



People and Health Scrutiny Committee

Date: Monday, 20 September 2021
Time: 10.00 am
Venue: A link to the meeting can be found on the front page of the agenda.

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

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To consider the Annual Report for Safeguarding (Children) which was considered by Cabinet at their meeting on 7 September 2021.

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(Final Draft) **ANNUAL REPORT**
2021/22

Pan-Dorset Safeguarding Children Partnership



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Welcome to the second Annual Report from the Pan-Dorset Safeguarding Children Partnership

Established in August 2019 our partnership, published its first Annual Report in August 2020 - <https://pdscp.co.uk/wp-content/uploads/2020/10/ANNUAL-REPORT-2020-Final-Version-09.20.pdf>

A year on we are pleased to share progress made despite the challenging impact of the many facets of the Covid-19 pandemic.

During late 2019/early 2020 the four statutory partner leads for Dorset Council, BCP Council, Dorset Police and NHS Dorset Clinical Commissioning Group (CCG) concentrated on building strong working relationships, identifying common principles and goals in relation to safeguarding and integrating safeguarding practice into their general model of support, care and protection for local children, young people and families.

The pandemic has tested and continues to test local services. However, the strength of relationships between practitioners and leaders at all levels has been built upon, allowing multi-agency working to adapt through a dynamic response to the rapidly shifting requirements of Covid conditions. Effective joint working continued, although of course the medium-term impact of the new models of working forged during the pandemic is yet to be fully understood.

Statutory services and 'relevant agency' partners adapted to using virtual communication platforms for many elements of practice - joint meetings for planning and dialogue; seeing vulnerable children and families face to face on virtual platforms (as well as targeted home visits) and continuing vital child protection conferences and core group support virtually. It should be emphasised that when a face-to-face visit was needed, it was carried out, using as much protection as possible.

This was crucial as many children and young people did not have the same face to face access to trusted adults outside the home such, as teachers and activity club leaders, to enable disclosures of abuse or neglect, as well as the potential risks of increased household tensions for some. This was why such importance was placed on vulnerable children attending school throughout the pandemic



Vanessa Read



Sam de Reya



Theresa Leavy



Elaine Redding



Anthony Douglas CBE

Our learning can be best summarised by the universal recognition that **together we are stronger and better able to have positive impacts** on those we wish to protect. We learnt to be more agile, adaptable, creative and solution focused. We communicated more in 'real time' together, using situational reporting to identify and plan timely responses to emerging concerns – e.g., an increase in cases of more serious domestic abuse and families experiencing mental health challenges for one or more family members. We used neighbourhood policing teams, combined with outreach youth workers and anti-social behaviour teams, to respond with an 'educational response' to young people breaking the lockdown rules rather than criminalising them, wherever possible.

In the first lockdown concerns about health visitors being redeployed in line with national guidance led to a joined-up approach to ensuring face to face visits for the more vulnerable families took place. Setting up early help link worker arrangements with schools/colleges to follow up pupils or students that providers had concerns about also paid dividends.

As concerns about under 1s grew and local reports mirrored national trends, a timely multi-agency audit gave us a 'window on the system', spotlighting areas for multi-agency scrutiny and improvement related to Sudden Unexpected Death of an Infant (SUDIs), as well as accidental and non-accidental injuries. In the second lockdown period, our targeted communications reassured new parents that the health visiting service was available to meet their needs. Many other services did better in the second lockdown than the first, because by then they had built up a working knowledge and greater resilience to tackle the issues.

Page 7 Faced with the College of Policing challenge to find ways to communicate directly with children and young people who may be in lockdown with their abusers (at home or online), we created new ways of direct communication, reaching out to children and young people to reassure them that services were still there and how to access them. We capitalised on social media (What's App, Snapchat and localised, targeted YouTube messaging), as well as more traditional 'contact us' cards supplied to practitioners who continued to have face to face meetings and contact opportunities.

Going forward, the place-based, operational delivery arms of the two local authority areas have created the opportunity to tailor multi-agency safeguarding delivery in a more bespoke way to better reflect demographics and shape service provision according to local need. This does not prevent or preclude pan-Dorset activity (for example, the Covid Communications Group and Operation Encompass below). We will continue with utilisation of virtual platforms; enhanced pace and appetite to more effectively scrutinise and understand demand, need and the responses required.

An example of this is the joint work on Summer Planning for the area in anticipation of the expected demand of the 2021 'staycation' trend and multi-agency learning from the challenges of summer 2020. This year a joint multi-agency control centre is operating 24/7 with strong communication and partnership planning and responses.

Pan-Dorset Safeguarding Children Executive Team

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Director of Nursing and Quality
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Group

Theresa Leavy

Executive Director - People
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Elaine Redding

Consultant Director of Children's
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BCP Council

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Assistant Chief Constable
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Anthony Douglas

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CBE

Governance and structure

The Pan-Dorset Safeguarding Children Partnership was established in August 2019 led by four statutory partners – Dorset Police, NHS Dorset Clinical Commissioning Group and the local authorities of Bournemouth Christchurch and Poole (BCP) and Dorset.

Following Local Government Review changes, it became increasingly clear that the priorities, demographics and needs of the two local authority areas were significantly different and that they were on dissimilar trajectories of service improvement. Policing priorities were also different across the two areas leading to the creation of two distinct local policing areas. Similarly, the Health footprint across the two areas is not co-terminus with local authority areas.

Accordingly, more of the Partnership's operational working has moved to place-based arrangements, which are showing early signs of being more agile and impactful at a local level. These are built into the Terms of Reference and work programmes of the Strengthening Services Board for Dorset, also known as 'the West footprint' and the BCP Area Safeguarding Committee for BCP, also known as 'the East footprint'.

In April 2021 the PDSCP Executive team recommended a move to a 'hybrid model', with leadership and assurance maintained as a pan-Dorset collective through the PDSCP Executive Team, whilst key workstreams for the Partnership would move to a 'delivery arm', place-based model.

Page 8 As 'shared and equal partners' these changes have required consultation and governance ratification, carried out during the latter part of this reporting period. Dorset Police and Dorset CCG, as pan-Dorset partners, have committed a sufficient resource to each area to achieve viability, though it has often been difficult for both health and the police to resource the growing demand for partnership working in both operational halves of the Partnership.

The 'delivery arms' will be the hubs for the further development of multi-agency, operational safeguarding arrangements in their area, addressing statutory functions and locally agreed priorities.

Place-based arrangements will enable a timely responses and enhanced focus on local area safeguarding priorities, stronger alignment with other local partnerships (e.g., SEND, MASH, Community Safety, Health and Wellbeing and Safeguarding Adult Board) and increased opportunities to develop a more inclusive approach with the wider safeguarding network, including schools, parent and young people participation forums and voluntary/community sector organisations. The PDSCP Executive team will ensure that while different approaches may be used at a place-based level, opportunities for alignment are also maximised.

The PDSCP Executive Team will maintain oversight and responsibility for the Partnership's statutory functions and will seek assurance about the effectiveness of the wider safeguarding system that supports children and families through receiving regular reporting from the two delivery arms.

As the reporting year closed, all aspects of the new arrangements were being firmed up. See Appendix C for our new operational model.



Part one - Multi agency learning, improvement and practice development

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- * **Multi Agency Child Safeguarding Practice Reviews**
 - * **Learning from the Child Death Overview Panel (CDOP)**
 - * **Multi- Agency Quality Assurance**
 - * **Learning Hub**
 - * **Pan-Dorset, Multi-Agency Training & Practice Improvement**
 - * **Child Criminal Exploitation**



PART ONE

MULTI-AGENCY LEARNING, IMPROVEMENT AND PRACTICE DEVELOPMENT

Multi-agency Child Safeguarding Practice Reviews

During the latter part of 2020/21, the Partnership published the last of its **Serious Case Reviews** which pre-dated the Working Together 2018 change to Child Safeguarding Practice Reviews.

The themes of these two reviews were:

Neglect, including medical neglect - <https://pdscp.co.uk/wp-content/uploads/2020/09/SCR-Synopsis-of-Learning-S33-2020.pdf>

Suspected suicide of a young person - <https://pdscp.co.uk/wp-content/uploads/2020/09/7.-SCR-Synopsis-of-Learning-S39-2020.pdf>

Both themes chime with the priorities of the PDSCP of Neglect/ Parenting and Adolescent Risk and have generated learnings at single agency and multi-agency levels.

The learning identified has already fed into the PDSCP Training Offer and been shared with practitioners via lunchtime learning workshops. The synopses of learning have been shared widely across the Partnership to maximise the impact on practice.

Learning from the suspected suicide case has been shared with the Pan-Dorset Suicide Prevention Strategic Group to ensure that the on-going work in this area reflects specific issues related to children and young people, which can be different to those involving adults.

In summer 2021 the Partnership will publish its first **Child Safeguarding Practice Review** which is on the theme of the suicide of a 'care experienced' young person in a placement outside Dorset. Three further CSPRs were agreed by the end of March 2021 and are now in progress.

In the 2020/21 business year nine **Rapid Reviews** were completed across both local authority areas, within timeframes set by the national CSPR Panel, with positive feedback and helpful suggestions received by the national /CSPR Panel. This evidences that reviews are meeting the quality requirements set by the national CSPR panel as outlined in their recent annual report.

Of those Rapid Reviews, three children have progressed to local Child Safeguarding Practice Reviews, with two currently underway and one due to be published in September. The second is scheduled for publication in December 2021 and the third in Autumn 2021 (subject to synchronisation with other reviews).

Rapid Review referrals have included:

Sexual abuse – intra-familial, historic and by a 'trusted adult' in an out of area placement

Child criminal exploitation and serious violence

Sudden Unexpected Death in Infants (SUDI) including co-sleeping, additional risk factors, 'out of routine' elements

Injuries to young babies and toddlers (in line with national concerns emerging from the covid period)

Sexual violence, domestic abuse and neglect

The Rapid Review process has proved valuable in identification/ addressing of key learning and actions required in a timely manner, which also facilitates faster feedback into multi-agency practice. Independent quality assurance of reviews and feedback have also added value to support impact.

Where there is the potential for learning, but cases do not meet the threshold for serious incident notifications or rapid reviews, **local learning reviews** have been undertaken using a variety of methods and increasingly directly involving practitioners/managers linked to the cases.

Learning themes for those carried out in the period include:

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Neglect, including medical neglect

Child Sexual Exploitation

Pregnancy support for a child who was 'looked after' at the time and her 'care experienced' partner

- Domestic abuse between young people
- Information sharing between agencies in relation to injuries to a young child

Using this approach has enabled the Partnership to expedite a wider range of learning and to use methodologies for the reviews that can be customised to the cases concerned and more creative in their approach:

*practitioner reflective reviews - 4 in BCP area involving 35 practitioners linked to case review

*lunchtime learning – 3 sessions in the Dorset area. 2 on Neglect with 45 practitioners and 1 session on Non-Accidental Injuries to Under Ones with 20 practitioners thematic practitioner events on Neglect and Exploitation with a 'reach' of 120 system wide practitioners for each event

*Overall case reviews have been a growing area of development for the Partnership, with further plans to utilise the Practice Review Themes from the national CSPR Panel's Annual Report and other 'best practice' guidance relevant to rapid reviews and CSPRs.

Learning from the Child Death Overview Panel (CDOP) 2020-21

The Pan-Dorset CDOP continues to be a combined model with Somerset area. Currently the Chair is Dr Sam Abdollahian from Dorset. The Panel is required to review every child death in their area to understand if there were modifiable factors that could lead to practice improvements.

During this annual reporting period we experienced Covid-19. Even though no Dorset/ Somerset child death cases were reported due to Covid-19, adaptations were made to support Panel working:

All panel meetings were held virtually using 'Team's IT software

Covid- 19 reporting through the National Child Mortality Database was put in place in preparation/in case of need to invoke – not required due to nil Covid 19 child deaths.

Pan-Dorset, 32 deaths were recorded in the past year, the same number as in the previous year. Deaths of children from BCP area were at their lowest in five years (11 in total), while deaths of children from the Dorset area showed a marked increase this year (20 deaths in 2020/21 as opposed to 11 in the previous year).

Each year there are deaths that would be expected due to the extreme prematurity of some baby births. There were 15 neonatal deaths this year one more than the previous year.

There continues to be a greater proportion of deaths involving male children than female children, with the age of death concentrated at

the youngest and oldest of the age spectrum.

During 2020/21 CDOP identified modifiable factors in 10 of the 25 Pan-Dorset deaths reviewed, current national average is (insert national statistic). This could indicate an established panel with a good range of knowledge and expertise, providing rich learning.

There have also been several sudden unexpected deaths (SUDI) in young babies, some where co-sleeping was a feature. In response, messaging in relation to safer sleeping has been published, with plans to repeat at times of the year when this becomes an increased risk factor where families' normal sleeping routines may be disrupted e.g., Christmas, summer holidays etc...in line with learning from the national thematic review of SUDIs.

Themes have been identified and highlighted to practitioners, including that risk factors for neonates are raised by Body Mass Index (BMI) and smoking in pregnancy, which are ongoing national themes. Locally, support and encouragement are in place for stopping smoking and for changes in diet.

In 2021-22 there will be a focus on suicide risks to young people, due to an increased occurrence across the pan-Dorset area. A total of 5 deaths in 2021/22 were as a result of suicides, suspected suicides or extreme self-harm. As we learn more about the longer-term impact on the mental health and emotional well-being of the 2020 lockdowns and school closures, this could become an upward trend.

The Panel's Shared Purpose

Our shared purpose is to provide high standard child death reviews and to ensure maximum impact of learning, which is shared in line with agreed governance structures within each geographical footprint in Dorset and Somerset.

We will work together to professionally scrutinise every child death within Dorset and Somerset.

We will ensure the voice of the family is heard in the reviews, key learning shared, and recommendations made in line with local policy.

We will also feed into national networks and the National Child Mortality Database to share data and to help identify potential themes which can only be identified at scale.

Multi-Agency Quality Assurance

During 2020/21 a new approach was developed in relation to the Partnership's Dataset and Performance Reporting, significantly reducing the number of indicators included in the data, focussing on ten basic metrics such as Children in Need, with Child Protection Plans or 'In Care' rates, together with data that would inform understanding of the Partnership's thematic priorities:

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- Neglect (Police – trend of neglect crimes reported and Children's Social Care – the percentage of single assessments where neglect is identified as a risk factor)
- Children Missing reports
 - Children and young people at risk of Exploitation (risk levels significant, moderate and emerging)

Having modified the number of data fields, the quality assurance team developed a qualitative 'exception reporting' approach for partners to escalate and share with the Partnership any current risks, emerging priorities, resource challenges, partnership working or workforce issues. This has enabled a more 'real time' understanding of issues at single agency level, the narrative of how such issues are being addressed or partner support needed.

To enable maximum flexibility and responsiveness, the QA Group was empowered to agree 'deep dive' areas where exceptions raised concerns or where risks may be emerging. This approach was most recently used to better understand increases in demand for CAMHS services. Learning from this was that

it is challenging to look at one part of the emotional well-being and mental health support system, without fully exploring all aspects of the model – e.g., the new Mental Health in Schools/Colleges project, education-based provision and voluntary sector/private providers. The impact of Covid on children and young people's mental health has hugely widened this area of focus.

As well as scrutiny of performance data, bearing in mind the demands of responses to covid, it proved possible to complete a multi-agency **Under Ones Audit** in response to emerging concerns during the first lockdown period.

This revealed pockets of good practice within and in some cases across services as well as opportunities for learning including:

- Improvements to record keeping and information visibility to other practitioners
- Records could better reflect co-production with families and 'whole family' approaches
- There were challenges to navigate in balancing the demands of infection control and safeguarding the most vulnerable families
- A need for the development of systems that will facilitate practitioner reflection, and analysis to better inform planning
- A key principle that that all children under one should receive a home visit to assess and review their well-being and development.
- Overall, the audit demonstrated some improvement areas across all services

Future Quality Assurance Arrangements

The new place-based delivery arms will oversee multi-agency quality assurance workstreams in the future, providing the opportunity to drill down into local priority areas which require investigation, assurance and improvement. Learning will be shared across both local authority footprints via the PDSCP Executive functions and through joint mechanisms such as our website, newsletter, the training offer and joint learning events

Learning Hub

The Partnership concluded its first cycle of Learning Hub activity, progress of which was impacted by the workload demands created by covid 19. The focus of this was work on the area of child neglect, refreshing the recommended use of the Neglect Strategy and Toolkit and publishing “what works with Neglect” tips and hints by multi-agency practitioners for practitioners: <https://pdscp.co.uk/wp-content/uploads/2020/10/What-Works-in-Neglect-Practitioner-Feedback.pdf>

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Three wider learning events were held to promote awareness with around 150+ attendees from relevant agencies.

Going forward each delivery arm will develop its own learning hub model to align with local improvement programmes, with best practice shared across the Partnership via PDSCP Executive reporting and assurance and the participation of our pan-Dorset partners in both area footprints.

Child Criminal Exploitation

This area of safeguarding work has been addressed through ‘place-based’ models since the inception of the Partnership.

In the Dorset area, an action plan was first put together after the May 2018 JTAI (Joint Targeted Area Inspection), including set up the CAROLE model (children at risk of or linked to exploitation).

In BCP governance for this area of safeguarding is led by the BCP Community Safety Partnership, with close links to the Safeguarding Children Partnership.

Both areas have worked with multi-agency partners to:

Develop toolkits and assessments of risk for multi-agency practitioner use with children and young people considered at risk of exploitation or suffering harm from exploitation in order to provide appropriate safety planning and interventions;

Identify approaches to the identification of those children and young people at most significant risk of harm or those who are experiencing harm;

Identify common vulnerabilities e.g., exclusion from school or part time timetables, previous trauma/ACEs, family history of drug abuse/dealing;

Link to police/community safety SARA (scanning, analysis, response, and assessment) plans to identify/ disrupt known 'hotspots' and frame problem-solving approaches;

Raise awareness of community locations such as hotels, language schools, taxi companies, take away outlets;

Promote use of civil orders to disrupt perpetrators;

Raise awareness with the wider safeguarding network, including parent, carers and young people themselves of tactics used to draw young people into exploitation – signs, how to intervene and the importance of sharing intelligence;

Work through Police Gold/Silver groups to co-ordinate responses to organised crime networks operating locally from identified, localised intelligence;

Use skilled workers to build trusting relationships with young people drawn into exploitation and help them recognise the risks and find safety, including 'reachable moments';

Draw on learning from national and local Child Safeguarding Practice Reviews to improve the impact of responses to exploitation. For example, in the BCP area learning from the Waltham Forest SCR (which had a link to Bournemouth) has led to improving information sharing and responses to young people in custody and agreeing a 'reachable moments' protocol between Police and the Complex Safeguarding Service.

Multi Agency Training and Practice Improvement

The Pan-Dorset training function offers a central training offer for the multi-agency workforce, the administration and co-ordination of which is self-funding.

The offer is accessed by a wide range of agencies and seen as a trusted and reliable source to ensure that organisations meet their safeguarding training requirements. The majority of courses are commissioned through the Dorset Council commissioning framework, which provides the function with more quality control and contract compliance measures.

Training Overview

The menu of training includes: Level 3 Working Together (1 day) and the Update (1/2 day, Managing Allegations, Safer Recruitment, Supervision Skills, Criminal Exploitation, Missing, Exploited and Trafficking, Neglect, Safeguarding Children with SEND

All face-to-face courses were suspended in mid-March due to COVID until 19 until August 2020, with virtual core courses recommencing in September 2020 via Teams or Zoom platforms.

The training admin team reorganised courses well in response to covid 19, despite the training co-ordinator role being vacant. (This role is being reviewed in 2021). They liaised effectively with providers and encouraged them to move to adapt their offer to remote or virtual platforms.

Initially there was some feedback from attendees about the challenges of accessing training courses virtually, however this was mainly due to unfamiliarity

with IT virtual solutions. The team developed guides to help attendees cope with this new method of access and feedback has since been positive, particularly around the breakout room function, which enables them to work on local issues in smaller multi-agency groups. The multi-agency workforce has now fully adapted to remote access platforms and attendance has improved overall.

Over the past business year 95 courses were delivered, attended by 1,725 multi-agency practitioners. When courses moved to remote platforms, maximum numbers were reduced to 20 delegates per course. Occupancy rates for these courses have been averaging 93% of capacity.

Day rates for courses are priced around £75/£80 with half days costed at £50, providing cost effective, quality training for our local, multi-agency workforce. Small charities or voluntary sector organisations can apply for a free place to ensure we are adopting an inclusive approach.

Despite a reduction in course income due to the first five months of covid impact, the function made a surplus over the final part of 2020/21, due in part to making savings on trainer costs through the use of the Business Managers to deliver the level 3 Update training before this was recommissioned in April 2021.

Take up of provision

Local authorities, schools and early years providers continue to make up the biggest cohort of staff attending courses.

In response to requests, training has also been offered on Saturday mornings and twilight sessions to fit in with working patterns of some

practitioners – e.g., voluntary sector and early years staff.

Where partner agencies have a lower rate of engagement in multi-agency safeguarding training, this is challenged as the aim is to offer a fully multi-agency experience to attendees and the opportunity to get to know each other's roles and build contact networks. Of course, this has to be balanced with the single agency training offer and the demands caused by Covid 19 pressures.

For example, Dorset Police is currently reviewing training requirements, but they have been offering an extensive programme of "Vulnerability" training to their workforce at single agency level throughout this year. Similarly, in some specific areas of health, colleagues have not been well represented on multi-agency training but are engaging with single agency provision.

We have also identified the need for a targeted approach to Sports and Activity clubs in 2021/22 and hope to use the Tanni Grey-Thompson Report on abuse of children in sport and the proposed legislation which will extend the "position of trust" statutory requirements to provide a lever in relation to this.

Feedback and Impact

	No of courses	Total spaces	Total bookings	Total attendance	Booking %	% Booking rate change compared to previous Q	Occupancy rate %	% Occupancy rate change compared to previous Q	Feedback received	Feedback %
Totals for Q4	46	989	965	855	98	0	89	-3	485	57
Totals for Q3	38	782	767	704	98	18.5	92	-3	417	60
Totals for Q2	11	220	175	166	79.5	N/A	95	N/A	107	64.5
Totals for Q1 Apr-Jul No training provided (Covid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attendees' evaluations of these courses demonstrate that on average 90 – 95% of people rated their training as good or excellent.

Qualitative data from evaluation feedback evidences that practitioners are using their learning when they return to the workplace. Course are quality assured through the Operational Training group and fed back to the Strategic Training Group, which reviews feedback, impact, performance of providers and course design and planning.

There is a high degree of synergy between the PDSCP Training offer and learning from the Pan-Dorset Learning Hub activity, Child Safeguarding Practice Reviews, case and thematic audits and service developments.

New provision

A new blended learning course has been piloted in this quarter on Safeguarding Children with SEND. This uses the NSPCC's online learning programme on this theme as part one of the course, with part two focussing on learning from local cases and multi-agency working. 90 practitioners from a wide range of agencies and roles have attended to date. Feedback has been very positive and there is a waiting list for the next course scheduled for September 2021.

Newly recommissioned provision is commencing on Child Sexual Abuse and we are sourcing a new Harmful Sexual Behaviour training offer. During 2021/21 60 NSPCC on-line training licences were offered to schools on this theme and take up and feedback evidenced demand

and need, particularly from education providers.

Provision on Sexual Orientation and Gender Identity is also being sourced and this has been a theme in a couple of local case reviews.

Evaluating training

It is good to report that the percentage of evaluations returned has improved in 2021 and these will continue to be monitored closely. Feedback from courses attended includes:

Plans for 2021/22

Subject to Covid-19 guidance, the intention is for training to be a 'blend' of virtual and face to face models as feedback around virtual training has been good/excellent overall. This will also allow partners the flexibility around their working arrangements as we all look to potentially return to the workplace (rather than solely working from home).

As the year progresses, the training offer will be integrated into the place-based Learning Hub activity.

“I feel far more confident in calling LADO for advice and see their role as much more of a supportive role.” (attendee, Managing Allegations course)

“Everybody is responsible for safeguarding not just people trained for it.” (attendee, level 2 Foundation Safeguarding Training, half day)



Part two—Statutory partner developments

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- * **BCP Council**
- * **Dorset Council**
- * **Dorset Police**
- * **NHS Dorset Clinical Commissioning Group (CCG)**



BCP Council, Children's Services

During the first national Covid lockdown child protection conferences were held virtually. By the second lockdown national and regional research indicated most parents wanted the opportunity to attend conferences in person. Work was undertaken to ensure parents/carers were given this opportunity. Facilities and processes were reviewed, and risk assessed for professionals and families, to support parental face to face attendance safely, alongside the child protection conference Chair and social worker. Multi-agency professionals attended virtually. The conference room set up ensured parents could see and participate in multi-agency discussion and decisions. The impact was that parents/carers were able to attend conferences where there was significant domestic abuse concern, if they wished and were enabled to contribute. Immediate risk to families was minimised. Multi-agency attendance improved leading to robust information sharing and holistic decision-making, improving outcomes for children and families

There was a strong multi-agency response to vulnerable children, young people, and their families during lockdown periods. Partners worked together on many cases ensuring children were seen and supported by a professional within their network. Examples include:

- *Joint agency visits to children and young people subject to CP or CiN plans IROs undertaking. statutory home visits to children in care when social workers were isolating
- *School link workers visiting vulnerable children who had not been seen.
- *Improvements to joint planning and shared visiting meant that children and young people were seen more regularly and frequency of risk monitoring improved, safeguarding the more vulnerable.

More recently the MASH team further strengthened multi -agency decision- making regarding thresholds ensuring these are timely, effective, robust, and consistent. Other developments that will mature during this year include:

- A robust daily duty system ensuring a timely appropriate response to all contacts and referrals.
 - Strengthening professional links in key areas i.e., domestic abuse, education, and mental health to ensure timely and appropriate information sharing i.e., an education worker, domestic abuse and mental health worker embedded in the MASH team.
 - 12 named champion leads support work within MASH from specific services i.e., housing, perinatal services, substance misuse services, adult mental health and PREVENT, providing consultation and acting as a link into MASH. This provides good quality contacts/referrals, ensuring parental consent is sought.
- Strengthening relationships with housing teams to provide timely response to 16 and 17-year-olds presenting as homeless.
Assessment Teams working alongside MASH virtually during lockdown ensuring the service was prepared for cases stepped up through MASH.

At a time when the workforce was under significant strain MASH developments meant that pressure points were managed, and specialist practitioners offered indirect or direct support where children were being impacted by common issue such as domestic abuse and parental mental health challenges. Core MASH team members had experts to support them in particularly complex cases. Overall, this led to improved timeliness of response and better outcomes for children and families related to complex challenges.

The Complex Safeguarding Service, formed in 2020, provides intensive support and interventions to young people suffering significant harm as result of exploitation. This youth engagement and relationship-based model enables workers to develop relationships creating safety for affected young people. The approach is delivered through flexible, responsive interventions, including regular, demonstrative communication reaching out to young people. Impact has included young people coming to workers at times of need, recognising social workers are helpful and safe people: for example, a social worker reaching out to a young person missing for five days slowly built-up trust via text, social media video calls and communication with friends resulting in the young person agreeing to meet the social worker and end the missing episode.

This was a new referral, so the young person hadn't met the social worker previously. The persistence and creativity used by the worker

to build trust has meant that there have been no further missing episodes from this young person.

The service also uses Critical/Reachable Moment Interventions model of working with young people using change theory to identify critical moments to motivate and enable positive change. Critical moments have included arrests, injuries requiring hospital treatment or placement breakdowns. An example of the positive impact of a critical moment intervention was with a young person following a potential placement breakdown.

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When the placement gave notice to terminate, the social worker delivering the intervention acted quickly by advocating for the young person for the placement to continue, facilitating negotiations between the young person and placement. This was the catalyst for the young person to start college, their first education accessed for 3 years and, with support, to reduce and abstain from cannabis.

Plans for 2021-2022 include:

Early Help triage process will be amalgamated into MASH creating one central contact point and consistency in decision-making at the front door for all contacts and referrals.

MASH audits to ensure recent improvements are sustained and further improve service delivery.

Consultation documents developed by the child protection Chairs will

ensure views of parents and children / young people are influential in informing future arrangements for conferences.





**Dorset
Council**

Dorset Council, Children's Services

Dorset Children's Services focused on building solid foundations, developing, and implementing robust strategic and partnership plans. The Strengthening Services Plan brings together the work of the partnership to improve and strengthen services for vulnerable children into one whole system plan that sits alongside the partnership's Children, Young People and Families Plan 2020-23, setting out how the partnership intends to improve long term outcomes for children and young people in Dorset. Together, the partnership is making substantial progress.

Work to strengthen services for vulnerable children and young people is led by the multi-agency Executive Level Strengthening Services Board comprising of partners from Children's Services, Health commissioners and providers, Police, Education, Probation, CAFCASS, Adults' Services, Place services, Dorset Parent and Carer Council. The partnership has worked at pace to progress the action with the Strengthening Services Plan and has made significant progress during 2020/21. The plan sets out the action that partnership is undertaking to strengthen services for children and young people who need help and protection, children in care and care leavers. The plan also includes actions to ensure strong and robust leadership that is ambitious for children and young people in Dorset. The partnership is already seeing impact of the plan through improvement evidenced in performance and quality of practice. The Strengthening Services Board continually monitors performance and quality assurance and 'deep dives' into particular themes to ensure there is a close line of sight by senior leaders across the partnership to practice.

Dorset has continued to build on the conversational model at the 'front door', adding an early help hub and implementing improved MASH arrangements – with contacts and referrals to children's social care in line with statistical neighbours and weekly multi-agency auditing indicating that most decisions are well informed with a timely response providing assurance that the local safeguarding system is getting the right support to children and families at the right time.

Dorset has implemented their new model for delivering Children's Services, Dorset Children Thrive, which brings together integrated multi-professional teams that can wrap around children, families and settings. Importantly, the workforce has stabilised with a permanent senior leadership team, a reduction in turnover and a very small number of vacancies as well as manageable caseloads for Dorset social workers with average caseloads ranging between 9 to 15.

Our model of working is underpinned by the Dorset Children Thrive Practice Framework –a bespoke framework that sets out our approach to working with children and families by placing children at the heart of what we do. It is based on a strengths-based approach with restorative practice to enable practitioners to prioritise relationships and utilise various tools to enable meaningful interventions that will deliver positive impact and change.

As a partnership Dorset has implemented a new Early Help Strategy and continues to deliver early help and link work with schools and educational settings.

The Quality Assurance programme is embedded in Dorset, with a comprehensive collaborative audit programme in place to understand and learn from practice. Frontline practitioners have access to a broad workforce development programme and research tools such as Research in Practice and Community Care Inform. Access to learning and development is given through Workforce Word Out, an ebulletin to front line practitioners and an online hub which draws together a wide range of information about the directorate.

Learning from Child Practice, Domestic Homicide and Rapid Reviews has resulted in workforce development and changes to our systems and practices such as the High-Risk Domestic Abuse Model and a Contextual Safeguarding approach, as well as to strategic change and investment through the development of the new Harbour Service - to help support children on the 'edge of care' or who may benefit from support to return home and investment in new residential and special school provision.

Dorset listens to the experiences of children, young people and families through foster carer forums, young people forums and formal and informal view seeking and respond to their feedback. Children, young people and families have said that most are satisfied with the services they receive, however for some families, communication with their worker and building relationships has been more difficult through Covid-19 and the Council continues to work on this, through the implementation of a new strengths based and restorative practice model.

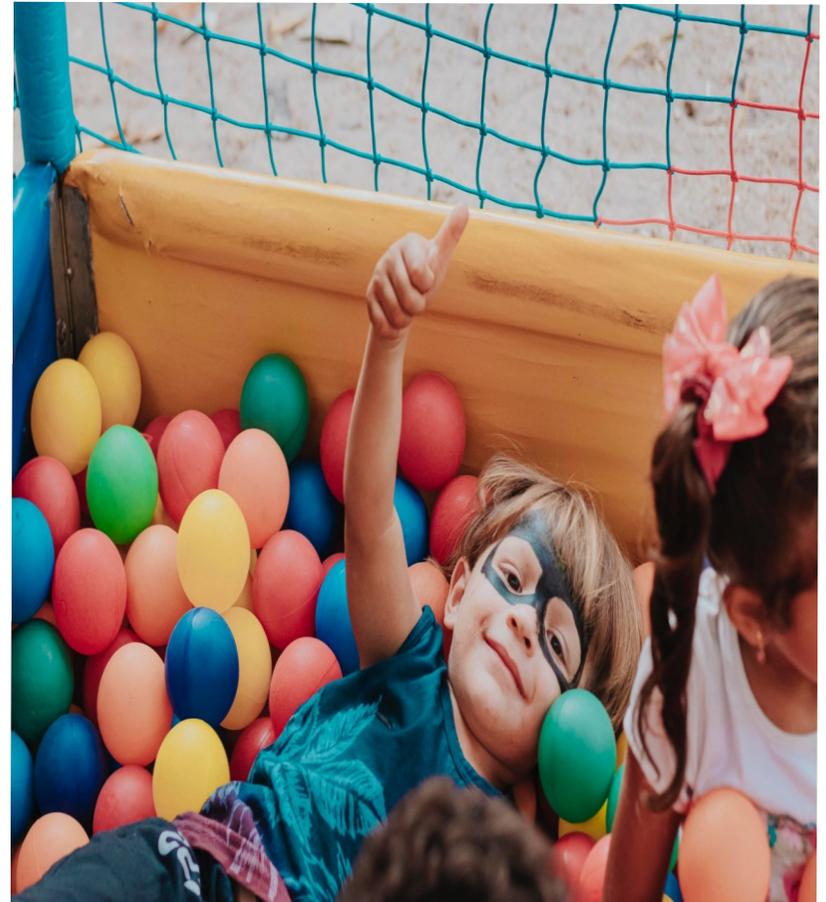
Senior leadership engagement with front line staff has remained throughout the year using creative approaches to remain in touch with the workforce. A regular Employee Forum and Staff Symposium events provide opportunity to listen to staff, provide feedback on their questions and update on the latest news. A comprehensive offer of wellbeing support is in place as well as good quality personal supervision and regular team meetings.

The partnership mobilised, responded quickly, demonstrated agility and most importantly lived a one-team, one-Dorset, approach to supporting vulnerable children and young people during the Covid-19 response. Frontline teams have been tireless in their support for children and families and worked hard to stay in touch with children and young people and families, creatively maintaining face to face visiting as much as possible and moving services and support online where that was best.

Education providers worked more closely together than ever before, focusing on supporting the most vulnerable and through use of the vulnerable children's tracker together Dorset monitored, risk assessed and supported local children and young people, including the delivery of free school meals through lockdown and in school holidays and providing organised summer activities.

The full extent of the impact of Covid-19 on local children, young people and families is not yet clear, but indicators suggest that it has intensified the challenges that many already faced.

There are widespread concerns about poor outcomes for babies, and the very youngest, lost learning, domestic abuse, poverty, and the impact of social distancing and lockdowns on mental health and wellbeing. As a partnership Dorset prioritises coming together to focus on recovery by paying close attention to inequality and having strong ambition for all children and young people to thrive.





Dorset

Clinical Commissioning Group

NHS Dorset Clinical Commissioning Group and health partners

Improvements to multi-agency working related to safeguarding children and young people

Health partners are engaged with multi-agency partners by:

Health representation & information sharing across the child exploitation strategies of both Local Authorities.

Health input across the respective domestic abuse strategies and direct involvement in MARAC and HRDA activity strengthened.

Health contribution to the Multi-Agency Safeguarding Hub continues to develop alongside partners and strengthen, this has included, for example, RAG rating systems to prioritise the work, reinstating and reinvigorating MASH operational and strategic meetings & multi agency audit.

Developments to improve safeguarding practice in single and multi-agency working around safeguarding children

Initiatives include:

*Quality and response rates of conference reports from primary care have improved.

*Regional and local workstreams to improve and quality assure safeguarding supervision to frontline staff.

*Health partners have responded to changes in each Local Authorities front door arrangements.

*The Safeguarding in Health team has commenced the transformation to an Integrated Care System.



**Dorset
Clinical Commissioning Group**

*HRDA/ MARAC & MASH processes streamlined to improve information sharing and response times.

*Work on a multi-agency safeguarding dashboard with Dorset Information & Intelligence Service is in development to profile safeguarding

*Quality assurance visits and monitoring activity will recommence as Guidance allows.

*Learning from Child Safeguarding Practice Reviews and other reviews / audits has been disseminated across health including training. Work continues to better understand impact & outcomes.

*Work to strengthen transition from child to adult services and a 'think family' approach across adult health.

Work to hear and respond to the voice of children, young people and families

Initiatives include:

*Representation on Dorset Participation Group which hears the voices of young people in Care.

*Dorset New Belongings meetings directly feed into the CYP mental health implementation plan, e.g., supporting care leavers.

*DHC safeguarding service link with carers and patients by experience group

Learning from case reviews and audits and how this has improved safeguarding practice and services

Themes and action plans from case reviews and audits have been progressed:

Health practitioners/managers participate at all levels of CSPR process; further work needs to be undertaken to evidence impact / outcomes of this work.

*Innovative learning methods are in development such as podcasts, videos, virtual learning events, 7-minute briefings

Virtual safeguarding mandatory training has been implemented at pace, to ensure all staff have access to appropriate training.

DHC has raised awareness at Mass Vaccination sites of domestic abuse, exploitation and modern slavery

Impact of the safeguarding development work on children, families and workforce

There has been limited opportunity to undertake face-to face work however:

*Health partners worked with Police and Social Care to develop resources to support children throughout lockdown, including advice on how to access support, via social media and the dangers of on-line grooming.

*Work around identification and management of domestic abuse affecting those with a learning disability funded by Burdett Nursing Trust award to DHC.

*Health Partners are engaged in NHSE work on 'Persons in Position of Trust'

Impacts of covid on safeguarding children/families and responses to this – single/multi-agency

Covid has had a significant impact on health services, willingness to work together better to respond to 'safeguarding in the pandemic' has been considerable.

*Virtual working arrangements, where possible, have been implemented at pace,

*Virtual mandatory training solutions have been found.

*Safeguarding leads were vigilant for covid related themes / trends to inform safeguarding work, e.g., the universal offer to under ones was scrutinised highlighting a small number did not receive face-to-face visits during lockdown enabling actions to rectify this.

*Business continuity plans were developed at pace where staff were redeployed.

*Increased demand on CAMHS, Emotional Health and Well-being Services and Primary Care as some children and young people struggled with the challenges of Covid19 restrictions

*There is a 5 year, CAMHS Plan in place to strengthen the support offered to children and young people.

*Increase in domestic abuse incidents at a lower level indicating increased family tensions

*Overall reduction in children coming into care at beginning of lockdown.



Dorset Police

Dorset Police has adapted its daily processes within the MASH environment in response to changes by both local authorities who now operate individual front door arrangements.

Over the last year they have sought to strengthen child protection considerations; “whole family” thinking and capturing the voice and lived experience of the child in policing interactions with all Dorset Police officers and staff, not just child protection and safeguarding specialist units. This has been achieved through force-wide “Vulnerability Two” and Public Protection Notice (PPN) training and stronger partner engagement in domestic abuse via MARAC and new HRDA arrangements in the Dorset Council area. The latter, particularly receiving enhanced contributions to its design, implementation and participation from CSC as well as and Health, CCG and ASC professionals.

Specific examples of improvements/developments to multi-agency working and safeguarding practice; and the impact of the safeguarding development work on children, families and workforce include:

Improved joint agency working regarding the safeguarding of children who reside with indecent imagery offenders, leading to new standards in information sharing and practitioner involvement in the family.

The development of new safeguarding structures and processes relating to Child Exploitation: a specific focus on joint decision-making between police and social care in both local authority areas has brought greater depth of information sharing.

This has led to the improved safeguarding of numerous children and the disruption/capture of significant criminals operating within the County.

3 New procedures for ensuring joint liaison and safeguarding of children as part of serious and organised crime investigations and disruptions.

3 As above, improved training programmes in relation to key topics regarding child safeguarding including referrals to local authorities, voice of the child, contextual risk and safeguarding for the short and long term.

Operation Encompass Phase 1 went live across Dorset in April. Over 170 schools pan- Dorset are receiving PPNs with the remaining 100+ schools in various stages toward satisfying DPIA requirements.

Practitioner engagement and feedback was integral to informing the development of new processes within the MASH to improve the understanding and application of shared risk assessments. Such work as the BRAG rating and triaging PPNs jointly has led to more effective triage systems and the identification and shared reaction to complex risk. This has been achieved through close co-operation between practitioners and the adoption across agencies of learning and practice in a cohesive way.

Learning from case reviews and audits has improved safeguarding practice and services in several ways:

Via shared SCR and CDOP learning, improvements have been made in processes to identify and meaningfully refer young people to mental health services, as well as raising visibility and standards in neglect issues. Referrals have also been made regarding delicate issue of managing abortion services remotely, influencing discussions and reviews on a national scale.

The Force Review Officer continues their key role contributing to all types of review, cascading learning and recommendations and informing practice improvement. Regular internal audit and case review activity informs service improvement in a range of areas including in cases of missing persons (including children) and exploitation.

The impact of the Partnership and its joint working on safeguarding children/families and response to Covid is well illustrated through the example of the Covid Communications Group:

The impact of the Partnership and its joint working on safeguarding children and families and our response to Covid is well illustrated through the example of the Covid Communications Group:

A weekly, Police-led working group, established to promote direct, on-line safeguarding advice and signpost help and support if they were suffering abuse or neglect whilst their access to trusted adults and professionals was reduced: In addition to radio, a variety of channels were exploited with impressive reach figures via Facebook, Instagram and Snapchat:

The initial #tellsomeone campaign achieved 155,773 Instagram impressions (cost £250); and 130,034 Snapchat impressions on Snapchat (cost £167). The decision to use the NHS logo only was in line with the high profile and trusted status of the public at this challenging time.

Learning and achievement the Police's successful joint communications approach during Covid 19 will carry forward into work post-pandemic.



Part three - Performance review and looking ahead to 2012/2022 partnership priorities

- * **Conclusions and Independent Scrutiny**
- * **Future Developments**

Conclusions and Independent Scrutiny

The Pan-Dorset Safeguarding Children Partnership has needed to overcome three simultaneous challenges:

The new national reforms, which began in August 2019 and which many local safeguarding systems up and down the country have found difficult to develop;

Local Government Review (LGR) which created 2 new councils from 3 predecessor councils, starting in April 2019. This has been the single biggest local government reorganisation in a generation; The Covid-19 pandemic which was a pre-occupation for the whole of the period covered by this report.

At the start of the new arrangements, incoming senior leaders took stock of the situation as they saw it at the time. Strongly supported by health and the police, both local authorities embarked upon major improvement journeys in their front-line practice, for good reasons. This inevitably meant they needed to concentrate on making sure their own basic service delivery was sound and to use that as the basis for partnership working. This meant that progressively, attention and capacity was divided between pan-Dorset and place-based development

This tension between pan-Dorset partnership working and place-based partnership working took most of the year to resolve but in the end, it has been resolved, with a strategic decision to retain the pan-Dorset partnership's strategic overview and to develop two place-based hubs which oversee all operational safeguarding activity. My view is that this will give the Partnership the best of both worlds. Many issues go across the two councils such as the Youth Justice Service and Aspire (the regional adoption agency). The two other statutory partners apart from the councils, Dorset CCG and Dorset Constabulary, work across Dorset so they have consistently preferred the pan-Dorset footprint, partly and understandably so that they do not have to resource two sets of arrangements. The partners spent some months discussing this, searching for a conclusive evidence-base. However, in the end, both the CCG and the Police agreed with the local authority preference for operational hubs. This should mean that the multi-agency governance of child protection services is rooted in local communities. In truth, place-based safeguarding means more than just an East (BCP) and West (Dorset) footprint. There are many places within a large county like Dorset, each place with its own characteristics.

Most importantly, all statutory reviews were undertaken to a high standard. Learning from reviews was applied through well-established dissemination channels. The statutory leaders showed total commitment to the Partnership, always looking for collaborative advantage. They continue to look for place-based and pan-Dorset opportunities in equal measure and are working together on important potential initiatives such as the development of family hubs which is this Government's flagship family policy.

Attention needs to be paid over the next twelve months to clarifying auditing and quality assurance programmes in the operational hubs.

The Partnership has decided to base these functions on two local multi-agency systems and processes which are then aggregated issue by issue at the pan-Dorset level. I would expect to see this situation clarified quickly as there are many cohorts of children and young people living in situations of great risk who need constant multi-agency overview. These include fragile babies, adolescents who are vulnerable, the great risk of serious violence from knife crime and children and young people at risk of suicide and self-harm.

When the new permanent Chair of the Partnership starts their term, they will need to set out a scrutiny programme for the year or part-year concerned. An increasing number of partnerships are determining in advance a small number of scrutiny reviews or exercises into how well the Partnership is working. This can also

include surveys of agencies in the wider safeguarding networks, meetings held by the chair/scrutineer with front-line safeguarding staff and their managers to check that life on the ground matches that talked about at senior levels and a short scrutiny review carried out at the end of the year by the Chair/Scrutineer themselves

To conclude, I am pleased that the Partnership now has in place a sustainable set of arrangements which can be used as the basis for strong safeguarding work in the next few years. Further change is inevitable with the statutory changes being brought in to strengthen the Integrated Care System (ICS) in Dorset, with Clinical Commissioning Group functions transferring into the ICS and a new Chief Constable in post for much of the next reporting period. I am confident these changes will not undermine the recent hard fought-for stability.

Anthony Douglas, CBE

Interim Independent Chair and Scrutineer 2020-2021

Future Developments

While effective multi-agency responses to Covid-19 have dominated the Partnership's work in 2020 through to summer 2021, the focus for the coming year will be on developing and embedding the place-based delivery arm arrangements and ensuring that these are intrinsically linked to local priorities and needs.

This will also provide greater opportunities for each delivery arm to engage inclusively with key local agencies and networks.

As we learn to live with covid 19, there will undoubtedly continue to be a need to work in an adaptive and flexible way across agencies to respond quickly to changing needs and priorities.

Contact Details for the Pan-Dorset Safeguarding Children Partnership

Since covid 19 and in line with government guidance, the Partnership's business teams have been working largely from home but are easily contactable via Teams, e mail or mobile contact numbers.

Visit our website for all the latest local/ national safeguarding news and resources: www.pdcp.co.uk

BCP area business team:

Business Manager: Sue Jones

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Dorset area business team:

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Part four - Appendices

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Appendix A - Resourcing and Operational Support

Appendix B - Glossary

Appendix C - Partnership Structure

APPENDIX A – RESOURCING & OPERATIONAL SUPPORT

Working arrangements

The PDSCP Executive team initially planned to bring the two pre-existing Business Support teams together in 2020 and merge the two Partnership budgets into one. However, with the development of the two place-based delivery arms, this plan has been paused and there will continue to be two Business Support teams with an increasing focus on supporting the place-based operations, as well as joint working on areas such as the multi-agency policy and procedures, the PDSCP website, the joint newsletter and PDSCP communications.

The business teams currently supporting the Partnership consist of:

Business Manager x 2 – one east based on the BCP area footprint and one west based on the Dorset Council area footprint

Administrators x 2 – one full time and one part time

Business Support Officer x 1

CDOP Co-ordinator x 1 part time post (liaising with their Somerset-based counterpart)

*Performance Data is collated through an internal contract at present.

The Pan-Dorset Training Team oversees the provision of an extensive programme of training with a small team of administrators. The

running costs of this unit are funded by the income from the training provided to the wider partnership, with schools/early years providers being particularly numerous participants.

The Partnership's business teams have been mainly working from home in line with government guidance. Using the MS Teams platform has enabled us to work effectively with all partners and relevant agencies, has cut down on travel time across our very large footprint and improved attendance and engagement with the various meetings and workstreams.

Funding

The Partnership is funded by contributions from the four statutory partners.

Points to note:

*At their last budget review, the PDSCP statutory partners made a commitment to develop a funding formula to equalise contributions next year, once the adjustments to the Partnership structure have embedded.

*Dorset Police has recognised the need to increase their contribution medium to longer term and will plan for this.

2020/21 Statutory Partner Contributions	Contribution	% of total budget
BCP Council	£83,424	32%
Dorset Council	£68,932	26%
Dorset CCG	£86,050	33%
Dorset Police	£21,906	8%
Total Annual Statutory Partner Contributions to PDSCP	£260,312	

Principal areas of spending

The three biggest areas of Partnership spending for this year were:

- Business team staffing - £163,960
- Independent chair /scrutineer - £16,700
- Contingency for independent reviewer costs for Child Safeguarding Practice Reviews - £43,342, with the actual spend £12,687.

Fixed, shared costs associated with the website, policy and procedures and the data analysis contract account for a further £15,000.

Workstreams

The day-to-day work of the Partnership is carried forward by a range of sub-groups, workstreams and where appropriate, task and finish groups, which report in to the Executive Leadership team. These include:

- Child Safeguarding Practice Reviews
- Quality Assurance
- Training, Learning and development
- Child Criminal Exploitation
- Safeguarding in Education/Early Years

This provides the opportunity to engage with the wider safeguarding network to identify and respond to system challenges.

APPENDIX B – GLOSSARY (to be completed)

APPENDIX C – PAN-DORSET SAFEGUARDING CHILDREN PARTNERSHIP – STRUCTURE

PDSCP New Structure (June 2021)

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