Annual Report

1 April 2018 - 30 June 2019

Norfolk Safeguarding Children Board

www.norfolklscb.org

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Foreword by the NSCB Chair

I am delighted to introduce this Annual Report which summarises a busy and important year for partnership working across Norfolk. My thanks to all those who have contributed to the work of the NSCB in 2018-19.

The significant changes in how partners work together to protect children have been prepared with a great deal of consultation and involvement. How we will deliver these new arrangements is now set out in our MASA Plan, published in June. This reflects the strong spirit of cooperation and common purpose that we have built up over the past five years.

The Annual Report sets out the scrutiny and challenge that are part of our way of working in Norfolk, and it shows how we continue to learn and improve. This year we have particularly identified the areas where further work is required, or where our ambitions have still to be fully realised. This provides a strong basis for the new Safeguarding Arrangements to assess progress over the coming year.

Our Section 11 process and learning from Serious Case Reviews continue to inform our understanding of what works and what we can improve. Norfolk has a robust framework to make sure that we consolidate what we learn. We continue to innovate in our approaches to undertaking reviews and in the range and extent of our training offer. I am sure that these will continue to be important features of effective safeguarding in Norfolk.

David Ashcroft, Independent Chair

Introduction

The revised government guidance *Working Together* was reissued on 4 July 2018 and reflects the changes in legislation following the Children and Social Work Act 2017. The guidance sets out provisions to:

- *"replace LSCBs with new flexible local safeguarding arrangements led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups), and places a duty on those partners to make arrangements to work together and with any relevant agencies for the purpose of safeguarding and promoting the welfare of children in their area*

- *require safeguarding partners to identify and arrange for the review of serious child safeguarding cases which they think raise issues of importance in relation to their area*

- *provide for the establishment of a national Child Safeguarding Practice Review Panel. The Panel will commission and publish reviews of serious child safeguarding cases which it thinks raise issues that are complex or of national importance*

- *give clinical commissioning groups and local authorities joint responsibility for child death reviews, and enable a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths in a local area."*
  *(*DfE 2017)

Norfolk has welcomed this new approach and the opportunities for self-determination and autonomy that the changes bring. Under the leadership of the three statutory partners, Norfolk's local plan for Multi-Agency Safeguarding Arrangements (MASA) was published on 25 June 2019, with the full support of the wider partnership.

Purpose and Scope of the Annual Report

The MASA sets out Norfolk's plans for safeguarding children in the future. The purpose of this report is to provide a high level summary of the Norfolk Safeguarding Children Board's final year of activity as it transitions into the new arrangements. This includes recording the NSCB's achievements and areas of strength as well as issues that require further scrutiny under the new partnership arrangements.

Norfolk is required in statute to have implemented the arrangements by 29 September 2019. The scope of this report therefore takes the reader up to 30 June 2019 to incorporate the period when the MASA was being developed and published.

Unlike previous NSCB annual reports, this report is briefer with a clear focus is on the headlines achievements and areas of concern. Further evidence of any of the information reported here can be supplied on request.

Governance and Strategic Overview

The NSCB continued to meet quarterly in the period between 1 April 2018 and 30 June 2019. The NSCB priorities covered neglect, child sexual abuse and embedding the Signs of Safety approach to protecting children. Updates on all priorities were provided at each Board meeting along with regular progress reports on the MASA. In addition, the NSCB maintained a strategic overview on:

- Serious Case Reviews: sign off and learning
- Inspection and self-assessment outcomes, including Section 11, Education (Section 157/175) and Early Years
- The redesign of the 'new front door' and the implementation of the Children's Advice and Duty Service
- Sector/agency specific areas of development, such as:
    - the 0-19 Healthy Child Programme providers innovations in communicating with service users (Chathealth, Just One Norfolk)
    - social work delivery model pilot in Breckland
- Domestic Abuse Strategy and its focus on children
- Performance focus on LAC, mental health and countylines
- Private fostering
- Innovations Project on working with Eastern European migrant families – legacy audit

The governance structure was supported by bi-monthly Leadership Group meetings, and the work of the NSCB subgroups, including the Local Safeguarding Children Groups and sector specific Advisory Groups (Health, Early Years and District Councils). A leadership workshop was also held in February 2019.

Other Partnership Boards

The NSCB Chair continued to work closely with other partnership boards, both as Chair of Norfolk's Public Protection Forum and as member of the Children & Young People's Strategic Partnership.

The Public Protection Forum (PPF) membership is made up of the Chairs of all significant partnership boards in Norfolk, including Adults Safeguarding, Community Safety and Health & Wellbeing. PPF focuses on cross cutting issues such as information sharing, early help and commissioning arrangements.

The Children and Young People's Strategic Partnership Board (CYPSP) is chaired by the Director of Children Services and is a multi-agency Board, including Primary Care Networks. The CYPSP is charged with overseeing the best interests of all children in Norfolk and acting on behalf of the Health and Wellbeing Board and Norfolk's NHS Sustainability and Transformation Partnership (STP). The CYPSP forms a strategic alliance across the system to improve agreed outcomes for all children and young people and is the primary body driving pieces of multi-agency service and practice design work across the system. It is currently leading on an integrated approach to mental health services for children and young people, the development of services for special educational needs and disabilities (SEND), and the development of an early help and prevention strategy and local offer.

Scrutiny

Section 11

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.' (*Working Together to Safeguard Children*, Department for Education statutory guidance).

In addition to assuring the NSCB that partners are fulfilling their statutory obligations under Section 11, the self-assessment process is designed to provide each organisation with an opportunity to reflect on their safeguarding practice. It encourages organisations to identify both strengths and areas for improvement, as well as to develop clear actions for further improvement.

The NSCB has undertaken a thorough Section 11 self-assessment process for several years. In the last three years the process has identified compliance with Safeguarding policies, processes and practice. Following feedback, it was decided to redesign the Section 11 audit tool to reflect the Signs of Safety approach. The audit tool was made up of five sections and included opportunities for partner agencies to evidence how they have implemented the learning and recommendations from SCR's and engaged with action plans against the NSCB priorities. The content of the Section 11 audit tool also reflected the Board's 'Thematic Learning Framework' drawn from Norfolk's SCRs, and associated practice standards. The five sections that partners were asked to report on within the Section 11 audit tool were:

a) *Shared Vision and Culture.*
b) *Accountability and Visible Leadership.*
c) *Workforce Priorities A: focus on organisational culture and influence*
d) *Workforce Priorities B. focus on workforce development*
e) *What has changed since last year?*

This year it was decided to improve and enhance the challenge process, previously managed in meetings between the NSCB Chair, Lay Member and individual organisations. This resulted in the development of peer challenge meetings which included partners and provided opportunities for dynamic scrutiny and two-way checks and challenge. The process was designed around themed dialogue and discussion sessions to look at key points from the partner agency(ies).

Norfolk's 2018 – 19 Section 11 self-assessment process had extensive involvement and participation from the statutory partners Health, Police, Children's Services and representation in most of the peer challenge meetings from both the voluntary sector and the chairs of the Local Safeguarding Childrens Groups (LSCGs). The peer challenge meetings identified evidence of good practice, collaborative working, and areas for further development. The Section 11 report concluded that:

- There is a commitment from all partners to safeguard Norfolk's children and that generally are structured with systems and cultures in place that promote a robust approach to safeguarding. Leadership and accountability for the

safeguarding of Norfolk's children is strong with policies and procedures that are regularly reviewed.

- Workforce development and the need to ensure continuous professional development continues to be a priority of partner agencies providing and developing safe working practices that recognise the need to support the workforce.

- It was felt that the revised peer challenge meetings offered the opportunity for robust two-way challenge. The meetings were a valuable opportunity for dialogue and discussion relating to collaborative working between single agencies. The peer challenge element of the process also allowed for key issues and themes to be discussed in the wider context of the NSCB and its priorities. The challenge meetings were also an opportunity to consider the S11 self-assessment audit responses from connected and or similar agencies.

- There was an obvious appetite for all agencies to consider how they can continue to develop their services and thus offer the best possible outcomes for children in Norfolk. Consideration was given to specific areas that require further development to increase the effectiveness and impact on the safety and wellbeing of children, vulnerable adults as well as the continued care and wellbeing of the workforce.

Eight recommendations were agreed and will be reviewed in the 2019 – 20 Section 11 process. The recommendations were:

1. NSCB to consider a possible future board priority to specifically focus on 16-25-year olds as a priority – with consideration to the approach outlined in the Health (1) peer challenge meeting described as the "First Quarter of Life.

2. Identification within all training for single agencies and multi-agencies of how specific content can be used to focus on the transition between children's and adult services for 16-25-year olds.

3. Improve the understanding of staff relating to what information they can share and in what context. Develop guidelines from each agency and detail how they expect information to be shared.

4. Workforce Development Group to develop a clear training plan to further enhance the NSCB training package as outlined with the S11 process.

5. LSCG's to work closer with the Safeguarding Workforce Development Group to consider how they develop and maximise their effectiveness specifically focussing on delivering local development and training issues.

6. LSCG's to gather feedback relating to partner agency use of CADS to ensure feedback is considered during the evaluation of the new front door procedures.

7. Highlight the need to consider the engagement of fathers specifically following

a custodial sentence. Best practice sessions to be held considering engaging fathers and other family members.

8. Develop an agency tool and/or updates to ensure all staff can effectively refer into CADS with the appropriate information and associated sources of evidence to maximise the referral process.

Multi-Agency Audits

A number of Multi-Agency audits were undertaken in the scope of this report. These included:

- GP reports to Child Protection Conferences, resulting in GP training
- Universal Family Support Process (FSP), undertaken by the Local Safeguarding Children Groups in West and Breckland, resulting in recommendations to better include the voice of the child and family networks (see Board Priorities, below)
- Child Sexual Abuse, using Ofsted's Joint Targeted Area Inspection (JTAI) Framework, resulting in single agency action plans
- Neglect audit, resulting in further focus group work with professionals trained in the Graded Care Profile (GCP – see Board Priorities below)
- Safeguarding and working with European migrant families: audit in Cambridgeshire, Norfolk and Peterborough (legacy from 2015 – 16 DfE funded innovation project), providing some evidence of sustained change but also fresh challenge to the NSCB on cultural competence
- Management Oversight, final report going to Leadership Group in September 2019

Governance around and engagement with multi-agency report has been significantly strengthened and is a clear workstream in the new MASA. A Multi-Agency Audit Steering and Delivery Group has been established with clear Terms of Reference and a forward plan up to March 2020. This group is also responsible for responding to JTAI Frameworks as and when they are published and undertaking local audits against the criteria set out by Ofsted.

Data

Sharing and analysing data continued to pose challenges to the partnership in 2018 – 19, however, the NSCB's Performance, Improvement & Quality Assurance subgroup collated the data available and reported to Board on issues such as LAC, mental health and countylines. In addition, Children's Services monthly management report and the regional comparative data was regularly scrutinised as well as information from Operation Encompass (domestic abuse incidents reported to schools), the Harmful Sexual Behaviour Team and police data on Child Criminal Exploitation.

The MASA has clearly identified the need to develop more robust arrangements and a workstream for a Multi-Agency Intelligence Hub is being established as a matter of urgency. The use of data and performance intelligence will inform the MASA priorities from April 2020.

Board Priorities

In 2018 – 19 the NSCB priorities were regularly reported to Board and progress against strategic objectives was managed by relevant subgroups. The major achievements and areas of outstanding issues are summarised in the tables below.

Achievements	Outstanding Issues
Neglect	
Bespoke training delivered to Change Grow Live (substance misuse provider) and Probation. Bespoke sessions planned for Early Years providers in 2019 – 20. Best Practice events held for managers and Neglect Champions with presentation from Marion Brandon. A Neglect Champion now sits on steering group. Steering group contributed to Section 11 challenge questions. Audit and focus groups with GCP trained professionals undertaken.	The use of the GCP remains to be an area of concern: evidence - from audit, data and SCRs - that GCP continues to be used inconsistently and there is a lack of understanding of the benefits of the tool. GCP not routinely requested e.g., at referral or at CP conferences. Serious Case Reviews continue to have neglect as a theme: one signed off in Sept 2018 and two further SCRs currently in commission with neglect as presenting issue.
Child Sexual Abuse	
Single agency progress reports against strategic objectives completed as evidence of strategy implementation. Follow up survey with professionals who attended 2017 conference shows ongoing impact of learning. Theme of SCR roadshows – reached 460 professionals (see below). Harmful Sexual Behaviour (HSB) Team evidencing both impact and demand.	Outcomes of JTAI audit show that response at point of strategy discussion can cause future disruption to pathways. Data does not show increased numbers of children on CP Plan with CSA named as category: concerns that we may still not be naming it as an issue. HSB Team is funded by the Sustainable Transformation Programme and funding ceases in March 2020: future funding uncertainty.
Signs of Safety	
Continued engagement with England Innovation Project (EIP Phase 2), supported by SoS consultant. Significant progress made against EIP objective on Family Networking with training provided to Children's Services staff and briefings for partners. Plans in place to roll out training to wider partnership in 2019/20. NSCB leading on SoS implementation and engagement with SoS consultants at Leadership Group and in SCRs (see below).	Some evidence that not all aspects of SoS fully embedded and the risk matrix not used to maximum effect. EIP objectives against QA and data systems not as well developed and sustainability plan to be drawn up following the end of the project in September 2019. Further work on seeking feedback from children and families required.

Learning from Serious Case Reviews and Child Death

Serious Case Reviews

The NSCB has strong systems in place for conducting Serious Case Reviews (SCRs). In the scope of this annual report, the Board has:

- Published four SCRs: Cases U, V and Z in August 2018 (child sexual abuse, fatal injury to a baby and HSB, respectively) and Case AB in June 2019 (two cases of death to infants by co-sleeping).

- Signed off on one SCR: Case W (neglect) – not published due to the family being identifiable

- Commissioned and engaged with the methodology of a thematic review on non-accidental injury to children (Case AF – due to be published autumn 2019)

- Commissioned two further SCRs on neglect

At the time of writing there are four SCRs in commission: Case AF, the neglect cases and an ongoing case involving a child who died. All current SCRs will be completed by spring/summer 2020 in line with the *Working Together Transitional Guidance*. From June 2019, any cases referred will be conducted as Child Safeguarding Practice Reviews. Local guidance and processes will be published on the NSCB website in summer of 2019.

Thematic Review and Innovative Methodology

Two of the SCRs noted above include two or more families. The NSCB has built on its commitment to include children, families and the frontline in the review process, while maintaining a proportionate approach. In Case AF, the thematic review, the process was extended to include NSCB Board members directly in the learning process. The Leadership Learning Event held in March 2019 was successful and thought provoking, encouraging agencies and the system to pay attention to:

- The impact of the organisational culture on frontline practice
- The significant emotional challenges faced by safeguarding professionals, i.e. the secondary trauma that can be experienced
- The individual and organisational defences which have an important impact on an organisational culture and how children are safeguarded

The change of focus through a thematic review is innovative and indicates that learning is more powerful when the issues are distilled. The focus is on higher level causes of inadequate safeguarding intervention, such as the emotional impact of the work, risk sensible practice and having courageous conversations that challenge existing hierarchies, i.e. with managers, with commissioners, with inspectorates and with political leaders. The report, currently in draft, not only poses clear challenges to how strategic leaders respond to learning from SCRs and the influence leadership, politicians and the media has on the workforce, but also celebrates good practice.

Dissemination of Learning from Serious Case Reviews

Child Sexual Abuse

In the summer of 2018, SCR roadshows were held across the county to disseminate learning from Case U, Z and Y (published January 2019), with a focus on child sexual abuse. A further session was commissioned by the Norfolk & Suffolk Foundation Trust (NSFT, mental health provider) in March 2019 for their staff only. A total of 460 people attended these events, of which 390 (84.8%) provided feedback.

The learning outcomes of the sessions were to:

- Disseminate learning from recent Serious Case Reviews
- Improve knowledge and understanding of child sexual abuse and how we identify and manage these cases
- Reflect on child-centred practice and what we mean by the 'Voice of the Child'
- Understand the role and remit of the Harmful Sexual Behaviour Project Team.

The programme included:

- An overview of Norfolk SCRs, using the Thematic Learning Framework and quotes from children to apply the learning around child sexual abuse (CSA) and harmful sexual behaviour (HSB)

- A presentation from Sian Griffiths, Independent Lead Reviewer from Case U, on the signs and symptoms of CSA, the barriers to disclosure and understanding perpetrators using the Finkelhor model

- Sharing the film made based on the words of the Case Y children

- Workshops where delegates could discuss the challenges and learning

- A presentation from the HSB Team on the services they provide

In addition, each roadshow was supported by an agency representative to help with facilitating workshops and gathering feedback. Supporting agencies included Children's Services, the NHS Designated Safeguarding Team, education and the police.

The feedback overall showed that 98.6% of delegates agreed or strongly agreed that the learning outcomes were met and the day was well organised:

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
THE SCR ROADSHOW:					
met its learning outcomes	56.9%	42.3%	0.5%	0.0%	0.3%
was well organised	60.0%	39.0%	0.8%	0.0%	0.3%
included relevant information	59.5%	39.7%	0.3%	0.0%	0.5%
increased my confidence in applying SCR learning points to practice	50.8%	48.2%	0.5%	0.0%	0.3%
discussions were focused	46.9%	50.8%	2.1%	0.0%	0.3%
RESPONSES OVERALL	**52.6%**	**46.0%**	0.9%	**0.0%**	**0.5%**

The NSCB provided relevant handouts including:

- The Thematic Learning Framework background information and associated practice standards

- A consultation document on tools being developed by the CSA subgroup to support awareness raising of CSA, summarising learning on CSA in relation to all SCRs published since 2013

- The HSB case consultation guidance (available on the NSCB website)

Feedback on the materials was 99% positive, indicating that the vast majority of delegates found the information relevant and useful.

Co-Sleeping

Learning from Child Death Reviews (see below) crossed over with SCRs with Case AB, where two children died as a result of co-sleeping when their parents were under the influence of drugs and alcohol. The NSCB, in partnership with Public Health and the Police, produced a film to raise awareness of the dangers of co-sleeping. This film, along with other awareness raising initiatives was promoted throughout 2018 – 19, with the full support of partners. The campaign activity and people reached are included in the table below:

	No. of weeks	Dates	Reach	Film seen
SkyAdsmart	4	Jul/Aug 2018	38,296	121,430
Facebook Ad1	2	Jul-18	37,049	9,372
Facebook Ad2	3	Aug-18	72,162	4,870
Facebook Ad3	2	Dec-18	60,022	3,538
Facebook Ad4	1	Mar-19	44,570	3,056
TOTALS			**252,099**	**142,266**

In addition, the Safer Programme Co-ordinator worked with the police to raise awareness of safer sleeping with holiday parks so that they could support with early help and prevention. Several holiday parks becam members of the Safer

programme as a result of this outreach work. (See Training and Workforce Development, below).)

Other learning

All agencies were asked to report on learning through Section 11 self-assessment. In addition, the multi-agency audit plan focuses on areas of practice where we would expect to see improvements following SCR publication.

Child Death Reviews

The Child Death Overview Panel (CDOP) annual report is published alongside this report. The headlines from that report include:

- The deaths of 26 children aged 0-17 years were reported to the Norfolk CDOP in 2018/19.
- Cases of a further 22 children aged 0-17 had been carried over from previous years.
- 26 reviews were completed in 2018/19, 69% within 12 months of the child's death.
- 22 reviews are ongoing as at 31st March 2019
- The Infant Mortality Rate and Child Mortality Rate for Norfolk are statistically similar to those of England.
- Issues identified from the reviews undertaken included:
    - improving multi-agency communication
    - education on safe driving
    - smoking in pregnancy and exposure to second hand smoke
    - pregnancy planning support for would-be mothers who are taking long term prescribed medication and medicines management.

New arrangements for child death reviews have been in place since April 2019, including the new data system eCDOP. The MASA sets out how these arrangements will enable the local safeguarding partnership to meet its obligations under the new national guidance. The revised arrangements were prepared by a working group of relevant partners, and were signed off by the NSCB Leadership Group for implementation from April 2019.

Norfolk will maintain a county-wide CDOP to ensure strong local participation in the arrangements, but data will be aggregated with Suffolk (and other regional CDOPs) in order to inform a fuller analysis of learning from child deaths.

The Panel will continue to be chaired by the Deputy Director of Public Health.

Training and Workforce Development

Workforce Development Group

The Workforce Development Group (WDG) worked hard to not only review and deliver the multi-agency training offer but also on developing and publishing a competency framework and a Quality Assurance self-assessment tool for training providers.

In early 2019, several workshops were held around the training offer to support with the invitation to tender for procuring services when the current contract with the training provider expires in autumn 2019. To support this, all agencies were invited to complete a training survey and the information was included in the analysis of need and demand.

The competency framework and QA tool are now an established part of the NSCB's training validation process.

Norfolk Safeguarding Children Board Multi-Agency Training Provision

The NSCB currently runs an extensive programme of multi-agency training opportunities. Including whole day or two-day training events and shorter briefing sessions. Training is delivered by a combination of trainers from Barnardo's Training and Consultancy and local trainers/practitioners.

In the 2018 – 19 financial year, Barnardo's delivered the following courses:

- Effective Multi-Agency Working (full day) x 4
- Emotional Harm (full day) x 6
- Neglect (full day) x 6
- Sexual Abuse Introductory Level (full day) x 4
- Managing risk when working with children and young people who have experienced child sexual abuse (full day) x 3
- Physical Harm (full day) x 3
- Domestic Abuse and its impact on families (full day) x 5
- Child Sexual Exploitation (full day) x 6
- Awareness of challenges when working with parents (full day) x 4
- Safeguarding Disabled Children (non-specialist professionals) (full day) x 3
- Parents with mental health issues (full day) x 3
- Understanding the importance of attachment in assessment (full day) x 4
- Voice of the child (full day) x 4
- Professional curiosity and challenge (full day) x 2
- Reflective Supervision (two-days) x 3

As part of our annual training programme, several courses are delivered by local practitioners:

- Substance misuse in the family (full day) x 3
- Effective participation at child protection conferences (full day) x 4

- Safeguarding children and working with eastern and central European families (full day) x 3
- Graded Care Profile and parenting capacity (full day) x 4
- Signs of Safety (two-days) x 10

In addition to the annual training provision the NSCB have been working closely alongside partner agencies to offer additional multi-agency training opportunities. This year the NSCB Business Unit promoted and facilitated the delivery of:

- Identifying Harmful Sexual Behaviour (HSB) in Children and Young People Workshop (2 hour briefing) x 23
- Assessment skills with children and young people displaying HSB (full day) x 5
- Delivering interventions to children and young people displaying HSB (full day) x 5
- Engaging fathers in safeguarding (half-day) x 6
- Improving collaborative working to safeguarding children with complex needs workshops (half-day) x 4
- Restorative approaches (full day) x 9
- Child Criminal Exploitation briefings (2 hour) x 20
- Family Networking briefings (2½ hour)

Best Practice Events and Other Learning Fora

The table below shows the other learning events that were run/supported by the NSCB Business Unit (excluding SCR roadshows, reported above).

Title & Date	**Learning Outcomes/Content**
Trainers Session on Professional Curiosity June 2018	• Be familiar with the new referral arrangements • Have considered how the Voice of the Child is brought into training • Have been briefed on learning from Norfolk's recently published Serious Case Reviews • Have contributed to formulating Norfolk's Peer Assessment Process
Child Criminal Exploitation Conference June 2018	• Statistical data and context setting • Personal account from a parent whose child had been recruited into county lines • Drama performance by Alter Ego • Local and national projects with a focus on CCE • Presentation on detached youth work
Faith conference (in partnership with Suffolk LSCB) July 2018	• To establish a sustainable network with faith communities in Norfolk and Suffolk • To engage faith communities in the current national and local safeguarding agenda • To inform faith communities of the Safeguarding Children Board priorities in Norfolk and Suffolk

Title & Date	Learning Outcomes/Content
Neglect Briefings for Probation and Change Grow Live Sep – Nov 2018	• Have an awareness of the significance of the impact of Neglect on children and young people • Be up to date on developments around Neglect in Norfolk and nationally • Have had an introduction to the principles of the Graded Care Profile in Neglect cases and have considered how they might contribute
Best Practice Professional Curiosity Nov 2018	• Understand factors that contribute to our personal attitudes to risk taking in professional relationships • Have identified strategies to create an organisational culture of learning and self-reflexivity • Know how to manage difficult conversations around risk, exploitation and child abuse • Know how to provide staff with a secure base to be professionally curious • Have developed skills in upskilling practitioners to think the unthinkable and know how to ask the right questions.
Best Practice MANAGERS Neglect Nov 2018	• Understand the role of managers/supervisors in the NSCB Neglect Strategy • Be up to date on how neglect features in recent Norfolk Serious Case Reviews • Be aware of developments in Norfolk around Dental Neglect • Understand the role of managers/supervisors in ensuring consistent and beneficial use of the Graded Care Profile, including how this tool can be used in supervision
Best Practice CHAMPIONS Neglect Jan 2019	• Have considered the effectiveness of your role as a Neglect Champion • Be up to date on recent national and local research and audit findings around neglect • Understand the indicators and seriousness of dental neglect • Heard from Marian Brandon from the UEA regarding the impact of neglect on children • Have considered how we use the Graded Care Profile in multi-agency networks
Threshold Relaunch Events Apr – May 2019	• Understand the amendments made to the Threshold Guide • Understand the need for change in the service, the development of the Children's Advice and Duty Service and the ongoing role of the Multi-Agency Safeguarding Hub • Be up to date on the evaluation of CADS • Feel confident about how concerns will be managed by CADS and understand the ongoing safeguarding responsibility of practitioners • Have had an opportunity to feedback on CADS

Safer Programme

As reported in previous annual reports, the NSCB's Safer Programme has developed into a much needed and robust service provider, meeting the safeguarding procedural, policy and training needs of the voluntary, community and private sectors of Norfolk. Safer works closely with partner agencies in the statutory and voluntary sector to publicise resources and provide training and policy review services. The membership programme currently has 485 members. The aims of the programme are to:

- Support the voluntary, community and private sector to effectively safeguard children through policy, procedural advice and training
- Encourage organisations to reach recommended standards of safeguarding children and young people
- Develop and deliver high quality safeguarding children training

A wide range of training is provided, aimed at volunteers and staff of all levels (Learning and Development Strategy www.norfolklscb.org) working with children and families. A total of 37,760 people have been trained since the programme was established in September 2002 and August 2018. Currently the programme offers introduction level courses including a general Introduction, Designated Child Protection Officer, E-Safety and Safer Recruitment. Other training offered includes Core Programme level Child Protection training (group 3) for voluntary and independent agencies. This must be completed to access the further NSCB multi agency courses. There are also further courses available on demand:

- Safeguarding Children
- Mental Health
- Substance Misuse and Safeguarding,
- Understanding Domestic Abuse and Safeguarding
- Safeguarding for Trustees

A total of 118 courses were delivered to Safer members in 2018 – 19. In addition, Safer provides training for the Early Years sector on behalf of Norfolk County Council (78 sessions delivered). This year, they also provided training for foster carers and in 2019 – 20 the training offer will also be taken up by the Council's library service.

The Safer Programme is highly regarded in Norfolk amongst voluntary, community, private and Early Years organisations.

> *The value of the programme goes far beyond the training. As well as ensuring that we have up-to-date information about legislation etc, the Safer Programme Coordinator is always on hand to help us review policies and provide advice and guidance on particular issues. This year we faced our first experience of the LADO process, and NSCB were extremely supportive throughout this. There is no doubt that our involvement with the Safer Programme has impacted staff development, organisational procedures and ultimately the level of safeguarding we provide to young people.* (The Garage, February 2019)

Accountable to the NSCB, the programme is now completely financially self-sufficient, receiving no funds from any sector.

Conclusions and Formal Summary Statement

Partners in Norfolk have a long and successful history of working together to protect children and to promote their wellbeing. Looking ahead, it is important to build on these achievements in establishing new safeguarding arrangements that are effective, flexible, proportionate and inclusive. Key to the developments is the ongoing ambition to reduce duplication and bureaucracy and to involve children, young people and families, alongside professionals, communities, citizens and volunteers in working together to keep children safe.

This annual report has set out the range of scrutiny and challenge work that is undertaken, highlighting NSCB's achievements as well as some of the deficits and gaps that remain.

Achievements

Over the past six years the NSCB has championed effective collaboration between agencies working in child protection and promoted the wider development of support for families and young people. The NSCB has

- overseen the implementation of Signs of Safety as a common basis for working with children across all partners
- introduced an imaginative approach to thresholds – a child-centred framework for making decisions
- pioneered a thematic learning framework for conducting serious case reviews, which is now also used in reviewing adult safeguarding and domestic homicide cases
- developed a valuable Section 11 process to hold partners to account
- ensured that the strength of the locality focus from the six Local Safeguarding Children Groups is recognised, bringing partners together with local knowledge of opportunities to keep children safe across the county
- a strong basis for effective multi-agency and specialist training and has successfully taken up new challenges (such as Child Sexual Abuse, Child Criminal Exploitation, Neglect and work with minority communities)
- a well-developed website and social media presence – which is the most followed Safeguarding Partnership in England on Twitter – and is active in promoting news and information about safeguarding practice to practitioners, organisations and others interested in its work
- robust child death review arrangements, now aligned with the new Working Together Guidance in partnership with the Suffolk Child Death Overview Panel.

The imperative for change

The Wood Review in 2015, the Children and Social Work Act 2017 and subsequent government guidance (*Working Together to Safeguarding Children, 2018*) now require all local areas to review their safeguarding arrangements and revise these accordingly. Partners in Norfolk have reviewed the requirements and the greater discretion created in this new legislation and guidance and are seeking to enhance the current arrangements and build on the foundations that have been established.

The three statutory partners are seeking to improve by evolution rather than through wholescale change.

Ongoing Areas for Development

Safeguarding children remains a complex and complicated arena. While Norfolk has much to celebrate, there are existing and emerging areas of concern. Looking ahead, the new Norfolk Safeguarding Children Partnership will need to consider the findings from this annual report and address the challenges set out. Many of the issues are included in the MASA, but to summarise, outstanding areas of concern and/or development include:

- maintaining the wider safeguarding partnership to support the three statutory partners to fulfil their duties to protect children from harm and provide a sustainable early help and prevention offer

- improved data analysis with the establishment of a multi-agency intelligence hub to support the partnership to agree priorities in the future

- recognising the impact of Adverse Childhood Experiences on both children and their parents/carers

- using a trauma informed approach to establish trusting relationships between agencies and service users so that issues such as chronic neglect and domestic abuse are tackled, and solutions include the wider family network

- supporting the CYPSP to develop the service redesign of crucial areas such as mental health and the SEND agenda and providing appropriate challenge so that safeguarding, including the Voice of the Child, is integral to all service development

- working with schools to develop supportive networks so that they can continue to provide early help and deliver safeguarding interventions in partnership with the wider safeguarding workforce

- working with adolescents and transition into adulthood, including vulnerability to exploitation and contextual safeguarding

- meeting the challenges of cultural competence and developing Norfolk's response to diversity

Conclusions

The Norfolk Safeguarding Children Partnership is well placed to build on its strengths and meet the challenges set out above, provided the commitment and resources are in place. The NSCB's Business Unit is funded to support with this work and ensure that organisational memory and good working relationships across the partnership continue into the future. The current MASA plan has set out clear areas for development during transition and implementation. The impact of the work done on the NSCB's existing priorities needs to be evaluated and data and performance intelligence used to identify priorities as the new partnership is established.