



BUSINESS PLAN 2014/16

Updated September 2016

Introduction:

The Business Plan format and process has been reviewed following the development of the 2014/15 ERSCB Annual Report. It evidences a more focussed approach to the key areas of concern for the East Riding of Yorkshire and takes on board recommendations from a recent Peer Review.

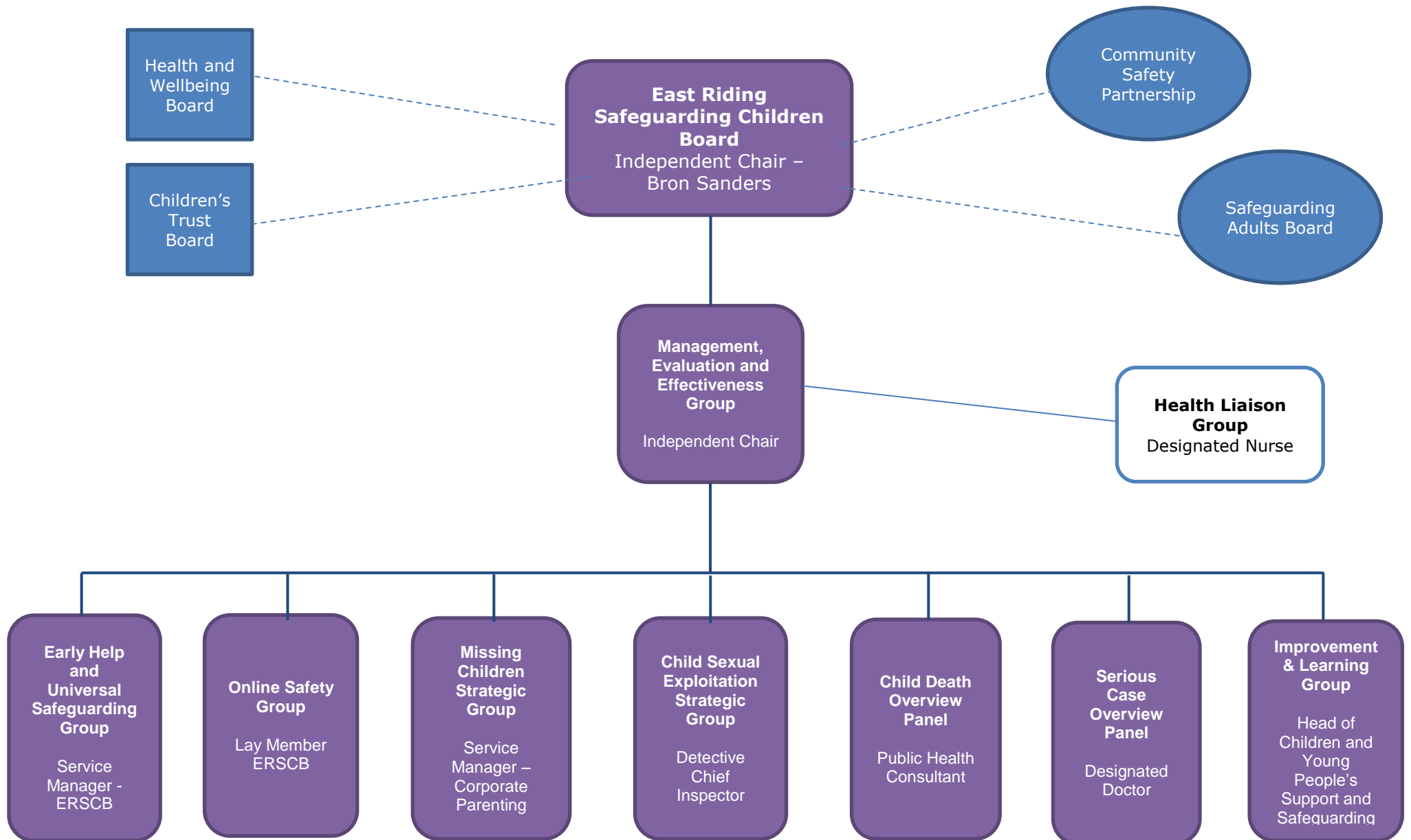
This new format is set out into four sections as follows:

- Section 1 - Key Practice Areas
 - Practice Area 1 – Child Sexual Abuse
 - Practice Area 2 – Domestic Violence
 - Practice Area 3 – Neglect
 - Practice Area 4 – Self Harm
- Section 2 - Improving the voice and influence of children, young people and service users
- Section 3 - Governance arrangements
- Section 4 - Continuous learning and improvement.

Each section contains an Action Plan, with key actions assigned to a sub group or to the main Board. Sub groups will integrate these priority actions into their own work plan, a SMART plan describing how the outcomes will be achieved. Plans will be agreed by the MEE group and the sub group chair will then report on progress to each MEE group meetings. Sub groups are encouraged to bring to the MEE group issues which they feel the Board should prioritise. The MEE group will have responsibility for ensuring the agreed priorities are progressed and will provide a composite update report to the Board on progress on the Business Priorities at each Board meeting. The plan will continue to be reviewed as part of the Annual Report cycle and remains an 18 month work plan.

It is anticipated that this Business Plan is a live document, containing progress updates and additional priorities added as and when these are agreed by the Board.

ERSCB Governance Structure



SECTION 1: PRACTICE AREAS

Priority Practice Area 1: Child Sexual Exploitation

National Data Picture:

High profile cases in different parts of the Country, government guidance, research studies and national developments have highlighted the need for an effective multi-agency response to the threat to children from CSE. East Riding has been developing its response to CSE since 2009, when the first government guidance was published as an addendum to Working Together. This has seen a more recent acceleration, in line with other areas of the Country, following the publication of the Jay Report into CSE in Rotherham in August 2014 and has been influenced by subsequent publications such as Ann Coffee's Report in CSE in Greater Manchester in October 2014 and the Ofsted Thematic CSE Inspection Report in November 2014.

East Riding Data Picture:

Figures for those young people at risk or subject to CSE, and are therefore overseen by the MACE process, in the East Riding (at July 2016):

- 18 young people – all female, of whom:
 - 5 young people are on a child protection plan
 - 3 young people are currently being looked after
 - 2 young people reside in the North Area
 - 3 young people reside in the West Area
 - 13 young people reside in the East Area

What is currently in place in the East Riding:

Strategic and operational multi-agency, sub-regional and cross boundary links are now established and the East Riding Director of Children's Services and the ERSCB Chair are now involved in regular meetings with the Chief Constable and colleagues across Humberside. In addition, a cross boundary operational group has been established which extends beyond Humberside to include South Yorkshire, Nottinghamshire and Lincolnshire. As a partnership, we are working hard together to protect children. Child sexual exploitation is complex and brings many challenges that cannot be dealt with quickly by a single agency, which is why, in the East Riding, we have a partnership approach. This is supported by the following structures:




- CSE multi-agency strategic group that meet quarterly
- CSE multi-agency operational group which meets monthly
- CSE (MACE) that encompasses alleged suspects of CSE and multi-agency pre-MACE that also encompasses alleged suspects.


The ERSCB maintains oversight of the developing response to CSE, through these structures and through the appointment of a CSE Coordinator (November 2015) who reports to the CSE strategic group. Regular reports are provided to the Local Safeguarding Children Board.

What needs to happen next:

The ERSCB will continue to fully support the implementation of the CSE Strategy and Action Plan, and the Action Plan arising from the Local Authority's Overview and Scrutiny Review of Safeguarding.

Action Plan - Priority Practice Area: Child Sexual Exploitation

Action	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
<p>To continue to ensure the development of a strategic partnership approach to tackling CSE in the East Riding</p>	<p>By ensuring the CSE Strategic Action Plan priorities are implemented and kept under review</p>	<p>CSE Strategic Group</p>	<p>Ongoing</p>	<p>These actions will assist ERSCB in being assured that young people at risk of CSE, missing or trafficked are being identified early and protected from harm.</p>	<p>CSE Strategic Action Plan reviewed in May 2016</p>  <p>ERSCB CSE Multi Agency Strategy 2016</p> <p>CSE Storyboard created.</p>  <p>3. Child sexual exploitation story board</p>
	<p>By ensuring effective links are in place with regards to information and data sharing across all ERSCB sub-groups, in particular Missing Operational and Strategic Groups, Online Safety Group and CSE Strategic and Operational Groups.</p>	<p>Sub Group Chairs</p>	<p>Ongoing</p>		<p>CSE Co-ordinator attends Missing Strategic and Operational Groups to share information related to missing children who are overseen by MACE. Missing children data shared with CSE Co-ordinator for distribution to CSE/MACE where relevant.</p>  <p>Missing Absent Summary Jan - Jun 16</p>

To continue to raise awareness in the wider community about how children can be effectively safeguarded from CSE	By being an active partner in ongoing CSE Campaigns, including the Not in Our Community local campaign	CSE Strategic Group	Ongoing	Children and young people are aware of the many forms of CSE and are aware of how to access support	Regular updates to the CSE Strategic Group are submitted by Not In Our Community.  Not in our community 15-16 Annual Impact
	By continuing to promote the ERSCB CSE training for professionals and volunteers working with children and young people	ERSCB Training Officers	Ongoing	Professionals and volunteers are aware of the risks and indicators of CSE and know how to report concerns	Introduction to Safeguarding and CSE Briefings delivered to: <ul style="list-style-type: none"> • 750+ taxi drivers • LA drivers and passenger assistants • 20+ Owners/Managers of private bus companies • LA Licensing Officers
	By ensuring CSE awareness is promoted to schools/education.	ERSCB Child Protection Officer	Ongoing		Prevention & Education Team offer a range of support to schools regarding risky behaviours, including CSE.

Priority Practice Area 2: Domestic Violence/Abuse

National Data Picture:

[Woodhouse & Dempsey \(2016\)](#), in their House of Commons briefing paper, helpfully bring together much of the available national data (England and Wales) gathered in relation to domestic abuse; outline the legal remedies available; summarise current policy and issues; and, cite some sources of advice for victims.

2014-15 Data

Source	Measure	Total
CSEW	Estimated number of domestic abuse victims 2014/15	1.3 million (female) 600,000 (male)
	Estimated number of people aged 16-59 who had experienced any domestic abuse since the age of 16	4,5 million (female) 2.2 million (male)
PDVI	Police recorded incidents of domestic abuse England and Wales	943,628
CPSA	Cases referred to CPS (% of these resulting in charges)	122,898 (68.9%)
	Prosecutions	92,799
	Convictions	68,601

East Riding Data Picture:

Humberside Police Force's figures related to domestic abuse over the last 3 years (2014-15 is incomplete, running only until February) for East Riding and the whole force area.

Number of police recorded Domestic Abuse incidents	East Riding of Yorkshire	Humberside Police Force Area
2013/14	3213	15928
2014/15	2906	15749
2015/16 (YTD to February)	3025	15372
Number of Domestic Abuse offences (not all incidents are categorised as offences)	East Riding of Yorkshire	Humberside Police Force Area
2013/14	921	4182
2014/15	945	4662
2015/16 (YTD to February)	905	5077
Number of Domestic Abuse Arrests	East Riding of Yorkshire	Humberside Police Force Area
2013/14	652	2,422
2014/15	500	1996
2015/16 (YTD to February)	341	1516

% of repeat Domestic abuse incidents where the victim had been a victim in the previous 12 months	East Riding of Yorkshire	Humber-side Police Force Area
2013/14	22.7	18.8
2014/15	22.2	18.4
2015/16 (YTD to February)	15.3	17.1
Number of Domestic Abuse Incidents identified as High Risk/MARAC referrals	East Riding of Yorkshire	Humber-side Police Force Area
2013/14	372	1544
2014/15	464	1725
2015/16 (YTD to February)	484	1454

What is currently in place in the East Riding:

DVAP (Domestic Violence and Abuse Partnership)

Primarily funded from local authority, the existence of this service is evidence of the commitment of statutory services to tackling domestic abuse (as cited in the CAADA report earlier). The service is well known, and used, particularly by statutory sector staff.

EHaSH

The Early Help and Safeguarding Hub (established July 2014) already brings together the local authority, police and some health representation in providing a single point of contact and first response for professionals and the public who have concerns about children and young people, Further work on multi-agency involvement in the EHaSH is taking place, which will have the effect of improving and streamlining the team's role in determining the most appropriate response. Monthly review meeting across all CYPSSS offers an opportunity for managers to have oversight of cases, review decisions, intervene if necessary and embed learning and improvement across the services.

MARAC

Currently, in East Riding, around 40 cases are heard at the monthly MARAC meeting, with representation across key statutory and other agencies. Recent powers in relation to tackling stalking and harassment cases have led to these issues being considered more seriously, with proactive action taken. Past behaviour, and understanding of what they may lead to, is more evident, with the MARAC being used creatively.

Humber-side police


In East Riding, all incidents assessed at standard to medium risk are offered a referral or access to DVAP, on a consent basis. In high risk cases, consent can be over ridden, and a referral made to the service. A police officer is based within the EHaSH service, which helps to ensure a consistent response to safeguarding concerns, including in respect to domestic abuse. The MARAC, whilst not being a statutory process, is invaluable in co-ordinating multi-agency information sharing, risk identification and management.

What needs to happen next:

Following the development of the Domestic Abuse Strategy – Children’s Services, the Board will continue to work to establish a dedicated workstream to ensure the implementation plan associated with the Strategy is taken forward. The key objectives within the Domestic Abuse Strategy – Children’s Services are as follows:

- **Strategic Objective 1:** *To secure collective commitment to addressing domestic abuse across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.*
- **Strategic objective 2:** *To further develop awareness and recognition, and improve assessment and response to children and young people living in domestic abuse situations before statutory intervention is required, including a good understanding of thresholds, the appropriate use of approved, evidence-based assessment tools and outcome focused interventions. This includes where young people may be displaying abusive behaviours to ward parents/carers; and, where young people are experiencing abuse in their own relationships.*
- **Strategic objective 3:** *To increase awareness of domestic abuse within East Riding communities, and the agencies that serve these, and knowledge of where to go for help. This includes the impact of domestic abuse on victims and children.*
- **Strategic objective 4:** *To ensure the quality and effectiveness of services in improving outcomes for children, young people and their families.*
- **Strategic objective 5:** *To ensure that the perspectives of children, young people and families inform and shape service provision.*

Action Plan - Priority Practice Area 2: Domestic Violence/Abuse

Action	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
To continue to ensure the development of a strategic partnership approach to Domestic Violence/Abuse	By appointing a temporary Project and Practice Development Officer (PPDO) post with a specific remit to develop and co-ordinate the implementation of a Domestic Violence/Abuse Strategy.	ERSCB Service Manager	Feb 16	These actions will assist the ERSCB in being assured that an effective Domestic Violence/Abuse strategy is in place, is signed up to by all relevant partners, and which safeguards children and young people	Project Officer appointed, 2 days per week on a 6 month contract.
	By setting up a multi-agency Task and Finish Group with a remit to develop an updated Domestic Violence/Abuse Strategy	ERSCB Service Manager	September 2016		Progress Report to June 2016 Board.  ERSCB Domestic Abuse Strategy - Chil
	By co-ordinating regular meetings between ERSCB, ER Safeguarding Adults Board and the Community Safety Partnership Board to ensure a co-ordinated approach to Domestic Violence/Abuse across the East Riding.	PPDO Domestic Violence/Abuse	October 2016		Meetings with ERSCB, ERSAB, CSP held: Jan 2016 Feb 2016 PPDO meetings with DVAP Service Mgr and staff
	By ensuring effective links are in place with regards to information and data sharing across all ERSCB sub-groups, in particular the Learning & Improvement Sub Group to ensure lessons learned from SCR and audits are effectively disseminated and appropriate training/practice changes implemented	Sub Group Chairs	Ongoing	That multi-agency and partner service's awareness of and approaches to domestic violence/abuse are constantly reviewed and practice evolves in response to need	Domestic Abuse Strategy – Children and Families – shared and agreed by the MEE Group (attended by all sub group chairs) Aug 2016. DA audit summary and lessons learned shared at MEE Group.

Listed on the following pages is the Domestic Abuse Strategy – Children’s Services, Implementation Plan 2016

Domestic Abuse Strategy – Children’s Services - Strategic objective 1

To secure collective commitment to addressing domestic abuse across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.

Action	Tasks and Notes	Resources	When	Lead
1.1 Identify a Board level champion for domestic abuse	Discussion with PB re: representation at Board level		Summer 2016	DR
1.2 ERSCB Chair, CSP Chair, relevant senior officers are engaged and leading on driving improvement	Report to ERSCB and agreement on strategic way forward		Completed and ongoing	DR & DC
1.3 Senior leadership and commitment at director level across relevant services, e.g. CFSS, housing, community safety, policing, education and health.	CMT/CYPSS extended SMT? briefing		Summer 2016	DR
	OfSTED joint inspection will bring together key agencies – use inspection readiness group as forum to engage senior leaders in the ongoing work		Summer 2016	DR
1.4 The ERYC DA strategy and the ERSCB DA (children, yp and families) strategic and action plan are further developed and aligned in a clear operational plan	This is taking place, but is at an early stage		Autumn 2016	MH & DC
1.5 Semi focused interviews with relevant practitioners help to inform the strategy and feedback is sought on draft objectives – completed and embedded in document	May need to be revisited to consult on aspects of development	Staff time to co-ordinate	TBA	TBA

1.6 Consider the development of locality based, or a “travelling” domestic abuse forum. This should be an opportunity for further consultation, learning and for networking			TBA	TBA
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Domestic Abuse Strategy – Children’s Services - Strategic objective 2

To further develop recognition, knowledge and assessment of the impact of domestic abuse, and interventions for children, young people and families at all levels of need (early help to statutory), living with, or recovering from, domestic abuse. This includes where young people may be displaying abusive behaviours to ward parents/carers; and, where young people are experiencing abuse in their own relationships.

NB: This involves the appropriate use of approved, evidence-based assessment tools and interventions; and, fully utilising specialist knowledge and skills within current services.

Action	Tasks and notes	Resources	When	Lead
2.1 Undertake a tracking of cases referred to E-HaSH – completed and embedded in document	The findings from this could be reviewed with a further tracking exercise, or audit, to test improvement in assessment			
2.2 Observe threshold review meeting – completed and embedded in document	As above			
2.3 Analysis of EHaSH and CAMHS cases held in common (further information at para 6.3)	Regular meetings taking place between EHaSH and CAMHS – key findings to be reported		Autumn 2016	JC & CAMHS
2.4 Audit of training and delegates: training with content re: domestic abuse - multi-agency, single agency, joint; and, representation across sectors/agencies in ERSCB trng – completed and embedded in document	Further review attendance at training – multi and single-agency in usual LSCB training evaluation timeframe		Ongoing, in LSCB workplan	
2.5 ER promotes a range of evidence-based, multi-agency assessment and intervention resources and tools for domestic abuse	Work with DVAP and other stakeholders to identify preferred tools – free access, online	staff time to co-ordinate	Autumn/winter 2016	MH & team + DC
	Agree and adapt tools for ER	Staff time to co-ordinate	Winter 2016	TBA
2.6 Multi-agency and targeted skills based training	Embed use of tools in training, deliver targeted briefings to key staff/agencies	LSCB + DVAP trainer time (TBA)	Winter/Spring 2016	TBA

2.7 Specialist services develop a recognised consultative and learning role	Discuss with DVAP re: capacity and development required to fulfil formal consultative role			MH
2.8 ERSCB considers the adoption of an early alert and response process, e.g. Operation Encompass (see later) or similar, involving schools and other settings in communities;	Meeting September 2016 EHASH, Health, Police and LSCB (Jonathan Connell and DR)	TBA	TBA	DR & JC
2.9 Skills development in services working with children and families at different levels including use of intervention tools.		Training – targeted for key adults	Spring 2016 onward	TBA

Domestic Abuse Strategy – Children’s Services - Strategic objective 3

To increase awareness of domestic abuse within East Riding communities, and the agencies that serve these, and knowledge of where to go for help. This includes the impact of domestic abuse on victims and children.

Action	Tasks	Resources	When	Lead
3.1 Develop a suite of learning and development products, in a variety of media, which are tailored to the sectors and agencies being targeted; and, ensure that learning and development opportunities are available and that these deliver consistent messages, at an appropriate level, for staff and volunteers	Identify key staff and agencies requiring training, e.g. CSC (evidence of mixed quality in assessment of DA)	Staff time to co-ordinate	Winter 2016 onward	TBA
	Identify key messages to be delivered at appropriate level in all training and produce some materials to be embedded in single and multi-agency training	Staff time to co-ordinate	Winter 2016 onward	TBA
	Review LSCB DA training and develop suite of learning at differing levels	LSCB trainers	Winter 2016/Spring 2017 onward	LSCB trainers
3.2 Work with key agencies (Police, DVAP etc.) to deliver an awareness campaign targeted at communities and the public	The Safeguarding week in October 2016 will deliver a one day focus on domestic abuse, and information in defined communities	Staff time	Oct 2016	EG, MH & partners
	Consideration on how to build on the safeguarding week to deliver a wider community awareness project	Staff time	TBA	TBA

<p>Domestic Abuse Strategy – Children’s Services - Strategic Objective 4 To ensure the quality and effectiveness of services in improving outcomes for children, young people and their families where domestic abuse is a feature.</p>				
Action	Tasks	Resources	When	Lead
4.1 Relevant ERSCB sub-groups: targeted, early help, MEE and L&I, are informed and develop appropriate measures to ensure outcomes are improved.	TBA	TBA	TBA	TBA
4.2 Link to the OfSTED targeted joint inspection	Establish a task and finish group to oversee inspection readiness, then ongoing co-ordination of domestic abuse services to children		Summer/Autumn 2016	DR & CMT/SMT
<p>Domestic Abuse Strategy – Children’s Services - Strategic objective 5 To ensure that the perspectives of children, young people and families inform and shape service provision. TO DEVELOP but linked to ERYC Children and Young People’s Plan.</p>				
Action	Tasks	Resources	When	Lead
5.1 Embed feedback from children, young people and parents/families in the review and development of domestic abuse services	To be agreed	TBA	TBA	ERSCB MEE sub-group

Priority Practice Area 3: Neglect

National Data Picture:

For some children the consequences of neglect are life changing or fatal, sadly evidenced by the extent to which neglect is cited in research into serious case reviews. In her research into neglect in serious case reviews, [Brandon et al \(2013\)](#) found that neglect was evident in 60% of the 139 serious case review conducted between 2009-11 (with it being more common in those aged 11-15); neglect usually featured alongside other issues, and was less commonly the cause of death or serious injury; and, the toxic co-morbidity of parental adversity, e.g. mental ill-health, parental substance misuse and domestic abuse, continues to feature in the lives of most of the families. The need to take decisive and timely action to protect children is supported by a wide range of research, yet serious case reviews continue to provide us with evidence that for professionals working with children, young people and families this is one of the most challenging areas of their work.

Nationally, in the year 2014-15, categories of children in need are set out in the table below:

Characteristics of children in need 2014-15 (2015) DfE

Total children	Neglect	Physical	Sexual	Emotional	Multiple
49690 (100%)	22230 (45%)	4350 (9%)	2340 (5%)	16660 (33%)	4110 (8%)

East Riding Data Picture:

Neglect continues to be the largest single category of concern when children are assessed as requiring a child protection plan, both nationally and locally. In East Riding, with the exception of 2010, neglect has risen as the primary concern when making a child subject to a child protection plan since 2009, as evidenced in the table below.

Categories of abuse and neglect of children subject to a child protection plan in East Riding

	2009	2010	2011	2012	2013
Neglect	34% (36)	13.5% (15)	66% (10 2)	54% (10 7)	52% (123)
Emotional	31% (34)	61% (70)	12% (19)	21% (43)	27% (63)
Physical	26% (28)	14% (16)	10% (16)	16% (32)	14.5% (34)
Sexual	9% (10)	11.5% (13)	11% (17)	9% (17)	6.5% (15)
Total	100% 108	100% 114	100% 154	100% 199	100% 235

At 31st March 2015, 175 children in East Riding were made subject to a child protection plan (an increase from 140 at 31st March 2014). The primary concern for these is set out in the table below. As can be seen, there has been a significant rise in those made subject to a child protection plan under the category of neglect. The ERSCB identifies the reduction in cases categorised as emotional abuse as a possible contributory factor.

Primary concern for children made subject to a child protection plan in ER 2014-15

Numbers of children	Neglect	Physical	Sexual	Emotional
175	122 (70%)	23 (13%)	7 (4%)	23 (13%)

What is currently in place in the East Riding:

East Riding benefits from good working relationships with and between universal services e.g. health services, schools etc. that will facilitate a shared commitment to and smoother implementation of, a Neglect Strategy. The Neglect Champion, who is also the Named Nurse from East Riding of Yorkshire CCG, and ERSCB board advisor, ensures there is strategic leadership and challenge.

The Early Help and Safeguarding Hub (established July 2014) already brings together the local authority, police and some health representation in providing a single point of contact and first response for professionals and the public who have concerns about children and young people, Further work on multi-agency involvement in the EHaSH is taking place, which will have the effect of improving and streamlining the team's role in determining the most appropriate response. Monthly threshold review meeting across all CYPSSS offers an opportunity for managers to have oversight of cases, review decisions, intervene if necessary and embed learning and improvement across the services.

East Riding has a well-integrated service approach to the younger age group including highly regarded early years' services underpinned by a large network of children's centres, all of whom have good or outstanding Ofsted ratings. Practical help sits alongside continuous assessment when working with families.

The Youth and Family Support Service provides a similar early help/preventative and targeted "troubled families" service re: the older age group. Additionally, the growing awareness and understanding amongst practitioners of the needs of adolescents, supported by training, is evidenced by an increase in the numbers of child protection conferences convened for this age range. The team has developed a "learning ethos" in the form of its case mapping exercises, using signs of safety principles, and critical inquiry, to explore what has worked, and what could be further developed, in current or recent cases.


The commitment to, and focus on, maintaining and integrating early help services can be seen to have borne fruit, as evidenced in the lower numbers of children and young people who looked after in comparison to national and regional figures.

Use of Signs of Safety is well embedded in the authority, and appears to offer a good framework for work with families. East Riding's CYPSSS consultation (Jan 2014-Jan 2015) saw 59 consultation forms returned from families, with services scoring well in all categories.

What needs to happen next:

The focus will be on continuing to implement the findings from the multi-agency audit of neglect cases and the implementation of the Neglect Strategy Action Plan, the strategic objectives of which are as follows:

- **Strategic objective 1** - To secure collective commitment to addressing neglect at a senior level across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture, process and operational changes required going forward.
- **Strategic objective 2** - To further develop the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of approved, evidence-based assessment tools.
- **Strategic objective 3** - To increase awareness and knowledge of neglect across the whole partnership, including services for children, young people, families and adults; and, in communities. This includes a common understanding of neglect, its risk factors, impact and indicators, knowledge of how to report concerns, the thresholds for intervention and/or escalation and opportunities for joint working.
- **Strategic objective 4** - To ensure the quality and effectiveness of services in improving outcomes for children, young people and their families.
- **Strategic objective 5** - To ensure that the perspectives of children, young people and families, and those of frontline staff, inform and shape service provision.

Action Plan - Priority Practice Area 3: Neglect					
What does the Board need to do?	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
To continue to ensure the development of a strategic partnership approach to Neglect	A Task and Finish Group to be set up to support the development and implementation of a Neglect Strategy that has an impact on how neglect is recognised and responded to so that children and young people are effectively safeguarded	PPDO	Ongoing	These actions will assist the ERSCB in being assured that the Neglect Strategy is effective in supporting early identification and that there are effective responses to neglect by ERSCB Partner agencies	Project Officer appointed, 2 days per week on a 6 month contract.
	By appointing a temporary Project and Practice Development Officer (PPDO) post with a specific remit to continue the development and co-ordinate the implementation of a Neglect Strategy.	ERSCB Service Manager	Feb 16		Progress Report to the June 2016 Board.  Neglect Strategy August 2016.docx
There is a consistent approach to identifying early help and intervention across partners	Through the re-drafting and re-launch of the East Riding Early Help Assessment, to which all partners sign up to joint responsibility	Early Help & Universal Safeguarding Group	April 16		EHA launched 1 st April 2016. EHA Guidance documents developed. Training sessions available through ERSCB and EHaSH. ERSCB agreed in June 2016 to the development of an EHA QA Group to audit EHAs with a view to highlighting areas of good practice and areas for development.

Listed on the following pages is the Neglect Strategy Implementation Plan 2016

Neglect strategy: strategic action plan

Aim

East Riding aims to ensure early recognition of neglect and improve agency responses to children and young people affected by neglect through strong and effective multi-agency leadership, a knowledgeable and competent workforce and robust quality assurance processes. To that end this strategy has 5 core objectives.

Strategic objective 1			
To secure collective commitment to addressing neglect across all partner agencies and to demonstrate effective leadership in driving the appropriate system, culture and process changes required forward.			
Desired outcome	Actions	By when	Lead officer/ sub gp
1.1 Challenge re: neglect is embedded at Board level	Identify a Board level champion for child neglect (AB)	completed	Allison Brown
1.2 Senior leadership are engaged, supportive and committed to joint strategic and operational actions to identify and respond to child neglect across and between directorates and sectors (adults and children)	The ERSCB formally invite the CTB & H&WBB to consider and actively support (joint protocol?) the ERSCB Neglect Strategy and put in place appropriate plans, protocols and actions to fulfil its objectives	TBA	ERSCB Chair, AB & DR + senior officers
	Senior leadership and commitment at director level across relevant sectors and services	TBA	ERSCB Chair, AB & DR + senior officers
1.3 Key agencies and practitioners are engaged and consulted on the strategy, and are key to implementing it operationally	Key practitioners engaged in development of the strategy – completed and embedded in document	Completed Mar-Jun 2016	DC
	Establish a stakeholder/advisory group to inform and support implementation of the neglect strategy – see GCP pre-implementation checklist	By Autumn 2016	DR & DC
Performance measure			
<ul style="list-style-type: none"> The ERSCB neglect strategy is aligned and formally adopted at relevant Board levels Key agencies are engaged, and aligned, to deliver strategic priorities – evidence in action and business plans that there are links to, and work to support, ERSCB priorities (this may include, for example, commitment to staff supporting delivery of, and attending relevant and appropriate training) Practitioners are engaged in implementing operational requirements – could include, for example: revisit interviews/focus groups ; evidence of consideration of child neglect in assessments for adult care; attendance at neglect training of adult service practitioners 			

Strategic objective 2

To further develop the recognition, assessment and response to children and young people living in neglectful situations before statutory intervention is required, including the appropriate use of approved, evidence-based assessment tools.

Desired outcome	Actions	By when	Lead
2.1 ERSCB has a baseline understanding of: practitioner identification and response to neglect, e.g. good/poor practice, patterns in sectors etc. to inform future actions and targeting	Undertake a tracking of cases (sample size tba) referred to EHASH (see outline of action at paragraph 6.1) – completed and embedded in document	Completed Apr.16	JC/DC
2.2 ERSCB knows which sectors have been/are being trained (does this match with any patterns in the E-HaSH tracking of cases?); who is/isn't attending multi-agency training	Audit of training and delegates: training with content re: neglect or focussed on neglect - multi-agency, single agency, joint; and, representation across sectors/agencies in ERSCB trng – completed and embedded in document	Completed Apr 2016	MC/LC
2.3 ER has a range of evidence-based, multi-agency assessment tools for child neglect, based on the Graded Care Profile model, and informed by evaluation of UK roll out	Liase with NSPCC re: inclusion in GCP 2 ER listed to engage with NSPCC GCP roll out – completed and embedded in document	Completed June 2016	DR
2.4 ERSCB has clear picture of the nature of the GCP2 roll out, and the commitment required from partner agencies, including resources	ERSCB reps attend the NSPCC GCP briefing in June	Completed June 2016	DR & DC
	Once identified, key managers and staff attend GCP briefings	Autumn 2016	DC & LSCB trainers
	Clear implementation plan developed, including resources, to phase roll out of GCP in ER	July 2016	DC
	Preparatory work is carried out in line with NSPCC pre-implementation checklist	Autumn 2016	DC & partners
2.5 ERSCB has a sustainable neglect and GCP training plan with capacity to deliver	Recommend that at least 1 of the 2 training licences for NSPCC/GCP is taken by an LSCB trainer	Sept 2016	DR

	Targeted and multi-agency training plan developed to support implementation of GCP	Autumn 2016 & ongoing	LSCB trainers and partners
2.6 The assessment of neglect is informed by the use of GCP at key (formal) assessment points where neglect has been identified as a cause for concern to inform interventions and plans	Phase 1: Targeted roll out of GCP, possibly: a. By sectors – e.g. CSC, IROs, Children’s Centres, YFSS, key Health practitioners*, perhaps linked to EH assessment; or, b. By locality – pilot area, selected by number of cases, team engagement etc. *School nurses are commissioned by public health, and health visitors will join them next year. Under the new arrangements, school nurses are not commissioned to undertake health assessments of children who are looked after. There is a risk that the commissioning of health visitors will not reflect their key role in safeguarding assessments and their potentially central role in GCP.	Sept 2016 onward	DC
2.7 The identification and response to neglect is improved by implementation of GCP principles in wider workforce practice	Phase 2: Roll out of GCP principles • for wider workforce as appropriate; or, • by localities *depending on which phase 1 option is taken.	TBA	TBA
2.8 ERSCB has a partnership assessment tool for use with adolescents	There is potential for a partnership to innovate in this area – see 6.2.4	TBA	TBA

Performance measure(s)

Quantitative: Number of GCPs completed in support of an assessment; change in number of neglect cases being reported to E-Hash (NB. This could increase or decrease, depending on the baseline data gathered in the E-HaSH tracking exercise).

Qualitative: Improvement in quality of assessments featuring neglect, as determined by case file audit;
Further down the line, there may be measures around numbers of children made subject to plan under neglect (NB. again, this could go up or down)

Strategic objective 3

To increase awareness and knowledge of neglect across the whole partnership, including services for children, young people, families and adults; and, in communities. This includes a common understanding of neglect, its risk factors, impact and indicators, knowledge of how to report concerns, the thresholds for intervention and/or escalation and opportunities for joint working.

Desired outcome	Actions	By when	Lead
3.1 ERSCB understands how neglect is reflected in its thresholds	Observe threshold review meeting (further information at para 6.3) – completed and embedded in document	Completed Apr 2016	DC/JC
3.2 ERSCB has an understanding of the association between cases held by CAMHS and those known to EHASH and ERCSC	Analysis of EHASH and CAMHS cases held in common (further information at para 6.3)	Due mid 2016	JC
3.3 ERSCB knows how many practitioners, and from which agencies, have had training	Link to training audit in Strategic Objective 2 – completed and embedded in document	Completed May 2016	LSCB training
3.4 ERSCB has a baseline understanding of practitioner awareness and knowledge, across sectors and agencies, re: neglect in children and young people, including age, gender, ability, culture, locality etc. as factors	Convene meetings and some focus groups with structured exercises and discussion – some completed but ongoing	Ongoing	DC
	Set up a short online tool (Survey Monkey?) to broaden participation in above exercise pre-roll out of tools	TBA	TBA
3.5 Practitioner awareness and knowledge (from the baseline) is improved/further developed re: neglect, its impact, thresholds for intervention and escalation triggers	Develop a suite of learning and development products, in a variety of media, which are tailored to the sectors and agencies being targeted; and, ensure that learning and development opportunities are available and that these deliver consistent messages, at an appropriate level, for staff and volunteers	TBA	TBA
	Phase 1 - Work with key agencies (e.g. NSPCC) to deliver an awareness campaign targeted at key sectors/agencies	TBA	TBA
3.6 Public and community awareness of neglect and how to report it is further developed; and, there is an increase in the early reporting of child neglect in communities and amongst the public	Phase 2 - Work with key agencies (e.g. NSPCC) to deliver an awareness campaign targeted at communities and the public	TBA	TBA

Performance measure

Clearer, more detailed, referrals into EHASH

Source of referrals into EHASH – communities?

Number of cases of neglect receiving effective interventions at early help levels – how to measure?

Number of cases at child protection/looked after levels where neglect has been a long-term/chronic feature – how to measure?

Strategic Objective 4

To ensure the quality and effectiveness of services in improving outcomes for children, young people and their families where neglect is a feature.

Desired outcome	Actions	By when	Lead
4.1 ERSCB is assured that outcomes across all levels of need are improved with regard to neglect	Relevant ERSCB sub-groups: targeted, early help, MEE and L&I, are informed and develop appropriate measures to ensure outcomes are improved.	TBA	ERSCB Chair

Performance measure

To be agreed

Strategic objective 5

To ensure that the perspectives of children, young people and families inform and shape service provision.

TO DEVELOP – REFER TO CTB’S CHILDREN AND YOUNG PEOPLE’S PLAN 2013-16

Desired outcome	Actions	By when	Lead
Refer to CTB Children and Young People’s Plan 2013-16			

Performance measure

Refer to CTB Children and Young People’s Plan 20143-16

Priority Practice Area 4: Self Harm

National Data Picture:

The data for 2014/2015 Hospital admissions as a result of self-harm (10-24 year olds) is available on the Public Health England website www.fingertips.phe.org.uk

East Riding Data Picture:

The data for 2014/2015 Hospital admissions as a result of self-harm (10-24 year olds) is available on the Public Health England website www.fingertips.phe.org.uk and shows for hospital admissions within the East Riding are lower than England.

The data that is available through A&E admissions does not capture the low level, hidden incidences of self-harm that do not require emergency medical treatment at hospital.
True local prevalence can only be estimated.

In November 2015 the estimated impact of self-harm within the East Riding amongst children and young people was estimated using a range of data sources and survey results. It is estimated that there are approximately 2,000 East Riding children and young people aged 14 to 18 years who have intentionally self-harmed, of these 640 have self-harmed multiple times with 60 being admitted to hospital.

Hospital admissions - An evaluation of hospital admissions showed that the overall number of East Riding residents aged under 18 years admitted to hospital for intentional self-harm was seen to **reduce** between 2013/14 and 2014/15

Attendance at Emergency Department HEY – analysis of the data relating to the number of Children and Young People under the age of 18 years with a primary diagnosis of ‘deliberate self-harm’ (between Jan 2012 and Jan 2015) seen by HEY Emergency Department suggests an **upward trend** in the number of children and young people attending HEY Emergency Department.

Specialist Public Health Nursing Service in Secondary School settings ‘Pop In’s’ – data suggests a **steady increase** during the year 2014-2015 of people seen in the ‘pop-in’s’ who have self-harmed.

Data on prevalence of self-harm is not available across all services.

What is currently in place in the East Riding:

Specialist Public Health Nursing Service

ERYC Prevention and Education Service

ERYC Counselling Service

ERSCB Self-Harm e- learning package

Public Health Self Harm Awareness Training

ERSCB Conference ‘Self Harm’ 2015

ERYC Youth Mental Health First Aid Programme

Contact Point Clinical Pathway for Self Harm

A&E mental health liaison service (operational hours are currently Monday to Sunday, 8am to 10pm) http://www.humber.nhs.uk/services/A_E_mental_health_liaison_team

Information on Self Harm for adults, carer’s and children on Humber Foundation Trust’s website

Information for Parents on FISH

Mental Health and Growing Up resource disseminated as part of the CAMHS/School Links Project

Reading Agency Reading Well 'SHELF HELP' scheme in libraries contains information on self-harm for Young People
SafeTalk – Suicidal Awareness for Everyone offered as part of the Suicide Prevention Task Group Action Plan

Public Health report for ERSCB on Self- Harm in Children and Young People within the East Riding published December 2015

What needs to happen next:

- Implement the recommendations of the above report

Action Plan - Priority Practice Area 4: Self Harm					
What does the Board need to do?	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
To continue to ensure the development of a strategic approach to self-harm and suicide	A member of the Board to be part of the Children's Trust Self Harm and Suicide Sub Group to ensure a consistent and joined up approach across partners.	ERSCB Board Member linked to CT Self Harm and Suicide Sub Group	April 16	These actions will assist the ERSCB in being assured that an effective approach to self harm and suicide is in place, is signed up to by all relevant partners, and is implemented in a way that improves outcomes in a measurable way.	Service Manager for ERSCB is a member of the CT Self Harm and Suicide Sub Group.
Review the operational hours of the A&E mental health liaison service (operational hours are currently Monday to Sunday, 8am to 10pm)	<ul style="list-style-type: none"> Undertake review including understanding the times of day when C&YP who have self-harmed present at A&E locally Link to local priority 1 Future in Mind's Transformation Plan 	Commissioner - East Riding CCG Provider - Humber FT		Operational hours – the service is available between 10pm and 2 am (which is the most common time for admission- Nationally) C&YP receive appropriate timely assessment	Literature review undertaken by Public Health – 2015 identified gap in provision
Develop a consistent approach to data recording across services	<ul style="list-style-type: none"> Commissioners to monitor themes and trends relating to self-harm as part of contract monitoring Providers to monitor themes and trends as part of service provision and delivery 	Commissioner - East Riding CCG via contract monitoring Commissioner - East Riding of Yorkshire Council Public Health Team via contract monitoring Provider - Humber FT		Clearer understanding of the prevalence of self-harm behaviour in the East Riding Data used to inform commissioning decisions and service delivery C&YP receive appropriate levels of service	Public Health Nurses Monitor cases of self-harm presenting at secondary school 'Pop In's' reported to Commissioners at Contract Monitoring meetings.

		ERYC Directorate of CFS			
Undertake a multi-agency audit of compliance with NICE Self – Harm guidance CG 16 and CG133	<ul style="list-style-type: none"> • ERSCB to identify lead for this work area • Independent Multi Agency Audit process to be agreed • Audit to measure compliance with NICE Self – Harm guidance CG 16 and CG133 	<p>ERYC Directorate of CFS</p> <p>Provider – Humber FT</p> <p>Provider – HEYH Trust</p>		<p>C&YP who self-harm receive timely appropriate short/long term evidenced based interventions</p> <p>Staff implement CG16 & CG133 to manage and prevent self-harm in C&YP</p>	Self Harm Action Plan agreed by MEE Group Aug 16. Work now to be undertaken to agree relevant partners to take forward agreed actions.
Workforce Audit - Clinical and non-clinical staff	<ul style="list-style-type: none"> • ERSCB to identify lead for this work area • Undertake a workforce audit regarding competencies of staff 	<p>ERYC Directorate of CFS</p> <p>Provider – Humber FT</p> <p>Provider – HEYH Trust</p>		<p>Clinical and non-clinical staff who have contact with children and young people who self-harm in any setting have the appropriate training to equip them to understand and care for people who have self-harmed</p> <p>C&YP who self-harm are understood and cared for</p>	Self Harm Action Plan agreed by MEE Group Aug 16. Work now to be undertaken to agree relevant partners to take forward agreed actions.
Consider the development of a service based on the Nottingham 'SHARP' model in order to address transition	<ul style="list-style-type: none"> • Commissioners and providers review the Nottingham 'SHARP' model and agree an appropriate model of transition 	<p>Commissioner - East Riding CCG</p> <p>Provider – Humber FT</p>		C&YP who self-harm are supported during transition to adult services	Self Harm Action Plan agreed by MEE Group Aug 16. Work now to be undertaken to agree relevant partners to take forward agreed actions.
Review how counselling services can be delivered in schools and other settings, linked to IAPT and CFAS Counselling Services	<ul style="list-style-type: none"> • ERSCB to identify lead for this work area linked to Future in Mind's Transformation Plan • Link to local priority 11 Future in Mind's Transformation Plan • Commissioners and providers review the recommendations in 	<p>Commissioner - East Riding CCG</p> <p>Provider – Humber FT</p> <p>Directorate of</p>		<p>National guidance is used to inform commissioning and provision of services</p> <p>C& YP are offered the opportunity to understand and overcome issues in</p>	Counselling in schools: a blueprint for the future Departmental advice for school leaders and counsellors published Feb 2016

	<p>Counselling in schools: a blueprint for the future Departmental advice for school leaders and counsellors</p> <ul style="list-style-type: none"> Commissioners and providers review current provision and identify gaps Recommendations made regarding a future service model. 	CFS – Public Health to support review		<p>their lives which may be causing them difficulty, distress and/or confusion.</p> <p>C&YP have access to counselling services</p> <p>Staff providing counselling are qualified, have access to supervision and know how to refer on to other services</p>	Directorate of CFS review commencing Summer 2016
Provide training for staff supporting people who self-harm (awareness raising)	<ul style="list-style-type: none"> Link to local priority 7 Future in Mind's Transformation Plan Staff have an understanding of self-harm (Prevalence, who is likely to self-harm, early identification, models, myths, risk and support services) Staff understand the difference between self-ham behaviour and suicidal behaviour 	Commissioner – ERYC Public Health Team		<p>C&YP who self-harm are understood and cared for</p> <p>C&YP have a positive experience of services</p> <p>Staff understand self-harming behaviour/suicidal behaviour and negative views of self-harm are challenged</p> <p>C&YP who self-harm are regarded as experts by experience</p> <p>C&YP receive prompt medical attention if necessary</p> <p>C&YP level of risk is assessed</p> <p>C& YP who self-harm are always taken seriously</p>	<p>ERYC Youth Mental Health First Aid Programme agreed for 2016/17</p> <p>ERSCB Self-Harm e-learning package available</p> <p>SafeTalk – Suicidal Awareness for Everyone offered as part of the Suicide Prevention Task Group Action Plan</p>
Provide training for staff supporting people who self-harm (short and long term)	<ul style="list-style-type: none"> ERSCB Training Team to lead this area of work Appropriate training offered to equip staff to understand and 	ERYC Directorate of CFS Provider –		<p>C&YP who self-harm are understood and cared for</p> <p>C&YP have a positive</p>	ERSCB Training programme has recently been reviewed (Sept 16). Forward

therapeutic interventions)	<p>care for people who have self-harm based on NICE Guidance</p> <ul style="list-style-type: none"> • Staff understand the difference between self-ham behaviour and suicidal behaviour 	<p>Humber FT Provider – HEYH Trust</p>		<p>experience of services</p> <p>Staff understand self-harming /suicidal behaviour and negative views of self-harm are challenged</p> <p>C&YP receive prompt medical attention if necessary</p> <p>C&YP level of risk is assessed</p> <p>C&YP who self-harm are regarded as experts by experience</p> <p>C&YP are offered evidenced based therapeutic interventions</p> <p>C& YP who self-harm are always taken seriously</p>	<p>priorities include:</p> <ol style="list-style-type: none"> 1. Briefings on lessons learned from recent SCR following finalisation and publication of SCR reports end 2016/beg 2017. 2. SafeTalk – Suicidal Awareness for Everyone’ is being offered as part of the Suicide Prevention Task Group Action Plan. 3. Youth Mental Health First Aid and Self-Harm and Suicidal Thoughts in Children and Young People will continue to be promoted and available to all sectors of the workforce.
Raise awareness of self-harm	<ul style="list-style-type: none"> • Link to local priority 7 Future in Mind’s Transformation Plan • Explore national/regional campaigns regarding self-harm • Publicise information on self-harm prevention on the FISH website, and ERSCB website, HFT website • Sign post people to the Reading Well ‘SHELF HELP’ resource • Sign post people to Mental Health and Growing Up factsheets for parents, teachers and young people • 	<p>Commissioner – ERYC Public Health Team</p> <p>ERYC Directorate of CFS</p> <p>Provider - HFT</p>		<p>C&YP know how they can help themselves, including when they want to harm themselves, when they don’t feel like harming themselves and if they don’t want to stop self-harming</p> <p>C&YP know what they can do if they know someone who self-harm</p>	<p>Information included on FISH, HFT websites</p> <p>Reading Well scheme launched</p> <p>Mental Health and Growing Up factsheets for parents, teachers and young people – link on FISH</p>

<p>Consider how support networks for families can be promoted</p>	<ul style="list-style-type: none"> • Link to local priority 7 Future in Mind's Transformation Plan • Information on National and local support networks to be included on FISH • Consider how support networks can be promoted on other websites. 	<p>Commissioner – ERYC Public Health Team</p> <p>ERYC Directorate of CFS</p> <p>Provider - HFT</p>		<p>Parents and carers supported with their role</p>	<p>Mental Health and Growing Up factsheets for parents, teachers and young people – link on FISH</p>
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SECTION 2: Improving the Voice and Influence of Children, Young People and Service Users

Improving the Voice and Influence of Children, Young People and Service Users

National Data Picture:

The Children's Commissioner is a keen advocate of ensuring children and young people's views and experiences inform and influence what they think, say and do, and encourages other services to do the same.

Source: Children's Commissioner website – click [here](#)

The NSPCC have recently published a report outlining what children are telling ChildLine about the services they receive following sexual abuse. The key points included:

- One third of children had not spoken to anyone else about the abuse before contacting ChildLine.
- In one third of counselling sessions where sexual abuse was the main concern, children also talked about [mental health issues](#). Symptoms were often triggered by the trauma of the abuse they had experienced.
- Children and young people often don't have a clear picture of what services there are for them or how they will be treated if they try to ask for help.
- In 2014-15, there were over 1,700 ChildLine counselling sessions where young people mentioned their concerns and difficulties when accessing services and support. This was a 124% increase compared to the previous year.
- Young people were unsure of where to report online sexual abuse and were concerned about issues of confidentiality.
- Many young people referred to specialist services feel they don't understand or aren't receiving clear explanations of how services will work to help them move on from the abuse.
- Young people are often fearful before attending their first counselling session. They would find it helpful if their general practitioner or agency making the referral could explain what to expect.
- Some children talked about worries about confidentiality, being judged or not being believed when talking about abuse with a counsellor.
- More children are telling us they are reporting their experience to the police. Counselling sessions where children talked about this increased by over 50% compared to 2013-14.

Source: www.nspcc.org.uk

East Riding Data Picture:

- ERSCB aims to utilise the views and experiences of young people to inform all ERSCB partner activity.
- Partner agencies are required to feed back to the Board regarding the processes they have in place to capture the views of children, young people and service users, and what the feedback is telling them. This is usually done through the Section 11 process.
- Youth Forums consult directly with young people in each locality. Themes will be fed into ERSCB and inform Teenlife articles.
- Single agency consultations are fed into to the Board.

- Attendance and advocacy support consultations are undertaken after child protection conferences and looked after children reviews which are shared with independent chairs and themes are fed into the ERSCB and newsletter.
- Complaints, compliments and comments annual report.
- Listen to and learn from:
 - The Children in Care Council and Mini Children in Care Council; The Groovy Gang; The Altogether Group (for children of families who foster); Adoption I.D. Group; Lollipop Group; YFS Facebook and Twitter pages, and targeted consultations.

What is currently in place in the East Riding:

This priority continues to be an area for development for a number of partners, with almost all agencies indicating, through the Section 11 challenge process, that further work is required in this area. However, some agencies were able to evidence progress being made in terms of ensuring processes are in place to capture the views of children and young people regarding the support received from a particular agency. For those partners whose core business did not include face to face contact/support of children and young people, the challenge was, and continues to be, to ensure that processes are developed and/or progressed to ensure that children, young people and families are consulted with and their views taken into account in the development of services that may affect them. The Board was assured that, for those services where the client group was adult focussed, staff were aware of the need for a 'think family' approach, and to ensure that the safety and welfare of any children living in the house was a key consideration.

What needs to happen next:

The Board will develop specific initiatives designed to ensure the voice of children and young people informs and influences both the work of the Board, and service and policy developments.

Action Plan – Improving the Voice and Influence of Children, Young People and Service Users

What does the Board need to do?	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
Ensure the views and experiences of children, young people and service users inform Board activity	By a continued focus on the use of Youth Forums, student feedback survey, consultations and other established ways of obtaining feedback	ERSCB Sub Group Chairs	Ongoing	Children are able to access services that are appropriate and responsive to the needs of children and young people	Not in Our Community and the PET Team both use social media, particularly Facebook and Twitter and relevant information received is fed back into the appropriate sub group or Board meeting.
	By ensuring a more specific focus on the child's voice through established audit processes	All partners	Ongoing		CSC Audit in March/April 2016 included seeking views of the child.
Ensure all partners who provide services directly to children and young people have processes in place to engage with children and young people so that their views and their experience inform the development of policies and services	Partners will identify what processes are in place to capture the voice of children and young people, identify gaps and barriers in addition to what is working well	All ERSCB partners	Sept 2016		2015 Section 11 Event identified partners were aware that more work was required in this area. 2016 Section 11 audit information is currently being collated (Sept 16)
	Section 11 Audit/Challenge Event will ask for specific information regarding how partners capture the voice and views of children and young people and give examples of how this has informed the development of policies and services	ERSCB Board Manager	Annually	2015 Section 11 Event identified partners were aware that more work was required in this area. 2016 Section 11 audit information is currently being collated (Sept 16)	

SECTION 3: ERSCB Governance Arrangements

ERSCB Governance Arrangements

National Data Picture:

The objectives of the East Riding Safeguarding Children Board (ERSCB) are set out in accordance with section 14(1) of the Children Act 2004:

a) To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children

in the area of the authority by which it is established;

b) To ensure the effectiveness of what is done by each such person or body for those purposes.

Working Together 2015 and the Local Safeguarding Children Board Regulations 2006 set out the functions of the LSCB, in relation to the above objectives.

East Riding Data Picture:

The ERSCB is required to produce an annual report, which is presented to key individuals and strategic bodies and published to demonstrate how these responsibilities have been undertaken and to address two key questions linked to its objectives:

- 'The effectiveness of local arrangements to safeguard and promote the welfare of children'.
- 'The extent to which LSCB functions are being effectively discharged'.

Although the Board is independent from any one agency, responsibility for hosting and ensuring the effectiveness of the ERSCB sits with East Riding Council. To ensure these arrangements work well, and in recognition of statutory accountabilities, the Board's Independent Chair meets regularly with the Chief Executive, Council Leader and Deputy Leader (who is also Chair of the Health and Wellbeing Board), the Portfolio Holder (Lead Member) for Children, and the Director for Children, Families and Schools. There is a formal protocol in place which sets out roles and accountabilities, including the presentation of the Board's Annual Report to the Health and Wellbeing Board.

What is currently in place in the East Riding:

The ERSCB works with other strategic boards which have children and young people's issues as part or all of their responsibilities. Bron Sanders, Independent Chair, ERSCB, continues to be a member of the Children's Trust Board, which is the partnership of organisations responsible for services for children, young people and families. The LSCB has a separate identity and independent voice from the Children's Trust; it is not subordinate to or subsumed within the Children's Trust. The two Boards have established an on-going and direct relationship; with regular communications as safeguarding is a standard Trust agenda item. The Trust is chaired by the Director of Children Families and Schools, and the relationship between the two Boards is part of the agenda of their formal meetings.

What needs to happen next:

The Board will continue to review priorities and ensure these are a clear focus of the Board and owned by all partners, and will work to promote a culture of respectful challenge and evidence impact of challenge.

Action Plan – ERSCB Governance Arrangements					
What does the Board need to do?	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
Embed the communication links between ERSCB and the Health and Wellbeing Board and other key strategic partnerships	ERSCB Chair will take the lead role and be active in relevant forums	ERSCB Independent Chair	Ongoing	Services that safeguard children and young people have a consistent and joined up approach.	Ongoing work undertaken with Safeguarding Adult Board, Community Safety Partnership, Health & Wellbeing Board and with external partners.
Ensure that members undertake their role in promoting the use of respectful challenge to improve practice	Development and promotion of the ERSCB Challenge Log. Challenge will be openly explored by the Board	ERSCB Board Manager	Quarterly Board Meetings		Board Report template has been updated to include reference to challenge. June 16
Ensure that members understand multi-agency practice at the frontline as part of arrangements to improve practice	Board members to be actively involved in thematic auditing	ERSCB Board Members	Quarterly Thematic Audit Events	Multi-agency and partner services are constantly reviewed and practice evolves in response to need	Board members involved in the CSC audit/assurance work – March/April 2016. First Walk the Floor exercise to take place end September 2016 – DVAP and PVP Unit in Humberside Police
	Walk the Floor Exercises to be undertaken with services that respond to the Board’s priorities.				
	ERSBC Procedures and Guidance to be updated to reflect Working Together 2015	ERSCB Board Manager	Sept 16	Services are aware of their safeguarding responsibilities towards children and young people	Procedures & Guidance documents updated to reflect WT 2015.

Establish effective links with the East Riding Safeguarding Adults Board	Regular meetings between the Independent Chairs and Board Managers will be undertaken	ERSCB Independent Chair	Ongoing	Children and young people are safeguarded effectively through transition from children to adult services	Regular meetings taking place to discuss shared/joint issues and priorities, including domestic abuse.
Produce and publish an Annual Report and Business Plan within timescales that fit the business cycles of key strategic and commissioning bodies	Appointment of Board Manager to increase the effectiveness of business processes	ERSCB Service Manager	Ongoing	A public document is available that evaluates safeguarding activity in the East Riding and identifies areas for improvement and how these will be undertaken	Board Manager in post from April 2015.
Ensure effective two-way communications exist between partners and education services	Establish an ERSCB Education Reference Group, chaired by the Director for Children, Families and Schools	ERSCB Service Manager	March 16	Children and young people receive consistent information, advice and support	On hold – linked to implications of national policy changes.
Ensure effective safeguarding services and partnerships in the ER are maintained through times of change	Monitor the impact on service provision in the ER of significant changes in partner agencies, such as the Probation Service and Humberside Police	All partners	Quarterly Board Meetings	Safeguarding services for children and young people remain appropriate and effective during times of change	Board Agencies are challenged in terms of performance, partnership working and attendance as necessary within Board Meetings.
Ensure the multi-agency basis of the Board is maintained at all meetings with sufficient personnel available to undertake the work of the Board	Attendance at Board and Sub-Group meetings to be monitored. Any partner attendance that falls below 80% to be raised at Board level.	ERSCB Board Manager	Quarterly		Board membership and attendance to be discussed at Board Review Meeting to be held in October 2016. Board Constitution reviewed and updated Sept 2016.

SECTION 4: Promoting a Culture of Continuous Learning and Improvement

Promoting a Culture of Continuous Learning and Improvement

National Data Picture:

East Riding Data Picture:

Inter-agency Training Programme	2011/12	2012/13	2013/14	2014/15	2015/16
Total Face-to-Face	1502	2241	2282	2429	2121
Total E-Learning (Passed)	2737	3367	4541	4224	4346
Total Trained	4239	5608	6823	6653	6467

In addition to the core ERSCB courses, the following learning and development activities have taken place:

- A practitioner conference on Communicating with Children and Young People.
- Safeguarding training delivered to East Riding Housing, Transportation and Public Protection Service with emphasis on child sexual exploitation.
- Delivery of the Workshop to Raise Awareness of Prevent (WRAP3) to all East Riding Schools with a view to then contributing to a wider roll out across all council services through delivery in children's services.
- FGM Awareness Raising Workshops delivered in three sessions across the East Riding – July 2015
- Hidden Harm (Parental Alcohol/Substance Misuse) Awareness workshops delivered in three sessions across the East Riding – May 2016
- Safeguarding Awareness Sessions delivered to taxi drivers as part of the licensing agreement

What is currently in place in the East Riding:

ERSCB is committed to delivering high quality inter-agency training which supports professionals, volunteers and the independent sector in their work, complimenting individual agency training strategies. The resourcing of multi-agency training has remained the same this year; the Board has 1.8 training officers in post.

The range of 26 separate courses and briefings are designed to ensure that anyone working with children and/or their family members has the knowledge and skills they need to deliver effective services to ensure children are safeguarded and their welfare promoted

New and up-dated training courses this year include:

- Workshop to Raise Awareness of Prevent (3);
- Youth Mental Health First Aid; and
- An updated E Safety course.

What needs to happen next:

In addition to the continuation of the ERSCB Interagency Training Programme, the following priorities have been added from the Learning and Improvement Group Action Plan 2016-17:

- Child Sexual Exploitation: Ensure CSE training is accessible for all professionals and volunteers working with children and young people
- Domestic Violence/Abuse: To continue to ensure the development of a strategic approach to Domestic Violence/Abuse
- Neglect: Promote the development of a common evidence based tool and ensure a consistent approach to identifying early help and intervention across partners
- Self-Harm: To continue to ensure learning lessons from SCR, lessons learned reviews and case file audits inform partner practice and provide training for staff supporting people who self-harm
- Signs of Safety: Using SOS in the East Riding – multi-agency training for practitioners other than those in Children & Young People’s Support and Safeguarding Service (CYPSSS) to be developed

Action Plan – Promoting a Culture of Continuous Learning and Improvement

What does the Board need to do?	How will this be achieved?	Who will report progress to the Board?	Target Date	How will this improve outcomes for children and young people?	Summary of outcomes/evidence and progress
Ensure Agencies and individual staff are challenged, challenge themselves and are supported in identifying areas of improvement, creating and accessing learning opportunities, and creating changes that improve practice	By taking active steps to develop a culture of learning and improvement as an integral part of the work of partner agencies through the work of the Learning & Improvement Group: <ul style="list-style-type: none"> • Embed audit processes • Reviewing training evaluation • Identification and promotion of ways in which quality and effectiveness can be evaluated by practitioners and managers as an integral part of their work 	L&I Group	Ongoing	These actions will assist ERSCB in being assured that the children’s workforce are skilled and confident in responding to safeguarding children and young people.	L&I Action Plan has recently been reviewed and updated to reflect the Board’s priorities and a focus on embedding audit processes and disseminating learning across partners in a meaningful format. August 2016.
	Continue to deliver high quality, effective multi-agency safeguarding training that reflects the needs of the workforce	L&I Group/ ERSCB Training Officers	Ongoing		2015-2016 ERSCB training programme has been reviewed and 2016-17 programme currently being developed.

	Continue to embed lessons from the Child Death Overview, Serious Case Review Panels and other learning lessons processes, both locally and nationally	CDOP and L&I Group	Ongoing		Learning Lessons Workshops to be undertaken following publication of recent SCR late 2016/early 2017.
	Development of a quality assurance tool for single agency training.	L&I Group	June 16		Action outstanding.
	By utilising opportunities for interactive and immersive learning as well as sharing good practice	L&I Group	Ongoing		Ongoing through review and evaluation of training offer.
Monitor and evaluate the use of live and reflective multi-agency quality assurance processes	Review and revise multi-agency auditing processes to improve effectiveness	L&I Group	June 16		Multi-agency audit processes are reviewed following each thematic audit event in order to review/amend process if necessary.
	Continue the implementation of in-depth thematic auditing of specific areas of practice	Quality, Learning & Improvement Officer	Ongoing		Six monthly multi-agency thematic audits have now been undertaken on all four Board priority areas. Next planned thematic audit to take place in December 2016 with a focus on EHA.
Monitor and evaluate practice to ensure and evidence an improvement	Monitor the implementation of partner Action Plans in response to inspections, e.g. CQC Review of Health Safeguarding Services action plan	ERSCB Board	Quarterly Board Meetings		Board Members continue to bring/table Action plans in response to inspections. August 2016 – Police requested to bring copy of their Action Plan in response to Domestic

					Abuse Inspection Report.
Further develop the multi-agency data set to assist the Board to carry out its core functions more effectively	Broaden the range of performance indicators to include more specific circumstances, e.g. CSE, neglect, domestic abuse	MEE Group	Quarterly meetings		ERSCB Performance Dashboard has been updated to further reflect data relating to the Board's four priorities. August 2016.