

Doncaster Safeguarding Children Board

Statutory Annual Report 2013-14

Business Plan 2014-15



Foreword by the Independent Chair

There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want, and that they can grow up in peace.

KOFI ANNAN



This is my first Annual Report on behalf of the Doncaster Safeguarding Children Board (DSCB), having become its chair in January 2014. The report provides an analysis of what has been achieved in 2013-14 and sets out the Board's priorities, working in partnership, for 2014-15.

Over the past twelve months the Board's work has taken place against a challenging and unique backdrop in which the Secretary of State for Education and Doncaster Metropolitan Borough Council (DMBC) have concluded a Memorandum of Understanding to establish a new, external and independent body to be known as the Doncaster Children's Trust, which will perform social care and other Children's Services functions on behalf of DMBC. The Trust will be operational by October 2014 and will play a full part in the work of DSCB.

These developments followed an inspection of the local authority arrangements for the protection of children in Doncaster in October 2012. This found local provision to be inadequate, including the work of the Doncaster Safeguarding Children Board (LSCB). Since then, the Board has been taking action to improve its own effectiveness, culminating in a Strategic Review in January 2014 which has informed our assessment of progress in 2013-14 and our priorities for the year ahead.

Partner agencies continue to experience significant organisational change and turbulence. I am encouraged by the resilience of their staff and their continuing commitment to protect children from harm, promote their well-being, and enhance their opportunities for successful adult and working lives.

Accordingly our business plan priorities for 2014-15 are ambitious in their scope. As a Board working in partnership we intend to improve the effectiveness of safeguarding in Doncaster and make a difference for all children and young people.

A handwritten signature in black ink that reads "John H. Harris". The signature is written in a cursive style and is positioned above a short horizontal line.

John Harris - Independent Chair

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1 Purpose of this Report

- 1.1 This report assesses the effectiveness of the work of partner agencies to safeguard children in Doncaster and promote their welfare. It identifies the key issues and constructive challenges for organisations that have safeguarding responsibilities and outlines ways in which the Board itself can perform its functions to better effect.
- 1.2 The report is intended for professionals in partner agencies and voluntary organisations as well as others who have an interest in the welfare of children and young people, not least children, young people and their families and carers whose lives we look to improve through the work of DSCB.
- 1.3 The report will be presented to the Mayor of DMBC, the Chief Executive, the Health and Well-Being Board, the Schools, Children and Young People Scrutiny Panel, and the newly-formed Children and Families Strategic Partnership Board, who all have a wider remit to promote better outcomes for children. DSCB leads and influences the safeguarding agenda in these wider political and partnership arenas and is held to account for its impact.

1.4 What is a Local Safeguarding Children Board (LSCB)?

The remit for DSCB is set out in section 13 of the Children Act 2004 as well as in the statutory guidance *'Working Together to Safeguard Children'* (2013)

The statutory objectives of any LSCB are to:

- Coordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in the area of the authority; and
- Ensure the effectiveness of what is done by each such person or body for that purpose

1.5 Functions for Doncaster Safeguarding Children Board

Detailed guidance on the organisation of LSCBs is set out in Chapter 3 of *Working Together*. In the light of this guidance DSCB defines its key functions as:

1. developing policies and procedures for safeguarding and promoting the welfare of children, including on:
 - (i) Action where there are concerns, including thresholds
 - (ii) Training of people who work with children
 - (iii) Recruitment and supervision
 - (iv) Investigation of allegations

- (v) Privately fostered children
 - (vi) Co-operation with neighbouring authorities.
2. Communicating the need to safeguard and promote the welfare of children and young people.
 3. Monitoring effectiveness of what is done to safeguard and promote the welfare of children and young people.
 4. Participating in the planning of services for children in Doncaster
 5. Undertaking Serious Case Reviews.
 6. Procedures to ensure a co-ordinated response to unexpected child deaths
 7. Collecting and analysing information about child deaths.

These functions are the shared responsibility of all the DSCB Doncaster member agencies.

2 Safeguarding in Context

2.1 Context for Safeguarding Children and Young People in Doncaster

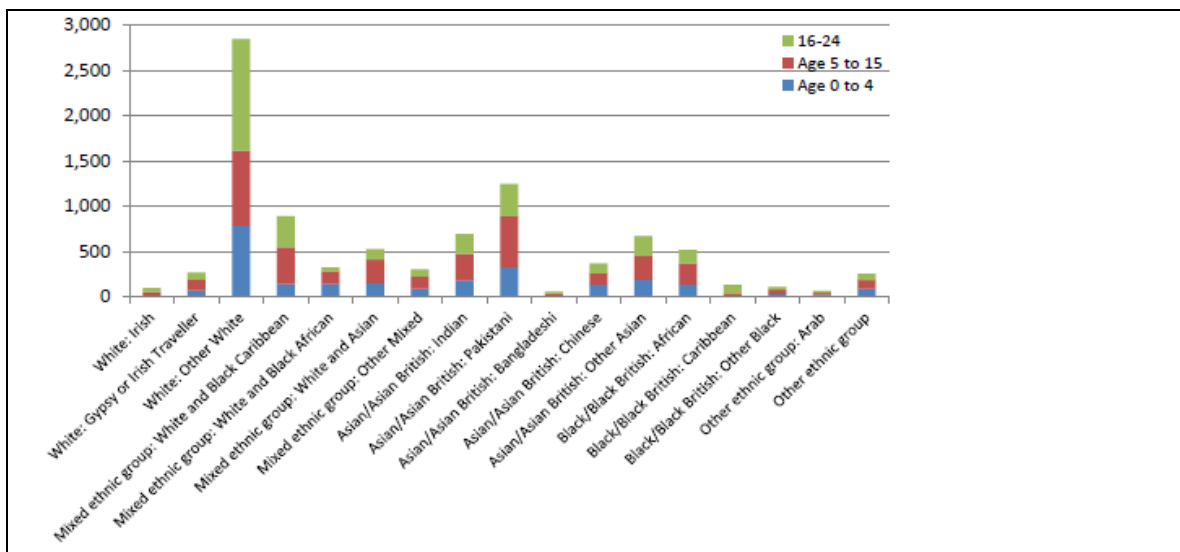
The details below help set the safeguarding of children and young people in Doncaster in context, drawing on Doncaster's Children and Young People's Needs Assessment (CYPNA) 2014.

2.1.1 Population

The population of young people aged 0-24 in Doncaster is 92,053, representing 30.4% of the population. The relative age profile, with national and regional comparisons, is shown in the table below.

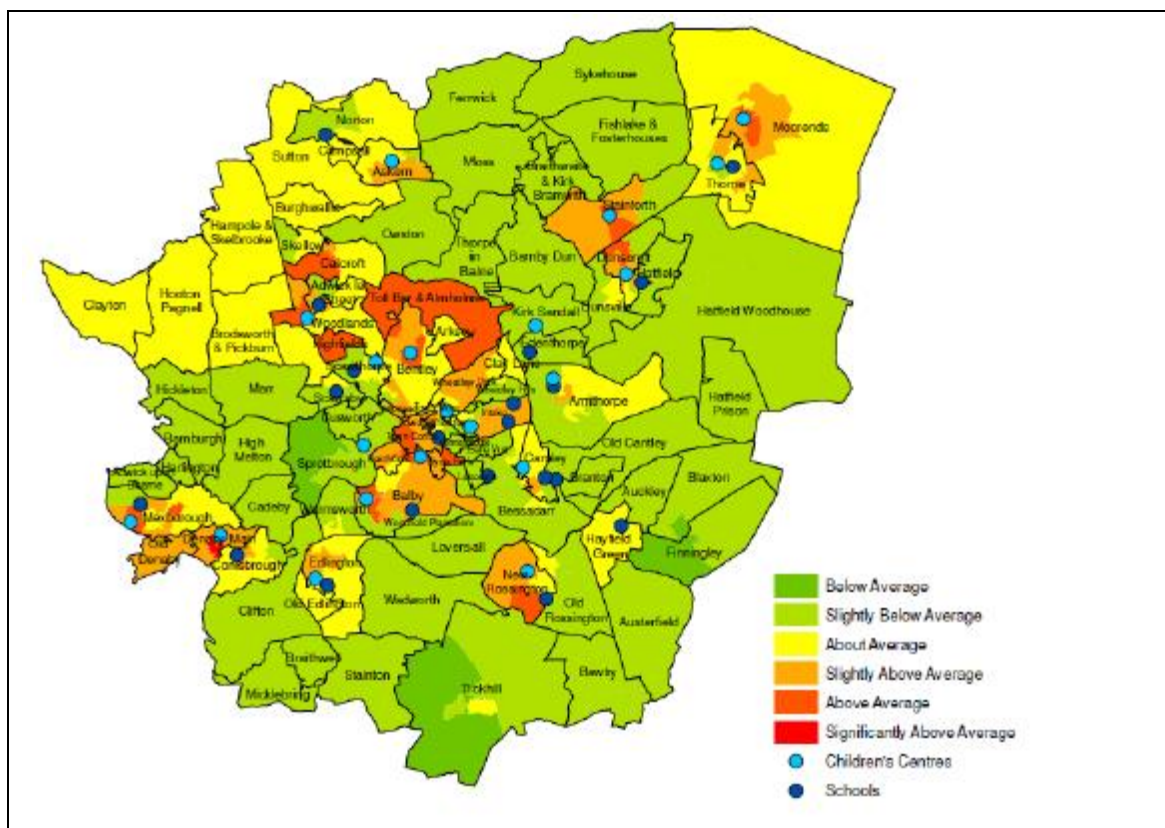
Age	Doncaster	Comparator Group ²	England
Aged 0-4	6.4%	6.3%	6.3%
Aged 5-11	7.8%	7.9%	7.9%
Aged 11-18	9.8%	9.9%	9.7%
Aged 18-24	8.8%	8.9%	9.4%
Aged 0-24	30.4%	30.6%	30.8%

The live birth rate has increased steadily since 2006. A key concern is ensure that children get a good start in life. Public health data indicates that too many children are born to mothers who smoke and, as a result, have low birth weight; there are also low breastfeeding rates and too many emergency hospital admissions for respiratory infection. Children and young people in Doncaster are more culturally diverse with a rising number classifying themselves as 'white other', reflecting inwards migration notably from Eastern Europe.



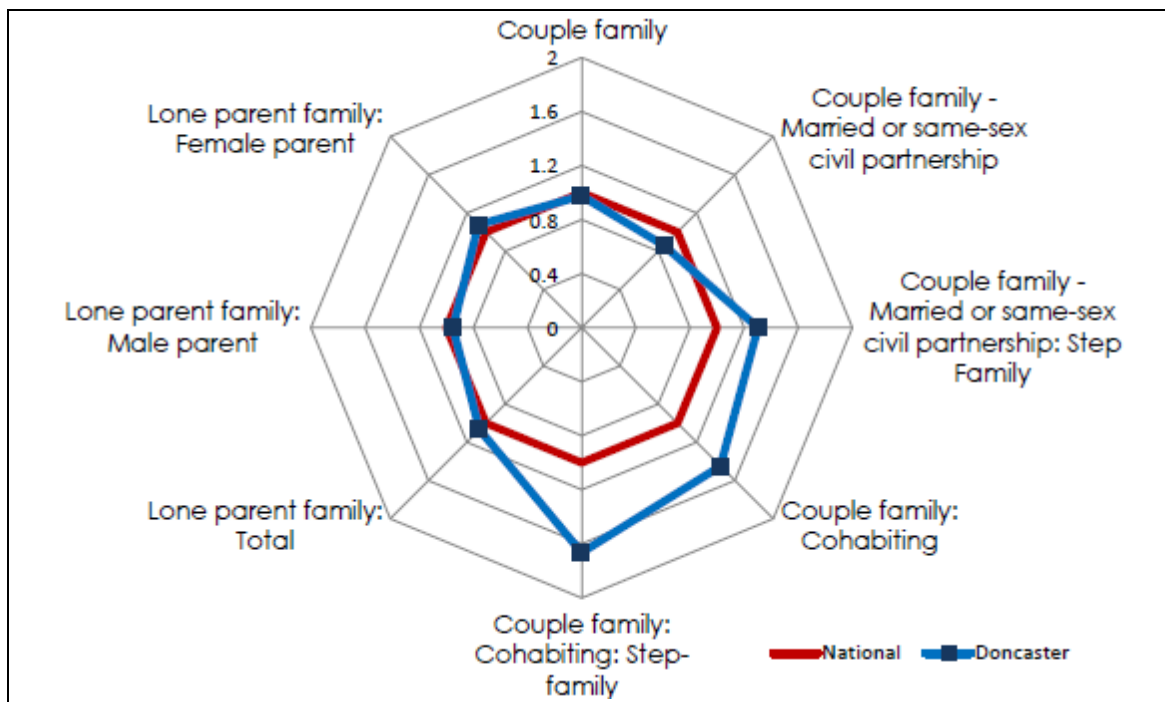
2.1.2 Deprivation

Doncaster is currently ranked 36 out of 326 local authorities according to the index of multiple deprivation and is third highest of the 21 Yorkshire and Humber local authorities. The proportion of children and young people living in poverty in Doncaster is higher at 24.2% than that found nationally with high concentrations of child poverty in a number of wards in the central urban area. There are a number of areas where more than 45% of children are living in poverty, including parts of Denaby Main, Mexborough, Toll Bar, Highfields and Balby. The highest incidence of child poverty is found amongst 0-4 year-olds.



2.1.3 Family Composition

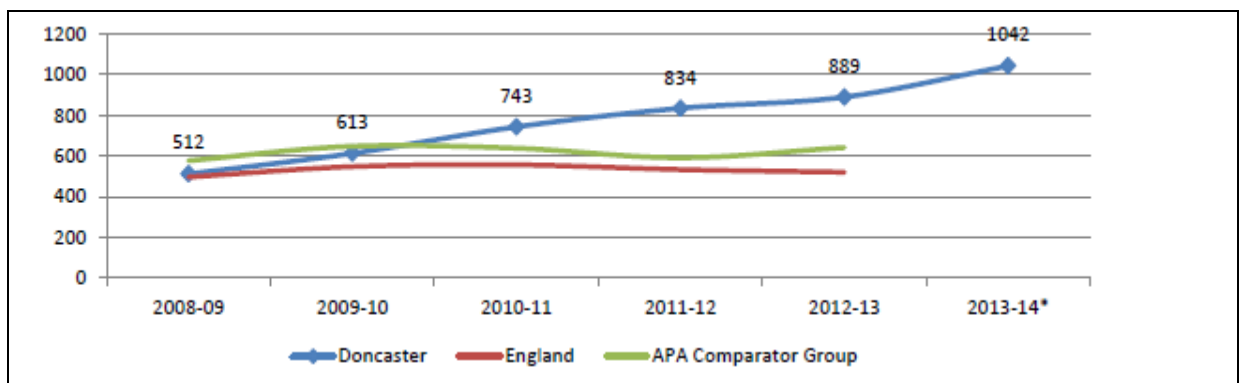
Family composition is changing with variable arrangements rather than the traditional married family household. A rise of cohabiting partners, step families, lone parents and same sex relationships in the past decade has resulted in a very different profile of family composition in Doncaster. The latest information shows that over 70% of families with dependent children are couples, with almost one in three children living in lone parent families (28%). A key difference between the family composition profile in Doncaster and that found nationally is the higher proportion of families that are co-habiting, particularly where this involves step families.



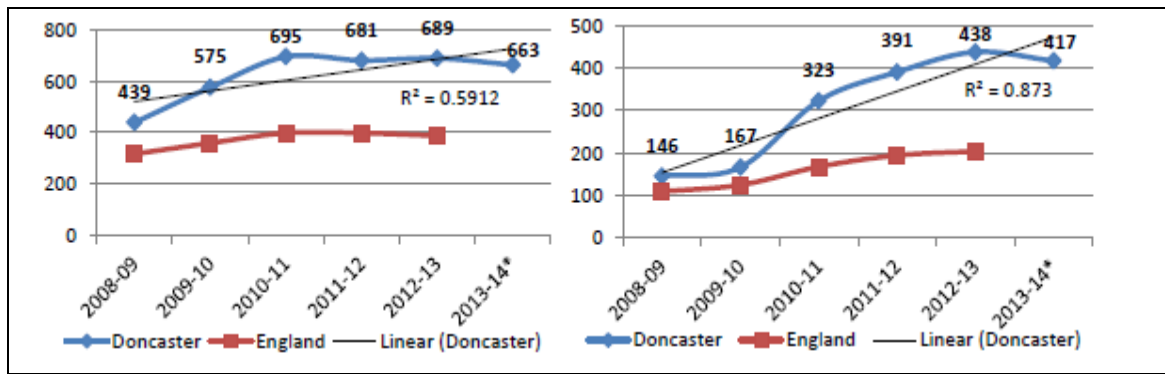
2.2 Profile of Safeguarding 2013-14 (see Appendix 2 for DSCB datasets)

Social care activity in Doncaster continues to be high, with levels of referral, children subject to child protection plans higher than comparable local authorities and nationally. Strategic action by the local authority and key statutory partners has led to a service profile that is closer to comparable areas.

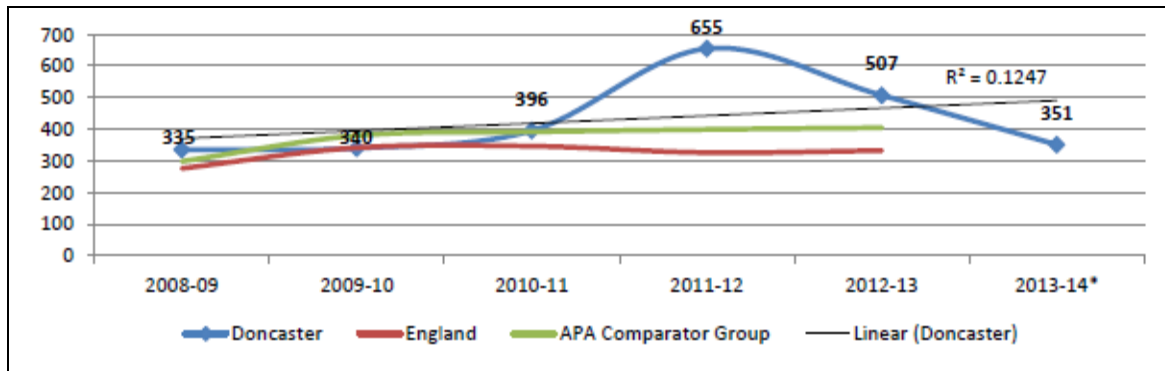
2.2.1 Referral rates into children’s social care have continued to increase in 2013-14 with the rate rising from 889 per 10,000 in 2012-13 to 1042 in 2013-14. Repeat referrals increased from 23% to 40%.



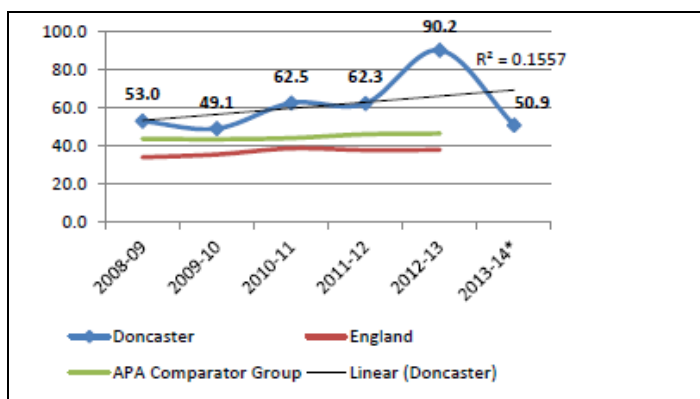
2.2.2 The number of assessments being undertaken has been lower in 2013-14 than previous years, suggesting an improvement in decision-making about risk and the need for social care intervention, as shown in the graphs below for initial and core assessments. The timeliness of assessment, particularly initial assessment, has improved significantly but remains below comparable local authority areas. A new single assessment framework has been developed, with multi-agency input, for introduction from April 2014.



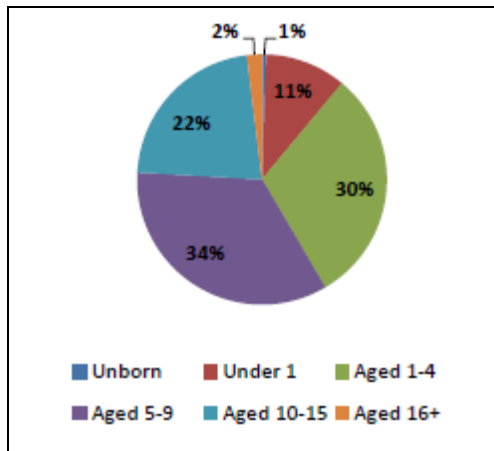
2.2.3 The number of young people classified as children in need (CIN) has continued to fall significantly (see CIN rates per 10,000 in the graph below) and is now in line with comparable areas and nationally. The fall in these numbers is as a result of a concerted programme of work to review cases and address drift, with support for young people being ‘stepped down’ to other forms of targeted support.



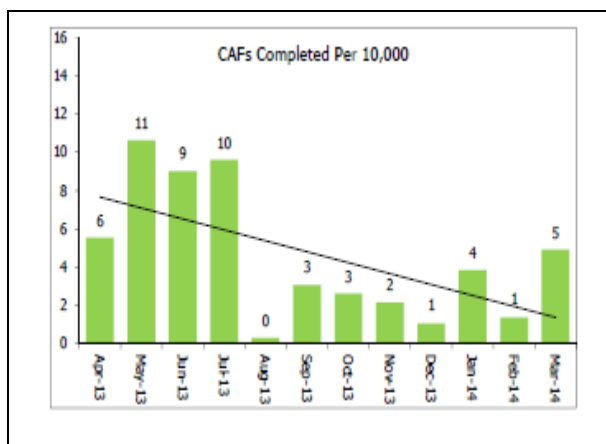
2.2.4 The number of children subject to a child protection plan has reduced significantly and is now in line with comparable local authorities. This reduction has been managed appropriately with a clear focus on effective risk management and followed an extensive audit of child protection cases which identified the need to improve the quality of assessment and the effectiveness of plans for children. The number of children on child protection plans for more than two years has fallen significantly.



The age profile has changed with a 44% of plans relating to children under 5. In almost 50% of cases the reason for the plan relates to neglect, a factor associated with communities where there is high deprivation.



2.2.5 Early help activity, as measured by the number of common assessments (CAFs) undertaken, remains underdeveloped and is a major focus for the local authority and partners in 2014-15.



2.3 Conclusion

Continuing high levels of deprivation and changing family patterns indicate the importance of establishing high quality and systematic early help services, along with effective interventions to reduce risks to children arising from neglect, domestic violence and substance misuse. These aspects are reflected in the DSCB Business Plan priorities for 2014-15.

2.4 Business Plan 2013-14

The DSCB Business Plan for 2013-14 set out what the Board, working in partnership, and organisations individually aimed to do and the results to be achieved to improve the safeguarding of children in Doncaster. The key strategic objectives were:

- SO1 Within three months - implement all recommendations made as a result of the OFSTED inspection October 2012**
- SO2 Within six months - fully embed the recommendations as a result the inspection October 2012**
- SO3 To lead on the strategic oversight in relation to the key themes of Child Sexual Exploitation, Neglect and Early Intervention**
- SO4 Ensure governance arrangements are established and well embedded into the core functions of the Board**
- SO5 Work to develop the engagement of all agencies, voluntary and community sector, children and young people and families to ensure that their safeguarding practice is good and that they are able to access quality information, advice and guidance**
- SO6 Establish and embed a rolling programme of multi-agency audits and analysis of data including casework and undertaking 'mini inspections' to ensure that the DSCB is assured of the good working practice of all agencies**
- SO7 To ensure that the revised *Working Together* is fully implemented and understood**

Action plans in relation to these priorities were taken forward by designated sub-groups of the Board and progress was reported quarterly. An evaluation of progress against these objectives is integrated into the subsequent sections of this Annual Report.

3 Governance and Accountability Arrangements

As part of its Strategic Review in 2013/14 the Board has reviewed its membership, revised its constitution, and established a new Board structure.

3.1 Chairing

The Doncaster Safeguarding Children's Board is chaired by an independently appointed chair who was appointed by the Local Authority Chief Executive in conjunction with the Doncaster Safeguarding Children's Board partners and Lay Members. The Chief Executive holds the Chair to account for the effective working of DSCB. A performance management framework has been agreed to assist the Chief Executive in holding the Chair to account for his work. The Board has also appointed a Vice-Chair.

3.2 Membership

In order to fulfil its core functions, Doncaster Safeguarding Children's Board is made up of one **designated** representative from each of a number of partners who form the Doncaster Safeguarding Children Board. The statutory Board members are:

- Doncaster MBC
- South Yorkshire Police
- National Probation Service
- Youth Offending Service (YOS)
- Doncaster Clinical Commissioning Group (CCG)
- South Yorkshire and Bassetlaw NHS England
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- CAFCASS
- Doncaster and Bassetlaw Hospital Foundation Trust

Designated representatives of the statutory Board Members are expected to serve a minimum of 3 years on the Doncaster Safeguarding Children Board. The Doncaster Safeguarding Children Board also small number of professional advisors from key agencies.

Members of the Doncaster Safeguarding Children's Board are Chief Officers from within their own organisation with a **strategic** role in relation to safeguarding and promoting welfare of children and young people within their organisation. They are able to:

- Speak for their organisation with authority
- Commit their organisation on safeguarding and promoting welfare policy and practice matters
- Hold their own organisation to account and hold others to account and
- Collate management information to demonstrate effectiveness.

DSCB Board Members have a clear role description, which includes their role in disseminating the work of the Board within their respective agencies. DSCB has appointed two Lay Members who operate as full members of the Board with defined roles and responsibilities.

3.3 Board Structure (See Appendix 1)

Under the new structure the **full Board** will meet quarterly and will meet with the Business Co-ordination Group for two development days per annum. The expectation is that each agency is represented at every Board meeting and development day. Members are required to attend 80% of meetings/development days and to nominate a named deputy to attend in their absence.

A **Business Coordination Group (BCG)** consisting of **senior** officers within the following organisations will meet every six weeks to progress, review and evaluate the work of the Doncaster Safeguarding Children's Board and its sub groups. Members of BCG chair the Board's sub-groups. The membership of the BCG is:

- Independent Chair, DSCB
- Chief Nurse CCG (Vice-Chair, DSCB)
- Designated Nurse CCG
- Assistant Director Children and Families DMBC
- Assistant Director Education DMBC
- Head of Service Safeguarding & Standards DMBC
- Director of Public Health
- Detective Chief Inspector South Yorkshire Police Public Protection Unit (PPU)
- DSCB Business Manager

3.4 Sub Groups

The main Board is supported by a number of **sub groups**. The sub groups have the following key functions:

Workforce development

To promote children and young people's safety through the development and implementation of a multi-agency learning and development strategy and to evaluate the arrangements for and the impact of safeguarding learning and development opportunities on front line practice.

Child Death Overview Panel

To assist DSCB in fulfilling its requirements in respect of child deaths as required by Chapter 5 of Working Together 2013 including determining modifiable risk factors in the deaths of children and young people.

Child Sexual Exploitation and Runaways

To co-ordinate activity to safeguard children and young people from child sexual exploitation through the design, implementation and evaluation of the CSE strategy and action plan and to co-ordinate arrangements to respond to children and young people missing from home/care.

The Learning and Improvement Group

To coordinate and manage multi-agency performance management, quality assurance and case review activity.

In the event of needing to conduct a Serious Case Review, the Chair will convene a Serious Case Review Panel and ensure compliance with statutory guidance with regard to the requirement to demonstrate independence from the agencies involved in the case and the DSCB, as well as to work with the National Panel of Experts on Serious Case Reviews

In addition to its formal sub-groups, the Board establishes occasional '**task and finish' and reference groups** for a range of purposes.

3.5 Business Support for DSCB

DSCB is supported by a Board Manager and dedicated business support team. As part of the strategic review of the work of the Board, the current functions and staffing structure have been reviewed. New board support arrangements are being established with a structure of posts to reflect the knowledge and skills required to support the Board's priorities. It is expected that the Board's business support will be located in the Doncaster Children's Trust.

3.6 Board Partner Financial Contributions and Board Expenditure 2013/14

The table below sets out the financial contributions of partner agencies to support the work of the Board and the expenditure in 2013/14. A small underspend is to be reinvested by the Board to support Business Plan priorities. It is considered that the core funding provided by partners is sufficient to maintain the Board's statutory responsibilities but further consideration needs to be given to non-recurrent development funding from partners to accelerate improvement in priority areas of the Board's work.

Item	Paid Q1 Apr-Jun	Paid Q2 Jul-Sep	Paid Q3 Oct-Dec	Paid Q4 Jan-Mar
Employee Costs				
Staff	£50,824.84	£51,169.54	£50,415.69	£50,655.56
Travel	£344.82	£27.94	£113.85	£75.40
Subsistence	£0.00	£0.00	£0.00	£0.00
Other Staff Costs	£283.00	£160.00	£0.00	£0.00
Employee Costs Total	£51,452.66	£51,357.48	£50,529.54	£50,730.96
Supplies and Services				
Equipment Purchases (Assets)	£0.00	£0.00	£0.00	£484.10
Maintenance (PAT Testing)	£68.43	£0.00	£0.00	£0.00
Consultancy	£0.00	£0.00	£5,555.50	£8,393.99
Legal/Professional/lay members	£0.00	£0.00	£121.82	£350.00
TriX	£0.00	£0.00	£0.00	£3,500.00
Stationery / Postage / Printing	£1,656.91	£588.57	£0.00	£2,623.34
Munro (Publications)	£0.00	£7,795.75	£0.00	£0.00
Mobile Telephones	£40.07	£99.45	£0.00	£105.29
Landline Rental & Calls	£0.00	£0.00	£0.00	£1,313.09
Meeting Costs	£995.43	£1,345.33	£1,345.00	£2,589.97
Conference Fees	£210.00	£0.00	£0.00	£105.00
Pool Car	£0.00	£0.00	£0.00	£154.82
Office Rental	£0.00	£0.00	£0.00	£10,700.00
Employers & Public Liability Insurance	£0.00	£1,305.81	£0.00	£0.00
Supplies and Services Total	£2,970.84	£11,134.91	£7,022.32	£30,319.60
Training				
Room Hire/Expenses	£963.97	£679.25	£0.00	£2,600.10
Consultancy Fees & SCR	£0.00	£0.00	£0.00	£0.00
Virtual College	£0.00	£0.00	£0.00	£6,000.00
Training Total	£963.97	£679.25	£0.00	£8,600.10
Total Expenditure	£55,387.47	£63,171.64	£57,551.86	£89,650.66

DSCB INCOME 2013-14				
Funded by				
PCT (Section 256)	-£25,247.00	-£25,247.00	-£25,247.00	-£25,247.00
CAFCASS	-£137.50	-£137.50	-£137.50	-£137.50
South Yorkshire Police	-£6,462.50	-£6,462.50	-£6,462.50	-£6,462.50
Probation	-£522.30	-£522.30	-£522.30	-£522.30
DMBC (mainstream budget)	-£37,405.00	-£37,405.00	-£37,405.00	-£37,405.00
Munro Funding 2011/2012	£0.00	-£11,000.00	£0.00	£0.00
Total Income	-£69,774.30	-£80,774.30	-£69,774.30	-£69,774.30

3.7 Board Attendance 2013/14

Board attendance has been good overall. The strategic review identified that there was a pattern of consistent deputising. As a result all agencies are reviewing their Board membership under the Board's revised constitution. The Chair will be working with the Education Reference Group to improve the way in which schools can engage more fully with the Board's work, and will also promote more appropriate liaison with the community and voluntary sector.

3.8 Relationship to Partner Forums

DSCB has established and agreed a protocol for joint-working with the Health and Well-Being Board, Children and Families Strategic Partnership Board, Safer Doncaster Partnership, and the Schools, Children and Young People Overview and Scrutiny Panel.

3.9 Engagement with Children and Young People

3.9.1 DSCB has sought the views of children and young people through a participation sub-group *Danger Free Zone* (DFZ). The group has considered issues relating to safeguarding that affect the lives of children and young people in Doncaster, highlighting safeguarding risks and developing solutions. Over the past year the group has considered issues relating to bullying and CSE, domestic violence. Members of DFZ have been supported to produce a 'domestic violence storybook' *From Fairy Tale to Reality* working with the Doncaster Women's Refuge and also produced a 'Stranger Danger Checklist'. The Education Sub-Group has engaged young people in the development of materials and delivery of training to enable young people and staff to challenge homophobic bullying and promote protective behaviours.

3.9.2 In 2014/15 the Board is working more directly with the wider programme of engagement with young people through Doncaster's recently-formed Children and Families Strategic Partnership Board. In addition, DSCB will continue to engage and consult children and young people on specific aspects of its work.

The voice of young people will be built directly into the Board's performance and quality assurance framework.

3.10 Equality and Diversity

DSCB has worked to address issues of equality and diversity particularly through the work of the Education Sub-Group. It is supportive of the work of partners to address inequality in outcomes for children, young people and families who live in the most deprived wards in Doncaster that are over-represented in the numbers of children with child protection plans and in care. The need to promote 'cultural competence' has been recognised as a key need for practitioners through training so that they are better able to be reflective about the unique needs and circumstances of each child and not de-sensitised to their particular experiences or context.

4 Policies, Procedures and Guidance for Multi-Agency Arrangements to Protect Children and Promote their Welfare

4.1 Statutory Function

In line with the requirements of *Working Together 2013* DSCB must develop policies and procedures for safeguarding and promoting the welfare of children in Doncaster

4.2 DSCB has maintained multi-agency procedures during 2013-14. The procedures, which are directly accessible on the DCSB website, provide the framework for frontline practitioners and agencies to work together to safeguard children and young people. A number of changes to procedures have been made as a result of learning and in response to national developments. Key changes include:

- **Single Assessment** – the introduction of multi-agency procedures for single assessment (*Getting it Right for Every Child in Doncaster: An Assessment and Risk Management Framework for the Protection and Support of Children*). DSCB is encouraged that the new framework will support professionals to develop a dynamic and evolving process of assessment, analysis, review and action planning. Professionals across all agencies will be supported by a collection of tools to assist with their assessments and interventions.
- **Domestic Violence and Abuse** – guidance for practitioners in all agencies when assessing concerns of domestic abuse.
- **Bullying** – guidance for practitioners on preventing and addressing bullying.

4.3 DSCB published and provided training on its multi-agency thresholds guidance *Pathways to Provision*. The Board will be evaluating the effectiveness of the guidance and will make any necessary revisions.

4.4 In 2014/15 DSCB will evaluate the extent to which single assessment procedures have been implemented effectively. Revisions to procedures relating to children missing from care are likely to follow from a 'Lessons Learned' review commissioned by the Board.

5 Single and Multi-Agency Training Provision

5.1 Statutory Function

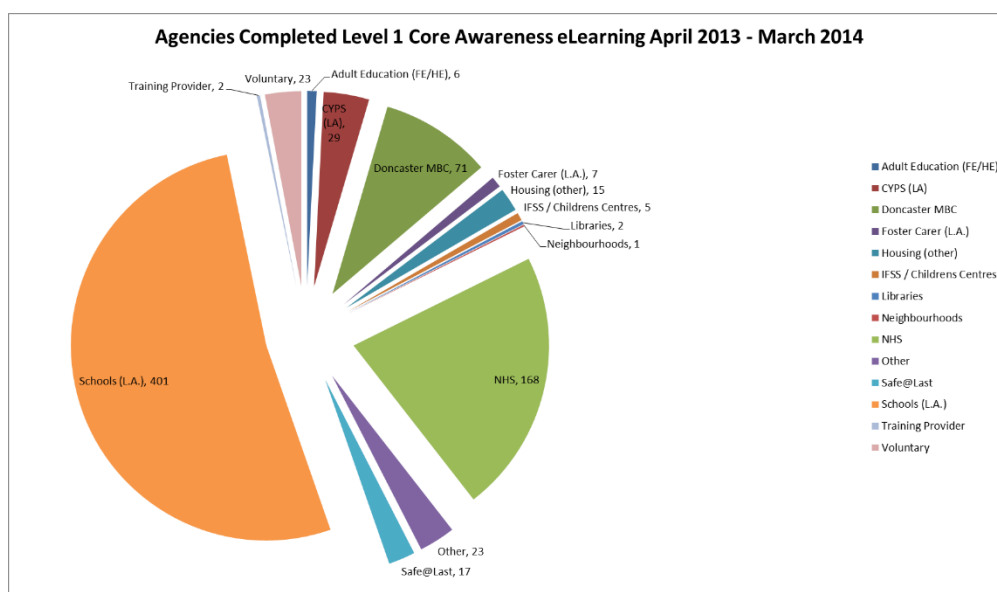
DSCB has to develop policies and procedures with regard to training people who work with children or in services affecting the safety and welfare of children. The Board should monitor and evaluate the effectiveness of training, including multi-agency training. Training priorities and content are informed by the Board's Learning and Improvement Framework.

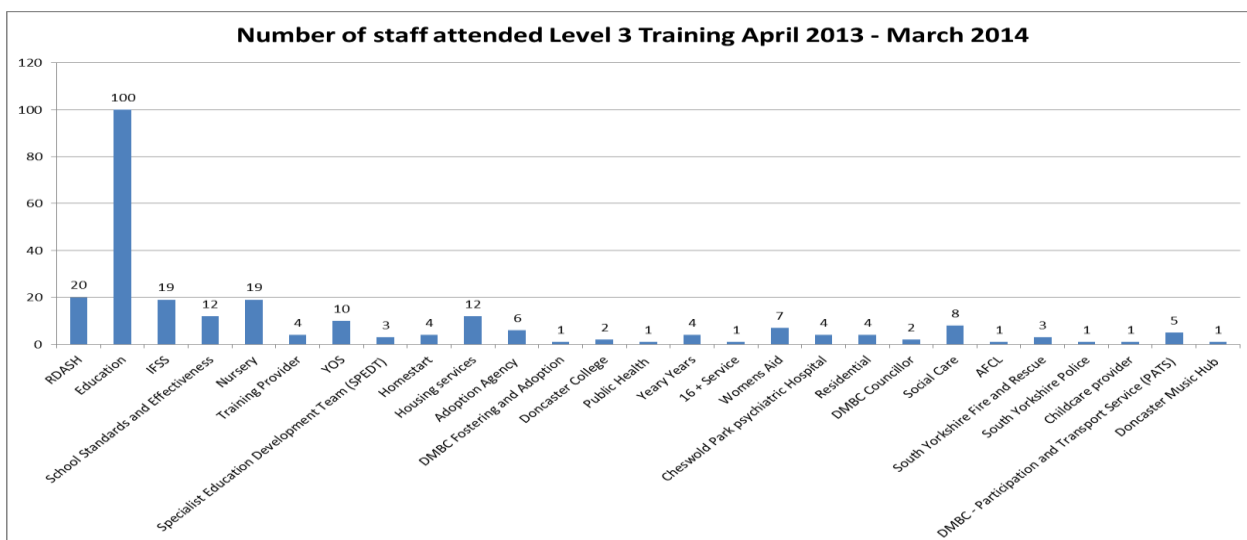
5.2 Workforce Development Sub-Group

5.2 During the period covered by this report DSCB and the Doncaster Safeguarding Adults Partnership Board had a combined workforce development group, which developed a Joint Workforce Development Strategy underpinned by **Joint Capability Framework** launched in autumn 2013. The Joint Capability Framework identifies core capabilities that all staff need to demonstrate to keep children and adults safe, along with a specific framework for staff working particularly in children's safeguarding. The frameworks support the design of single and multi-agency training at various levels and include audit tools to enable the identification of gaps in skill sets for individuals and across organisations.

5.3 DSCB provides a good range of training to frontline staff and their managers. Level 1 courses covering basic awareness of safeguarding are offered through e-learning programmes. Level 3 training covers Effective Partnership Working in Safeguarding and Child Protection.

5.4 The charts below show participation by partner agencies in Level 1 e-learning and Level 3 safeguarding and child protection training.





5.5 CSE Training

DSCB's multi agency CSE training has run 6 times since January 2014 and 140 people have been trained from across a broad range of agencies including Social Care, Housing, NHS, Stronger Families, Education, DMBC Children's Homes and , Police, as well as Green Gables and M25 (Independent Housing Providers). The trainers are a Senior EWO based in the CSE Team, and an Independent Psychotherapist. Immediate feedback on the training is generally very positive. Also over the period of this report the Doncaster's multi-agency CSE team delivered CSE training and awareness sessions to more than 1000 professionals.

5.6 Evaluation of Impact of Multi-Agency Training

Participants on Level 3 are encouraged to complete and return Reflective Training logs to the DSCB business unit having had their training log reviewed and signed by their line manager or supervisor. The logs include questions about how participants have changed their practice as a result of training and the impact of training on their organisation. Approximately 70% of logs have been returned in 2013/14. A sample of typical comments is shown below in response to the question *'What have you done differently in your practice from this event/training?'*

'Ensure effective recording of and following up of any concern/incidents'

'I have been much more aware of signs and symptoms of safeguarding.'

'I have found that when dealing with any safeguarding issues with students I am consciously reflecting back to what we discussed in the training'.

'I am aware of the different organisations in the community and how they work'

There is a recognition by the Board that it needs to have more systematic evidence about the impact of training on practice and on the outcomes for children and young people.

6 Quality and Effectiveness of Arrangements and Practice

6.1 Statutory Function

DSCB should use data and other performance information to assess whether partners are fulfilling their statutory responsibilities for safeguarding. The Board should have an overall view about the effectiveness of practice, drawing on audit evidence, including its own programme of multi-agency audits.

6.2 DSCB has begun to use performance data more systematically to maintain an overview of the effectiveness of safeguarding but it remains too reliant on performance indicators provided by the local authority. The NHS maintains a good overview of its performance data and through the CCG coordinates a quality assurance report from across the NHS partners. The police maintain appropriate data systems for their own safeguarding responsibilities. As yet, however, DSCB is not receiving and considering an integrated performance report that enables it promote a culture of challenge and accountability. Key gaps in the performance framework include performance information about the workforce and the analysis of feedback from children and families.

6.3 DSCB has agreed a draft Learning and Improvement Framework but it is not yet fully implemented and is not making the required impact to drive improvement.

6.4 DSCB Multi-Agency Audits

The Board's programme of multi-agency audits is at a relatively early stage. Two audits were completed in 2013-14. The learning from the audits completed in the year is set out below:

6.4.1 Section 47 investigations

This audit was commissioned to assess the progress in responding to a key recommendation from the OFSTED inspection in October 2012, highlighting the need to improve the multi-agency input to and effectiveness of child protection strategy meetings. The audit highlighted some good practice but indicated a number of continuing concerns about timeliness and delay in holding strategy meetings, limited contribution from health partners, and weaknesses in management oversight of the outcomes of strategy meetings, and poor recording of decision notably in relation to recording of level of risk to children.

6.4.2 Re-referrals

This audit was commissioned by DSCB given significant incidence of re-referral highlighted in performance reports to the Board in 2013-14. The audit found:

- 64% of referrals showed no consideration of a CAF being completed prior to the referral being made
- 48 % of cases were identified where previous referrals could have been effectively managed through CAF/ Team Around the Child (TAC) arrangements
- There was a lack of consideration within management decision and supervision which recognised and acknowledges that there were subsequent referrals, 86% (43 cases). There was little evidence of planning/ decision making which specifically addressed this issue
- 22% of referrals did not meet the threshold for social care
- Whilst the majority of referrals were considered of good quality, 34% did not adequately identify the needs of the child

These findings reinforce the Board's priority to promote the development of a systematic early help offer and to review the current thresholds document. All agencies need to promote guidance on effective referrals and monitor the quality of referrals.

6.5 Allegations against those who work with children and young people

Allegations against those who work with children and young people are investigated by the Local Authority Designated Officer (LADO). In 2013-14 there were 119 referrals to the LADO under the following categories:

PHYSICAL	75
SEXUAL	22
NEGLECT	1
EMOTIONAL	7
CONDUCT	7
OTHER	7
TOTAL	119

- 6.6 Within the Business Plan for 2014-15 the Board has identified the need for urgent action to agree the performance information required by the Board in an appropriate reporting format that will allow for evaluative commentary, challenge and follow-up on any concerns identified. A more extensive programme of multi-agency audits needs to be implemented, focusing on priority aspects of inter-agency working and practice. The Board's draft Learning and Improvement framework needs to be reviewed to its full implementation.

7 Section 11 Audit

7.1 Statutory Function

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services contracted out to other organisations, are discharged with regard to the need to safeguard and promote the welfare of children. DSCB monitors and evaluates the effectiveness of partner organisations in meeting their Section 11 responsibilities.

7.2 Audit Process

In 2013-14, DSCB completed an assessment of Section 11 compliance based on a self-assessment tool approved by the Board. Almost all the agencies covered by the Section 11 duty completed the audit, (the most important exception being DMBC Children and Young People Services where the Board appropriately agreed to defer the completion of the self-assessment tool until the outcome of the review by the Secretary of State's Commissioner for Children's Services was concluded). The Board considered the findings from the audit at its July meeting and followed this up with a series of challenge' meetings involving two members of the DSCB business unit and partner agencies. As a result of completing the self-assessment tool, agencies were required to design an action plan to address any areas for improvement. The DSCB Business Unit has received quarterly updates on these action plans and the Board reviewed overall progress in March 2014, noting key areas for improvement in relation to the eight Section 11 Standards.

7.3 Impact and Future Developments

Section 11 audits and action plans have been too focused on procedural compliance. As a result the Board has identified a number of changes to the Section 11 Audit process for 2014-15 to ensure that it has more direct impact on the effectiveness of safeguarding within and between partner agencies. Key changes proposed include:

- Substantial revision of the self-assessment tool so that it is more analytical and evaluative, with greater emphasis on assessing the difference being made for children and families;
- Peer challenge to focus on quality assuring the evidence underpinning the self-assessment;
- Introduction of a questionnaire for frontline staff to assist partner agencies and DSCB in understanding the impact of organisational safeguarding;
- DCSB to commission 'deep dives' of Section 11 requirements to better understand and improve safeguarding arrangements.

7.4 Schools, Colleges, and Early Years Settings

All Doncaster schools and colleges undertook the Section 11 self-assessment audit and reported full compliance against the eight Section 11 Standards. In future, schools will be asked to review their safeguarding arrangements in line with Section 175 of the Education Act 2002. The Board will receive an annual report on compliance.

- 7.5** The Board will commission an assurance report on safeguarding arrangements in early years settings in Doncaster.

8 Case Review Function

8.1 Statutory Function

The Board is required to review serious incidents, identifying and disseminating lessons learnt, undertaking such reviews under the statutory framework for Serious Case reviews where such incidents meet the criteria. Through the Child Death Overview Panel the Board undertakes reviews of all child deaths up to the age of 18 in respect of children normally resident in Doncaster.

8.2 Serious Cases Panel

8.2.1 Over the period of this report DSCB has maintained a dedicated Serious Cases Review Sub-Group. The Panel has assessed cases which may meet the threshold for a Serious Case Review (SCR). In 2013-14 no cases have been deemed to meet the SCR threshold.

8.2.2 DSCB adopted an integrated framework for case review in November 2013 and has applied the model during the year in respect of two cases where a 'lessons learned' review was considered to be appropriate.

8.2.3 The Panel has ensured that learning from previous case reviews is disseminated to partner agencies and reflected in changes to procedures, practice and service provision (for example Doncaster CCG's recommissioning of Community Paediatrics). The implementation by partner agencies of recommendations from previous reviews has been monitored and corrective action taken where progress has not been sufficient.

8.2.4 There has been close working with Doncaster Safeguarding Adults Partnership Board to learn from Domestic Homicide and other reviews.

8.2.5 Wider learning from published Serious Case Reviews in other areas has been disseminated to partner agencies.

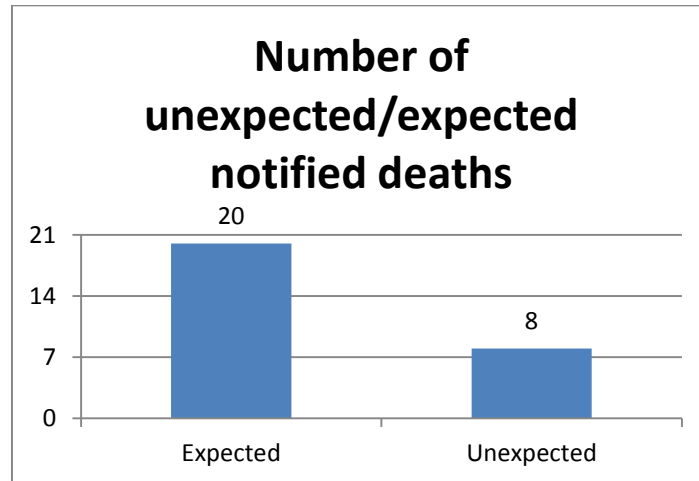
8.3 Child Death Overview Panel (CDOP)

8.3.1 The key functions for CDOP are set out in *Working Together 2013*. The guidance stipulates that all child deaths, (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law), up to the age of 18 should be monitored and all LSCBs will:

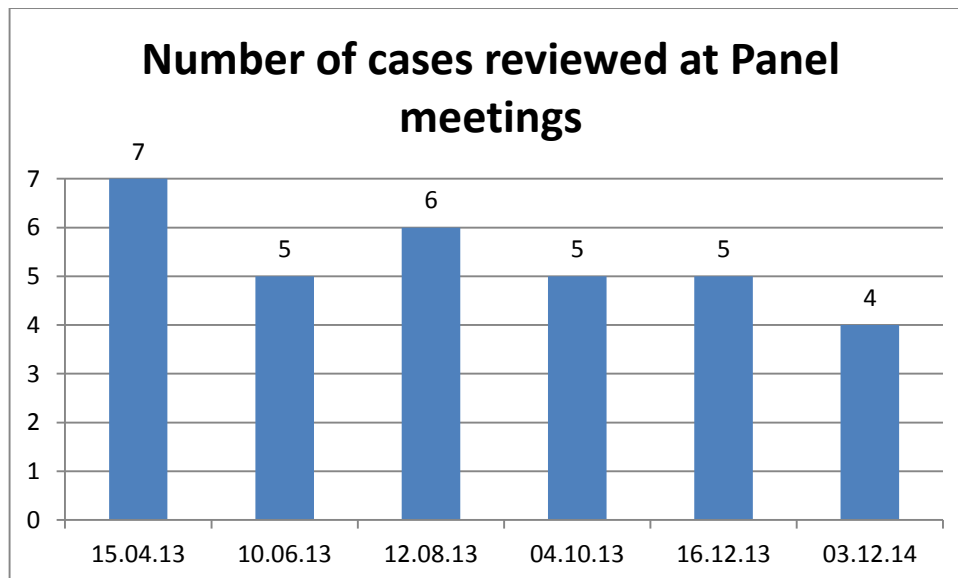
- Collect and analyse information about each death;
- Put in place procedures for ensuring that there is a co-ordinated response to an unexpected death.

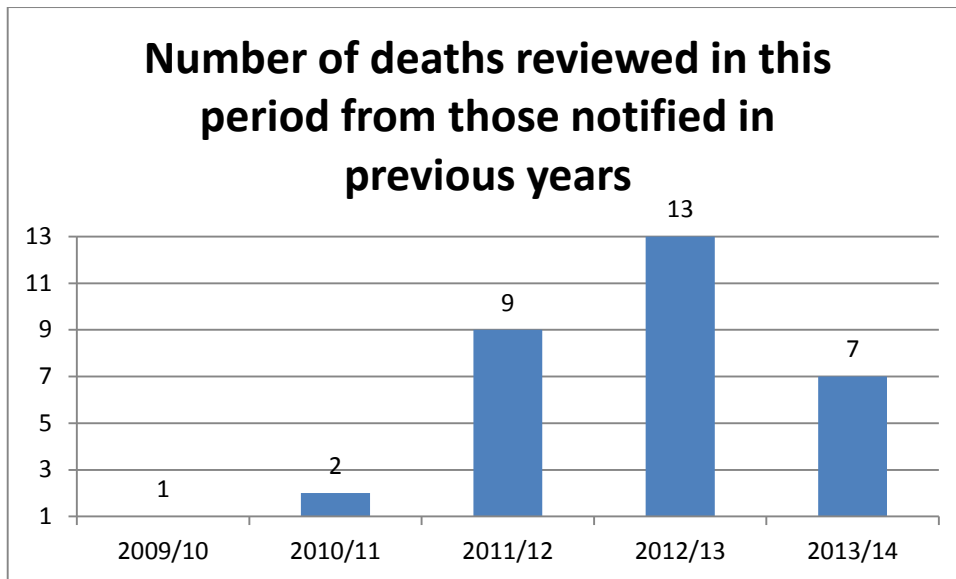
The Doncaster CDOP continues to perform effectively. A full analysis of the work of the Panel is provided in the CDOP Annual Report 2013-14.

8.3.2 The Panel was notified of 28 child deaths in 2013-14, 8 of which were designated as unexpected (i.e. the death of an infant or child under 18 was not anticipated as a significant possibility in the 24 hours preceding death or there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death).



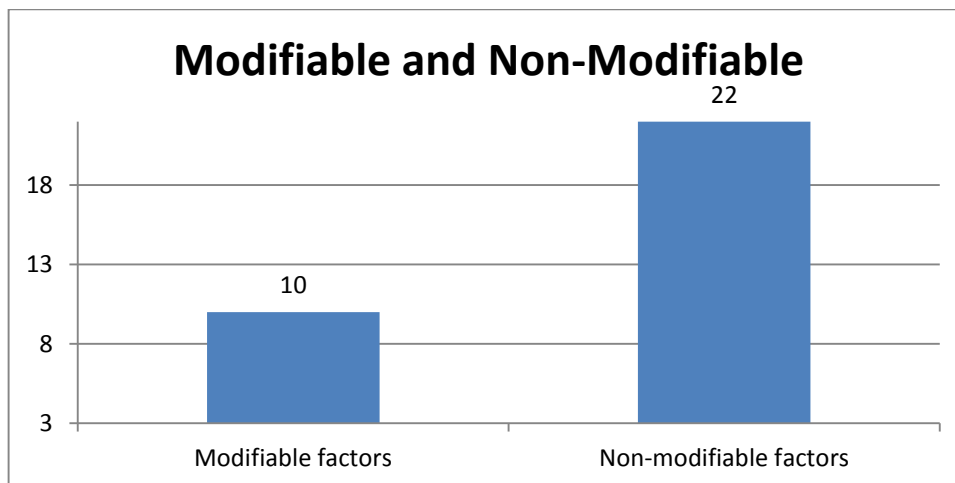
8.3.3 The Panel has improved the number and timeliness of its reviews carried out in the year, and has drawn out important lessons to inform future policy and practice.





8.3.4 CDOP is required to consider whether each death was preventable.

Preventable deaths are defined as those where modifiable factors may have contributed to the death. Modifiable factors are defined as those which by means of nationally or locally achievable interventions could be modified to reduce the risk of future child deaths. The Panel are asked to consider modifiable factors in the family and environment, parenting capacity or service provision when reviewing child deaths. The graph below identifies the number of reviews where modifiable and no modifiable factors were identified.



Of the cases that were reviewed 10 cases were found to have modifiable factors some of which were multiples.

Some examples of the modifiable factors found in the reviews include:

- Smoking by parent/carer in a household
- Smoking by mother during pregnancy
- Housing
- Domestic violence
- Co-sleeping

- Poor parenting/supervision
- Child abuse/neglect
- Poor surgical intervention

8.3.5 As a result of this analysis, maternal, infant and child health has been identified as a priority for the local partnership. The work that is being carried out locally includes Healthy Pregnancy, Healthy Babies Strategy with three priority themes of low birth weight, perinatal mortality, and breastfeeding. Other areas of work include addressing modifiable behaviours within;

- Pre-conceptive health
- Engagement with antenatal care
- Teenage pregnancy
- Maternal and infant nutrition
- Tobacco
- Alcohol & substance misuse
- Maternal mental health
- Domestic abuse

Work in relation to road safety is being undertaken in the form of collaboration through the south Yorkshire Safer Roads Partnership

8.3.6 Rapid Response procedures have been reviewed and a new specification for this service, along with revised performance indicators, has been developed.

8.3.7 Key future developments for CDOP include:

- Make modifications to the national Form C for greater information gathering
- To understand the interpretations of expected and unexpected deaths nationally
- Further training and workshop sessions for the panel
- Monitor neonatal deaths and deaths from road traffic accidents (RTAs) over time to establish the impact of actions taken.
- Further data analysis in relation to modifiable factors identified through reviews.
- Develop performance measures in relation to CDOP functioning
- Work to develop further the area of bereavement support to families.

9 Key Safeguarding Risks

9.1 The Board maintains an overview of the effectiveness of safeguarding arrangements in respect of key safeguarding risks and vulnerable groups.

9.2 Child Sexual Exploitation (CSE)

9.2.1 The Board's multi-agency work to tackle child sexual exploitation in Doncaster is coordinated through its CSE Sub-Group. The sub-group works within the South Yorkshire regional arrangements, including the CSE procedures and risk assessment tool. Over the past twelve months the Board has agreed a CSE strategy and established a multi-agency CSE team. The team comprises 1 social worker, 1 Detective Sergeant, 5 Detective Constables, 1 senior education welfare officer, 1 worker from Barnardos and 1 health worker funded from public health. The remit of the team is around the 3 key areas of work:

Prevent:

- Making it more difficult to exploit children
- Facilitate a co-ordinated response to CSE
- Deliver awareness raising sessions in education settings

Protect

- Identify and safeguard children who are at risk
- Support victims
- Identify potential victims and prosecute and identify perpetrators

Pursue

- Identify offenders, disrupt and stop their activity
- Provide specialist support to victims through investigations and court proceedings
- Conduct regular multi-agency reviews and respond to information

A system for recording CSE referral data and tracking cases has been introduced. Referral numbers are relatively high and to some extent reflect the application of a relatively low threshold when professionals use the risk assessment tool. South Yorkshire police secured 27 convictions during the year and completed two large scale investigations. The use of abduction notices to disrupt perpetrators increased by 60% in 2013-14.

9.2.3 The Board evaluated progress with its CSE strategy in March 2014 and identified a number of areas for development including:

- Updating the Doncaster CSE strategy to make it more specific to the issues in Doncaster;
- Completing a more detailed assessment of the nature and extent of CSE within the borough;
- Establishing a clearer picture of known 'hotspots' and patterns of CSE activity to focus strategies for disrupting and arresting perpetrators.
- Embedding data systems to capture more accurately activity relating to referrals, assessments, case tracking, investigations and prosecution;
- Increasing the social work capacity in the CSE multi-agency team;
- Strengthening the operational arrangements for the multi-agency CSE team, including risk management with victims and potential victims of CSE;
- Improving the range of interventions and services available to protect victims and those at risk of CSE

9.3 Children Missing from Home and Care

9.3.1 DSCB's arrangements for protecting and supporting children who go missing from home or care are covered by the South Yorkshire protocol '*Missing from Home or Care and Runaways*' which was agreed between the four South Yorkshire local authorities and South Yorkshire police. The protocol distinguishes between children who are **missing** (anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of a crime or at risk of harm to themselves or another) and **absent** (a person who is not at a place they are expected or required to be). The categorisation for each incident rests with South Yorkshire Police. Where a child is deemed to be missing, this generates active bulletins and searches and notification within 24 hours to the DMBC Assistant Director. Three such instances for a child within a 28 day period generate a multi-agency strategy meeting. Management oversight is through a designated missing persons officer, with weekly reports to DMBC senior management. Support for children who have returned to home or care following an episode of missing or running away is provided through Safe@Last, a voluntary organisation with specialist expertise and a range of services commissioned by the four South Yorkshire local authorities.

9.3.2 The Board has evaluated its arrangements for protecting and supporting children missing from home or care and has identified the following developments:

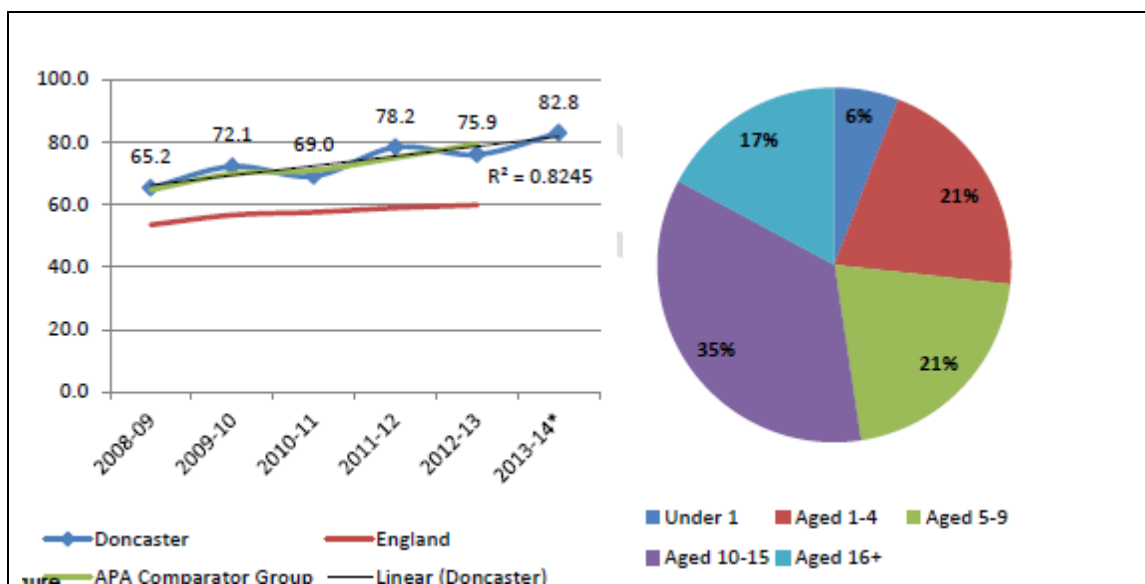
- Review of regional South Yorkshire protocol;
- Multi-agency Missing from Care Task Group to identify children and young people deemed to be at high risk and put in place action plans to reduce and prevent those risks;

- Improved support for children and young people in DMBC children’s homes to reduce the incidence of missing episodes, which were considered to be a cause for concern in 2013-14;
- Enhanced capacity for preventative through social workers, police and voluntary organisations with children considered to be at low-medium risk.

9.3.3 The Education Sub-Group has monitored the number of children being Electively Home Educated and overseen a programme of consultation and engagement with their parents. As a result, there has been improved co-operation with home visits. Levels of persistent absence in primary and secondary schools are monitored and challenged.

9.4 Looked After Children

The number of children in care has continued **to rise**, in line with national trends and comparable local authorities. At the end of the period for this report the number of children in care in Doncaster was the highest for six years (although the rate of increase slowed significantly in the final quarter of the year). The majority of children in care are over the age of 10. 63% of children in care have been in care for more than twelve months, with 27% being in care for more than three years. Almost 20% were in care under Section 20 of the Children Act (i.e. on a voluntary basis at the request of their parents).

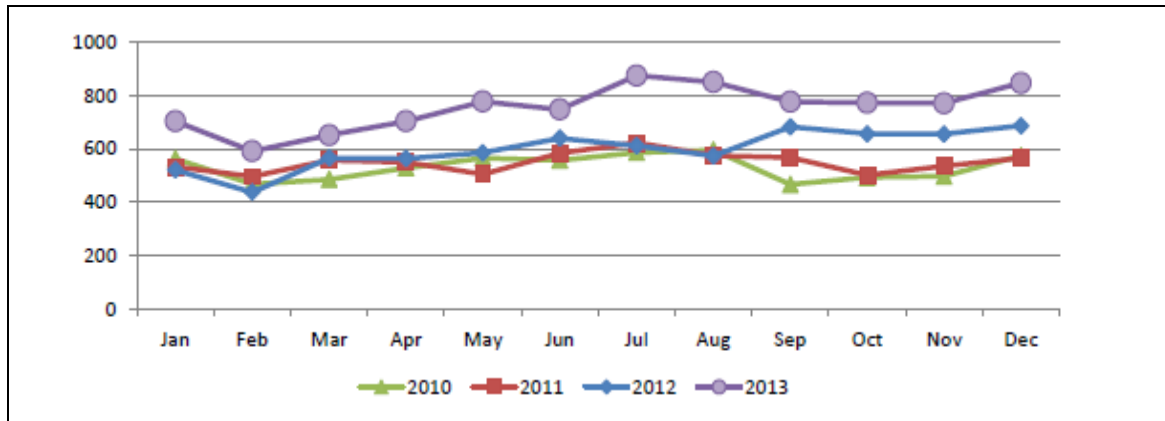


A number of aspects of support for children in care need significant improvement, notably timeliness of health and dental checks, the number of children with Personal Education Plans, and participation rates in education, employment and training. Timeliness of social worker visits to children in care and reviews also require improvement. Action to improve all these aspects on a multi-agency basis is being taken forward through the DMBC Corporate

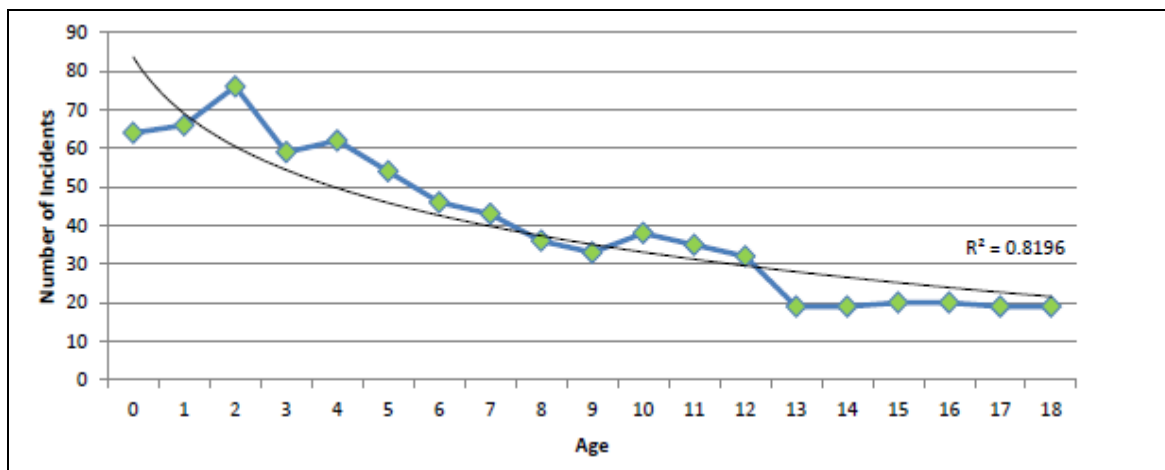
Parenting Board. DSCB will be monitoring and evaluating progress closely in the year ahead.

9.5 Domestic Abuse

9.5.1 The number of incidents of domestic abuse in Doncaster reported to the police has risen over the past four years, with a further marked increase in 2013.



There has been an associated increase in the number of children referred to social care as a result of domestic abuse incidents. Evidence suggests that there is now better recognition of risks to children arising from domestic abuse, particularly in respect of children under five, although the number of referrals as a proportion of all recorded incidents is lower than might be expected.



9.5.2 DSCB has worked closely with the Safer Doncaster Partnership and the Doncaster Safeguarding Adults Partnership Board to develop and implement the Doncaster Domestic Abuse Strategy. Under the leadership of the Safer Doncaster Partnership, significant progress has been made during the year to implement the strategy:

- Domestic Abuse module included in the Joint Workforce Development and Capability Framework

- Domestic Abuse and Safeguarding Hub is now operational
- Streamlined arrangements for Multi-Agency Risk Assessment Conferences (MARACs) have been established, leading to greater consistency in their work
- Targeted preventative and educational provision for children affected by domestic abuse have been commissioned.

9.6 Private Fostering

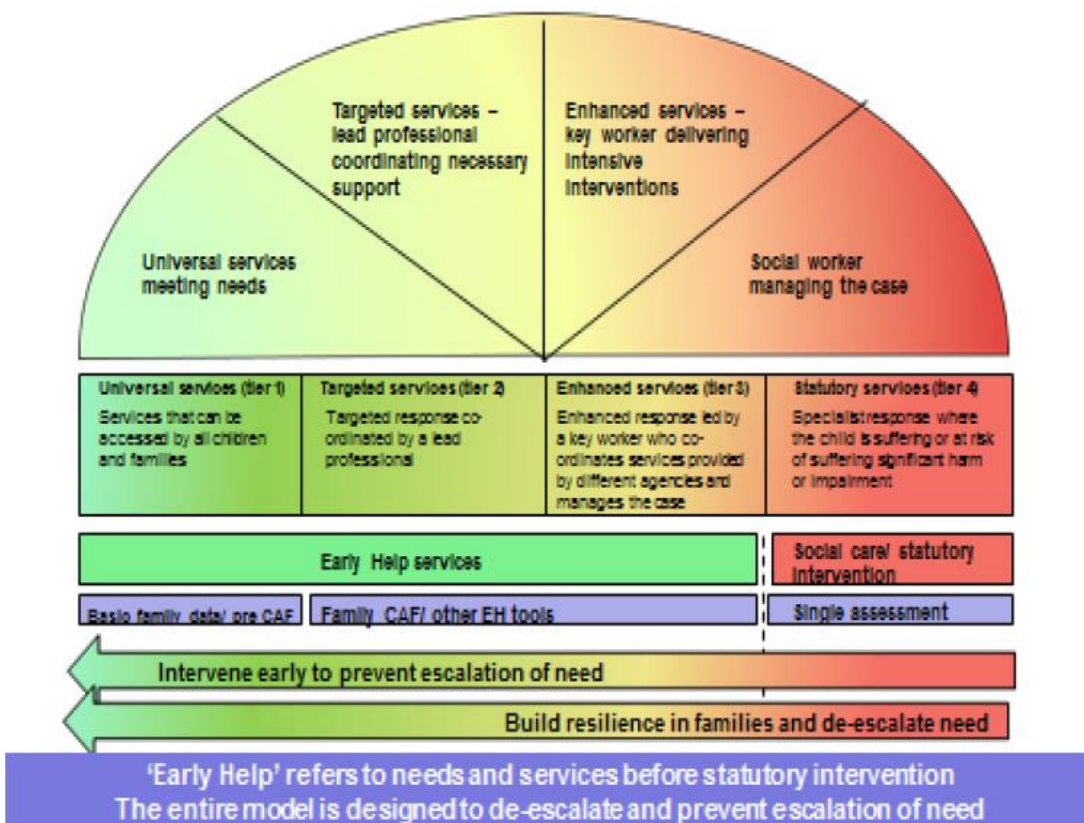
Action taken by the local authority and partner organisations to protect the welfare of privately fostered children has improved over the past twelve months. Children in private fostering are well-supported with good quality assessments and timely visits from social workers. (See Private Fostering Annual Report). DSCB has promoted awareness of private fostering through its core safeguarding training and works with the Private Fostering Coordinator to facilitate a multi-agency forum for professionals. In spite of an extensive programme of awareness-raising in the community and with partner organisations current data suggests that the incidence of private fostering is under-reported. A key priority in 2014-15 will be better targeting of 'awareness raising work' as recommended in the recent Private Fostering Ofsted Report (January 2014). This to be achieved by placing the emphasis on key contact points such as school enrolment and general practitioners, verifying that children are, in fact, living with their parents.

PRIVATE FOSTERING KEY DATA	2011/12 Return	2012/13 Return	2013/14 Mid- Year
Number of notifications of new private fostering arrangement received during the year	14	15	21
Number of cases where action was taken in accordance with the requirements of Regulation 4 for carrying out visits	12 (86%)	15 (100%)	21 (100%)
Of these the number of cases where this action was taken within 7 working days of receipt of notification of the private fostering arrangement	8 (67%)	15 (100%)	21 (100%)
Number of new arrangements that began during the year	14	15	11
The number of private fostering arrangements that began on or after 01/04 where visits were made at intervals of not more than 6 weeks	3 (21%)	9 (60%)	11 (100%)
The Number of private fostering arrangements that began before 01/04 that were continuing in 01/04	16	12	20
The number of private fostering arrangements that began before 01/04 that were continuing on 01/04 where scheduled visits in the survey year were completed in the requested timescale	10 (63%)	6 (60%)	19 (93%)
Number of private fostering arrangements that ended during the year	20	11	21
Number of children under private fostering arrangements	10	14	10

9.7 Early Help

Important proposals for systematic early help arrangements, involving key partner organisations including children’s centres and schools are under development, with plans for implementation from Autumn 2014. (See the diagram below). This will be an important test for key partner organisations to work collaboratively to deliver a more responsive and effective range of services to meet the needs of children and families in Doncaster. DSCB has been consulted about the proposals to date and has endorsed the ‘direction of travel’. Over the next twelve months the Board will put in place arrangements to ensure the effective engagement of partner organisations and to monitor the effectiveness of the provision.

Doncaster Early Help model



10 DSCB Effectiveness, Contribution and Challenge

10.1 In January 2014 the whole Board assessed its effectiveness using *Facets of Effective LSCBs*, the self-assessment framework developed by the Association of Independent LSCB Chairs. A key conclusion from the review was the need to create a more beneficial and effective governance and working environment for the Board and to improve key aspects of its work. The improvements required have been incorporated into the 2014-15 Business Plan. The intention is to improve the effectiveness of the Board itself and strengthen significantly the impact of partner agencies working together to safeguard children and young people in Doncaster. Key recommendations to improve the effectiveness and contribution of DSCB in 2014-15 are set out in the table below.

10.2 Key Recommendations to Improve the Effectiveness and Contribution of DSCB in 2014-15

1	Promote a strong culture of challenge and accountability through all of the Board's work
2	Ensure that Board members understand their role and make an effective contribution to Board meetings and sub-groups, as well as influencing improvements in safeguarding in their own organisations
3	Ensure that key safeguarding strategies are in place (notably in response to CSE, missing children, domestic abuse, neglect and early help) with agencies playing their full part
3	Implement an effective DSCB Performance and Quality Assurance Framework, ensuring that Section 11 Audit is completed effectively by all agencies, that action plans are implemented, with evidence of impact
4	Evaluate the suitability of Board's framework for case reviews, ensuring that it promotes effective learning
5	Improve the Board's visibility and influence, particularly with key partnerships, front line professionals, children and young people, families and the wider community
6	Ensure that DSCB has good self-awareness of its strengths and areas for improvement
7	Review the DSCB Business Unit, ensuring that it has the capacity to support the Board in meeting its full range of responsibilities
8	Ensure that the Board can evidence learning and improvement in safeguarding from all its work.

Business Plan Priorities for 2014-15

The new DSCB Business Plan, which is built around four new strategic priorities, expressed as key outcome statements:

DONCASTER SAFEGUARDING CHILDREN BOARD

STRATEGIC PRIORITIES 2014/15

SP1 Doncaster has an effective Safeguarding Children Board which meets its statutory responsibilities, promoting a culture of challenge, accountability and shared learning.

SP2 Doncaster has highly effective safeguarding systems and practice

SP3 Doncaster has effective arrangements for responding to key safeguarding risks (particularly child sexual exploitation, missing children, and neglect), promoting early identification & support to prevent escalation of risk to keep children safe

SP4 Doncaster SCB is visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, parents, carers, children and young people

DSCB BUSINESS PLAN 2014/15



Statutory responsibilities of DSCB include:

- Serious Case Review
- Child Death Review Panel (CDOP)
- Performance Monitoring
- Training
- Quality Assurance

The structure of the Board is:

- Board
- Business Co-ordination Group

The on-going activity of DSCB is undertaken by the following sub groups:

- Child Death Overview Panel
- Learning and Improvement (includes Case Review Panel)
- Workforce Development
- CSE and Runaways

And working/task groups (time limited)

- Policies and procedures
- Education
- Family Justice Review
- Early Help Implementation

DSCB will ensure that the work of all partners and agencies within Doncaster meets the needs of a diverse population. Sub groups will ensure that diversity needs including ethnicity are recognised and addressed in the work of each group.

Strategic Priority 1

SP 1 Doncaster has an effective Safeguarding Children Board which meets its statutory responsibilities, promoting a culture of challenge, accountability and shared learning

1. The governance arrangements enable LSCB partners (including the Health and Well-Being Board and the CSIPB) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children. Arrangements include effectiveness of meetings with opportunities to challenge
Lead: Chair of Board

2. The LSCB effectively prioritises according to local issues and there is evidence of clear improvement priorities, incorporated into specific delivery plans to improve outcomes.
Lead: SBU & Chair of Board

3. Through its annual report the LSCB provides a rigorous and transparent assessment of the performance and effectiveness of local services and can evidence challenge. The report includes lessons from management reviews, serious case reviews and child deaths.
Lead: SBU & Chair of Board

4. The LSCB has a local learning and improvement framework with statutory partners.
Lead: Workforce (link to SP2 (3))

5. The LSCB ensures that high-quality & effective policies and procedures are in place.
Lead: SBU & Task & Finish Group

Strategic Priority 1 continued...

6. Review business support unit and structure to enhance Board effectiveness
Lead: AD Children & Families

7. Review DSCB membership to ensure the right agencies at the right managerial level are members of the board and are held to account for their agencies engagement with the board and attendance at board meetings and groups
Lead: Chair of Board

SP 2 Doncaster has highly effective safeguarding systems and practice

1. The DSCB have a robust Quality, Performance Assurance Framework which gives a whole view of children's and families experience.
Lead: HOS Safeguarding & Standards via Learning & Improvement Group

2. The DSCB has an effective single and multi-agency audit system, which has the capacity and process to undertake enhanced assurance inspections (deep dive)
Lead: HOS Safeguarding & Standards via Learning & Improvement Group

3. The DSCB has created a learning improvement culture, learning from best practice, research, SCR/LLR and Serious Incidents Together which directly influence and shape practice.
Lead: Workforce Development Group

Strategic Priority 3

SP 3 Doncaster has effective arrangements for responding to key safeguarding risks (particularly child sexual exploitation, missing children, and neglect), promoting early identification & support to prevent escalation of risk to keep children safe

1. To reduce the likelihood of children and young people being sexually exploited and also to protect those who are involved by disrupting and bringing to account those who commit this form of child abuse.
Lead: CSE & Runaways Group

2. To reduce the likelihood of children and young people going missing from home and care.
Lead: CSE & Runaways Group

3. Effective pathways to respond to children and young people who are missing education.
Lead: CSE & Runaways Group

4. To ensure and embed effective arrangements to respond to early signs of neglect; including for unborn children.
Lead: AD Children & Families

5. To ensure effective arrangements to support the recognition, notification and safeguarding of privately fostered children and young people.
Lead: HOS CIC

Strategic Priority 4

SP 4 Doncaster SCB is visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, parents, carers, children and young people

1. Implement a Communication Strategy to ensure clear, effective and plain communication of DSCB messages.
Lead: SBU

2. DSCB develops a mechanism for front line practitioners led by principal social worker and designated professionals to come together to provide a voice to the DSCB.
Lead: PSW

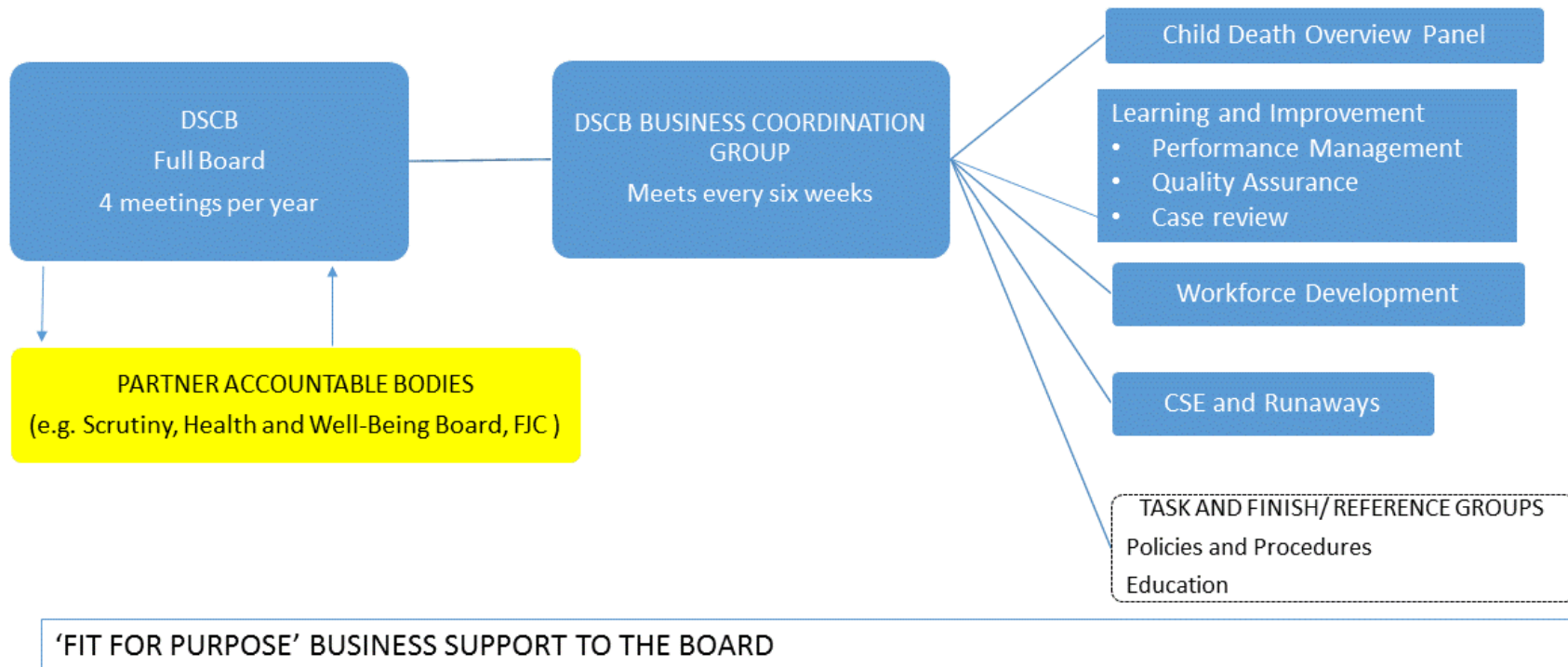
3. DSCB will review and relaunch the Threshold document.
Lead: Service Improvement Director

Annual reports: DSCB receive Annual Reports to ensure that specific areas of work across partner agencies are effectively meeting the needs of children and young people. These reports include:

- LADO (Allegations) Annual Reports
- Children Missing from Home and Care
- Private Fostering
- IRO/CPA Annual Report
- Child Death Overview Panel

APPENDIX 1

DONCASTER SAFEGUARDING CHILDREN BOARD STRUCTURE – MAY 2014



APPENDIX 2

DONCASTER SAFEGUARDING CHILDREN BOARD - DATASETS

(1) DMBC

Improvement Plan Outcome	Contents	Published Outturn	Statistical Neighbour Average	Target (2013-14)	Current Performance		Direction of Travel (against previous month)
		2012-13	2012-13		2013-14	RAG	
Childs & Family Journey - Right response at the right time in the right place							
2	Number of child Contacts per 10,000 population under 18				3,172.0	Data Only	
2	Percentage of Contacts going onto Referral				33.04%	Data Only	
	Number of child referrals per 10,000 population under 18	889.3	669.6	669.6	1,042.0	R	↓
2	Percentage of Re-Referrals in last 12 months	23.7%	24.2	24.2%	37.1%	R	↓
2	NI 68 - Percentage of Referrals going on to Initial Assessment	77.5%	74.1%	74.1%	68.6%	A	↑
2	Number of CAFs completed per 10,000 population under 18				56.3	Data Only	
	Number of Initial Assessments per 10,000 population under 18	688.9	495.1	495.1	663.0	R	↓
2	NI 59a - Percentage of Initial Assessments for children's social care carried out within 10 working days of referral	45.9%	79.2%	79.2%	69.3%	R	↑
	Initial Assessments in progress outside of timescale ¹				46	Data Only	
	Core Assessments completed as a percentage of Initial Assessments	63.60%	49.30%	49.30%	62.96%	R	↑
	Number of Core Assessments per 10,000 population under 18	437.9	230.0	230.0	417.0	R	↓
2	(NI 60) - Percentage of Core Assessments that were carried out within timescale	68.0%	79.2%	79.2%	74.7%	A	↑
	Core Assessments in progress outside of timescale ¹				23	Data Only	
2	Timeliness of Single Assessments (45 days) - DEVELOPMENT REQUIRED BY CYPS				New Measure		
2	Children in Need per 10,000 population under 18	507.2	397.0	397.0	194.0		↑
	Number of S47 Completed				1441	Data Only	
	Percentage conversion rate from S47 to ICPC	38.7	41.9	41.9	30.5%	R	↓
	Percentage conversion rate of ICPC to CP Plan	96.0	89.7	89.7	85.4%	A	↓

		Published Outturn	Statistical Neighbour Average	Target (2013-14)	Current Performance		Direction of Travel (against previous month)
		2012-13	2012-13		2013-14	RAG	
2	Numbers of Children with a CP Plan per 10,000 population under 18	90.2	47.5	47.5	50.9	A	↑
2	NI 65 - Percentage of children becoming the subject of Child Protection Plan for a second or subsequent time	12.1%	14.3%	14.30%	17.5%	A	↑
2	NI 67 - Child protection cases which were reviewed within required timescales	90.2%	96.2%	96.2%	93.4%	G	↑
2	Percentage of young people with CP Plans where 2 weekly visits not taken place (where child seen)			0.0%	39.3%	R	↑
2	NI 64 - Child Protection Plans ended lasting 2 years or more	4.9%	4.5%	4.5%	8.6%	R	↑
2	Children looked after per 10,000 population aged under 18	76.3	75.1	75.1	82.8	R	↑
	Admissions of Looked after children per 10,000 population aged under 18	30.04	27.43	27.43	34.8	R	↓
2	NI 66 - Looked after children cases which were reviewed within required timescales	82.3%	95.0%	100.0%	79.1%	R	↓
2	Percentage of CiC where 6 weekly visits not taken place (where child seen)			0.0%	30.7%	R	↓
2	NI 62 - Stability of placements of looked after children: Number of moves	12.0%	12.0%	12.0%	8.4%	G	↑
2	NI 63 - Stability of Placements of looked after children: length of placement	64.3%	64.8%	64.8%	60.3%	A	↑
	Annual Health Assessments			100.0%	75.8%	Data Only	
	Dental Checks			100.0%	33.4%	Data Only	
	Personal Education Plans			95.0%	69.5%	Data Only	
	Looked After Children Missing from Care DEVELOPMENT REQUIRED BY CYPS				New Measure		
2	NI 147 Percentage of Care leavers in suitable accommodation			85.0%	72.3%	R	↑
2	NI 148 Percentage of Care leavers in employment, training and education	90.5%	88.7%	88.7%	40.4%	R	↓

DONCASTER SAFEGUARDING CHILDREN BOARD - DATASETS (2)NHS - CYPS DASHBOARD

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
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CASELOAD																	
Total Caseload (0-4yrs)	17311	No Data collected	17806	17559	18458	17405	17150	17671	16984	16652	16657	16764	16822	17014	17202	17012	17251
Universal	14070		14456	14263	15184	14187	14011	14460.67	13865	13649	13654	13722	13772	13944	13950	13888	14083
% Universal	81.28%		81.19%	81.23%	82.26%	81.51%	81.70%	81.83%	81.64%	81.97%	81.97%	81.85%	81.87%	81.96%	81.10%	81.64%	81.64%
Universal Plus	2473		2516	2495	2431	2398	2340	2390	2315	2225	2222	2254	2279	2287	2311	2292	2358
% Universal Plus	14.29%		14.13%	14.21%	13.17%	13.78%	13.64%	13.52%	13.63%	13.36%	13.34%	13.45%	13.55%	13.44%	13.43%	13.47%	13.66%
Level 3 - Universal Partnership Plus	205		260	233	268	281	249	266	251	268	273	264	296	306	313	305	267
% Level 3 - Universal Partnership Plus	1.18%		1.46%	1.32%	1.45%	1.61%	1.45%	1.51%	1.48%	1.61%	1.64%	1.57%	1.76%	1.80%	1.82%	1.79%	1.55%
Level 4 - Universal Partnership Plus	563		574	569	575	539	550	555	553	510	508	524	475	477	628	527	543
% Level 4 - Universal Partnership Plus	3.25%		3.22%	3.24%	3.12%	3.10%	3.21%	3.14%	3.26%	3.06%	3.05%	3.13%	2.82%	2.80%	3.65%	3.10%	3.15%
LAC	86		113	100	84	89	111	95	111	120	118	117	115	118	121	118	107

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
HCP ANTENATAL / POSTNATAL CONTACTS																	
No Pregnant Women with EDD 36 wks in following month	196	209	210	615	243	216	204	663	184	216	201	601	197	227	210	634	2513
Antenatal Contact (P2F)	140	160	133	433	163	155	150	468	121	149	139	409	125	147	155	427	1737
% Antenatal contacts undertaken (P2F)	71.43%	76.56%	63.33%	70.41%	67.08%	71.76%	73.53%	70.59%	65.76%	68.98%	69.15%	68.05%	63.45%	64.76%	73.81%	67.35%	69.12%
Antenatal Contact (Non P2F) - Pack sent Only	9	8	6	23	27	14	7	48	13	13	14	40	6	13	9	28	139
Total Antenatal Contacts in Month	149	168	139	456	190	169	157	516	134	162	153	449	131	160	164	455	1876
% Antenatal contacts in month	76.02%	80.38%	66.19%	74.15%	78.19%	78.24%	76.96%	77.83%	72.83%	75.00%	76.12%	74.71%	66.50%	70.48%	78.10%	71.77%	74.65%
Antenatal Promotional Guide Used	27	47	114	188	97	87	87	271	71	99	92	262	79	108	98	285	1006
Postnatal Promotional Guide Used			75	75	74	83	81	238	89	102	90	281	120	125	125	370	964
No 8 Week Checks - mother	235	227	210	672	242	249	295	786	311	244	205	760	303	206	263	772	2990
No Wholly Questionnaire Screens	242	302	270	814	318	309	325	952	324	289	256	869	349	282	344	975	3610

Offered at 8-12 Weeks																	
No of 12 week babies			285	285	309	310	309	928	308	367	307	982	303	254	295	852	3047
12 Week Review of ASQ			93	93	160	170	132	462	110	132	0	242	168	157	190	515	1312
% Reviews undertaken			32.63%	32.63%	51.78%	54.84%	42.72%	49.78%	35.71%	35.97%	0.00%	24.64%	55.45%	61.81%	64.41%	60.45%	43.06%
No of 6 month babies			291	291	297	265	307	869	284	365	307	956	302	363	311	976	3092
6 Month Review			138	138	204	185	202	591	180	246	126	552	178	206	182	566	1847
% Reviews undertaken			47.42%	47.42%	68.69%	69.81%	65.80%	68.01%	63.38%	67.40%	41.04%	57.74%	58.94%	56.75%	58.52%	57.99%	59.73%
																	0
No of 12 month babies	315	296	300	911	304	306	363	973	333	317	287	937	306	271	307	884	3705
12 Month Review	272	218	219	709	227	218	257	702	204	228	169	601	152	129	147	428	2440
% Reviews undertaken	86.35%	73.65%	73.00%	77.83%	74.67%	71.24%	70.80%	72.15%	61.26%	71.92%	58.89%	64.14%	49.67%	47.60%	47.88%	48.42%	65.86%
No of 12 month babies													306	271	307	884	884
No 12 month babies receiving 6 month &/or 12 month review													266	238	264	768	768
% 12 month babies receiving 6 month &/or 12 month review													86.93%	87.82%	85.99%	86.88%	86.88%
																	0
No of 15 month babies													328	319	291	938	938
No of 15 month babies that received a 12 month review													280	265	238	783	783
% 15 month babies that received a 12 month review													85.37%	83.07%	81.79%	83.48%	83.48%

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
HCP 0 - 5 CORE CONTACTS																	
No of 14 day babies	300	296	312	908	330	325	350	1005	287	307	291	885					2798
New Birth Visit	290	289	297	876	318	315	336	969	254	298	268	820					2665
% Reviews undertaken	96.67%	97.64%	95.19%	96.48%	96.36%	96.92%	96.00%	96.42%	88.50%	97.07%	92.10%	92.66%					95.25%
No of 21 day babies													307	271	299	877	877
No of NBVs 10-14days													193	164	121	478	478
% NBVs 10-14days													62.87%	60.52%	40.47%	54.50%	54.50%
No of NBVs after 14 days													101	101	167	369	369
% NBVs after 14 days													32.90%	37.27%	55.85%	42.08%	42.08%
Total New Birth Visits													294	265	288	847	847
% Reviews undertaken													95.77%	97.79%	96.32%	96.58%	96.58%
Infant Massage Programme Offered at New Birth													49	68	73	190	190
% Infant Massage Programme Offered at New Birth													16.67%	25.66%	25.35%	22.43%	22.43%
No of 8 week babies	279	281	294	854	309	316	300	925	375	294	305	974	291	266	307	864	3617
6-8 Week Review	166	230	162	558	198	222	207	627	216	216	161	593	172	158	160	490	2268
% Reviews undertaken	59.50%	81.85%	55.10%	65.34%	64.08%	70.25%	69.00%	67.78%	57.60%	73.47%	52.79%	60.88%	59.11%	59.40%	52.12%	56.71%	62.70%
Infant Massage Programme			23	23	19	37	57	113	34	72	43	149					285

No of 2.5 year old babies	320	317	329	966	341	348	316	1005	295	306	331	932	340	380	325	1045	3948
2.5 Year Review	265	297	278	840	294	310	220	824	267	267	288	822	293	338	279	910	3396
% Reviews undertaken	82.81%	93.69%	84.50%	86.96%	86.22%	89.08%	69.62%	81.99%	90.51%	87.25%	87.01%	88.20%	86.18%	88.95%	85.85%	87.08%	86.02%
No of 3.5 year children	340	342	342	1024	311	257	331	899	282	332	276	890	318	328	343	989	3802
3-3.5 Year Review	264	263	273	800	252	177	209	638	146	214	137	497	152	185	204	541	2476
% Reviews undertaken	77.65%	76.90%	79.82%	78.13%	81.03%	68.87%	63.14%	70.97%	51.77%	64.46%	49.64%	55.84%	47.80%	56.40%	59.48%	54.70%	65.12%
No of Health Visitor Follow ups	3158	2972	2600	8730	2927	2781	2891	8599	3022	2675	2080	7777	3035	2897	2850	8782	33888
No of HV encounters following relocation	142	168	131	441	122	153	169	444	169	175	133	477	139	153	141	433	1795
Seen by School Nurse	9	6	18	33	11	5	9	25	14	4	6	24	14	8	7	29	111
School Nurse Follow up	21	18	23	62	27	8	11	46	12	13	4	29	4	8	6	18	155

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
SMOKING STATUS RECORDED @ New Birth Visit - KPI																	
No 21 day babies	300	296	312	908	330	325	350	1005	287	307	291	885	307	271	299	877	3675
No New Birth Visits Recorded	290	289	297	876	318	315	336	969	254	298	268	820	294	265	288	847	3512
No households with smokers recorded at new birth visit	113	76	98	287	103	123	156	382	90	105	91	284	113	99	96	308	1243
No non smoking households recorded at new birth visit	181	196	202	579	211	187	177	575	181	189	190	560	187	165	195	547	2261
Total No of smoking status recorded	294	272	300	866	314	310	333	957	271	294	281	844	300	264	291	855	3524
% homes with a smoking status recorded at New birth visit	101.38%	94.12%	101.01%	98.86%	98.74%	98.41%	99.11%	98.76%	106.69%	98.66%	104.85%	103.17%	102.04%	99.62%	101.04%	100.94%	100.34%
% 14 day babies with a homes smoking status recorded	98.00%	91.89%	96.15%	95.37%	95.15%	95.38%	95.14%	95.22%	94.43%	95.77%	96.56%	95.59%	97.72%	97.42%	97.32%	97.49%	95.89%
% Smoking Households	38.97%	26.30%	33.00%	33.14%	32.39%	39.05%	46.43%	39.92%	35.43%	35.23%	33.96%	33.81%	38.44%	37.36%	33.33%	34.02%	35.84%
% Non- Smoking Households	62.41%	67.82%	68.01%	66.86%	66.35%	59.37%	52.68%	60.08%	71.26%	63.42%	70.90%	66.19%	63.61%	62.26%	67.71%	63.98%	64.16%

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
FEEDING STATUS @ 6-8 weeks - KPI VSB 11																	
Total No of babies (8 weeks)	279	309	294	882	311	316	299	926	376	294	304	974	291	266	307	864	3646
Total No Breastfed	48	73	51	172	71	81	54	206	64	65	77	206	56	57	72	185	769
Total No Formula Fed	205	209	216	630	209	204	215	628	276	205	203	684	197	187	209	593	2535
Total No Supplementary Fed	21	25	23	69	28	26	22	76	31	22	19	72	36	19	24	79	296
Breastfeeding Coverage 6-8 weeks - % Coverage	98.2%	99.4%	98.6%	98.8%	99.04%	98.42%	97.32%	98.27%	98.67%	99.32%	98.36%	98.77%	99.31%	98.87%	99.35%	99.19%	98.74%
Breastfeeding Prevalence 6-8 weeks - % Prevalence	24.7%	31.7%	25.2%	27.3%	31.83%	33.86%	25.42%	30.45%	25.27%	29.59%	31.58%	28.54%	31.62%	28.57%	31.27%	30.56%	29.21%
Feeding Support Contact Made @ 48hrs																	
Number babies born	281	328	312	921	297	364	311	972	296	299	291	886	311	278	277	866	3645
Number receiving planned contact within 48hr	84	85	79	248	91	80	77	248	91	77	87	255	77	77	56	210	961
% receiving planned contact within 48hr	29.89%	25.91%	25.32%	26.93%	30.64%	21.98%	24.76%	25.51%	30.74%	25.75%	29.90%	28.78%	24.76%	27.70%	20.22%	24.25%	26.36%
No receiving planned contact outside 48hr	146	163	111	420	139	161	142	442	120	151	103	374	98	111	98	307	1543
% receiving planned contact outside 48hr	51.96%	49.70%	35.58%	45.60%	46.80%	44.23%	45.66%	45.47%	40.54%	50.50%	35.40%	42.21%	31.51%	39.93%	35.38%	35.45%	42.33%
Total No planned contacts made	230	248	190	668	230	241	219	690	211	228	190	629	175	188	154	517	2504
% planned contacts made	81.85%	75.61%	60.90%	72.53%	77.44%	66.21%	70.42%	70.99%	71.28%	76.25%	65.29%	70.99%	56.27%	67.63%	55.60%	59.70%	68.70%
No unsuccessful contacts	47	37	65	149	45	38	33	116	43	34	52	129	118	68	73	259	653
No home visits generated	2	6	0	8	3	5	4	12	4	4	3	11	2	3	6	11	42
Feeding intention breast	61	73	68	202	60	64	63	187	59	71	53	183	63	49	43	155	727

% Feeding intention breast	26.52%	29.44%	35.79%	30.24%	26.09%	26.56%	28.77%	27.10%	27.96%	31.14%	27.89%	29.09%	36.00%	26.06%	27.92%	29.98%	29.03%
Feeding intention breast and supplement	11	16	9	36	6	12	9	27	13	15	13	41	8	13	11	32	136
% Feeding intention breast and supplement	4.78%	6.45%	4.74%	5.39%	2.61%	4.98%	4.11%	3.91%	6.16%	6.58%	6.84%	6.52%	4.57%	6.91%	7.14%	6.19%	5.43%
Feeding intention bottle	88	84	54	226	83	86	76	245	75	77	74	226	68	63	48	179	876
% Feeding intention bottle	38.26%	33.87%	28.42%	33.83%	36.09%	35.68%	34.70%	35.51%	35.55%	33.77%	38.95%	35.93%	38.86%	33.51%	31.17%	34.62%	34.98%

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
BREASTFEEDING ASSESSMENT - BFI (recorded @ new birth)																	
Total No of Breastfeeding Babies @ 14 days	115	139	108	362	134	128	137	399	107	124	114	345	117	123	108	348	1454
Total No babies with breastfeeding assessment	81	95	65	241	89	93	88	270	83	105	89	277	95	93	79	267	1055
% achieved	70.43%	68.35%	60.19%	66.57%	66.42%	72.66%	64.23%	67.67%	77.57%	84.68%	78.07%	80.29%	81.20%	75.61%	73.15%	76.72%	72.56%
Total No mothers with breastfeeding assessment	84	88	93	265	117	116	113	346	99	104	101	304	109	103	84	296	1211
FEEDING STATUS @ 10- 14 Days																	
Total No of babies (14 days)	296	319	290	905	330	325	350	1005	287	307	291	885	296	271	309	876	3671
Total Number Breastfed	85	109	83	277	100	99	91	290	86	93	83	262	94	86	84	264	1093
Total No Formula Fed	148	170	131	449	183	181	193	557	140	166	154	460	161	133	184	478	1944
Total No Supplementary Fed	30	30	25	85	34	29	46	109	21	31	31	83	23	37	24	84	361
% Coverage	88.85%	96.87%	82.41%	89.61%	96.06%	95.08%	94.29%	95.12%	86.06%	94.46%	92.10%	90.96%	93.92%	94.46%	94.50%	94.29%	92.56%
% Prevalence	38.85%	43.57%	37.24%	40.00%	40.61%	39.38%	39.14%	39.70%	37.28%	40.39%	39.18%	38.98%	39.53%	45.39%	34.95%	39.73%	39.61%

MEASURE	Apr-13	May-13	Jun-13	Q1	Jul-13	Aug-13	Sep-13	Q2	Oct-13	Nov-13	Dec-13	Q3	Jan-14	Feb-14	Mar-14	Q4	TOTAL
CAF																	
No CAF processes Initiated	5	5	9	19	6	9	4	19	2	5	5	12	7	6	2	15	65
No Pre-assessment Checklist Completed	32	3	49	84	25	41	33	99	42	34	33	109	51	53	33	137	429
No CAFs started	2	0	10	12	6	6	4	16	9	8	7	24	7	4	2	13	65
Total Number CAFs Completed	7	5	6	18	9	7	7	23	7	10	9	26	10	6	9	25	92
No CAF declined by person with parental responsibility	0	3	8	11	0	3	6	9	1	0	2	3	2	1	1	4	27
Total No of TAC Meetings Attended	51	41	78	170	80	94	29	203	84	86	71	241	93	68	88	249	863
-																	
Child Protection / Child in Need Meetings																	
Total No Children discussed @ Child Protection Core Group	149	91	158	398	160	135	154	449	138	132	102	372	105	104	83	292	1511
Total No Children discussed @ Child Protection strategy	5	2	6	13	2	1	0	3	3	0	5	8	4	7	9	20	44
Total No Children discussed @Child in Need Assessment	82	48	85	215	99	76	100	275	93	95	69	257	115	79	90	284	1031
Total NoChildren @ Initial Case Conferences	11	8	12	31	12	10	11	33	11	4	11	26	6	2	11	19	109
Total No Children @ Review Case Conferences	39	26	0	65	52	49	47	148	47	32	31	110	40	32	29	101	424
Total No Children @ LAC Reviews	1	1	7	9	6	5	5	16	5	0	2	7	0	0	0	0	32
Total No Children discussed @ meetings	287	176	268	731	331	276	317	924	297	263	220	780	270	224	222	716	3151

GLOSSARY OF TERMS	
BCG	Business Co-ordination Group
CAF	Common Assessment Framework
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Children in Need
CSE	Child Sexual Exploitation
CYPNA	Children and Young People's Needs Assessment
DMBC	Doncaster Metropolitan Borough Council
DFZ	<i>Danger Free Zone</i>
DSCB	Doncaster Safeguarding Children Board
EWO	Education Welfare Officer
LAC	Looked After Children
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
MARAC	Multi-Agency Risk Assessment Conference
NHS	National Health Service
PPU	Public Protection Unit
RTA	Road Traffic Accident
SCR	Serious Case Review
SYP	South Yorkshire Police
TAC	Team around the Child
YOS	Youth Offending Service