

Public Document Pack



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Wednesday 20 January 2016

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber , Town Hall, Dewsbury** at **2.00 pm** on **Thursday 28 January 2016**.

The items which will be discussed are described in the agenda and there are reports attached which give more details.

A handwritten signature in black ink, appearing to read "Julie Muscroft", on a light background.

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board Members are:-

Councillor Viv Kendrick (Chair)
Councillor Donna Bellamy
Councillor Jean Calvert
Councillor Erin Hill
Councillor Kath Pinnock
Kiran Bali
Rory Deighton
Chris Dowse
Dr David Kelly
Carol McKenna
Steve Ollerton
Alison O'Sullivan
Richard Parry
Vanessa Stirum
Sarah Muckle

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

Contact: Jenny Bryce- Chan, Governance and Democratic Engagement Officer Tel: 01484 221000

2: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Board held on 26 November 2015

Contact: Jenny Bryce-Chan, Governance and Democratic Engagement Officer Tel: 01484 221000

3: Interests

7 - 8

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

6: Public Question Time

The Board will hear any questions from the general public.

The Council Procedure Rules stipulates that the period allowed for the asking and answering questions at any one meeting shall not exceed 15 minutes.

MATTERS FOR CONSIDERATION

7: Transforming services for children and young people

9 - 10

- To receive the CAMHS Transformation Plan and agree the reporting arrangements for implementation of the Plan
- To update the Board on progress with the Stronger Families programme, the next steps and implications for the wider system
- To share progress on the Disabled Children's Charter and the development of services for children with a disability
- To agree the principles underpinning the development of the Healthy Child Programme

Contact: Matthew Holland, Chair, Integrated Commissioning Group for Children and Families

8: Kirklees Safeguarding Children Board - Annual Report 11 - 72

This report presents the 2014/15 Kirklees Safeguarding Children Board's Annual Report.

Contact: Caroline Rhodes, Safeguarding Children Board Manager
01484 221000

9: CSE Victim Strategy 73 - 112

To consider the Child Sexual Exploitation Victims and at Risk Individuals Commissioning Strategy for Kirklees

Contact: Cllr Erin Hill, Portfolio Holder for Family Support and Protection Tel: 01484 221000

10: Development Session Follow up 113 - 116

Following the development session in September 2015, this report will outline the next steps and agree the key areas for the Board to focus on in 2016/17.

Contact: Phil Longworth, Health Policy Officer, Tel: 01484 221000

11: NHS Shared Planning Guidance and the Local Sustainability Transformation Plan

To receive a verbal update on the NHS Shared Planning Guidance and the Local Sustainability Transformation Plan.

Contact: Carol Dowse, Chief Officer – North Kirklees CCG and Carol McKenna Chief Officer, South Kirklees CCG

12: Right Care, Right Time, Right Place Programme Update

The Board will receive an update in relation to Phase Three of the Right Care, Right Time, Right Place Programme.

Contact: Carol McKenna, Chief Officer, South Kirklees CCG

TO NOTE ITEMS

13: Minutes of CSE & Safeguarding Member Panel

117 -
124

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 5 November 2015 for information.

Contact: Helen Kilroy, Principal Governance Officer, Tel: 01484 221000

14: Date of next meeting

To note that the next meeting of the Health and Wellbeing Board will be on the 25 February 2016, at 2pm in meeting room 3 Huddersfield Town Hall.

Contact: Jenny Bryce-Chan, Governance & Democratic Engagement Officer Tel: 01484 221000

Contact Officer: Penny Bunker

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 26th November 2015

- Present:
- Councillor Viv Kendrick (Chair)
 - Councillor Erin Hill
 - Councillor Kath Pinnock
 - Kiran Bali
 - Rory Deighton
 - Chris Dowse
 - Dr David Kelly
 - Carol McKenna
 - Steve Ollerton
 - Richard Parry
 - Sarah Muckle
- Apologies:
- Councillor Gemma Wilson
 - Councillor Donna Bellamy
 - Councillor Jean Calvert
 - Alison O'Sullivan
 - Vanessa Stirum
 - Councillor Gemma Wilson (Reserve)
 - Adrian Lythgo
 - Steve Cotter
 - Kathryn Hilliam

68 Membership of the Board/Apologies

The Board noted the following substitutions:
Cllr Gemma Wilson for Cllr Donna Bellamy
Katherine Riley for Owen Williams
Caroline Griffiths for Steven Eames

Apologies for absence were received from Cllr Jean Calvert, Cllr Gemma Wilson, Alison O'Sullivan, Adrian Lythgo, Vanessa Stirum, Kathryn Hilliam, and Steve Cotter.

69 Minutes of previous meeting

That the Minutes of the meeting of the Board held on the 29 October be approved as a correct record subject to a correction to the spelling of Kathryn Hilliam's surname.

70 Interests

No interests were declared.

71 Admission of the Public

That all agenda items be considered in public session.

72 Deputations/Petitions

The Board received a deputation from Mr Paul Budd in respect of a project to tackle food poverty in the Dewsbury area.

The Board also received a deputation from Dentaïd a project established to deliver emergency dentistry, pain relief for people in the Dewsbury Area.

The Board received similar deputations at a previous meeting and actions were on going.

73 Public Question Time

There were no public questions.

74 Local Plan Discussion and Consultation

The Board considered a report presented by Richard Hollinson, Policy Group Leader, on the Kirklees Local Development Plan which was an update on information presented in November 2014.

The Board was advised that it was a 15 year plan that would have an impact on the health and wellbeing of people in Kirklees and aimed to link to the Health and Wellbeing Strategy. Work has been undertaken with Public Health colleagues to look at areas where there are health issues to be addressed; and to ensure that the vision with regard to health is written into the development document.

The report highlighted that as part of the process to develop the Draft Local Plan, consideration had been given to sites for a variety of land uses. Public Health and Planning colleagues worked in partnership to develop a 'Site Allocations Methodology' to prioritise health input into the process.

To ensure that local people can still have access to open spaces, a project team was set up to discuss and agree open space standards. Balancing the need for housing with the removal of sports based facilities is difficult and the council will consider all sorts of options to get the balance right. Access to high quality public open spaces and opportunities for sport and recreation will be accommodated for.

Kirklees Environmental Health has been consulted on air quality and the potential impact and exposure to pollutants. One of the key considerations is air pollution, of which, the main source is associated with transport emissions. There is now a transport model for the district. The Board was advised that an air quality report would be brought at the next update on the Plan.

The Duty to Cooperate places a legal duty on planning authorities in England and public bodies to engage constructively on an ongoing basis. In terms of health, the

legal obligation is to apply the Duty to Cooperate to Kirklees, CCGs and NHS England and there have been constructive meetings between Planning, CCGs, NHS Property Services and Public Health. Ongoing engagement will ensure that health infrastructure planning is better than it has been in the past.

The Board was advised that the timetable for bringing together a modified version of plan is late summer 2016. It will then be submitted for full examination by the Secretary of State Planning Inspectorate and this will take the best part of a year to consider, which is the most of 2017. As it is a 15 year plan, it will then be in place until 2031.

The local plan is out for consultation until the 21 December and Board Members are asked to respond to the consultation by that date.

RESOLVED -

(1) That Mr Hollinson be thanked for updating the Board on the Local Plan.

(2) That the Board notes the information presented including the work needed to support and deliver the health infrastructure.

(3) That the Board notes the legal requirements in respect of the Duty to Co-operate as far as they relate to the CCGs and NHS England

(4) That the Board responds to the consultation by 21 December

75

Dementia Strategy

The Board considered the Dementia Strategy presented by Julie Orlinski, Partnership Commissioning Manager. It is the second strategy for Kirklees and sets out the local situation, the predicted prevalence and highlights any gaps in current provision. The strategy forms part of a suite of documents which when combined will help Kirklees confront the dementia challenge set out nationally by the prime minister. The focus is on early diagnosis as early intervention and prevention is vital to reducing or delaying the progression of the disease.

The strategy includes an action plan with lead organisations named against each of the actions.

The Board was advised that section 4 of the strategy contains financial information provided by the council which highlights the estimated and projected cost to the Kirklees economy. Currently, not included in the document is financial information on dementia spend from health.

A discussion followed with regard to what financial information would be required from health as it would be difficult to quantify exactly how much the NHS spends on dementia. It was agreed that health colleagues would provide headline financial information.

Representatives from Locala, South West Yorkshire Foundation Trust and the Acute Trust stated that they would welcome the opportunity to contribute and have input to the strategy.

The Board commented that one aspect not evident in the document was the Shared Care Plan.

Overall, the Board was content with the Dementia Strategy document, subject to contribution from Locala, SWYFT and the Acute Trusts and the inclusion of financial information from the NHS.

RESOLVED -

(1) That Ms Orlinski be thanked for presenting the draft Dementia Strategy.

(2) That headline financial information be provided from the NHS and included in the document.

(3) That Locala, SWYFT and the Acute Trusts contribute to the strategy document.

76 Integration Update

Steve Brennan, Chief Finance Officer, updated the Board by summarising the progress to date on plans to improve the integrated commissioning arrangements between the Council and the CCGs.

The Board was advised that a significant amount of work has been undertaken by the Commissioning Executive and Integrated Commissioning Groups. Initial areas of activity have been identified and each area has a draft action plan which identifies the priority actions, timescales and responsibilities for taking forward. The action plan went through Chief Officer Group (COG) in November where some suggestions for improvements were made. It will go back to a future meeting of COG for sign off.

Further areas for the pooling of resources are being explored and work in respect of reviewing the current allocation of resources for mental health, learning disabilities and continuing care is being undertaken.

The Board raised questions in relation to how it connected with the Better Care Fund and stated that a distinction should be made between the Better Care Fund and integration.

The Board was advised that the priority areas and underlying services were already part of the Better Care Fund.

RESOLVED -

(1) That Mr Brennan be thanked for providing a progress update.

(2) That the Board notes the progress to date and will receive an update at a future Board meeting.

77 West Yorkshire Emergency Care Vanguard

Chris Dowse, Chief Officer, North Kirklees CCG, presented information on the West Yorkshire Urgent and Emergency Care Vanguard. The Board was advised that Vanguards are about developing blue prints for the future of NHS and care services.

Ten CCG's plus Harrogate are involved in the West Yorkshire Urgent and Emergency Care Vanguard. The network has been operating for 2 years and it has taken a lot of work to get it off the ground.

The West Yorkshire Vanguard covers a population of around 3 million people and is one of the biggest in the country.

With the Vanguard everyone needs to be on a journey to implement Bruce Keogh recommendations and there are 5 System Resilience Groups working towards implementation.

The Boards attention was drawn to a description of the transformational work streams and enablers.

- 1) Health and care record across West Yorkshire.
- 2) New payment model
- 3) Engagement & consultation
- 4) Workforce
- 5) Intelligence lead priorities
- 6) New payment models

The next stage is the process of bidding for money and developing a collective compelling story about how the planned changes will benefit Kirklees and West Yorkshire.

RESOLVED -

(1) That Ms Dowse be thanked for presenting information on the West Yorkshire Emergency Care Vanguard.

(2) That the Board notes the progress to date and will receive an update at a future Board meeting.

78 Kirklees Safeguarding Adults Board Annual Report

Keith Smith, Assistant Director for Commissioning and Health Partnerships, presented the Kirklees Safeguarding Adult Board annual report. The Board was advised that from April 2015, KSAB has statutory status and much of the work over the last 12 months has been to ensure it meets the requirements of the Care Act 2014.

The Act places a duty on local authorities to carry out enquiries when it is suspected that an adult is at risk of abuse or neglect.

Although it is not a statutory requirement KSAB is now chaired by an independent chair.

KSAB is currently working through key priorities and will develop a strategic plan. The governance arrangements are correct. There is also a need to look at the issue of performance and the different way statistics are presented.

The Board was asked to accept and endorse the annual report.

RESOLVED - That Mr Smith be thanked for presenting the annual report and the Board accepts and endorses the report.

79 Minutes of CSE & Safeguarding Member Panel

Cllr Erin Hill reported that there were no issues to draw to the Boards attention and is pleased with how the Panel is progressing.

RESOLVED - That the Minutes of the Child Sexual Exploitation and Safeguarding Panel meetings be received and noted by the Board.

80 Date of next meeting

RESOLVED - The next meeting of the Health and Wellbeing Board will be held on 28 January 2016, 2:00pm in the Council Chamber at Dewsbury Town Hall.

81 Whole Systems Approach to Tackle Obesity Programme

Phil Longworth, Health Policy Officer advised the Board that Public Health England and the Local Government Association are working with Leeds Beckett University on a major national programme, entitled 'Whole Systems Approaches to Tackle Obesity'. The aim is to understand what is working well and what the opportunities and realities are for local authorities and their partners in tackling obesity.

The goal is to co-produce a roadmap that will enable partners to make a major step change in dealing with this important and challenging issue. Locally some progress has been made across systems to promote healthy weight environments, but recognise that there is still a major challenge in tackling the causes and consequences of obesity.

The Board was asked to note the information and support the application to join the national programme.

RESOLVED - That the Board notes the information and supports the bid.

KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
HEALTH AND WELL BEING BOARD				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an “Other Interest”)	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28th January 2015
TITLE OF PAPER:	Transforming services for children and young people
1. Purpose of paper	<p>To enable the Board to receive updates on progress and contribute to shaping the next steps across a range of activity aiming to transform services for children and young people, specifically;</p> <ul style="list-style-type: none"> • To receive the CAMHS Transformation Plan and agree the reporting arrangements for implementation of the Plan • To agree the principles underpinning the development of the Healthy Child Programme • To update the Board on progress with the Stronger Families programme, the next steps and implications for the wider system • To share progress on the Disabled Children's Strategy developed in response to the Children and Families Act 2014
2. Background	<p>The Joint Health and Wellbeing Strategy highlights the importance of all local partners working together to achieve the following outcome for all Kirklees residents</p> <p><i>Having the best possible start in life through every child and young person being safe, loved, healthy, happy, supported to be free from harm; and have the chance to make the most of their talents, skills and qualities to fulfil their potential and become productive members of society</i></p> <p>The Children and Families Integrated Commissioning Group, which includes key commissioners across children's services and the CCGs, have developed our local integrated commissioning approach.</p> <p>A separate report to this Board meeting is recommending that one of the key programmes of work over the next 12/18 months that requires partnership based leadership is preparing for the implementation of the CAMHS Transformation Plan and the Healthy Child Programme (including the recommissioning of the health visiting and school nursing services) from April 2017.</p>
3. Proposal	<p>The lead officers will present brief overviews of each strand of work. The Board will then be asked to discuss and comment on:</p> <ul style="list-style-type: none"> • The overall strategic approach, the principles that are being used to inform implementation and the overall direction of service changes • How can we make the best use of the range of initiatives and links with other developments eg early intervention and prevention • The use of data and intelligence, eg the profiling data which is being generated by Stronger Families, to plan and commission for improved outcomes • Any opportunities that we are missing, potential unintended consequences • How the Board and its members want to be engaged in the further development of this work

<p>4. Financial Implications</p> <p>There are significant funds from across the partners currently invested in achieving the JHWS outcome. This report does not make specific recommendations on changes to this investment but recognises that the proposed and potential changes to services will result in significant changes in the way the investment is used. The specific changes will be taken through the relevant decision making processes in due course.</p>
<p>5. Sign off</p> <p>Alison O’Sullivan, Director for Children and Young People</p>
<p>6. Next Steps</p> <p>Continue work to ensure that appropriate links are made with the Councils Early Intervention and Prevention programme, the development of Schools as Community Hubs and the Kirklees All-Age Disability approach.</p> <p>Ensure that these areas of work are reflected in the local Sustainability and Transformation Plan, and partner’s corporate/operational plans.</p> <p>Identify opportunities for Board members to be involved in the next stages of development of these areas of work.</p> <p>Healthy Child Programme and Kirklees CAMHS Transformation Plan final specifications will need to be ready for May 2016.</p>
<p>7. Recommendations</p> <p>The Board are asked to</p> <ul style="list-style-type: none"> • receive the CAMHS Transformation Plan and agree the reporting arrangements for implementation of the Plan • agree the principles underpinning the development of the Healthy Child Programme • note progress with the Stronger Families programme, the next steps and implications for the wider system • note progress on the Disabled Children’s Strategy
<p>8. Contact Officer</p> <p>Matthew Holland matthew.holland@kirklees.gov.uk</p> <p>Chair, Integrated Commissioning Group for Children & Families</p>

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE: 28th January 2016	
TITLE OF PAPER: Annual Report of the Kirklees Safeguarding Children Board	
1. Purpose of paper	<p>It is a statutory requirement, set out in Working Together To Safeguard Children, HM Gov, 2015, chapt 3, para 16, that the Annual Report of an LSCB is submitted to the Health and Wellbeing Board. The KSCB Annual Report for 2014/15 is submitted to the Board in adherence of this requirement.</p>
2. Background	<p>The Annual Report was produced by the Independent Chair of the Kirklees Safeguarding Children Board and KSCB Unit staff and presented to the KSCB on 25th September, 2015, where it was approved. It has been published on the KSCB website for all partner agencies and made available to members of the public. The report was publicised at the KSCB Conference on 16th October, 2015, to practitioner and managers across children's services. The Annual Report provides both a review of the year 2014/15 and sets out areas for development for the year 2015/16.</p>
3. Proposal	<p>The Health and Wellbeing Board is requested to endorse the Annual Report and proposed areas of development detailed on pages 48-49 which are already in progress.</p> <p>The KSCB has established its priorities for the next year as being a focus on Neglect, Child Sexual Exploitation, Missing Children and Early Intervention and Prevention. The H & W/B Board is requested to endorse these priorities and direct if there are additional safeguarding children concerns that it would want at the forefront of the KSCB work.</p>
4. Financial Implications	<p>None</p>
5. Sign off	<p>The KSCB Annual Report was signed off by Board members, which includes Alison O'Sullivan, Director for Children and Young People Services.</p>
6. Next Steps	<p>A review of this year 2015/16 activities by the Board partners will be reported in the Annual Report to be commenced in April 2016. The Board Business Plan will be revised to reflect the new priorities.</p>
7. Recommendations	<p>The Board is requested to endorse the Annual Report and direct the KSCB if there are additional areas of safeguarding children activity that it would want to feature in the next year work plan.</p>
8. Contact Officer	<p>Caroline Rhodes, KSCB Manager; caroline.rhodes@kirklees.gov.uk; 01484 225161</p>



Kirklees Safeguarding Children Board
www.kirkleessafeguardingchildren.com

Kirklees Safeguarding Children Board Annual Report



April 2014 – March 2015

**Ensuring effective services are provided to safeguard
and promote the welfare of children in Kirklees**

Authors: Bron Sanders & K.S.C.B. Unit Staff
www.kirkleessafeguardingchildren.com

Foreword by Independent Chair

I am pleased to introduce this annual report of the Kirklees Safeguarding Children Board (KSCB), which is the fifth report since I was appointed as the Board's first Independent Chair in April 2010.

The Board: The Board has continued to be given a high priority by our partner agencies in terms of attendance at Board meetings, support for the work of the Board's sub groups, and in particular in this last year in terms of support for undertaking 3 Serious Case Reviews and bringing a 4th one from the previous year to publication. Board members engaged thoroughly in themed discussions at Board level around issues such as child sexual exploitation, and the emotional health and wellbeing of our young people and have continued to operate in a spirit of healthy challenge and support which befits a mature and well established Board. As Chair, I undertook a consultation exercise with individual Board members about their view of the effectiveness of the Board and partnership working and was impressed with depth of thought given and the range of ideas for further improving Board meetings. I shared a report with the Board about the exercise and plan to continue to engage Board members about Board effectiveness in a Development day in the forthcoming year.

Support for the work of the Board: The Board has implemented the planned substantial reductions to the staffing in the safeguarding unit over the last two years in line with budget reductions. This has been a challenging time for the staff and the Board, and has led to a considerable reduction and turnover of staff, and inevitable pressure on partner agencies. I wish to thank both Board members, partner agencies and the staff in the safeguarding unit for their sustained commitment at this time of change, and to welcome the new staff who have joined the safeguarding unit. The reserve fund provided by the local authority and the Greater Huddersfield CCG is enabling essential flexibility and support for a sustained focus on the Board's priorities.

Strategic Links: The Board continues to sustain a strong relationship with the Children's Trust and as a member of the Children's Trust Board I have been able to raise issues and where appropriate provide challenge for some of the Board's priority areas, including CAMHS and CSE. In this last year work has begun on making links with Kirklees Adult Safeguarding Board (KASB) and looking at where the two Board's share common issues and opportunities for collaboration. This has led to further work which will be developed in the coming year on reviewing governance arrangements with KASB and the Community Safety Partnership in relation to issues which cut across the 3 partnerships. Formal links with the Health and Well Being Board (HWBB) remain in place through a protocol and through twice yearly dialogues on safeguarding, including presentation of the Board's Annual Report.

The Board's Priority Theme - Embedding the Learning from Serious Case Reviews: The Board was united in identifying this as its priority in this and the forthcoming year. Undertaking 3 Serious Case Reviews in this year and bringing a fourth one to publication, underlined for the Board both the importance and complexity in ensuring every agency uses the reviews to change individual practice, partnership behaviours and services where needed as well as noting and reinforcing where these things are working well.

Some of the Challenges and Achievements: CSE: The understandable public concern about CSE has led to this becoming a standing item on our Board agenda, and ensuring the Board has both a robust strategy and effective operational arrangements for identifying and dealing with current risks as well as reviewing historical cases. The Board has presented reports on the local position to full Council, and works closely with regional partners to ensure learning and skills are thoroughly shared.

CAMHS: The Board has kept CAMHS arrangements under regular review since the service was re-commissioned, with a view to ensuring that vulnerable children and young people are safeguarded and receive a timely and effective service. This service will remain under review in the forthcoming year.

MASH: The Board has welcomed partners working together towards setting up a Multi-Agency Safeguarding Hub (MASH), which will enhance information sharing and improve early response arrangements for safeguarding. This will be progressed in the coming year.

Female Genital Mutilation (FGM): The Board has received a full briefing about FGM and required partners to raise awareness with their staff and to put in place arrangements for identifying children and families at risk. There is more to be done in terms of engaging with communities in the coming year.

Audit of practice and performance: The Board has continued to develop its work in auditing practice and in overviewing the performance of its partners. A multiagency data set has been put in place, but needs further development and analysis from a second year of data. A programme of thematic audits has also been undertaken, but there is more to be done to ensure the Board is fulfilling its full role in holding partners to account.

Looking Forward: As we move into 2015/16 there are a number of challenges for the KSCB: The work on CSE will continue, but there will also need to be a focus on emerging issues such as trafficking, preventing radicalisation of young and vulnerable people, modern slavery and the dangers of legally obtainable synthetic drugs. Much of this work will need to be taken forward in partnership with the Adult Safeguarding Board and the Community Safety Partnership, who also share responsibilities in some of these matters. As already mentioned the focus on CAMHS arrangements will continue as will the development of the audit and performance overview of partner agencies, and the work to ensure the learning from Serious Case Reviews is embedded in practice.



Bron Sanders

Independent Chair

Section One: Contents

	Section Heading	Page
One	Local Area Safeguarding Context	5
Two	Governance and Accountability Arrangements	6
Three	Progress against Business Plan Objectives 2013-2016 <ul style="list-style-type: none"> ➤ Objective 1: Strengthen and develop the partnership approach to safeguard and promote the welfare of children ➤ Objective 2: The incidence of child abuse and neglect is minimised ➤ Objective 3: Monitor and evaluate the effectiveness of what is done by the Local Authority and Safeguarding Board partners ➤ Objective 4: Communicating the need to safeguard and promote the welfare of children and promote the work of the KSCB ➤ Objective 5: Review and investigate all serious incidents against children in Kirklees ➤ Objective 6: Develop the skills and knowledge of workers in relation to safeguarding children 	14 17 22 29 32 38
Four	The Voice and Influence of Children and Young People	45
Five	Looking Forward 2015/16	48
Six	Appendices: <ul style="list-style-type: none"> 1. Board Activity 2. Budget 3. Statistical and Management Information 4. Progress of the CSE Strategy 5. Multi-agency Training 6. Training provision for Schools and Learning Service 	50 53 54 56 59 60

Section One: Local Area Safeguarding Context

Local Demographics

Kirklees comprises a mix of urban communities and rural areas with areas of affluence and also areas of deprivation. The resident population of Kirklees based on the 2011 census is 422,458. Kirklees has more young people aged 0-15 than the average across England (20.4% compared to 18.9%). Approximately 97,300 children and young people in Kirklees are under the age of eighteen. 28,331 are under the age of four; 26,027 are aged 5-9 and 42,460 are 10 to 17¹.

In Kirklees 20.4% of dependent children live in households whose income is below 60% of the contemporary national medium (Kirklees Observatory 2010)

Kirklees has an ethnically diverse population including people of Pakistani, Indian, Irish, African-Caribbean and Black African heritage who are geographically spread throughout the area. Most recent has been the inclusion of communities of people from Eastern Europe. More than one in eight people are of South Asian heritage, Pakistani and Indian. More than one in three young people in the north of Kirklees are of South Asian heritage, especially in Dewsbury and Batley. The African-Caribbean population is mainly located in Huddersfield.

The Asian/British Asian ethnic groups have a slightly younger age profile compared to all ethnic groups, 26.2% of school pupils were of Asian/British backgrounds (Jan 2013 Kirklees Factsheet).

The largest minority ethnic group in Kirklees is Pakistani the majority of members of the Pakistani community are Muslim. The Indian ethnic group is more diverse with sizeable minorities adhering to the Hindu and Sikh faith, though the majority, like the smaller Bangladeshi community follow the Muslim faith. In total 14.5% of people declaring a faith in the 2011 Census declared themselves as Muslims. Overall Christians (53.4%) were recorded as the dominant religion in the census followed by no religion (23.9%).

In Kirklees there is a rich and changing community landscape which requires adaptable and flexible delivery of interventions and support from statutory, voluntary and community providers to respond as the needs of communities change and new challenges emerge. The Kirklees Safeguarding Children Board has as a priority a focus on children who are most vulnerable and at risk of significant harm. This takes place within the context of a philosophy that early intervention and prevention are the most effective means of protecting children and ensuring their welfare in the long term.

¹ <https://www.gov.uk/government/publications/characteristics-of-children-in-need-in-england-2012-to-2013>

Vulnerable Groups

The KSCB organisations share information and actively work together to identify children and young people who are most vulnerable and at risk of significant harm. Children who have a Child Protection Plan (CPP) are those identified to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination 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. As at 31 March 2015, Kirklees had a total of 350 children subject to a Child Protection Plan.

Children in Care are those looked after by the local authority in foster care, residential placements or may be placed with family members. All children in care are subject to regular independent reviews of their care to ensure that their circumstances are reviewed, they are kept safe and their needs are met. The children will each have a Care Plan, Education Plan and Health Plan to ensure all aspects of their needs are addressed, and the progress of these plans is independently reviewed at regular intervals. There were 637 children in care at the end of March 2015. Further information can be found in Appendix 2.

Children can become vulnerable and at increased risk of harm for a variety of reasons. Factors such as repeat missing from home or school episodes can increase the risk to children. Living in households where there is domestic abuse, substance misuse and / or parents with poor mental health can place children at increased risk of harm from abuse and / or neglect. We also understand the long-term damaging effects of neglectful parenting on children. Despite the best efforts of local services to identify and intervene to support children who are at risk of being harmed some abuse or neglect is hidden.

Section Two: Governance and Accountability Arrangements.

The KSCB

The Kirklees Safeguarding Children Board (KSCB) was formed in April 2006. It brings together the main organisations working with children and families including the Local Authority, West Yorkshire Police, West Yorkshire Probation, Health agencies, Schools and the Voluntary, Community and Faith sector. KSCB was established in compliance with The Children Act 2004 (Section 13) and The Local Safeguarding Children Boards Regulations 2006.

The work of KSCB during 2014/15 was governed by the statutory guidance in Working Together to Safeguard Children 2013, which sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and ensure that this work is carried out effectively. The KSCB has a range of roles and statutory

functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The Board provides strategic oversight of safeguarding through quality assurance, reviews of operational performance and learning from serious case reviews.

Working Together to Safeguard Children (HM Gov, 2013) places a responsibility on the chair of the KSCB to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. This report is required to provide a rigorous and transparent assessment of the performance and effectiveness of local services; identifying areas of weakness and their causes and the action that is being taken to address them; lessons from reviews and detail of the board's budget.

This is Kirklees Safeguarding Children Board's sixth report and it covers the period from April 2014 to March 2015. The report will provide evidence of progress against the objectives set out in the business plan. It also focuses on the impact of this progress and identifies where work is still needed and from that sets out future priorities for the board.

This report will be submitted to the Chief Executive of the Council; the Leader of the Council; the local Police and Crime Commissioner; the Chair of the Health and Wellbeing Board and the Children's Trust. The report will be published on the Kirklees Safeguarding Children Board website. A link will be sent to all Board and workstream members to distribute within their agencies.

Independent Chair

The Board is led by an Independent Chair, Bron Sanders who was appointed in 2010 to ensure an independent voice for the Board and to hold all agencies to account. While directly accountable to the Chief Executive, the Independent Chair works closely with the Director of Children's Services and key statutory partners to discuss safeguarding issues.

The Chair also meets twice a year with the Leader of the Council, the Local Authority Chief Executive, the Lead Member and the Director of Children's Services in accordance with a protocol agreed by the KSCB to discuss key safeguarding challenges. The protocol outlines the role of the independent chair and the accountability arrangements. This includes the examination of the annual report and an annual appraisal of the chair's effectiveness by the Chief Executive. The protocol also sets out the relationship between the Independent Chair of KSCB and the Health and Wellbeing Partnership, the Children's Trust and KSCB in accordance with Working Together to Safeguarding Children guidance, 2013.

Regular meetings at regional level take place between the Police and Crime Commissioner and West Yorkshire's Independent Chairs of Safeguarding Boards.

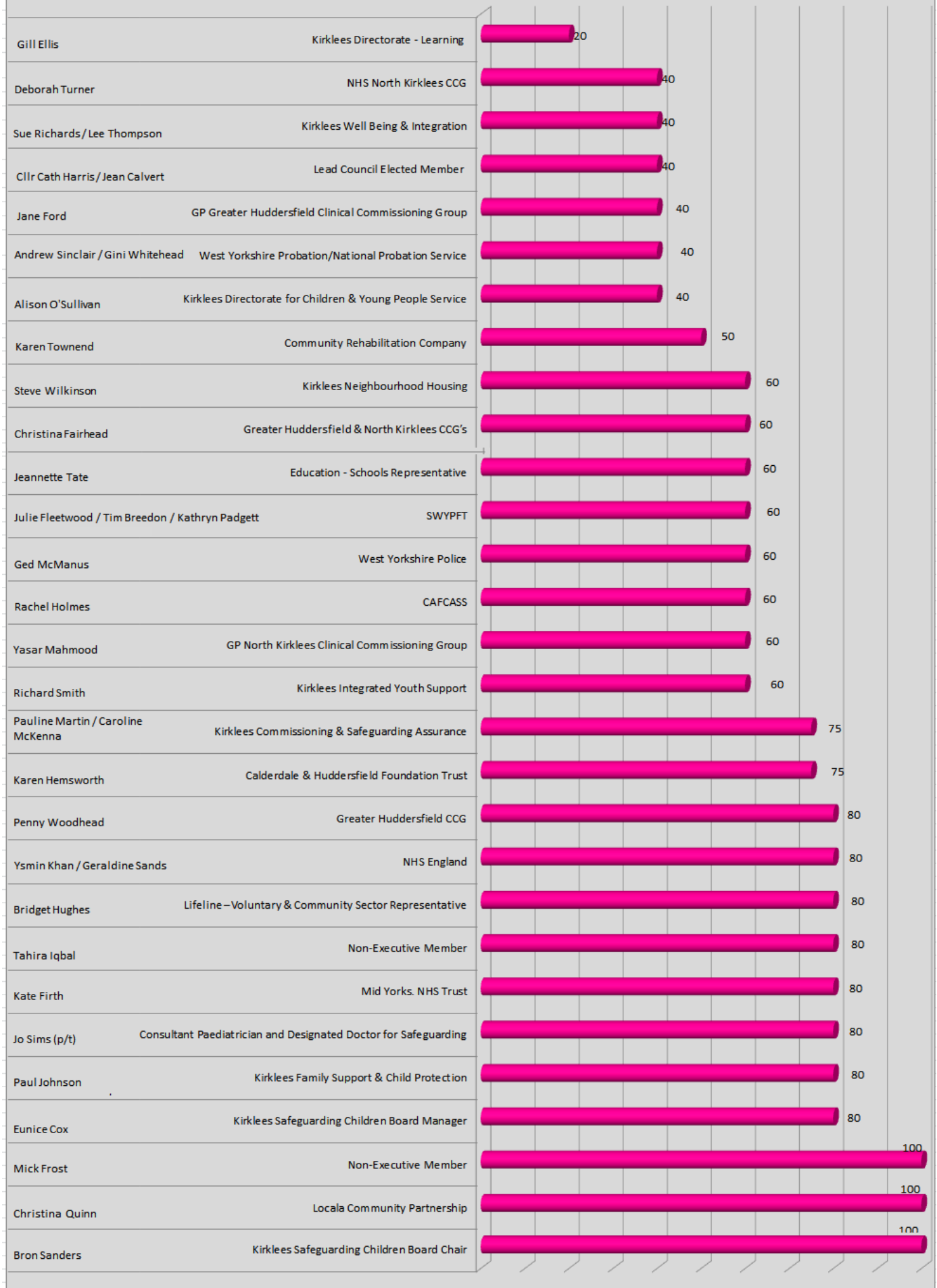
Board Membership

The Children Act 2004 (s.13) sets out the agencies that must be represented on the Safeguarding Board. Kirklees Board's membership reflects the act by inclusion of all named partner agencies. This year the representation to the board has altered in accordance with the changes made to probation services and the board now has two new members, one from the National Probation Service and one from the Community Rehabilitation Company. Other changes have included the retirement of the vice chair of the board, Karen Hemsworth, who has been replaced by Superintendent Ged McManus from the West Yorkshire Police; the decision by NSPCC to no longer be represented on Kirklees board and the change of lead member from Councillor Cath Harris to Councillor Jean Calvert.

Attendance at board meetings is an important part of agency contribution. The table below shows the representation from agencies in Kirklees and the attendance at board meetings during the year.

The board meetings are the forum for reports to be received and for challenges and discussions which progress the Business Plan and the development of safeguarding in Kirklees. A list of the reports considered by the KSCB during 2014-15 can be found at **Appendix 1**.

BOARD MEMBERS & MEETING ATTENDANCE 2014/15 **% of possible**



Lay Members

KSCB have two lay members who contribute fully to the working of the board and are represented on the Evaluation and Effectiveness workstream and the Child Sexual Exploitation workstream. They comment on the work of the board this year:

Tahira Iqbal

Although professionals are often seen as the primary leads in safeguarding we cannot underestimate the part that parents and guardians, the community, voluntary, business, academic and faith sectors can play in safeguarding children and young people in Kirklees. Over the last year the message that safeguarding children is everyone's business has continued to be a key theme for the Board and one which I have actively supported through personal engagement with some of these sectors.

With continuing budgetary cuts faced by many of the agencies represented on the Board, alongside increasing workloads through changing legislative and political drivers including regional policy and practise, I am reassured that through the Board's ongoing focus on 'organisation and administrative change arrangements' and a collaborative approach with effective challenge brought by Board members, including Michael and myself (as non-executive/ community members), that wider community impact and risk is acknowledged and effectively managed.

Finally, given the many changes that have taken place over the last year, I am heartened by the fact that one of the things that has remained constant has been a view of the primacy of the child in considerations and decisions relating to child care and protection, particularly in relation to serious case reviews and the decision making processes of the Board and its many sub groups.

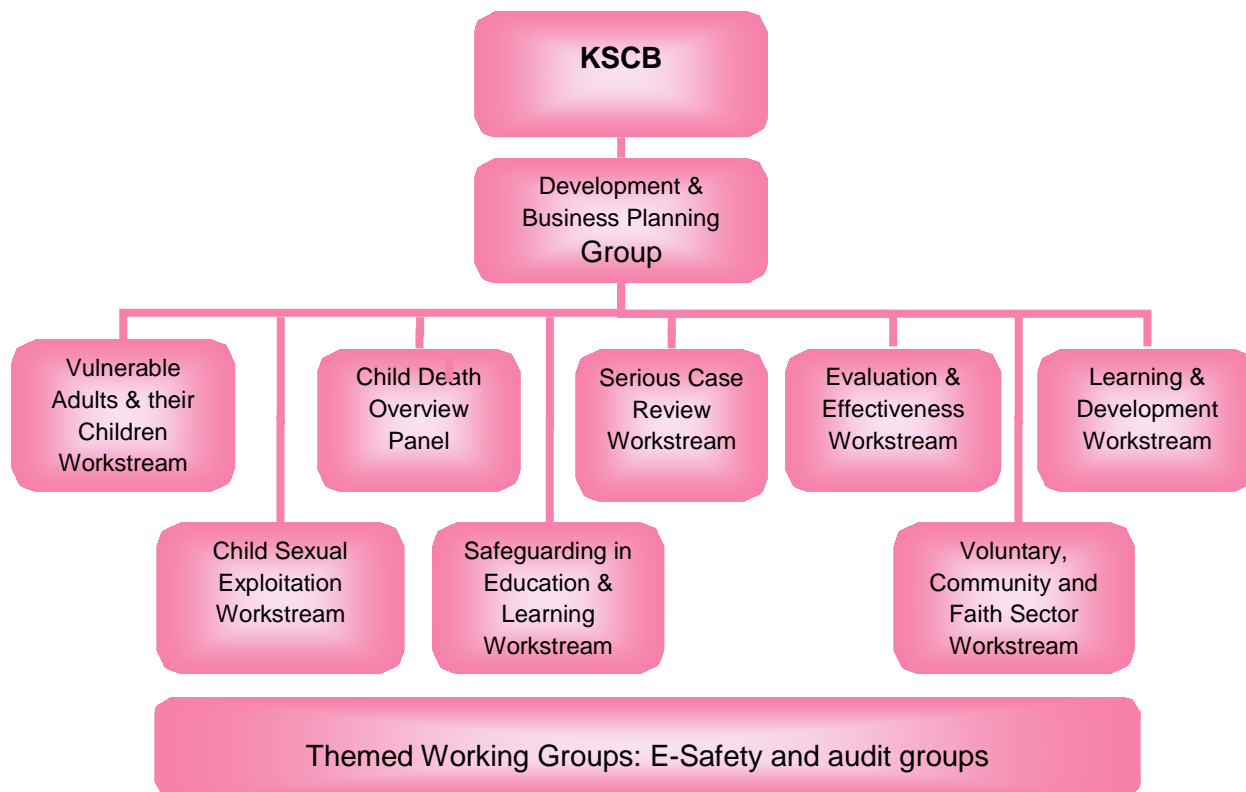
Mick Frost

The Board's unanimous decision to select the learnings from Serious Case Reviews (SCRs) as its particular focus for 2014/15, including follow up on action plans resulting from previous SCRs to ensure recommendations are embedded into practice, reassures me that there is a genuine commitment to continuous improvement. As a lay person, the SCRs, while shocking in the circumstances leading to serious injury or death of a child, bring home to me the importance of Safeguarding Children Boards and their commitment to multi-agency co-operation. As a Board member, I have become well aware of the conflict between wishing to be as public as possible in reporting on SCRs and the need to ensure that the victim or his/her siblings are not adversely affected by full publication. In my 3 years membership to date, I have agreed with the Board's balance in every case.

I am also encouraged by the Board's continuing commitment to addressing Child Sexual Exploitation (CSE) in Kirklees, not least with a strong multi-agency workstream co-ordinating the activity to plans agreed by the Board. There seems to be a genuine openness and determination to drive forward the work in this area.

KSCB Structure

The main Board is supported by a range of sub-groups that enable its functioning.



The workstreams are in place to support the work of the board and to ensure that the objectives set out in the business plan are met. Members of the board either chair or take responsibility for identifying a chair for each of these workstreams. The relevance and effectiveness of the workstreams is reviewed regularly.

All of these groups have a good multi-agency representation and attendance is monitored and challenged where necessary to ensure good multi-agency contribution to the work of the board.

Strategic Links

Health & Well-Being Board

The Health and Wellbeing Board (HWB) was set up in Kirklees in 2012/13. It brings together leaders from the Local Authority, NHS and the Elected Members to provide a shared understanding and planning for local needs, priorities and service developments.

The KSCB reports annually to the HWBB and will hold it to account to ensure that it too tackles the key safeguarding issues for children in Kirklees.

Kirklees Children's Trust

The Kirklees Children's Trust was originally established to meet the requirements of the Children Act 2004 for whole system integration. National requirements have changed and the Trust Board now has a key partnership role for Kirklees. The Trust Board is able to make recommendations about how resources are used to meet the Children and Young People Plan (C&YPP) priorities. The Trust Board agree priorities and actions for children's services across Kirklees ensuring safeguarding underpins all activity and provides a framework for the effective operation of local arrangements. The Trust Board sets the strategic direction for the development of integrated commissioning of services for children and young people. It monitors and evaluates performance against the agreed priorities of the Children's Trust and ensures that actions are taken where outcomes are not improving.

Kirklees
Safeguarding
Children Board

Strategic links have been in place over the last two years between the KSCB and the Health and Wellbeing Board, and are the subject of an agreed protocol. The KSCB chair attended the Health and Wellbeing Board in autumn 2014 to present the KSCB Annual Report and provided a six month update on progress.

There are good strategic links between the Board and the Children's Trust. The KSCB chair is a member of the Children's Trust and attends the Children's Trust meetings to contribute to service planning, to regularly update the Trust on the work of the KSCB and to provide opportunities for mutual discussion and challenge. The strategic links between the two bodies are further strengthened by the lead member of Kirklees Council with responsibilities for children's services chairing the Children's Trust and attending KSCB meetings as a participating observer. The work of the Children's Trust is a standing item on KSCB agenda, providing the opportunity for dialogue between

KSCB and the Trust. The Trust decision summary document is circulated and promotes discussion at KSCB meetings on relevant issues. Issues which have featured in the past year include the Early Intervention Review and Early Help provision, Children and Mental Health Services, the progress of Looked After Children and Care Leavers and the Emotional Health and Wellbeing of children.

The lead officer for the development of the Children and Young People Plan (CYPP) is invited to attend the Board's Development and Business Planning Group where the safeguarding elements of the plan are considered and challenged. These links ensure that the plan reflects the Board's priorities: evidence of this is the inclusion of Child Sexual Exploitation as one of the priorities in CYPP.

The KSCB annual report is formally presented to the Children's Trust and relevant issues discussed and challenged

Links are in place with the Police and Crime Commissioner for West Yorkshire, and 6 monthly meetings arranged to discuss the Board's Annual report and also to jointly review safeguarding issues for the region.

The Kirklees Safeguarding Children Unit

The KSCB employs a board manager; 1.5 safeguarding co-ordinators with responsibility for practice, reviews and standards, Child Death Overview Panel (CDOP), procedures and performance; one learning and development officer (multi-agency training, development and quality assurance); and one safeguarding officer (safeguarding in education advice, support, standards and training), which is funded directly from schools via School's Forum. Since November 2014, a CSE coordinator has a three day per week fixed term contract to support the implementation of the CSE strategy and this is funded via Stronger Families Project. These posts are supported by a business support manager (administration and information) and two business support officers (training, CDOP, workstreams admin).

Budget 2014-15

A full description of the KSCB budget can be found in **Appendix 2** which shows the income from partner agencies for the year and the ways in which it has been used to progress the work of the Board and fulfil statutory requirements. The budget was an area of discussion and challenge for the board during this year as the annual financial contributions from partner agencies were not sufficient to maintain the full complement of staff that had previously supported the work of the board. This year two and a half posts were removed; one in safeguarding support to schools and the second from multi-agency training. The board had agreed that the part time fixed term post supporting the learning from serious case reviews should become a full time substantive post; however due to further reductions to the board budget, this post will not be filled and the part time fixed term post has also been removed. The Board does maintain a healthy reserve provided by health partners to enable it to meet requirements when serious case reviews are initiated and for priority pieces of work agreed by the Board.

Section Three: Progress against Business Plan Objectives 2013-2016

KSCB agreed a Business Plan in 2013, setting out objectives and priorities for the next three years. The six headline priorities remain the same as previous years in accordance with the function of LSCBs. The Business Plan can be accessed at: <G:\Safeguarding\KSCB\KSCB - Business Plan\2013-2016\Business Plan 2013 -2016.pdf>

Objective 1: Strengthen and develop the partnership approach to safeguard and promote the welfare of children:

Partnership working is one of our strengths: we are able to work together to solve problems and there is strong leadership across partners.

Board Partnership Working:

The Board sees itself as committed, stable and mature, and considers that partners can raise issues and challenge each other where appropriate. The Board has prioritised issues for discussion and identified a number of standing items to ensure effective follow up of key issues. Agency change is one such issue - this has enabled all board partners to be kept informed of change and how that may impact on the working partnership and the safeguarding of children.

Partnership with Education:

Changes in education as schools and colleges have become academies or trust schools has been monitored from a safeguarding viewpoint to ensure that these educational establishments have remained clear about their safeguarding responsibilities. The safeguarding officer has continued to provide the same advice and support service, monitoring and training to all, and is now funded through the Schools Forum. The continued positive relationship with schools is demonstrated in their completion of the safeguarding audit and participation in safeguarding training and activities.

Secondary Safeguarding Leads Network

A welcome development in the last year has been the safeguarding leads in high schools taking the initiative to set up a safeguarding network in which the Designated Safeguarding Leads (DSL) can meet on a regular basis and share good practice. This has been supported by the Safeguarding Officer for Schools and has included guest speakers enhancing the knowledge base of the DSLs on specific areas including the PREVENT agenda and CSE.

Partnership in working to establish a Multi-Agency Safeguarding Hub (MASH):

The partnership has worked together to establish a Multi Agency Safeguarding Hub (MASH) which brings together a small number of key professionals from different agencies that have contact with children and families into the same team. The team comprises of social workers, police, health and education staff. It began operating from 1st April after extensive planning to enable the agencies in Kirklees to work together to improve the speed at which information can be shared, collated and analyzed to inform early decisions about next steps, and reduce the time spent in chasing background knowledge about the family. All of this takes place within an environment of security and confidentiality, enabling colleagues to share material safely. The intended outcome from this initiative is that there will be improved outcomes for the children and young people and vulnerable adults through timely and accurate decision making meaning that more families stay together and are resilient in the future, and those who need protection are identified swiftly without the need for repeat referrals.

Partnership in Child Protection Conferences:

The Child Protection Conference process was reviewed and revised last year. The partnership of agencies worked together with the Child Protection Review Unit to re-shape the approach to child protection conferences in line with “Strengthening Families”. This approach has now been reviewed following a full year since implementation. The review was carried out in three parts which included: observation of Child Protection Conferences, individual surveys for family and professionals and interviews with professionals. In summary the review found the Strengthening Families approach to conferences successful in its aim to be more inclusive and engaging for families and practitioners in the decision making process. Some future challenges include: ensuring the conference time is of a reasonable duration; professionals ensuring reports are submitted within the time frames and shared appropriately with parents in advance of the conference and a commitment to appropriate professional attendance and punctuality.

To view the full report click on the link below:

<http://www.kirkleessafeguardingchildren.co.uk/managed/File/Information%20Updates/2014%20-20Strengthening%20Families%20Evaluation%20Report%20with%20cover.pdf>

A newsletter focusing on some of these issues was published in October 2014 and cascaded to all practitioners. To view click on the link below:

<http://www.kirkleessafeguardingchildren.co.uk/managed/File/Newsletter/KSCB%20Newsletter%20Issue%2013%20-%20October%202014.pdf>

Partnership with Adults Services:

It is important that the work of safeguarding children is carried out in partnership with adult services. Consequently there is representation on the Board from adult services, and the KSCB and Kirklees Safeguarding Adult Board (KSAB) work together to maintain good links between staff who work in adult focused services and practitioners in children’s services. The Vulnerable Adults and their Children workstream met three

times this year and provided a progress report to KSCB in July 2014. Its aim is to promote and support effective relationships between agencies that work with vulnerable adults who may be parents and to ensure that safeguarding children is embedded within the practice of all agencies. There has been provision of joint safeguarding training by both boards in relation to safeguarding awareness for elected members and safer recruitment training, level 1 safeguarding and forced marriage training for the voluntary sector. There are links to the voluntary sector services for adults through the chair of the voluntary, community and faith sector workstream who also represents the 3rd sector leaders and KSCB.

To further develop relationships and streamline work the managers of KSAB and KSCB have met with representatives from Kirklees Community Safety Partnerships (CSP) to clarify links between the boards on issues that span across all three. This group is considering the joint approaches to Child Sexual Exploitation, Female Genital Mutilation, Human Trafficking, Forced Marriage, Gangs, Domestic Abuse, Restorative Justice and Prevent.

Partnership Working Across the Region:

The Board also maintains partnership working across the region. This is demonstrated through the board chair and board manager attending regional meetings across Yorkshire and Humber. The Chair of the Child Sexual Exploitation (CSE) workstream and Board Manager attend a West Yorkshire CSE Strategic group. The safeguarding co-ordinator and board manager work with colleagues across West Yorkshire in maintaining joint safeguarding procedures. The Child Death Overview Panel (CDOP) is a joint panel with Calderdale to review the deaths of all children in the two areas. The safeguarding co-ordinator ensures regional and national issues from CDOP are shared locally and contributions are shared nationally from a local perspective. There are strong links between the regional trainers and the network events are attended and joint conferences held. The safeguarding officer for schools is part of Child Abuse and Protection in Education (CAPE) and attends the network meetings.

Partnership Working with the Voluntary, Community and Faith Sector:

The Learning and Development Officer has strong links with Kirklees Community Partnership who administer funds for a range of voluntary and community groups across Kirklees. Groups are required to have a Safeguarding Policy, a designated lead for safeguarding and appropriate training for staff in place prior to any funding arrangements offered by Community Partnerships. Links have also been made with Volunteering Kirklees and Third Sector Leaders alongside links with a range of VCFS groups through the workstream which enables the safeguarding children message to be heard by a wide range of people who are working with, volunteering with or supporting children, young people and their families.

Impact of Partnership Working:

- Improved Governance arrangements and strong links with strategic bodies ensures that safeguarding children is in the forefront of planning and service delivery across partnerships

- Continued strong commitment to the Board by partners ensures that Board business is progressed, key issues are disseminated to partner organisations and partners work together to deliver safeguarding services
- Safeguarding work with schools has kept pace with changing status of schools to keep the focus on vital front line safeguarding arrangements
- The review of the Strengthening Families approach to Child Protection Conferences has identified improvements in partnership working and where further areas could be strengthened.
- Strengthening the partnership work with adult services to include the Community Safety Partnership has resulted in increasing awareness and joint training and has improved the effectiveness of safeguarding arrangements for children living with vulnerable adults.
- Evidence shows that sharing information is vital to better safeguard and promote the welfare of children. Information sharing across partners is already effective in Kirklees. The MASH will bring added value to existing information sharing processes and practice, particularly in relation to grey areas and service responses to repeat referrals for neglect.

Objective 2: The incidence of child abuse and neglect is minimised

The Board has prioritised work to safeguard children and young people who are at risk of abuse and neglect, but the job is never done. New cases are always being referred and new kinds of risks are emerging. This will remain our top priority.

Child Protection and Looked After Children Trends:

In the past two years there has been a small but steady decrease in the number of child protection s47 enquiries commencing. The number has reduced from 2404 in 2012/13, to 2017 in 2013/14, and to 1873 at the end of March 2015. Further analysis will be required to understand this and comparisons will need to be made to the number of initial referrals made.

Following the same trajectory is a small decrease in the number of initial child protection conferences held from 193 to 182 at the year-end 2015.

However, the numbers of children subject to a child protection plan shows a slight increase from 344 up to 350 at 31st March 2015. This could reflect the number of children within families.

There is also a slight upward trend in the number of looked after children which has increased from 613 in March 2014 to 637 as at 31st March 2015. (See **Appendix 3**)

Strengthening Families Approach to CP Conferences:

In October 2013 Kirklees introduced a new approach to the way in which Child Protection Conferences are conducted. The 'Strengthening Families' approach moved away from a formal meeting structure to help families participate more easily in assessing risks to their child's safety and engage more in the development of the child protection plan. It enables professionals to identify risks and assess if the family can instigate and maintain significant positive behavioural change.

In November 2014 the KSCB received an evaluation report of the first full year of implementation of the Strengthening Families approach. The report was compiled through observations of child protection conferences, evaluations completed following the conference by families, feedback from conference chairs and completion of a survey by multi-agency professionals.

Early indications are positive about the new approach with 90% of professionals indicating this was a better way to run conferences and all stating they felt able to participate and 99% felt that their views about how to protect the children were noted by the chair. More importantly, from a parental perspective, 99% felt involved and able to participate in the meeting. A further strength was the formulation of an agreed plan which emerged throughout the conference.

Some of the areas that require further work are around the timeliness of reports into conference from all professionals and attendance and punctuality. The duration of the conferences was also an issue for some professionals, although families felt the time was sufficient for all the issues to be discussed fully.

The full evaluation report can be accessed at:

<http://www.kirkleessafeguardingchildren.co.uk/managed/File/Information%20Updates/2014%20-20Strengthening%20Families%20Evaluation%20Report%20with%20cover.pdf>

Domestic Abuse:

Domestic abuse has been identified as a key risk to children and young people - a common factor in families where children are at risk of abuse and neglect.

In 2013 an Integrated Domestic Abuse Team (IDAT) was established in partnership with children's social care and adults services. Prior to this notifications in respect of domestic abuse were received by Children's Social Care Duty and Assessment Service. These averaged 85 each week for which 10% were responded to as s47 enquiries and the remaining 90% were receiving little or no service. In October 2014 KSCB received a report from IDAT identifying the following key findings:

- A significant reduction in the number of re-referred cases down from 43% to just 14%
- A reduction of referrals into the Duty and Assessment Service (DAAS) Front of House (FOH) enabling better targeting of resources to vulnerable/at risk children.

- Demonstrated that an integrated team is able to respond holistically to need/risk following the principle of “Think Family”
- Pooling of resources is not only more cost effective but crucially provides a speedier and far more targeted service to families.
- Working collaboratively enables the sharing of expertise, skills and knowledge.
- The introduction of a duty service is beneficial to both service users and professionals.

The report evidenced the need to progress the IDAT and for its successes to be considered in relation to the development of the Multi-Agency Safeguarding Hub and the importance of maintaining the current focus on domestic abuse particularly as 40% of the section 47 child protection enquiries undertaken were in relation to domestic abuse and the emotional impact on the children involved.

Child Sexual Exploitation (CSE) and Missing Children:

CSE has continued to be a priority area for the board, and plans have continued to develop as national reports highlight specific recommendations. The workstream which oversees the partnerships strategic response to CSE has further developed the seven point strategy which was approved by the board in January 2014 to incorporate emerging issues and strengthen the approach. Progress has been made with many areas of the strategy particularly in relation to risk assessment, risk management plans and the establishment of clear referrals pathways (See **Appendix 4**). Attention is required within the coming year to raising awareness amongst children and young people through school based programmes, and with individuals and groups in the community groups to ensure that they are aware of the role they can play in disrupting situations that facilitate CSE.

Allegations Management

All agencies working with children must ensure that allegations against people who work with children are responded to as required within Working Together to Safeguard Children (DfE, 2015) and Keeping Children Safe in Education, Statutory guidance for schools and colleges (DfE, 2014). Robust responses to allegations enable the risks posed to children by staff or volunteers within organisations to be minimised.

There was a marked increase in the number of allegations reported during 2014/15. The table below provides the number of reports about staff in the partner organisations for the past 5 years.

	10/11	11/12	12/13	13/14	14/15
Social care	8	11	17	24	28
Education	69	63	66	74	105
Health	5	3	0	7	7
Police	0	0	2	2	2
Vol. Sector	9	27	19	14	22

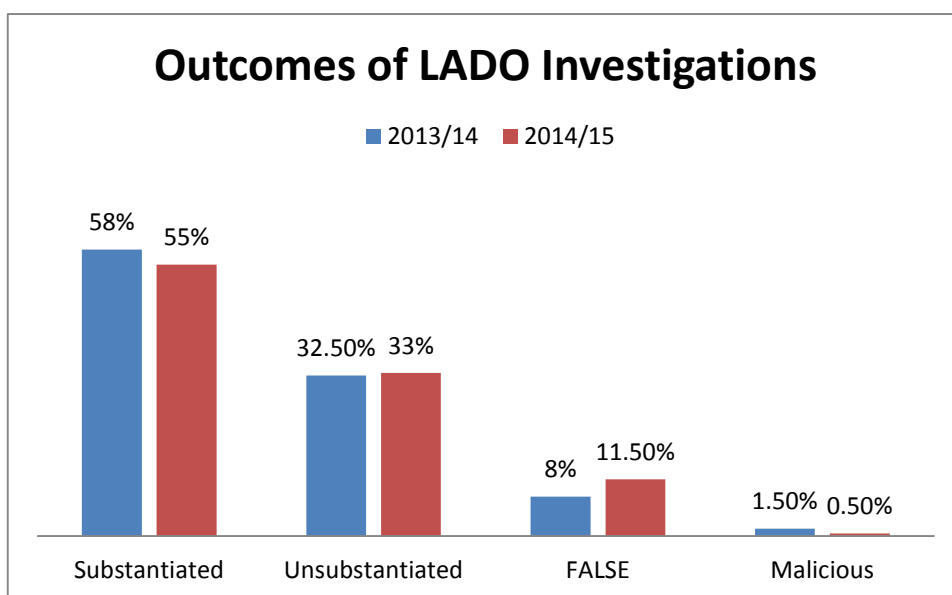
Foster Care	13	15	15	10	26
Faith Setting	2	0	1	2	6
Taxi Driver	1	1	0	2	8
Other	9	10	8	4	3
Total	116	130	128	139	207

The most notable rise in referrals can be seen above to be in relation to school based staff and was predominantly within the primary sector and with regard to allegations of physical harm. The Local Authority Designated Officer identified from his oversight of cases that the requirements from workers to respond to, and manage children who are demonstrating increasingly challenging behaviours at a younger age could account for this pattern and that attention is required to increasing support and training for staff with regard to behaviour management techniques.

One increase of note, whilst small, is the number of taxi drivers about whom allegations were made. This can be linked in some cases to child sexual exploitation enquiries and is seen as an indication of effective communication between the LADO, the police and the licensing service.

Referrals regarding allegations of physical harm by professionals were the highest (89) representing 43% of all referrals and have increased from 62 the previous year, an increase of 43%. Allegations of sexual harm also increased from 39 to 55 and represented 27% of all referrals. There were 31 referrals concerning emotional harm (15 %). These will include circumstances where a professional has responded to a child in a way that has caused the child to become emotionally distressed. There were 32 referrals concerning neglect (15 %). These referrals include circumstances whereby a worker has failed to follow required procedures resulting in a child being potentially or actually harmed.

The outcomes of those cases where investigations have been completed remain consistent as can be seen below:



This would suggest that the thresholds for accepting and responding to referrals are consistent. The investigation following identification of an allegation has however shown a shift towards more being dealt with through internal management enquiries rising from 48 to 100, and fewer resulting in police and/or social care enquiries which have reduced from 62% to 49%. This requires that agencies will need to ensure that managers have the necessary skills and resources to undertake comprehensive investigations and determine the required outcomes to keep children safe. Managers will need to be able to recognise how to gather evidence in a way that can be tested within disciplinary and other processes.

Impact of Work to Minimise Abuse and Neglect:

- Strengthening Families Approach to CP Conferences – The change of approach to conducting conferences has had a positive effect on the participation of parents and family members with 99% reporting feeling able to participate in the conference and having their views noted about how to protect their child, and 96% reporting feeling listened to by professionals. Professionals reported equally positive feedback during the evaluation with 100% reporting feeling able to participate. A further strength was the formulation of an agreed and clear plan which 96.3% identified emerged from the conference and overall 90% felt that this was a better way to run conferences. .
- The evaluation of the Integrated Domestic Abuse Team (IDAT) has demonstrated positive effect with a reduction in the number of re-referred cases down by 29% to just 14%. The integrated team is able to respond holistically to identified needs and risks for children within their families following the principle of “Think Family”
- Significant progress has been made in identification of young people vulnerable to CSE, and the establishment of a clear referral pathway and risk assessment tool. Training has been delivered to all safeguarding and leads for personal, social, health and economic education (PSHE) in all middle and high schools on CSE processes and procedures in Kirklees and to Mosque leaders, at the Women’s Centre and to taxi drivers to ensure that CSE is tackled by professionals and by community members through identification of vulnerable young people and potential perpetrators.
- The procedures and processes for managing allegations are well embedded producing an increasing referral rate as children and young people’s concerns about professionals, volunteers and foster carers are being heard and responded to, including referrals to LADO.

Objective 3: Monitor and evaluate the effectiveness of what is done by the Local Authority and Safeguarding Children Board partners

We have established a multi agency data set to start and build a picture year on year of the effectiveness of services for children and young people. We have a rolling programme of audits of front line practice, and we have a well established regular review (Section 11) of partner agencies' safeguarding arrangements. We have more work to do towards achieving a robust data set across all partner agencies which can impact strongly on improving services. We also have more to do in further developing our programme of multi agency audits and evidencing embedded changes in practice from these.

The Evaluation and Effectiveness (E&E) Workstream is tasked with measuring and monitoring partner organisations' safeguarding performance to identify issues within the services which need action to ensure the safety and welfare of children and young people. The workstream is chaired by the board representative for Locala. The board receives progress reports at each meeting and an annual report on the work undertaken.

Over the past 12 months, the workstream has led, participated in, or reviewed multi-agency audits in respect of:

- Children Subject to Child Protection Plans for a second or subsequent time
- The disproportionate number of mixed ethnicity children subject to Child Protection Plans
- The Kirklees Learning Disability Protocol
- Early Intervention in Kirklees
- Practice in recognising and responding to children and young people at risk of Child Sexual Exploitation (Pilot)

The workstream has also reviewed reports regarding

- Feedback from YOT Inspection
- Mid Yorkshire Trust Training Audit
- Learning Service Survey Analysis
- Locala audit of Common Assessment Framework (CAF)/ Early Help
- CHFT and Locala Audit Plans
- Performance and inspection of local authority children's homes
- Locala protocol for locating children with whereabouts unknown
- Work to improve communication between Psychiatric Services and Health Visitors

Multi Agency Case Audits

Effectiveness of the Learning Disability Protocol - An audit report was received by KSCB in January 2014 evaluating the effectiveness of the Learning Disability protocol which was implemented following recommendations in two previous serious case reviews. The audit found that there was an inconsistent response to those using the consultation process by the Learning Disability Team; the referral for a consultation was not widely used or known about amongst the partnership of agencies and there was some misunderstanding as to its purpose with some professionals thinking it was a referral into the service for an assessment of learning disability rather than a request for a consultation.

The following recommendations were made:

- That the Community Learning Disability Team give consideration to their capacity to fulfil the expectations set out in the Learning Disability Protocol and that Adult Social Care set out their plan to meet this need.
- That a working group revise the Learning Disability Protocol in accordance with the agreed service provision following the consultation with Adult Social Care.
- That the revised KSCB protocol be launched with a greater emphasis on publicity.
- That the use of this protocol in practice is reviewed after 12 months following implementation.

Consultation has begun with the management of Learning Disability Service to consider their capacity to provide a service and what can be expected. Following this a joint working group will develop a new protocol and plan for implementation.

Audit of Early Intervention in Kirklees - An audit report was presented to board in January 2015, the purpose of which was to consider the effectiveness of early intervention in families where mental health, domestic abuse and substance abuse were factors. The report demonstrated mixed quality in respect of assessment and planning and the effectiveness in addressing the underlying issues. Since the completion of this audit, the CAF process within Kirklees has changed. The CAF is now referred to as an EHA (Early Help Assessment), and every external EHA has an allocated EHA Co-ordinator who tracks and monitors the cases and chairs MAST meetings at seven and twelve month intervals. Internally authored EHAs have oversight from deputy team managers who are all Social Work qualified. Assessment and documentation processes are now stored on Care First, which is the same electronic system as social care so there is opportunity to see the whole picture of earlier involvement of agencies.

Recommendations resulting from this report included:

1. There is established practice that where cases referred to the Duty & Assessment (D&A) service do not meet the threshold for safeguarding, but where an EHA is recommended, that D&A Service will notify the EHA coordinator. The group felt that there was no evidence that this was in place (i.e. on case files) and therefore suggest that some mechanism is in place to record these recommendations.
2. There needs to be a process in which lead professionals have consultation with someone who can access all previous concerns, referrals and has access to multi agency information. The audit group felt that the multi-agency checks needed to be more rigorous. The D & A service operate a consultation service, and where it is appropriate to share information, information is shared. Not all professionals use the D & A consultation service for EHA level concerns and may need to be made aware that this service is available for all concerns.
3. If a child has a sibling they also need to be considered within the assessment.
4. The audit group agreed that it would be beneficial to write the CAF in a multi-agency format with the CAF assessment and delivery plan being completed at the first meeting (similar to the Strengthening Families Approach).
5. The paperwork needs to be flexible and inclusive for all agencies. A thorough training package needs to be delivered to all agencies with a focus on a need to challenge the 'real issues'

The author of the report met with the members of the Early Help Assessment team on 3rd September 2014 to discuss the findings of the draft audit report. The actions undertaken as a result of the meeting are detailed below:

- i. The Early Help Assessment Team liaises with Duty and Assessment and is notified of families who do not meet thresholds and are able to help identify a quick response to low level needs which may include an Early Help Assessment. Business Support Officers within EITS have been trained in usage of Care First and other systems to extract information on families' previous history, assessments and involvement with agencies.
- ii. The Early Help Assessment form now requires the author to enter details of all siblings and their presenting issues. Some children may warrant an individual assessment if they have specific needs.
- iii. Documentation allows information from all agencies to be recorded and as part of the Early Help Assessment an interim action plan is produced which is then reviewed at each MAST meeting. Contributions from all practitioners involved are an inherent part of a holistic assessment and is emphasised within the Early Help Assessment training. The Early Identification and registration form is the tool used to gain consent from the parent for this to happen and for checks to be carried out.
- iv. The EHA documentation is more accessible to all agencies and EITS managers have been providing briefing sessions to schools, health and early learning providers on usage of the forms. A rolling programme of training is being delivered by EHA co-ordinators which includes important areas for consideration in the assessment process including considering wider family, analysis of needs,

factors surrounding neglect, building pictures of the history of the family, supporting families where appropriate but being prepared to challenge issues and take action, setting appropriate child – centred outcomes. After each round of training the pool of trainers made up from different organisation meet evaluate the training and update where required.

The Single Assessment was subsequently launched in Kirklees on 1st of June 2015 to further strengthen the early help assessment process and align the pathways with children's social care.

Audit of Children Subject to a Child Protection Plan for a Second or Subsequent Time

An audit report was received by KSCB in January 2015 exploring the numbers of children in Kirklees subject to a child protection plan for a second or subsequent time. During 2014 the performance indicator for children who had been subject of a child protection plan for a second or subsequent time was slightly higher than the projected target; at the same time the total number of children who had been made subject to a plan had reduced in comparison to the previous year and in comparison to the national average, i.e. The number of children on a plan went from 421 to 365 (2013) of which 60 and then 50 (2014) were re-registrations. This equates to 14% in 2013 and 13% in 2014. The percentage of second or subsequent plans nationally was 14% in 2014.

The audit group set out to ascertain the following:

- Whether the characteristics of the children and families, including categories of plans, age and family size were a determining factor for second plans
- Whether there were practices that were good or under developed at supporting children and families to prevent decline into compromised parenting
- The quality of multi-agency contributions to children subject to child protection plans- including whether the risk assessment and therefore de-registration was overly optimistic

Recommendations included:

- Kirklees Safeguarding Children Board should, as a matter of priority, consider the membership of the Evaluation and Effectiveness Workstream and ensure that there is greater clarity given to what is required from members when they audit cases. (This has now been done).
- A pre- set calendar of audit days should be agreed with the Workstream members with key priority themes agreed by the Board. (A programme of audits is in place)
- The Child Protection and Review Unit Manager should conduct regular audits of work where children are subject to Child protection plans over 18mths.
- In cases of long standing neglect where significant harm is a feature and the plan is stuck consideration should be given to completing multi-agency audits to analyse the full extent of neglect on the children concerned.
- All activity to step down from a CP plan should include a period on a Child in Need plan where there are clear indicators of neglect– this would require a change in procedures.

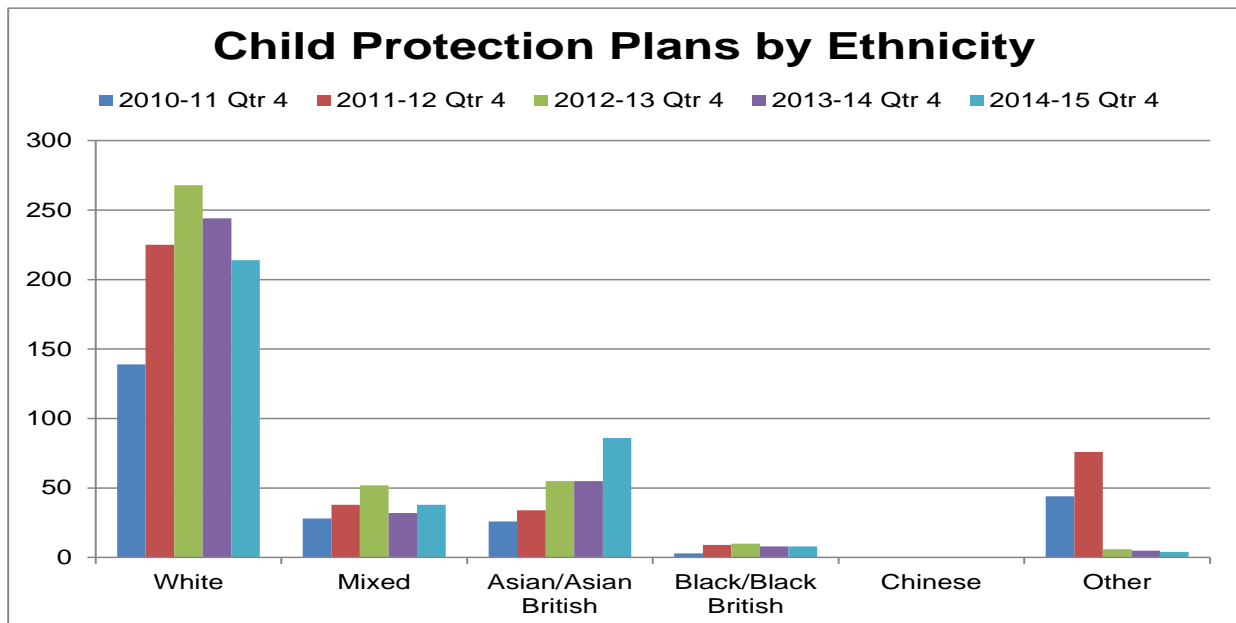
- When a case is de-escalated to Child in Need the case should be managed by a qualified social worker who has the confidence of all professionals involved.
- Children should be the subject of appropriate updated assessments before de-escalation takes place.

Action taken:

An action plan to consider all the above recommendations from the audits has been developed and is being overseen by the Evaluation and Effectiveness workstream

Children who were Subject to a Child Protection Plan and Looked After from a Mixed Ethnic Background –

In previous KSCB annual reports, it was noted that there were a disproportionate number of children who were subject to a child protection plan and looked after from a mixed ethnic background. A report was presented to the board that considered if there were any common features which could contribute to an understanding of why this was so.



Twenty five percent of cases in each category were considered. There was nothing overwhelmingly evident in these cases from which one could conclude professional practice or attitude is different for these children. The report referred to national findings which suggested there are likely to be many different factors that interact to contribute to the differences shown by the statistical analyses which make it impossible to draw straightforward conclusions and the research reviewed provided no simple answer to the question of why disproportionality and disparity exist. This would require a much bigger piece of work, including seeking an understanding of why children from a mixed ethnic background are more likely to be referred to children's social care.

Service Audits

Last year the Voluntary, Community and Faith Sector (VCFS) introduced an online safeguarding survey which has remained open in 2014-2015 and has received a further 9 responses. The key findings broadly mirror the findings from last year with

- 88% of respondents have a designated person for safeguarding
- 88% of groups are accessing safeguarding children training
- 44% (down from 88%) of groups ensured all their paid staff access training, however, again it was concerning that 44% of groups stated only their lead person access training, a clear message that all staff and volunteers in contact with children, young people and their families need to have safeguarding training must be given to the sector
- 44% of respondents had heard of the VCFS workstream (down from 54% the previous year)
- 77% of respondents wanted the KSCB to provide safeguarding training (up from 71%)
- 55% wanted the KSCB to produce model policies and guidance (down from 63%)
- 22% wanted help checking their policies and procedures
- 22% wanted KSCB to organise bespoke events on safeguarding for the sector
- 11% wanted KSCB to speak at events they organise
- 88% have a safeguarding children policy (down from 92%), this is something to monitor to ensure this trend does not continue

The quality of the safeguarding policies appears to have decreased with this year's (few) respondents with

- 66% (down from 92%) including what to do if they were concerned about a child
- 77% (down from 86%) had a statement committing them to safeguarding
- 44% including a definition of what child abuse and neglect is down from 86%,
- 77% (down from 82%) had a section on allegations against staff and volunteers
- 66% down from 80% included the name of their safeguarding lead
- 55% (down from 76%) had the contact details for children's social care

Though the sample size this year is very small this may be a trend that will need to be monitored and addressed and is concerning that this is emerging alongside the publication of a comprehensive guidance document on writing a safeguarding policy and the offer of policy workshops.

This year's survey has also included a question on where groups source their funding. In 2014 KSCB worked with Community Partnerships in Kirklees council to ensure that any funding given to groups in Kirklees was conditional on the group having basic safeguarding requirements in place. This was so effective in driving up safeguarding practice and governance that it was decided the workstream would identify other sources of funding for groups in Kirklees and check to ensure these were similarly

robust in asking for safeguarding training, designated officers and an appropriate safeguarding policy in place.

Schools Safeguarding Audit is undertaken annually by the Safeguarding in Education workstream and scrutinised by the Evaluation and Effectiveness Workstream. The annual safeguarding audit went out to all schools in September 2014. This was done for the first time via the online audit tool site “Survey Monkey”.

The return rate for the audit was 91% with a further 2% submitting partially completed audits. 7% of Schools failed to complete the audit. Previous years had achieved a 100% return with a concerted effort by KSCB staff contacting schools. The 91% in 2014/15 was achieved with no direct follow up engagement with any of the schools completing the audit.

Due to the reduction in number of Safeguarding in Schools Officers from 2 to 1 and the fact that no-one was in this post between December 2014 and April 2015 it was only possible to provide individual feedback to 137 of the 183 schools who participated in the audit.

The following is a summary of the main points identified in the audit during academic year Sept 2013 to July 14.

- Schools are increasingly appointing deputy Designated Safeguarding Leads (DSL) to support the Safeguarding function.
- A small number of staff on the DSL role had not yet attended the necessary training for the role. This is believed largely due to the turnover in senior leadership team members in schools.
- Once in post and having completed their basic DSL training courses, a third of DSL's are failing to attend ongoing level 3 training courses to maintain and develop their safeguarding skills/ knowledge
- Safer Recruitment is taken seriously with a noticeable improvement in staff attending the safer recruitment course.
- E-safety – There is a noticeable improvement in schools' attention to e-safety and many schools evidencing this in their teaching practice.
- Single Central Register – a noticeable improvement in accurate completion.

The issues of Child Sexual Exploitation, Female Genital Mutilation and PREVENT are new items for 2015 and will be included in the next schools safeguarding audit.

Section 11 Audit:

Following a decision to hold the section 11 audit and challenge event every 18 months rather than annually, a section 11 audit did not take place in the year covered by this report but is planned for the forthcoming year.

Inspection:

There have been Ofsted Inspections undertaken in the residential establishments in Kirklees over the last year and all of the children's homes have been rated as good or outstanding.

Objective 4: Communicating the need to safeguard and promote the welfare of children and promote the work of the KSCB

The Board has a comprehensive website which includes information, guidance and training for professionals and the public, and provides regular newsletters to practitioners. Getting safeguarding information to children and young people is a challenge and we need to do more to develop child and young person friendly ways of reaching them.

Campaigns

- “Do you know who you are really talking to”

This Campaign was run through the summer holidays in 2014 and aimed at raising awareness with young people on the dangers of being groomed online. It formed part of the West Yorkshire wide ongoing initiative “Know the Signs” which aimed to highlight the issues of child sexual exploitation and encourage victims to report it. The police, local authorities and LSCB's collaborated to produce a series of messages which highlighted the dangers of chat forums and interactive platforms. Web, Facebook and twitter posts were released which featured an image of two teenagers in an online conversation which subsequently revealed that one was not a teenager but a sexual predator. Schools were provided with a YouTube video, and an online digital banner for use on websites, or on plasma TVs in schools. Schools shared that they got involved in the campaign by delivering the message in assemblies and PSHCE lessons to generate discussion amongst students. The digital banner was also displayed in sports centres and customer services centre across Kirklees. The aim was to display the banner where young people were likely to attend i.e Kingsgate shopping centre, however with no plasma screen this was not possible. Kirklees made the decision to run the campaign a second time in schools in the lead up to Christmas, anticipating many young people would receive tablets and mobile phones in which they could access the internet

Kirklees Targeted Youth Service and Integrated Youth Services have rolled out a programme raising awareness with young people in youth clubs around the issues of CSE, Grooming and trafficking.

Access further information on www.westyorkshire.police.uk/who-r-u-talking-2.

➤ **“It’s never ok”**

This domestic abuse awareness campaign was targeted at 16-24 year olds. It was part of an intervention and prevention strategy, to make young people think about domestic violence and appreciate how issues can escalate. The campaign was launched on 15 December and ran until 30 January 2015. This was driven by the local authority and supported by KSCB.

➤ **National CSE Awareness Day**

The first ever National Child Sexual Exploitation Awareness Day took place on March 18th 2015. The aim was to highlight the issues surrounding CSE; encouraging everyone to think, spot and speak out against abuse and adopt a zero tolerance to adults developing inappropriate relationships with children or children developing inappropriate relationships with other children. This was promoted in customer service centers, on Kirklees social media sites, Heads Up for Schools, and at the University. Partner agencies were encouraged to show their support by posting their messages on their hands which were put on KSCB websites and schools were encouraged to share in the promotion and raising awareness with young people.

The message of CSE, spotting the signs and speaking up, and the local procedures have been delivered to community groups, schools, foster carers and Mosques leaders in line with the communication strategy for the CSE workstream of the Board. There has also been an ongoing training and awareness raising programme through licensing to taxi drivers.

Health partners have continued to reinforce awareness-raising across the health economy in Kirklees by use of corporate screensavers showing CSE Information/posters.

KSCB Website:

The KSCB website is reviewed four times a year by the Business Support Manager and it is updated regularly to ensure content is relevant and current. This year information has been added to publicise the above campaigns and also the following:

- **The CSE e-learning course.** The course is free and can be accessed by going to www.kirkleessafeguardingchildren.com clicking on course management system and this makes provision for all those who work in any capacity with children and young people and equips them to understand the scope and impact of CSE and what to do if they have any concern.
- **Voluntary, Community and Faith Sector Safeguarding Guidance** was developed jointly with Adult Safeguarding Board and launched via the KSCB website in October 2014. The guidance offers advice to voluntary, community and faith

groups on meeting their responsibilities to safeguard adults at risk and children. It includes information on the role of the safeguarding lead, safeguarding training, how to write a safeguarding policy and has model policies for groups across the sector to use. The guidance can be accessed at:

<http://www.kirkleessafeguardingchildren.co.uk/managed/File/Voluntary%20sector/Safeguarding%20guidance%20for%20the%20VCS%20-%20Aug%202014%20final.pdf>

- **Safeguarding in Education.** The Education workstream maintain a Safeguarding in Education page on the KSCB website containing information for schools on updated guidance and relevant links to materials they can use. The website is promoted in all training courses so that school staff know where to access policies, materials and best practice guidance on a broad range of safeguarding issues.
- The e-safety workstream maintains a **Kirklees e-safety blog** which provides up to date information for everyone who works with children and young people, their parents or carers to enable them to remain informed of emerging issues in the e-safety world. <http://shareit.yhgfl.net/kirklees/e-safety/>
- **National campaigns have been supported and promoted on the website including:**
 - Child Safety - in January 2015 the issue of the potential dangers of button batteries was posted and also the website on child safety from Child Accident Prevention Trust.
 - Launch of NSPCC Awareness Campaign on Child Online Safety - Share Aware. The campaign was aimed at parents and carers of children aged 8-12 – the age at which they start doing more online, become more independent and use a greater range of devices. The campaign aims to encourage parents and carers to understand online safety and to have conversations with their children about keeping safe.
 - Awareness raising of Female Genital Mutilation was promoted on the website and the link provided to the e-learning course which was cascaded to agencies advising staff to undertake the training.
 - As any legislative changes or new guidance is published information and links are shared on the KSCB website as well as sending out the information via the board members and the workstreams.

For further information: <http://www.kirkleessafeguardingchildren.co.uk/>

KSCB Newsletter and Briefings:

- A newsletter was written and circulated to partner agencies, to cascade to their managers and front line practitioners, in May and October 2014. This included among other items information about the Learning and Improvement Framework; the Threshold – Continuum of help and support; e-learning courses and multi-agency training; the role of advocacy in supporting young people's contribution to

child protection conferences and the review of strengthening families approach to child protection conferences.

- **Learning from Serious Case Reviews - briefing paper.** This was produced in January 2015, and distributed to partner agencies for use by managers and practitioners as a briefing paper / learning tool with common themes identified in local and national serious case reviews. It was promoted via the website as well as through all the workstreams and the board. Agencies were encouraged to provide feedback on how the information had been disseminated and taken forward within their service.

<http://www.kirkleessafeguardingchildren.co.uk/newsletter.html>

Impact of the Board's Communication:

- Effective and up to date safeguarding information is provided to parents/carers, children and young people, professionals and the wider community and helps keep children and young people safe.
- Practitioners and their managers across the partnership are informed about current safeguarding issues and better able to intervene appropriately.

Objective 5: Review and investigate all serious incidents against children in Kirklees

Partner agencies are thoroughly committed to reviews of serious incidents and are experienced in using a range of approaches to draw learning from them. Embedding learning and changes in practice from Serious Case Reviews is our major priority in 2014/15 and 2015/16.

This objective relates to all types of case reviews that are undertaken on behalf of the board including serious case reviews, child death overview and serious incidents. There are two workstreams one for child deaths and one for serious case reviews (SCR).

These reviews sit under the umbrella of the Learning and Improvement Framework which focusses on learning from a range of sources such as audits and service reviews along with learning from Serious Case Reviews and Child Death Processes. The Learning and Improvement Framework can be accessed at: <http://www.kirkleessafeguardingchildren.co.uk/procedures-guidance.html>

Child Death Overview Panel (CDOP):

Kirklees and Calderdale share arrangements for reviewing the deaths of all children in the area. The panel meets every two months and the coordination and administrative support is shared by both boards. The joint panel aims to better understand how and why children die and through use of these findings, take action to prevent other deaths

and improve the health and safety of the children in the area. The panel is chaired by the managers of the two safeguarding children boards. A full report is received annually by both boards.

The panel met six times during 2014/15 and had appropriate agency representation. There has continued to be difficulty in engaging the Coroner's Office in terms of representation and written reports as required in Working Together 2013. This was pursued by the panel chairs last year and a clear request made for them to fulfil their responsibilities. Unfortunately there has still been no representation or written reports and this was raised at the Safeguarding Board with an agreement that the Chair of the Board will write to the Coroner.

The panel continue to review all cases in a timely manner and record the cause of death and whether there were any modifiable factors. Any learning that arises from these reviews leads to recommendations or actions to ensure improvements are made.

The Joint Annual Report from the Calderdale and Kirklees Child Death Overview Panel (CDOP) was presented to the KSCB in January 2015. The data and emerging issues from the year 2014/15 will be presented to the board later in 2015.

The report presented to the KSCB in January 2015 identified that Infant Mortality rates have been higher in recent years in comparison to both the Yorkshire & the Humber and England & Wales averages. Rates have generally decreased since 2004-2006 and the Kirklees Infant Mortality rate (3 year rolling average) for the period 2011-2013 is now much closer to that of both the Yorkshire & Humber and England & Wales averages.

The Child Mortality rates (3 year rolling averages) show a downward trend for Kirklees in recent years, reflecting that of both the Yorkshire and The Humber and England & Wales trends. The rate for Kirklees is now similar to regional and national rates

A total of 39 deaths of children were reported to Kirklees Child Death Review Team between 1 April 2013 and 31 March 2014. This is the lowest number recorded since the introduction of Kirklees CDOP. Of the 39 reported deaths, 23 have been considered at the Child Death Overview Panel and a conclusion reached in 19 cases (this translates as 49% concluded against the National average of 38%). The remaining deaths will be discussed within the 2014/15 financial year or when sufficient information is available.

Key Issues and Actions were:

- Information in respect of lifestyle and risk factors impacting upon infant mortality has been cascaded via health and public health campaigns, and via Local Safeguarding Children Board websites and newsletters.
- The KSCB Learning and Improvement Framework has been published on the KSCB website. The document references CDOP and the ways in which learning from child deaths is shared and evidenced.
- Links between CDOP and the Serious Case Review process have been clarified within the Communications Strategy of the KSCB SCR workstream

- Local information regarding bereavement services has been shared and published on the KSCB websites.
- Discussions have taken place in respect of suicide cases and any links / common causal factors. Panel representatives have met with agency representatives in Kirklees to discuss issues of emotional wellbeing and the formulation of the suicide prevention strategy.
- A Principal Educational Psychologist from Calderdale attended Panel to discuss critical incidents including suicides and the support available to bereaved children. Information was shared with Panel representatives and it was subsequently confirmed that there are equivalent and similar processes in place in Kirklees.
- A further presentation was delivered by the Clinical Governance Midwife regarding the findings of an audit into cases of HIE (Hypoxic Ischemic Encephalopathy). It was agreed that the number / findings would be reviewed annually by CDOP.
- Specific safety information has been cascaded following local and national concerns. Topics have included cycle maintenance, risk of strangulation from blind cords and rope swings, risk of suffocation with nappy sacks and risk of poisoning from “liquitabs”
- Panel have corresponded with a manufacturer following concerns raised at Inquest that a plant food bottle may resemble a child’s fruit drink (the substance was ingested by a child). Panel was satisfied that the product was safely packaged and not especially attractive to children.
- Panel considered a DfE research brief which recommended the introduction of a standardised national database. This has been anticipated for some time and would be beneficial in respect of consistency of data collection and a mechanism for speedy response to any emerging trends or safety messages.
- Panel also considered the implications of the Working Together to Safeguard Children guidance (2013). There was agreement that little had changed although processes were made clearer via flowcharts. There was also less clarity re: the funding of CDOP’s.
- There were discussions and clarification re protocols surrounding the transportation of children’s bodies and the availability of medical records for children who are hospitalised during periods of respite care.
- The functioning of the CDOP has improved even further in the last year and outperforms the national average on multiple parameters including timeliness of reviews and completeness of data

Recommendations for the coming year focus upon sharing and publicising the lessons from child deaths, improving the quality of agency responses and the introduction of an annual newsletter.

Serious Case Reviews (SCR):

The Serious Case Review (SCR) workstream fulfils the statutory duty of the board in respect of SCRs, including commissioning and ensuring that lessons from reviews are understood and acted upon. The workstream provides the board with an annual report

of learning that has emerged from serious case reviews and the monitoring of actions to improve or amend practice.

The Business Plan set out expectations that the SCR workstream would review actions and plan multi-agency audits to ensure that learning from Serious Case Reviews has been embedded in practice. An audit of the effectiveness of the Learning Disability protocol which emanated from a previous serious case review was completed this year. The audit established that the use of the protocol was not embedded in practice. There were some misunderstandings about the purpose of the protocol and a mixed response for practitioners using the consultation form from the Learning Disability Team, and very low use of the consultation process by practitioners. This has resulted in an action plan which includes the Learning Disability Team reviewing and revising the protocol and providing clarity on what service they are able to provide. This work will be taken forward into 2015.

Current Serious Case Reviews:

The Kirklees Safeguarding Children Board has instigated no new serious case reviews in 2014/15 but has completed serious case reviews that were instigated during the previous year. Two serious case reviews were published in March 2015, together with action plans.

Review 1 was in respect of the death of a 21-month-old child carried out between May and November 2013. The report was completed and submitted to the Board in November 2013 and was published on the KSCB website in March 2015 where it will remain available for a period of twelve months. This review was instigated under the Working Together, 2010, and therefore followed the format set out in that guidance.

Learning from this Serious Case Review included:

- The need for health or social care professionals to seek information about a child's mobility and dexterity when a very young pre-verbal child has suffered an unexplained injury;
- Professionals to avoid any loss of focus on the child's wellbeing prompted by parental distress or other parent/carer characteristics;
- Awareness of the evidence-based knowledge about the potential association between parental family history, mental health and parenting capacity;
- Professionals need to adopt an inquisitive attitude about the role of fathers and other males in the household and their role in family life;
- Professionals should explore parents'/carers' assertions that they have good support from their extended family and friends;
- GPs should be encouraged to consider repeated parental episodes of depression in relation to broader issues of family life, parenting capacity and children's wellbeing;
- GPs should recognise the importance of proactively cross-referencing information with that held by community midwives/health visitors in relation to their role in a network of universal health care providers.

It is acknowledged that learning also comes from identifying good practice and this was identified by the panel and the independent author who noted that throughout the

review there were examples of practice meeting expected professional standards. Two noted in particular were the pro-active response of the community nurse and of the health visitor.

All recommended actions from this serious case review have been completed by the relevant agencies and will be reviewed.

The full overview report and action plan can be accessed at:

<http://www.kirkleessafeguardingchildren.co.uk/kirklees-case-reviews.html>

Review 2 was in respect of serious injury to a young person following a suicide attempt. This review was carried out from March to November 2014 and the completed Overview Report was presented to the Board on 18 December 2014. This serious case review was undertaken using a hybrid model which involved information gathering via written internal management reports and the involvement of front line practitioners and managers in seeking additional information and identifying learning. The report was published in March 2015 and will remain available on the KSCB website for a period of twelve months.

The Action Plan addresses the following:

- The mental health risks associated with new synthetic drugs;
- The impact of long term neglect on young people's emotional and mental health;
- The pitfalls associated with the 'start again syndrome' and need for practitioners to take account of family histories in assessments, especially in long term neglect cases;
- The importance of robust arrangements for the timely management of children with school attendance problems;
- The Board to develop and implement a toolkit enabling professionals to engage effectively with 'harder to engage' young people; and
- To ensure that the referral pathway to Young People's Substance Misuse Services is effective and in wide use by professionals.

The actions identified are currently being addressed by individual agencies and the board and are all underway or completed. They will be monitored and reviewed by the serious case review workstream.

The full report and action plan can be accessed at:

<http://www.kirkleessafeguardingchildren.co.uk/kirklees-case-reviews.html>

Two further serious case reviews have been completed and the findings and recommendations agreed by KSCB. The identified actions have been or are in the process of being addressed. The overview reports and action plans cannot be published as parallel processes are currently underway which may provide additional information to the review. These reviews will be published at an appropriate time.

KSCB Theme: Learning from Serious Case Reviews

The KSCB agreed to adopt Learning from Serious Case Reviews as its theme for this year and 2015/16. This has resulted in a twice yearly “Action Plan Review”. In November 2014 the SCR Workstream, together with representatives from other workstreams, established a process for carrying out regular reviews of existing SCR Action Plans. The first review took place in November and revisited the Action Plans arising from SCRs 021 and 022, completed in 2011 and 2012. All recommendations and actions from these two SCRs were collated onto a single document and updates were requested from all relevant agencies with amendments made to accommodate structural or procedural changes. Where it was identified that the learning had become embedded in practice, actions were removed from the document. Some actions were identified as requiring additional information to assure the review group that the learning had been embedded and this will be considered further in the coming year.

Some actions were identified as requiring short, focused pieces of work such as an audit and these were passed to the Evaluation and Effectiveness Workstream for further development and have been incorporated into their audit framework or performance monitoring. The Action Plan Reviews have been arranged to take place at six monthly intervals, dates having been identified for May and November 2015.

All agencies are responsible for ensuring that lessons learnt are disseminated across their workforce and embedded within their services. The process above will evidence how effective this has been in influencing practitioners and identify areas requiring further action.

Impact of Undertaking Reviews of Serious Incidents:

- Each workstream of the KSCB is incorporating the theme of learning from serious case review as a strand running through action plans for this year. This will ensure that the learning from reviews is included in all developments
- Relevant training courses have been reviewed and amended to ensure that current learning from local SCRs are incorporated and highlighted to remind practitioners of the learning.
- A conference has been planned for October 2015 for practitioners that will emphasise current learning from serious case reviews and will be delivered in a creative way to encourage participants to consider making changes to practice based on learning which will influence outcomes for children.
- Newsletter/briefing papers will be published for agencies to use as a learning tool for delivering the lessons from serious case reviews. They will be encouraged to provide feedback about how they have cascaded the learning and what they will be doing in response to change or highlight good practice.

Objective 6: Develop the skills and knowledge of workers in relation to safeguarding children:

Training and skills development has been a strength in past years through a significant resource input. Despite reduced resources, training and development activity continues to be effectively targeted, planned and delivered by the Board and also by partner agencies, and new ways of sustaining this work have been found to ensure this, including more e learning. The effectiveness and impact of training is monitored.

Multi-Agency Training

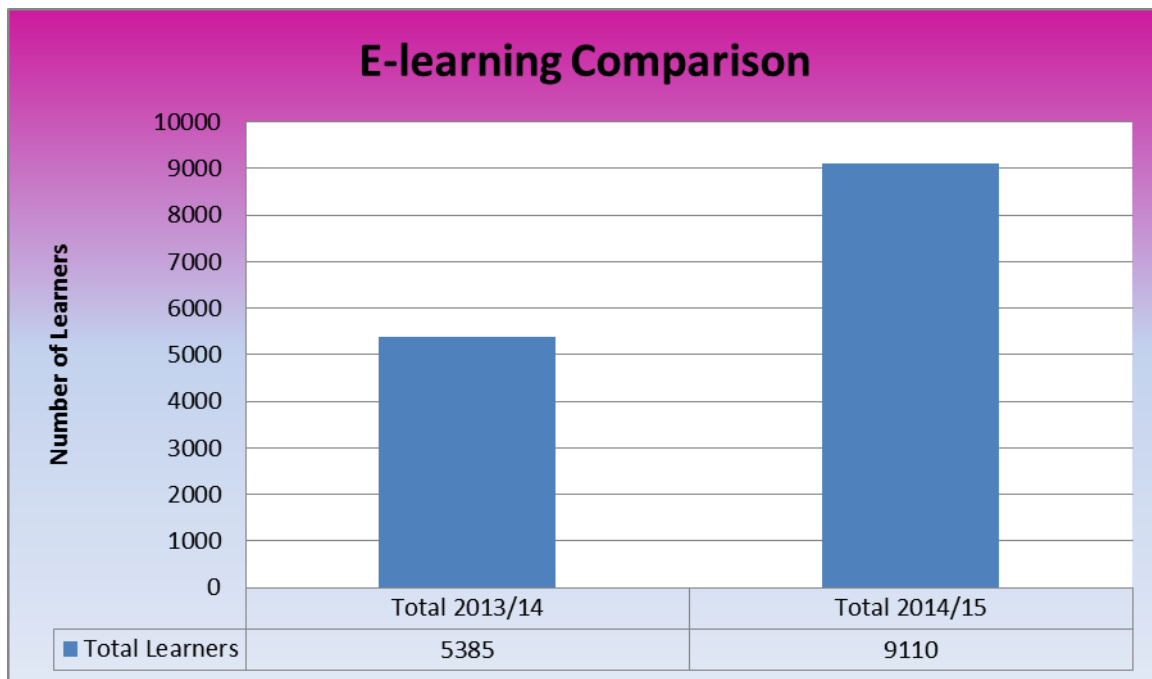
The Learning and Development workstream which oversees the training programme and quality assurance of training has been chaired throughout the year by the learning and development officer without Board level involvement to drive the workforce development agenda.

During 2014-2015 there has been continued high demand for multi-agency training with 1241 people completing safeguarding training through the KSCB (See **Appendix 5**). This training takes many forms and does not include training delivered in-house by partner agencies. This compares with 2899 last year which is significantly less. This is due to the budgetary pressures which resulted in staffing resources being reduced by 50% and some courses being merged to create more effective targeted training. A further challenge was the lack of resources and availability for a training venue. The aim was to access venues through partner agencies as part of their contribution to the working of the board; however this has been problematic and payment for venues has been a necessity. Identifying venues has been time consuming and advanced bookings have not always been reliable – this remains an ongoing challenge.

The majority of the multi-agency training courses are supported by practitioner colleagues from partner agencies. Some of these bring their area of knowledge and expertise to a specific subject in the training and co-deliver with the learning and development officer. This is an excellent example of the partnership working together and sharing resources. In a very practical way it enables the delivery of the training programme. The learning and development officer continues to coordinate a training pool and a train the trainers programme to support the delivery of safeguarding training within single agencies.

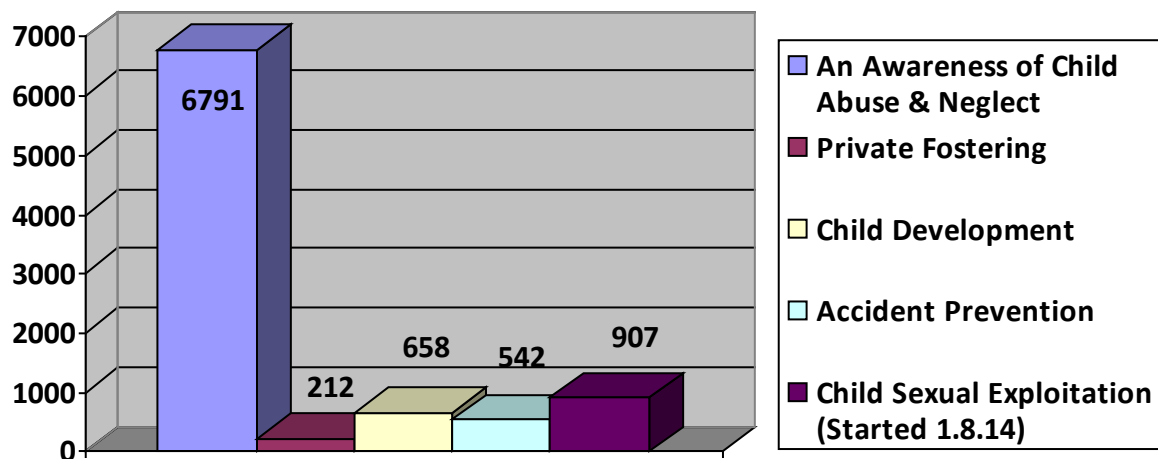
E-Learning

There has been an increase of 33% in the number of people undertaking e-learning courses.



The majority, but not all the participants of the e-learning programmes are from within Kirklees agencies. Professionals from other Safeguarding Children Board areas have elected to undertake the Kirklees e-learning courses including staff from Wales, London, Cheshire, Birmingham, Devon, Portsmouth and Liverpool. A total of 9110 people completed KSCB e-learning courses during 2014/15.

Number of people completing KSCB e-learning



Training for Schools and Colleges:

This year the number of Safeguarding Officer for Schools posts was reduced to one and is funded by Schools Forum. Between January 2015 and April 2015 there was no post holder.

The absence of a Safeguarding Officer for Schools for a quarter of the year had a significant impact on the provision of the Basic Awareness in Child Safeguarding course

delivered to whole school staff groups, the Designated Safeguarding Leads Course and the Safeguarding Governors course. This year 31 safeguarding courses were delivered to 1306 staff in 27 schools, academies and colleges. Some schools access the online safeguarding training for their staff and many use it as part of the induction for new staff. In addition three courses for DSLs and PHSE co-ordinators in schools were provided by the Safeguarding Co-ordinator for CSE and the Learning and Development Officer.

The Designated Safeguarding Leads for schools are able to access training designed to equip them with updated skills and knowledge to enable them to become the safeguarding expert within their setting. The course includes their roles and responsibilities and incorporates input in respect of allegations management, referring to children's social care and completing early help assessments.

The safeguarding officer assists schools with advice and support in their safeguarding responsibilities, particularly when there is new management in the school or where issues arise in safeguarding practice. In these situations face to face support is offered and action plans are put in place to strengthen safeguarding practice.

The safeguarding officers work closely with children's social care and ensure that issues between the two agencies are addressed. Previously this liaison was with the duty and assessment service; this year it has been expanded to include a representative from care management services which provides the longer term social work intervention. This meeting enables any learning and improvement to be identified and addressed early between schools and children's social care.

Conferences:

The Learning and Development Officer together with colleagues from the regional LSCB's hosted a conference entitled "Serious Case Review: What next" which was attended and well received by members of the Serious Case Review workstream and representatives from the Board.

E-Learning Launch:

A new e-learning course was launched in August 2014 on Child Sexual Exploitation (CSE). This was to enable the demand for this specific training to be met and to ensure that anyone who works with children and young people or those working in relevant areas or members of the public can access basic information about CSE and what to do. A taught classroom based course is still available but is promoted for those with a lead on CSE for their agency.

Quality Assurance and Evaluation of Impact:

Significant emphasis has been placed on the on the evaluation of impact by KSCB which includes not only the quality assurance element of course content and delivery but the important outcome of the impact on practice which in turn translates to changing outcomes for children, young people and their families.

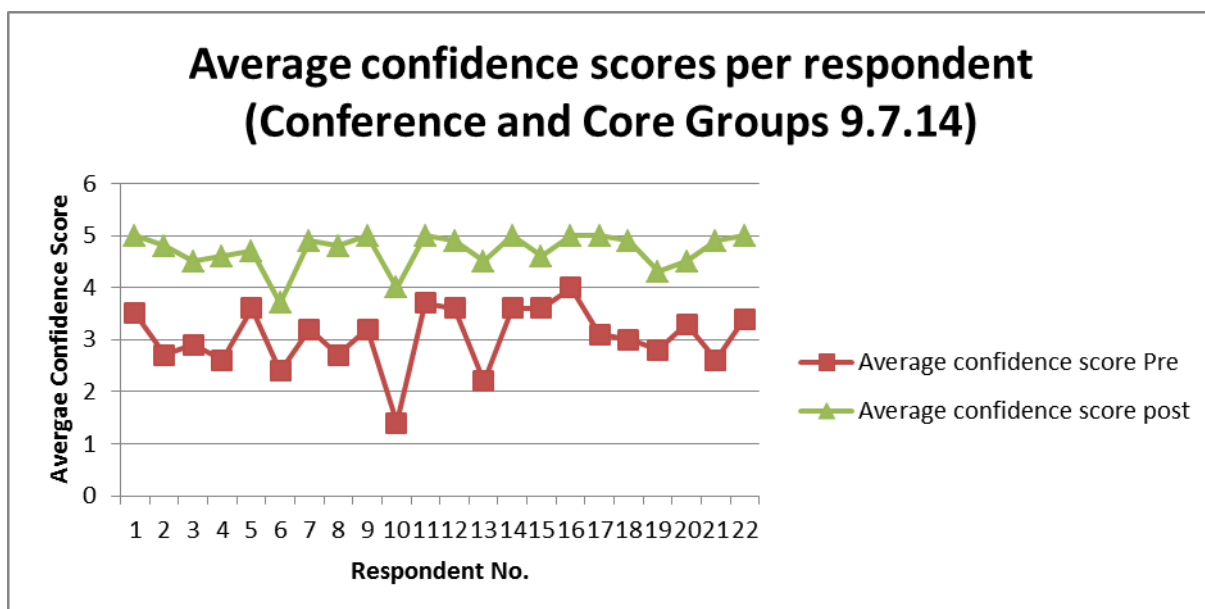
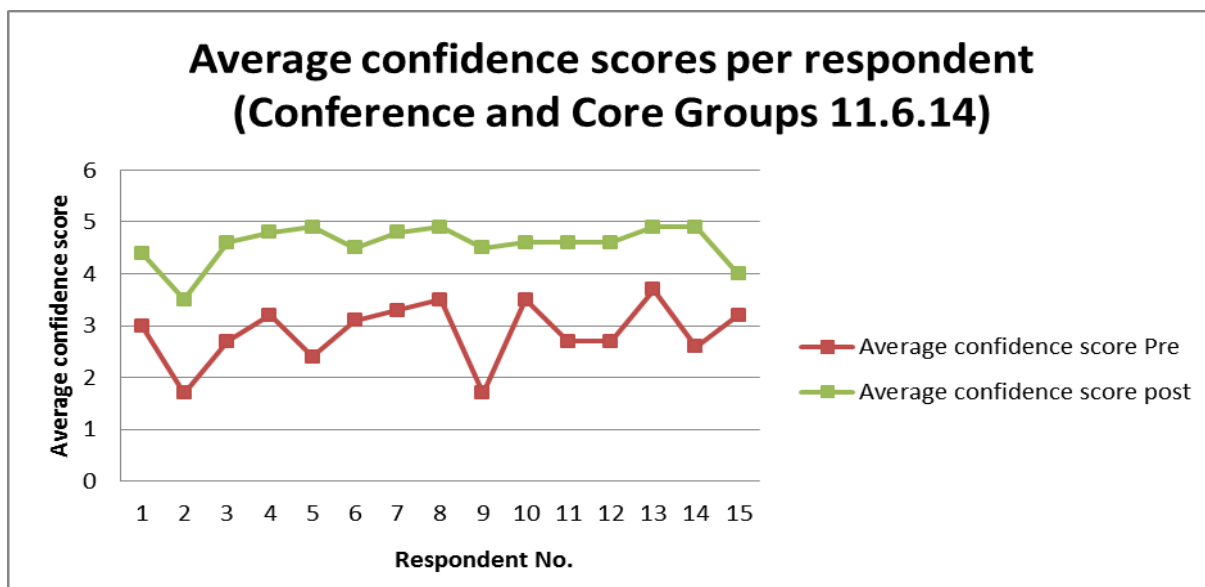
Evaluation of the impact of multi-agency training:

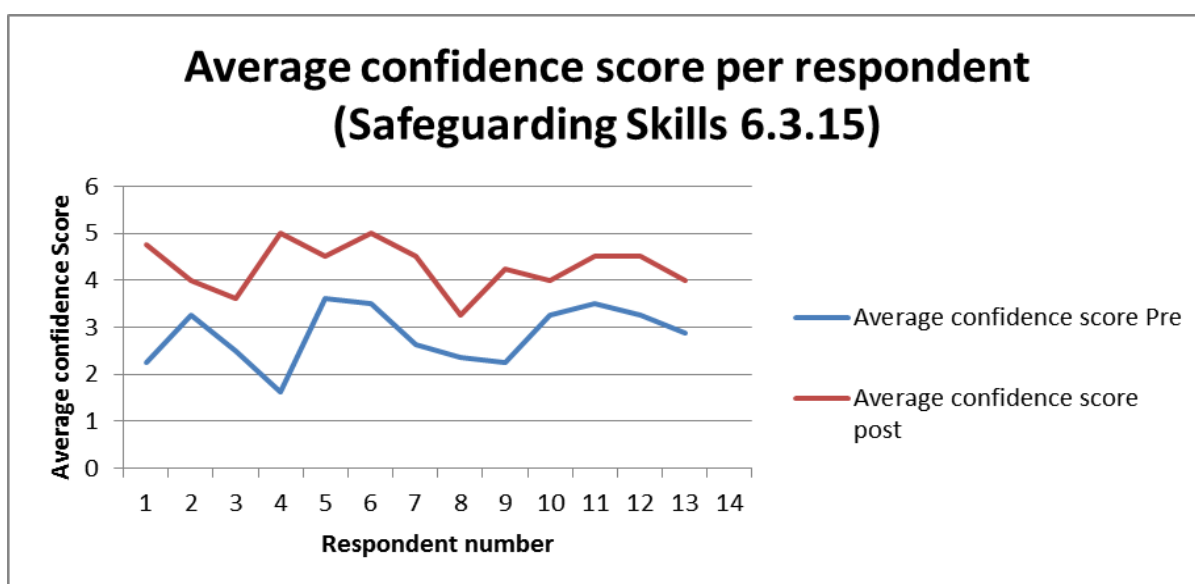
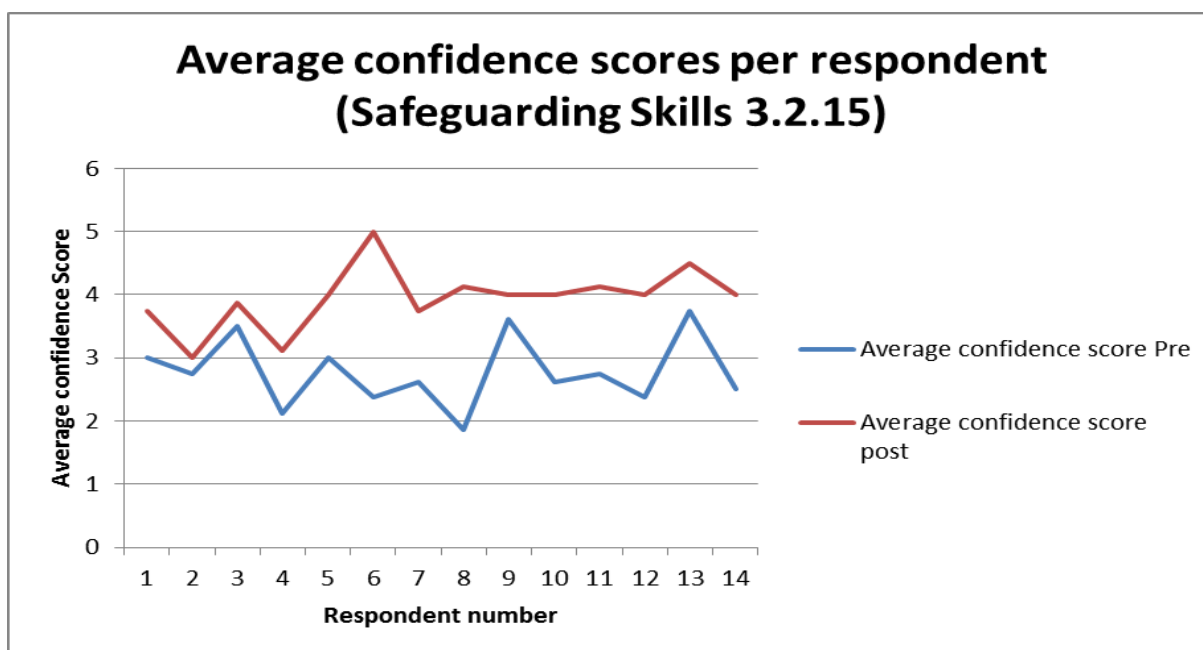
In line with the previous year the board received a report on the evaluation of the impact of multi-agency training. The report indicates information collected at different levels, level one: reaction - a graded score by recipients about the quality of the training. The sheet asks learners to provide an overall score to the course out of 5. This data is collated and is summarised below:

COURSE	% of Learners scoring 4 or 5
Child Sexual Exploitation for Managers	100
Councillor Safeguarding	100
E-Safety Awareness	99
Forced Marriage Awareness	100
Lessons learned using reviews to prevent Serious harm to children	100
Making positive contributions to child protection conferences and core groups	99
Neglect	100
Parenting Capacity: Assessing the Adult, Protecting the child - 2 day	98
Safeguarding Children and Adults Training	97
Safeguarding Skills	99
Safeguarding Skills for Managers - 2 day	98
Safer Recruitment in the Voluntary and Community Sector	100
Sexual Abuse: Dispelling Myths & reducing Risk	100
Working Together to Safeguard Children	100
Working Together to Safeguard Children - Refresher	100

The second level: learning - assesses the degree to which learners have acquired knowledge or skills from attending the learning event. The KSCB reaction sheets have been designed to obtain some of this information as learners will write in the boxes "Something that made me think differently" and "Something I have learnt and will take back to practice". The thematic review of these comments reveals that what learners are taking away is consistent for each course, thereby evidencing that the learning is not isolated to one individual on one particular date. Matching these themes to the stated aims and outcomes for the relevant course also shows that learners are leaving with the intended learning.

This year “Making a Positive Contribution to Child Protection Conferences and Core Groups” and “Safeguarding Skills” were chosen for analysis, as both were new courses. The results will help the KSCB Learning and Development Officer determine if changes are needed in order to achieve the course outcomes. Both are important courses to ensure that the workforce has the core knowledge needed to safeguard children. The results for both courses demonstrated a clear increase in both confidence levels and knowledge.





The graphs demonstrate that for every learner in every course tested confidence levels increased. For some learners the confidence increase was only slight but others the difference was profound.

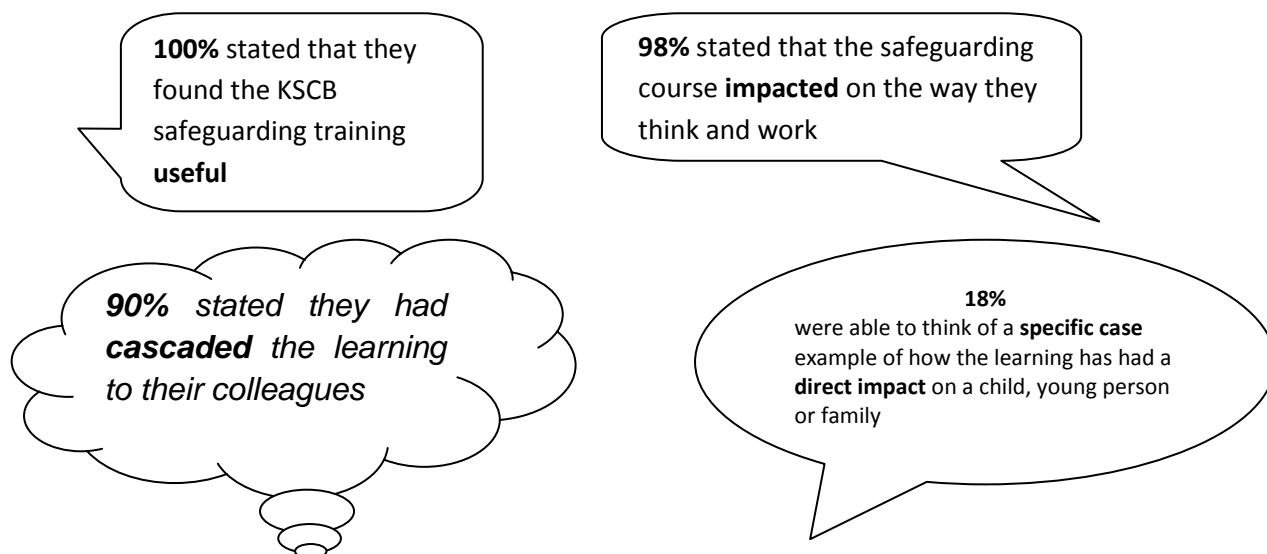
This approach will be used again on two other courses in the coming year. The two courses to be tested this year will be Neglect as this issue will be under increased focus following the launch of the new KSCB Neglect strategy and also the “Lessons Learned: Using reviews to prevent serious harm to children” due to the 2015-2016 KSCB theme being Learning from Serious Case Reviews

Level 3 is about behaviour and is to ascertain to what extent the behaviour of the participant has changed as a result of the training course attended, i.e. has the knowledge and skills that were acquired on the course been put into practice.

As the KSCB trainers often only see a learner once, or a long time elapses between one training course and the next, it is difficult to get feedback from learners about whether they have been applying their new knowledge and skills. In order to try and capture some of this a survey was designed to ask learners about their views and

experiences of KSCB training. This was used last year to great effect and was repeated again this year.

Using an online survey tool, learners were asked a number of questions about the applicability of the training after the event



Level four considers outcomes and the online survey tool has shown that 18% of learners can identify that the training has had a direct impact on the children, young people and families they work with. The survey then asked learners to specify what this direct impact was. The data that came back showed that learners were making clear links between the training and improved practice and outcomes for children. A few examples are given below

- *A family in which the dad is under psychiatry for mental health and anger and history of domestic violence.* "Have worked more collaboratively with the family, the psychiatrist and referred on for support through stronger families which I was unaware existed prior to the training. The family now have more support and the psychiatrist has changed from being non-involved to being actively aware & involved in safeguarding of the children."
- "I was invited to attend a conference a week later and was able to complete and submit the information needed much more professionally due to the training"
- "A parent had made a disclosure and due to the training I felt comfortable in how to deal with the situation best."
- "I am able to fully take part and understand the child protection conferences I have been to since the training."

Impact of Training Activity:

- Evidenced impact of staff increasing knowledge and skills as result of attending KSCB multi-agency training

- Evidenced impact of positive outcomes for children, young people and their families as a result of knowledge confidence gained on KSCB multi-agency training
- CSE e-learning course made available to all to increase awareness of identification and support for young people affected

Section Four: Voice and Influence of Children and Young People

Children and Young People are at the heart of everything we do. Young people provide valuable insight to our audit of agencies (Section 11) and have shown us many times how to engage young people to help keep them safe. We must find more ways of hearing what they say and engage them more in finding safeguarding solutions

Children's Participation in Child Protection Conferences:

Children and young people in Kirklees are encouraged and enabled to participate in child protection conferences so that their wishes and feelings are heard and considered. This can provoke a very powerful response for the parents, one example described by an advocate following a conversation with a mother "she told me how powerful the words had been and it made her realise that she had been neglecting her children's feelings and not listening to them". Another young person spoke about how things were at home to an advocate and when the statement was read out in conference it was the first time the parent realised how much the home situation was affecting their child and was visibly upset. This year 36 young people were in attendance at their child protection conference supported by an advocate; 101 children were represented by an advocate and 28 young people declined a service. There were 86 situations where an advocate was unable to become involved; this was for a variety of reasons including the parents declining, the young person declining, social worker deeming it inappropriate and not being able to contact the family to arrange a visit.

There are concerns about the future budget that supports this service and a resultant reduction in staffing. KSCB will monitor any impact on the effectiveness of this service and its impact on young people.

The voice of children and young people: section 11 challenge event

A report was received by the board in May 2014 outlining all the work that had been undertaken by the Engaging Young Citizens Equally (IYCE) team over the previous two

years of safeguarding projects aimed at listening to young people and ensuring their voices are listened to in developing safeguarding services. It described the role that young people had played in the Section 11 Challenge event in 2013 when agencies were required to present on and be challenged about the findings of their self-audit on delivery of safeguarding.

The Safeguarding Teenagers Roadshow

KSCB received a report on the outcome of the Teenagers Roadshow at its Board meeting in July 2014.

In June 2014 Teenage Roadshows were held in four high schools in Kirklees planned by the Safeguarding in Education workstream with an aim of raising awareness and information sharing with young people on safeguarding issues.

The Roadshows were presented in the style of a Market Place with stalls that the young people could browse. The agencies involved planned the content for their own stall using activities, hand-outs, promotional materials and specialist equipment. The event gave students a chance to access a wide variety of safeguarding information in their own school. The safeguarding stalls were run by professionals who predominantly work with teenagers in Kirklees who were available to answer questions, sign post and share their knowledge on their specialist areas.

The Roadshow helped students collate useful information in order to assist them with any issues or concerns they may have at the present, and also to provide them with vital contacts they may need for future advice.

The stalls included information on:

- Underage/homemade Tattoos
- Teenage pregnancy, sexual health and contraception
- Child Sexual Exploitation
- Self-Harm & Eating Disorders
- Private Fostering
- Police
- Fire Prevention
- e-Safety
- Housing
- Prevent
- Early Help Access
- Lifeline/CRI/BASE
- Integrated Youth Support Service & Targeted support
- Forced Marriage

The feedback received by the young people was very positive

"I enjoyed how confident the lady was talking about sex. Overall I will make good choices. Thank-you"

"You don't see the effects drinking has on your senses, wearing the goggles has made me more aware of the effects excess drinking has on your body senses and helped me appreciate the dangers of drinking too much alcohol "

"I found things out I didn't know and found it very useful"

"A lot of stalls were helpful giving an insight on the things we need to know in our daily lives. "

Feedback from School staff and governors included:

"The issues covered in the Roadshow complemented the PHSE programme and really engaged our students. Students went back into lessons and staff said they were 'buzzing' with all the new information and continued discussing what they had learned with staff."

"The roadshow was fabulous. It has made a difference and we are now working with a couple of young people who have come forward. It is extremely valuable to make such strong contacts with the agencies involved"

"The whole event was extremely well organized, appropriate and thoughtful. The people manning the 'stalls' were informative, approachable and able to speak to the students at a level that was understandable."

Further impact has been young people going home and discussing some of the issues with their parents.

Due to the success and positive impact, the workstream is currently planning roadshows for June 2015 in more and different high schools.

Impact of the Voice and Influence of Children and Young People:

- Young people's participation in their own child protection conferences is a powerful influence on parents and professionals to ensure that the wishes and feeling of the child are kept at the forefront of planning.

- The Teenage Roadshow highlighted the willingness of young people to engage in difficult conversations with confident and well informed professionals to enhance their understanding of their own risk taking behaviours.

Section Five: Looking Forward to 2015/16

In preparing an Annual Report it is inevitable that some planned work has progressed and some new challenges have been identified. This section describes some of the work already progressed and some of the issues and challenges for the coming year.

Child Sexual Exploitation

- A programme for boys aged 11-17 promoting healthy relationships will be piloted in September 2015 and then delivered in other secondary education settings.
- Awareness raising with children in primary schools will commence during 2015/16. Planning has involved a theatre company and voluntary sector organisation.
- Further training for taxi drivers is planned to capture those already licensed and operating in the area.

Female Genital Mutilation

- Awareness Raising with staff in schools is planned as the reporting of FGM becomes a statutory function of teachers as well as health professionals.
- Development of a FGM Strategy for Kirklees to be progressed

Work with the Adults Board and Community Safety Partnership

- Develop closer working relationships with the Adults Safeguarding Board and Community Safety Partnership and progress a joint approach to key areas of work such as domestic abuse, Prevent, FGM, CSE, human trafficking, forced marriage, gangs and restorative justice.

Implementation of the Neglect Strategy

- A launch will take place to bring to attention the learning from Serious Case Reviews which underpinned the development of the Neglect Strategy. The launch will involve 200 professionals who will be invited to contribute to the development of an Action Plan. Changes in practice to be practitioner led.
- The KSCB workstreams will each respond to the Neglect Strategy by incorporating its key messages into their plan of work.
- Multi agency audit of front line practice for children where neglect has led to a child protection plan.

Voice and Influence of Children and Young People

- Young people to be encouraged and supported to participate in the section 11 challenge event and contribute to the analysis of how well organisations are delivering on their safeguarding requirements.

Further Develop Multi Agency Data Analysis

- Build on the multi agency data set to establish a clear picture of the effectiveness of services for children and young people.
- Embed a rolling programme of audits of front line practice
- Undertake a Section 11 audit of partner agencies safeguarding arrangements.

CAMHS

- Initiate an analysis of the CAMHS provision and assess whether it meets the needs of children and young people in Kirklees.

Emerging Risks Identified for Future Audit

- The issues of Child Sexual Exploitation, Female Genital Mutilation and PREVENT are issues identified by the Evaluation and Effectiveness Workstream for 2015 and will be included in the audit plan.

Develop More Diversity in Training Delivery and Evaluation of its Effectiveness:

- Develop short courses and practitioner led seminars
- Continue to train partner agency staff to deliver / co-deliver the KSCB training programme
- Exploration of creative ways to support the continued development of core safeguarding skills i.e. assessment, engagement, planning and challenge
- Work to embed lessons from Serious Case Reviews into practice including practitioner conference to be held October 2015
- Quality assurance of single agency safeguarding training
- Introduce post training evaluation for schools.
- Summaries of the evaluation scores will continue to be collated for multi-agency and schools training
- 2 multi-agency courses will have pre- and post- questionnaires to assess learning

Section Five: Appendices

Appendix 1: Board Activity - Reports presented to KSCB

Date:	Board Update Reports
21 May 2014	<p>End of Year Budget Statement for 2013/14</p> <p>Chair's Appraisal and Objectives</p> <p>YOT Action plan</p> <p>North Kirklees NHS LAC Annual Report</p> <p>Learning and Development Annual Report</p> <p>Voluntary Community and Faith Sector Annual Report</p> <p>E-safety Working Group Annual Report</p> <p>Safeguarding Children & Young People Report</p> <p>Action Plan on Emotional Health and Well-being of Young People</p>
11 July 2014	<p>Investigation into the allegations made regarding Jimmy Savile in relation to The Mid Yorkshire Hospitals NHS Trust</p> <p>Single Assessment Protocol in Kirklees</p> <p>Adoption Update</p> <p>Ofsted's Inspection of Cafcass as a National Organisation</p> <p>KSCB Annual Report 2013/14</p> <p>Working with Vulnerable Parents and their Children Protocol</p> <p>Criteria for Reserve Budget</p> <p>Report on external residential child care providers</p> <p>Safeguarding Teenagers Roadshow</p> <p>Vulnerable Adults & Their Children Annual Report</p> <p>Evaluation & Effectiveness Annual Report</p> <p>Child Sexual Exploitation Annual Report</p> <p>SCR Annual Report</p> <p>Good Practice Example: Removing Barriers to Foster care Recruitment, Kirklees Council</p> <p>Dates of Board meetings for 2015</p>
1 October 2014	Female Genital Mutilation Report

	<p>CQC Transitions report</p> <p>MASH & Local Assessment Protocol Update – TOR & Implementation Plan</p> <p>CSE Update / NWG Network Benchmarking</p> <p>MAPPA Annual Report</p> <p>LADO Annual Report</p> <p>IDAT Team Report</p> <p>Safeguarding in Education Report</p> <p>CAMHS Report</p> <p>Evaluation and Effectiveness Update</p>
28 November 2014	<p>CSE Legacy / historic cases; Outcome of thematic inspection & Missing</p> <p>Early Intervention & Targeted Support Annual Report</p> <p>Stronger Families Update</p> <p>Evaluation of Strengthening Families approach to Child Protection Conference</p> <p>CPRU Annual Report</p> <p>Budget – Update 6 Monthly Out turn</p> <p>Paper on future Budget issues 2015/16</p> <p>Evaluation & Effectiveness Data Set</p> <p>Cafcass Action Plan</p> <p>Business Plan Update</p> <p>Constitution Update</p> <p>Learning Disability Protocol Audit</p> <p>Ethnicity Report</p> <p>EHA Assessment audit</p> <p>Report on Asylum Seeking Families</p> <p>Young Carers report</p> <p>Neglect Strategy</p>
19 January 2015	<p>CSE Amended Strategy</p> <p>CDOP Annual Report</p> <p>Performance & Audits - Performance Data</p> <p>Learning Disability Protocol Audit</p>

	<p>Early Help Assessment Audit</p> <p>Audit of Children Subject to a Child Protection Plan for 2nd or subsequent time</p> <p>Ethnicity Report</p> <p>Bruising Burns & Scalds Protocol</p> <p>Single Assessment</p> <p>Issues from conversations with the Independent Chair</p> <p>Report on Asylum Seeking Families</p> <p>Young Carers Report</p>
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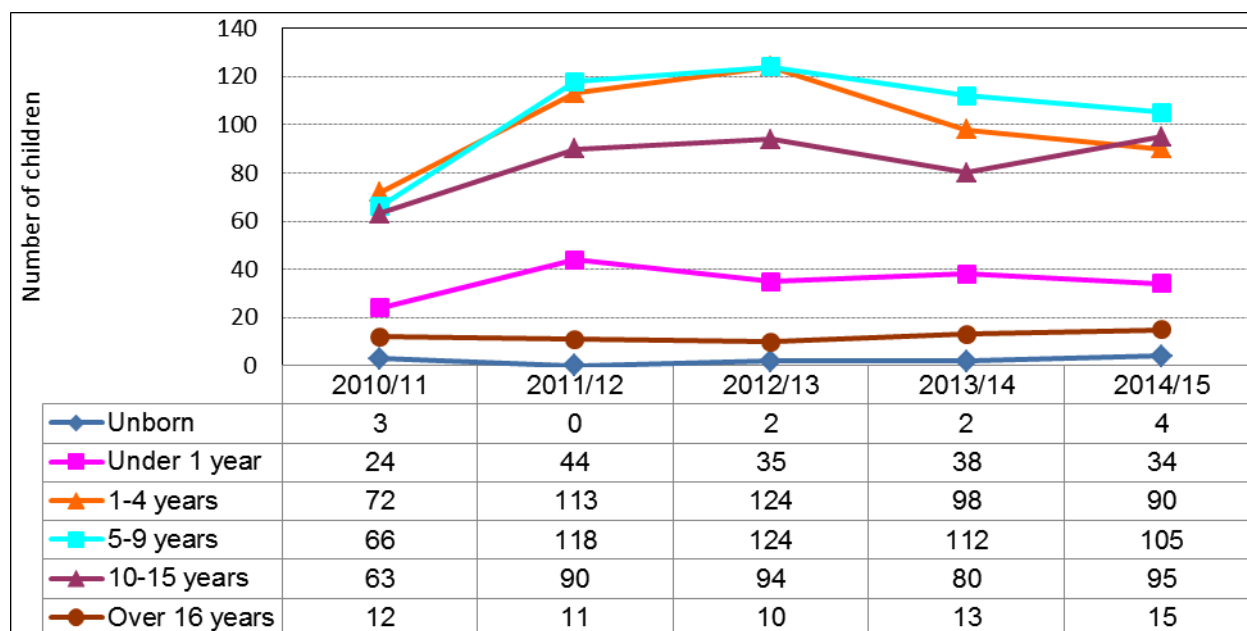
Appendix 2: Budget for 2014/15

EMPLOYEES - SALARIES	298,097.00
SUPPLIES & SERVICES:	
- Stationery, Office Equipment	109.00
- Printing/Promotional Materials	0.00
- Board Chair & Lay Member Expenses	19,716.00
- KSCB Website	3,866.00
- WY Consortium Procedures	1,415.00
- Training - Staff Development	892.00
- Multi Agency Training	1,983.00
- Postage	342.00
LEGAL COSTS	553.30
SCR COSTS:	
-Legal	6206.70
-Authors/Chairs	36,855.00
<u>TOTAL EXPENDITURE</u>	<u>370,035.00</u>
NORTH KIRKLEES CLINICAL COMMISSIONING GROUP	44,086.00
GREATER HUDDERSFIELD CLINICAL COMMISSIONING GROUP	29,390.00
WY POLICE SERVICE	12,344.00
WY PROBATION	4,090.00
CAFCASS	550.00
CONNEXIONS	13,049.00
KMC BASE BUDGET	175,304.00
STRONGER FAMILIES	9,956.00
Total Partners	288,769.00
DSG Funds (for safeguarding officer 2013/14)	48,400.00
School Training Income	9,210.00
Other Income (reserve fund)	23,657.00
Total Other	81,267.00
<u>TOTAL INCOME</u>	<u>370,036.00</u>
<u>RESERVE</u>	
<div> RESERVE TO CARRY FORWARD AS AT 31.03.2015 299,016.00 </div>	

Appendix 3: Statistical and Management Information

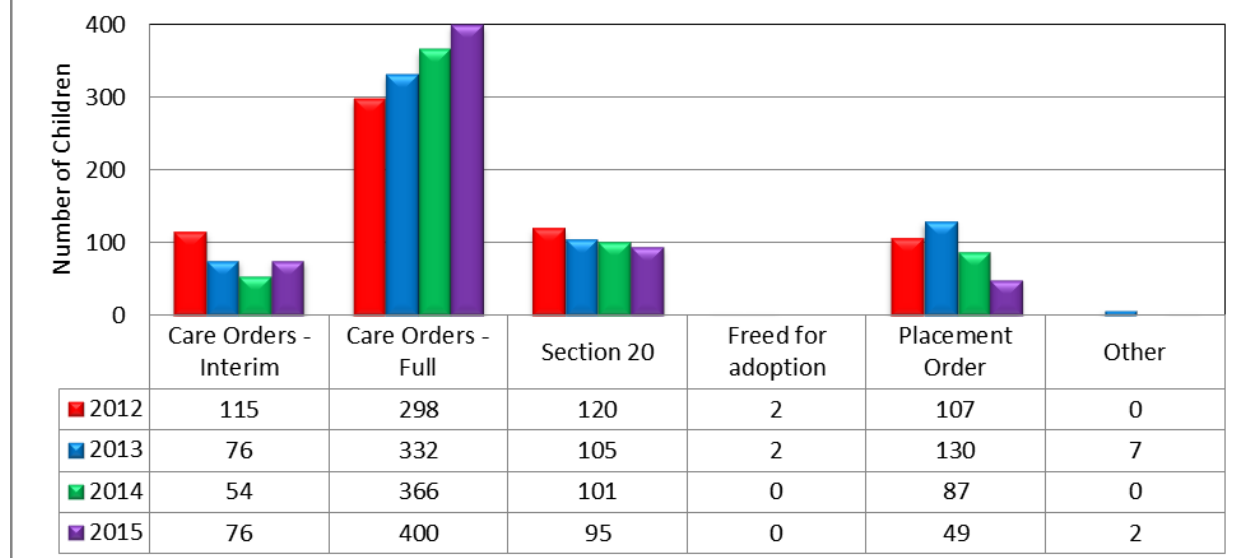
Child Protection Plans – Age Profile

(Source: CIN Census –COLLECT Extracts)



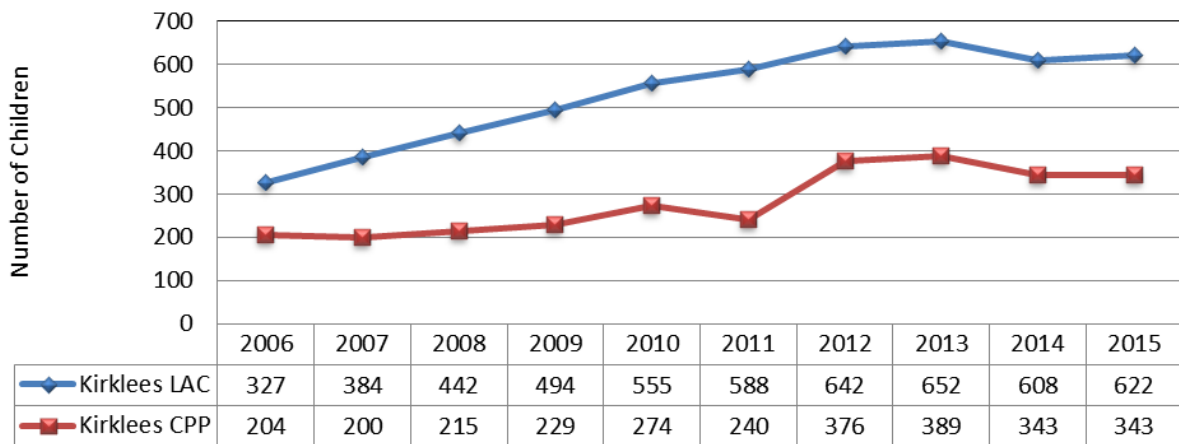
Looked after Children Legal Status at 31st March Kirklees

(Source: LAC annual return - SSDA903)



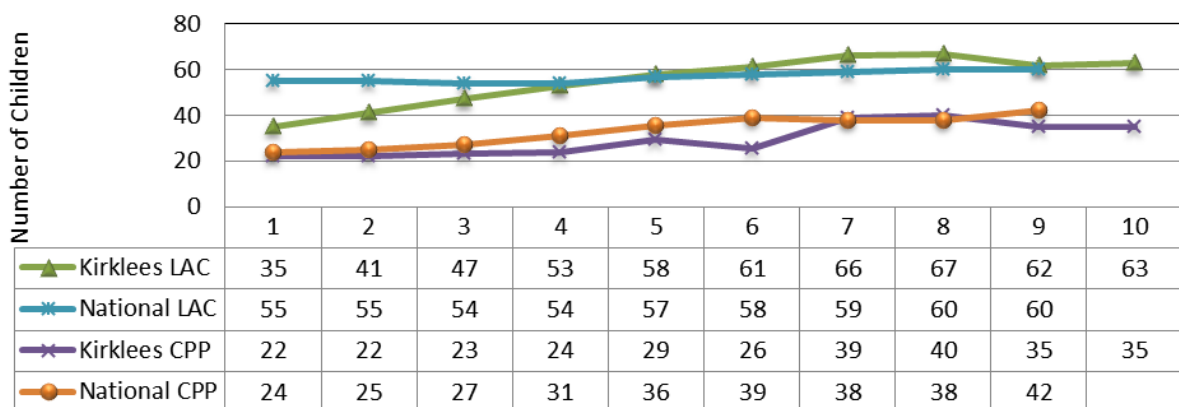
Looked After Children and Child Protection Plans 2006-2015 Kirklees

(Source: LAC annual return - SSDA903 and CIN census - COLLECT Extracts)



Looked After Children and Child Protection Plans 2006-2015 Rate per 10,000 population compared with National

(Source: DFE - Statistical First Releases (Kirklees local figures for 2015, SFR not currently available))



Appendix 4: Progress of the CSE Strategy

1. A multi-agency approach which will work together to reduce the risk to victims and bring offenders to justice

- A definitive list has been established of children that are currently jointly managed. This list is reviewed on a monthly basis.
- Partner agencies have access to tools that assist in the identification of risk and vulnerabilities
- Risk assessment, strategy meeting and risk management plans are in place through multi agency agreement, on all children at medium/high risk CSE. Intelligence and strategy are shared.
- Clear referral process using the pathways has been agreed and established for CSE concerns.

2. A bespoke training plan for schools to identify to pupils and teachers the signs of being groomed for CSE, supported by products which address CSE in the wider community and explore the harm that this offending can have on individuals and communities

- A training programme has been delivered to all safeguarding and PHSCE leads in all middle and high schools on CSE processes and procedures in Kirklees and on awareness raising with students about the issues of CSE. They have also been provided with a range of resources to support this training.

3. A plan for all faith and community leaders to support communities through the damage caused by CSE

- Fifteen Mosque leaders have received training on CSE and additional training for children and parents has been requested. A strategic response still needs to be developed to enable this training to be sustainable within the Mosques.
- Training has been delivered at the Women's Centre and trainers have been identified within the setting to continue delivery of this. The Women's Centre holds CSE awareness event each month.
- Training has been delivered to adults involved in offering supported lodgings to young people leaving the care system.
- Training dates were arranged for CSE briefings to be delivered to foster carers.

4. A support network focusing on families and women/mothers

- Training has been delivered to 12 Offender Managers and Women's Centre staff, by KSCB. The aim of this is to equip them to raise awareness with women across the district who regularly access the women's centre,

promoting it as a hub for reaching women with information about CSE. The evolving women's programme within this service will have a monthly drop in session specifically around CSE to provide information to women.

5. A specific direct work plan aimed at boys between 14yrs and 17yrs to tackle any unacceptable attitudes regarding the sexual abuse of any person

- A programme has been developed and is being delivered by the Integrated Youth Service on Respect and Protect.
- The safeguarding board along with Targeted Youth Support and Youth Offending Team have developed a programme specifically for boys aged 11-17 to promote 'healthy relationships' and challenge unacceptable attitudes about girls and young women that may exist amongst some young men. Websites and immediate access to pornography and sexual violence can distort thinking and values about sex, women and healthy relationships. The programme covers the areas of consent, sexual attitudes, pressure, and healthy relationship. This programme is due to be run in one school as a pilot in September 2015.

6. A partnership response to reduce the opportunities for perpetrators of CSE to abuse children and young people in hotels, bed and breakfast establishments, licensed premises and other commercial premises

- CSE has been embedded across the work of the licencing team. They ensure individuals and establishments are aware of where to access support. The new Kirklees Licensing Policy 2015-2020 has a new section commencing at section 6.24 which relates to CSE and states where licensees can seek advice about risk and reports concerns
- The licensing team now have a well-established process of raising awareness with new drivers applying for a taxi license. As part of safeguarding training which is mandatory, awareness of CSE has now been included and it forms part of the final exam which they have to complete as part of the application process. From April 2014 - March 2015, there have been 252 taxis drivers who have undergone this training, which is delivered by the licensing department.
- As the above programme has only been running for a period of two years there is a gap in capturing taxi drivers licensing prior to 2013. A programme of raising awareness for these taxi drivers is to be delivered.

7. The development of appropriate transition arrangements for young people who have experienced CSE as they move into adulthood.

- There is no statutory responsibility for Adult Services to support young people if they have no social care needs. Fair Access to Care Criteria applies to people coming to Adult Services for support, this is currently set at working within Critical and Substantial Care Needs. However until this

process is fully addressed there have been strategies put in place to address this piece of work.

- Sex Workers Empowerment Education and Training Project are now represented on the CSE Operational Group and can pick up cases and support young people from this meeting.
- There are identified pathways of support in respect of Social Care & Wellbeing for Adults Transitions arrangements already in place for transfer of care for young people with social care needs
- Looked after children 18 to 24 years have access to Personal Assistant's support to promote independence.
- Awareness-raising across Kirklees GP Practices regarding the management of any young person in Kirklees who has suffered from or likely to be at risk of CSE.
- Letter sent to all GP Practices which outlines the possibility of victims and witnesses presenting for help and support, appropriate referrals if necessary, support organisations if necessary and notice of the review of historical cases
- Crime Reduction Initiatives services also offer support provision until the young person is 25 if they are involved with their service.
- Scoping Exercise completed to look at the issues encountered by victims of CSE when transitioning within health services in Kirklees.

Appendix 5: Multi-Agency Training April 2014 – March 2015

Multi Agency Training Provision for April 2013 - March 2014			
Level	Course Name	Total Courses	Total Delegates
1	Awareness of Child Abuse & Neglect – online*	-	6791
1	Child Accident Prevention - online	-	542
1	Child Development - online	-	658
1	Private Fostering - online	-	212
1	Child Sexual Exploitation (Started 1.8.14) – online*	-	907
1	Safeguarding Children and Vulnerable Adults (Basic Awareness)	9	41
2	Working Together to Safeguard Children	21	447
2	Evening Modular Working Together	1	9
2	Working Together to Safeguard Children - Refresher	2	38
2	Making Positive Contributions to Child Protection Conferences & Core Groups	10	202
3	E-Safety	3	62
3	Forced Marriage	4	38
3	Parenting Capacity: Assessing the Adult, Protecting the Child (2 day course)	8	110
3	Safeguarding Skills	5	69
3	Sexual Abuse: Dispelling Myths, Reducing Risks	3	46
3	Lessons Learned: Using reviews to prevent serious harm to children	2	29
3	Neglect	3	50
3	Safer Recruitment for the Voluntary and Community Sector	1	7
3	Child Sexual Exploitation for Councillors	2	26
4	Child Sexual Exploitation for Managers	2	27
4	Safeguarding Skills for Managers (2 day course)	3	43
Total		87	10,354

Appendix 6: Training Provision for Schools and the Learning Service September 2014 – April 2015

Basic Awareness of Safeguarding Course

Date	Target Group	Number of Courses	Number of Schools / Colleges	Number of participants
September 2014 - April 2015	All School Staff	31	27	1306

Designated Senior Person Training (DSL)

Date	Target Group	Number of Courses	Number of participants
September 2014 - April 2015	Roles and Responsibilities of DSL	4	144

Safeguarding Briefing for individual School Governing Bodies

Date	Target Group	Number of Courses	Number of Schools / Colleges
September 2014 - April 2015	School Governing Body	2	35

Prevent in Education Training

Date	Target Group	Number of Courses	Number of participants
September 2014 - April 2015	PREVENT in Education Briefing 3	3	173
	Prevent WRAP Workshop	8	186
	Individual Schools	15	417
Feedback 352 people (84%) felt that their understanding of Prevent improved. 52 people (12%) felt that their understanding of Prevent remained the same. 389 people (93%) felt that they had a better understanding of how Prevent fits into their day-to-day job.			

Child Sexual Exploitation for DSL's & PSHCE Leads

Date	Target Group	Number of Courses	Number of participants
September 2014 - April 2015	CSE for DSL and PSHCE	1	16

Safeguarding Training provided by Safeguarding Officers on behalf of the Learning Service

September 2014 - April 2015			
Date	Target Group	Number of Courses	Number of participants
Safeguarding Governors Responsibilities	School Governors	1	17
Newly Qualified Teachers Safeguarding Adapted versions for primary and secondary staff	Teachers in their first year post qualification	1	14
SCITT	Trainee Teachers	1	8

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 January 2016
TITLE OF PAPER:	Child Sexual Exploitation (CSE) victim and at risk individuals strategy
<p>1. Purpose of paper</p> <p>CSE is of strategic importance to the board in terms of responsibility and influence over resource commitment. The support and gravitas of the board is crucial in effectively engaging NHS England, and other strategic partners such as the Police and Crime Commissioner, who have statutory duties concerning the commissioning of victim support provision.</p> <p>CSE has impacts and consequences across the public sector; it causes demand in services concerned with criminal justice, education, health, housing, substance misuse, emotional wellbeing and social care. It has impacts for children, but increasingly is being recognised as an issue for some adults who were potential victims earlier in life.</p> <p>The Kirklees safeguarding children board (KSCB) oversee CSE work locally through the 7 point strategic plan which has made good progress overall. Following an update by lead managers regarding the CSE strategy, the Children's Trust issued an action at its March meeting about one element of the plan; this was to investigate and develop the Kirklees response to victims of CSE.</p> <p>A clear strategy has been developed to meet the specific needs of those at risk or affected by CSE. There are a number of recommendations within the strategy that require resources and commitment to ensure they become part of the CSE support infrastructure in Kirklees.</p> <p>Our collective response to CSE has seen significant investment by some partners in resources and infrastructure. We still need to get smarter about how we respond to victims and those who are at risk of becoming victims. Making wise investments in preventative work, relationship support and therapeutic interventions will save costs across services listed above. It is not simply about more staff, it is about the quality of relationship professionals are able to develop with victims. It is also about the scope of influence across professional boundaries those professionals are encouraged to have; this more holistic and high quality relationship is critical to some key needs amongst those affected by CSE.</p> <p>We look to the board to consider how the attached strategy and its recommendations will improve the response to victims and those at risk of CSE. We also look to the board to support reinvestment where appropriate.</p> <p>We require four things from the board:</p> <ol style="list-style-type: none"> 1. To endorse the draft strategy. 2. Help shape the scope of the proposals and funding commitments of partners. 3. To commit resources to modify or develop new commissions recommended in the strategy. 4. To lobby other partners to commit resources to commissions recommended in the strategy. 	

2. Background

The issue of CSE is a priority for the Kirklees Children's Trust and the Police locally and nationally. CSE related work has had political oversight from the elected member panel, which has been working on the issue for the past 18 months. Many agencies address CSE through their safeguarding functions, but the attached strategy looks to address some key causes and effects of sexual exploitation, rather than the already well developed sharing of reporting and intelligence practices.

The attached strategy is solely concerned with support for those who are at risk of, or victims of sexual exploitation. There are other workstreams supporting awareness, training, perpetrator disruption and amongst other issues.

Each group or agency that has received the strategy so far has been very supportive of the development approach taken and the well thought out proposals outlined.

Summary of activity around the strategy:

- a. Action to develop a response to support victims of CSE issued by Children's Trust set out in April 2015. Scoping, research and development work took place and a draft strategy was produced in September 2015.
- b. A summary of the strategy was received by chief officer group on 2 October; they supported its proposals and agreed for it to enter the integrated commissioning system.
- c. The Integrated Commissioning Executive received a summary of the strategy on 19 October. They supported the aims and delegated the duty to agree funding and service changes to the Children and Families integrated commissioning group (ICG).
- d. The Children and Families ICG received the strategy 20 October as an update, and on 24 November for endorsement.
- e. The CSE Strategy group (part of KSCB) has been regularly updated on progress and received the draft strategy 19 November. This group has a broad membership consisting of police, Locala, CCG's, Council managers from learning, social care, community cohesion, local authority licencing, stronger families and domestic abuse professionals. The group was supportive of the work and methodology they endorsed the strategy.
- f. The Children's Trust received and endorsed the strategy on 17 December 2015.
- g. The strategy is in the process of being considered at the appropriate CCG boards and groups including discussions with heads of quality and safety from each CCG.

3. Proposal

The CSE victim strategy has been developed objectively; it is not asking for financial support for one part of an organisation in the partnership. It is for the board and partners to agree where the recommendations need to be overseen and whether they are public sector managed or wholly in the private or voluntary sector through commissions.

Through the findings outlined in the strategy we are much clearer about the needs of those affected by CSE. Modelling work undertaken as part of the strategy development means we are also much clearer about the potential scale of victims in Kirklees.

The strategy has increased our understanding of the path towards exploitation and introduced the concept of precursors and what is likely to be going on in the lives of potential victims. The work of the strategy has found that many of the routes into CSE are driven by low self-esteem and a lack of emotional support in the relationships of the potential victim. The recommendations aim to address these deficits and also meet the needs that stem from the effects of exploitation.

Summary of recommendations in the strategy:

Prevention and diversionary activities – where precursors are apparent in a case or lower risk victims can be diverted away from or supported to choose a route out of CSE.

Relationship rebuilding support – Where victims are supported to reconnect with those whom the CSE has isolated them from.

Sexual health guidance – This would address the sexual health needs of the victim, and emotional aspects of future relationships.

Therapeutic interventions – Where it is required rapid access to psychological support should be available to victims. There is also a need for guidance around psychological input and appropriate interventions advice for professionals working with victims.

Relationship role - The strategy outlines the value of a stable professional relationship as a part of a support offer. There is a need to replace the attention given to the victim by the perpetrator, with that of a person who the victim can learn to trust, and work with to choose a different life course for themselves and their families.

The nature of CSE means that the numbers of those in contact with the support infrastructure is likely to increase as a result of the proposals. This may seem like a failure but through the modelling work we are clear there are a number of potential victims for whom self-victim recognition has been a barrier to accessing support. The rapid access to support will reduce the downstream effects of the exploitation and related issues such as substance misuse, offending and care needs.

There is a part of the strategy that talks specifically about failing to meet the needs of victims and those around them because thresholds are not met or support is not available when needed. Meeting some of the basic needs and understanding the role these needs have on the wellbeing of the potential victim and those around them is one of the strongest messages in the strategy.

4. Financial Implications

We intend to use as much of the learning and scope from the strategy to reshape current provision, however there will still be a gap between our desired position, and what can be achieved through reshaping current provision. In the strategy there is a proposal for a joint investment fund to support the recommendations, if the board agreed this would improve the journey of CSE victims by developing aspects of the strategy.

We have outlined the expected costs of the recommendations within the strategy and intend to develop appropriate business cases which will be decided upon by groups in the integrated commissioning system. We intend to get sufficient support for the strategy proposals prior to developing such cases.

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

<p>There are also significant potential costs of doing nothing; we know much more about the lives of those affected by CSE locally and the costs detailed on page 15 of the strategy list a range of potential costs across the public sector. This includes things such as the cost of drug and alcohol treatment, the costs in the criminal justice system and the cost of looked after children.</p>
<p>5. Sign off</p> <p>Alison O’Sullivan –Director for Children and Young People Councillor Erin Hill – Cabinet portfolio holder – 18/1/16 Chief Superintendent Steve Cotter – Kirklees Commander – West Yorkshire Police - 14/1/16</p>
<p>6. Next Steps</p> <p>Work has already begun to alter current provision, however the financial implications noted above are where agreement is needed. If the board agreed the joint investment fund approach this could be progressed. Alternatively constituent members of the board would need to agree which recommendations they would be willing to resource in partnership with others.</p>
<p>7. Recommendations</p> <p>The board comment on the draft strategy.</p> <p>We recommend the board:</p> <ol style="list-style-type: none">Endorse the draft strategy.Help shape the scope of the proposals and funding commitments of partners.To commit resources to modify or develop new commissions recommended in the strategy.To lobby other partners to commit resources to commissions recommended in the strategy.
<p>8. Contact Officer</p> <p>Matthew Holland - Head of Children's Trust Management and Development Matthew.holland@kirklees.gov.uk (01484 221000 - Please ask for Matthew Holland)</p> <p>Chris Porter - Health Development Officer (Chris.porter@kirklees.gov.uk)</p>

Child Sexual Exploitation

**Victims and at risk
individuals**

**Commissioning Strategy
for Kirklees**

October 2015

Version 2.2 - DRAFT

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Executive Summary

Child sexual exploitation is a complex issue, the path into it is different for each victim. There are a set of precursors that may put children at increased vulnerability to exploitation. However, it can happen to any child from any family background in any area in Kirklees.

The needs of those at risk or affected by CSE broadly fall into three categories, health emotional and care needs, practical support needs and the needs of those around the victim. There are also factors relating to the lives of parents and carers that affect the likelihood of a child becoming a victim of CSE.

The effects of CSE can be felt across the life course, not only in obvious ways like substance misuse, potential contact with the criminal justice system and employment issues. It also affects the ability of the victim to engage in new relationships, take care of themselves and relate to those around them.

This strategy has pulled on a broad range of research and local intelligence to improve the understanding of the journey of victims. The product of this is a series of commissioning recommendations that meet the specific needs of CSE victims and those around them.

This strategy outlines the value of a stable professional relationship as a part of a support offer. There is a need to replace the attention given to the victim by the perpetrator, with that of a person who the victim can learn to trust, and work with to choose a different life course for themselves and their families. This role could work with families and others in the immediate support network of the victim who form part of the recovery and survival process. It is the development of these networks that will sustain the victim in the long term.

A further commissioning recommendation is one that focuses on preventing or intervening early where risks are present. The will work with individuals to address some of the core emotional triggers that can lead to CSE, such as poor emotional wellbeing and poor relationships at home.

There is also a need to address capacity and scope issues in current sexual health and emotional wellbeing provision.

Getting these commissions right will have impacts such as reducing demand across the support system in the most extreme cases, it will also reduce missing and absentee rates, potentially improve parental relationships and reduce demand for services such as complex mental health support and substance misuse services that are addressing the effects of CSE.

There is a need for work in professional circles to understand the cause and effects of CSE, and addressing causal issues not just the downstream effects of the abuse.

All of this comes at a price, but the costs of not doing it are far greater in monetary and societal terms.

Contents

1	Introduction.....	5
1.1	Commissioning Strategy overview.....	6
2	The national picture	7
3	The CSE population in Kirklees	9
3.1	Historic and adult victims	9
4	Learning from victims	11
4.1	Understanding the precursors of CSE.....	11
4.2	Understanding the risk factors linked to CSE.....	12
4.3	Victim recognition	13
5	The effects of CSE on the victim and those around them	14
6	Impacts and costs of CSE across the public sector.....	15
7	Moving from victim to survivor – desired outcomes.....	16
8	The needs of those at risk or affected by CSE.....	17
8.1	Health, emotional and care needs	17
8.2	Practical support needs.....	18
8.3	The needs of those around the victim.....	19
9	Current market analysis	20
9.1	CSE issue and provider map	20
9.2	Primary agencies.....	21
9.3	Secondary agencies	22
9.4	Current service utilisation and provider capacity	23
9.5	Transitions and service boundaries.....	23
9.6	Demand caused by a failure to meet initial needs.....	24
9.7	Current system activity around a single high risk CSE victim	26
10	Service development, system redesign and costs	27
10.1	The relationship role.....	27
10.2	Skills and attributes of the relationship role.....	28
10.3	Scope of relationship rebuilding support.....	29
10.4	Scope of prevention and diversionary interventions	30
10.5	Scope of therapeutic interventions.....	30
10.6	Scope of sexual health and practical support.....	32
11	Outline CSE Victim Pathway - Draft.....	33
12	Investment and Costs	34
13	Conclusions.....	35

1 Introduction

This strategy forms part of the Kirklees Safeguarding Children Board response to Child Sexual Exploitation (CSE) and specifically addresses point 7 of the seven point strategy which is *“We will protect victims by developing appropriate health and social care transition pathways for young people who have experienced CSE as they move into adulthood.”*

Child sexual exploitation affects children and young people of all backgrounds and from all communities, right across the UK.

Defining child sexual exploitation¹ - “The sexual exploitation of children and young people under the age of 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child’s immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources”.

Child sexual exploitation is a type of child sexual abuse. Sexually exploited young people have a range of issues associated with social, physical and emotional wellbeing. Some of these factors may have contributed to the exploitation; others may be an effect of it.

Models of child sexual exploitation include:

- Inappropriate relationships involving a sole perpetrator who has inappropriate power or control over a child and uses this to sexually exploit them.
- The ‘boyfriend’ model in which the victim believes themselves to be in a loving relationship, but the exploiter coerces them to have sex with others.
- Peer exploitation, where a child is forced by peers into sexual activity with a number of other children.
- Organised sexual exploitation in which networks of perpetrators share children around for forced sexual activity with multiple rapists.

The path towards exploitation is different for each victim. However, research has shown there are some factors that mean the likelihood of the child becoming a victim are increased.

¹ Berelowitz, S; et al (2013) “If only someone had listened”: OCC- inquiry into child sexual exploitation in gangs and groups Final Report. Office of the Children’s Commissioner, London

These factors or precursors being addressed will potentially reduce the numbers of likely victims and reduce the long term effects of CSE in those that are already victims.

The perpetrators of sexual exploitation are often well organised and use sophisticated tactics. They are known to target areas where children and young people might gather without much adult supervision, such as shopping centres, cafes, takeaways, pubs, sports centres, cinemas, bus or train stations, local parks, playgrounds and taxi ranks, or sites on the internet used by children and young people. The process of grooming may also be visible in adult venues such as pubs and clubs. In some cases perpetrators are known to use younger men, women, boys or girls to build initial relationships and introduce them to others into perpetrator networks.

The use of technology can further complicate this, where abusive images have been posted on or shared online. Once these images have been distributed in this way there is no control over who can access them, leading to instances of blackmail or repeated victimisation.

Sexual exploitation erodes self-esteem within victims, which can lead to acts of self-harm, such as self-inflicted injury, overdosing and eating disorders. It can put the young person at increased risk of sexually transmitted infections, unwanted pregnancy and abortion, as well as long-term sexual and reproductive health problems. It can affect the entire life course of the victim and those around them.

1.1 Commissioning Strategy overview

This Commissioning Strategy focuses on the delivery of support to those affected by, or at risk of child sexual exploitation.

The local response to CSE has been strong and demonstrable examples of effective multi-agency working have been seen. However recent work to explore how victims and those around the victim are supported has shown there are some gaps in the current offer.

To help inform and shape the strategy evidence has been drawn from a wide range of sources, best practice, and the perspectives of experts and stakeholders. The strategy has drawn on analysis, research and evaluation conducted in the UK and other countries. It has also drawn on review and audit reports delivered or commissioned locally.

This strategy is intended to indicate to the market and to partners the investment that is likely to be required to support the affected group, along with a series of evidence based interventions to address gaps in current provision, thinking and practice.

We are committed to learning from and continuously improving our commissioning processes. We will develop and adapt our approach as new information about the effectiveness of commissions and investments becomes available.

2 The national picture

As part of the preparation for this strategy a literature review was undertaken. The acknowledgment of CSE in Rotherham^{2,3} has been a major driver of national work. The report of Alexis Jay and the subsequent report by Louise Casey about the response of agencies to CSE have influenced the work of a number of national bodies⁴.

The key research bodies that have contributed to the knowledge base around CSE have been the University of Bedfordshire⁵ with support from the Office of the Children's Commissioner. Barnardo's⁶ and the NSPCC have also undertaken research into effective interventions and the cost savings generated by supporting victims effectively.

At government level across UK jurisdictions various committees have taken evidence and produced reports about the response of agencies under their supervision to CSE. The departments of Health, Education⁷, Local Government and Communities and the Home Office have all undertaken reviews and issued guidance on the issue of CSE.

There are number of agencies such as NHS England, the College of Policing, the Academy of Royal Medical Colleges and Public Health England who have produced guidance and advice for professionals working within their professional remit. Similarly a number of charities have developed guidance for professionals about how to respond to CSE locally.

CSE continues to be a major feature in policy guidance such as Future in Mind – the child mental health transformation guidance. It is also a part of commissioning guidance around sexual assault services.

There is a growing body of guidance about child safety online. CEOP and the UK Council for Child Internet Safety have produced a range of strategies to guide the telecoms sector.

NHS England⁸ has an established national safeguarding group that provides strategic leadership to the commissioning system. It has a specific subgroup that focuses on the

² Alexis Jay OBE. Independent Inquiry into Child Sexual Exploitation in Rotherham - 1997 – 2013. 2014.

³ House of Commons - Communities and Local Government Committee. Child sexual exploitation in Rotherham: some issues for local government. Third Report of Session 2014–15. 2014.

⁴ Beckett, H with Brodie, I et al; Research into gang-associated sexual exploitation and sexual violence. Interim Report. 2012.

⁵ Office of the Children's Commissioner: Briefing for the Michael Gove MP, Secretary of State for Education, on the emerging findings of the Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups, with a special focus on children in care. July 2012.

⁶ Blazey, L. Reducing the risk, cutting the cost: An assessment of the potential savings from Barnardo's interventions for young people who have been sexually exploited. 2011.

⁷ DCSF. Safeguarding Children and Young People from Sexual Exploitation – supplementary guidance to working together to safeguard children. 2010.

⁸ Health Working Group Report on Child Sexual Exploitation - An independent group chaired by the Department of Health focusing on: Improving the outcomes for children by promoting effective engagement of health services and staff. 2014.

recommendations set out in the department of health⁸ report on CSE, which was published in 2014 and the more recent reports following the Jay investigation in Rotherham.

NHS England has a mandate under section 7A of the Public Health Functions Agreement of the NHS Act 2006 to lead the commissioning of sexual assault services in partnership with CCGs, and criminal justice agencies which is inclusive of long term therapeutic care to support survivors of sexual assault and CSE. NHS England has constituted a national group inclusive of Department of Health, Public Health England, Home Office, Ministry of Justice, Association of Chief Police officers, Association of Police and Crime Commissioners to oversee the commissioning of Sexual Assault Services inclusive of longer term therapeutic care required by survivors of CSE.

3 The CSE population in Kirklees

There are no robust numbers of total CSE victims locally or nationally. This because there is no single common factor or risk that can be measured. It is often a range of contributory circumstances going on in the life of the child at a particular point in time. Many children face adversity at home, school and emotionally growing up. The difference with those affected by CSE is contact with a perpetrator.

It is important to remember that:

- Anyone can be a victim of child sexual exploitation.
- CSE can happen to boys as well as girls.
- CSE can happen to young people of all races and backgrounds.

There are two distinct groups of children, firstly those who are likely to be experiencing or demonstrating some key precursors such as poor parenting and home life, poor emotional wellbeing, domestic abuse and parental substance misuse. This is where preventative interventions would be beneficial to support the victim and meet some of the needs of those around the victim.

The second group are those experiencing the risk factors associated with actual sexual exploitation which include; frequently going missing, frequently absent from school, estranged from family, vulnerable through the internet, offending, or a victim of prior sexual abuse. They are likely to be known to services and make up the majority of those already known to CSE services.

3.1 Historic and adult victims

The effects or disclosure of CSE may not be apparent for many months or years. There are likely to be a group of adults over 18 who have been sexually exploited and even continue to be so. Some will have moved on with their lives and found their own way of coping with the trauma caused. Others will be in contact with support services dealing with the effects caused by the childhood exploitation; such as health issues, chaotic lifestyles, substance misuse and other complex problems.

As described above sexual exploitation and its effects do not cease at the age of 18. There are a range of adult victims who continue to be sexually vulnerable, the victims of domestic abuse and even more concerning at increased likelihood of potentially putting their own children at risk.

Cases which feature the long term effects of CSE are likely to be seen across the care and support sector. As discussed below victim recognition is a problem and professionals are

keen to treat presenting symptoms rather than addressing root cause; or start the individual on the journey to understand those causes themselves.

Adult safeguarding services assume the lead when a person reaches 18, irrespective of who is leading care delivery.

The adult safeguarding duties apply⁹ to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs) **and**;
- Is experiencing, or at risk of, abuse or neglect; **and**
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Those victims who are adults must be assumed to have capacity to make their own decisions and be given all practicable help before anyone treats them as not being able to make their own decisions. Where an adult is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests. This is decided under procedures and policy laid out in The Mental Capacity Act 2005.

⁹ Department of Health. Care and Support Statutory Guidance - Issued under the Care Act 2014. October 2014

4 Learning from victims

As part of the development of this strategy an independent review of current and historical cases was undertaken to understand CSE victim needs. The review was not concerned with procedural adherence or to assess social care practice, its sole purpose was to understand the journey that CSE victims undertook and the personal impacts of the exploitation itself.

Cases were reviewed against the following theme areas:

Precursors – what was going on around the victim prior to sexual exploitation.

Multiples of Risk – what risks were present in the case and which were seen most often.

Victim Recognition – At what point the victim recognised themselves as such, if at all.

CSE is complex. The precursors to exploitation are becoming clearer in their frequency and combination. What has become apparent is the need to develop cause and effect thinking within services, sadly there will always be children with a poor home life who have difficult relationships with their parents. This could be because of emotional health problems or because the parent has complex situations going on in their own lives. What needs to be recognised by professionals is the impact this may have on the child or children and how easily grooming and exploitation can begin.

The two predominant circumstances around the victims did not engage (chaos or overload of professional contacts) also need to be understood in professional circles. The boundaries between professionals should remain between professionals and not affect the journey of the victim. The review has shown the victim has minimal interest in which organisations they are engaged with, it is the quality of the relationships and the effect that has on their motivation to change that is the important feature.

It should be remembered that a third of cases reviewed did not have a poor home life or parental relationship, only half had domestic abuse present at home. The emotional and physical wellbeing of these parents, siblings and carers must not be overlooked. Some of the cases where families became overloaded with professional input and disengaged were from this group of so called functional families.

4.1 Understanding the precursors of CSE

Understanding the issues and pressures going on around a CSE victim before experiencing any exploitation is a powerful insight. The home life of the victim, behaviour of people at home and relationships between the victim and others at home all play a part in the propensity of the victim to become exploited.

The review tells us 2 in 3 (70%) victims experienced poor parenting relationships and a difficult home life. This included issues like abuse by parents or siblings, disorganised homes, neglect and frequent rebelling and arguments with parents and carers. . Overcrowding in the home was a feature in 1 in 8 cases.

Alongside frequency of difficult relationships between the victims at those at home, the parents or carers often had complex issues going on in their own lives. Domestic abuse was a feature in half of the cases, parental mental health issues were also seen in 1 in 3 (30%) of cases. Parental drug misuse and parental offending were each seen in around 1 in 5 cases.

1 in 2 (50%) of cases featured children with behavioural and anger issues, some were excluded from school others just did not want to be told what to do and found any sort of boundary restrictive and they became angry and frustrated. Some of the incidents detailed in the files were linked to behaviours like smoking, legal high use and drinking. A common precursor to outbursts and behavioural issues was substance use by the victim.

The emotional wellbeing of the victims was an issue in 37% of cases, however when combined with the number of victims with behavioural and anger issues which is closely linked to emotional wellbeing, we see there being an issue in almost 90% of cases.

There were two other precursors that were seen in 2 in 5 (40%) of cases; unmanaged online access and older friends. Unmanaged online issues included access parents did not control, or have any awareness of what was being discussed, or shared in the online environment. It also included access that was hidden from parents by the victim, in some cases using additional accounts with different login details. The same proportion of cases featured the victim being befriended by individuals or groups that were older than them. This ranged from a couple of years to over a decade.

4.2 Understanding the risk factors linked to CSE

The multiples of risk part of the review looked at issues that were present during or following potential instances of exploitation.

The most common risk factor seen in the cases related to victims going missing with 83% of cases having repeated missing episodes. This was closely followed by absenteeism from school. This occurred throughout many of the cases, often escalating in frequency and duration as other behaviours such as offending, alcohol and substance misuse became more of a feature in the cases.

There were examples where the child had already been the victim of sexual abuse within the family or through familial connections; this was such in 1 in 3 cases. In the cases 1 in 5 had some learning disability; there were issues of coercion due to the increased vulnerability in such cases, along with differences in emotional and physical age.

The home life of the victim is again emerging as a factor in the cases. Bereavement was seen as a factor in 1 in 10 cases, this loss of a role model or close relation is seen nationally as an increased risk to vulnerability in potential CSE victims.

Vulnerability through the internet was a factor in half of cases, online befriending and then later arranging to meet or blackmail where images were shared and then distribution threatened by the perpetrator were common tactics. This coupled with parents not recognising the risks posed by naïve control of internet use increases risk to the victims.

The emotional wellbeing of victims prior to and as a result of exploitation comes through very clearly in from the review. Poor emotional health and issues with self-esteem were seen in half of all cases as was self-harm and thoughts of or attempts at suicide.

2 in 3 (63%) of the cases were looked after featured children, there were two different issues in these cases. Firstly children who were looked after became victims because they were missing, in risky locations or misusing substances. The second group became looked after because they involved in CSE, parents or carers could not cope or manage the behaviour of the child and the issues around going missing, offending and substance misuse. There were also examples in 1 in 4 cases where victims were in effect recruited by other children.

There was no single type of grooming that led to exploitation in the review files reviewed. The circumstances ranged from online recruitment, cases of befriending by perpetrators whilst socialising with friends, to being recruited by friends into exploitative situations. Victims were at increased vulnerability in some cases because of the locations they used socially. There were also clear examples of the boyfriend model where perceived normal sexual relationship becomes one of abuse or "sharing" the victim with other perpetrators in exchange for goods or as payment for other debts.

4.3 Victim recognition

The review started out investigating the stage at which the victim recognised they were a victim. What became apparent was that very few victims ever recognised they were victims. Only in 1 in 10 victims acknowledged they had been exploited. The chaos around them and the effects of exploitation and its associated factors such as being missing, absent, offending or misusing substance dominated the lives of the victims and their interactions with professionals.

5 The effects of CSE on the victim and those around them

At first, a young person may like, respect, or even think they are falling in love with the person exploiting them. This is because they are 'groomed' over time.¹⁰ This process involves making them feel special, so they become attached. But later, the behaviour of the abuser starts to change, often slowly. They have been made to feel grown up but become unable to control how the relationship escalates and become controlled by the perpetrator. By this point, the young person is likely to feel trapped, isolated from family and friends, scared, hurt and betrayed or find it difficult to acknowledge that the perpetrator is harming them.

CSE can leave a legacy of trauma. The lives of CSE victims might feature frequent crises, ill health, job disappointments, substance misuse, failed relationships, financial, housing and health setbacks. Many are the result of unresolved CSE issues often preventing the establishment of regularity, predictability and consistency.

A number of studies¹¹ have explored the relationship between childhood abuse and later health concerns. Research has found that childhood abuse contributes to the increased likelihood of depression, low self-esteem, and post-traumatic stress disorder (PTSD), problems with family functioning, anxiety disorders, addictions, personality disorders, eating disorders, sexual disorders and suicidal behaviour. Furthermore, child sexual abuse has been found to be a key factor in youth homelessness with between 50-70% of young people within supported accommodation having experienced childhood sexual abuse.

The negative impact of child abuse on adult mental health has been well documented; numerous studies have shown the link between child abuse and mental illness in later life.¹² At present, there is no single diagnosis or condition that describes the psychological effects of child abuse. When in contact with mental health services, many adult survivors of child abuse find themselves diagnosed with multiple psychological conditions.

Those around the victim also experience issues related to CSE. In the precursors described above there are a number of things going on in the lives of the parents of CSE victims.

¹⁰ Real Voices - Child sexual exploitation in Greater Manchester. An independent report by Ann Coffey, MP. October 2014

¹¹ Academy of Medical Royal Colleges, child sexual exploitation: improving recognition and response in health settings, September 2014

¹² Lazenbatt, A. The impact of abuse and neglect on the health and mental health of children and young people NSPCC research briefing. London: NSPCC, 2010.

6 Impacts and costs of CSE across the public sector

CSE has costs and impacts across the public sector. It should be remembered that those affected by CSE will not only generate a cost to society, but also not be in a position to contribute through taxation and the application of their skills and abilities.

Using government sponsored costs¹³ information the following potential cost impacts can be seen across the public sector as a result of CSE. This is not exhaustive and does not reflect all potential costs.

Criminal Justice

Anti-social behaviour cost per incident - £648

Shoplifting incident (Police and Courts) – £28

Domestic violence - cost per incident to the police, LAs, CJS and NHS - £2,766

Annual cost of a first time entrant (under 18) to the Criminal Justice System - £21,268

Cost of custody served in prison (over 18) per month - £2,651

Education

Persistent truancy – annual cost of a child missing at least five weeks of school - £1,832

Permanent exclusion – annual cost per child of permanent exclusion - £11,192

Not in Employment Education or Training - Average annual cost per 18-24 year old - £4,528

Health

Annual cost to the NHS of alcohol dependency per person - £1,962

Annual cost of dependent drug user (treatment services) per person - £3,631

A&E attendance - Per incident - £113

Ambulance services - average cost of call out, per incident - £222

GP - cost per hour - £125

Average cost of mental health provision for children/ adolescents per person - £265

Average cost of service depression and/or anxiety provision for adults per person - £956

Housing

Average cost of a repossession - £733

Average weekly cost of housing a homeless household in hostel accommodation - £114

Rough sleepers - average annual expenditure per individual - £8,391

Social Care

Child taken into care - average annual cost - £64,819

Child in local authority foster care - cost per week - £651

Child in local authority residential care - cost per week - £3,032

Average cost of child protection core assessment - £1,113

¹³ Unit Cost Database (v.1.3) NEF & DCLG

7 Moving from victim to survivor – desired outcomes

There are many reasons to use the term survivor and not victim. The term victim could imply passivity, acceptance of circumstances, and the requirement to be treated differently. Survivor displays the individual's resilience, ingenuity, resourcefulness and the ability to take action in the face of adversity.

The ultimate goal is of course not just be surviving, but thriving. Surviving, in itself, is getting through in the short term but it is not necessarily thriving. Thriving is truly moving forward, being emotionally and physically healthy, being able to enjoy a stable life financially, and having healthy relationships. Thriving is having the opportunity to shape and to make the most of life.

The effects of the sexual exploitation can last long into adulthood. Recovery is possible but it is difficult and support is needed on the journey.

The outcomes likely to be desired by those affected by CSE:

- Have an increased range of protective factors in their lives.
- Have reduced conflict and improved relationships with parents and carers.
- Be in regular contact with services and able to accept support.
- Be able to access psychological therapies in a setting of their choosing.
- Be free from contact with abuser.
- Be achieving educationally or in employment.
- Not be abusing substances.
- Have an ability to understand and recognise risky and exploitative relationships.
- Have reduced instances of episodes of going missing.
- Have access to safe, stable accommodation.

8 The needs of those at risk or affected by CSE

Those at risk or experiencing sexual exploitation need to be able to see the value of themselves as individuals but also recognise they are victims.

A gap in current support is around victim recognition; the vast majority of cases reviewed featured a victim who was seen as such by everyone but themselves. The lack of victim recognition is a major stumbling block for support providers; often realisation of being a victim is the route into support and part of the healing process.

Victims need support to recognise their emotional intelligence, physical worth and life potential. They also need to see the value of change in their circumstances and the effect that will have on their self-esteem and self-worth. More practically they need to see how they can break away from the exploitation, and be supported to make the decision to do so themselves.

There are significant benefits of longer term stable relationships for those affected by CSE. The grooming and exploitation process and the effects of substance misuse and poor emotional health has in many cases broken down any support networks the victim may have had. Helping a victim to understand the process of exploitation is difficult but critical. The victim will need support and direction to unpick the process, their memories of it, along with the effects it has had upon them. What needs to be recognised by professionals is they have a role to develop responses that support victims and those around the victim onto their own path of recovery and reconciliation.

8.1 Health, emotional and care needs

By far the greatest area of need is that of a positive role model to support the development of self-esteem and self-worth within the individual. This has to be thought of as a means of counteracting the grooming process of the perpetrators and installing positive life choices and the boundaries of what is a normal relationship within the victim.

There is a need for sexual advice counselling, this would be around supporting the victim to work through the psychological issues arising from exploitation. It would also support the victim to recognise themselves as such, and preparing them for the emotions of normal relationships in the future. In many cases where sexual abuse was present the boundaries and stages in sexual relationships did not exist. Victims receiving support to understand what these boundaries are and their emotional importance would be beneficial and assist in the victim recognition process.

The sexual health of CSE victims must be thought of in terms of physical and emotional sexual health.

There are a number of children who because of being victims of CSE have become looked after. There are a range of reasons for this, some are from chaotic homes, some have been violent or uncontrollable and others have become looked after because of offending and substance misuse. There may be opportunities to rebuild relationships, but importantly these children need a positive and consistent role model in their lives.

CSE and learning disability has been the subject of recent national research¹⁴. There is a need to understand this additional vulnerability amongst professionals. The variation between physical and emotional age is exacerbated for this group, their likelihood of being coerced and their understanding of the physical and emotional behaviour of others may be different to their peers.

There is a need to address alcohol and drug misuse. This is not just about reducing dependency on the substance but also working with the individual to address the cause for its use. In many instances substance misuse has been a part of a grooming process, but it is also a means of self-medication to mitigate the effects of trauma, often without the victim realising it.

Accessing counselling and psychological therapies is an important need for CSE victims. As described above part of the need is to work with the victim to recognise themselves as victims and build a desire to change from within the victim. This consequently leads to underlying issues not being addressed. There is also the need to address the trauma of the abuse and other difficulties such as support to rebuild familial or carer relationships.

Victims have a number of emotional and psychologically needs such as; behaviour and anger issues, self-harm, and suicidal thoughts. Again these are effects of CSE and its associated risks.

8.2 Practical support needs

Many victims simply need to be guided into a normal life, support with things like cooking, looking after themselves, even basic skills such as improving how they approach tasks often get left behind in victims as a consequence of lost childhood years.

There are a range of more practical things that victims of CSE need. Most important is for them to be free of contact by the abuser, it should be remembered that a great deal of effort has been made to groom the child to respond unconditionally to the abuser. Therefore the most effective response is for the victim to choose to cease contact. They need support to make this choice and more practically remove contact via a number of online platforms. If

¹⁴ Franklin, A et al. Unprotected, overprotected: meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation. Barnardo's, 2015

they do not want to cease contact they and the abuser will find a way, irrespective of how restrictive or locked down mobile communications become.

Internet vulnerability was a feature in around half of the cases reviewed. There are two aspects to the needs in this area; firstly advice for children and parents about the risk associated with the internet. Secondly and most important is how adults can have conversations about access and safety in a constructive manner that will not disengage the child.

Having the right accommodation is another important factor for those affected by CSE, getting this wrong can lead to re-recruitment or continued exploitation by different perpetrators. This is all the more important for those victims that are looked after or estranged from their family.

A different response on the return of a missing child is already in development and should be shaped by some of the learning in this strategy.

Absenteeism from school was a factor in a number of cases. There is a point when professionals need to realise that school is not the place for the victim at that time, and other supportive environments need to be available. The continual cycle of being forced to return to school is potentially playing into the hands of the perpetrator, who will be only too happy to provide an alternative to school.

8.3 The needs of those around the victim

There are a number of needs that were more around the family of the victim. Parenting support would potentially be useful. This would facilitate better parent and child relationships which may prevent the deterioration of relationships which maybe a precursor to exploitation. Similarly home management support was a beneficial feature in some cases. Helping parents understand and have supportive conversations about online access and mobile use was another important issue.

There were instances where the parent was in greater need than that child at precursor stage. Addressing domestic abuse and securing social care support for the parent is important in some cases.

9 Current market analysis

The market or range of providers likely to have input to those affected by CSE is varied, and will depend on the specific needs of the individual. It should be remembered that although services may be available they are not necessarily accessible or meeting the needs of CSE victims locally.

9.1 CSE issue and provider map

Agency	CSE related issue			Agency
Local Authority	Depression	Housing and work stability problems	Educational attainment problems	NHS England
GP's/ CCG	Anxiety disorders	Personal and organisation skills problems	Alcohol abuse	Third sector organisation
Sexual Assault and abuse services	Poor self-esteem	Use of illicit drugs	Self-harming behaviours	Survivor support groups
Counselling Services	Aggressive behaviour	Dissociation	Personality disorders	Alcohol and drug services
Adult mental health services	Suicide attempts	Relationship problems	Eating disorders	Victim Support
Domestic Abuse services	Committing crime	Parenting problems	Post-traumatic stress disorder	Schools
LA Grant funded providers	Independent Sexual Violence Advisor	Sexual health services	Police	CAHMS

There are two aspects to the current market, the primary sexual abuse sector where services are provided because someone is a CSE victim; and secondary sector where services are addressing some of the effects of CSE. The secondary sector is also likely to be supporting those around the victim with their own needs.

9.2 Primary agencies

If CSE is thought of its fundamental form of sexual abuse, the counselling, victim support and advice available for rape, abuse in childhood, sexual abuse, and survivor groups are active within Kirklees. The routes into these services are often from professional referral, but for some services individuals can refer themselves. It should be remembered victim recognition is often a route into such support.

A dominant referrer in the system is the police; they are the main route into the sexual assault referral centre (SARC) which offers forensic, emotional support and counselling for anyone affected by sexual assault in West Yorkshire. Individuals can refer themselves into the SARC and into STAR (surviving trauma after rape) which has a volunteer and professional emotional and counselling support offer. There are issues with children accessing the SARC as the forensic evidence gathering must be undertaken by a paediatrician and coverage in Kirklees and across West Yorkshire is currently limited. This has meant services in Manchester and South Yorkshire have been used in the past. The counselling support available from the SARC because of contract limitations is not available to those under 16 or historic victims.

The police are also a gateway to Victim Support a charity which offers support to all victims of crime. Victim Support has recently been awarded a Police and Crime Commissioner contract for the delivery of Independent Sexual Violence Advocate (ISVA) role in West Yorkshire. This contract has a single children's ISVA as part of its specification.

In Kirklees the Rape and Sexual Assault Counselling Centre (KRASACC) offers counselling and ISVA support. They have seen a number of historic CSE cases, some of which have not become apparent until after a subsequent sexual assault and referral to the service. GP's and individuals are the main referral source for this service.

KRASACC, the SARC and the Victim Support offer is based on consent, and as described above victim recognition is an issue for those experiencing CSE.

Targeted youth support has a role to support those who go missing in Kirklees; they also deliver programmes and interventions to support CSE victims. This support is not always driven by consent and referrals are made from safeguarding and CSE hub professionals.

The BLAST Project offers specialist CSE support for boys and young men, Childline, Parents against child exploitation (PACE), Male Survivors UK, Association for People Abused in Childhood and the NSPCC each have online and telephone support available to those affected by or experiencing sexual abuse. PACE, NSPCC and Barnardo's also offer some support to parents and families of victims of CSE and offer training to professionals.

Barnardo's also provide a range of services to support those affected by sexual exploitation and the issues stemming from it such as substance misuse and family breakdown.

9.3 Secondary agencies

There are a wide range of services that are dealing with the effects of CSE such as drug and alcohol services, criminal justice, housing providers, benefits advice, some mental health services and GP's. Much of this provision is dealing with the downstream effect of CSE. There is limited use of CSE markers being placed on individuals to capture CSE data, principally because services address individual needs and outcomes not always perceived as related to CSE.

There are a group of agencies concerned with a statutory response and protection of children. The local authority looked after services have a key role to play in the market as being looked after is a risk factor. They are also involved where a child becomes looked after because of CSE, there are cases where chaos, behaviour, violence and substance misuse have led to a child becoming looked after.

In Kirklees there is a multi-agency CSE team, this has representatives from Children's Social Care, Child Protection, the Police and Barnados. The team receives referrals, assesses risk and manages the response to individual victims through risk management plans. The team also has input from specialist Barnardo's workers who support prevention and direct intervention activities.

Schools¹⁵ are the third part of the statutory response, this is both to identify and responding to early signs of exploitation. They also have a role when those affected by CSE trigger absence management activities. Schools also experience anger and behaviour issues that are linked to sexual exploitation.

There are another group of agencies offering diagnostic, practical and emotional support these include counselling, mental health providers and survivor support groups. There are also a range of drug and alcohol treatment providers, some of which work with children and others supporting solely adults. Sexual health services also fall into this group; they are offering advice, diagnostic and treatment services. It is known that repeated sexually transmitted infections and emergency contraception use are risk factors for CSE.

Agencies working in the domestic abuse field such as Pennine Domestic Violence Group (PDVG) are supporting late teenage and adult victims and seeing the complex downstream effects of CSE. They are also supporting families experiencing domestic abuse who have children who are at risk of exploitation.

There are a final set of agencies that are concerned with supporting the victim and those around the victim. Adult social care and mental health services, parent support groups, and the stronger families programme all work in this part of the market.

¹⁵ Dept. of Education. Child Sexual Exploitation Action Plan. 2011.

9.4 Current service utilisation and provider capacity

All of these providers have relationships with those affected by CSE. Recognising the value of these relationships and the effect their complexity has on the victim is an important learning point.

Unsurprisingly there are a range of issues around capacity that have been highlighted by all the providers that have inputted to this strategy and national research in the field. There are complex issues around genuine accessibility, capacity, eligibility, referral mechanisms and waiting times across the system.

The accessibility of the emergency response agencies is good, however onward referral routes are less accessible because of location or evening and weekend availability. Age and perceived need levels boundaries were also apparent in agencies; the notion of the need to be in crisis often speeds up referral but does not always speed up intervention or treatment.

The potential duration between recognising there is a problem, seeking support, a referral being made, an assessment being undertaken, and then a wait for treatment cannot be accurately calculated. However it is worth reflecting that long term damage and cost increases will potentially be developing within the child or young person during this period.

CSE victims do engage with emotional and mental health services, but around 2 in 5 victims fail to attend once a referral is made. This is often due to missed appointments resulting in discharge.

Data regarding waiting times is available from both child emotional wellbeing and mental health services. This is telling us that young people needing emotional support for the sorts of issues linked to CSE can be waiting up to 3 months for support. Those young people needing more intense mental health services after they have been assessed are potentially waiting over 6 months.

Kirklees Rape and Sexual Abuse Counselling Centre (KRASACC) provide counselling which is limited to maximum of six sessions and there is a period that people have to wait start the counselling due to waiting list size. Similarly counselling at the SARC is at capacity.

9.5 Transitions and service boundaries

Services have thresholds for access based on assessed need and age of the individual using the service; many of these are funding or legislatively driven. It is important to note that simply because a child becomes an adult that they are at lesser risk of being sexually exploited. The vulnerabilities that exist as a child do not cease at the age of 18.

There are services that offer support only to those who are or have been looked after, this does not necessarily apply to those who are in the care system but not looked after, such as those who are fostered or supported within their own families.

Youth support and youth offending typically work with children until they are 18, again there are some instances such as those children subject to education, health and care plans (EHC) where support is available until 25 years.

There are concerns around mental health service transition and the transition from child social care to adult social care. Mental health service¹⁶ issues seem to be effective professional liaison problems rather than the lack of a service offer; which combined with the service pressures mentioned above is not working effectively for CSE victims in all cases.

In terms of adult social care there is no doubt that young adults at risk of CSE continue to require safeguards to be in place once support from children's social care ceases. Once a young adult moves into adult care services the shift towards consent and engagement in support services is required. If the young adult rejects support available at the outset or after a period of time the support may not continue to be offered. The needs section above has already described the likelihood of disengaging because of the effects of CSE.

It should be remembered that many services for children and adults are delivered in different locations by different professionals. This in itself is a massive barrier for CSE victims of any age, any relationships of trust will be lost and the now adult is potentially placed at greater risk.

There are clear safeguarding duties on children and adult social care professionals. In adult terms if the victim is deemed to have the mental capacity to consent, there is little work services can currently do to intervene.

9.6 Demand caused by a failure to meet initial needs

Someone experiencing or at risk of CSE rarely obtains support at the first contact point; instead they get referred on and shuffled from one agency to another until a decision is made. At most points of transaction staff record the contact give advice or information or point the person to another front door.

If the demand is not screened out at first contact, it is forwarded on for assessment. In practice a second, more detailed 'screening' process, the focus once again being 'is this for us?' and if it is, 'does it meet our criteria?' need thresholds and criteria result in people being turned away.

¹⁶ Fairhead, C. (Designated Nurse Safeguarding Children Kirklees) Transitions from Child to Adult Health Services for Victims of Child Sexual Exploitation: A Scoping Exercise. June 2015.

Failure demand is the symptom of a system that is unable to understand people in context or respond to their real needs.¹⁷ Demand caused by a failure to do something or do something right for the victim, professionals need to look beyond the presenting demand to understand the context and underlying causes, i.e. to understand it in human terms.

When a person's problem isn't resolved, they just re-enter the system through another of the range of doors a referrer can choose from. Decisions about where to refer people are dictated by what services exist rather than what individuals need. If a service has been commissioned that vaguely relates to presenting needs, people will be referred there. Each time a new service is commissioned it creates yet another referral door to add to the list.

The effect of the current system rationing is to make those in need keep presenting until their problem becomes serious enough that they meet the assessment criteria and can be accepted into services. This can take many cycles and sometimes years.

When people don't get help that matches their need, they re-present or present to different services until they do. In those circumstances, people quickly learn that when they ask for help what they will get is assessment and referral. As a result some stop asking for help, others accept what's on offer even though it doesn't address their needs.

Many public systems assess rather than understand; transact rather than build relationships; refer on rather than take responsibility; prescribe packages of activity, rather than take the time to understand what might meet the actual need.¹⁷

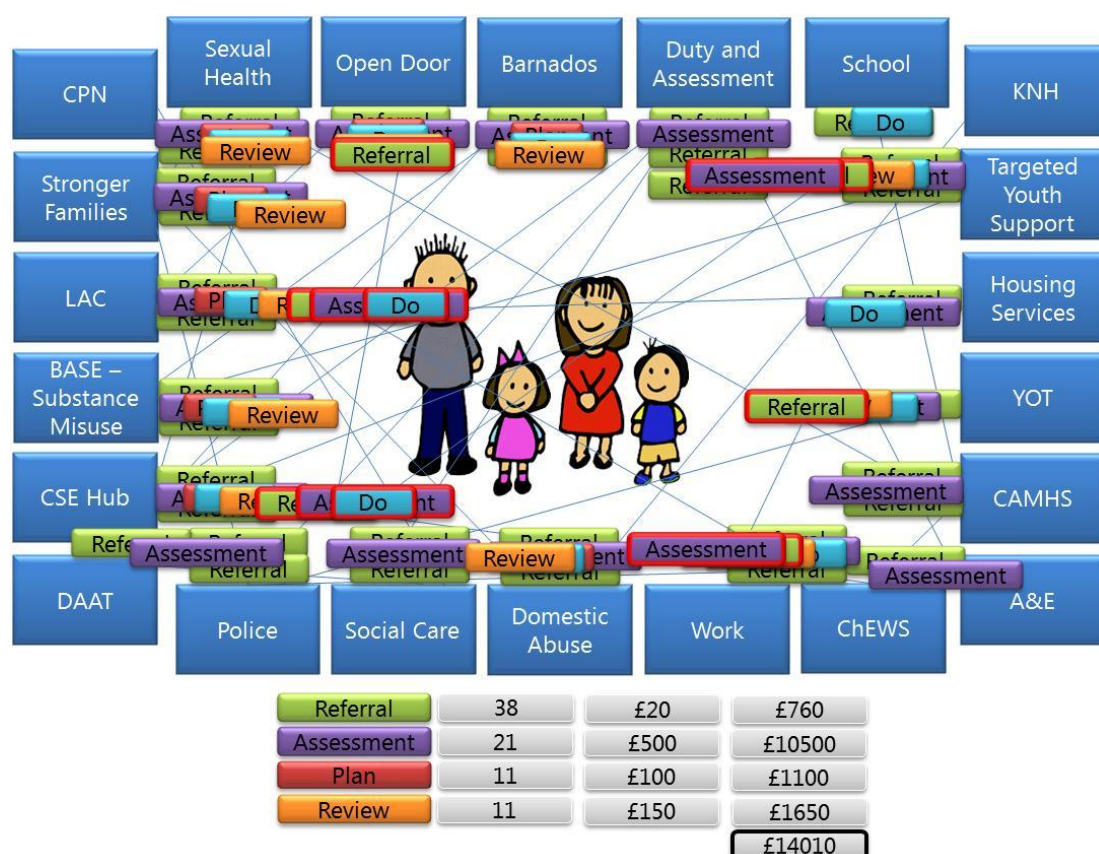
¹⁷ Seddon, J. Saving money by doing the right thing why 'local by default' must replace 'diseconomies of scale'. Locality & Vanguard. 2014.

9.7 Current system activity around a single high risk CSE victim

In the learning from victims section above there is evidence of “overload” this is where multiple agencies have been given the remit to support the individual or family members. Building on the demand through failure concept, there are a range of agencies that victims get referred into that, have to be assessed against criteria, have individual plans – this is before support starts in many circumstances.

Thinking from the point of view of the victim and those around them, there are going to be a range of people either turning up at home, or sending appointments for you to attend somewhere else, or calling you to assess need. Some of these agencies will decide you do not fall within criteria for support and refer you somewhere else. If you do get through and receive support, the review of that support may identify other needs, and the referral, assessment and planning starts again with a new agency or organisation.

The illustration below is not an uncommon journey across the life of higher risk cases and families; there will of course be fewer referrals for medium and low risk victims. To begin to understand who is trying to support you with what, and trying to build any form of relationship with this number of professionals must be virtually impossible for victims. Should it be a surprise that families no longer attend appointments or return calls to professionals? The whole system needs to understand this issue, and also understand how the parts of the system need to relate effectively around the victim. The estimated costs of this activity have also been added to understand the scale of spending in agencies.



10 Service development, system redesign and costs

Fundamentally the motivation to do anything is driven by how it makes us feel or how the rewards linked to it make us feel. If this is thought of from the viewpoint of a child in a home which is not stable or nurturing, someone comes along that gives them attention, makes them feel good about themselves, allows them to be the person they want to be, and introduces them to stimulating environments which make them feel good. Why would the child see it as a problem?

At its core any offer from a CSE victim support activity must provide the same emotional stimulus levels that the grooming process initially boosted and then eroded. Addressing the core emotional needs of the victim and those around them is critical to the recovery process and eventual eradication of CSE. Any offer would also need to ensure that it was considerate of and responsive to the existing and changing needs of the diverse communities in Kirklees.

Thinking about the cause and effect relationship in terms of CSE is also very important. Professionals have a myriad of tools available and referrals that can be made to deal with an effect of something. Building a professional relationship with someone to understand the root causes of behaviours or feelings is much harder, partly because there is no saying how long this process may take or the professional best placed to undertake this role.

Throughout the case review the two predominant circumstances around the victims did not engage (chaos or overload of professional contacts) also need to be understood in professional circles. The victim has minimal interest in which organisations they are engaged with, it is the quality of the relationships and the effect that has on their motivation to change that is the important feature.

10.1 The relationship role

What is needed is the function of an advocate or advisor that has a long-term and trusting relationship with the victim and those around them that can in effect fill the place of the abuser. A role around a new common purpose – ‘help me to understand and solve my problems’. A person that helps navigate the victim into positive choices, psychological therapeutic support, substance misuse treatment, helps rebuild support networks and home, school or work life for victim. This type of support would meet the needs of all victims, working with children as young as 10 and historical cases where support is started well into adulthood. Importantly, the victim has a relationship with a professional who they trust and can guide them.

The effective delivery of support will reduce the longer term costs elsewhere in the system, worklessness, ill health, further abusive relationships, crime, poverty, substance misuse and poor parenting are amongst the negative outcomes facing victims of CSE.

The role will support different complexity of case for varying levels of times. Its most important attribute is to provide consistency and stability. The role will not cause dependency. Instead the role is very much focussed the on developing the strengths that allow people to make their own decisions rather than needs which render them more dependent on others.

The role will as required consult with other professionals and where needed introduce and explain the needs and strengths of the victim. A key function of the role is to improve access to support and maintain mutually respectful relationships between statutory agencies and families in order to maximise the ability of all parties to support the victim or at risk individual. Specialist expertise is only brought in as needed and where proportionate to actual needs. This will reduce failure demand and the probability of disengagement and a negative life course for the victim.

There are costs¹⁸ associated with a support service that has a long term relationship with the individual and those around them. From the point of starting the relationship the role will begin to work towards reducing demand and gradual exit. The benefit of this model would be where life's peaks and troughs hit the victim they have access to support rather than re-entering the system as a crisis case.

The duration of initial support will vary with each case, but the role does need to offer support in a flexible range of locations that best meet the needs of the each individual and family.

10.2 Skills and attributes of the relationship role

The most important skills needed are interpersonal – listening, interpreting and helping people to understand themselves and work out their own positive life course.

The key function of the role is to create a safe and non-judgmental relationship for victims to grow and heal, in building their knowledge and skills and supporting them in asserting themselves and developing healthy relationships, empowering them to develop their confidence and self-worth and discover their inherent strength and resilience.

- Understand the complexities of cause and effect in CSE.
- Understand the victim recognition journey and the therapeutic interventions that can support it.
- Understand the value of rebuilding self-esteem in victims.

¹⁸ Tackling child sexual exploitation. Helping local authorities to develop effective responses. Barnardo's, 2012.

- Be able to understand the help that is needed rather than the nearest best fit service that is available.
- Be prepared to invest time in listening to the needs of the victim.
- Be able to maximise the capacity of parents and carers to support their children.
- Be prepared to persist when initial support is rejected.
- Understand sexual trauma and the psychological response to it.
- Be able to work across age ranges.
- Understand relationship breakdown and rebuilding strategies.
- Understand preventative support.
- Understand parenting theory and practical support techniques.
- Provide support and skills to help the whole family cope effectively with their own emotional distress and recovery.
- Understand why the victim is angry about what has been done to them; helping them understand it is not their fault.
- Understand the criminal justice journey in relation to sexual offences,
- Understand and practice low level emotional wellbeing support interventions.
- Improve the self-efficacy of the victim.

10.3 Scope of relationship rebuilding support

There are instances in many cases of sexual exploitation of relationship breakdown being a cause or route into exploitative situations. There are also examples of relationship breakdown once the exploitation or grooming has begun, and the perpetrator is isolating the victim from their natural support network to leading to dependency on the perpetrator.

A relationship rebuilding offer across age and case complexity will reconnect the victim or at risk individual to family, carers and friends who have been pushed away. This is a two sided process, each party needs insight into the motivations and decisions of the other.

This offer being either an early intervention or part of the recovery process will support the range of case complexity. Some will need short term advice and coping strategies. Other cases will need counselling and longer term support.

A key part of the early intervention is around how parents or carer can support the at risk individual into making positive choices. This may help carers develop supportive and authoritative parent techniques. There also needs to be support for carers about how to have a conversation constructively so that it does not end in chaos or a child going missing or absent.

This could be delivered by through a fixed term programme that takes the victim and carer through a rebuilding process. Both sides of the relationship will gain from this, recognising their own support needs and the value of the relationships they have around them.

10.4 Scope of prevention and diversionary interventions

Part of growing up is learning about risks. From a very young age, children learn not to stick their fingers into power sockets, not to touch hot pans, and not to take sweets from strangers. Recurrent exposure to low level risk builds resilience and self-esteem in young people; the same is true of exposure to situations requiring maturity, leadership or responsible behaviour.

Developing or modifying the range of interventions so they engage and stimulate the CSE risk group is important. The target audience for this sort of intervention will be at the lower end of the risk spectrum or displaying precursors such as absenteeism and poor emotional wellbeing. The sorts of activities need to stimulate the same feelings of independence, maturity and risk that the grooming process creates.

How this stimulation is enacted is down to the creativity of the professionals delivering the intervention. However there are examples of using beauty therapy, make-up and skin care are potential routes into the target group. The use of activities in the third person have also seen some success, this includes the use of drama to explain the life of the victim through a character created by the victim.

Aspects of this work can deliver health messages, life skills and coping strategies. The core purpose remains to build self-esteem, divert the individual away from negative choices and enable them to recognise and utilise their own strengths. The intervention also acts to deliver the need for risk that the grooming process fulfils.

The importance of building a trusting relationship is a part of the intervention. Professionals need to be ready and able to address disclosure and link with the relationship role (above) in certain cases.

10.5 Scope of therapeutic interventions

As discussed in the provider capacity section there are a number of issues with the current therapeutic support arrangements. Issues around accessibility, appropriateness and eligibility generate their own barriers for victims or those at risk of CSE. Making sure the right sort of support is available in the right place and delivered by the right professional are at the centre of the child and adolescent mental health transformation plan.

A gap in the current offer is around victim recognition support, the vast majority of cases reviewed featured a victim who was seen as such by everyone but themselves. A therapeutic process that enables this realisation and disclosure would be a major step in the recovery and reconciliation process. There are a myriad of processes ready to start once disclosure is made, but there is little to help the individual to reach that point themselves.

The act of disclosure is the start of a therapeutic journey. In terms of treatment the literature regarding the therapeutic process after disclosure is limited and no specific treatment model is suggested. The NICE guidance offering any advice for on treatment is around the management of PTSD which was issued in 2005.

NICE – PTSD Children and young people¹⁹ - Children and young people with PTSD, including those who have been sexually abused, should be offered a course of trauma-focused CBT adapted appropriately to suit their age, circumstances and level of development.

There are different types of psychotherapy that have been effective in the treatment of trauma which would encompass CSE victims.

Cognitive behavioural therapy (CBT) – is a form of psychotherapy that teaches skills that retrain behaviour and style of thinking to help victims deal with stressful situations.

Some of the goals of CBT²⁰ are to:

- Reduce victim's negative emotional and behavioural responses to the trauma.
- Help the victim to see traumatic experiences as abuse.
- Correct maladaptive or unhelpful attachments, beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse).
- Provide non-offending parents and carers with skills to support the victim.

Psychodynamic (psychoanalytic) psychotherapy – This helps victims become aware of meanings or patterns in behaviour that are linked to the sexual exploitation.

There are other frequently used approaches to trauma are EMDR (Eye Movement Desensitisation and Reprocessing) and TIR (Traumatic Incident Reduction). When abuse occurs the trauma affects how the brain store memories of the abuse. Both TIR and EMDR work by freeing up and releasing traumatic memories so that victims can gain a clearer picture and understanding of what actually happened and what impact it has had on them as CSE victims.

There will be occasions where more complex mental health support will be required by victims. The same victim recognition and understanding of root causes need to feature in these interventions.

Therapeutic professionals must work with the relationship role above to understand case complexity, offering advice and guidance to others in the CSE support system on lower level and preventative interventions. They must also understand the reasons behind victim's propensity to disengage because of the damage caused by CSE and its related risks factors.

¹⁹ Post-traumatic stress disorder (PTSD), NICE clinical guideline 26, <https://www.nice.org.uk/guidance/cg26>

²⁰ Cohen, J. A., Berliner, L., & Mannarino, A. P. (2000). Treatment of traumatised children: A review and synthesis. Journal of Trauma, Violence and Abuse, 1(1), 29-46.

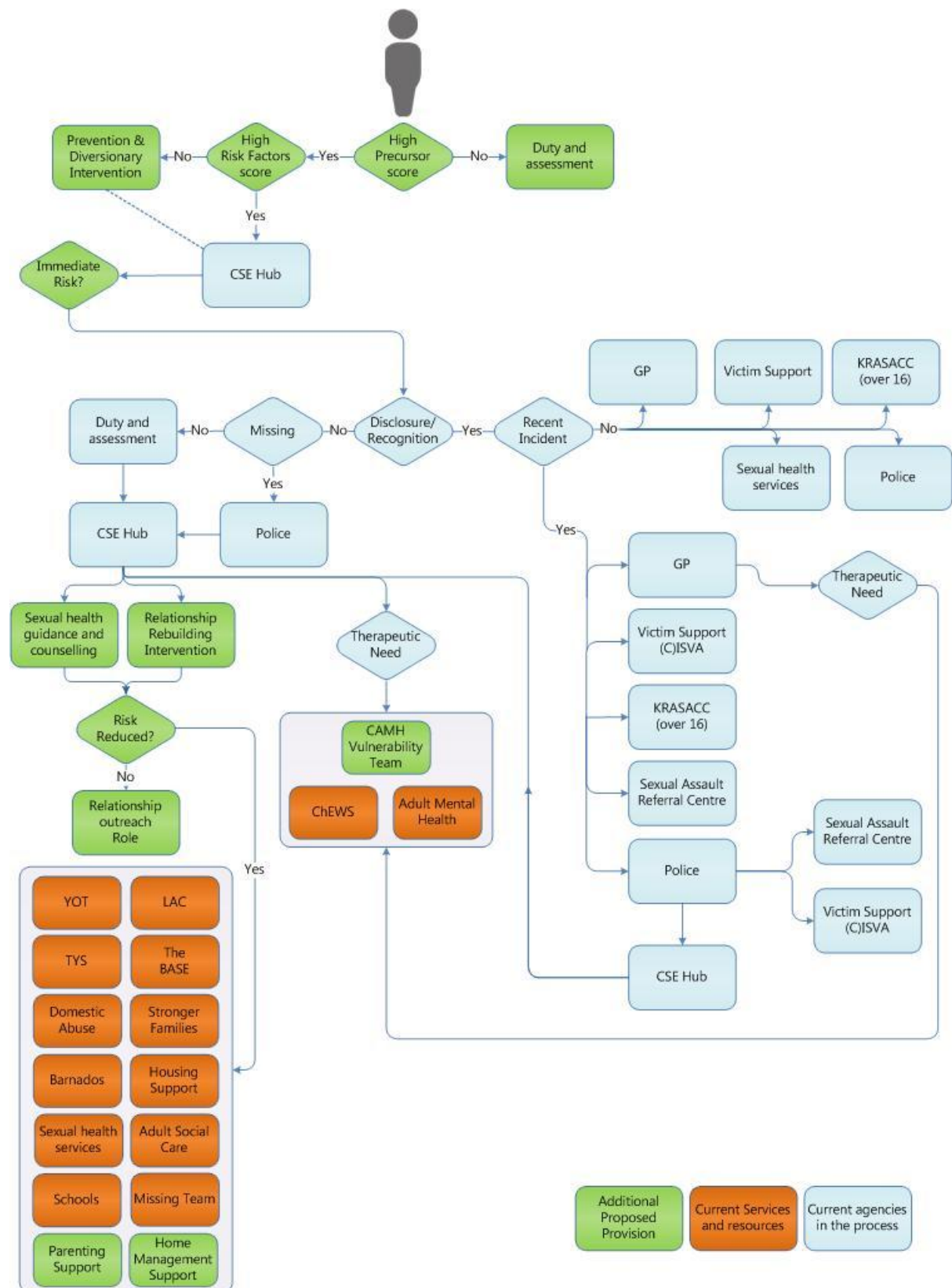
10.6 Scope of sexual health and practical support

Sexual health counselling would support the victim to recognise themselves as such, and begin to prepare them for the emotions of normal relationships in the future. In cases where sexual abuse was present the boundaries and stages in sexual relationships do not exist. Victims receiving support to understand what these boundaries are and why they exist would be beneficial and assist in the victim recognition process. This function also needs to work with the victim to recognise the emotional value and importance of sex.

The role of more traditional sexual health advice needs to be delivered in conjunction with the emotional sexual support. In some cases there are likely to be sexually transmitted infections and physical trauma related to the abuse that need to be physically and emotionally worked through with the victim.

Substance misuse is a part of many CSE cases, substances including legal highs are used to coerce victims, they are also used to self-medicate and escape from the emotional deficits in the victims lives. The offer in Kirklees is strong, embedding the cause and effect thinking and professional liaison with the relationship role will enhance the joint offer.

CSE – Commissioning Strategy



12 Investment and Costs

Investing intelligently in the ranges of support requirements highlighted in this strategy will improve the life of those at risk or affected by CSE and the carers around them. A range of partners contributing to a joint investment fund could minimise the service boundaries and eligibility thresholds discussed above. CSE victims are out there, they range from as young as ten to well into adulthood. A single joint investment fund would mean all partners could contribute to reducing the harm of this complex and life changing issue.

The investment fund could have a "victim first" approach developing responses that work to understand and meet need rather than assessing and referring which in itself drains professional capacity. Voluntary organisations can play a key role in services specifically to address the issue of sexual exploitation. The outcomes and scope of support detailed above should be considered in grant making decisions relating to CSE and emotional wellbeing.

The investment concept is not an instant solution and it should be remembered victims are out there right now. To address short term issues there is a need to invest to increase capacity in psychological therapy and sexual counselling support that is currently available. The offer available from other agencies in the current market also needs to be proactively communicated across professional networks and advice providers.

In order to put some costs to the scoping described above the following has been produced.

Theme 1 - The relationship role		Total
Beneficiaries Year 1	132	
Total Cost Year 1		£213,000
Average cost per Beneficiary		£1,614

Theme 2 - Relationship rebuilding support		Total
Beneficiaries Year 1	85	
Total Cost Year 1		£41,000
Average cost per Beneficiary		£482

Theme 3 - Prevention and diversionary interventions		Total
Cohorts of 18 people - Year 1	20	
Total Cost Year 1		£7,000
Average per Beneficiary		£19

13 Conclusions

Throughout the process of developing this strategy a great deal has been learned about the path to sexual exploitation of children. Our motivation to anything is driven by how it makes us feel or how the rewards generated from it make us feel. The emotional stimulation of feeling wanted, feeling mature, and the excitement of risk that grooming generates; all tap into the fundamental emotional needs of a child. When coupled with not always getting on with people at home and the dislike of being treated like a child. It is easy to see why perpetrators are able to fill a gap in order to meet their own depraved needs.

The grooming process continues of course and the sense of control, volition, and self-confidence are methodically stripped away by perpetrators who utilise fear, violence and other techniques to keep victims loyal and compliant.

The victims of CSE are not all from broken homes, not all in abusive relationships or living in care. They need help to reconnect with people they can genuinely trust, people who guide them into positive life choices and help them rid themselves of the trappings of CSE such as substance misuse, criminality, chaos and broken support networks.

Building confidence and self-esteem can be a long process for those affected by CSE; it is a duty every agency should take seriously. The life chances of children are at stake and the potential costs to us all are incalculable.

Wise investment in the right range of support will assist this process, but when it is the fundamentals of self that are broken, time and support are needed to repair them.

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	28 th January 2016
TITLE OF PAPER:	Kirklees Health and Wellbeing Board Development 2016
1. Purpose of paper	<p>Following the last Board development session to seek the Board's agreement of</p> <ol style="list-style-type: none"> the revised purpose of the Board the key areas for the Board to focus on in 2016/17 the development of the 'Health and Wellbeing Board Toolbox' the proposed scenario planning event.
2. Background	<p>Following the Board development session on 24 September 2015, a report was presented to the October Board meeting which summarised the outputs from the session and sought support for the next steps.</p> <p>The report set out a range of potential actions. The Board agreed that the initial focus should be on</p> <ul style="list-style-type: none"> Clarification of the roll and purpose of the Board. Agreeing a limited set of 'big ticket' items to provide focus for the Board's leadership in 2016/17. <p>The Board also agreed that a 'task and finish group' should develop a set of proposals. The group met in November and the Board received a verbal update on the output from the group at the November meeting.</p> <p>The development session also highlighted the need to bring together the 'Kirklees story' to</p> <ul style="list-style-type: none"> clearly articulate the Board's vision for improving health and wellbeing, reducing inequalities and creating a 'joined up health and social care system' based on the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment how the Board works and the supporting arrangement to deliver this vision. <p>And that the development and testing of a set of jointly created scenarios describing what the future might look like would be an extremely useful part of the process of refining and updating the Board's vision.</p> <p>The following proposals have subsequently been discussed and refined by the Chief Officer Group.</p>
3. Proposal	<p>3.1 Purpose of the Health and Wellbeing Board</p> <ol style="list-style-type: none"> Setting the shared strategy for health and wellbeing in Kirklees, including the development of a sustainable health and social care system Defining the key principles that should inform the implementation of the strategy and the overall direction of service changes Driving the implementation of key elements of the shared strategy Testing proposals against the strategy, principles and direction of service change.

To achieve this purpose the Board needs to

- **Act together as system leaders** - communicating the shared strategy, principles and direction of service change and have the difficult conversations necessary
- **Through a vibrant work programme** – shifting from just formal meetings to a mix of activity, including fact finding visits, Board to Board meetings, meeting in different places etc.

3.2 Proposed key areas to focus on in 2016/17

Looking forward

What are the key programmes of work over the next 12/18 months that requires partnership based leadership?

- a) Major health and social care service challenges/opportunities, including finances, focussing on hospital service reconfiguration and the care sector.
- b) Preparing for the implementation of the CAMHS Transformation Plan and the Healthy Child Programme (including the recommissioning of the health visiting and school nursing services) from April 2017.

Looking back

What are the key programmes of work that have been the focus of recent partnership based activity that needs monitoring to ensure they achieve the Boards ambitions?

- c) Reviewing progress on implementation and the impact of Care Closer to Home, the Care Act, Better Care Fund and improving primary care, including progress on integration of health and social care services.

Looking beyond

What are the key health and wellbeing challenges in Kirklees that could be tackled by taking a radically different approach across the partners?

- Taking a completely fresh look at our approach to
- d) diet related conditions (food, physical activity, obesity, diabetes etc).
- and/or
- e) health related worklessness.

This represents a significant range of activity and the Board may wish to consider further prioritising this list.

The categories of looking forward, looking back and looking beyond could be used to shape the HWB work programme in future years.

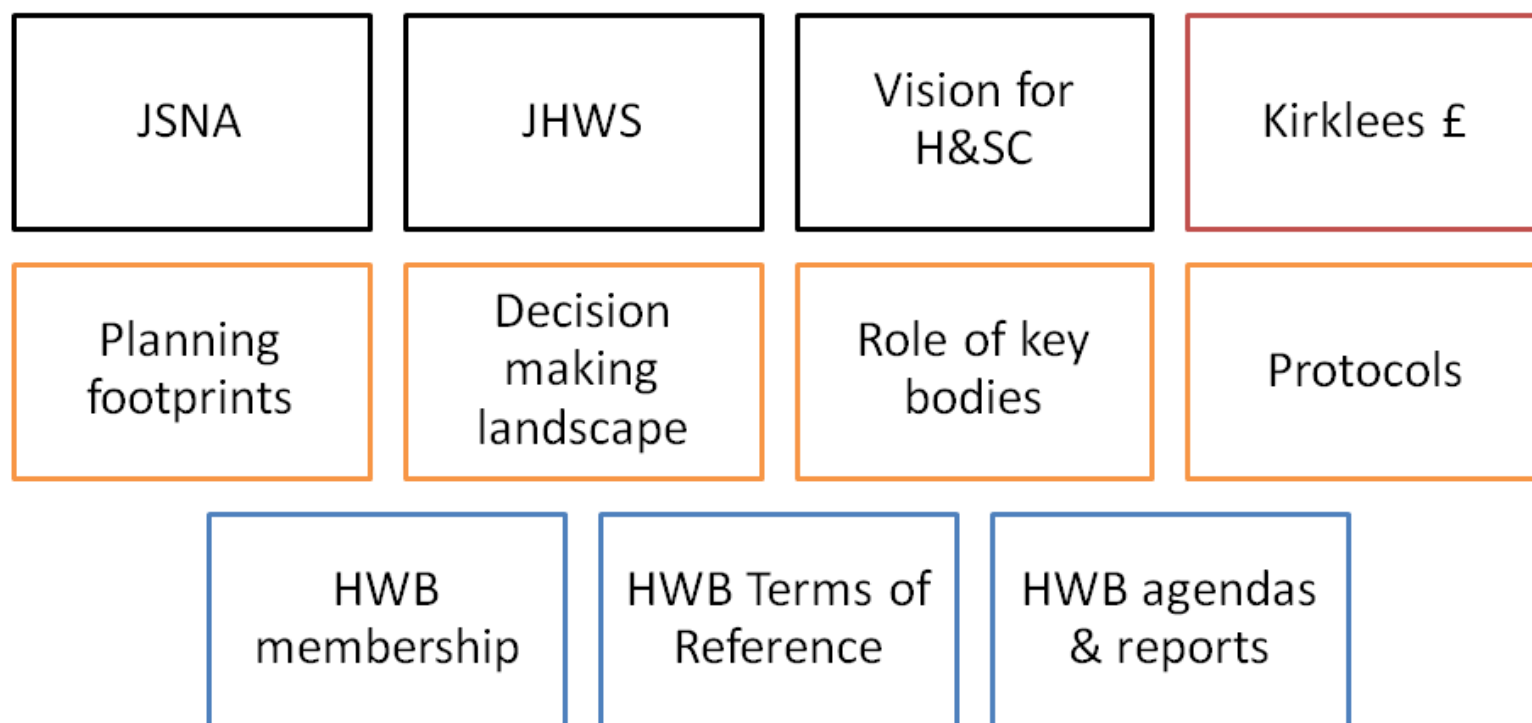
3.3 Developing the 'Kirklees Story'

Develop a 'Health and Wellbeing Board Toolbox' that brings together in one place key documents and other resources that underpin the work of the Board (see Appendix for proposed content).

The development of the Kirklees Story will need to be part of the work required to develop the local Sustainability and Transformation Plan (STP) which has to be submitted to NHS England by 30th June.

<p>As part of this process we are proposing a future scenario exercise to create shared 'core' of values and direction which will survive austerity, turbulence and system change.</p> <p>The intention is to bring together a large group of key leaders from across the system (around 60-80 people), led by the Health and Wellbeing Board, with senior officers from the Council, CCGs and providers to develop shared creativity and energy around the way forward. Using a series of potential future scenarios we would develop plans to sustain the principles in the JHWS and the emerging STP in each case. The future scenarios would be very challenging, but realistic – and would enable us to foresee future challenges and opportunities, and 'future-proof' current plans – thinking more radically about ways to achieve desired outcomes in very different futures.</p> <p>The outcome would be a strong shared 'core direction' and outcomes to be achieved over the next five years in the context of continuing austerity and system change - as well as creative thinking about how to overcome problems and use new opportunities. A small design team of Board members and others would design the scenarios and the event.</p> <p>The proposed date for the event is Tuesday 26th April.</p>	
4. Financial Implications	None
5. Sign off	Richard Parry, Director for Commissioning, Public Health and Adult Social Care
6. Next Steps	<p>Update the Board's Terms of Reference to reflect the revised purpose.</p> <p>Develop the Board's work programme to reflect the proposed areas of focus and range of approaches to create make the work programme more vibrant and engaging.</p> <p>Share the draft Health and Wellbeing Board Toolbox for comment and then make it available online.</p> <p>Convene the design team for the scenario planning event, ensuring that it fits with wider planning activity to develop the local Sustainability and Transformation Plan.</p>
7. Recommendations	<p>That the Board:</p> <ul style="list-style-type: none"> a) Agree the proposed purpose of the Board b) Agree the key areas for the Board to focus on in 2016/17 c) Note the development of the 'Health and Wellbeing Board Toolbox' d) Endorse the proposed scenario planning event
8. Contact Officer	<p>Phil Longworth phil.longworth@kirklees.gov.uk</p> <p>Health Policy Officer, Directorate for Commissioning, Public Health & Adult Social Care</p>

Kirklees Health and Wellbeing Board TOOLBOX



Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Thursday 5 November 2015

Present: Councillor E Hill (in the Chair)
Councillors Holmes, Ahmed, Allison

In attendance: Paul Johnson, Assistant Director (Family Support and Child Protection)
Pauline Martin, Head of Service (Family Support and Child Protection)
Helen Kilroy – Principal Governance and Democratic Engagement Officer
Chris Read, Corporate Customer Services Officer
Martin Dearnley, Head of Audit and Risk
Penny Woodhead, Head of Quality & Safety for Greater Huddersfield CCG
Christina Fairhead, Designated Nurse Safeguarding Children for Kirklees
Richard Palfreeman (Senior Manager Locala)
Carol Gilchrist, Head of Safe and Cohesive Communities

Apologies: Cllr K Pinnock, Allison O'Sullivan

1 Minutes of previous meeting

The Panel considered the minutes of the meeting held on Thursday 8th October 2015.

Cllr Holmes confirmed to the Panel that there were no issues of relevance to report back to the Panel following her meeting with representatives from PACE earlier in the year.

The Panel discussed the sensitivity of the information circulated by Ged McManus from West Yorkshire Police at the last Panel meeting in October. The Chair confirmed that the Panel does not have the jurisdiction to share restricted information which has been provided by the West Yorkshire Police, that could ultimately identify specific cases where investigations were ongoing. The Chair advised that a specific request had been made by Ged McManus that the information not be shared beyond the Panel due to its confidential nature. Panel Members noted that they could give a general overview of the information to their Groups.

AGREED –

- (1) That the Minutes of the meeting of the Panel held on the 8th October 2015 be agreed as a correct record.
- (2) That the Panel noted the information circulated by Ged McManus (West Yorkshire Police), both verbally and in writing, was strictly confidential and would not be shared beyond the Panel.

2 CSE issues relating to Health

The Panel considered a report on "Kirklees Health Services and CSE October 2015" from Health representatives on CSE issues relating to health and in particular the role

and responsibilities of health professionals in supporting the work of safeguarding children against CSE.

The Panel welcomed Christina Fairhead (Designated Nurse Safeguarding Children for Kirklees – covering Greater Huddersfield and North Kirklees CCGs), Penny Woodhead (Head of Quality and Safety for Greater Huddersfield CCG) and Richard Palfreeman (Senior Manager Locala) to the meeting.

The Panel was informed that if the school nurse referred an issue in respect of a child at school to another health professional, the nurse would remain as the key contact in the case. Christina Fairhead confirmed that where a GP referred an issue in respect of a young person, they would stay involved in the case regardless of which other health professionals became involved.

The Panel was informed that where a family moved around within Kirklees or out of the area, the family could be tracked once they re-registered at another GP practice. Richard Palfreeman advised that Health professionals within Kirklees were contacted by colleagues from other Local Authorities seeking information regarding families who have moved out of their area.

Christina Fairhead confirmed that school nurses have a cohort of schools that they were responsible for and that each nurse would make a clinical judgement as to how much time they needed to spend at each school depending on what was required.

The Panel was advised that the NHS spine supports the NHS in the exchange of information across national and local NHS systems. The Spine connects clinicians, patients and local service providers throughout England to essential national services, for example, if a young person leaves an area and cannot be contacted, the moment they re-register with a GP, children's day care centre or A&E, for example, their information would come up on the NHS Spine so that health professionals could locate them and make contact if necessary.

The Panel was informed that each of the large Health Providers have their own systems for recording information electronically, the system used by Locala and most GPs in Kirklees is called 'SystmOne'. The 'Flagging' project was where GP practices were encouraged and supported to 'flag' the records of any child or young person where there may be low levels of safeguarding concerns.

The Panel was advised that all health staff in Kirklees adhere to the West Yorkshire Safeguarding Procedures/Kirklees Safeguarding Board Procedures when dealing with safeguarding children issues. All health service providers including GP practices and Clinical Commissioning Group staff have been made aware of the:-

- CSE Checklist Tool for partner agencies;
- CSE Flowchart;
- CSE Protocol

The Panel noted that following the Casey report changes were made to the risk assessment tool used in Kirklees which led to amendments of the guidance and the flowchart for practitioners. The new documents were circulated to all Health providers including GPs ensuring that they were aware of the changes.

The Panel noted that if a family go missing or move out of the area and there were high level concerns, alerts would be put out to other Local Authorities and depending on the risk level health, Local Authority and police systems were in place to deal with this. The Panel acknowledged, however, that when people go missing if they really do not want to be found they can disappear 'off the radar'.

Training

Christina Fairhead advised that high quality Safeguarding Children Training was available that was compliant with the Intercollegiate Document entitled 'Safeguarding children and young people: roles and competences for health care staff'. The guidance on training within the Intercollegiate document was very prescriptive in terms of the standards of training and what should be covered. The Panel were informed that Clinical Commissioning Groups (CCGs), through governance and quality processes, monitored the health providers on the delivery of their training.

Christina Fairhead explained that GPs provided a programme of training for all staff at their practice and signposted staff to other types of appropriate training as required.

The Panel was advised that CSE training is part of the mandatory training for all health professionals and that 16 training sessions were held with GPs in Calderdale and Kirklees earlier this year on CSE.

Christina Fairhead advised the Panel that face to face CSE training was the preferred option, but if health staff could not get access to that, e-learning was an alternative form of training. The Panel were informed that the e-learning packages have assessments throughout and rigid pass rates to ensure high standards of learning was achieved.

AGREED:-

- (1) That Christina Fairhead, Penny Woodhead and Richard Palfreeman be thanked for attending the meeting.
- (2) That the update on 'Kirklees Health Services and CSE October 2015' be noted.

3. Whistleblowing in Kirklees

The Panel considered an update on Whistleblowing in Kirklees and welcomed Chris Read, Corporate Customer Services Officer, and Martin Dearnley, Head of Audit and Risk to the meeting.

The Panel was informed that the Whistleblowing Procedure was reviewed by the Corporate Governance and Audit Committee on 10th July 2015 and was attached to the report as Appendix 2. Chris Read advised that following a request from the Panel, the Whistleblowing Procedure had recently been altered in response to the points made by the Panel.

Chris Read advised that the Annual report for Corporate Governance and Audit Committee highlighted that the number of referrals through the Whistleblowing Procedure remained broadly consistent with previous years and covered a far range of enquiries. The Whistleblowing Process was promoted as part of the staff induction and was periodically promoted in internal staff newsletters, however the Panel noted that it had been sometime since the Whistleblowing procedure had been promoted and Chris Read suggested that internal communications be conducted.

The Panel noted that officers were considering conducting a survey of staff to determine whether they felt confident in using the Whistleblowing Procedure. Chris Read advised, however, that given the low numbers actually using the service, any such survey may only obtain a perception of the Whistleblowing Procedure rather than an informed comment.

The Panel was informed that the last paragraph of the Whistleblowing Procedure had been amended to be more user friendly and be informative rather than suggest any kind of threat or discrimination against the employee. Some members of the Panel were unhappy with the revised wording in the last paragraph of the Whistleblowing Procedure and were concerned that it may mean some employees did not feel confident enough to report an issue. The Panel suggested that the paragraph should be reworded and simplified with an emphasis on confidentiality and not sharing sensitive information and the restrictions on some information in terms of data protection.

The Panel agreed that Paul Johnson would take the revised Whistleblowing Procedure and proposed plans for publicity to the Council's Management Board meeting for further discussion. Paul Johnson agreed to outline the Panel's concerns regarding the wording of the final paragraph of the Whistleblowing Procedure to Assistant Directors and the need to encourage staff to report concerns and that they feel safe to do so. Martin Dearnley and Chris Read agreed to rewrite some of the existing policy to take into account the views expressed by the Panel, with assistance from Paul Johnson. The Panel agreed to receive an update in January on this issue.

The Panel noted that any further changes to the Whistleblowing Procedure would need to be approved by the Corporate Governance and Audit Committee.

AGREED:-

- (1) That Chris Read and Martin Dearnley be thanked for attending the meeting.
- (2) That the report on Whistleblowing in Kirklees be noted.
- (3) That the Panel receive a further update in January 2016 on the revised Whistleblowing Procedure and promotion to staff following discussion of the Panel's concerns at the Council's Management Board meeting.

4. Community Cohesion in Kirklees Council

The Panel considered an update on Community Cohesion in Kirklees and in particular perceptions within communities regarding CSE. The Panel welcomed Carol Gilchrist, Head of Safe and Cohesive Communities, to the meeting.

Carol Gilchrist advised the Panel that the Connecting Communities Programme and Statement of Intent (attached to the report) was the Kirklees approach to developing good cohesion across the district. The Panel noted that there had been a significant amount of good work which had taken place in Kirklees to help strengthen communities. The statement of intent builds upon this work and outlined the Council's common approach to building stronger communities in the future.

The Panel was informed that engagement staff were working in communities on a daily basis and engaging both individuals and groups on a range of issues, including CSE. The staff were familiar with the CSE seven point action plan, and took a lead on work with faith institutions and women from the plan. Engagement and Cohesion were then

represented on the CSE sub group which reports to into the Safeguarding Children's Board.

Carol Gilchrist advised the Panel that raising awareness within some communities was very challenging as in some muslim communities there was a stigma attached to CSE and a reluctance to report it. CSE of children could be a very uncomfortable issue for most people to openly talk about. Carol Gilchrist explained that work programmes were in place to engage and involve communities, voluntary and community organisations, in the delivery of interventions to disrupt, raise awareness and support victims and communities that were affected by CSE. Frontline staff across the partnership, including the Council's community engagement staff, KNH engagement officers and staff from other services, were provided with training to embed "difficult dialogue" training into their practice. If conversations arise in communities they were then able to have robust and productive discussions which help the Council to better understand community tensions and assist with myth busting and promoting messages.

The Panel noted that there was a Mosque and Madressah engagement programme in place which was currently delivering training to 20 organisations as part of a wider engagement plan which enabled the Council to raise awareness of issues, improve and promote best practice around areas such as Safeguarding, behaviour management and tackling extremism (as well as CSE).

Carol Gilchrist confirmed that training in mosques and madressahs provided a list of all numbers for safeguarding and the link to the Council's website so people can either ring or report an issue of concern on the website. The Panel were informed that feedback from members of the community who have attended the training has been very positive.

The Panel was informed that Islamic hate crime reporting was very low in Kirklees, as it is nationally and officers were concerned that cases were going unreported. Further work on hate crime reporting was ongoing within the Council and Carol Gilchrist advised that the Council could potentially deliver a campaign on this. The panel were made aware of an event on Islamophobia which was being organised locally by an organisation called MEND who were unfortunately linking islamophobia to the Prevent agenda which was unhelpful.

The Panel agreed to receive a future update on the ongoing work within the Council on hate crime and expressed concerns regarding the need to raise awareness of hate crime within communities.

AGREED:-

- (1) That Carol Gilchrist be thanked for attending the meeting.
- (2) That the report on Community Cohesion in Kirklees be noted.
- (3) That the Panel receive an update to a future meeting regarding the ongoing work on hate crime reporting within Kirklees and the need to raise awareness of hate crime within communities.

5. Discussion regarding attendance by Charity reps – Panel preparation of questions

The Panel was informed that Charity representatives from Barnardo's and CRI & Base (Crime Reduction Initiative) would be attending the Panel in December 2015 and thanked Pauline Martin for making the arrangements.

Pauline Martin confirmed that she had undertaken research regarding the NSPCC charity and confirmed that the charity did not currently undertake work within Kirklees on CSE. The Panel noted that the NSPCC would not be invited to the Panel.

The Panel agreed to make enquiries to ascertain if the Children's Society currently undertook work within Kirklees and that a representative from the organisation be invited to attend a future meeting of the Panel if appropriate.

The Panel considered their approach and line of questioning to be discussed with the charity representatives at the December meeting and agreed that they would like to cover the following areas during the discussion:-

- Brief overview of work of Charity (including aims and objectives) - each Charity representative to give a short overview of the work that they undertake, including their aims and objectives;
- What work does the charity undertake within Kirklees on CSE and who is involved?
- Charity to share experiences of working with Kirklees Council on CSE – has the charity had any issues with Kirklees Council in the past and if so, have those issues been resolved?
- What is the Charity's take on CSE within Kirklees?
- External perception of Kirklees and other Local Authority's activity on CSE– Is there anything that Kirklees and other Local Authorities should stop doing/start doing?

AGREED:-

- (1) That Pauline Martin be thanked for making the arrangements for attendance by the Charity Reps.
- (2) That enquiries be made into whether the Children's Society undertake work within Kirklees and that they be invited to attend a future meeting of the panel if appropriate.
- (3) That the Governance Officer makes contact with the Charity representatives from Barnardos and CRI & Base prior to the Panel meeting in December, to provide a brief on the issues the Panel would like to discuss.

6. CSE Management Information

The Panel considered an update on CSE Management Information.

AGREED:-

- (1) That the update on Management Information be noted.

7. Quarterly update to Overview and Scrutiny Management Committee

The Panel considered feedback from the Overview and Scrutiny Management Committee on the 5th October and discussed the quarterly update to the Overview and Scrutiny Management Committee on the 30th November 2015.

The Panel agreed that the Chair of the Panel, Councillor Erin Hill, would give an overview of the work of the CSE & Safeguarding Member Panel to the next meeting of the Overview and Scrutiny Management Committee on the 30th November 2015 and make a general reference to the information provided by Ged McManus (West Yorkshire Police) at the October meeting regarding 'Update report on historic CSE cases (including progress) and Prosecution of Perpetrators of CSE'.

Questions from Leading Members

Councillor Hill gave an update to confirm some of the questions from leading members had been delegated to services for response. The Panel noted that responses received so far had been positive. The Panel was informed that the Overview and Scrutiny Management Committee had confirmed they would consider the questions that appertain to Scrutiny. Councillor Hill advised that work was continuing to progress on formulating the responses to the questions from Leading Members and it was hoped to complete the work by the end of the 2015/16 financial year.

AGREED –

- (1) That the Quarterly update to the Overview and Scrutiny Management Committee on the 30th November 2015 be noted.
- (2) That the progress on the responses to questions from Leading Members be noted.

8. CSE and Safeguarding Member Panel agenda plan for 2015/16

The Panel considered the agenda plan for the CSE and Safeguarding Member Panel for 2015/16.

The Panel welcomed the fact that Charity reps from Barnardo's and CRI & Base would be attending the Panel in December 2015.

The Members had a discussion regarding the future focus and work programme of the Panel and agreed to revisit this issue again in February. Cllr Hill advised that there were ongoing discussions within the Council regarding how the different areas of safeguarding fit together and how they and the CSE and Safeguarding Member Panel link with other partners.

AGREED –

- (1) That the agenda plan for the CSE and Safeguarding Member Panel for 2015/16 be noted and updated as discussed.

9. Date of next meeting

AGREED –

- (1) That the date of the next meeting of the CSE and Safeguarding Member Panel be held on Wednesday 9th December 2015 at 10.30 am in Meeting Room 3, Huddersfield Town Hall.

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