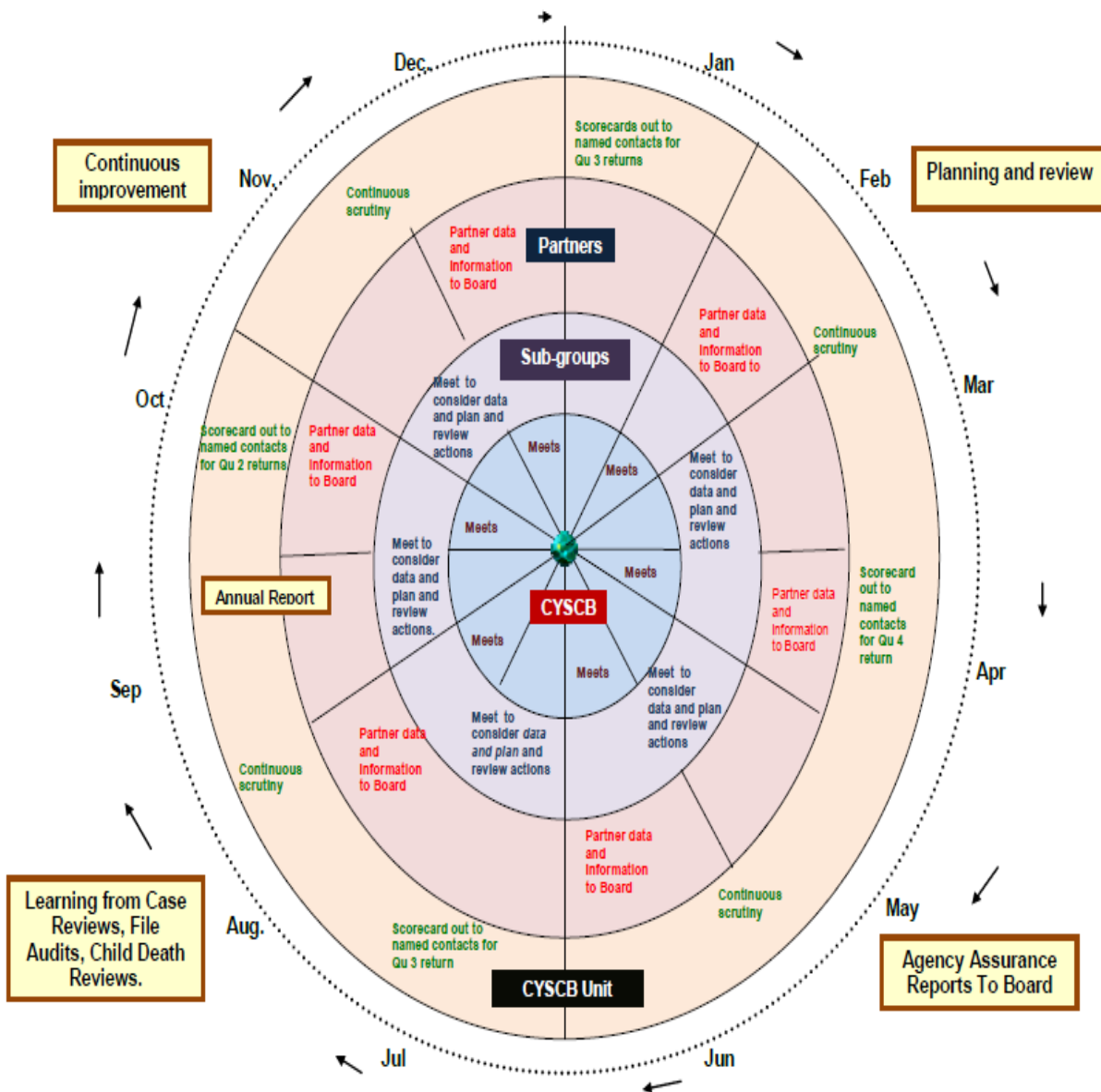
More information and a referral form are available at:

<http://www.saferchildrenyork.org.uk/concerned-about-a-child-or-young-person.htm>

Appendix A. Illustrative Scorecard

<u>CYSCB Priority</u>	<u>Example of Performance Indicator</u>
Early Help	Percentage of cases not meeting CSC threshold, signposted for early help.
Neglect	Percentage of referrals with neglect as a factor at the point of referral (i.e. reaches CSC threshold).
	Number of entries to A&E by unintentional or deliberate injury to children 0-17 (inclusive).
Child Sexual Abuse and Exploitation	Percentage of Single Assessments in which sexual abuse and/or exploitation identified as a factor.
	Number of sexual offences recorded by North Yorkshire Police in which victims are under 18.
Missing from Home, Care or Education	Number of episodes of Missing from Home or Care recorded by North Yorkshire Police and Children's Social Care.
	Number of children reported as Children Missing Education (CME) and percentage of CMEs located or no concern.
Domestic Abuse	Number of incidents of domestic abuse in which children recorded as present by North Yorkshire Police.
	Number of children provided with one-to-one support by IDAS.

Appendix B. CYSCB Reporting Cycle



Appendix C. Members of City of York Safeguarding Children Board (31 March 2016)

1. Independent Chair

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Simon Westwood	Independent Chair City of York Safeguarding Children Board	City of York Safeguarding Children Board

2. Health

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Mandy Robson	Quality and Safety Manager	NHS England, North Yorkshire and Humber Area Team
Julie Finch		NHS England
Michelle Carrington	Chief Nurse	NHS Vale of York CCG
Bev Geary	Chief Nurse – <i>represented by Sue Roughton</i>	York Teaching Hospital NHS Foundation Trust
Karen Hedgley	Designated Nurse for Safeguarding Children	North Yorkshire and York CCG
Sue Roughton	Head of Safeguarding (Children and Adults) <i>representing Bev Geary</i>	York Teaching Hospitals Foundation Trust
Simon Berriman (not attending – information only)	Liaison officer	North Yorkshire Local Medical Committee
Stephanie Govenden	Designated Doctor for safeguarding children	NHS NY and York
Karen Agar	Directorate of Nursing and Governance, Tees Esk and Wear Valleys NHS Foundation Trust	TEWV

3. Public Health

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Sharon Stoltz	Interim Director of Public Health (Joint Chair of CDOP)	City of York Council Public Health
Nick Sinclair	Pathways Officer, Substance Misuse Team	City of York Council Public Health

4. Education Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Lorna Savage	Secondary School Head Teacher	Secondary Schools
Zoe Lightfoot	Primary School Head Teacher	Primary Schools
Tricia Head	Pupil Referral Unit Head Teacher	Danesgate School
Matthew Grant	CP Lead	Independent Schools

5. Local Authority Children and Young People Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Jon Stonehouse	Director of Children's Services, Education and Skills	City of York Council CSES
Eoin Rush	Assistant Director Children's Services, Education and Skills	City of York Council CSES
Dot Evans	Head of Service (Safeguarding)	City of York Council Children's Social Care
Angela Crossland	Head of Integrated Youth Support Services and Youth Offending Team	City of York Council, Youth Services
Alan Hodgson	YOT and Early Help Group Chair	City of York Council, Youth Services and CTU
Niall McVicar	Chair of Voice and Involvement Group	City of York Council, Children's Social Care
Jennie Noble	Chair of 'Voice' Sub-group	City of York Council, Youth Support Service

6. Local Authority Adults Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Mark Albiston	Head of Safeguarding Adult Social Care	City of York Council
Martin Farran	Director of Adult Social Care	City of York Council

7. City of York Safeguarding Adults Board

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Kevin McAleese	Independent Chair	City of York Safeguarding Adults Board

8. National Probation Service and Community Rehabilitation Company

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Louise Johnson	Area Manager (Public Protection)	York and North Yorkshire Probation Trust
Vikki O'Brien	LDU Director	Humberside, Lincolnshire and North Yorkshire CRC Ltd

9. North Yorkshire Police

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Dave Jones	Chief Constable	North Yorkshire Police
Nigel Costello	Detective Chief Superintendent	North Yorkshire Police

10. Prison Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Paul Simpson	Head of Offender Management, Safer Prisons and Quality	HMP Askham Grange

11. Cafcass

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Margaret Harvey	Service Manager	CAFCASS

12. Lay Member

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Barry Thomas	Lay person	

13. Local Authority Housing Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Steve Waddington	Assistant Director, Housing and Public Protection	City of York Council

14. Voluntary Sector

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Sarah Armstrong	Chief Executive	York CVS
Debra Radford	Children's Service Manager	NSPCC
Sarah Hill	Director, IDAS	IDAS

15. Yorkshire Ambulance Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
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David Blain	YAS Safeguarding Head of Quality – <i>represented by designated professionals from CCG</i>	Yorkshire Ambulance Service NHS
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16. Local Authority Legal Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Melanie Perara	Deputy Head of Legal Services	City of York Council

17. Local Authority Communication Services

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Megan Rule	Communications Officer	City of York Council

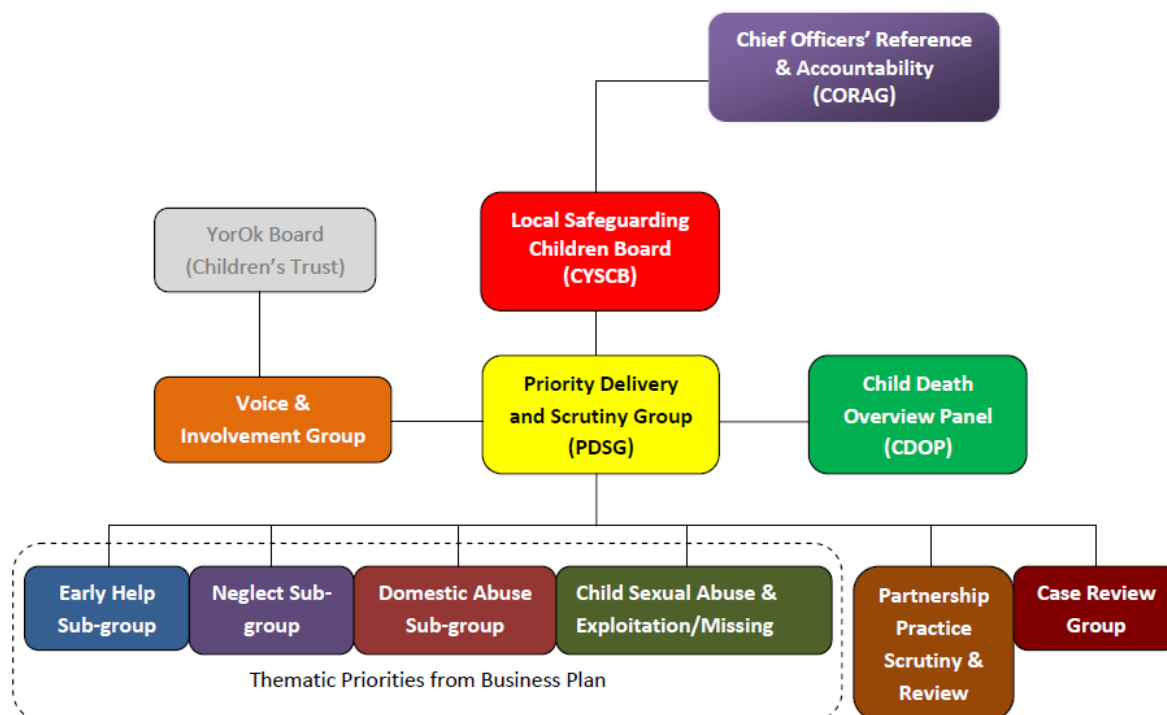
18. CYSCB Officers

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
Juliet Burton	CYSCB Business and Performance Manager	CYSCB
Caroline Williamson	Safeguarding Advisor (Education)	CYSCB
Anna Wynne	CYSCB Performance and Governance Officer	CYSCB

19. Participating Observers

<i>Name</i>	<i>Title</i>	<i>Organisation</i>
CLlr Jenny Brookes	Cabinet Member, Education, Children and Young People	City of York Council

Appendix D. The Board and Sub-group structure



CORAG

Chief Officers from all agencies in York take their responsibilities equally seriously and following a request from the Independent Chair they established a unique mechanism – the Chief Officers' Reference and Advisory Group (CORAG) - to maintain focus and progress. CORAG meets regularly, and includes the senior officers from the Council, the Police, Health partners, and the Independent Safeguarding Board Chair. Its purpose is not in any way to replace the statutory functions of the LSCB; rather, CORAG serves to ensure that the LSCB can at all times maintain a clear focus on keeping children safe, by swiftly removing any blockages to progress. Its existence offers a powerful demonstration to all staff across all agencies in York that there is no higher priority for any of the agencies than safeguarding children.

Sub-groups

The change of the board structure in April 2015 to one more driven by priorities means performance reporting is more closely aligned to the priorities set by the Board and relayed in the Annual Report. Currently these priorities are:

- Early help

- Neglect
- Child Sexual Abuse and Exploitation
- Children Missing from Home, Care and Education
- Domestic Abuse

Four Sub-groups focus specifically on those 5 priorities:

- **Early Help group** – reports to both the CYSCB and YorOk (Children’s Trust) Board.
- **Neglect Sub-group**
- **Child Sexual Abuse and Exploitation/Missing from Home and Care sub group** (one Sub-group looking at both of these priorities in terms of vulnerability and exploitation.)
- **Domestic Abuse Sub-group**

These Sub-groups may be task focused and time limited depending on the scale of the need and the level of challenge required.

Four of the Sub-groups are ongoing and carry out the business of the Board:

- **Voice and Involvement** – looks at the voice of children and young people throughout the whole spectrum of intervention and across all agencies. It seeks to hear and to enhance the input of children and young people into service delivery and planning. The Sub-group reports both to CYSCB and to the YorOk (Children’s Trust) Board
- **Partnership Practice Scrutiny and Review** – carries out the auditing of case file material on the Board’s behalf. Auditing is based around themes identified by the group itself or in response to other case reviews or local and national priorities.
- **Case Review Group** – considers cases referred for review – Serious Case Review or other form of review – and refers decisions and recommendations to the Independent Chair and the National Panel of Experts. This group also reviews and challenges action plans in response to case reviews – either single- or multi-agency.
- **Child Death Overview Panel (CDOP)** – co-ordinated on CYSCB’s behalf by North Yorkshire LSCB. Cross border scrutiny and analysis of all child deaths and reports and data are also disaggregated and analysed for York.

The final Sub-group, the **Priority Delivery Scrutiny and Review Group** serves as the co-ordinating body for the Board. This Sub-group monitors and analyses the performance and quality of interagency safeguarding practice, of learning activities and progress against priorities.

Appendix E. The Board's Finances

Budget

Expenditure (£)	2015-16	Income (£)	2015-16
		Balance B/fwd	- 30,269
Staffing	183,433	CYC Children's Services	70,476
Training Budget	2,769	Vale of York CCG	53,234
Information/Miscellaneous	11,056	Police: North Yorkshire Police	21,988
Recharges	18,840	CYC Education and Skills	14,900
Child Death Review Grant	12,000	NPS North Yorkshire and CRC	6,943
Serious Case Reviews	0	Schools	50,000
Independent Chair	13,139	CAFCASS	550
		Others	15,000
		Child Death Review Grant	12,000
		Serious Case Review	0
	241,238		245,091
Balance C/fwd		C/fwd	-26,416
	241,238		

The year-end budget shows a small in-year surplus of £3.8k, reducing the overall deficit to £26.4k.

The CORAG group has discussed current and future funding arrangements, and will agree the future budgets each year. It has previously been agreed that any funding required for Serious Case Reviews will be met via contributing agencies as the need arises, most probably through contingency funds.

Appendix F. Full reports from around the Partnership

This Annex contains the safeguarding assessment reports submitted by partner agencies. Each subsection has been written by the individual partner, and references to "we" or "our" should be read accordingly.

NHS Services

Vale of York Clinical Commissioning Group (CCG)

Safeguarding children assurance processes within the CCG have continued to develop during 2015-16. The Designated Nurse for Safeguarding Children (DNSC) presents a quarterly report to the CCG Quality and Finance Committee. These reports provide assurance, and where necessary flag risks with associated action plans, in relation to CCG-commissioned services.

In accordance with '*Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2015)*' the CCGs have continued to invest in securing the expertise of the Designated Professionals to support them to discharge their responsibilities as key commissioners of local health services.

Highlights during 2015-16:

In April 2015 the CCG assumed delegated responsibility for the commissioning of Primary Health Care across the CCG locality. In order to support safeguarding children developments within Primary Care the CCG agreed a collaborative arrangement with 3 other CCGs across North Yorkshire and have recruited to the post of Nurse Consultant for Primary Care (Safeguarding Children and Adults). The CCG has also secured a Named GP for Safeguarding Children. This has led to some key developments in terms of safeguarding children training provision, increased access to expert advice and support and guidance on developing safeguarding systems and processes within individual practices. It has also allowed for greater engagement of Primary Care in LSCB led multiagency audits and contribution to the current Learning Lessons Review.

The DNSC has continued to provide support and expertise to health provider organisations across the City. This includes provision of supervision, delivery of supervision skills training and ongoing support to develop safeguarding children systems and processes within these organisations. In particular, the DNSC has worked closely with colleagues in TEWV Trust, as the new provider of mental health services across the city, to support their engagement with Board activity and early engagement in multiagency working.

The CCG has worked closely with provider organisations to strengthen the development and reporting against safeguarding children quality requirements in contracts. Further work is planned for 2015-16 to ensure these QRs and reporting processes are embedded.

The Designated Professionals have updated the CCGs *Safeguarding Children Policy* and *Allegations Against Staff Policy* in line with *Working Together (2015)*.

Face to face safeguarding children training sessions (including PREVENT) have been arranged for CCG staff during 2016. It is anticipated that this will contribute towards an increased awareness of the CCG's role and responsibilities with regard to safeguarding children and further develop understanding of the role of the Designated Professionals Team.

CCG support to CYSCB activity

The Chief Nurse and DNSC have provided consistent support to the Board. Due to a change in personnel the role of Designated Doctor was vacant during the latter part of the year; however the

CCG has now recruited to this role and the newly appointed Designated Doctor will be in post from 1st of May 2016.

The DNSC continues play an active role in the work of the Board Sub-groups including taking forward the role of Chair for the Case Review Group.

The CCG has continued to make a financial contribution to the Board on behalf of commissioners and providers. An additional financial contribution was made to support the LSCB-led 'It's not ok' campaign.

Primary Care

The Board has heard from the Nurse Consultant (Primary Care) about safeguarding plans for GP and primary care practitioners in York. Overall the model being implemented increases resilience in this area and improves the capability, capacity and quality of Primary Care in relation to the safeguarding of children and vulnerable adults. Progress identified was:

- New safeguarding arrangements have been developed across CCGs and the NHS.
- Dedicated support for GPs is being provided.
- A GP forum has been developed with an action plan in place for needs and concerns. All GP practices should now have a safeguarding lead. The forum was well attended and received.
- Training of GPs : a new training strategy for GPs is being prepared aimed at delivering 'hot topics' training around issues and concerns particular to practices when GPs are available to attend.

The Board has been given assurance that action has begun to map current processes in Primary Care against the revised requirements and that this will highlight and address any risks identified. The new NHS England Safeguarding audit tool has been disseminated to all GP practices. If any areas for development are identified within practices, support will be offered to ensure effective safeguarding arrangements are in place.

A robust support network is being developed which includes practices receiving relevant safeguarding publications and alerts.

York Teaching Hospital and NHS Foundation Trust (YTHFT)

Within the past financial year there have been significant staffing changes within the Safeguarding Children Team of York Teaching Hospital NHS Foundation Trust (YTHFT). We have appointed a full time Child Sexual Assault Assessment Centre Lead Nurse in November 2015, a new full time Named Nurse for Safeguarding Children in January 2016, and an additional 0.8 wte Child Protection Advisor. This has given the team the necessary capacity to take forward a number of initiatives in the last 12 months, including raising the profile of the team with staff across the Trust. The Trust Executive Lead for Safeguarding, the Trust Chief Nurse, remains very involved in all Safeguarding Children work and is a champion for Safeguarding at Trust Board level.

In the last 6 months the Maternity Safeguarding Children Record has been updated by the Safeguarding Children Team, with input from Midwives and their managers, to make the record more 'user-friendly', thus assisting in completion and identification of risk areas by Midwives. The Team has also developed an aide memoire for midwives to assist their assessment of risk re the unborn child: the CHARM Assessment Tool. Impact of the introduction of this tool will be audited at the end of this year, but anecdotal feedback has been very positive.

Throughout all of our work we have been promoting the importance of hearing the Voice of the Child in all of the Trust's interactions with children and young people, and are pleased to report that at the

latest interviews for staff for the Children's Ward we included young people in the interviewing process.

In anticipation of the move from 1st April 2016 of School Nurses and Health Visitors previously in the Trust's employment to City of York Council, YHFT arranged that their Safeguarding Children Team would continue to support School Nurses, with a view to providing the same services (advice, support, education and reflective supervision) in the interim whilst arrangements are made for support going forward.

Training uptake has continued to increase since last year, with an overall uptake rate in relation to Safeguarding Children Training of 84% (an increase from 65% in 2014-15), and is expected to rise further following a Trust announcement that no member of non-medical staff will be allowed to progress to their next incremental salary increase unless they are up to date with all mandatory training.

The Child Sexual Assault Assessment Centre is now a fully commissioned service by NHS England (Yorkshire and Humber) and the Office of the Police and Crime Commissioner), with the service being available Monday – Friday during office hours. So far it has **not** been evidenced that a 24/7 service would be viable, with only one child having needed to travel to St Mary's in Manchester out of office hours since the CSAAC has been fully commissioned (i.e. since September 2015). The Trust has sent 3 members of staff, 2 Consultant Paediatricians and the Lead Nurse for the CSAAC, on an 8 month Forensic Medical Examinations for Rape and Sexual Assault training course. This will allow these staff to undertake forensic examinations once all their competency assessments have been completed; in the interim the Trust continues to use Mountain Health Forensic Nurses to undertake the forensic elements of CSA examinations.

There have been significant developments in Safeguarding Children Reflective Supervision uptake for Trust staff. Although national guidance states that it is only 'case holders' that must access such supervision, the Trust has invested in the development of this highly effective supervision for the staff in Paediatrics (including Special Care Baby Unit) and in the Emergency Department. Staff have hugely valued the delivery model that we have developed and are already evidencing how they transfer the knowledge gained from such supervision in to practice.

In order to improve support and education on appropriate referral processes a Safeguarding Children Team Child Protection Advisor has been deployed to have an increased presence in the Emergency Department. We are closely monitoring the impact of this development, but envisage a reduction in inappropriate referrals to Social Care. The Child Protection Advisor specifically supports ED staff in accessing training (with some training sessions planned to be delivered in ED) and in accessing Safeguarding Children Reflective Supervision, as well as offering general safeguarding children advice and support.

In addition the Advisor will support with embedding the ACHILD and ABCD Safeguarding Children Risk Assessment tools into every day practice; which were introduced in both ED sites in April 2015,

We continue to work closely with all three Local Authorities' Children's Social Care departments to analyse the impact of increased understanding and use of these tools by ED staff. The hypothesis is that the embedded implementation of these assessment tools should also lead to fewer, but more appropriate referrals to Children's Social Care, as well as improved information sharing with other relevant health professionals.

Within the last 12 months FGM mandatory reporting has been implemented within the Trust and compliance with FGM training uptake for relevant staff continues to be monitored, with excellent compliance in most relevant areas. The Named Midwife for Safeguarding Children is continuing to monitor and promote compliance in all areas. The Named Midwife has also worked closely with our three Local Safeguarding Children Boards to deliver brief training events to multi-agency practitioners re FGM, and was chosen to speak at an NHS England Regional FGM Conference.

In summary, YTHFT continues to place the highest importance on the Trust's Safeguarding Children responsibilities and is continuing to develop and progress in all areas of this agenda, whilst remaining alert to any areas of deficit which need specific attention, and working closely with all multi-agency partners.

Tees and Esk Wear Valley Foundation Trust

Executive Summary

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) became the provider of mental health and learning disability services in York that had previously been provided by Leeds and York Partnership NHS Foundation Trust.

Services have been provided as before, with the exception of Adult Mental Health inpatient services, which was due to the closure of Bootham Park Hospital. The plan is under way to have this service back to being provided in York in the summer of 2016.

The issues around technology support and infrastructure for reporting have been resolved and data regarding safeguarding is starting to be reported.

The safeguarding children team has been increased and a Band 8A (full time) is now in post, with a band 7 starting at the beginning of May 2016. Their base is to be within York.

The safeguarding children team have a duty system where there is a member to provide support and advice to practitioners by telephone. They also provide specialist safeguarding supervision to practitioners. Safeguarding supervision is mandatory for staff involved with service users subject to a child protection plan or where the service user is a parent/carer with care taking responsibility for a child/young person with a child protection plan. Work is under way to ensure that the relevant supervision is being provided to all staff. Staff are able to request safeguarding supervision where there are concerns about child.

Staff within TEWV are trained with the appropriate levels of safeguarding children as set out in the Intercollegiate Document (2014,) *Safeguarding Children and Young people: Roles and Competences for Healthcare Staff*. The Trust has developed a training package for all adult mental health staff about the impact of parental mental health on children and young people. Staff in York will also have this training, and there are sessions underway. The clinical records in TEWV also support this by having a tool devised in Teesside about the potential impact of parental mental health, along with the pre-CAF as a tool for helping to consider the impact of parental mental health and the next steps.

The safeguarding children team do undertake audits but none have been completed in the York area. There is a full audit programme planned for next year which will include York. The planned audits are:

- Adult mental health case file audit for child protection,
- CAMHS case file audit for child protection.
- Safeguarding children policy audit, this also includes the staff views about accessibility of the team.
- Safeguarding supervision audit.
- Referral audit for safeguarding referrals into Children's Social Care.
- The impact of parental mental health audit.

Currently the safeguarding children team are compiling an audit bulletin including the audits completed in 2015-16. This will be forwarded to the Board for information once completed.

Voice of the child

This is evidenced within the casefile audits, both CAMHS and adult mental health. The work of CAMHS ensure that the voice of the child is heard. The Trust is committed to the 'Think Family' approach and so the children are always part of the assessment when adults access services.

Key Implications

Safeguarding children is a high priority within TEWV, which is evidenced by the extra establishment of a safeguarding team base in York.

The Trust was represented at the recent section 11 event which was shared with North Yorkshire LSCB. This was to provide assurance to the Safeguarding Children Boards.

The Trust is becoming engaged with the work of the Safeguarding Children Board. This is in development but TEWV are fully committed to ensure that they are an active partner.

NHS England

The overall responsibilities of NHS England in relation to safeguarding

The general function of NHS England is to promote a comprehensive health service to improve the health outcomes for people in England. NHS England discharges its responsibilities by:

- Allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs), and holding them to account.
- Directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes.

The mandate from Government also sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

NHS England's overall roles in terms of safeguarding are direct commissioning and assurance and system leadership as set out in the revised *Safeguarding Vulnerable People Accountability and Assurance Framework* published by NHS England in July 2015³⁶.

NHS England responsibilities in relation to direct commissioned services

NHS England ensures the health commissioning system as a whole is working effectively to safeguard adults at risk of abuse or neglect, and children. NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Key roles are outlined in the *Safeguarding Vulnerable People Accountability and Assurance Framework 2015*.

This role is discharged through the Chief Nursing Officer (CNO) who has a national safeguarding leadership role. The CNO is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight, particularly through the NHS England National Safeguarding Steering Group (NSSG). The National Safeguarding Adults and Children Sub Groups and its Task and Finish Groups report into NSSG.

Yorkshire and the Humber has an established Safeguarding Network that promotes an expert, collaborative safeguarding system, which strengthens accountability and assurance within the NHS commissioning and adds value to existing NHS safeguarding work across Yorkshire and the Humber. Representatives from this network attend each of the national Sub Groups/Task and Finish Groups, which include topics around FGM, MCA, CSE, Prevent, Safeguarding Adults and Children. NHS England Yorkshire and the Humber aims to focus on working in collaboration with colleagues across

³⁶ <https://www.england.nhs.uk/?s=safeguarding+assurance>

the north region on the safeguarding agenda and the work on FGM and the CCG peer review process and regional conference is evidence of this.

Sharing learning from safeguarding reviews

In order to continuously improve local health services, NHS England has responsibility for sharing pertinent learning from safeguarding serious incidents across Yorkshire and the Humber and more widely, ensuring that improvements are made across the local NHS, not just within the services where the incident occurred. The NHS England Yorkshire and the Humber Safeguarding Network has met on a quarterly basis throughout 2015-16 to facilitate this. Learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

Safeguarding Serious Incidents

All safeguarding serious incidents and domestic homicides requiring a review are reported onto the national serious incident management system – Strategic Executive Information System (STEIS). There is a process in place to jointly sign off GP IMRs relating to these safeguarding serious incidents as CCGs responsibilities for commissioning of primary care services is increasing. NHS England works in collaboration with CCG designated professionals to ensure recommendations and actions from any of these reviews are implemented. Prior to publication of any child serious case reviews, serious adult reviews or domestic homicide reviews NHS England communication team liaise with the relevant local authority communications team regarding the findings and recommendations for primary care medical services.

Training and Development

Designated safeguarding professionals are jointly accountable to CCGs and NHS England and oversee the provision of level 3 training for primary care medical services. The main source of training for other primary care independent contractors is via e-learning training packages.

NHS England Yorkshire and the Humber Safeguarding Network hosted a safeguarding conference on Challenges for Modern Day Safeguarding Practice on 11 March 2016. This conference was aimed at providing level 4 training for healthcare safeguarding adults and children professionals and leads in the North region. The aim was to increase understanding of challenges and issues of modern day safeguarding practice in relation to suicide and self-harm; trafficking and modern day slavery; trafficking victim/survivor support; Court of protection, community deprivation of liberty and CCGs responsibilities; Mental Capacity Act and Safeguarding Children; Think Family primary care implementation and Self neglect and the Care Act.

Two conferences were held in the North region in March 2016 on Child Sexual Exploitation for healthcare staff and a series of conferences for healthcare and relevant care sectors on Female Genital Mutilation

NHS England Yorkshire and Humber and Yorkshire and Humber Safeguarding Network have produced an FGM guide for health care professionals, which can be accessed in the link below:-

<https://www.england.nhs.uk/north/our-work/safeguarding/>

NHS England has also developed a *Child Sexual Exploitation – Advice for Healthcare Staff* booklet pocket book and *Prevent* pocket book for health care professionals.

Over the last 12 months a focus on improving the lives of people with a with learning disabilities and/or autism (Transforming Care) has been led jointly by NHS England, the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health. The focus for the coming year will be on improving care and services for patients with mental health problems.

Assurance of safeguarding practice

NHS England North has developed a Safeguarding Assurance Tool for use with CCGs across the North Region, which is being implemented from February 2016. NHS England North Regional Designated Nurses will review all action plans to identify key themes and trends across the North Region with a view to identifying common areas requiring support.

NHS England North received national safeguarding development monies to support improvements in the implementation of NHS responsibilities regarding the health of looked after children. This funding has been used to second two designated LAC nurses within Yorkshire and Humber to develop a benchmarking tool based on standards in national guidance and documents such as *Promoting the Health and Well-Being of Looked After Children* and *Intercollegiate Role Framework for Looked after Children; Knowledge, skills and competencies of health care staff*. The two designated LAC Nurses have facilitated the roll out of this peer review benchmarking process across the North which will help identify where there is good practice and the type of improvement work, which we need to focus on. A report of the trends and themes will be shared with all CCGs in the North via the North Region Safeguarding Steering Group. The intention is for the tool to be shared across the country for use following this.

Local Authority Services

Children's Social Care

Overview

Work continues to deliver the ambitious Vision for Children's Social Care set out three years ago. The Vision, welcomed by staff, partners and Members, identified significant changes in style, environment, skill and tools that we wanted to achieve.

Over the past year, we have continued to consolidate the effectiveness of the offer of qualified Social Worker advice at the point of contact. We have broadened the use of evidence-based tools in our Single Assessment work and resulting Plans have become more outcome focused and are reviewed more systematically.

Our commitment to strong professional support is as strong as ever and once again, we undertook an annual survey of staff about their experience of Supervision and the contribution it makes to safeguarding. We continue to robustly scrutinise whether staff are receiving Supervision by way of monthly 'Scorecard'. Also scorecarded on a monthly basis are caseloads and, where issues emerge, additional resources have been deployed. Through regular case file audits, Children's Social Care continues to develop as a Learning Culture, identifying areas of strength and areas for development.

Over the past year, staff have continued to access a wide range of excellent learning and development opportunities to support them in their ongoing professional development. Offered training has included Dyadic Developmental Psychotherapy (DDP), Graded Care Profile, Signs of Safety, Motivation to Change, Pre-Birth Assessment, AIM training and much more. Staff are also offered online research through 'CCInform', a nationally recognised and respected provider of the latest evidence of best practice with vulnerable children and their families.

Finally, over the past year, Children's Social Care has delivered on its commitment to provide its staff with the right tools to do the job. We have continued to review, revise and update key policies and put them online alongside an up-to-date Forms Library. Most significantly, on 21 March 2016 we replaced our decade old case management system with a new state of art system called Mosaic. Mosaic offers a range of functions not previously available, yet does so in a modern, easy-to-use and intuitive way with an emphasis on reducing the screen time required. Mosaic was designed to reflect the need identified by Professor Eileen Munro in her national review of child protection to move away from overly bureaucratic processes and focus on outcomes for children and their families. Mosaic represents a significant financial investment and is driven by a strong commitment to ensure

that systems and processes support effective practice and help achieve the best possible outcome for vulnerable children and young people and their families in the City.

Despite the significant work done to improve its safeguarding of children and young people over the past year, Children's Social Care recognises there is still more to do. In consultation with staff, over the coming year we will restructure our services to more effectively deliver our services. We will for example, create a dedicated service for Children and Young People in Care, provide a quicker response to those on the edge of care, better support permanency, including to those children who have been adopted and free up staff working with complex cases within the Family Courts. We will Make York Home for more young people in care and also increase the management capacity of the Service to support staff in the incredible work that they do. We will improve the independent review of their work to continue to drive up standards and review and renew the way we do assessments. We will be busy. We will not stop improving in the year ahead.

The Criminal Justice Community

North Yorkshire Police

Since 4th January 2016 the police team formally known as the Safeguarding Team / CRU team / MASH team was renamed the Vulnerability Assessment Team 'VAT'. The team is based across two locations in York and North Yorkshire. In York the team is based in the City of York Council Office.

The aspiration of the team is to provide a single point of contact for safeguarding concerns across York and North Yorkshire. The work of the team is critical in the multiagency response to protect children and vulnerable adults from abuse. This is achieved through the identification of safeguarding concerns by police and partners: to then check concerns associated with referrals and information through a process of multi agency information sharing and risk assessment. The information is then shared to ensure that the most appropriate safeguarding response is achieved for the concern.

Team Roles and Responsibilities include:

- To assess safeguarding concerns to reduce the risk to children and adults
- To respond to safeguarding requests for information
- To complete reports for safeguarding strategy meetings and safeguarding conferences
- To identify concerns in respect of CSE across the force
- To identify child protection concerns.
- To identify vulnerable adult concerns
- To coordinate and manage the information sharing process in respect of children at risk of CSE in the City of York.
- To attend child protection strategy meetings and child protection conferences in the City of York
- To manage missing / absent concerns in the City of York.

Critical to this process is the joint assessment / screening of child protection referrals. This has been embedded successfully within the referral and assessment team in York. A Detective Sergeant is co-located within the referral and assessment centre. This role includes the joint assessment of police referrals, providing a point of contact for the team for safeguarding concerns, conducting joint visits with social care and critical information sharing between police and social care in respect of children who are at risk of abuse. This is a developing role but so far has been worthwhile in order to secure positive outcomes for children.

Operation Liberate was launched in the City of York in Summer 2015. The purpose of the operation was to identify young vulnerable people who were out late at night, and who were at risk of becoming victims of crime, or of being drawn into criminal behaviour. The children were taken to a multi agency place of safety before being returned to their parents. The purpose of taking them to a multi agency place of safety was to ensure that strategies were implemented to prevent reoccurrence concerns. The place of safety comprised representatives from North Yorkshire Police, Sexual Health, Youth Offending Team and the Rock Church.

Operation Liberate will be launched again in Summer 2016.

Operation Vesitge has been launched within the City of York to manage those vulnerable children that do not meet thresholds for statutory service provision. These children and young people will be visited by officers from local police teams to provide support and seek intervention if necessary.

Child Forensic Examinations

In conjunction with NHS much work has been undertaken during the last 12 months to ensure that there is a consistent and excellent service available to all children who are the victim of sexual abuse. This service is funded by NYP/OPCC/NHS and is provided by York Trust.

Currently the service is provided Monday – Friday and allows for an immediate forensic examination to be conducted on a child, by a Consultant Paediatrician when an allegation of sexual abuse is made. In addition, any child making a non recent sexual abuse allegation will also be seen at an appropriate time for an overall medical examination. Provision has been made for children to be seen out of hours, although this is outside of the Force Area.

The child service is for all victims up to 16 years of age. However, victims aged 16+ can be seen by the Consultant Paediatricians if deemed appropriate. The SARC has an excellent self referral service for victims 16+ who do not wish to report to the Police.

Training / awareness and Reviews

North Yorkshire Police undertake internal audits as part of a continued improvement cycle so as to ensure their internal policies, procedures and governance are relevant and having the desired impact. In the last 12 months NYP have undertaken audits on how the force responds to CSE and Domestic Abuse. Recommendations from these audits have been added to the existing comprehensive Action Plans.

In addition CSE training and awareness is being delivered to all frontline staff and a 'toolkit' has been devised for all staff highlighting their powers and procedures and identifying disruption tactics available to deter perpetrators.

The profile of Human Trafficking and Modern Slavery is being raised in the force. There are links to CSE with this legislation. Again an action plan is being developed along with a 'toolkit' to assist frontline staff.

Literature on neglect outlining the signs to look for and action to be considered is being prepared for frontline staff.

The 'DASH' risk assessment form used in cases of domestic abuse has been amended to capture 'through the eyes of the child' so as to ensure the voice of children caught up in these incidents are captured.

North Yorkshire Police are working with the 'Railway Children' organisation to deliver CSE and wider vulnerability training/awareness to transport companies, in particular bus drivers which will build on the work already undertaken by Local Authority colleagues with taxi drivers. It was evident during Operation Liberate that children were using local bus companies to travel around the city.

Youth Offending

A Short Quality Screening of Youth Offending Work in York by Her Majesty's Inspectorate of Probation was conducted from 22-24 February 2016 and examined 14 cases. Key points:

- All the pre-sentence reports contained a clear assessment of the safeguarding and vulnerability factors relating to the child or young person. Similarly, the custodial cases demonstrated an understanding of vulnerability issues, which were clearly identified and recorded, with plans put in place to manage them appropriately.
- There were a number of examples of both health and substance misuse professionals working with the YOT to provide useful additional assessments and relevant interventions.

Areas to now focus on are improving the robustness of management oversight for the timely identification of safeguarding and vulnerability factors. The YOT recently implemented a new assessment framework, 'AssetPlus'. The recommendations are timely in order to implement the new framework in a comprehensive and effective way.

Wetherby YOI – regional provider

The Independent Chair has agreed with the Chair of Leeds LSCB, which covers Wetherby, that any concerns about safeguarding at Wetherby YOI will be notified to Leeds LSCB as Wetherby YOI are represented on their Board. York Youth Offending Team will keep the Board informed should any concerns arise.

Probation services

2015-16 has been a year of significant change for probation providers, as the new National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) implemented the new organisational arrangements that came into effect as part of the Ministry of Justice Transforming Rehabilitation Programme. The NPS manage high risk of serious harm offenders, including those eligible under Multi Agency Public Protection Arrangements (MAPPA). NPS also advise courts on sentencing, conduct risk assessments and determine the allocation of all cases. Responsibilities in relation to safeguarding children cut across both NPS and CRC organisations and safeguarding children has remained a key priority. There have been a number of HMIP Thematic reviews during 2015-16 looking at the early implementation of the Transforming Rehabilitation programme, which have included a continued focus on safeguarding practice and improving quality and outcomes. The NPS acts to safeguard children and young people and improve outcomes through activity at both an operational and strategic level including:

- The management of adult offenders in ways that will reduce the risk of harm they may present to children by means of: skilled assessment and risk management planning and review; and the delivery of well targeted interventions;
- The delivery of services to adult offenders (who may be parents/ carers) that address factors related to offending behaviour which takes into account any impact on children;
- Recognition of factors which pose a risk to children's safety and welfare and implementation of relevant agency procedures to protect children from harm, through appropriate referrals, information sharing and collaborative multi-agency risk management planning and review;
- Seconding Probation staff to Youth Offending Teams (YOTs);
- Providing services to child victims of serious sexual and violent offences;
- Providing services to women victims of male perpetrators of domestic abuse who attend the relevant accredited programme, having regard to the needs of any children in the family;



- Minimising the risk of poor outcomes for children, but also in supporting and securing improved outcomes for children. This includes work with offenders who may be sexually exploiting young people;
- Working with, for example: substance misusers; offenders with mental health problems; offenders sentenced to imprisonment; domestic abuse cases; and those offenders identified as benefiting from support with parenting skills. Probation providers are alert to issues impacting on children and young people in its core work with adult offenders and ensure appropriate referral to services to address risk of abuse or neglect;
- Attending, engaging, and sharing information with local Safeguarding Children Boards and other relevant agencies, including as part of MAPPA (Multi Agency Public Protection Procedures) and sharing lessons learnt from Safeguarding Children reviews and other reviews and audits;
- NPS national groups which pick up on related cross cutting themes e.g. CSE; Serious Organised Crime (SOC); Domestic abuse; and Prevent and are then reflected in NPS divisional arrangements and improving local delivery;
- The launch of a new NPS process management system 'EQUIP ('Excellence and Quality in Processes') which provides all NPS staff with a single source for Safeguarding documents, guidance and processes.
- E learning training launched in autumn 2015 which is being rolled out to all NPS staff;
- NPS National Interim Safeguarding Children Guidance issued in June 2015.

Community Rehabilitation Company

Introduction

The National Probation Service (NPS) and Community Rehabilitation Companies (CRCs) came into existence on 01 June 2014, as part of the Ministry of Justice Transforming Rehabilitation Programme. HLN (Humberside, Lincolnshire and North Yorkshire) CRC has responsibility for medium and low risk of harm offenders and responsibilities for safeguarding children cut across both CRCs and the NPS. This report is the first submitted by HLN CRC and will reflect our focus on Child Safeguarding Board priorities so far. Activity has focussed on improving outcomes for young people and children through activity at both operational and strategic level.

CRC Board Representation

Due to staff changes and a period of organisational restructure our representation at the board has been under review. The appointment of Vikki O'Brien as Community Director for York and North Yorkshire and the establishment of a lead Manager for Safeguarding, Elizabeth Knowles, will ensure consistency of attendance.

Safeguarding Activities

- The HLN CRC has reviewed and updated its Safeguarding Children Policies and Processes. All staff have been briefed and lead managers monitor and update the processes to reflect legislative changes and any learning from Serious Case Reviews/Serious Further Offence Reviews.
- Our Case Management systems are equipped to identify cases with safeguarding concerns and staff supervision prioritises such cases and considerations of risk management.
- CRC staff continue to work in co-location with our Integrated Offender Management police colleagues, sharing intelligence and expertise.

- Staff continue to manage adult offenders to reduce the risks of harm they pose to children by means of skilled assessment, planning review, multi agency working and targeted interventions.
- Delivery of services takes account of the impact on the whole family and staff are encouraged to conduct regular home visits to make sure they are being alert to issues which might impact on children and young families.
- As a lead provider of DA services, we deliver BBR programmes as ordered by the Criminal and Civil Court. In addition we have commenced delivery of an early intervention voluntary domestic abuse perpetrators programme across City of York and North Yorkshire.
- Local delivery takes account of emerging issues such as CSE, Serious and Organised Crime, Prevent etc.
- Regular audit processes to provide assurance about the quality of Safeguarding work and to inform local Quality Improvement Plans.
- HMIP Quality and Impact Inspection this year will provide us with further feedback and confirms the strength of our local relationships.
- The CRC are members of the CYSCB Domestic Abuse sub group where we hope to begin looking at maximising our experience of working with perpetrators to assist and support the work of our colleagues in other agencies.
- We have representatives on the MARAC core groups in York and Selby and support the attendance of case managers.
- Whilst the National Probation Service second staff to YOTs, the CRC York office has established a specialist Transition to Adult Officer to improve the management of the transfer of young people between the two agencies.

Priorities for the coming year are to -

1. Continue to work closely and co-operatively with our NPS colleagues to ensure that interface arrangements work to protect children and minimise risk of harm.
2. Increase the understanding within the CoYSCB of the role and responsibilities of the CRC.
3. Improve our partnership working. Our service delivery model and IT infrastructure will change significantly in the next 12 months and we plan to be less office based. We are exploring opportunities to work more closely with Prevention and Early Intervention Services within the community.
4. Continue to improve our child safeguarding practice and knowledge through our local Safeguarding Quality Improvement Plans
5. To provide consistent representation to the CoY SCB.

Children and Family Court Advisory and Support Service (CAFCASS)

The following submission relates to the contribution of CAFCASS (the Children and Family Court Advisory and Support Service) to Local Safeguarding Children Boards nationally although all aspects of the work described have also been undertaken in York.

Cafcass is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

The demand upon Cafcass services grew substantially in 2015-16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

The following are examples of work undertaken by Cafcass in 2015-16 to promote the continuous improvement of our work and support reform of the Family Justice:

Revision of both the **Quality Assurance and Impact Framework** and **Supervision Policy** which together set out the organisation's commitment to delivering outstanding services and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.

Implementation of the **Equality and Diversity Strategy**: This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.

Extending the **Child Exploitation Strategy** introduced in 2014-15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a 'finger on the pulse' of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

Working with a **range of partners** across family justice, children's services and the voluntary sector: Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children's Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority

The development of **innovations** that are aimed at improving our practice and supporting family justice reform: These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; *the supporting separated parents in dispute* helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).

Contributing to the government **review of Special Guardianship Orders** has included a small piece of research that was included in the government's response to the consultation.

A **Service User Feedback Survey**, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child's best interests.

NSPCC

NSPCC services in York are closely aligned with two of CYSCB's key strategic priorities namely Child Sexual Abuse and Early Help. The team delivers a therapeutic service (Letting the Future In) for children, and their safe carer(s), aged 4 to 17 years who have been sexually abused. In 2015-16, 32 children and 11 carers accessed the service from the City of York. The aim of the service is to help children to overcome the impact of the sexual abuse they have experienced and to offer advice and support to parents. The team participated in a randomised control trial (RCT) conducted by Bristol and Durham Universities to test the effectiveness of the approach. The findings were published February 2016 and have been shared with partners from CYSCB. The sexual abuse service has been working at capacity throughout 2015-16, with established referral pathways with all key agencies. The service is always in high demand providing the only specialist sexual abuse therapy service in

York and North Yorkshire. A waiting list was introduced during the last quarter of 2015-2016 due to a lack of capacity to allocate new referrals. We have also continued to use capacity/other resources within the team to try and respond to the needs of children and their families for the sexual abuse service.

'Women as Protectors' is a group work service introduced by NSPCC in 2015 for women who are in a relationship with a man who poses a risk of sexual harm to a child. It is designed to assess and enhance protective ability of female carers with the aim of keeping children safe now and in the future. It provides education, emotional support and guidance. Direct work is offered to all children in the family as well as joint work with the children and the female carer if it is required. Written reports and recommendations can be given to the referring agency outlining risks, strengths and protective factors. At the end of the group women can receive individual support from a trained and supervised volunteer for up to 18 months if they request this. The programme is being delivered and evaluated in York and across the country to find the very best methods for preventing child sexual abuse and for supporting and protecting children whose lives have been affected by it. To date referrals have come from York and 3 of the surrounding Local Authorities. Due to the fact that 2 out of the 3 trained staff moved on to new jobs we had to suspend the group work and volunteer programme during quarters 2 and 3 and delivered the programme on a one to one basis. The group work programme resumed in February 2016 with 5 mothers attending regularly and we have 8 volunteers in training.

NSPCC has a multi-disciplinary team of social workers and nurse practitioners delivering an early help service called Minding the Baby (MTB). It is a 27 month home visiting parenting programme that begins during the third trimester of pregnancy and aims to help first time mothers (14-25 yrs) to care for their babies and cope with the challenges of becoming a parent up to the child's second birthday. MTB aims to promote positive attachments and to ensure the mental health and well-being of mothers and their babies. During the course of 2015-2016 the team completed work with 27 mothers from the first programme. The second programme has recruited new mothers via a randomised control trial (RCT), with half the mums-to-be (17) receiving the programme and half receiving the usual range of services offered in the community. The study is being conducted by Prof. Pasco Fearon of University College London, one of the world's leading experts on infant mental health. The research findings will be published in 2017 and shared with CYSCB at this time.

NSPCC is committed to the work of the CYSCB and the Service Manager has been an active member of the CYSCB and the PSDG. During 2015-2016 NSPCC contributed to the work of 3 Sub-groups. NSPCC staff have had regular briefings on the work of the CYSCB and attended workshops and training provided by the Board so that all staff are aware of lessons from themed audits and from learning lesson reviews. NSPCC has worked in partnership with CYSCB colleagues to bring national NSPCC services/resources/research and campaigns to the CYSCB with the aim of bringing 'added value' from a national children's organisation where there is synergy with the business of the Board for example sharing the Spotlight research programme that has been published over the past year. The CYSCB and NSPCC Sexual Abuse Campaign launched in May 2015. Over the course of 2015-2016 a comprehensive programme has been delivered to children, parents, professionals and communities across the City. At the time of writing the final evaluation reports are being written and it is hoped that we can share our learning with partners across the City of York and in other parts of the UK. The feedback has been overwhelmingly positive as a result of the hard work and commitment of all key partners to make the campaign a success and there is no doubt that working together we have achieved so much more than the endeavours of any single agency.