



BUSINESS PRIORITIES 2018 to 2020

Introduction:

The Business Plan format and process has been reviewed following the development of the 2015/2016 ERSCB Annual Report. It evidences a focussed approach to the key areas of concern for the East Riding of Yorkshire.

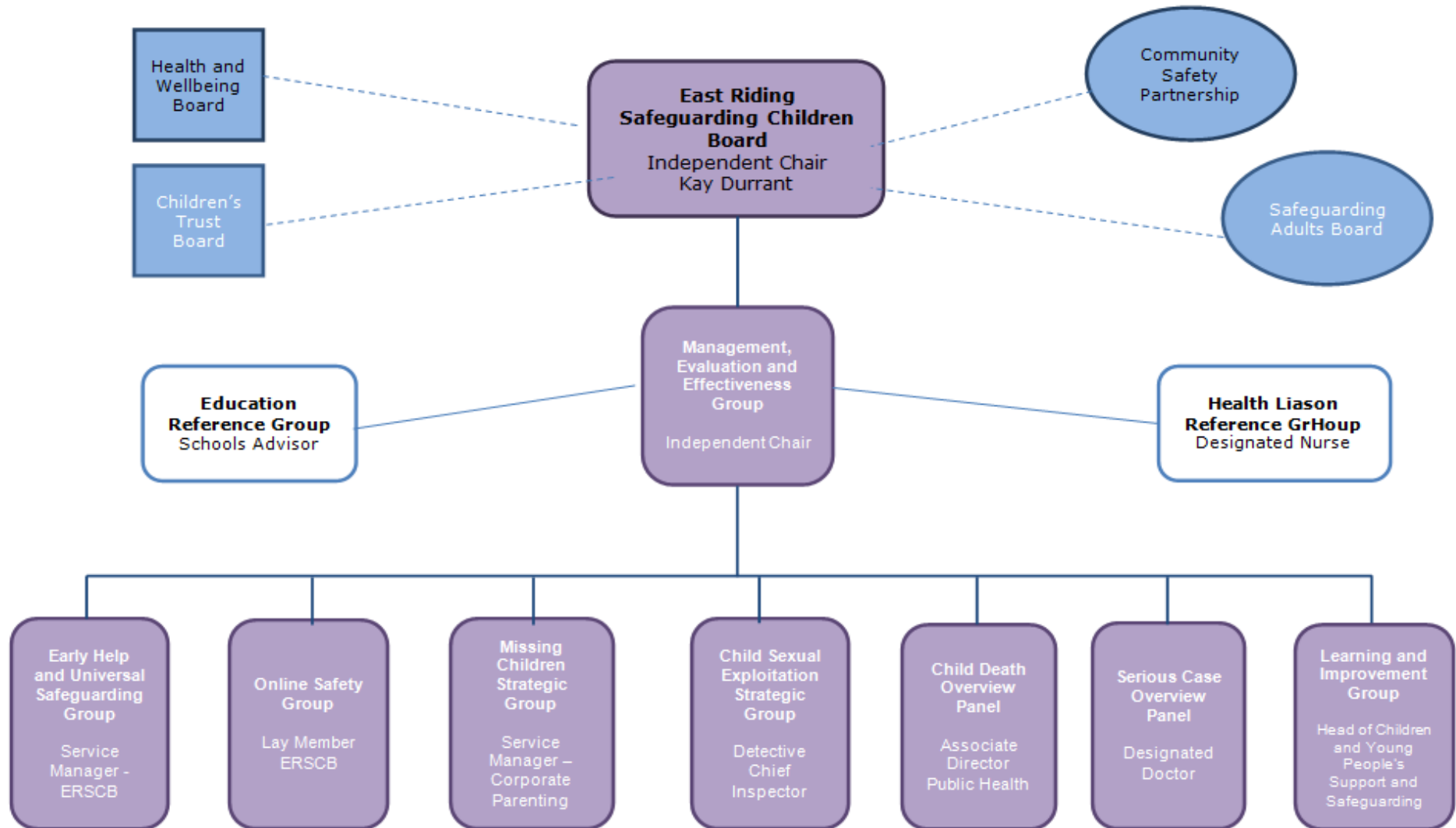
This new format is set out into four sections as follows:

- 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 Abuse

National Data Picture:

1 in 20 children in the UK have been sexually abused **Source:** Radford, L. et al (2011) [Child abuse and neglect in the UK today](#)

Over 2,900 children were identified as needing protection from sexual abuse in 2015/16 **Source:** Child protection register and plan statistics for all UK nations for 2016

1 in 3 children sexually abused by an adult did not tell anyone **Source:** Radford, L. et al (2011) [Child abuse and neglect in the UK today](#)

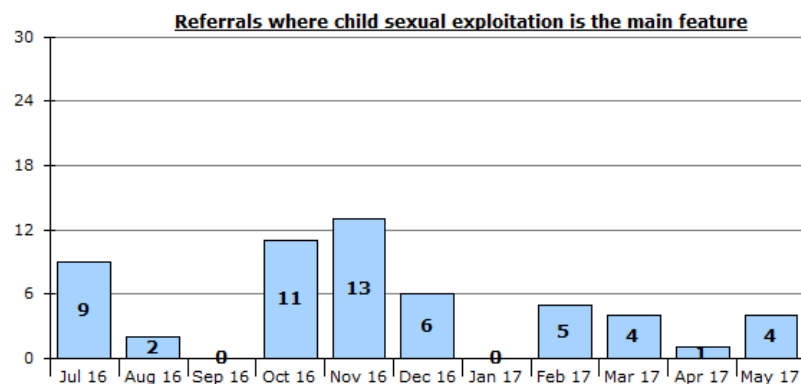
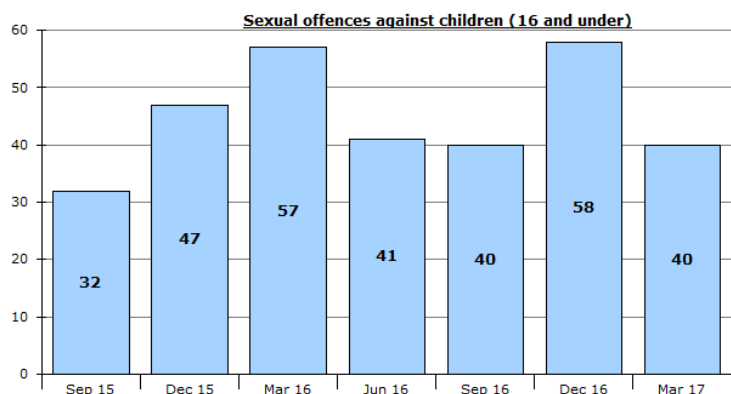
Over 90% of sexually abused children were abused by someone they knew **Source:** Radford, L. et al (2011) [Child abuse and neglect in the UK today](#).

Around a third of sexual abuse is committed by other children and young people **Source:** Hackett, S. (2014) Children and young people with harmful sexual behaviours

East Riding Data Picture:

The Ofsted inspection of East Riding Children's Services undertaken in November and December 2016 concluded that vulnerable children in East Riding receive good-quality, well-coordinated support that safeguards them well and improves their lives. The ERSCB is committed to ensuring a co-ordinated multi agency approach to child sexual abuse and increasing our understanding of the impact and extent of sexual harm and violence towards children and the multi agency work being delivered to address this abuse.

The numbers of offences recorded against children 16 years and under remains low in comparison with the national as does the number referrals relating directly to CSE.



What is currently in place in the East Riding:

Within the East Riding of Yorkshire the ERSCB works with partner agencies to ensure children are safe. Together local safeguarding partners actively monitor, promote, coordinate and evaluate the support provided to help, protect and care for children at risk of sexual and/or criminal exploitation. There is a well established threshold and assessment framework which guides practitioners to identify need and analyze risk when working to strengthen and support families.

Through the Boards Thematic audits and performance management the effectiveness of existing arrangements for safeguarding and protecting children at risk of harm is regularly evaluated. The outcome of this scrutiny informs good practice development and key learning regarding vulnerability, sexual exploitation and child sexual abuse.

Our understanding and response to Child Sexual Abuse (CSA) is supported by the ERSCB learning and development work including awareness raising, encouraging earlier identification of concerns, sign posting and preventative work within the community with businesses, parents and children to alert them to the risk of child exploitation and abuse.

Agencies continue to work with child and adult offenders to reduce the risks of harm to children.

A collaborative approach is in place to develop a county profile to address the issues of child criminal exploitation, identification of local hot spots, intelligence sharing, identification of perpetrators and disruption techniques to reduce the risks of exploitation and bring perpetrators to justice. The links between CSE, missing children and criminal exploitation is promoted through the work of the two ERSCB sub groups Missing and CSE.

The ERSCB is highly committed to engaging with children and families listening to their views, understanding their experiences and reducing the impact of CSE and CSA. The ERSCB ensures on-going professional support for all victims encountering the criminal justice system.

What needs to happen next:

The ERSCB will continue to develop the good practice identified in the Ofsted inspection to ensure that professionals across the partnership are best equipped to identify, protect and support children at risk of child Sexual Abuse.

Action Plan - Priority Practice Area: Child Sexual 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
1.1.1 ERSCB to develop and implement a multi agency CSA strategy and action plan	Task and Finish group to be established and report to the MEE sub group	MEE Sub group chair	June 2018	ERSCB has in place multi agency CSA strategy and action plan which sets out the strategic aims and objectives of the ERSCB partnership's approach to addressing CSA.	
1.1.2 ERSCB to monitor the ERYC CYPSSS Dashboard and evaluate impact of multi agency service delivery.	The ERSCB to analyse the ERYC and partner agency performance data relating to CSA	Sub group chair	quarterly MEE sub group meetings and ERSCB Board	The ERSCB dashboard includes information on the numbers of children who have experienced sexual harm and violence; this supports the ERSCB via the MEE sub group to understand the prevalence of all children in receipt of services for sexual abuse. ERSCB MEE sub group also considers how partners use their own information to promote service improvement for vulnerable children, including CSA. This helps the Board ensure that appropriate measures are in place to address the needs of children and young people in the East Riding.	
1.1.3 ERSCB to scrutinise the quality of safeguarding work through audit and consultation.	The ERSCB to undertake Thematic audit work of CSA cases	ERSCB	March 2018	Audit tools measures practice and impact, not just process. There is evidence that the child's history informs risk	

				assessment, each relevant child in the family is considered in their own right, the level of risk is understood from the child's perspective and there is a clear shared understanding of risk between agencies.	
1.1.4 ERSCB to support the workforce to understand, recognise and contribute to joined up working when children and young people have been sexually abused.	Development and delivery of the ERSCB Training provision. This will be promoted through ERSCB website and partner agencies employee development programmes	MEE Sub Group chair ERSCB Service Manager ERSCB Trainers	ongoing	ERSCB has learning and development opportunities that raises staff awareness and understanding of: <ul style="list-style-type: none"> • the signs and symptoms of sexual abuse • how to respond to allegations of sexual abuse, and • the sexual abuse medical pathway. 	
1.1.5 ERSCB to seek annual assurance from the HSB Panel work including assessment, therapeutic work and wider safeguarding aspects including forensic (SARC) and historic CSA.	The HSB Panel Chair to report to the MEE sub group annually.	Board via HSB Panel	March 2018	The HSB panel is meeting the needs of children and young people in the East Riding	
Child Sexual Exploitation -CSE					
1.1.6 ERSCB to ensure implementation of the ERSCB Child Sexual Exploitation Strategy.	The CSE Strategic Group will review service delivery in line with the CSE strategy	CSE Sub Group Chair		The ERSCB CSE Strategic sub group scrutiny will ensure delivery of the ERSCB CSE strategic objectives including:	

				<ul style="list-style-type: none"> • Strategic Commitment Across all Agencies • Improve Awareness, Understanding & Recognition of CSE • Prevention and Communication • Protection of victims • Improve the effectiveness of interventions and support for Victims and Families • Disruption • Improve the prosecution of perpetrators <p>Multi-agency information collated supports disruption activities and prosecutions.</p>	
1.1.7 ERSCB to know the numbers of children who are victims of CSE and the effectiveness of its strategy to reduce the number of children and young people affected by CSE.	Analysis of the ERSCB Dashboard and case file audits	ERSCB CSE Co-ordinator to report to the CSE Strategic sub Group		<p>ERSCB dashboard includes relevant data; numbers of children who are victims of CSE</p> <p>Multi-agency audit evaluates the response, including the effectiveness of response provided to children when CSE has been identified.</p>	
1.1.8 ERSCB to understand the numbers and needs of children who exhibit risk factors in relation	Pre-MACE and MACE processes considers individual cases and monitors the multi agency response. MACE consider CSE data and	ERSCB CSE Co-ordinator to report to the CSE Strategic sub Group		<p>Data in relation to the prevalence of CSE risk factors is examined.</p> <p>Multi-agency audits</p>	

to CSE and is assured that local services respond quickly to those needs	undertake multi agency case file audits to inform practice			evaluate effectiveness of response provided to children when CSE has been identified as a risk. This will inform practice development.	
1.1.9 ERSCB to make sure that strategic and operational responses to CSE are informed by voices of children who have experienced CSE and their families.	Consultation with children, young people and their families.	ERSCB CSE Co-ordinator and CSE Strategic Sub group chair		Victims of CSE or families of CSE victims are engaged and their perspective informs strategic and operational activity of ERSCB. Audits evaluate how the voices of children have informed, influenced and impacted on the CSE activity of ERSCB. Children, young people's and their families views and experiences are used to inform and improve prevention and support service provision.	
1.1.10 ERSCB to ensure children who are victims, or potential victims of CSE or children who go missing are provided with necessary and effective support and interventions.	Scrutiny undertaken by the ERSCB Missing Strategic, Operational and pre-operation groups	ERSCB Missing Strategic chair		ERSCB reviews provision of support services so that Return Home Interviews (RHI) and support offered to children who go missing are of good quality and meet the child's needs.	
1.1.11 ERSCB will support the County 'Problem Profile' and use this to identify 'hot spot' locations, and factors that enable individuals /groups to be exploitative. This profile will enable	ERSCB CSE Strategic Group will Operate a County Problem Profile.	ERSCB CSE Strategic chair	March 2018	A County 'Problem Profile will assist partner agencies to reduce the risks of criminal exploitation by: <ul style="list-style-type: none"> • identifying 'hot spot' locations • factors that enable individuals /groups 	

services to use intelligence led activity to reduce the identified risks to children and young people.				<ul style="list-style-type: none"> to be exploitative • Create intelligence which can lead to multi-agency preventative /disruption plans. 	
1.1.12 The ERSCB will share and explore the learning form local and national serious case with practitioners and managers from all agencies involved in safeguarding children.	The ERSCB will develop and deliver Sharing and Learning Workshops	DR/MW/MS	By Nov 2018	Practitioners and managers will be better able to understand key messages from reviews, increase their knowledge and understanding of complex safeguarding issues and apply to their practice.	

Priority Practice Area 2: Domestic Violence/Abuse

National Data Picture:

The Office of National Statistics produces a data set relating to domestic Abuse using data sources from:

Crime Survey for England and Wales (CSEW)

Home Office Incident and Police Recorded Crime Data (PRS)

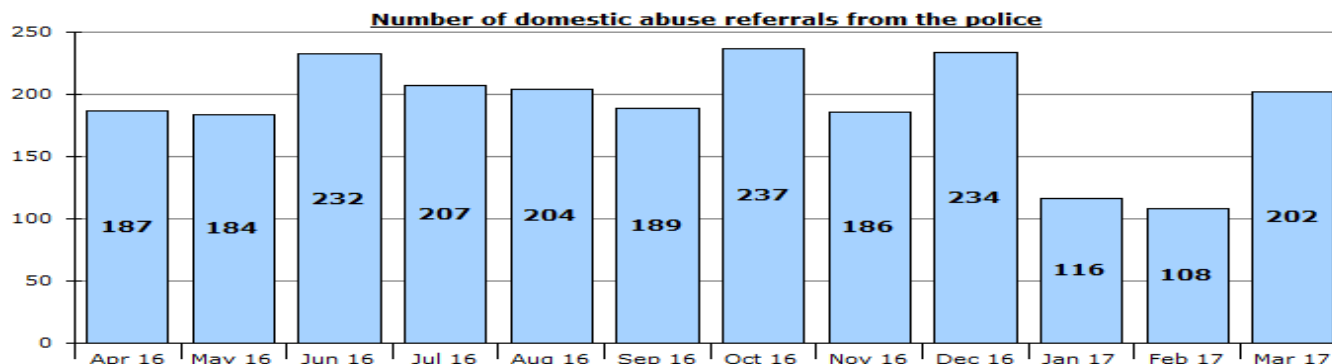
Crown Prosecution Service (CPS)

The table below provides an comparison of the national and local picture:

Source	Measure	National 3 yr average YE March 2014 to YE March 2016	Humberside 3 yr average YE March 2014 to YE March 2016	National Year End (YE) March 2016	Humberside Year End (YE) March 2016
CSEW	Any Domestic Abuse number of victims – all persons	1,862,251	35,053		
CSEW	Any Domestic Abuse number of victims – males	638,758	13,433		
CSEW	Any Domestic Abuse number of victims – males	1,223,493	21,620		
PRC	Combined Domestic Abuse related incidents and Offences - Number			1,031,120	18,780
CPS	Domestic Abuse-related charges as a % of referrals			69.69%	76.18%
CPS	Domestic Abuse – related prosecutions			100,930	1,279
CPS	Domestic Abuse – related convictions			75,235	1,089
CPS	Domestic Abuse – related convictions as a % of prosecutions			74.54%	85.14%

Domestic Abuse Statistics Data Tool – Office for National Statistics (2017)

Within the East Riding the number of referrals received by the Local Authority from the police for the first quarter of 2017 was 426: A referral is defined as a request for services to be provided by children’s social care and is in respect of a child who is not currently in need. A referral may result in: an assessment of the child’s need; the provision of information or advice; referral to another agency; or no further action. If a child is referred more than once in the year then each referral is counted in the figures



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. From September 2017, EHaSH and CAMHS Contact Point will be working together to implement a *no wrong door* approach in response to concerns about children / young people’s emotional well-being / mental health. In April 2017, changes were made to the way EHaSH records information to enable a more accurate analysis of the contact reasons; of the 1,243 contacts received that month, 239 (19%) in relation to domestic abuse. 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 35 cases are heard at the monthly MARAC meeting, with representation across key statutory and other agencies. Between September 2016 and June 2017 there were a total of 429 referrals to MARAC of which 16 were repeats. Agencies attending MARAC work together creatively to protect and provide intervention work to address concerns.

Humberside 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.

YFS and Early Years

Early years and Youth and Family Support YFS offer family centred support and intervention work to children, young people and families affected by domestic violence. This work can be part of work multiagency work and statutory intervention to address the impact of domestic violence and improve outcomes for the children and young people and their families. In the period March 2016 to March 2017 YFS has supported 467 emotional wellbeing cases and 260 cases in which children have displayed very challenging behaviour. Many of these children have suggested they have experienced the effects of domestic abuse at some point in their lives. April 2016 to end of March 2017 YFS provide direct support to 83 children and young people who display significant aggression towards Parents and or siblings and 8 cases which have been referred to the service specifically for support to address domestic abuse.

What needs to happen next:

Following the development of the Domestic Abuse Strategy – Children’s Services, the Board will continue to work with partners to ensure the DA Strategy is taken forward. The key objectives within the East Riding Domestic Violence and Abuse Strategy 2016 to 2020 are:

- Support is accessible to all victims
- The highest risk incidents are prioritised
- Provision of Early Intervention and Prevention
- Children and young people receive the right response at the right time
- Continuing development of a collaborative and effective response to Perpetrators
- Accessible victim support which is responsive to need across the East Riding and one which increases confidence in reporting abuse and protect victims from further harm.
- Commitment to a culture of collaboration cross national, regional and local partnership to tackle violence and abuse, deliver provision, prevention, risk management and criminal justice outcomes.

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
<p>1.2.1 To continue to ensure the development of a strategic partnership approach to Domestic Violence/Abuse</p>	<p>Continue to fund 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.</p>	<p>ERSCB Service Manager</p>	<p>ongoing</p>	<p>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</p>	<p>Project Officer appointed, 2 days per week on a 6 month contract.</p>
	<p>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.</p>	<p>PPDO Domestic Violence/Abuse DC/MH</p>	<p>ongoing</p>		
	<p>By ensuring effective links are in place with regards to information and data sharing across all ERSCB sub-groups, in particular the MEE Group to ensure lessons learned from SCR and audits are effectively disseminated and good practice developed.</p>	<p>Sub Group Chairs</p>	<p>Ongoing</p>	<p>That multi-agency and partner service's awareness and approaches to domestic violence/abuse are constantly reviewed and practice evolves in response to need</p>	
<p>1.2.2 Ensure Senior leadership and commitment at director level across relevant services, e.g. CFSS, housing, community safety, policing, education and health and partner actions gained to the ERYC Domestic</p>	<p>Develop a Domestic Abuse Forum from ERSCB, ACB and CSP</p>	<p>ERSCB, ACB and CSP</p>	<p>June 2018</p>	<p>Overarching commitment and co-ordination of resources supports effective delivery of domestic abuse support to children, young people and families.</p>	

violence and Abuse Strategy 2016 to 2020.					
1.2.3 Audit of training and delegates to ensure multi-agency, single agency, joint; and, representation across all sectors in ERSCB training	Review attendance at training – multi and single-agency in usual ERSCB training evaluation timeframe	ERSCB Trainers	Ongoing, in ERSCB Training plan	Multi-agency training increased practitioner knowledge and skills and helps develop a network which can enhance the support offered to victims of domestic abuse and their families.	
1.2.4 ER develops and promotes a range of evidence-based, multi-agency assessment and intervention resources and tools for domestic abuse and utilises associated tools e.g. Hidden Harm tool kit	Work with DVAP and other stakeholders to develop and identify preferred tools – free access, online	MH & DVAP team + DC	Ongoing	Evidence based resources enables practitioners to deliver effect support to address domestic abuse and needs of children, young people and carers.	
1.2.5 Specialist services develop a recognised consultative and learning role	Discuss with DVAP re: capacity and development required to fulfil formal consultative role	MH, DC and DVAP	ongoing	DVAP have a newly funded post in their children’s service which will build capacity in partner agencies	
1.2.6 Relevant ERSCB sub-groups EHUS and, MEE are informed and develop appropriate measures to ensure outcomes are improved.	Ensure DA in ERSCB performance monitoring.	DC	ongoing	Monitoring a Domestic abuse dashboard will assist in effective performance management and improved outcomes for children and young people.	

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.

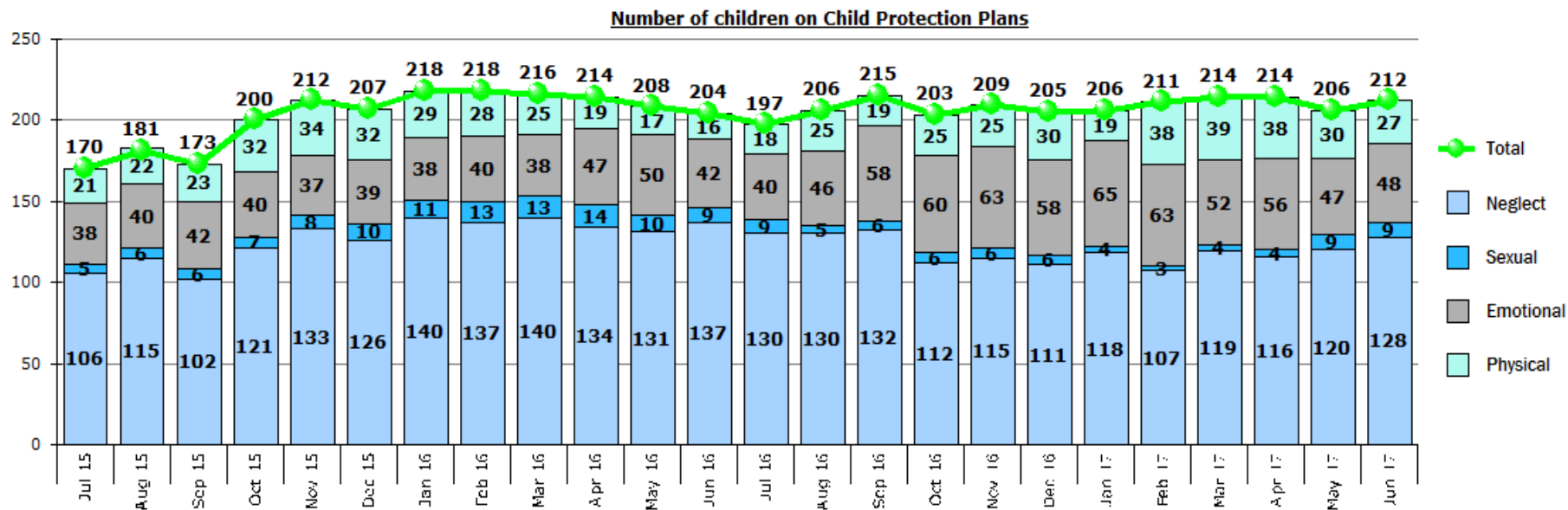
Neglect and Serious Case Reviews (2013) NSPCC

The number of children who were the subject of a child protection plan at 31st March has increased from 49,700 in 2015 to 50,310 in 2016, an increase of 1.2%. The gender split of children in need at 31st March 2016 remains similar to previous years - 52.7% are male, 45.3% are female and 2.0% are unborn or of unknown gender. The age split of children in need at 31st March 2016 also remains similar to previous years. The largest age group is those aged 10-15 years accounting for 30.6% of children in need; 23.6% are under 5 years of age. The percentage of children in need at 31st March with a disability recorded has decreased over the last five years, from 14.2% in 2010/11 to 12.7% in 2015/16. Abuse or neglect was the most common primary need at assessment for children in need at 31st March 2016: 50.6% of children in need had abuse or neglect as their primary need identified at assessment, followed by family dysfunction with 17.4%, and child's disability or illness at 9.6%.

Characteristics of Children in Need 2016 - 17 (2016) DfE

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.



AS can be seen in the bar chart above, at the end of June 2017 there were 643 open cases with a main category of Neglect. Of them 51% (329) were female, 47% (301) - male and 2% (13) unborn. 28% of children were 4 years old and younger, 30% were between 5 and 8 years old, 32% were in the age bracket 10 – 15, and 10% were 16 and older.

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.

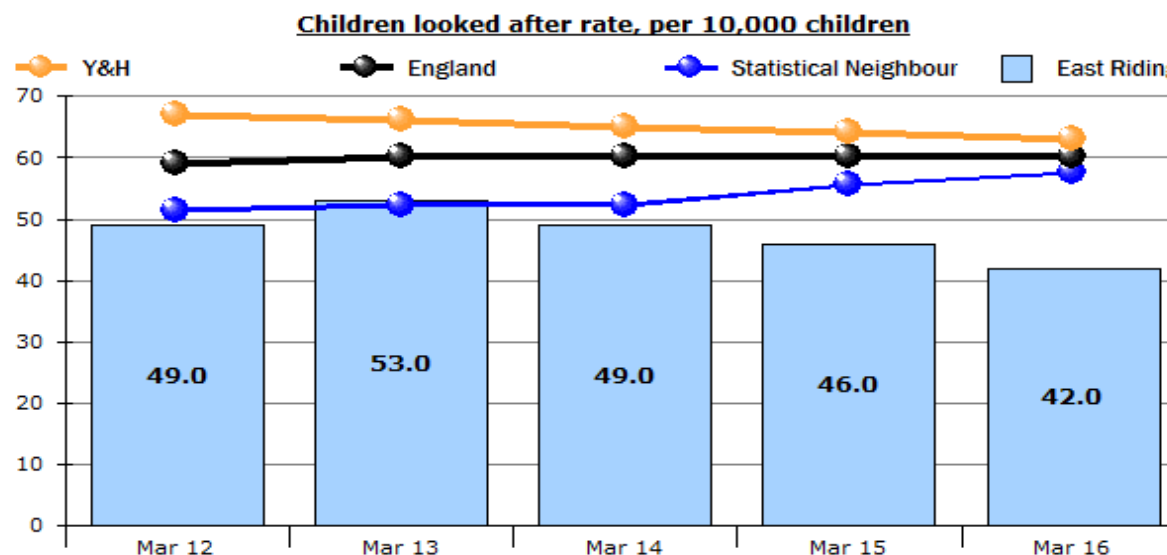
The Early Help and Safeguarding Hub (established July 2014) already brings together the local authority, police and some health representation in providing a single point of contact and first response for professionals and the public who have concerns about children and young people. Monthly threshold review meeting across all CYPSSS have offered 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 has helped maintain the lower numbers of children and young people who are looked after in comparison to national and regional figures – as highlighted in the chart below:



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
1.3.1 To continue to ensure the development of a strategic partnership approach to Neglect	The PPDO and ERSCB Trainers continue to support and monitor the development and implementation of the Neglect Strategy and Practice Guidance to evidence that the impact of 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.
1.3.2 Engage the Education sector colleagues in the ERSCB agenda re child neglect	Neglect and GCP2 briefings to Education Head Teachers and Designated leads	TM /CC	Spring 2018	Education professionals will be better supported to understand the impact of neglect and how their sector can respond to child neglect and support children and young people accordingly.	
1.3.3 Engage key adult services in the ERSCB agenda re child neglect	Neglect and GCP2 briefings to the ER Adult Safeguarding Adult Board	DR	Winter 2018	Increase adult services understanding of how adult carer's issues can impact on the care afforded to the child and young person. By understanding this interrelationship adult services can support earlier identification and support to address child neglect.	

<p>1.3.4 The assessment of neglect is informed by the use of GCP2 at key (formal) assessment points where neglect has been identified as a cause for concern to inform interventions and plans</p>	<p>Targeted roll out of GCP, possibly: By sectors – e.g. CSC, IROs, Children’s Centres, YFSS, key Health practitioners*, perhaps linked to EH assessment; or By locality – pilot area, selected by number of cases, team engagement.</p>	<p>DC</p>	<p>ongoing</p>	<p>The GCP2 tool informs Agencies holistic assessments to increase earlier identification and response to neglect</p>	
<p>1.3.5 The identification and response to neglect is improved by implementation of GCP principles in wider workforce practice.</p>	<p>Phase 2: Roll out of GCP principles</p> <ul style="list-style-type: none"> • for wider workforce as appropriate or, • by localities 	<p>DC</p>	<p>Ongoing</p>	<p>The wider workforce has an appreciation of adult vulnerabilities, how these can impact on the care afforded to the child and how to seek support to address concerns relating to child neglect.</p>	
<p>1.3.6 Develop a better understanding of the nature, presentation and impact of neglect in specific groups of children in order to improve early identification and response.</p>	<p>Focus on neglect in very young children, in adolescent and disabled children using national and local learning</p>	<p>DC</p>	<p>ongoing</p>	<p>A deeper understanding of child neglect, child development and disability will help practitioners and managers identify complex need and develop interventions to effectively protect children and work towards more sustainable improved outcomes.</p>	
<p>1.3.7 Practitioner awareness and knowledge (from the baseline) is improved and refined especially regarding child neglect, its impact, thresholds for intervention and escalation triggers</p>	<p>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</p>	<p>DC Review summer 2018</p>	<p>ongoing</p>	<p>Providing practitioners with tested evidence based resources ensures good quality effective intervention work is delivered.</p>	

<p>1.3.8 Increase 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</p>	<p>Phase 2 - Work with key agencies (e.g. NSPCC) to deliver an awareness campaign targeted at communities and the public</p>	<p>DC MW SC</p>	<p>Winter 2018</p>	<p>Greater awareness of neglect in the wider community will support earlier identification of child neglect and response.</p>	
<p>1.3.9 The ERSCB monitors the Neglect and GCP2 pilot and roll out</p>	<p>Undertake 3 levels of evaluation with GCP2 roll out:</p> <ul style="list-style-type: none"> • reach and usage of the tool – to be targeted at managers 3 months after GCP2 delivery commences in their area • Process and implementation survey – targeted at practitioners 6 months after GCP2 delivery commences in their area <p>Child outcomes and family feedback – targeted at families via practitioners 9 months after GCP2 delivery commences in their area (sufficient time for initial assessment, plan, and review of outcomes to have taken place)</p>	<p>MEE sub group DC DR ERSCB Chair</p>		<p>Ensure effective development and implementation of the ERSCB Neglect strategy to address the needs of children and young people.</p>	

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 <https://fingertips.phe.org.uk/profile/health-profiles>

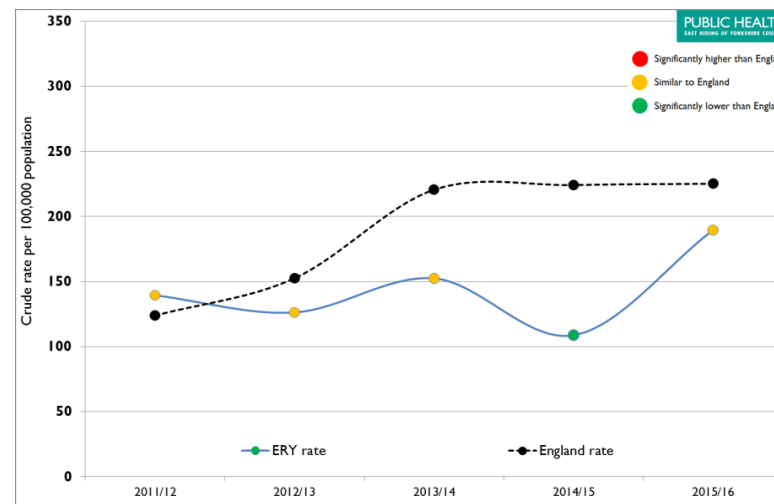
East Riding Data Picture:

The data for 2015/2016 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.

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 2011/12 and 2015/16, the number of hospital admissions as a result of self-harm by ERY residents aged 10-24 years, decreased from 175 to 123. However, The number of hospital admissions involving ERY children aged 10-14 from self-harm, **increased** from 26 to 33 between the years 2011/12 and 2015/16. ERY females dominate the admission rates for self-harm compared to ERY males in the younger age groups. Female rates are significantly higher in both the 0-14 and 15-24 age groups.

Table 3.1 Hospital admissions as a result of self-harm: children and young people aged 10-24 years, Directly standardised rates per 100,000 population. Source: PHE:

Period	2011/12	2012/13	2013/14	2014/15	2015/16
ERY count of admissions	175	148	153	130	123
ERY rate	323.6	276.6	282.3	237.2	234.0
Yorkshire and the Humber rate	386.4	342.7	394.7	367.9	384.8
England rate	347.4	346.3	415.8	398.8	430.5



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

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.

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:

Continue to Implement the recommendations of the Public Health report for ERSCB on Self- Harm in Children and Young People within the East Riding December 2015

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
<p>1.4.1 To continue to ensure the development of a strategic approach to self-harm and suicide</p>	<p>The Service Manager for ERSCB is a member of the CT Self Harm and Suicide Sub Group to ensure a consistent and joined up approach across partners.</p>	<p>ERSCB Board Member linked to CT Self Harm and Suicide Sub Group</p>	<p>ongoing</p>	<p>This 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</p>	

				measurable way.	
1.4.2 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 Public Health Nurses Monitor cases of self-harm presenting at secondary school 'Pop In's' reported to Commissioners at Contract Monitoring meetings. 	<p>Commissioner - East Riding CCG via contract monitoring</p> <p>Commissioner - East Riding of Yorkshire Council Public Health Team via contract monitoring</p> <p>Provider - Humber FT</p> <p>ERYC Directorate of CFS</p>	ongoing	<p>Clearer understanding of the prevalence of self-harm behaviour in the East Riding</p> <p>Data used to inform commissioning decisions and service delivery</p> <p>C&YP receive appropriate levels of service</p>	
1.4.3 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-harm behaviour and suicidal behaviour Staff access the ERYC Youth Mental Health First Aid Programme agreed as agreed for 2017/18 and also the ERSCB Self-Harm e- learning package available 	Commissioner - ERYC Public Health Team	On going	<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>	

				C&YP level of risk is assessed C& YP who self-harm are always taken seriously	
1.4.4 Provide training for staff supporting people who self-harm (short and long term therapeutic interventions)	<ul style="list-style-type: none"> • ERSCB Training Team to lead this area of work • Appropriate training offered to equip staff to understand and care for people who have self-harm based on NICE Guidance • Staff understand the difference between self-harm behaviour and suicidal behaviour • Workshops on Learning from SCR to be delivered in 2018 across ERY. 	<p>ERYC Directorate of CFS</p> <p>Provider – Humber FT</p> <p>Provider – HEYH Trust</p> <p>ERSCB Service</p>		<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 /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>	
1.4.5 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 	<p>Commissioner – ERYC Public Health Team</p> <p>ERYC Directorate of CFS</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</p>	

	<p>website, and ERSCB website, HFT website</p> <ul style="list-style-type: none"> • 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 • 	Provider - HFT		<p>don't want to stop self-harming</p> <p>C&YP know what they can do if they know someone who self-harm</p>	
1.4.6 Consider how support networks for families can be promoted	<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>		Parents and carers supported with their role	
1.4.7 Within the community raise awareness of emotional wellbeing in children and adolescents; build resilience and signpost to Early Help resources	<ul style="list-style-type: none"> • Develop an emotional wellbeing Campaign with NSPCC and partner agencies to promote awareness, pathways of support particularly at the early help stage. 	ERSCB and partner agencies NSPCC		Children, Young people, Parent Carers and practitioners will have a better understanding of emotional and wellbeing issues and how to access support to increase emotional help and wellbeing and reduce the prevalence of self harm.	

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. Consultations including a survey of 410 children including those in care will inform the programme of work the Commissioner will undertake in 2017/18. The primary concerns identified in the consultation were mental health, including the effects of parental mental ill health and the stress caused by divorce. Children also expressed fears about feeling anxious and lonely, and lacking confidence.

Source: www.childrenscommissioner.gov.uk

The NSPCC have recently published a report outlining what children are telling ChildLine about the experience of the services available to them. The report also highlights the issues they are seeking support to address. The key points included:

- One third of children had not spoken to anyone else about the abuse before contacting ChildLine.
- 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.
- 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.
- The top 3 concerns children discussed were low self-esteem/unhappiness, family relationships and bullying/online bullying.
- One third of Childline counselling sessions related to mental health and wellbeing issues. Counselling about suicidal thoughts and feelings reached the highest ever levels with 19,481 sessions.
- There were 26,764 counselling sessions about abuse. These included sexual/online sexual abuse, physical abuse, emotional abuse, domestic/partner abuse and neglect.
- There were 11,253 counselling sessions relating to online issues including sexual abuse, bullying and safety.
- There was a 19% increase in counselling sessions about low self-esteem/unhappiness, replacing family relationships as the top concern.
- There was a 47% increase in counselling sessions about sexuality and gender identity; and, a 115% increase in transgenderism or gender dysphoria.
- There was an 11% increase in counselling sessions about exam worries and a 12% increase in counselling about problems at school

Childline annual review 2015/16: It turned out someone did care. London: NSPCC (2016)

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
2.1 Ensure the views and experiences of children, young people and service users inform Board activity	ERSCB will develop an initiative with East Riding College to consult with children and young people focusing on their experiences of service provision and what it is like to live in the East Riding.	ERSCB Sub Group Chairs	Ongoing	Children are able to access services that are appropriate and responsive to the needs of children and young people.	
2.2 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	ongoing		
	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		
2.3 Ensure safeguarding advice material is available, accessible and relevant to the experience of children and young people in the East Riding.	By ensuring general ERSCB leaflets and posters, as well as information and literature on specific issues and partner services are up-to-date and available ERSCB Website has up-to-date links for both local and national resources, including FISH, Local Offer etc	ERSCB Board Manager	Ongoing	Children and young people are better informed about their right to be safe and how this can be promoted	

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.

The Children and Social Work Act April 2017 deregulates Local Safeguarding Children Boards and removes the need for each local area to establish one. Multi-agency arrangements will be determined locally and it becomes the joint responsibility of the local authority, the police and health services to agree the local arrangements. These changes are intended to enable more effective learning at a local and national level to improve child protection practice. The Act makes provision for a national Child Safeguarding Practice Review Panel. It has been agreed that the current arrangements will remain in the East Riding of Yorkshire for the time being; however the ERSCB Board will work with partners to agree local agreements to ensure continued coordination and effectiveness of safeguarding children for the future.

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. Kay Durrant, 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 ERSCB 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. It will also work with partners to agree local agreements to ensure continued coordination and effective of safeguarding children for the future in response to The Children and Social Work Act April 2017.

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
3.1 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.	
3.2 Ensure that members undertake their role in promoting the use of respectful challenge to improve practice	Maintain and promote the ERSCB Challenge Log.	ERSCB Board Manager	Quarterly Board Meetings	Multi-agency and partner services are constantly reviewed and practice evolves in response to need	
3.3 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 Walk the Floor Exercises to be undertaken with services linked to the Board's priorities.	ERSCB Board Members	Quarterly Thematic Audit Events	Multi-agency and partner services are constantly reviewed and practice evolves in response to need	
3.4 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	

3.5 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	
3.6 Ensure effective two-way communications exist between partners and education services	The ERSCB Education Reference Group, chaired by the Director for Children, Families and Schools provides a forum for this.	ERSCB Service Manager TM	ongoing	Children and young people receive consistent information, advice and support	
3.7 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 Youth and Family Support and Humberside Police. The ERSCB will work with partners to agree local arrangements to ensure continued coordination and effective of safeguarding children in response to The Children and Social Work Act April 2017	All partners	Quarterly Board Meetings	Safeguarding services for children and young people remain appropriate and effective during times of change	
3.8 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		

SECTION 4: Promoting a Culture of Continuous Learning and Improvement

Promoting a Culture of Continuous Learning and Improvement

National Data Picture:

Recommendation 13 of Professor Munro's Review of Child Protection sets out an expectation that local authorities and partner agencies should review and redesign their services to provide child-focused, high quality help to children and families.

'Local authorities and their partners should start an ongoing process to review and redesign the ways in which child and family social work is delivered, drawing on evidence of effectiveness of helping methods where appropriate and supporting practice that can implement evidence based ways of working with children and families.'

Recommendation 13 from The Munro Review of Child Protection, published May 2011

East Riding Data Picture:

Inter-agency Training Programme	2011/12	2012/13	2013/14	2014/15	2015/16	2016/2017
Total Face-to-Face	1502	2241	2282	2429	2121	1729
Total E-Learning (Passed)	2737	3367	4541	4224	4346	5441
Total Trained	4239	5608	6823	6653	6467	7170

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

- Area based On-line Safety Workshops for practitioners, foster carers, and volunteers
- Safeguarding Awareness Sessions delivered to taxi drivers as part of the licensing agreement
- YHMAST Conference on Neglect
- Designated Safeguarding Leads Training for education providers over 95% completed this training.
- Safeguarding Children with Disabilities Training for Hospital and Community Paediatricians
- CSE Awareness Training for University of Hull Social Work Students

ERSCB Trainers in 2016 to 2017 have also delivered An Introduction to Safeguarding and CSE to 140 East Riding drivers trained and regular meetings taking place to discuss shared/joint issues and priorities 87 Hull Taxi drivers.

What is currently in place in the East Riding:

Professor Munro's recommendation can only happen if there is a culture of continuous learning and improvement within 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. The new Graded Care Profile 2 (GCP2) training has been licensed from the NSPCC and is a new addition to the training supporting the Neglect Strategy and offered by ERSCB.

Safeguarding Training for schools

Most of our Designated Safeguarding Leads (DSLs) have completed the following ERSCB Training as this is our minimum standard; ACAN, WT, CC&CG, EHA, Prevent & FGM & Safeguarding in Education. Once this is completed, ERSCB Trainers then highly recommend the Hidden Harm courses and Neglect but encourage DSLs to attend all other ERSCB courses where they feel they are lacking knowledge or need refresher. Many of our schools take this on board and make up the largest percentage of participants across many of our courses. ERSCB Trainers have now delivered DSL Development Days for the 5th year in a row. As KCSiE now stipulates DSLs should attend update every two years. ERSCB deliver these update sessions every year. This training is open to all education settings from LA nursery schools to FE and independent schools. 231 people attended from 142 settings. A further ten establishments are being encouraged to access the training. All school staff receive update in house training every year and complete either ACAN or SIE every three years. SIE designed for teachers and other classroom staff includes consideration of radicalisation, FGM, CSE.

In the next few months a large proportion of schools will become academies under a variety of academy trusts and it is hoped that they continue to access ERSCB training and school safeguarding support through a level of SLA. Therefore it is important that the Board continues to set realistic and statutory expectations on levels of training for school staff and understand the competing demands on school staff time.

Prevent Training

Prevent Training has been delivered to schools, YFS and Early Years Services by the ERSCB Trainers and ERYC Central Training Team.

The statutory guidance for Schools Keeping Children Safe in Education and Prevent Duty Guidance makes it clear that the minimum requirement is for the DSL in each school to complete Prevent training. All staff in every school are required to read & understand part one of KCSiE which includes a section on radicalisation. Most of our schools have gone above that level of training required either through the WRAP or online Home Office training. The majority of our schools have involved all staff and Governors in this training.

What needs to happen next:

In addition to the continuation of the ERSCB Interagency Training Programme, the Board's sub groups will continue to support a focus on training linked to the ERSCB Boards priorities:

- Child Sexual Abuse: Continue to encourage practitioner access across all partners to the ERSCB Safeguarding training and development provision.
- Domestic Violence/Abuse: To continue to ensure the development of a strategic approach to Domestic Violence/Abuse
- Neglect: Continue to support the delivery of the GCP2 across the East Riding.,
- 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

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
<p>4.1 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</p>	<p>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 MEE Group:</p> <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 	MEE Sub Group chair	Ongoing	<p>These actions will assist ERSCB in being assured that the children’s workforce is skilled and confident in responding to safeguarding children and young people.</p>	
	<p>Continue to deliver high quality, effective multi-agency safeguarding training that reflects the needs of the workforce</p>	MEE sub group/ ERSCB Training Officers	Ongoing		
	<p>Continue to embed lessons from the Child Death Overview, Serious Case Review Panels and other learning lessons processes, both locally and nationally</p>	CDOP and MEE sub Group	Ongoing		
	<p>By utilising opportunities for interactive and immersive learning as well as sharing good practice</p>	ERSCB Training Officers	Ongoing		
<p>4.2 Monitor and evaluate the use of live and reflective multi-agency quality assurance processes</p>	<p>Review and revise multi-agency auditing processes to improve effectiveness</p>	MEE sub group	ongoing		
	<p>Continue the implementation of in-depth thematic auditing of specific areas of practice</p>	ERSCB MEE Sub group	Ongoing		
<p>4.3 Monitor and evaluate practice to ensure and evidence an improvement</p>	<p>Monitor the implementation of partner Action Plans in response to inspections, e.g. CQC Review of Health Safeguarding Services action plan</p>	ERSCB Board	Quarterly Board Meetings		

