



**Southampton
Local
Safeguarding
Children Board**



Annual Report

2015-16

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The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities.

We are aiming to be free of red tape So that the focus can be on what matters – making children safer in the City.



*Keith Makin
Independent Chair,
Southampton LSCB.*

How safe are Children in Southampton? Keith Makin, Independent Chair

The majority of children and young people in Southampton grow up happy, safe and well in secure families and communities. Unfortunately there are children and young people in the City that face significant challenges and risks in their lives. This report aims to highlight the key issues facing the children, young people and their families in Southampton and to comment on the quality of responses to safeguard these children by local services. The findings from this report have informed our Business Plan for the coming period of 2016-18 in order that we can address and seek assurance of the quality of responses in the city.

This has been an important year for the LSCB with much progress being made, particularly in how the Board uses all the data available from the partners to make sure that it is up to date on trends and changes. This strengthens the ability of the Board to challenge practice where necessary.

There is a continuing process of examining how the Board works and this annual report shows where changes have been made in the structures of the Board and the supports for it, in order to make for smarter working and greater efficiency. We are aiming to be free of red tape as far as is possible in such a complicated arena so that the focus can be on what matters – making children safer in the City.

Since the period covered by this annual report, the Government has published a review of LSCBs (The Wood Report), including the working of the Child Death Overview Panel and the production of Serious Case Reviews. There are no definite conclusions as yet in response to the review, but it is clear that the statutory functions of the key partners (Health, the Council and the Police) will be defined and strengthened. The LSCB will respond to the formal Government position when it is known but there are, as yet, no dates set out for this.

The LSCB continues to liaise closely with Southampton City Council on the transformation plans that are unfolding. The role of the LSCB is to ensure that the Council structures and methods of working are fully compliant with safeguarding needs and we will continue to keep a close eye on this. There are implications for services for adults and the children's and adult's safeguarding Boards are working very closely together to ensure that the whole family, not just the child nor the adult, is safeguarded.

The LSCB is strong, is very much child-centred and has full and active engagement from all partners on the Board.

This annual report shows that the LSCB is strong, is very much child-centred and has full and active engagement from all partners on the Board. We are in a position to move forward with confidence, but with no complacency.

Local information within the report that follows shows a mixed picture in terms of local performance and in the outcomes for our Children in the City. There are some particularly poor outcomes for our Children's health and wellbeing which continue to inform the focus of the LSCB work. In particular the information received by the LSCB shows us that:

The level of child poverty in Southampton is worse than the England average with almost a quarter (22.7%) of children living in poverty.

School achievement and Early Years performance in Southampton has dropped below national average – in Early Years for the first time in 6 years (KS1) and in other Key Stages (KS2, 3 and 4) performance similar to last year and below national average.

The level of child poverty in Southampton is worse than the England average with almost a quarter (22.7%) of children living in poverty.

The gap in achievement for disadvantaged pupil's remains similar at all key stages, and still substantially below national average.

The percentage of pupil absence in the City is 5.2% in 2015. Above that of our Statistical Neighbours (4.9%) and the National Average (4.6%). This is a key area of concern and the LSCB understands that a task group to tackle this has been established.

There is good performance in terms of children Not in Employment or Training (NEET) – Southampton performance is above the national average.

There has been a reduction in the number of Electively Home Educated (EHE) children with a statement of Special Educational Needs and related plan – although there is not a clear indication of why this is the case. The LSCB has established an Education Task and Finish Group to seek assurance on this alongside other safeguarding issues in Education for our most vulnerable pupils.

Notifications of concerns to MASH (the Local Authority Multi Agency Safeguarding Hub) have increased from police which stands at circa 2,000 notifications per quarter. There was an increase in Q4 of 6% from Q1 although overall concerns raised to MASH remain steady over the year. Q4 saw an increase in number of children taken into police protection – reflecting an increasing trend over the year, with 36 children during the year being protected in this way.

There was a decreasing trend in the number of Early Help Assessments and Plans (Known as Universal Help in Southampton at the current time. The figure in Q4 was 1,548. The Local Authority is reviewing this process and responses to Early Help, linked to findings within an

The number and rate of children in need in the city continues to be significantly higher than the statistical neighbour and National Averages [however this has] reduced by 11% compared to last year.

LSCB Early Help Audit delivered this year. This process and a proposal for revised Early Help Assessments and Plans will be discussed at the LSCB early in 2016-17.

The number of Children in Need new referrals in Southampton has reduced by 11% compared to last year. The number and rate of children in need in the city continues to be significantly higher than the statistical neighbour and National Averages. The percentage of re referrals within 12 months for children in need has seen a rise this year which is also of concern. New processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

The year data to the Board showed declining performance in terms of the number and percentage of single assessments completed in the 45 day timescale. In Q1 the figure was 72.3% and in Q4 this was 43.2%. The Local Authority has reported to the LSCB that remedial action is being taken with a focus on ensuring outstanding assessments are acted upon and have provided assurance that positive improvements to this will be demonstrated in data for Q1 2016-17.

The rate of Section 47 enquiries started in Southampton has decreased from 448 per 10,000 population in 2014-15 to 328 this year. This remains a significantly higher rate than the statistical neighbour average of 176 per 10,000 of the population, and the national average of 138 per 10,000.

The rate of Section 47 enquiries started in Southampton has decreased....it remains a significantly higher rate than the statistical neighbour average

During the year concerns were raised at LSCB regarding the percentage of Initial Child Protection Conferences completed within timescales, this has shown a marked improvement from 38.3% in Q1 to 84% in Q4. This is higher than the performance of statistical neighbours 75.3% and the national average of 69.3%.

The number of children with a child protection plan at the end of this period is 337 – lower than the previous year end figure of 389. There is a reducing trend in numbers over the year period however the rate of Children subject to a Child Protection Plan of 70 per 10,000 of the population is still significantly higher than the statistical neighbour and national averages.

The percentage of children subject to repeat child protection plan (previously on a plan at any time) stands at 22.2% at the end of 2015-16. This is higher than the statistical neighbour average of 14.9% and national average of 15.8%. The number of children with a child protection plan for over 15months has risen significantly since last year. This was 26 at the end of 2014/15 and 49 at the end of this financial year. The Local Authority has assured the Board that this is subject to a thematic audit and actions will be taken to address this rising trend.

Southampton continues to have higher than average numbers of looked after children.

This is a continuing concern for the LSCB, predominately due to the evidence locally and nationally that reflects poor outcomes for Children in Care.

Southampton continues to have higher than average numbers of looked after children. The number of Looked after Children at the end of this year was 591. This reflects a reducing trend during the year however the figure does fluctuate. The rate of Children that are looked after by the local authority is 123 per 10,000 of the population – significantly higher than statistical neighbour average (77) and national average (60). The local authority has assured the Board that safe local scrutiny of this issue are in place, including a Children in Care panel and specific projects regarding children on the ‘edge of care’. The service also assured the Board of their plans to improve permanence arrangements – the Board continues to keep oversight of Looked after Children numbers in partnership with the Local Authority Corporate Parenting Board, including where any developments are proposed to address this issue to ensure they are safe and well evaluated.

This is a continuing concern for the LSCB, predominately due to the evidence locally and nationally that reflects poor outcomes for Children in Care. For example:

- Immunisation rates are lower. 68% are reported in this to have had up-to-date immunisations - significantly lower than the national average of 87.8% and highlighting a gap compared to ‘other’ children (over 90%).
- Performance in Health assessments for LAC have improved since last year with 96% being seen within 28 day timescale, above the target of 95%.
- Care leavers not in contact or NEET is 54.2% - an increase from last year and significantly higher than other young people that are NEET. This is below the national average of 55%, higher than our statistical neighbour average of 41%
- The number of Looked after children missing for more than 24 hours has risen in the year total from 29 to 50 this year. The Local Authority are closely monitoring the children affected, including those placed out of area, in particular the responses made by the partnership. The MET group of the LSCB is also identifying learning from cases where children are placed out of area and at risk of going missing – findings from this are reported early 2016-17.

The number of Domestic Violence and Abuse (DVA) MARAC (Multi Agency Risk Assessment Conference) cases involving children has fluctuated significantly on a quarterly basis this year. Of particular interest to the LSCB is the development of a joint MARAC with the MASH (Multi Agency Safeguarding Hub) in the City which is due for launch early in 2015-16. The LSCB will receive details of this and evaluate progress during 2016-17.

The LSCB MET (Missing, Exploited and Trafficked) Group review a detailed data set to monitor key performance indicators on a quarterly basis at each of its meetings. The number of episodes of children known to the police because they have gone missing has not changed significantly over the year. An increasing awareness of risk indicators on this issue is apparent, and the LSCB will continue to develop local work to ensure CSE is appropriately

*I am confident that ...
our strong
partnership will
enable the LSCB to
lead the way in
influencing future
developments.*

identified, assessed and responded to, to ensure vulnerable children are protected. MET issues continue to be a key priority for the City and LSCB and as such the Board continues its close scrutiny and oversight of the work through the MET group work.

As an LSCB our role is to scrutinise and monitor the key issues identified above and in the report that follows, through our now fully established Section 11, Audit and Case Review systems and



Keith Makin
Independent Chair
July 4, 2016

The LSCB is a group of agencies that work together to make sure that services in the city are working together to safeguard children.

The LSCB has a Business Plan that details the work that will be done..... Progress against the plan was reviewed in February 2016 at a special meeting of board members.

Introduction

Who are the LSCB?

Southampton Local Safeguarding Children Board (LSCB) is a statutory body that leads on keeping children safe and ensuring their wellbeing in Southampton. The LSCB must also continually check that what is done in Southampton to safeguard children works. For example, we try to make sure that the procedures we publish are clear and help staff and volunteers know what to do when they are worried about a child, or that staff and volunteers receive the training they need to undertake their roles. We focus our attention and efforts on a range of agreed priorities taken forward by 'sub groups' and occasionally issues focussed 'task and finish' groups of the main LSCB.

What did the LSCB do in 2015-16?

Business Plan Update

The LSCB has a Business Plan that details the work that will be done during a set period of time. For 2015-16 the LSCB had a Business Plan with 5 Priority areas of work, these were developed using key learning from Case Reviews, audits and other work areas. The full Business Plan document can be viewed on our website www.southamptonlscb.co.uk. Progress against the plan was reviewed in February 2016 at a special meeting of board members, this informed future business planning and determined the work of the board in the coming year/s. Any areas with incomplete actions are carried forward or have been completed since that time. The Board acknowledged that priorities in the coming years should focus on key areas identified for improvement. A summary of progress against the priorities is below. Following review of the plan, the LSCB has assessed that all actions are either in progress or completed.

Priority 1: Ensure Safeguarding is a Whole City Theme:

The LSCB agreed its Communications Strategy this year, this can be found [here](#). This document sets out the way the Board will deliver this message. The Community Engagement and Awareness Group worked on a plan to make this happen during this year, and delivered a number of awareness activities. The Board led on Child Safety Week activities in June 2015 engaging with over 300 individuals and families in various locations across the city on key safety and safeguarding issues including the national theme of 'Tea Time Terrors'. This continued and key messages for Safeguarding Week 2016 were planned linked to Board

The LSCB recruited 3 new lay members to help link with communities and families, their recruitment included an interview with young people from the local Young People in Care Council.

LSCB helped promote Online Safety Day in February 2016 and Child Sexual Exploitation Awareness Day in March 2016.

priority areas including: safe sleeping, what to do if you are worried about a child, spotting signs of neglect.

The LSCB also worked with its member organisations to convey key messages to the public and workforce linked to Online Safety Day in February 2016 and Child Sexual Exploitation Awareness Day in March 2016. The picture below was collated as part of the latter by the Local Authority Child Sexual Exploitation (CSE) Hub Workers as part of CSE Awareness Day campaigning:



The LSCB has worked with local organisations that engage with children and families in the city to plan a range of engagement opportunities, and work on this continues. The LSCB recruited 3 new lay members to help link with communities and families, their recruitment included an interview with young people from the local Young People in Care Council.

The LSCB also established a task and finish group to identify how local services are engaging with members of the community from diverse backgrounds, the work of this group has included workshops with professionals and community links to identify what key areas need focus and this work continues during 2016-17.

The LSCB sought assurance via the Safe City Partnership regarding road safety issues and work to combat the number of children that are injured or killed in road traffic accidents in the city. The LSCB was made aware of a planned local day of action and awareness raising to encourage families to become 'Road Safety Hero's' led by Health and Public Health colleagues and ensured local community awareness of this via schools and education settings. It is clear

LSCB delivered an annual conference to raise awareness of learning from case reviews across the city – including input from LSCB, Local Safeguarding Adults Board (LSAB) and Southampton Safe City Partnership.

The LSCB also hosts a ‘challenge log’ - a published list of challenges made, resolved and to be actioned, among partners and board members.

work in the coming years. The LSCB sought assurance from Safe City Partnership / Health and Wellbeing Board of current work to reduce the number of children killed or seriously injured in road accidents in the city. In addition the LSCB delivered:

- A Survey of Professionals working in Southampton to evaluate success of LSCB activity.
- Delivered its annual conference to raise awareness of learning from case reviews across the city – including input from LSCB, Local Safeguarding Adults Board (LSAB) and Southampton Safe City Partnership.
- Delivered 4 newsletters during the year to raise awareness of local training, events and services as well as link to national updates see www.southamptonlscb.co.uk .

Priority 2: Manage and monitor the impact of austerity measures, increasing demand and changes to service provision on safeguarding outcomes for children and young people.

This priority reflects the LSCB core business to evaluate the impact of local services in improving safeguarding outcomes for children in the City. The LSCB delivered a number of key actions on this topic to do this.

LSCB members from Health commissioners and providers and the Local Authority delivered an audit of Early Help cases. This led to a review of arrangements for the service to ensure Children in Need cases were of the appropriate focus. This has also led to further discussions between key services to develop integrated working in key locality areas.

The LSCB also reviewed the Quality Assurance processes used to ensure that any service changes and the impact of these can be raised, this includes review of key data indicators, target setting within the data set which are reported on and review of the Section 11 template and reports to board templates.

The LSCB also hosts a ‘challenge log’ see www.southamptonlscb.co.uk this is a published list of challenges made, resolved and to be actioned, among partners and board members to highlight the impact of any service changes. In addition the LSCB developed an ‘escalation log’ to keep records of inter-agency issues that required escalation according to the 4lscb procedure for ‘Resolving Professional Disagreements’.

The LSCB Chair joins the chairs of other key partnerships including the Local Safeguarding Adults Board, Health and Wellbeing Board and Safe City partnership in a meeting held regularly. This is a cross service opportunity for innovation and development as well as overview and scrutiny of service provision

Over 300 Year 9 children in 3 schools, and 300 community members, attended CSE sessions this year (Chelsea's Choice play).

The LSCB has also led the delivery of a multi-agency plan to improve and coordinate responses to Female Genital Mutilation (FGM).

Priority 3: Ensuring the prevention and disruption of the exploitation and victimisation of children and young people

The LSCB reviewed its three year multi-agency action plan for MET issues embracing learning from other areas case reviews, locally identified issues as well as guidance from national bodies. The plan is available on www.southamptonlscb.co.uk. This is monitored and evaluated by the MET Strategic Group. Ofsted identified clear areas for improvement in terms of the LSCB role in monitoring responses to children and young people that go missing which has also informed the plan. The implementation of the plan this year has included:

- Delivery of the first of a set of MET Thematic Case Audits
- Quarterly MET performance monitoring of local data including indicators and commentary regarding:
 - CSE
 - Missing children and the quality and success of return / safe and well interviews carried out with young people that go missing from home or care.
- Learning workshops and training on Child Sexual Exploitation (CSE) – now delivered quarterly to multi agency audiences
- Targeted activities to raise awareness of CSE risks linked to the Hampshire Constabulary Operation 'Make Safe' – targeting licensed venues, hotels and taxi firms.
- Delivered Chelsea's Choice (an acclaimed theatre production) performances in 3 local secondary schools and evening sessions with over 300 community members
- Oversight and leadership of the MET Operational Group.
- ADCS (Association of Directors of Children's Services) Peer Review of CSE delivered and used findings informed future work
- Established links to core related issues such as 'county lines' and serious youth crime
- Oversight of work to develop a CSE Hub in Southampton MASH.
- Linked to wider Hampshire work relating to Modern Day Slavery and trafficking.

The LSCB has also led the delivery of a multi-agency plan to improve and coordinate responses to Female Genital Mutilation (FGM). The LSCB held a task and finish group of key services and community leads to develop and deliver this. The Group; reviewed 4LSCB procedures relating to FGM to ensure alignment with current best practice, identify key group of professionals for targeted workforce development and deliver appropriate level of FGM awareness training, linked with existing campaigns locally and nationally to raise awareness of FGM and linked to 4LSCB work to ensure workers are aware of how to identify and respond to risks of FGM.

Priority 4: Embed key learning from case reviews (including SCR's) and audits into local practice

This year the LSCB has ensured learning and improvement plans are clear from case reviews and these are integrated in to overall plans for the LSCB and its partner agencies. The LSCB

The LSCB has:

monitors improvement action plans from individual services and takes action across the partnership where necessary to ensure learning is embedded. The LSCB holds learning events regularly to raise local knowledge and understanding of key learning themes and issues. Further details on case reviews received and underway by the board follow in relevant chapters.

Requested assurance of safe pathways for children that are home educated,

In response to key learning identified in case reviews, during 2016-16 the LSCB:

- Continued 6 monthly oversight of progress of the MASH and Early Help services.
- Promoted whole family approach – identifying further areas for joint development work and informing transformation plans by the Local Authority and linking with Health and Wellbeing Board, Safe City Partnership and the LSAB on key initiatives and opportunities such as – highlighting joint areas for learning from case reviews, on suicide prevention and awareness raising opportunities. This is a continuing improvement theme that the LSCB will monitor in the coming period.
- Monitored effectiveness of the 4LSCB Joint Working Protocols between adult and children / family services – for example through a dual service audit of cases where there is joint working between maternity and children’s services and gained 6 monthly update of progress on actions identified.
- Ensured effectiveness of Rapid Response to Child Death & CDOP arrangements for Southampton – this year the Southampton LSCB took ownership of the CDOP arrangements for the city as a result of this and a review of current arrangements by the 4LSCB area Chairs and Boards.
- The LSCB has requested assurance of safe pathways for children that are home educated, this is ongoing and has influenced a recognised need for an ‘Education’ focus in 2016-17 via a task and finish group.
- Focussed on Neglect as an issue – raising awareness through learning and development work, and revising local toolkits for professionals. Further focus on this work is seen as a priority given more recent learning from case review work and has influenced priority setting for the coming year, including a need to identify links to dental neglect.
- Sought assurance from the Safe City Partnership regarding planned improvements and developments to ensure children subject to domestic violence and abuse are safeguarded – including future developments to integrate MARAC with MASH in the city.
- Put in place plans for a process of seeking regular assurance of responses by education settings (including schools and preschools) to safeguarding requirements under Section 156 of the Children Act – work on this continues into 2016-17 within an education task and finish group’s remit.
- Established a ‘diversity task and finish group’ of key local community leads and link officers with board member agencies. This group held workshops to establish key areas that professionals and community leads feel are of priority when responding to diversity issues which is informing developments in 2016-17.

Focussed on Neglect as an issue – raising awareness through learning and development work, and revising local toolkits for professionals.

Sought assurance from the Safe City Partnership regarding improvements and developments to ensure children subject to domestic violence and abuse are safeguarded.

The LSCB recognised the importance of building resilience and raising aspirations and agreed this as a priority this year.

The LSCB Chair meets regularly with Chairs of key partnerships in the City to enable peer challenge between boards.

Priority 5: Ensure a focus in Southampton on building resilience and raising the aspirations of children and young people

The LSCB recognised the importance of building resilience and raising aspirations and agreed this as a priority this year. The work of the Safeguarding board has to focus on child protection and ensuring the welfare of children – the work focussed as agreed in the Business Plan on:

- Monitoring school attendance rates – identified as an issue and an ongoing concern in this year’s data. This will continue to be highlighted in the LSCB data reports to the Board meetings.
- Identifying attainment rates and gaps in terms of children that are disadvantaged, via a report to the main board from the Local Authority once results were confirmed. The Board also received information about changes to this and next steps as summarised in the information that follows.
- Monitor rates of Children NEET (Not in Employment or Education)– details below reflect a positive picture for all children and concerns regarding the same issue for care leavers
- Continue to seek assurance of action that is taken to address poor educational outcomes for children that are looked after.
- Linked to a local Head Start project to raise awareness and seek views of young people regarding reduction of self harm and improve mental health of children.
- Completed a review of cases of teenage conceptions to identify learning areas that would inform the local teenage pregnancy strategy – seeking assurance from the Local Authority and partners regarding the success of this strategy.

In addition the LSCB Chair meets regularly with Chairs of key partnerships in the City including presentation of Annual Reports with the local Health and Wellbeing Board, Adults Board and Community Safety Partnership to enable peer challenge between boards. The local authority has established a Children’s Scrutiny Panel, the LSCB Chair will attend planned focussed sessions during the coming year.

What has the LSCB learned this year?

Case Reviews

Where things go wrong the LSCB is required to review the circumstances to establish if lessons can be learned to prevent similar situations in the future. During 2015-16 the LSCB received overview reports for two serious case reviews.

The Board received a report named 'Child O' from Lancashire LSCB. This involved the tragic death of a mother and child that had once resided in Southampton. This review considered information from five areas that the family had lived in as the mother and child had moved areas frequently during the child's short life. The report highlighted some very important cross boundary learning, and highlighted issues relating to domestic violence and abuse and the risks to children where mental health problems and domestic violence are present issues or concerns. The report can be reviewed on this link.

The Board also received an overview report regarding another case of a Southampton family where domestic violence concerns and mental health issues were present. The LSCB took a unanimous decision not to publish this review due to concerns regarding a surviving family member's wellbeing, a decision which was informed by professionals working with the family and one that was agreed by the National SCR Panel. The learning from these case reviews, along with issues identified in reviews that did not meet the criteria for SCR, or were delivered by other key partnerships in the City – including Southampton Safe City Partnership, Southampton Local Safeguarding Adults Board – is disseminated regularly to the local network. The Board hosted a joint learning event with these boards to ensure key messages and learning are fed into local services through ongoing learning and development work.

Previous reviews found common themes which have been translated into action by the LSCB. Below is a summary of the key areas highlighted. The learning from reviews of all levels is implemented by the LSCB and local services, and progress is monitored via action plans. At the end of this financial year 43 (31%) actions are complete, 82 (58%) of actions are underway, and 4 (2%) are red – these were escalated to Executive Group for further information / decision.

At the time each review is published the LSCB hold learning events to ensure professionals, and managers take action to address the issues identified in their own work. Over 600 professionals attended learning events for previous case reviews. During this year the LSCB

held a 'Learning from Case Reviews' event that was attended by over 100 professionals. This was a joint event with Southampton Safe City Partnership and the Southampton LSAB. The event summarised the key learning from case reviews carried out this year. It was clear as a result that the key areas for professionals to note are:

- **Domestic violence and abuse and mental health issues = high risk of serious harm or death** for all adults and children involved. Do not underestimate the risk of harm that the two issues together can generate, this includes risks to victims and perpetrators of DVA as well as children involved.
- **Knowing the history of a case to inform current practice can prevent future harm.** It is vital that the services involved with families and individuals know what has happened in the past. Keep up to date chronologies for cases where there are risks, find out what other services know, as this will help identify current risks or harm.
- **Use your instincts!** Don't just take what you hear from people (workers or clients) on face value, show 'inquisitive enquiry', ask where you are concerned, find out what you need to know and use this to inform what happens next.

The LSCB also learns about the quality of local practice and issues through reviews of cases that do not meet the 'serious' case review threshold. In Southampton two such reviews have been concluded or are underway with learning disseminated and actions included in the plans for the LSCB and individual services. These highlighted learning regarding;

- Neglect – identifying, ensuring responses are appropriate and awareness of impact
- Pre Birth risk management and assessments
- Trigger trio / think family issues

Multi Agency Learning events were held for these reviews with the professionals and managers involved to ensure that this was direct and immediate. Further learning events were also held for areas requiring wider learning such as in terms of supporting children with acute medical conditions in education settings, and focussing on identifying and responding to Neglect issues.

The LSCB received referrals for two very tragic cases of suspected suicide that were reviewed as part of the CDOP (see below) process. These cases were not considered to be at the threshold for a serious case review as defined in Working Together 2015, however the LSCB considered that the information presented warranted a thematic review into some related issues regarding online safety, peer to peer issues and the impact of these on children self

harm. This will be concluded in the first half of 2016-17 and reported to the Board to inform future plans in related areas.

Child Death Overview Panel

Every child is a tragedy, the Southampton LSCB sends its condolences to every family affected. During 2015-16 tragically there were 16 reported deaths of children normally resident in Southampton. In each of these cases the Southampton LSCB were notified of the case as detailed in statutory guidance, Working Together 2015. The cases were then referred to CDOP for review as appropriate.

Southampton shared the Child Death Overview Panel function and management with the 4LSCB's in Hampshire, Isle of Wight and Portsmouth until November 2015. Following this there was an agreement to split the CDOP function across the 4 areas. It is acknowledged that the previous arrangement allowed for shared resources and also learning across a larger area as is suggested in Working Together 2015.

24 child death cases from Southampton were reviewed during the period covered by this report. The reviews of cases during this year were split between a 4LSCB CDOP arrangement and the new Southampton only arrangement that was created in November 2015. Of the 24 reviews, 15 related to children that had tragically died during previous years and reporting periods. There were no modifiable factors found within the majority of cases reviewed during this financial year. Chromosomal, genetic and congenital anomalies was the most frequently identified category with Perinatal/neonatal death the second most identified. Sudden, unexpected and unexplained death was the third most frequent category identified. Other categories recorded in lower numbers included malignancy and acute medical or surgical conditions, chronic medical conditions, suicide or deliberate self harm and deliberately inflicted injury, abuse or neglect were also recorded as categories of death.

Further Actions taken as a result of CDOP reviews:

Two of these cases were referred to Southampton LSCB for consideration of Serious Case Review with one of these agreed as meeting the criteria – this resulted in a serious case review and subsequent learning being identified by the LSCB. In the case of one other child death, the referral fed into a decision to instigate a thematic review being delivered by the LSCB in 2016 in relation to self-harm and suicide.

Southampton's CDOP were also advised that the Princess Anne Neonatal service has developed an outreach service to ensure, in line with recent National and local Commissioning drivers, they encourage early discharge from the neonatal unit into community care. However, a small cluster of deaths in babies shortly after discharge,

prompted questions regarding the safety of the current practices. A review of the cases indicated that care and decision making was in line with accepted national and international practice. As a failsafe, however, the neonatal service has decided not to discharge babies before 34 weeks corrected gestation and to ensure that babies clearly demonstrate a period of physiological stability prior to discharge. In addition for babies with on-going complex needs the service has established a protocol of active referral to a named general paediatrician prior to discharge to enhance continuity of care if an admission to the paediatric wards becomes necessary. Going forward the CDOP panel plan to monitor neonatal deaths to ensue no further actions are indicated and whether there are any learning that would have national importance.

The Chair of CDOP in Southampton is working with a cross Hampshire working party to assist in developing a sustainable solution for the monitoring of mortality within the area. This work should bring improvements by identifying any modifiable factors across care, support and treatment that could improve outcomes for the wider community.

Multi Agency Audits

Four Multi-Agency Thematic Audits have also taken place this year on the following topics, each has a dedicated action plan and is monitored either by the Monitoring and Evaluation Sub Group or the main LSCB:

Teenage Conceptions

This review responded to a rising trend in the number of teenage conceptions compared to the national average that occurred among Southampton resident children (aged under 16 years) during 2013 to:

- a) Identify whether opportunities to safeguard children/young people had been missed
- b) Better understand circumstances and factors contributing to unplanned pregnancy to support future prevention activity
- c) Develop a clearer pathway for young people u18 years old who become pregnant.

The findings of this were reported to the LSCB in 2015, including key trends / vulnerabilities within the cohort reviewed of:

- Links to absence from school rates
- A third of cases were known to Child and Adolescent Mental Health services
- No children in care were identified in the cohort reviewed.

Actions taken as a result of the review were agreed to be integrated into the Teenage Pregnancy Plan for the City, with a Public Health lead. The LSCB agreed to have oversight and

seek assurance of the progress of this plan, requesting links with Childrens Services specifically where trends and vulnerabilities were identified.

Early Help

A multiagency review of early help cases open for 6 months or more was jointly commissioned by Southampton City Clinical Commissioning Group (CCG), Solent NHS Trust and Southampton City Council (SCC) and reported to LSCB in November 2015. This found:

- There should be clearer models of intervention which are structured and measurable.
- A Review of UHA (Universal Help Assessments) was needed. Possible options need to be agreed for the use of existing forms as referrals to Early Help.
- There is a requirement to improve clarity of consent and ability to share information between MASH and Early Help teams.
- There is a need to improve the quality of UHA and CiN Plans and ensure all families have a Plan in place.
- Clearer processes for sharing UHA and CiN plans are needed between professionals as well as a need to ensure plans are available to all core group members.
- A need to review and clarify thresholds, developing a shared language. One option might be to use the definition of different levels of intervention within the Healthy Child Programme: Universal / Universal Plus / Universal Partnership Plus.

At the same time as these findings were reported to the Board, the Local Authority provided an improvement plan detailing changes to the Early Help model in the City, reflecting on areas that would include these findings. An update to the board on progress of this is planned early in 2016-17.

Pre Birth Protocol Audit

This audit was delivered by Local Authority Children's Services and Health providers to establish the level of multi-agency collaboration and adherence to the LSCB Pre-birth protocol, to assess the quality of practice and joint decision making. This was an area of concern identified in SCRs in 2014 and a partnership review delivered in 2015. Particularly focussing on:

- a) Involvement and collaborative working of multi-agency partners;
- b) Early identification and notification;
- c) Quality of the assessments, intervention and planning;
- d) Experience of families; and
- e) How the process has improved the outcomes for the children involved.

The audit found that appropriate planning and intervention occurred for the unborn babies who were part of the audit process. The Board were presented with key recommendations from the audit team and an action plan led by the Local Authority to ensure improvements, the LSCB was assured that these actions would be completed by April 2016. The actions were agreed as:

- Review Joint Working Protocol specifically for Southampton
- Launch of revised protocol through local presentations and newsletter
- Develop Terms of reference and membership of a review panel
- Document escalation process within both Children's services and maternity services.

Met Audits

The LSCB agreed that the Missing Exploited and Trafficked Group would deliver regular audits to assess the quality of multi-agency interventions where these issues are a risk. The MET group have delivered one such audit this year to establish the success and quality of multi-agency partnership working in relation to looked after children placed out of area that are at risk of going missing, being exploited and/or being trafficked, especially focussing on:

- a) Level and quality of multi-agency partners' involvement.
- b) Success in intervention improving outcomes for the young person/s safety and wellbeing.
- c) Experience and views of young people and their families as relevant.
- d) How the intervention has impacted on the quality of life for the child/young person.
- e) Whether appropriate assessments have been carried out and pathways have been followed.
- f) The success of disruption and prevention methods.
- g) Identification of any key learning themes for further action.

The early findings of this audit have been reported to the MET group and the final report is due in 2016-17. Findings included the following which are to be developed into action:

- Cases selected were often being responded to prior to the local Police Goldstone Team and CSE Hub developments.
- Statutory work and planning had taken place in line with procedures.
- Further multi-agency information that could have been shared was not always evident despite often being available.
- Further multi agency planning and preparation for placements is needed to ensure full and robust responses.

- Emergency placements were evident in these cases – the speed and urgency for placements influenced the quality of these including full relevant agency handover to placement areas was not always apparent.
- Placements were not always informed by the assessment of risks and issues particular to the child.
- Language used to describe risks and issues of concern was of some concern again noting the timescale.
- There is a need to review guidance (if this exists) or develop new guidance for leads arranging placements for cases where CSE is a risk (whether emergency or not).

Section 11 Reviews

The LSCB has a structure in place to receive reviews from key services in Southampton who have a duty under Section 11 of the Children Act 2004. This places a duty on a range of organisations to ensure their functions and any services that they contract out to others are discharged regarding the need to safeguard and promote the welfare of children.

The LSCB Monitoring and Evaluation Group reviewed 29 Section 11 Reviews from partner agencies and their updates during this year. These include:

- Southampton City Council:
 - Children & Family Services; including early help, social care, youth offending, education & early Years
 - Adults Services
 - Housing Services
 - Licensing
 - Sport, leisure and culture services
 - Public Health
- CAFCASS (Child and Family Court Advisory Support Services)
- Hampshire Constabulary
- Hampshire Probation Trust / Community Rehabilitation Company
- Home Office – Border Force
- NHS (including Southampton City Clinical Commissioning Group, Solent NHS Trust, University Hospitals (Southampton) NHS Trust, Public Health and Southern Health)
- Jubilee Sailing Trust (requested by the Chair).

The following areas for development were identified in five or more Section 11 submissions:

- *All individuals who come into contact with children and young people on an individual basis have regular, minuted management supervision and can access further support when required.*

The agencies who responded often had supervision policies in place but could not confirm that they were documented appropriately. Other agencies were due to undertake audits in order to ensure that supervisions were timely and appropriate.

- *The agency has written e-safety policies and Procedures that are reviewed regularly.*

Six agencies stated that they did not yet have an e-safety policy and they also did not offer any specific e-safety training for their staff. One agency had an e-safety policy but this was not routinely shared as part of an induction.

- *Job descriptions are explicit which recognise responsibilities around safeguarding and promoting the welfare of children. These are explicit about the individual, professional (e.g. code of conduct i.e. NMC, GSCC, GTC) and organisational (e.g. line management) responsibilities*

This standard was noted as amber in seven Section 11/Updates. This is an issue for all services within Southampton City Council as job descriptions are standard and written by the Corporate Management Team. The Chair of the LSCB has been in discussion with the SCC Chief Executive and agreed that Safeguarding duties will be added to every Job Description within the Council.

Other standards that were rated as amber or red more than once included having clear escalation processes, Safeguarding Policies and making information available in other languages.

The LSCB requested a Section 11 from the Jubilee Sailing Trust, following safeguarding concerns being raised. The Section 11 was comprehensive and the Trust engaged fully with the process. Through this challenge, the Board were able to gain assurance and the Trust were signposted to further support where it was appropriate.

In 2016 - 17, the Section 11 process will be reviewed and the Board will seek ways of making it easier for all agencies involved.

The learning above has informed action plans that have been developed by each service, progress against these are reported back to the group on a six monthly basis.

Learning from Inspections

CQC: inspection of health provider services in relation to service provision for Looked after Children and Safeguarding children

In February 2016, CQC undertook a review inspection to explore the effectiveness of health services for looked after children and also the effectiveness of safeguarding arrangements in health services across Southampton. The review was coordinated by Southampton City Clinical Commissioning Group and took place on the 1st to the 5th of February 2016. Key health providers, University Hospital NHS Foundation Trust, Solent NHS Trust and Southern Health NHS Foundation Trust were involved in the review.

Areas of good practice and innovation were recognised by CQC, examples of which include:

- "...elements of positive "Think Family" practice within adult substance misuse services..."
- "...children and young people who attend the emergency department (ED) are safeguarded well..."
- innovative practice between CAMHS and ED to support young people
- an innovative model of supervision introduced across Solent NHS Trust and
- "...high quality service delivered for Looked after Children by Solent NHS Trust..."

Areas of improvement were also reported and recommendations made for agencies concerned. Some of the key themes identified by CQC were:

- Risk assessments for domestic abuse and sexual exploitation
- Recording details of fathers
- Think family approach across adult services
- Strengthen communication links between agencies

As a result of the recommendations, each agency has developed an action plan which is monitored via internal governance arrangements as well as via CCG Clinical Quality Review Meetings (CQRM) and safeguarding processes.

Ofsted inspected Southampton Local Authority twice in 2014, firstly in May 2014 and then again in July 2014. At the same time as this, Ofsted reviewed the LSCB. They saw evidence of many positive changes which should lead to improved safeguarding for children. They judged that it was too early to see the impact of these changes and so said that overall the LSCB requires improvement to become good. This judgment matched the LSCBs own assessment of its stage of development. The Board is confident that it will make these improvements in the coming year to be 'good' and strives to eventually become outstanding in its work.

The full Ofsted report can be found online at www.ofsted.gov.uk for details. The recommendations for the LSCB are summarised as below:

1. Use management information systematically to understand trends, quality and performance
2. Annual report to provide rigorous assessment of quality of multi agency practice
3. Develop protocols and guidance to support response to Female Genital Mutilation (FGM)
4. Ensure coordination and improvement of responses to children that go missing from home and care
5. Regular audits to evaluate quality of practice (not just process)
6. Develop learning and improvement plans from multi agency audits & ensure implemented
7. Ensure experiences and views of children and young people receiving help and support are clearly understood by the board and action is taken in response.

All recommendations are accepted and the LSCB has integrated actions within the refreshed Business Plan to ensure these are met. The LSCB monitors progress against these every 6 months at the main board meeting. At the time of writing all actions in response to the recommendations are underway with 48% of actions being complete.

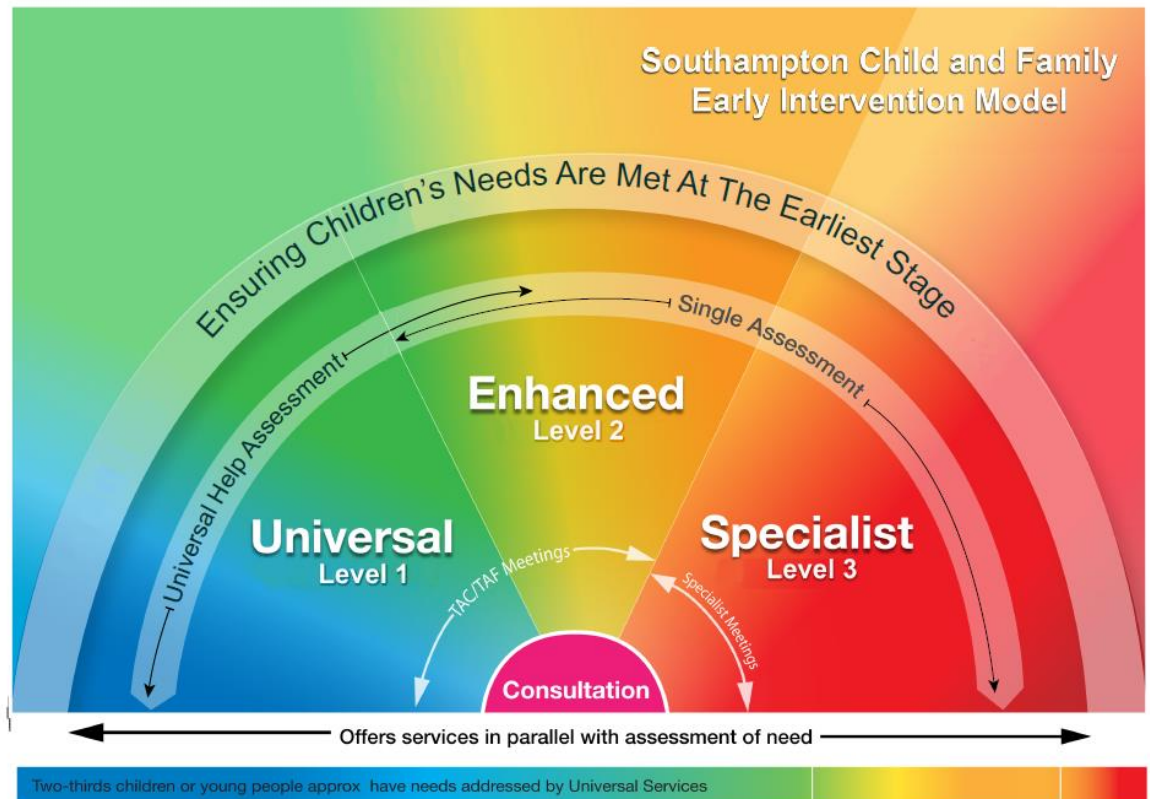
Ofsted deemed that the Local Authority Children's services in Southampton require improvement because:

1. Politicians have not been meeting their corporate parenting responsibilities to champion Looked after Children and care leavers and ensure that their needs are met.
2. Too many care leavers are not in education, employment and or training. Only three care leavers were in higher education.
3. Over 30% of care leavers are either not in touch with services or assessed as living in unsuitable accommodation.
4. Adoption is not achieved quickly enough for a small minority (17%) of Looked after Children.
5. Care plans for Looked after Children are neither thorough nor comprehensive and therefore are not effective in assisting practitioners in their work to ensure that all children's needs are being met.
6. The majority of Looked after Children do not receive good quality life story work.
7. Looked after reviews are too often delayed or not held at the right time.
8. Arrangements to respond to children who go missing from home and care are not sufficiently robust.

9. Strategy discussions do not always include all appropriate agencies and are poorly recorded.
10. Case recording is often not sufficiently detailed nor purposefully linked to the care plan of the child.
11. The supervision of social workers does not consistently promote reflective practice.
12. Performance management arrangements are not sufficiently focused on improving the quality of work with children and families.

The LSCB receives details of the status of the Local Authority action plan in response to these findings and gains 6 monthly updates on progress of this.

Outcomes for Children & Young People in



Southampton

This section of the report focusses on analysis of the outcomes for Children and Young People in Southampton during the period 2015-16. It uses the format of The Southampton Child and Family Early Intervention Model and Threshold Document to explain this. The Threshold Document was adopted by the LSCB in 2014, it provides professionals in the City with a framework to identify when a child and their family may need additional support as well as giving examples of some of the indicators that could suggest support is needed. The Model reflects a continuum levels of support from Universal to Specialist Services. The diagram above represents the continuum of support demonstrated within the Model. The full document is available on the LSCB website www.southamptonlscb.co.uk.

The information analysed in the section that follows has been selected from a data set presented at each main LSCB meeting during 2014-15. Statistical Neighbour and National Average figures have been used where available and appropriate to provide comparison.

What we know about Children in Southampton

The current population of Southampton is 249,500 of which 127,200 are male and 122,400 are female. Approximately 49,150 children under the age of 18 years live in the city. This is 19.7% of the total population in the area. (Mid-Year Estimate 2015).

Children and young people from ethnic groups account for 19.7% of all children living in Southampton. The largest ethnic groups of children and young people in the area are Asian or British Asian (2011 Census).

The proportion of children and young people whose first language is not English in primary schools is 27.3% compared to the England average 20.1% and in secondary schools this is 21.3% compared to an England average of 15.7% (LAIT Department of Education 2015).

Around 22.7% of children are living in poverty whilst the national average is 18.6% (Personal Tax Credits: Related Statistics - Child Poverty Statistics 2013).

The proportion of children entitled to free school meals in primary schools is 18.1% against a national average of 14.5%. (LAIT Department of Education 2015).

The LSCB receives details of the Child Health Profile for the city as this is published each year by Public Health England. The full report is available via www.chimat.org.uk –the headlines this year for Southampton are as follows.

- The health and wellbeing of children in Southampton is generally worse than the England average. Infant and child mortality rates are similar to the England average
- The rate of family homelessness is similar to the England average.
- 29.9% of five year olds have one or more decayed, filled or missing teeth (similar to England average).
- Children in Southampton have similar levels of obesity as the England average
- A similar percentage of mothers initiate breastfeeding compared with the England average, with 73.2% breastfeeding at birth. However there is no data within the profile to suggest if this level is sustained at 6-8 weeks after birth. This is lower than the European average of 89.1%
- A higher percentage of children (95.7%) have received their first dose of immunisation by the age of two in Southampton.
- By the age of five, 90.8% of children have received their second dose of MMR immunisation which is higher than the England average.

- For Children in Care immunisation rates are lower. 68.0% are reported in this to have had up-to-date immunisations - significantly lower than the national average of 87.8% and highlighting a gap compared to 'other' children. The LSCB will monitor this and seek assurance from relevant partners and partnerships to ensure focussed action.
- The rate of young people under 18 who are admitted to hospital because they have a condition wholly related to alcohol such as alcohol overdose shows a reducing trend when compared to the previous period and the rate remains significantly higher than the national average.
- The rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is lower this year than the previous period, it remains a higher rate than the national average with 330 emergency admissions in 2014-15
- In 2013, approximately 129 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is higher than the regional average. The area has a higher teenage conception rate compared with the England average. This has influenced the LSCB audit – teenage conceptions being a focussed multi agency activity (See “What has the LSCB learned” section).
- In 2013/14, 36 or 1.2% of women giving birth in this area were aged under 18 years. This is higher than the national average.
- In terms of young people offending in Southampton the LSCB receives updates regarding first time entrants to the criminal justice system and re-offending rates. At the end of the year Southampton has a higher rate of first time entrants aged 10-17 years compared to the national average. Per 100,000 of the population this stands at 549.3, compared to 409.1 and is an increase on last year's figure of 533. The local target is 500. The LSCB continues to monitor this. 36.5% of Young people re-offend in 12 month period from original their offence in Southampton. This is below the statistical neighbour average however is above the national average of 35.6%.

Universal Services

Early Years & Education

Ofsted findings for Children's Centres in the South East published in September 2014 place Southampton in the top 3 performing local authorities. All of the centres in the City have been rated either good or outstanding.

A high proportion of Early Years Providers are good or outstanding with none being rated as inadequate. 2014 was the second year of the new Good Level of Development indicator introduced by DfE, and 62% of children achieved this compared to a national average of 60%.

86% of Southampton schools judged either outstanding or good with 85% of our children attending these schools, this is higher than a national average of 78%. Currently 82.2% of children attend an Outstanding or Good school in the city.

The Board received and noted the following reports detailing 2015 education attainment:-

- (i) EYFS – KS5 Overview of Performance;
- (ii) Headline KS4 GCSE Results;
- (iii) LAC Attainment EYFS – KS4; and
- (iv) LAC KS4 Results.

Figure 1. Key Stage 2 Attainment

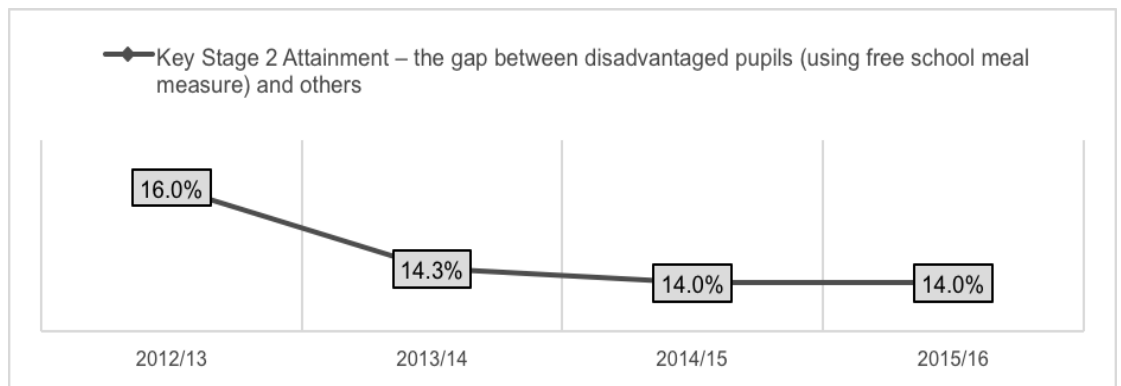
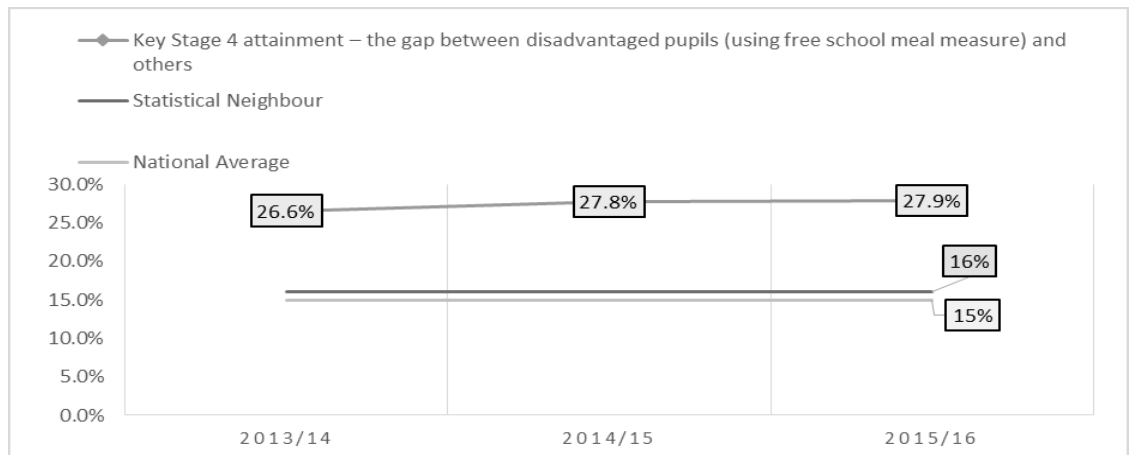


Figure 2. Key Stage 4 Attainment



The gap between disadvantaged pupils and others for Key Stage 2 attainment in 2015/16 has remained the same since 2014/15, whilst the corresponding gap for Key Stage 4 attainment in 2015/16 has changed by 0.1% since 2014/15.

In terms of attainment there is a mixed picture in Southampton. Children are reported to be achieving above the national average at Early Years Foundation Stage and at the national average at Key Stage 1. They are attaining just below national average at Key Stage 2 for the first time in 6 years.

There are further challenges in attainment of our children beyond this. At Key stage 4 there is a 3.2% gap in Southampton (50.6%) compared to the national average (53.8%) of pupils gaining 5+ GCSE's at grades A-C. This is a larger gap than previous years indicating a drop in performance.

11% of CLA pupils achieved 5+ A*-C including English and Maths GCSE, this is a decrease of 7% from 2014 when 18% of pupils achieved. Southampton's 2015 performance is in line with the 2014 National performance of 12%.

15% of pupils achieved 5+ A*-C GCSE, this is a decrease of 14% from 2014 when 29% of pupils achieved this. Southampton's 2015 performance is in line with the 2014 National performance of 16%.

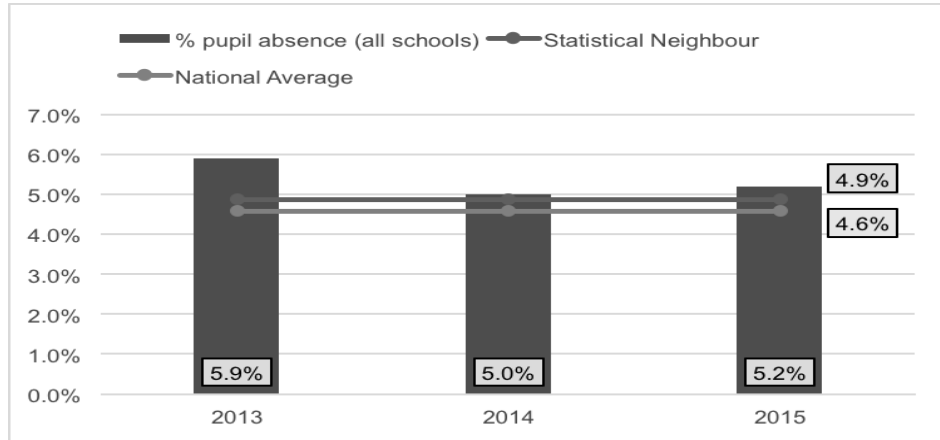
19% of pupils achieved A*-C GCSE in English and Maths, this is broadly in line with the 2014 when 21% (6 no.) of pupils achieved. This is above the 2014 National performance of 14% by 5%.

Data reported to the LSCB highlights that there are particular concerns in terms of the rate of total school attendance. The percentage of pupil absence in the City has decreased to 5.2% in 2015 from 5.9% in 2013. This figure was at its lowest last year however, at 5.0%. Southampton's figure is above that of our Statistical Neighbours (4.9%) and the National Average (4.6%). A task group to tackle this has been established.

Pupil absence at primary school level is 4.5% with the national absence level at 4.0%. This is a gap of 0.5%, a difference of 13,166 days. This gap increases at secondary school level to 0.8% (a difference of 11,913 days). Southampton's figure is 6.1% whilst the national absence is 5.3%. For Special Schools the gap is even larger, at 1.9% (a difference of 1191 days). The total number of days required to make Southampton's children's attendance aligned with the national average is 26,270 days of schooling.

The attendance rate is an area that needs particular focus, there are links to safety risks for children not attending school as well as poor outcomes in future and the LSCB will seek assurance of plans to improve this.

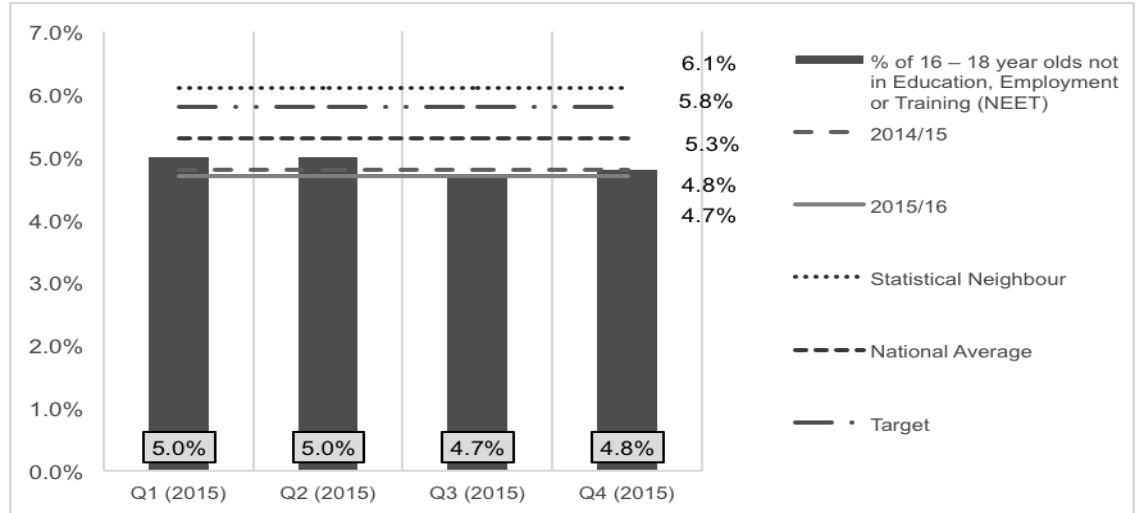
Figure 3. Percentage of Pupil Absence across All Schools



In 2014 Southampton's Key Stage 5 performance is rated in terms of points score per candidate in level 3 qualifications for students aged 16-18 years old at the end of A-level study. This was 598.9 compared to a national average of 698.5 which is again below the national average.

The percentage of young people not in employment, education or training (NEET) is below the national average (5.3%) and the rate for our statistical neighbours (6.1%), this demonstrates success which needs to be sustained.

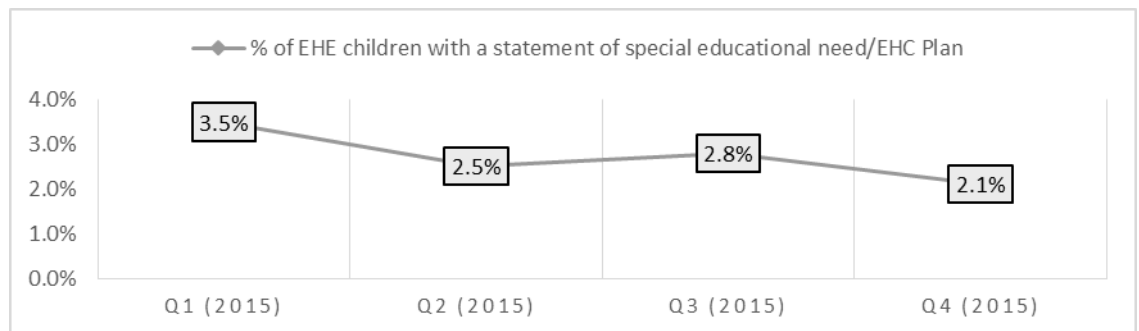
Figure 4. 16-18 Year Olds NEET



The LSCB will continue to monitor levels of attainment and attendance as well as NEET figures in relation to areas highlighted above.

There has been a reduction in the number of EHE children with a statement of SEN / plan – not clear on why – LSCB has established an Education Task and Finish Group to seek safeguarding assurance on EHE and other issues.

Figure 5. Percentage of Electively Home Educated Children with a Statement of Special Educational Needs



Health

Southampton Health Services also submit quarterly data to the LSCB, in addition to the data analysed using Chi-Mat explored in earlier sections. The focus of the LSCB Health indicators are regarding Health Assessments for Children Looked After, which is detailed in the relevant

section that follows. The LSCB plans to review indicators on the data set during the coming year which may lead to further Health issues being reported, potentially linked to the Joint Strategic Needs Assessment and Chi Mat Data.

Where there are safeguarding concerns

MASH

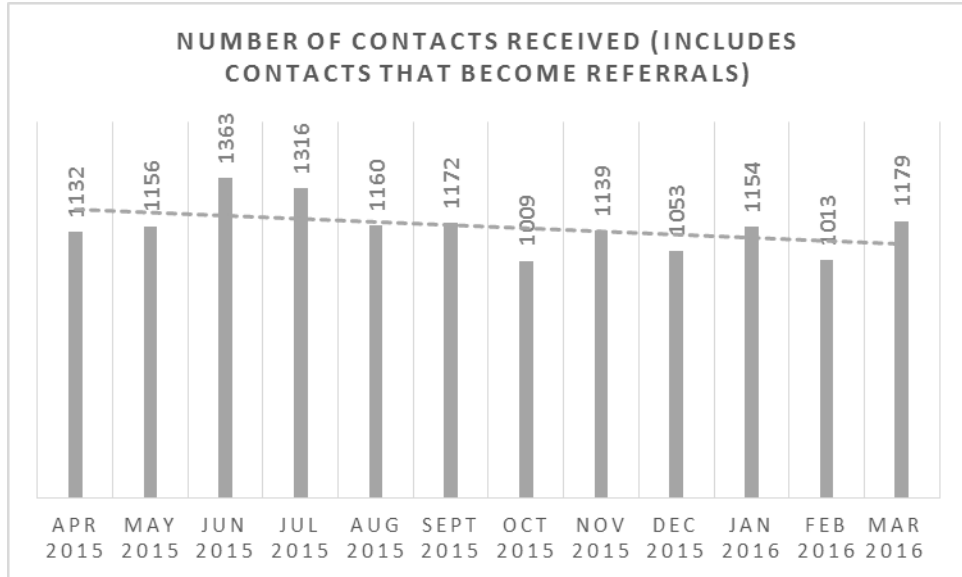
The LSCB oversaw the development of the Southampton MASH (Multi Agency Safeguarding Hub) during this period. Since its inception in March 2014 a 6 monthly report has been requested by the LSCB which has covered data and performance information regarding the MASH and Early Help Service.

Children and Family Services has led the development of the MASH which was positively viewed by Ofsted and is held in high regard by other areas who often visit to see it in action. The positive partnership working in the city is clearly demonstrated in the MASH with all key areas now participating and having dedicated MASH roles. The Local Authority has also taken steps during this period to develop linked multi agency responses to key areas. The MASH and Child Protection Teams have now been integrated in the service, and developments planned relating to embedding multi agency responses to Child Sexual Exploitation, linked to Hampshire Constabulary work on a CSE Hub and Domestic Violence (via a joined MASH and MARAC). Reports to the LSCB have highlighted issues around engagement of adult focussed services in the MASH, which has been resolved to some extent, and the need for further analysis of information that is held with the MASH. The LSCB has and continues to seek assurance of the MASH operation and the planned future developments. The LSCB is also seeking assurance of the future multi agency governance arrangements for the service.

Across this year there is a slight decrease in the number of contacts received by the MASH. On a monthly basis though there are significant fluctuations throughout the year. The most number of contacts received was 1,363 in June and the lowest number of contacts received was 1,009 in October; this is a change of 26%. Figures from last financial year also show an increase in contacts in the month of June.

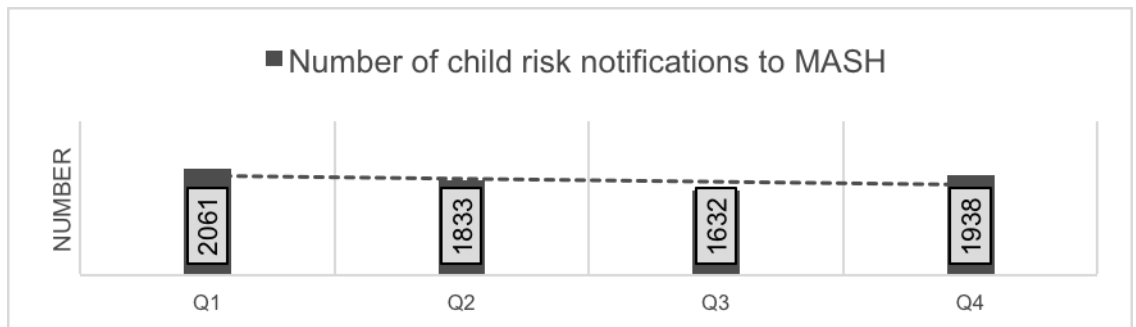
The total number of contacts received this financial year by the MASH totalled 13,846 – which is a similar figure to the previous year.

Figure 6. Number of Contacts Received by the MASH (Including Contacts that Become Referrals)



The highest % of referrals to ‘front door’ services such as the MASH are reported by DfE to come from Police (around 25%) with Schools, Health services and Individuals / family being other main referrers. Looking at the following figure, locally notifications from the Police have decreased from Q1 to Q4 by 6% which is not a significant change. However, on a quarterly basis this figure has fluctuated from quarter to quarter.

Figure 7. Number of Child Risk Notifications to MASH from Hampshire Constabulary

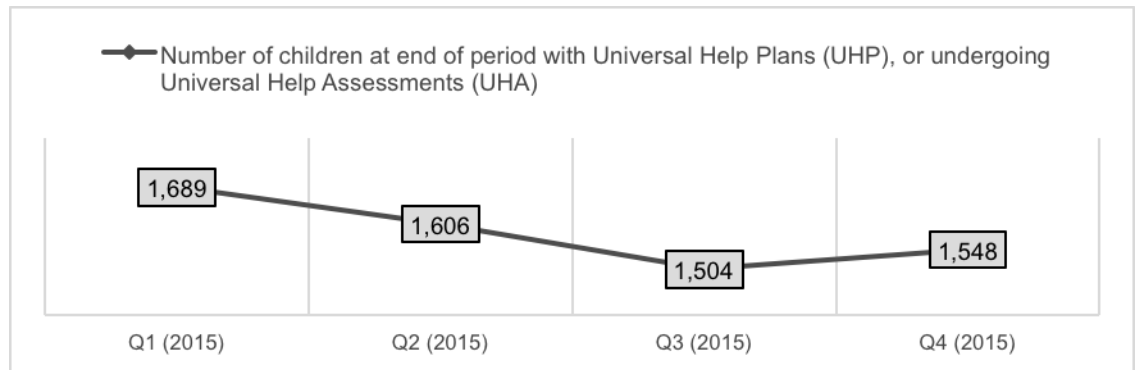


Early Help

Early help services were established as coordinated teams by the Local Authority in early 2014. Following an audit and review presented to the LSCB in 2015, reported earlier in this document, action is being taken by the key partners led by the Local Authority, to improve the Early Help process including assessment and response.

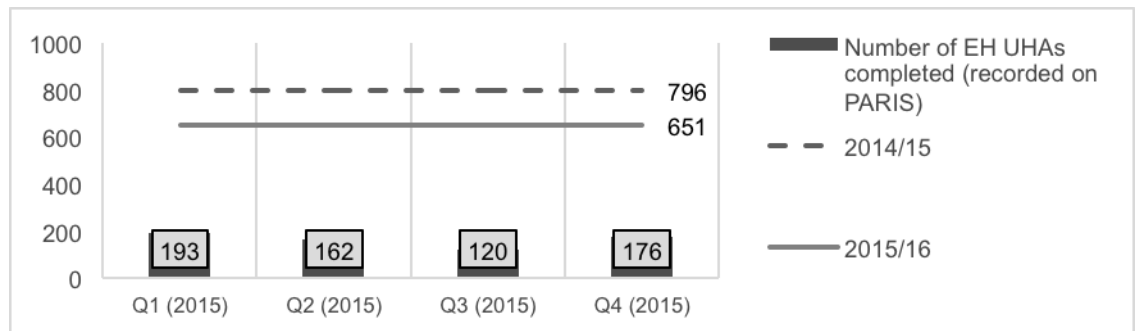
The volume of work entering Early Help is measured at this point by the number of children with Universal Help Plans or undergoing Universal Help Assessment. The number of children at period end with Universal Help Plans has decreased from 1,689 at the end of Q1 to 1,548 at the end of Q4. This measure does not count those subject to other 'universal help' offers in the local partnership so cannot be seen as a true reflection of the numbers.

Figure 8. Number of Children with Universal Help Plans or Undergoing a Universal Help Assessment



The number of Early Help Universal Help Assessments completed in 2015/16 is 651 which is a decrease on the figure for 2014/15 which was 796. On a quarterly basis, the number has decreased from Q1 to Q3 but there was a significant increase from Q3 to Q4.

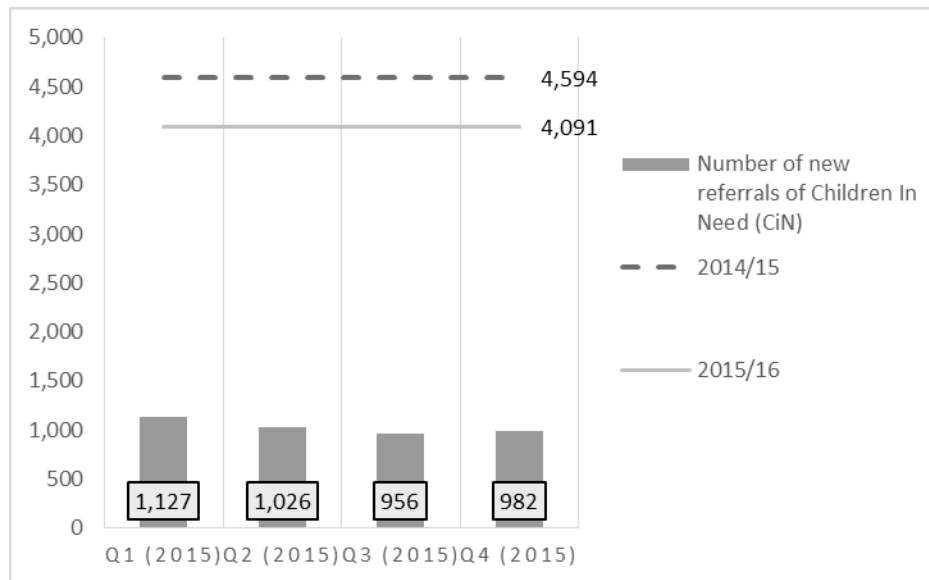
Figure 9. Number of Early Help Universal Help Assessments Completed.



Children in need of help and protection

The number of new Children in Need referrals has reduced by 11% compared to last year. The explanation is that the Local Authority has introduced clearer processes to improve the figures positively. However the rate of new Children in Need referrals in Southampton (668 per 10,000) is still higher than the national average (573 per 10,000 population) and the rate of children in need has increased from 413 per 10,000 population in Q1 to 645 in Q4. This is significantly higher than the statistical neighbour average (432) and National Average (346).

Figure 10. Number of New Referrals of Children in Need



The percentage of re referrals within 12 months for children in need could explain this as the service has seen a rise in the percentage of these from 12.2% in Q1 to 19.3% in Q4. New processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

Figure 101. Rate of Child in Need Referrals Received per 10,000

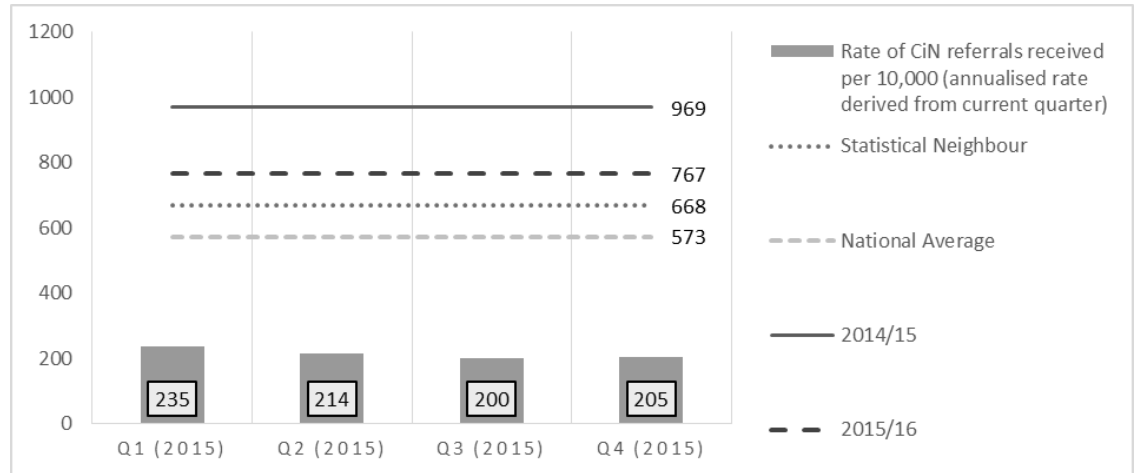
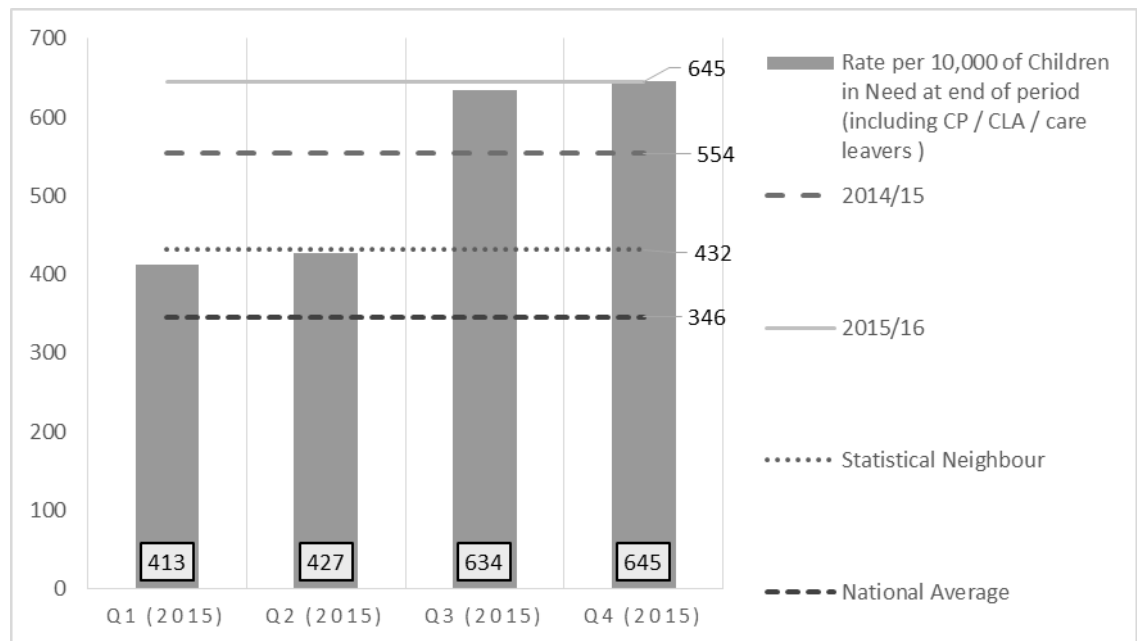


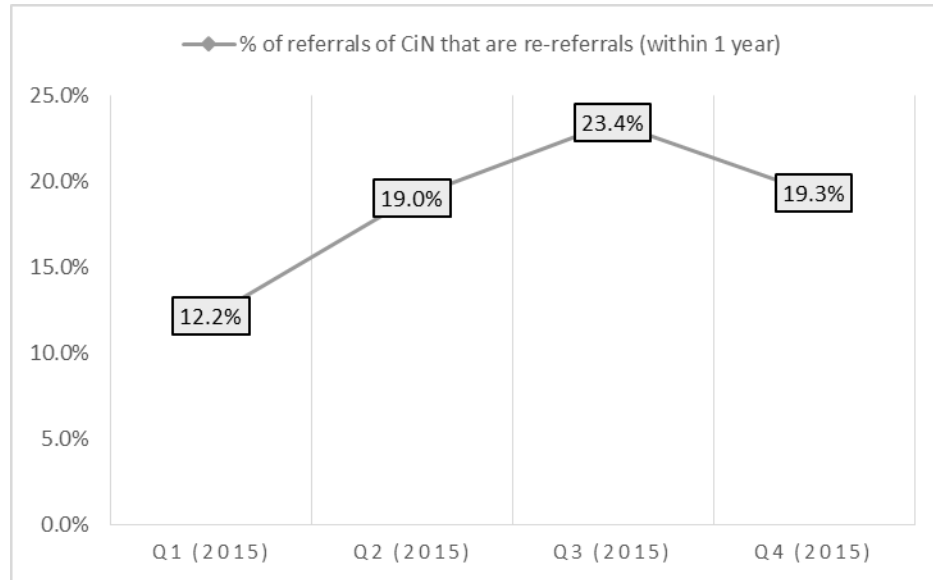
Figure 112. Rate of Children in Need per 10,000 at end of Period



The percentage of re referrals within 12 months for children in need could explain this as the service has seen a rise in the percentage of these from 12.2% in Q1 to 19.3% in Q4. New

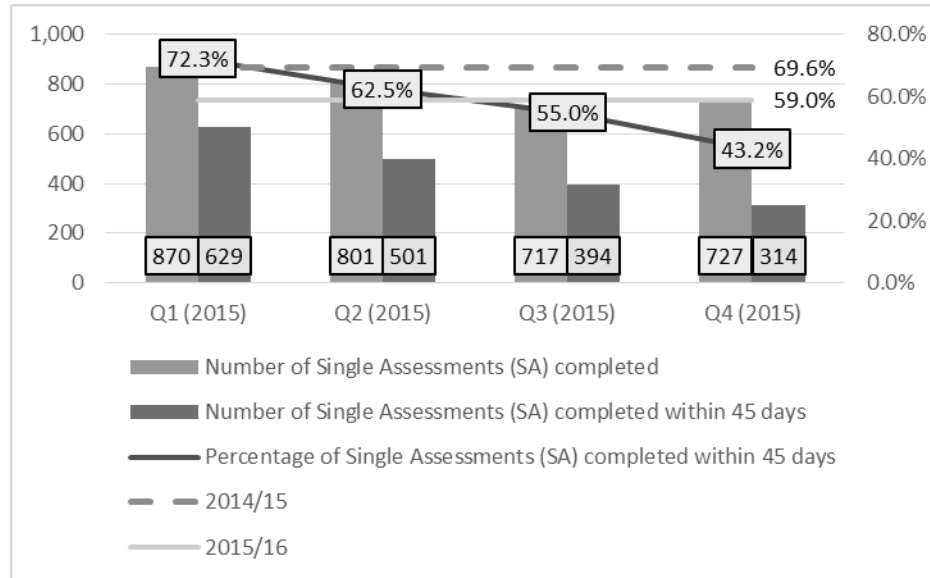
processes are being introduced to manage children in need cases by the Local Authority, and the board will receive updates on the progress of these for assurance purposes during 2016-17.

Figure 13. Percentage of Referrals that are Re-referrals within 1 Year



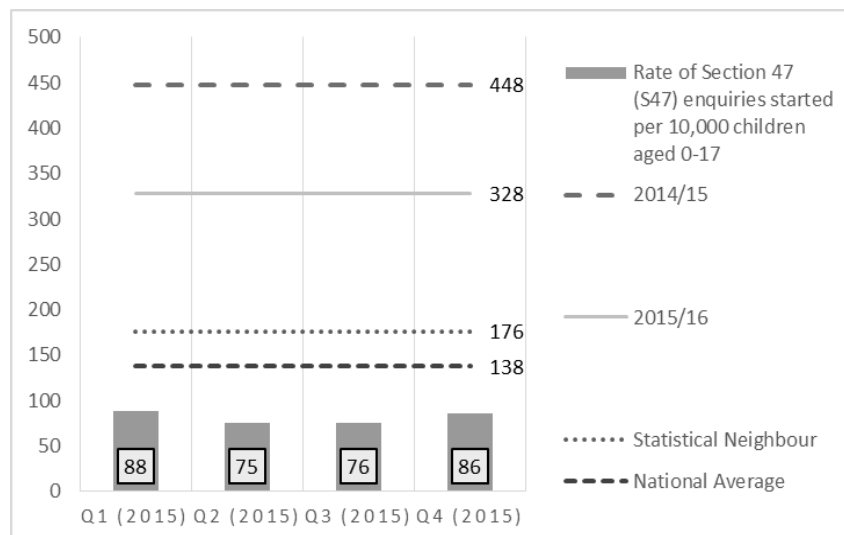
The years data showed declining performance in terms of the number and percentage of single assessments completed within Children’s Services in the 45 day timescale. In Q1 the figure was 72.3% and in Q4 this was 43.2%. The Local Authority has reported to the LSCB that remedial action is being taken with a focus on ensuring outstanding assessments are acted upon and have provided assurance that positive improvements to this will be demonstrated in data for Q1 2016-17.

Figure 124. Single Assessments Completed Within Timescales



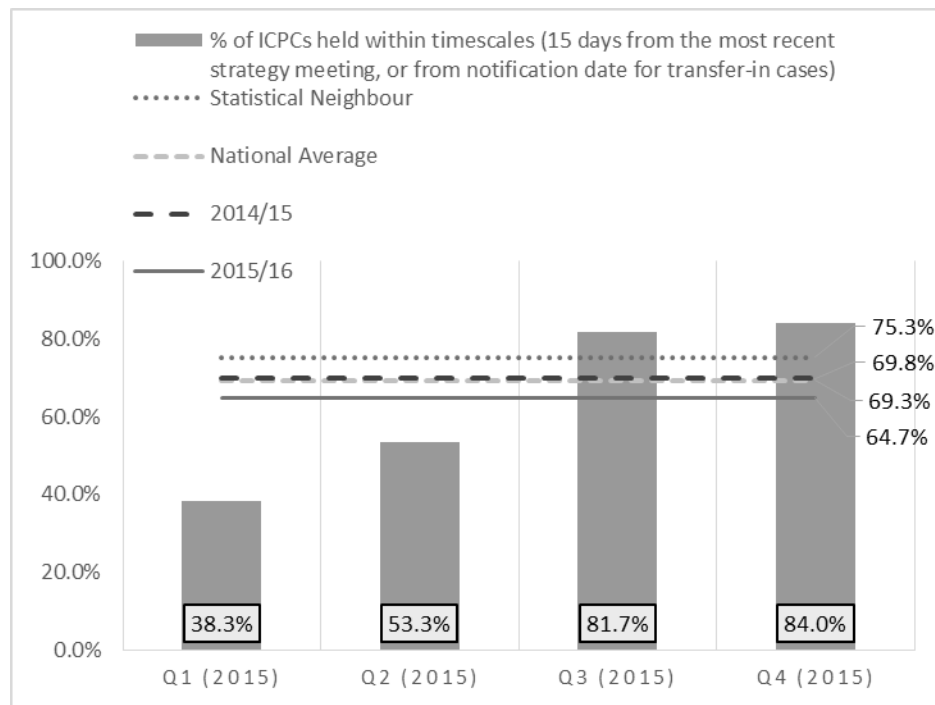
The rate of Section 47 enquiries started in Southampton has decreased from 448 per 10,000 population in 2014-15 to 328 this year. This remains a significantly higher rate than the statistical neighbour average of 176 per 10,000 of the population, and the national average of 138 per 10,000.

Figure 135. Rate of Section 47 Enquiries Started per 10,000 (aged 0-17)



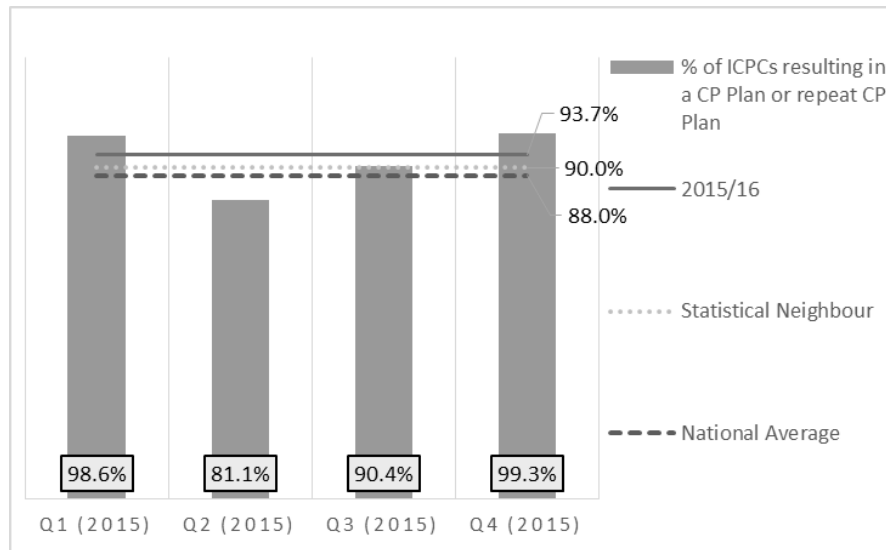
During the year concerns were raised at LSCB regarding the percentage of Initial Child Protection Conferences completed within timescales, this has shown a marked improvement from 38.3% in Q1 to 84% in Q4. This is higher than the performance of statistical neighbours at 75.3% and the national average at 69.3%.

Figure 16. Percentage of ICPCs Held Within Timescales



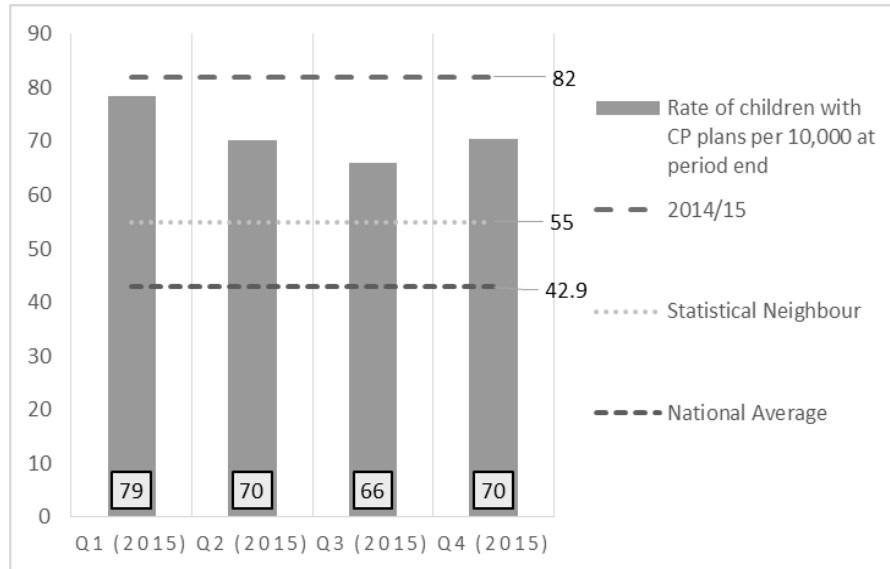
The percentage of Initial Child Protection Conferences resulting in a Child Protection Plan or Repeat Child Protection Plan is 93.7% for 2015/16. This is a new measure brought in this year so no comparison to last year is available. Quarterly, the figure has increased from Q2 (81.1%) to Q4 (99.3%) where there was a decrease from Q1 (98.6%). Southampton's figure is higher than that of our Statistical Neighbours (90.0%) and the National Average (88.0%). Our target is to be in line with the National Average, 88.0%.

Figure 17. Percentage of ICPCs Resulting in a CP Plan or Repeat CP Plan



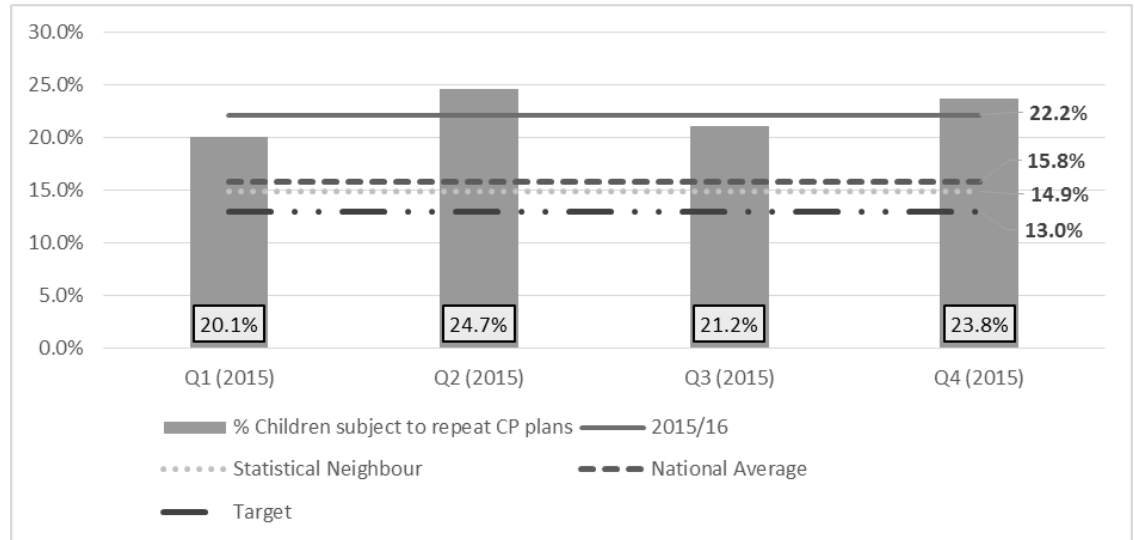
The number of children with a child protection plan at the end of this period is 337, lower than the previous year end figure of 389. There is a reducing trend in numbers over the year however the rate of Children subject to a Child Protection Plan of 70 per 10,000 of the population is still significantly higher than the statistical neighbour (55) and national average (43).

Figure 18. Rate of Children with CP Plans per 10,000 at Period End



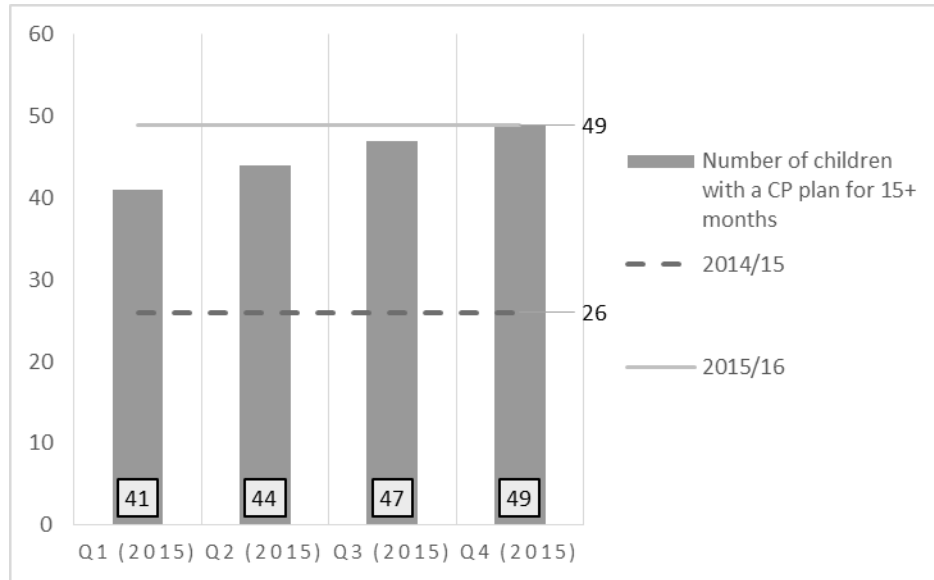
The percentage of children subject to repeat child protection plan (previously on a plan at any time) stands at 22.2% at the end of 2015-16. This is higher than the statistical neighbour average of 14.9% and national average of 15.8%. When looking at repeat referrals within a two year period there is a theme linked to domestic abuse. Therefore this data is being used to shape and inform the new Domestic Abuse project within the city.

Figure 19. Percentage of Children Subject to Repeat Child Protection Plans



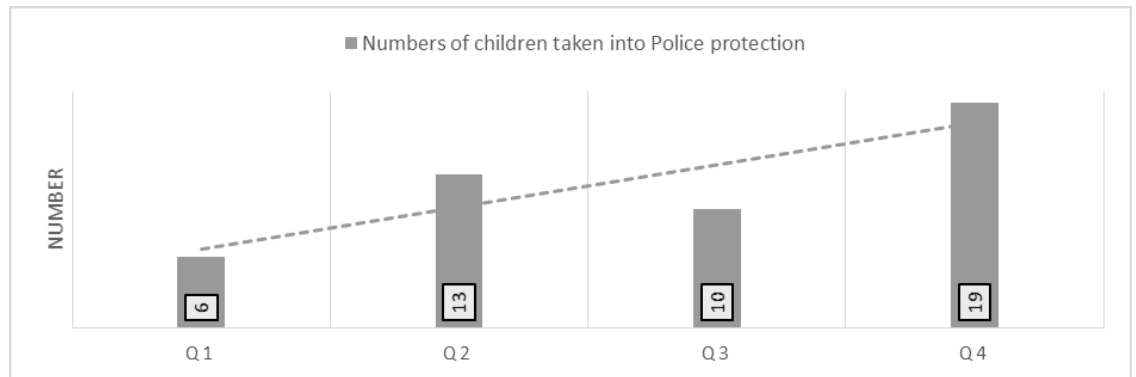
The number of children with a child protection plan for over 15 months has risen significantly since last year. This was 26 at the end of 2014/15 and 49 at the end of this financial year. The Local Authority has assured the Board that this is subject to a thematic audit and actions will be taken to address this rising trend. The Board will receive updates on this

Figure 20. Number of Children with a CP Plan for 15+ Months



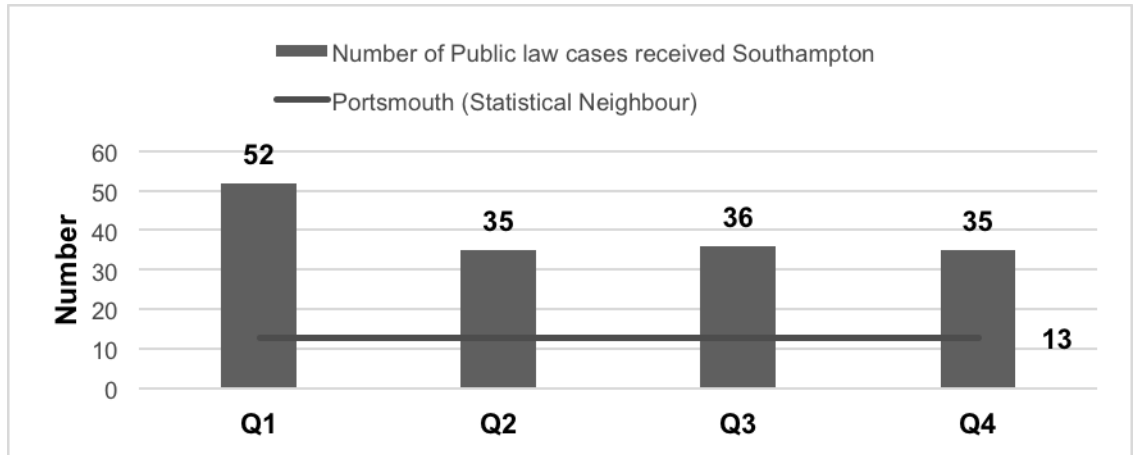
Q4 saw a significant increase in number of children taken into police protection – reflecting an increasing trend over the year - with 36 children over the year being protected

Figure 21. Number of Children Take into Police Protection



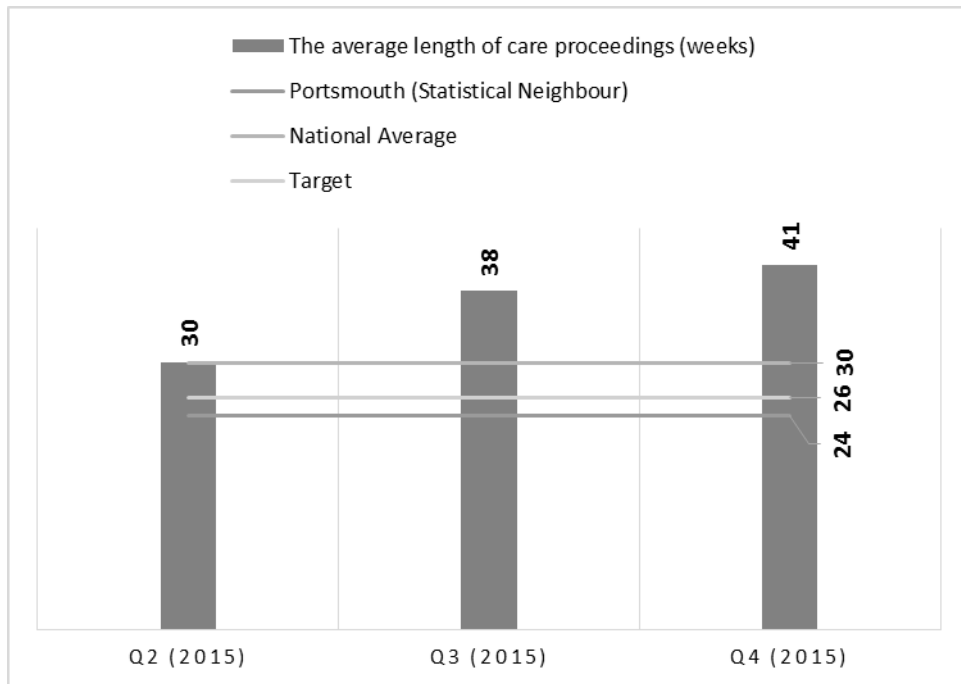
In terms of public law family cases relating to protection, CAFCASS report as below for Southampton:

Figure 22. Number of Public Law Cases Received Last Quarter (Cafcass)



For 2015/16, the total number of public law cases is 158. On a quarterly basis there has been a decrease in the number since Q1 (52). However, there has been no significant change in the number over Q2, 3 and 4.

Figure 23. Average Length of Care Proceedings in Weeks



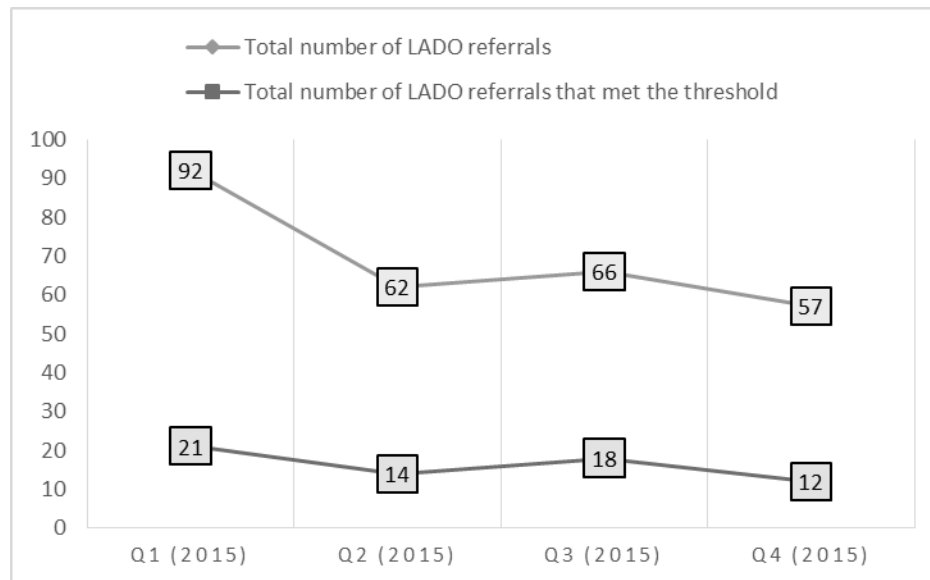
The Local Authority have advised the Board that staff changes during the course of proceedings continues to be an issue in some cases. For Portsmouth the average length of care proceedings is 24 weeks and for Southampton it's 41 weeks. The national average for the length of care proceedings is 30 weeks. In Hampshire, for the Designated Family Judge area the average length is 28 weeks.

Over the past three quarters there has been a rise in the average length of care proceedings. Southampton's figure is 41% higher than (our statistical neighbour) Portsmouth's this quarter and 37% higher than the target of 26 weeks. It must be noted that the increase in the figure from Quarter 3 to Quarter 4 is not as great as that seen from Quarter 2 to Quarter 3.

Allegations against Staff & Volunteers

The LADO (Local Authority Designated Officer) reports annually to the LSCB, the figures below highlight the number of referrals and those of these met the threshold for LADO. The LADO is employed by the Local Authority. There are no national or statistical neighbour comparators to use to analyse this figure. The LADO has delivered workshops via the LSCB to raise awareness of procedures to respond to allegations against staff and volunteers in Southampton.

Figure 24. Total Number of LADO Referrals and Those That Met Threshold



Children Looked After

Southampton has higher than average numbers of Looked after Children. The figure through out the year has fluctuated from 624 in Q1 to 591 at the end of this financial year showing a decreasing trend.

Figure 25. Number of Looked After Children at Period End

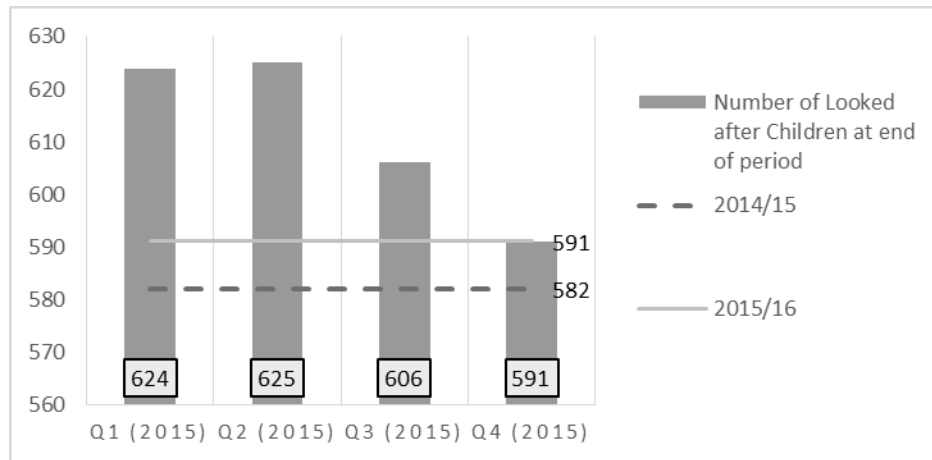
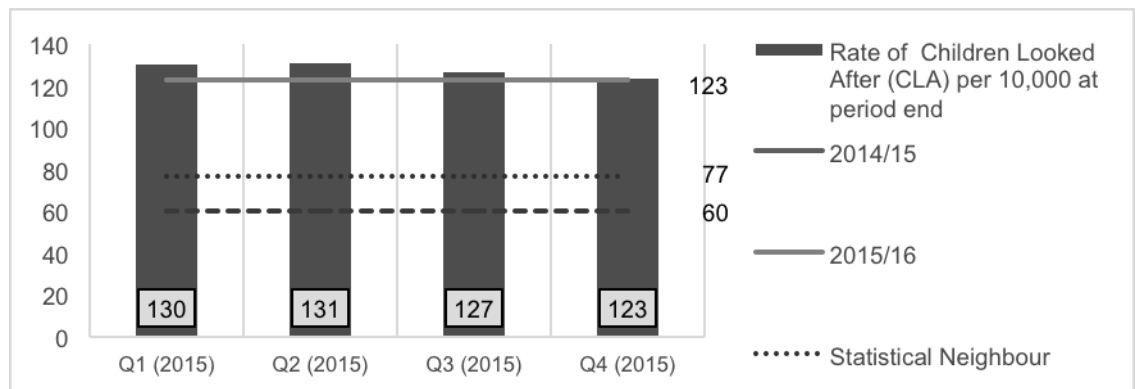
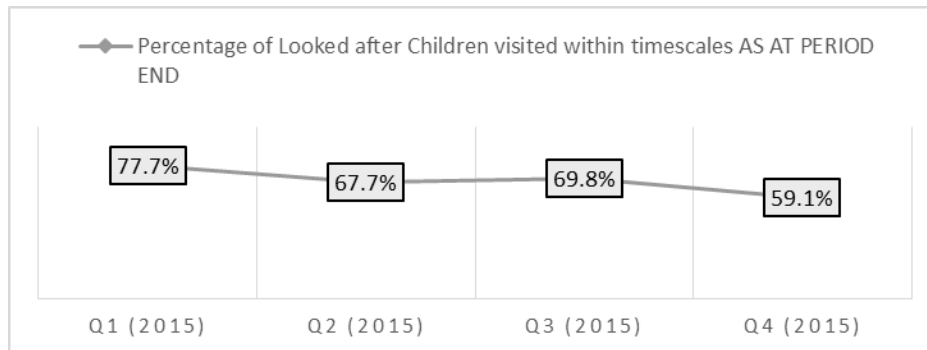


Figure 26. Rate of Looked After Children



The rate of Children that are looked after by the local authority is 123 per 10,000 of the population – significantly higher than statistical neighbour average (77) and national average (60).

Figure 27. Percentage of Looked After Children Visited Within Timescales



The percentage of Looked After Children visited by the Local Authority within timescales at period end has decreased from Q1 (77.7%) to Q4 (59.1%).

While the high number of LAC provides assurance that thresholds for ensuring children are safe are being applied, there are concerns regarding this particularly in relation to the length of time to ensure permanent safe arrangements are made. The outcomes for children that become looked after are poorer than the general population, this can be exacerbated if the turnaround time to ensure safe resettlement, or permanence is long.

The safeguarding of children and young people comes first. While the large number of LAC does also provide a concern in terms of pressures on the child protection system this would not be a reason to adjust thresholds, however the LSCB will continue to seek further details and assurance of work in this area particularly around timeliness and the Local Authority ability to respond to high numbers safely. The local authority has assured the Board that local scrutiny of this issue are in place, including a Children in Care panel and specific projects regarding children on the 'edge of care'. The service also assured the Board of their plans to improve permanence arrangements.

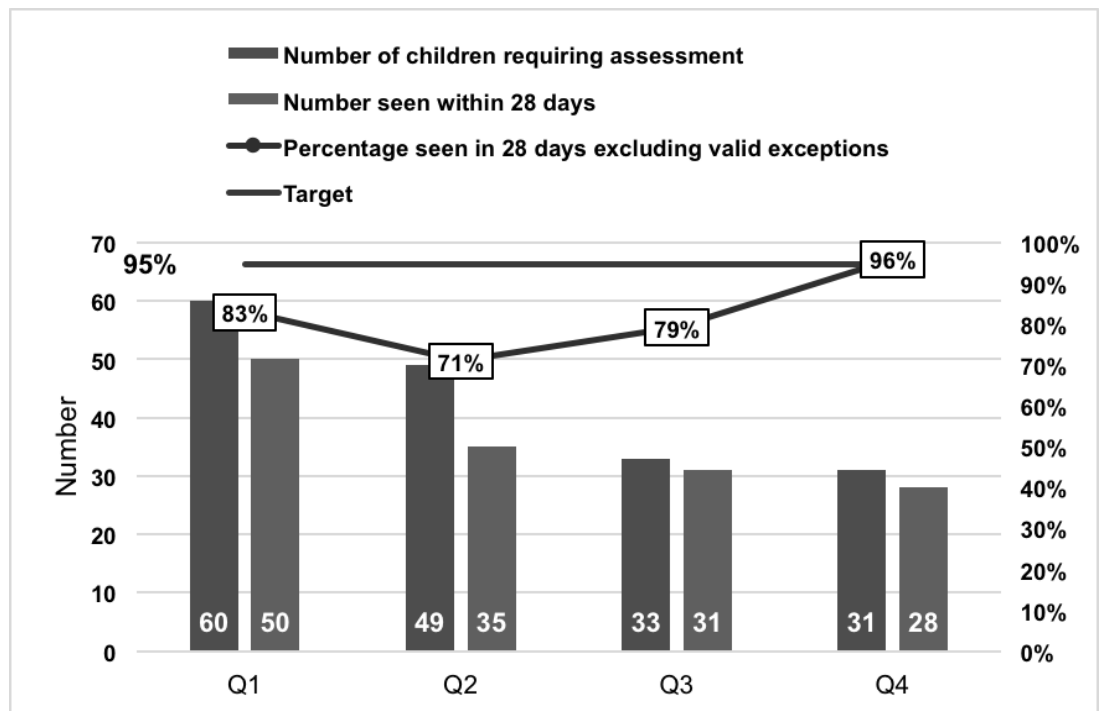
The impact on outcomes for children that are looked after by the Local Authority are generally poorer than for 'other' children, local data demonstrates this. For example:

- Immunisation rates are lower. 68.1% are reported in the Child Health Profile to have had up-to-date immunisations - significantly lower than the national average of 87.1%
- While there was a some increase in Children Looked After attaining A*-C in English and Maths GCSE this year there is still a gap in 5+ GCSE attainment that needs addressing. This gap extends passed Key Stage 4 onto the number of children that have been looked after attending further and higher education.

In addition to the numbers and rate of CLA the LSCB also receives information to indicate the responses from Health, these relate to the number of children requiring health assessment and the number and percentage seen for this within 28 days.

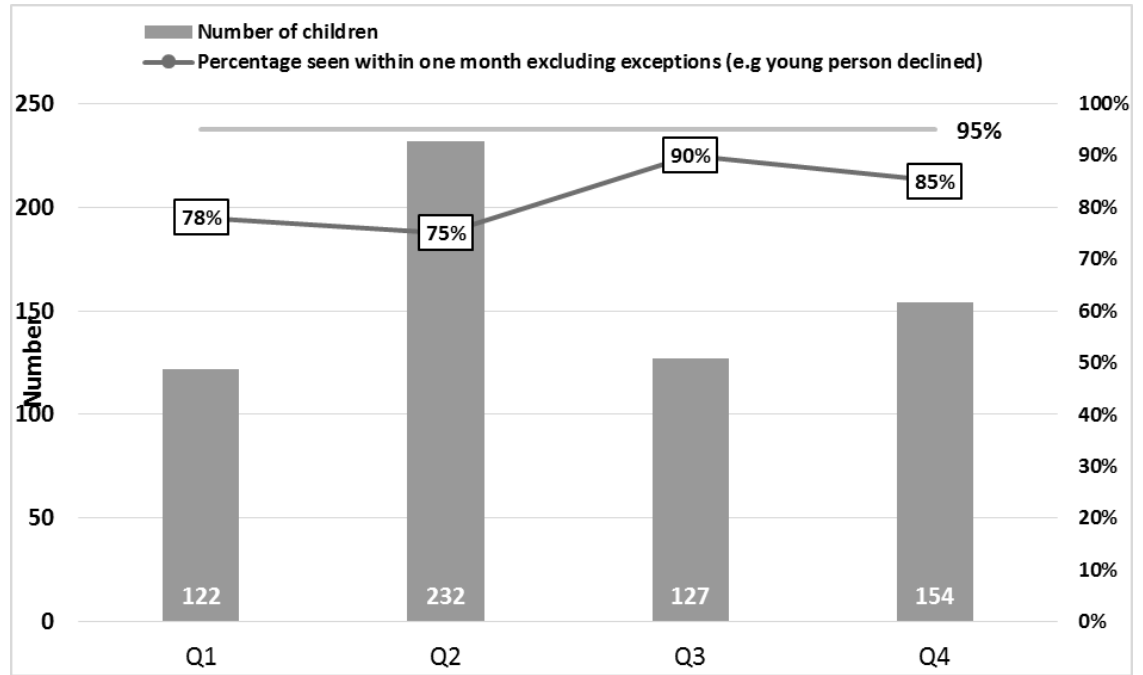
The number of looked after children requiring an initial health assessment has decreased every quarter since Q1. The percentage of children seen with the 28 day timescale has increased after an initial decrease from Q1 to Q2. In Q4 the percentage of children seen within timescale is 96% which is above the 95% target.

Figure 28. Initial Health Assessments for Looked After Children



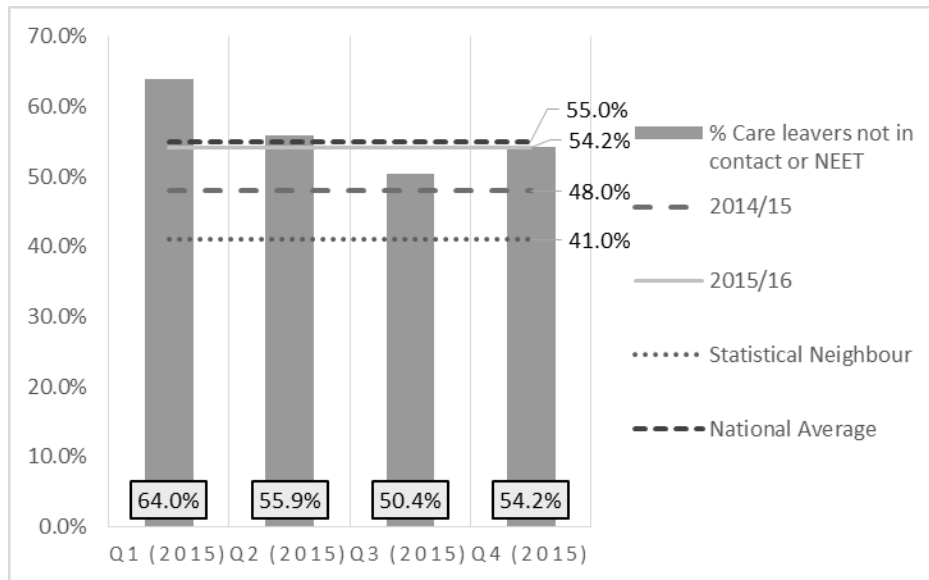
The number of looked after children requiring a review assessment has increased from Q1 (122) to Q4 (154) with a peak in numbers in Q2 (232). The percentage of children seen within the one month timescale at its lowest in the year was 75% (Q2 when the number of children requiring them was at its highest). This percentage at its highest was 90%.

Figure 29. Number of Review Assessments for Looked After Children Completed Within Timescales



The percentage of care leavers not in contact or not in employment, education or training is 54.2%. This figure has increased from last year when it was 48%. On a quarterly basis, the figure has decreased from 64% in Q1 to 54.2% in Q4. It was at a low of 50.4% in Q3. Southampton's total is higher than that of our Statistical Neighbours (41.0%) but not significantly different to the National Average (55.0%). Our target is to be in line with our Statistical Neighbours.

Figure 30. Percentage of Care Leavers Not in Contact or NEET



Missing, Exploited and Trafficked Children and Young People

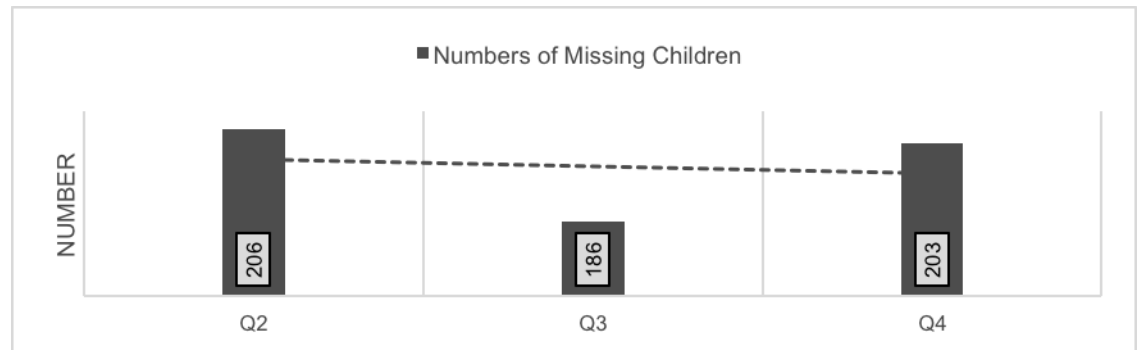
The LSCB MET Strategic Group monitors and evaluates local responses to children and young people that go missing, are at risk of child sexual exploitation or are trafficked. The MET group also coordinates work in the city on MET issues via an agreed multi agency plan. The group carries out its quality assurance role by receiving data and reports from the key services in the city that are responding to MET issues. Where this shows concern the group requests further assurance on behalf of the board and escalates these if necessary to the main board. The Group has also developed a plan to audit cases according to key themes and areas relating to Child Sexual Exploitation indicators.

This is a growing area of concern in Southampton and the UK generally. Full details of the nature and extent of MET issues in the City is an area of development for the MET group and the wider partnership and the data used to date could be much more sophisticated. The Local Authority and Hampshire Constabulary have led on development of the integrated CSE team (known as the CSE Hub) to compliment the MASH and lead specifically on this issue. The CSE hub coordinates the MET Operational Group to review case level information and quality assure responses.

The LSCB MET (Missing, Exploited and Trafficked) Group review a detailed data set to monitor key performance indicators on a quarterly basis at each of its meetings. The number of children missing known to the police has not changed significantly over the year, remaining

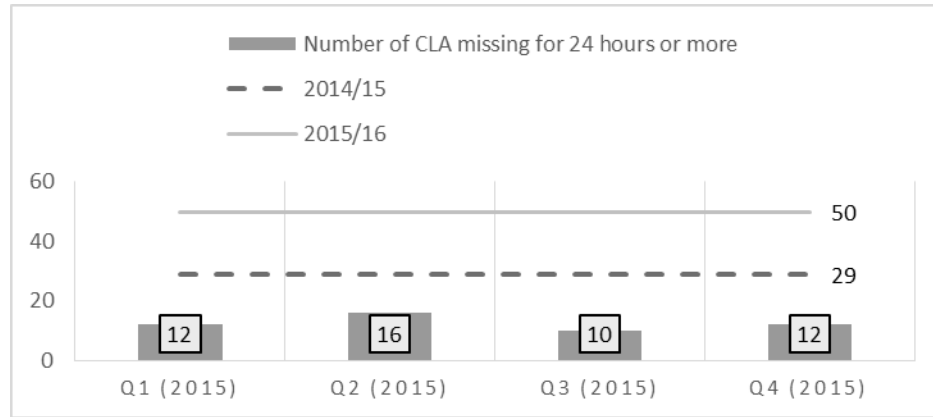
circa 200 per quarter. The Missing, Exploited and Trafficked group review this indicator as part of the data set for the group, clarity is being sought on whether this relates to individual children or the number of missing episodes for children in Southampton.

Figure 31. Number of Missing Children Known to Police



The number of Looked after children missing for more than 24 hours has risen in the year total from 29 to 50 this year. The Local Authority are closely monitoring the children affected, including those placed out of area, in particular the responses made by the partnership. The MET group of the LSCB is also identifying learning from cases where children are placed out of area and at risk of going missing – findings from this are reported early 2016-17.

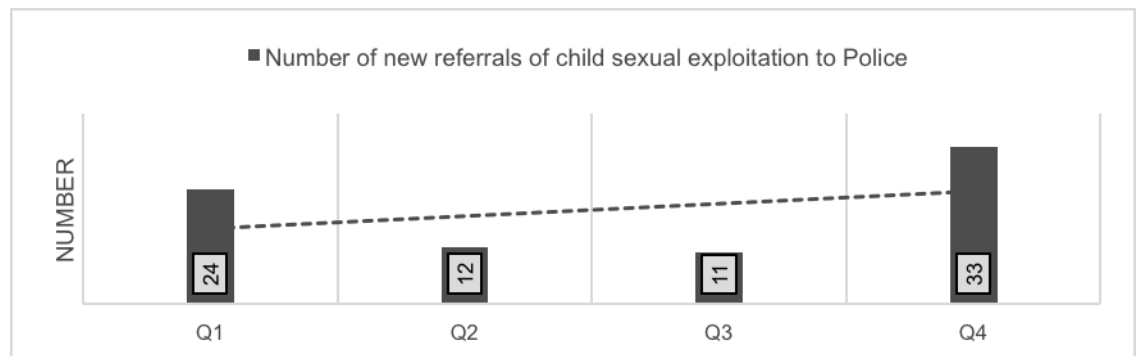
Figure 32. Number of Looked After Children Missing for 24 Hours or More



Barnardo’s deliver a return ‘safe and well’ service for Southampton children and young people – where a child returns from going missing, Barnardo’s are notified and then contact that child / young person to identify any issues or concerns that are ongoing for them. Information on this is then passed to the relevant ‘lead professional’ via the MASH and this is used to help inform future safety planning and protection planning where relevant. The LSCB MET Group has led on seeking assurance from the commissioner (the Local Authority) on the contractual arrangements to ensure that clear procedures are in place to share the learning from these return interviews. Some aspects of this work – including arrangements for this service when children are looked after out of area continue

The number of new referrals for Child Sexual Exploitation to the Police has increased from 24 at the start of the year (Q1) to 33 at the end of the financial year (Q4). There was a significant decrease in referrals in Q2 and Q3 to 12 and 11 respectively.

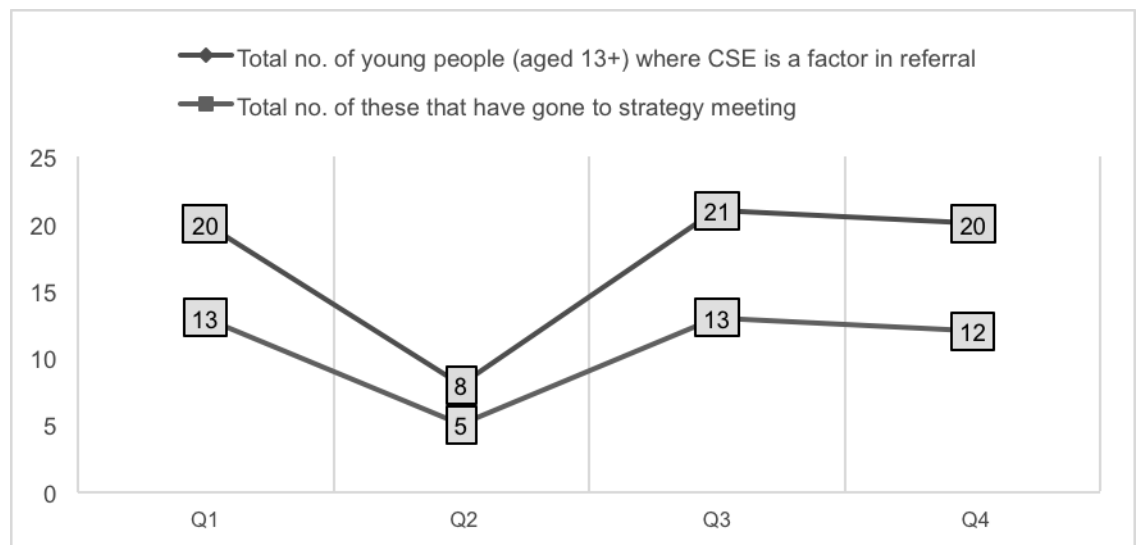
Figure 33. Number of Referrals of Child Sexual Exploitation to the Police



Regarding the number of referrals that are made where Child Sexual Exploitation is a factor, the level of identified Child Sexual Exploitation has improved demonstrating greater awareness of CSE, the level though remains relatively low and work prompting identification is ongoing through the Local Authority CSE Hub and the work of the MET Groups.

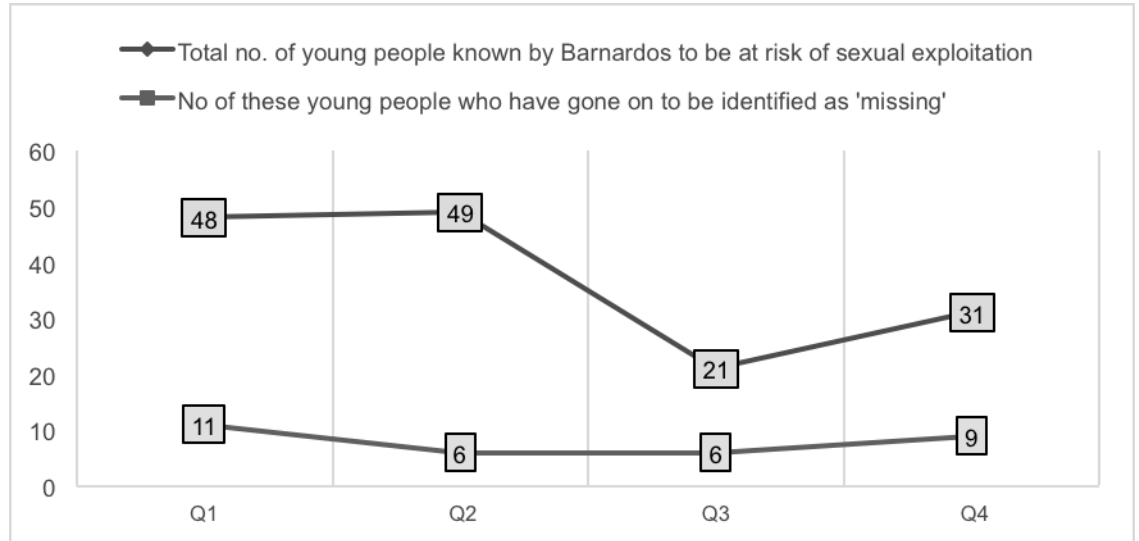
Within the last 12 months strategy meetings have occurred constantly in over 50% of cases of CSE.

Figure 34. Total Number of Young People where CSE is a factor in the Referral and Those that Have Gone to Strategy Meeting



The number of young people know to be at risk of CSE has fluctuated significantly this over 2015/16 in that there was a drop of 57% from Q2 to Q3 and then an increase of 48% from Q3 to Q4. Nine of these young people were identified in Barnardo's Miss-U Service as being at risk of CSE.

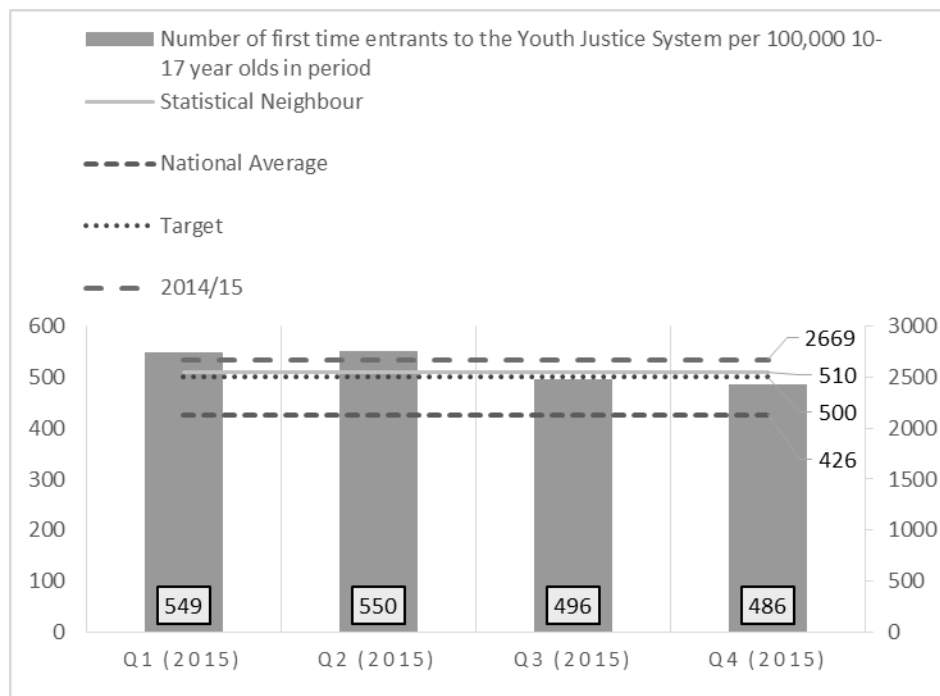
Figure 35. Total Number of Young People Known to Barnardo's to be at Risk of CSE and the Number of These That Have Been Identified as Missing



Youth Justice

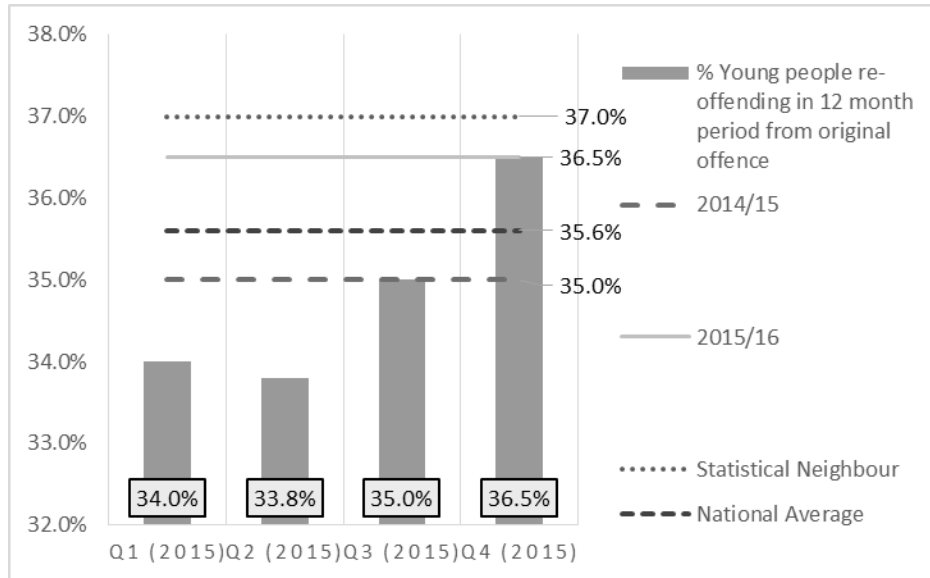
The number of first time entrants to the Youth Justice System per 1000,000 10-17 year olds has decreased quarter since Q2. Southampton's figures are lower than that of our Statistical Neighbours (510 per 100,000) yet higher than the National Average (426 per 100,000). Our target is not to exceed 500 per 100,000.

Figure 36. Number of First Time Entrants to the Youth Just System per 100,000 10-17 Year Olds in Period



The Percentage of Young People in a 12 month period from the original offence is 36.5% for 2015/16. This is an increase from 2014/15's figure which was 35.0%. On a quarterly basis this figure has increased from 34.0% in Q1 to 36.5% in Q4. Southampton's figure is lower than that of our Statistical Neighbours (37.0%) and but higher than the national average (35.6%). Our target is to be in line with our Statistical Neighbours.

Figure 37. Percentage of Young People Re-offending in 12 month Period from Original Offence



Preventing Violent Extremism

The links for LSCB's with the Prevent Agenda have been reinforced with the introduction of the Counter Terrorism and Security Act 2014 and association guidance. The LSCB has introduced an indicator to its data set to identify any children or young people involved or referred to the local Channel process. To date numbers are low at 2 or less per quarter.

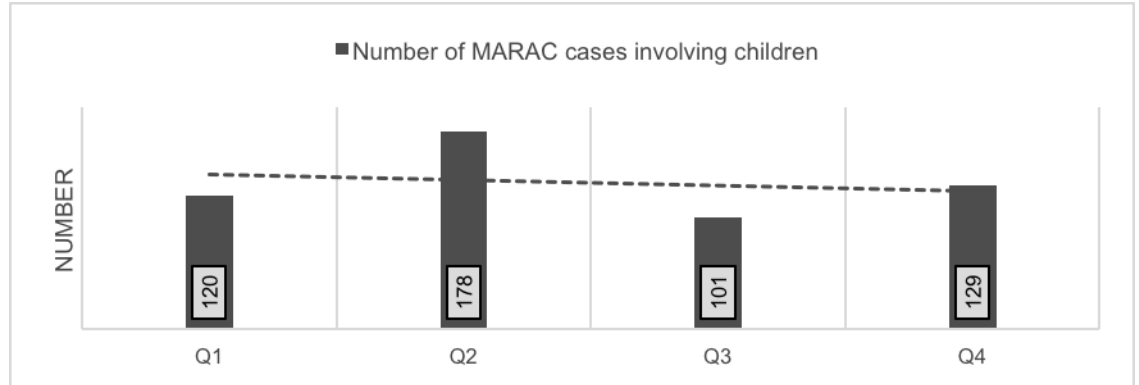
The LSCB has run workshops for local multi agency professionals which were very well evaluated and will continue in the city this coming year. This is a developing area for the LSCB to monitor and links again with Southampton Safe City Partnership and the lead officers in the Local Authority will be strengthened in this area to ensure strategic coordination and input in terms of the safeguarding agenda.

Domestic Violence and Abuse (DVA)

The number of Domestic Violence and Abuse (DVA) MARAC (Multi Agency Risk Assessment Conference) cases involving children has fluctuated significantly on a quarterly basis this year, with Q2 peaking at 178 children. The total number of children living with high risk domestic violence and abuse is reported as exceptionally high totalling 1098 in 2015-16, this compared to national and most similar areas is 3-4 times higher. The Southampton Safe City Partnership has set out its plan to tackle DVA in Southampton and lead this via a strategic group. The DVA Plan can be found [here](#).

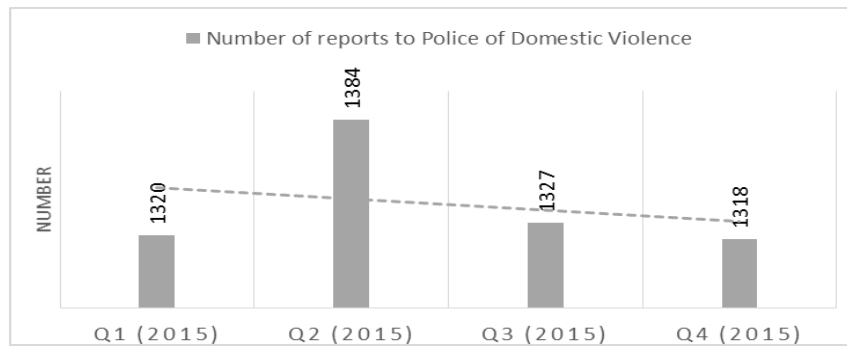
Of particular interest to the LSCB is the development of a joint MARAC with the MASH (Multi Agency Safeguarding Hub) in the City which was launched in May 2016. The LSCB will receive details of this and evaluate progress during 2016-17.

Figure 38. Number of MARAC Cases Involving Children



The LSCB receives data relating to domestic violence and abuse every quarter. This includes MARAC figures relating to children as above and also the number of reports of domestic violence to the Police. Further monitoring is required of the latter to identify any possible trends in the data.

Figure 39. Number of Reports to Police of Domestic Violence



Female Genital Mutilation (FGM)

The LSCB sought assurance from local services that responses are coordinated and appropriate to FGM in Southampton. The LSCB delivered specific cross partnership task group work and action plan with colleagues including public health, health service providers, children and adults services, police and workers that link to our local communities. The LSCB received the plan and agreed that while much of the action has taken place there is a need to

do quality assurance on responses to this issue. As such an audit of a number of FGM cases will be delivered in 2016-17.

LSCB Priorities 2016-18

The LSCB has considered the range of learning and information presented during the year and summarised in this Annual Report and has agreed to revise its Business Plan to reflect current needs and pressures as a result. In order for this work to be sustained and to allow for time to embed these actions the LSCB has taken the decision to agree a Business Plan that covers a 2 year period.

The table below summarises revised its overarching priority areas that will be progressed. The detail of action to be taken under these headings is given in the Board Business Plan (see www.southamptonlscb.co.uk). The group leading implementation of the priority area is indicated below.

Priority Area:	
1.	Develop responses to encourage a 'think family' approach where there is adult mental health, substance / alcohol use and domestic abuse and this is impacting on Childrens safety
2.	Improve identification and responses to neglect of children in Southampton
3.	Focus on improving safety and outcomes for vulnerable children including; <ul style="list-style-type: none"> • Looked after Children • Those at risk of going missing, being exploited or trafficked (MET)
4.	Improve communication between services at senior and practitioner level

Individual Board Members and other partnership and strategic boards will also support the delivery and quality assurance of these priority areas where relevant.

Learning from Case Reviews, Audits, the LSCB Annual Report and other business as usual quality assurance work will influence a review of these priorities as required during the period covered and this will take place at least annually.

LSCB Arrangements

Budget

Contributions from LSCB partners to the LSCB in 2014-15 are detailed below, and agreed in a Pooled Budget Agreement between partners:

Agency	Estimated Financial Contribution 2015/2016 (£)	Financial Contribution As A Percentage Of The Total Budget (%)
Southampton City Council	80,500	61.16%
Southampton Clinical Commissioning Group	33,424	26.05%
Hampshire Constabulary	13,179	10.27%
Hampshire Probation Service	1,317	2.05%
Community Rehabilitation Company	1,317	
Children and Family Court Advisory Support Service	578	0.45%
TOTAL	130,315	100%

In addition to the above the LSCB via the Local Authority funds Child Death Overview Panel. All sub group activities and statutory LSCB functions are delivered within the budget. During the 2015-16 year additional contributions were made by the funding agencies for Learning and Development and an LSCB Information Analyst Post.

Support

The LSCB is chaired by Keith Makin. It is supported by the recently established Local Safeguarding Boards Team, shared with the Local Safeguarding Adults Board. This team includes a Board Manager and Coordinator role dedicated to the Board. It also benefits from support from the Local Authority Democratic and Legal Services supporting functions of the LSCB.

Contact Information

Southampton Local Safeguarding Children Board

Tel 023 8083 2995

Email lscb@southampton.gov.uk

www.southamptonlscb.co.uk



**Southampton
Local
Safeguarding
Children Board**