Bath & North East Somerset
Community Safety and
Safeguarding Partnership
BCSSP

ANNUAL REPORT

2019-2020

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WELCOME FROM THE CHAIR

I was delighted in August 2019 to be offered the role of chairing the Bath & North East Somerset Community Safety and Safeguarding Partnership (BCSSP). The BCSSP was developed in partnership with existing members of the Local Safeguarding Children's Board, Local Safeguarding Adults Board and the Responsible Authorities Group, which it replaced. Partners were creative and constructed a completely new arrangement committed to maximising the integration of safeguarding children and adults with community safety. The BCSSP is designed to offer the opportunity to work more effectively and with joint purpose to protect children, adults families and communities who most need our help.

As I arrived, the new partnership was preparing for its inaugural meeting and gaining ever growing support from it's partner agencies. As such, this Annual Report reflects the first six months of the new partnership, when I have held the role of Chair, together with activities from the previous six months when there were separate arrangements for the former governance Boards.

Having taken this challenge, I presented my ideas to key partners, reflecting on what had been achieved earlier in the year and establishing how to move forward as a new alliance. Since my appointment, I have engaged with all the sub-groups and taken on the perspectives of each of the sub-group Chairs.

It has been an interesting six months and there is still much to do including establishing the Partnership Performance Framework. This will ensure that the data required to provide assurance to the Partnership Executive is in place. It will also ensure that we can measure the effectiveness of joining the governance arrangements. In particular, I am keen, over the forthcoming year, to be able to evidence that there is improvement in these new joined up governance arrangements. I want to ensure that there is a proportionate and effective approach taken to safeguarding all those who are vulnerable within the B&NES communities.

Safer communities and effective safeguarding practice for children and for adults with care and support needs is an effective measure of a society that cares and importantly, in these challenging times, one which is resilient. I hope you will find that this Annual Report reflects well on the work of the whole partnership in 2019/2020.

Finally, and thus far, 2020 has been a particularly challenging time for citizens and communities and for those who are working hard to deliver front-facing services. I would like to thank all our partners for their hard work and I look forward to continue working with them in the future.

Siân Walker - Independent Chair

OUR STORY

In June 2018, the government announced that all local authorities would need to make arrangements to replace their Local Safeguarding Children Board by September 2019. Instead of each locality having access to a Local Safeguarding Children Board, the government wanted each locality to have access to a team of Safeguarding Partners, who work collaboratively to strengthen the child protection and safeguarding system. The government specified that these Safeguarding Partners would be a team of key professionals from three sectors: the local authority, the clinical commissioning group, and the police.

In Bath and North East Somerset, the requirement to redefine safeguarding arrangements was viewed as an exciting opportunity to look more holistically at how the needs of children, adults at risk, families and the wider community could be met. Consequently, a unique Community Safety and Safeguarding Partnership was constructed, which came into existence on 29th September 2019.

The Bath and North East Somerset Community Safety and Safeguarding Partnership was developed in affiliation with the existing members of the Local Safeguarding Children Board, Local Safeguarding Adult Board and Responsible Authorities Group and meets the statutory requirements of these three Boards which it replaced.

Due to these changes, this annual report covers a six month reporting period of the Local Safeguarding Adults Board and Local Safeguarding Children's Board and a six month reporting period of the BCSSP. The Strategic Plans were set in 2018 through to 2021 under the Boards and have been picked up by the BCSSP as the priorities established were still relevant, although are being delivered slightly differently to align with the new sub-groups. This report will reflect on performance and achievements against the Strategic Plan between April 2019 and March 2020. It will also set out the priorities for the 2020-2021 period.

BCSSP STRUCTURE

Executive Group:- ensures the Partnership meets its statutory responsibilities and functions within the appropriate legal frameworks

Operational Group:- maintains a strategic overview of each sub-group. It ensures all relevant partners are represented and co-operate effectively to safeguard and promote the welfare of children, adults and communities within B&NES.

Practice Review Sub-group:- ensures the BCSSP operates and adheres to statutory guidelines and legislation for Domestic Homicide Reviews, Child Safeguarding Practice Reviews and Safeguarding Adults Reviews. Monitors recommendations and implements learning from the reviews.

Domestic Abuse Sub-group:- promotes partnership co-ordination of universal and targeted education about healthy relationships, protection of victims, provision for survivors and disruption of perpetrators related to adults and children. Monitors the Domestic Abuse Strategy and Implementation Plan.

Early (Help) and Intervention Sub-group:- ensures the provision of a holistic approach and monitor the quality and effectiveness of early help and intervention across all ages.

Vulnerable Communities Sub-group:- ensures the provision of a holistic approach to those communities identified as 'vulnerable' . Seeks to deliver a community focused approach to identifying trends, risk factors and mitigations for those risks.

Youth Offending Service Management Board:- manages the performance of the prevention youth crime agenda and provides the governance arrangements for the YOS.

Exploitation Sub-group:- develops, monitors and evaluates the effectiveness of the strategic and operational multi-agency response to exploitation.

Quality & Performance Sub-group:- quality assures aspects of the safeguarding and community safety work delivered across B&NES, including themed audits and data review. Monitors the Scrutiny and Assurance Framework.

Training & Workforce Development Sub-group:- delivers a programme to enable the BCSSP to directly provide or commission training and development opportunities for the workforce across organisations in the partnership. It ensures local and national standards are delivered and emerging needs are identified.

Mental Capacity Act Quality Assurance Sub-group:- was originally a Task & Finish Group but it has now been agreed it will report directly to the Operational Group. The Partnership structure will be reviewed to reflect this.

STRATEGIC PLAN - CHILDREN

What we'll do

1 One Vision

Safeguarding is Everybody's Business

5 Five Outcomes

- All children and young people are safe
- Children, young people, carers and families contribute to the way services respond to child protection and children in care safety concerns
- LSCB is assured that safeguarding is embedded; is delivered to a high standard and is effective across all partner agencies
- A skilled, trained and competent workforce
- The LSCB is effective and responds to the new legislative requirements

13 Thirteen Priorities

- Children and young people are protected against the impact of crime and anti-social behaviour
- Children and young people are protected against the impact of neglect
- Promote the role of the community in keeping children safe
- Improve the quality and effectiveness of the Early Help arrangements
  Ensure children, young people and parents participate in all aspects of early help and child protection processes and practices
- Strengthen strategic arrangements for involving children, young peoples and families' voice at the LSCB and across all partner organisations
- Ensure a comprehensive Board Assurance Framework is delivered
- Make more effective use of the intelligence and information available from agencies to improve safeguarding arrangements
- Ensure we learn from Serious Case Reviews (SCRs)
- Deliver and monitor a robust training and development plan that provides high quality and meaningful safeguarding training across all service areas
- Build upon the work undertaken with the Adult Workforce to further embed a culture and practice of 'Think Family'.
- Ensure the Ofsted recommendations are effectively implemented
- Ensure new arrangements brought about by legislative changes do not have an adverse impact on safeguarding children and young people

How we'll do it – our commitments

Our work will be linked to the work of the:

Health & Wellbeing Strategy, Children & Young Person's Plan, LSAB Strategic Plan, Children's Workforce Strategy and Plan and work of the RAG, Self-Harm and Suicide Group and Sexual Health Board

How we'll know if we've made a difference

- Families report they feel supported
- The number of young people identified with substantive risks in relation to exploitation are identified early and receive the appropriate support
- Staff completing CSE/Exploitation courses are able to report an increase in confidence in responding appropriately to these issues
- Increased confidence in recognising children at risk
- Staff feel confident in tackling Neglect
- Reduction in the length of time children are on Child Protection (CP) plan with the category of neglect
- Audits show 100% of cases identify the issues and comply with the parenting standards
- Public Health's SHEU Survey is able to report that young people feel more informed and understand the dangers of grooming when on-line.
- Improvement in the number and quality of Early Help assessments and plans
- Improvement in outcomes for children & young people
- Overall reduction in children on of CP Plans
- Children's and parents / carers report that they feel their voice was heard
- Audits demonstrate evidence of child's voice and parental involvement
- Senior In Care Council (SICC) and Youth Forum to influence strategic arrangements for the LSCB
- Evidence of good quality request for service and triage / decision making through auditing of cases
- Improved confidence in information / intelligence sharing from the Police and health providers
- Case file audits demonstrate improvements in practice
- Increase staff awareness and confidence across the sector of safeguarding issues
- The voice and experiences of children, young people & families / carers impacts on workforce training
- A holistic / joined up approach will enable better outcomes for children, young people and families / carers
- Exit surveys post Child Protection Conference indicates families experience a more seamless service
- LSCB maintains a good standard and works towards being outstanding
- Case file audits demonstrate that a Think Family approach is undertaken
- B&NES LSCB will ensure that children and young people are safeguarded effectively with the new changes in place

STRATEGIC PLAN - ADULTS

What we'll do

1 One Vision

Safeguarding is Everybody's Business

5 Five Outcomes

- Prevention and early intervention responses are embedded across all partner agencies in order to reduce and, where possible , remove the risk and impact of abuse
- Adults at risk and carers are listened to throughout the safeguarding process. They contribute fully in the development of safeguarding services
- The LSAB is assured that safeguarding is embedded, is delivered to a high standard and is effective across all partner agencies
- A workforce which is skilled, competent and confident in all aspects of safeguarding
- The LSAB is responsive to national changes in practice and legislation and to any changes to the role of the LSCB

12 Twelve Priorities

- Ensure that adults at risk who self neglect and their carers are appropriately safeguarded
- Adults at risk, carers and family members at risk of domestic abuse are appropriately safeguarded
- Adults and carers experiencing the complex ("toxic") trio are safeguarded and a "Think Family" approach is applied
- Promote the role of the community (including groups) in keeping people safe – e.g. reinforce everyone's role in making this happen
- Hear and share individuals' lived experiences in order to influence, contribute and improve safeguarding services and ensure interventions and support is received at the earliest opportunity
- The LSAB is assured of the quality of the work of partners
- The LSAB will assure itself of the quality of the work of all partners, by the use of the multi-agency data available to it
- Assure itself that all agencies have embedded the learning from local and relevant national SARs
- Create an effective Risk Register
- Develop and implement a clear Training and Development Strategy setting out expectations (including "Think Family") and standards, and evidence the impact on practice
- Liaise with the LSCB and respond to the legislative changes and impact on joint working with the LSCB
- Respond to relevant changes to legislation and guidance e.g. – MCA, DOLS, Care Act, Mental Health Act review etc

How we'll do it

Use a 'Think Family' approach

Make safeguarding personal

4 Four Commitments

In all our partnership working following the principles embedded in the Care Act, we will:

Ensure that the Principles of the MCA inform all aspects of work in safeguarding

Raise awareness to prevent situations escalating into safeguarding and focus on support at the earliest possible opportunity

Our work will be linked to the work of the:

Health and Wellbeing Board,
LSCB Strategic Plan,
Responsible Authorities Group
and
Healthwatch

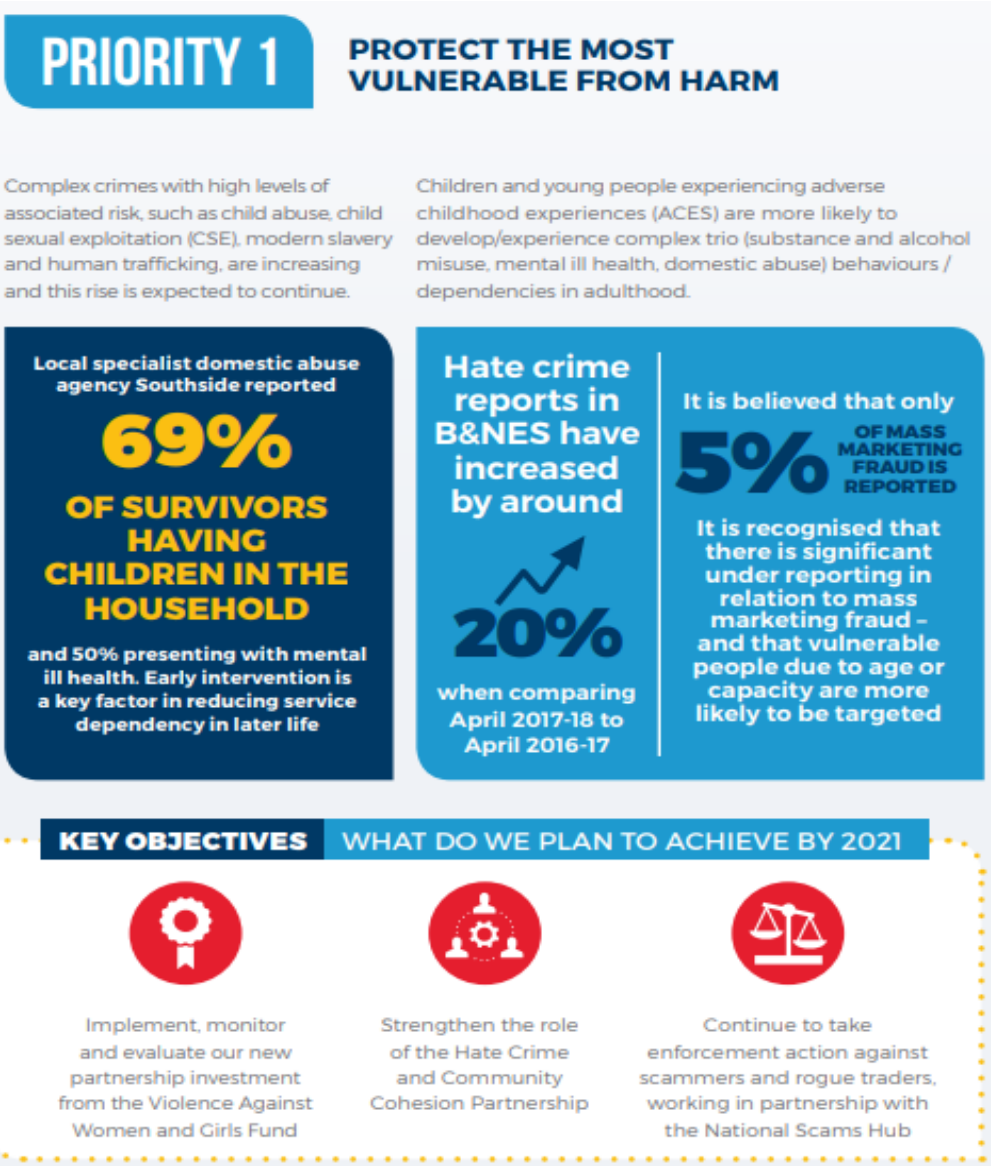
How we'll know if we've made a difference

- Staff are confident in managing Self Neglect cases
- Service users are appropriately safeguarded and supported
- Themed audits demonstrate improved practice for cases which meet the safeguarding threshold and those which are below the threshold
- Staff feel confident in addressing domestic abuse
- Agencies work in partnership with domestic abuse service providers to identify trends and gaps.
- Improved outcomes for adults and children
- Discriminatory abuse identified
- The community feel confident in identifying abuse
- Staff express greater understanding of the impact of abuse and interventions on services users / carers and improved practice when needed
- Increase in positive feedback from service users / carers about the safeguarding procedures
- Continuous improvement in the outcomes for service users/carers
- Agencies are confident in the action being taken in relation to the concern raised
- The Board is assured that appropriate concerns are being raised and that agencies can identify abuse effectively
- Service users and carers are safeguarded
- Case file audits demonstrate improvements in practice
- Increase staff awareness and confidence across the sector of safeguarding issues.
- Case file audits demonstrate Think Family approach is undertaken

OUR ACHIEVEMENTS

- Established a multi-agency partnership to undertake the work of the former LSCB/LSAB & RAG and developed strategic links to enable collaborative working and improve outcomes
- Established Sub-groups, their Terms of Reference and members, incorporating a wide range of agencies & colleagues for a broader perspective
- Ensured statutory compliance & undertook thorough Safeguarding Adult Reviews; Children Practice Reviews and Domestic Homicide Reviews and shared learning
- Established an all age Operational Exploitation Group to report to the Exploitation Sub-group
- Completed an Early Help Needs Assessment which highlighted gaps and areas for improvement and commenced work on the all age strategy
- The LSCB and LSAB ensured adults and children are appropriately safeguarding through multi-agency working by reviewing data and quality of practice
- Trialled a Violence Reduction Unit (VRU) project working with families
- Reinvigorated a MARAC Steering Group (Domestic Abuse)
- All partners developed Domestic Abuse Policies to support their staff
- Completed the statutory Children's Section 11 Safeguarding Audit in conjunction with the Avon & Somerset Strategic Safeguarding Partnership
- Completed the Statutory Section 175 Safeguarding in Education Audit
- Implemented a Training Charging Policy
- Hosted a Youth Offending Service Management Board Development Day
- Raised the profile of young people at risk of offending & promoted Young people as 'children first – offender second'
- Self-assessed against the Youth Offending Service National Standards to provide a BCSSP benchmark
- Committed resource to violence reduction work in B&NES and delivery of the Youth@Risk Strategy

STRATEGIC PLAN – COMMUNITY SAFETY



ACHIEVEMENTS

Final year of Violence Against Women and Girls (VAWG) funded programme – all Independent Domestic Violence Advocate (IDVA) and Crush Project (raising awareness and supporting young people to make safe and healthy relationships) targets exceeded

94% of people who attended the Crush project young peoples domestic abuse programme completed it successfully

B&NES Hate Crime Review Panel is chaired by B&NES Council Community Safety – this was a priority identified in the previous year

Proportion of referrals to Stand Against Racism & Inequality (SARI) has remained consistent

Scams awareness material has been circulated to BCSSP partners to promote

Scams awareness material has been pushed through social media

ACHIEVEMENTS

B&NES Council Chairs the Night Time Economy Group, which reports to the Vulnerable Communities Sub-group

Multi-agency visits are carried out in response to anti-social behaviour and other safety concerns

Promotion of the 'Got Ya Back' river safety campaign with partners and students

#NeverOK Campaign promoted in schools and colleges; survey on bullying conducted

Ongoing work with community groups to facilitate closer working and problem solving

Co-ordination of the response to a broad range of 'trigger' enquiries, where partners are challenged to correct or justify actions

PRIORITY 3

WORK TOGETHER EFFECTIVELY TO RESPOND TO COMMUNITY SAFETY CHALLENGES

The nature of crime is changing. We need to be open to new ways of working which deliver outcomes in a smarter way, including greater working across boundaries.

Child sexual exploitation (CSE) continues to rise, with reports increasing over the past year. The PCC has brought together contributions from across the force area to provide specialist support to address CSE. Our **Local Safeguarding Children Board** has an outcome for staff to be confident in responding appropriately to these issues.

Similarly, addressing modern slavery also requires significant regional co-ordination and specialist support including working with organisations such as the **Gangmasters Licensing Authority**.

The Counter Terrorism and Security Act 2015 places a duty to...
" have due regard to the need to prevent people from, being drawn into terrorism "

It applies to a range of public bodies including colleges, universities, councils, health, probation and police. Again, local activity depends on access to regional and other intelligence. Avon and Somerset counter terrorism local profile informs partners of threats, vulnerabilities and risks.

Prevent is part of Contest which aims to reduce the risk to the UK from terrorism. Prevent's aim is intercept radicalisation, to stop people becoming terrorists or supporting terrorism.

"LONE ACTORS"

present the highest threat to Avon and Somerset. We work closely to protect "crowded places" with work ongoing on designing and securing protective measures.

KEY OBJECTIVES WHAT DO WE PLAN TO ACHIEVE BY 2021

Continue to actively work across the Avon & Somerset partnerships on Child Sexual Exploitation, Anti-Slavery Partnership and Modern Slavery and people trafficking.

Comply with legislative changes regarding responsibility for Prevent.

ACHIEVEMENTS

Child Sexual Exploitation (CSE) awareness sessions have been provided to over 2300 children in B&NES

Partners have continued to co-ordinate and participate in days of action around Modern Slavery and Human Trafficking.

There is good support for the Anti-Slavery Partnership which raises awareness of modern slavery amongst employees and partners and ensures a multi-agency approach

Disrupt (the serious and organised crime panel) meets regularly to share and compare intelligence on activities of individuals, business and specific locations, identifying where supporting evidence from partners can secure convictions

Prevent Steering Group continues to meet. There have been three referrals made to the Prevent programme. None were progressed to the Channel Panel which works with multi-agency partners to collectively assess the risk to an individual and decide whether an intervention is necessary.

Workshop Raising Awareness of Prevent (WRAP) training continues to be delivered through the Council's corporate training programme

CASE REVIEWS AND OUR LEARNING

There has been one case which was considered for a Child Practice Review and it was agreed through the Practice Review Group and Independent Chair that all agencies had worked together coherently and effectively and no further learning could be gained from a Child Safeguarding Practice Review. The National Panel concurred. The learning prompted consideration of what to do when services are offered but not accepted.

Of the four cases referred for a Safeguarding Adult Review (SAR) by the Practice Review Group, three met the threshold for a SAR, two of which were completed within this reporting period, SAR Mark and SAR Elley.

Learning from SAR Mark highlighted that any review of a person's situation should include all agencies that support them. Reviews should not be undertaken in professional silos and both physical and mental health professionals should have training to improve their understanding of the impact on each other of mental and physical health needs. A person receiving support from any health or social care agency should have a care plan in place that describes the support required and who & how it will be provided. Information should be clear about the signs of escalating risk for that person.

Learning from SAR Elley focussed on the importance of practitioners being aware of how to access public information regarding social care and support and sharing this with those they are working with. All capacity assessments should be decision and time specific, historical assessments should not be relied upon. Health and social care professionals should be aware of the role and responsibilities of the Office of the Public Guardian. This should include how to raise a concern regarding a power of attorney and how to confirm if a power of attorney has been registered.

There has been one Domestic Homicide Review, which has been submitted to the Home Office Quality Assurance Panel and is due for consideration at the December 2020 meeting, and one joint Domestic Homicide Review and SAR. Learning focussed on awareness of domestic abuse within family units, particularly between parent/s and adult children. It also highlighted the crossover between adult safeguarding and domestic abuse and being cognisant of procedures and pathways when a concern falls into both categories.

Action plans in all cases, have been developed and will be monitored through the Practice Review Sub-group.

THE WORK OF THE BCSSP SUB-GROUPS

All of the sub-groups have worked hard in the first six months of operation to establish membership, terms of reference and scope of their groups. The sub-groups that were already established, such as the Domestic Abuse Partnership and the Practice Review Group, although renamed, have continued to flourish. Establishing completely new sub-groups has had its own complexities with a need to identify and appoint Chairs and Vice Chairs, agree membership and terms of reference against all age priorities and incorporate community safety. This has been a time-consuming process against business as usual commitments. In addition, the previous Local Safeguarding Children's Board, Local Safeguarding Adults Board and the Responsible Authorities Group strategies run to 2021, therefore the subgroups have taken responsibility for carrying forward outstanding actions and incorporating these into their new priorities.

The majority of the sub-groups have agreed action plans and are starting to establish links between partners, sub-groups and other meeting groups where data and other information can be shared to effect and improve practice.

The impact of the COVID-19 pandemic also needs to be acknowledged and a thank-you extended to partners who despite the situation still submitted performance reports to the Partnership.

Domestic Abuse Sub-group	• Agreed a three year budget to support domestic abuse services • Supported the Freedom peer support programme for survivors of domestic abuse • Supported pilot schemes including the Information and Advice Navigator service and Complex Needs Independent Domestic Violence Advisor
Early Help & Intervention Sub-group	• Shared the Early Help & Intervention threshold document, needs mapping and details of service provision • Reviewed the Maturity Matrix • Completed the Early Help Needs Assessment • Completed the BSW infant feeding strategy as part of best start in life work stream
Exploitation Sub-group	• Supported the development of the Violence Reduction Unit Business Papers • Presented Exploitation paper at Scrutiny Committee • Developed and had oversight of the multi-agency exploitation operational group
Vulnerable Communities Sub-group	• Agreed an initial focus of rough sleepers • Considered an action plan linked to key areas for the sub-group • Considered the Police & Crime Plan and Community Safety Plan
Practice Review Sub-group	• Reviewed Safeguarding Adult Review and Child Practice Review protocols to ensure compliance • Commenced a review of the DHR protocol and Learning Improvement Framework • Finalised SAR Mark and Practitioner Briefing; SAR Elley and Practitioner Briefing; Practitioner Briefing for Operation Button; finalised action plan for DHR/SAR; completed a Rapid Review; reviewed Downside School SCR. • Received the first report form the Drug Related/Homeless Death Review Group
Training & Workforce Development Sub-group	• Reviewed the training programme and considered the inclusion of community safety training • Began discussions about the difference in expectation in the NHS Intercollegiate training requirements • Reviewed the training Charging Policy • Commenced work on the Training and Development Strategy required by April 2021 • Commenced work on developing sessions to unify the position on Think Family, Think Community
Quality & Performance Sub-group	• Identified quarterly themed audits of voice, domestic abuse, adult self-neglect, neglect of children • Considered audit information, data dashboard and Scrutiny and Assurance Framework and a potential method of streamlining audits • Approved a Task & Finish Group to complete a Persons in Positions of Trust Framework
Youth Offending Service Management Board	• Corporate Parenting Group paper on Looked After Children and offending • Offender Management in Custody changes • Young people attended Board to share their experiences of participation • Delivery of Youth Justice Plan • Continued to prepare for anticipated HMIP inspection

SUPPORTED BY OUR PARTNERS

Avon Fire & Rescue Service	• Improved knowledge and skills for staff using new e-learning safeguarding module • Trained new members of the safeguarding triage team in how to deal appropriately with safeguarding concerns • Reviewed the structure of the safeguarding leads to ensure resilience across all unitary areas • From Section 11 audit, reviewed practices and created an action list
Avon & Somerset Constabulary	• Established a Victims of Crime Advocacy Service • Completed an internal audit of 30 safeguarding adult investigations to provide a benchmark and assure effectiveness of future improvement activity • Compiled and presented evidence to support the Independent Inquiry into Child Sexual Abuse • Delivered (in B&NES) CSE awareness sessions to over 2300 children, 200 professionals from education, health, social care, foster carers and the voluntary sector and 230 parents • Introduced a system to support and maintain sufficient Specialist Child Abuse Investigator Development Programme trained and accredited detectives and supervisors
B&NES Council Adults Social Care	• Implemented the ADASS/LGA guidance on making decisions regarding safeguarding enquiries (1) and (2). This involved a change to process and recording • Completed 85 – "No further action" audits to provide assurance to the Board that safeguarding decision making is robust, and actions identified were completed • Contributed to all the SAR's and DHR's undertaken in the year and used the learning from these to further strengthen safeguarding practice • Chaired weekly MASH meetings, considering 300 referrals made by a range of agencies • Led three Safeguarding Level 3 training courses, training over 60 people from a range of organisations and professions
B&NES Council Children's Social Care	• The Director of Children and Young People Service chairs the Joint Targeted Area Inspection Group (JTAI) and YOS Management Board • Ofsted Focused visit for Care Leavers in November 2019 re-affirmed service improvement for this cohort – strategy plan developed • Progressed the development of the Unifying Practice Framework • Formally consulted on the re-design of the Safeguarding Outcomes part of the service • Initiated work with Commissioning colleagues to obtain independent feedback from our families receiving a Child in Need Service • Developed the quality and accessibility of performance data for managers to enable them to make better informed decisions about allocation of resources on a day to day level if required • Redesign of Adolescents at Risk and Care Leavers Service • Service wide workshops to consider B&NES approach to Permanence and Kinship Care • Increased cohort within the " In Care Council "
Bath Spa University	• Reviewed safeguarding policies for students and staff • Implemented new safeguarding e-learning training resource • Representation at BCSSP

Barnardos	• BASE programme supports children and young people at risk of being sexually exploited. Children in touch with BASE reported positive impact from the work, particularly in relation to increased recognition of abuse, reduced symptoms of trauma being displayed and uptake of sexual health services • BASE facilitated contact between children who have experienced CSE and Police, leading to a number of children giving statements and Police taking action against those sexually exploiting children • BASE has continued to refer children who have been trafficked to the National Referral Mechanism (NRM), leading to some decisions that trafficking has taken place • BASE has supported parents of children facing CSE and received feedback that it has been helpful in enabling the parent to understand what is happening and how they can support
B&NES Swindon & Wiltshire Clinical Commissioning Group	• Ensured a safeguarding schedule for GP practices was in place, so safeguarding assurance can be sought and a baseline created • Ensured a safeguarding schedule for all large health contracts • Continued to employ a Named Safeguarding Adult and Children's GPs • Completed a learning review for the LSCB/BCSSP • Supported the Avon and Somerset Strategic Safeguarding Partnership (ASSSP) and BCSSP in their development • Acted as budget holder for the ASSSP consultant to support transition • Supported Child Death Overview Panel process and transition to new statutory requirements
Carers Centre	• Board of Trustees all received safeguarding training to enable them to discharge their governance responsibilities • Lead trustee for safeguarding appointed • Safeguarding added as a standard agenda item to the Board meeting • New joint child and adult safeguarding policy adopted • Details of approach to safeguarding added to website for public access
Carewatch	• Maintained an overall 'Good' inspection report from CQC • Operations Director sits on BCSSP operational Group; Early Help & Intervention Sub-group and; MCA Sub-group • Continued to work with clients through the safeguarding process
CURO	• Worked with Police and partner agencies to safeguard people being targeted by County Lines gangs. Staff completed County Lines training • Held multi-agency meetings to reflect on complex cases, improving process and practice • Established a safeguarding Board, led by a member of the Executive Team • A matrix of safeguarding training required by all roles is in place and compliance monitored • A Modern Slavery working group is in place with members from each area of the business • With the Housing First Service, supported customers with multiple and complex needs to access and sustain accommodation • Secured funding for Housing and Support Services to Pathways, TNP and Mediation Services until April 2024

National Probation Service	• Maintained compliance with safeguarding training • Increased participation in BCSSP sub-groups where possible • Considered a method of monitoring the referrals to Children's Services and Adult Social Care
Oxford Health (CAMHS)	• Staff have been offered several safeguarding supervision sessions and training sessions and attendance has been excellent • Members of the management team in CAMHS have acted as representatives at the BCSSP sub-group meetings so safeguarding has been integrated into their teams • BCSSP multi-agency training has been offered and attended • The senior named professional for safeguarding children has established a good working relationship with the designated nurse for safeguarding children in the CCG and this promotes the joined up work as a provider
Royal United Hospitals	• Level 3 adult safeguarding training has been developed in line with Intercollegiate Document Competency Framework • The Senior Nurse Adult Safeguarding and Named Nurse Children's Safeguarding have led on developing a model of supervision • A Carer's Charter, developed with support from the Trust Carer Partnership Group, was launched as part of Carers Week 2019 • The joint Adults and Children's Safeguarding Committee had a 'Think Family' focussed session • The Health Information Sharing Group continued to ensure robust processes are in place for flagging young people at risk of harm and sharing information between health partners. This includes a secure process for sharing attendances in Emergency Department with health visiting and school health partners • Named Midwife engaged with the 'Best Start in Life' working group to consider how to improve outcomes for children from conception to age 5 • Named Midwife has been involved in the production and delivery of a multi-agency communication workshop promoting early help for vulnerable families
Virgin Care	• Safeguarding Children's Team (SCT) provided monthly internal level 3 Safeguarding Children training sessions with positive evaluations • SCT provided monthly input to the two day advanced multi-agency training programme and joint sessions on neglect awareness and neglect training • SCT provided a presence into the MASH daily, sharing information and contributing to determining recommendations for the intervention threshold • Attendance at all but one BCSSP sub-group • Assistance with all Court requests for reports and presence in Court • Input to implement a standardised family health needs assessment framework based on the Healthy Child Partnership programme of contacts
Wayahead Care	• Continued use of the pilot safeguarding referral form which has proven effective in streamlining the referral process • Continued endeavours to involve clients as much as possible in concerns raised about them • Appointed a safeguarding lead person who is now undertaking a level 4 Leadership & Management qualification

TRAINING
APRIL 2019 – SEPTEMBER 2019

- 13 LSAB training sessions taking place comprising of 7 different Topics
- 337 Inter-agency training places made available
- 247 Inter-agency training places booked
- 206 Inter-agency training places attended
- On average over 85% completed evaluations and these are demonstrating impact
- 46 E-learning modules underway through the Learning Pool

Evaluations:

- Highlight an increase in practitioner's confidence in applying knowledge and skills following training
- Identify an increased understanding of multi-agency roles and improved communication and information sharing between professionals
- Identified that delegates hold a greater understanding of legislation, case law, policy and guidance and how to apply this into practice. The use of case studies was a particularly helpful way of embedding the learning
- Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject matter and translating this into improving practice.

TRAINING
OCTOBER 2019 – MARCH 2020

- 38 BCSSP training sessions taking place comprising of 18 different courses
- 732 Inter-agency training places made available
- 641 Inter-agency training places booked
- 579 Inter-agency training places attended
- On average over 85% completed evaluations and these are demonstrating impact
- 164 E-learning modules underway through the Learning Pool
- Evaluations highlight an increase in practitioner's confidence in applying knowledge and skills following training back into practice
- Practitioner evaluations identify an increased understanding of multi-agency roles and improved communication between professionals and the ability to work more holistically
- Course evaluations identified that practitioners gained significant learning from hearing lived experiences and real life case studies
- Practitioners advised that they found the training and trainer to be of high quality and beneficial in increasing their knowledge in the subject.

SAFEGUARDING DATA

Work has been ongoing to agree and develop the Community Safety and Safeguarding Scorecard in this first year of the BCSSP. Concerns were raised in year through the steering group to prioritize this development. It is recognised that Individual Partners have responsibility to scrutinize their own agency performance and the BCSSP is assured that this has continued in this period. Slides 21 to 51 provide assurance on the safeguarding activity for Adult Social Care and the Mental Capacity Act, Children's Social Care and the Local Authority Designated Officer for the period 2019/2020. The BCSSP is keen to be able to demonstrate the collective impact of the partnership in effectively safeguarding residents across B&NES. The development of the scorecard has been identified as one of the top ten priorities for the BCSSP in 2020/2021.

The analysis for adult safeguarding data in this section of the annual report has used information provided by B&NES Council for the Safeguarding Adults Collection for 2019/2020, together with previous years data submitted to the Safeguarding Adults Collection (SAC). This has enabled B&NES data to be compared year on year.

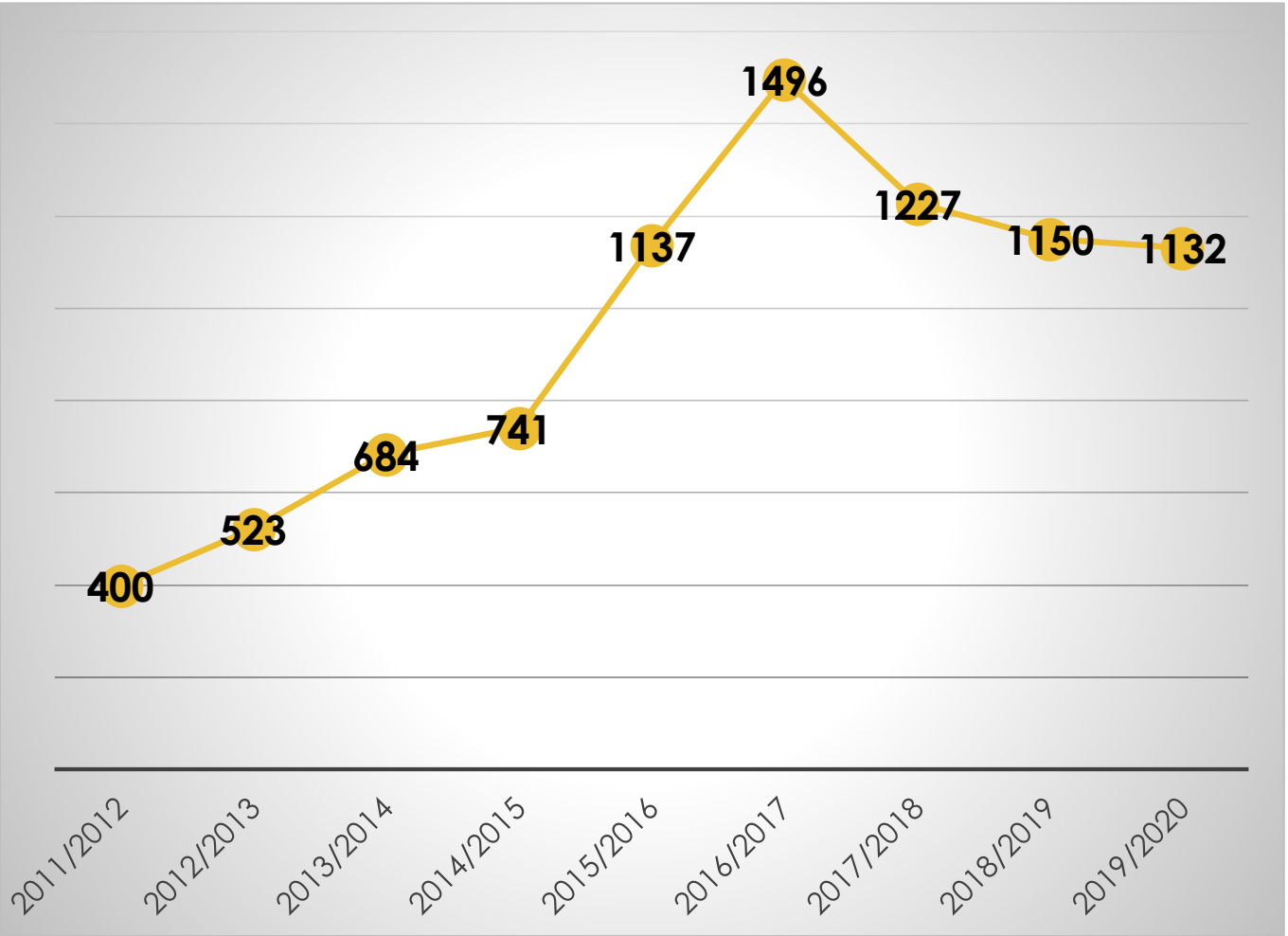
The SAC data is collected directly from all local authorities and collated by NHS Digital. In December 2019, NHS Digital published Safeguarding Adults Collection for the period 1st April 2018 – 31st March 2019. The data is available as experimental statistics, as due to local and national variation in how safeguarding activity is defined and reported, there are limitations in the interpretation and usage of the data.

The national SAC for 2018-2019 has been use to provide useful comparators where appropriate, but it must be noted that the national data is a year older than the information provided by B&NES.

SUMMARY OF SAFEGUARDING ADULTS ACTIVITY 2019-2020

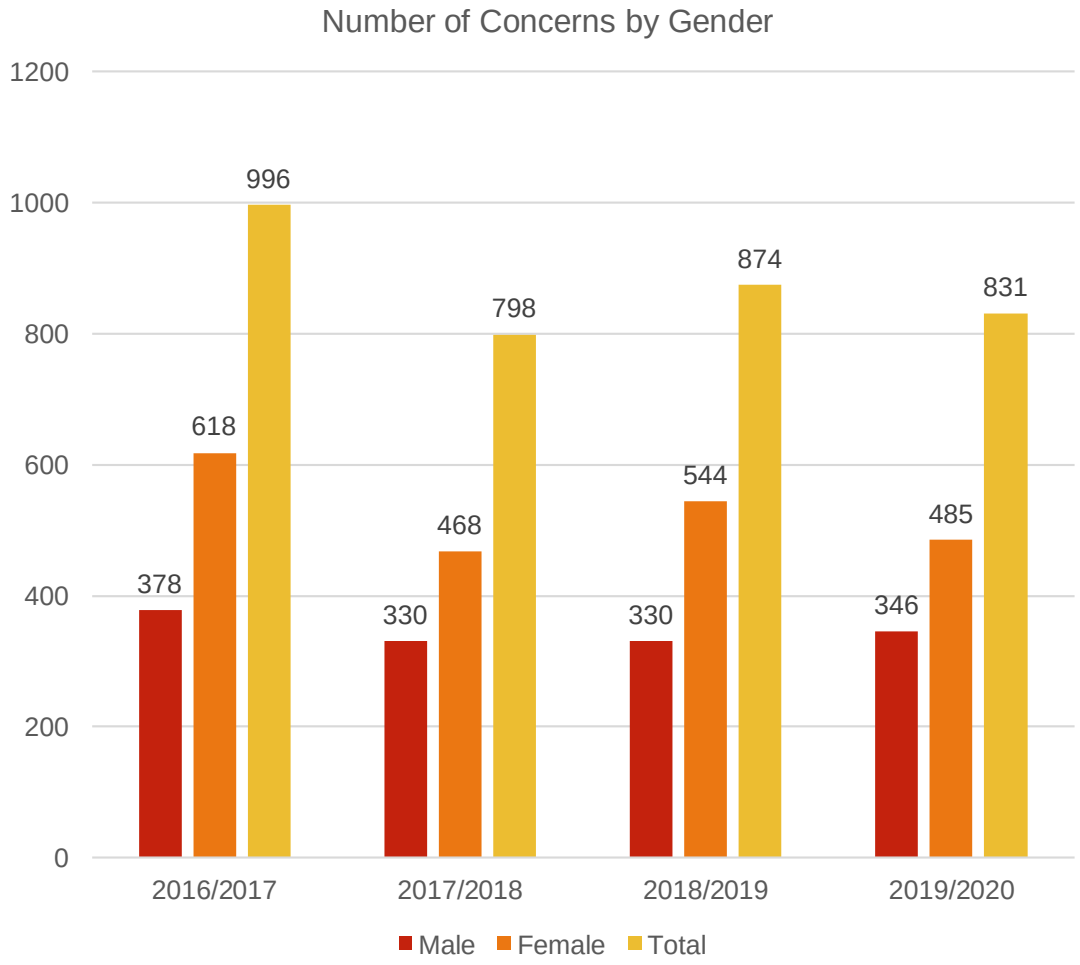
- 1132 concerns raised
- Relating to 831 people
- Leading to 298 safeguarding enquiries
- Of which, 289 were defined as S42 enquiries
- 9 were other enquiries

ADULT SAFEGUARDING CONCERNS RECEIVED PER YEAR SINCE 2011/2012



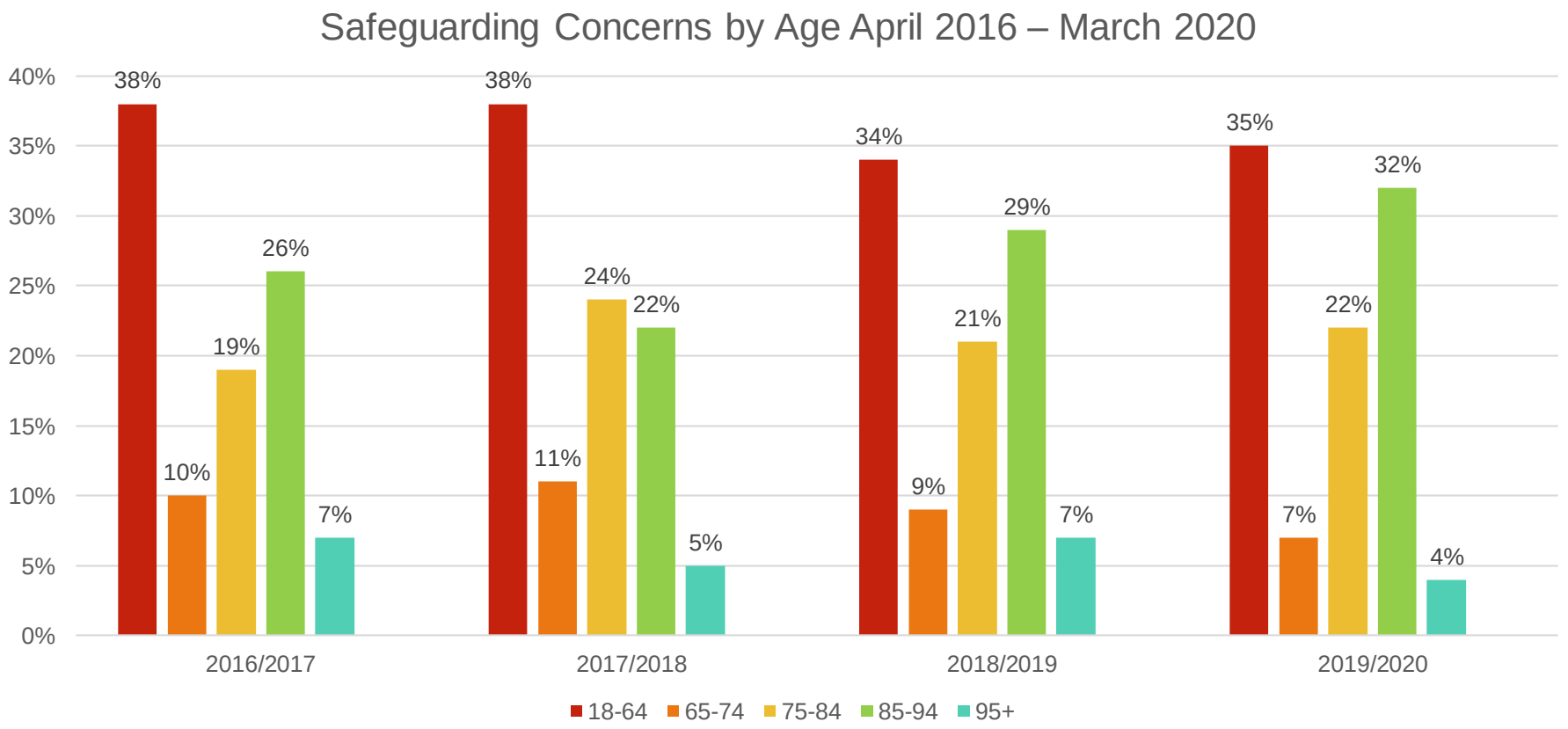
During the reporting period 2019-2020, B&NES received 1132 adult safeguarding concerns related to 831 people. This is as decrease of 1.5% compared with last year, so the downward trend seen since 2016/2017 continues, although concerns received have remained substantially higher since the introduction of the Care Act in 2015.

SAFEGUARDING CONCERNS APRIL 2016 – MARCH 2020

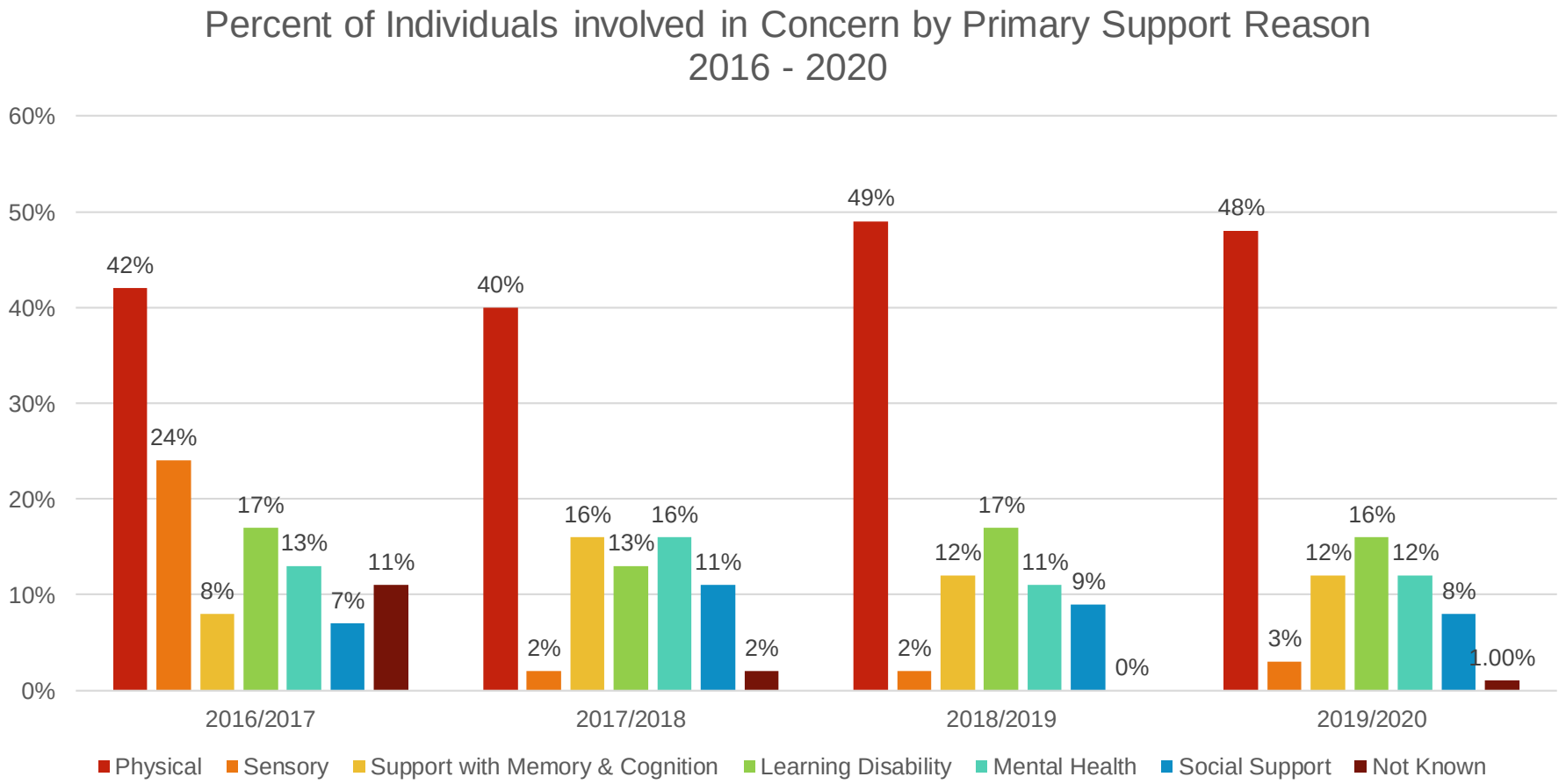


As noted in the chart, the concern breakdown by gender shows that the number of concerns this year regarding men has increased slightly whereas the concerns for women have decreased. The overall number of concerns has decreased.

The percentage of concerns raised relating to adults aged 65-74 and 95+, has fallen slightly this year in comparison with the previous year. However, there has been a slight increase in concerns raised for adults aged 18-64, 75-84 and 85-94, compared to last year.



There has been a decrease in the percentage of referrals related to individuals with physical disabilities as well as those with a learning disability. However, the percentage of referrals related to memory loss and cognition have continued to decrease. The percentage of referrals related to mental health concerns has increased slightly compared to last year, when it was raised with the local Mental Health providers and additional training was secured.



SAFEGUARDING CONCERNS

(CARE ACT 2014 S.42.1)

Of the 1132 concerns raised – 298 went into the safeguarding enquiry process. In the national reporting 289 of these are defined as S42 enquiries whilst 9 were “other” enquiries

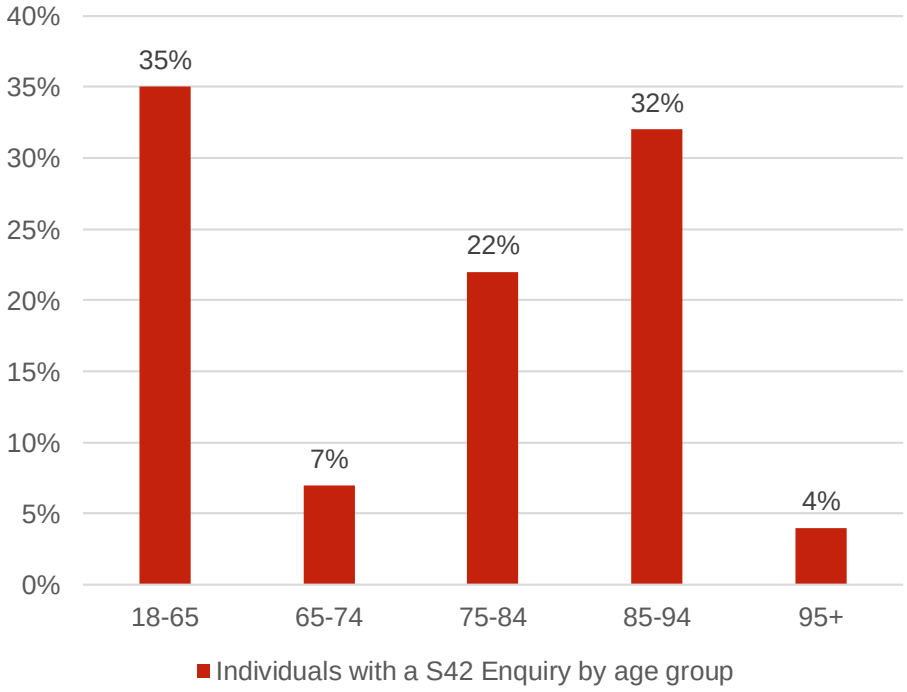
This is a “conversion” rate of 26% compared to 28% for the previous year and a national average of 30%.

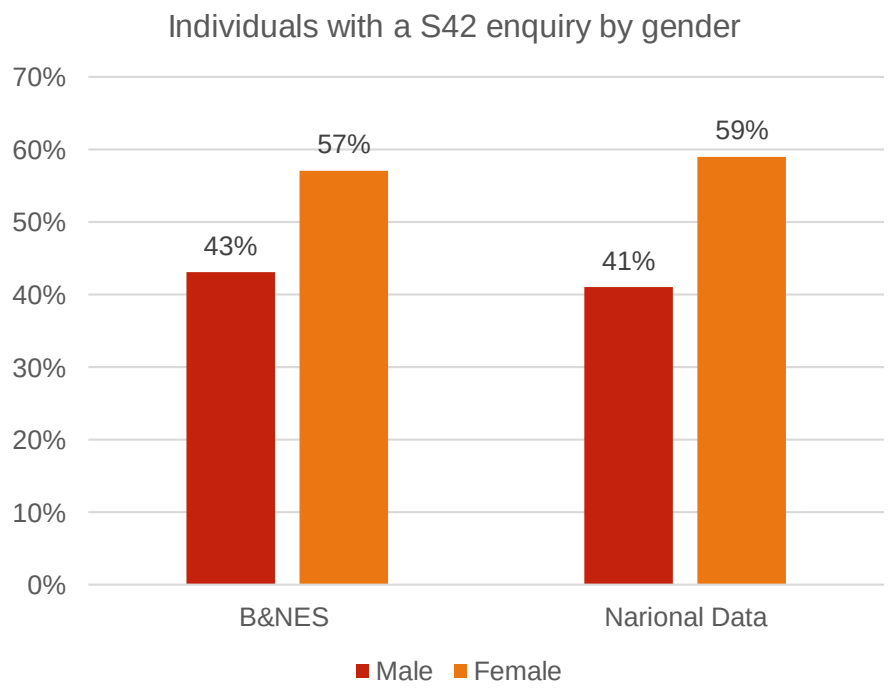
The reporting in this area is changing in 2020/21. Local Authorities are being asked to report on S42 (1) and (2) – which distinguishes those that meet the Care Act safeguarding definition but do not require a full enquiry process to support them and those where a full process is undertaken.

Other enquiries are undertaken when the person does not appear to meet the Care Act definition but it is felt that an enquiry process is appropriate given the concerns raised and issues around public interest. An example from this year was a series of thefts where the individuals had capacity in regard to their finances but had provided an individual with their financial details.

SAFEGUARDING ENQUIRIES APRIL 2019 – MARCH 2020
(CARE ACT 2014 – S.42.2)

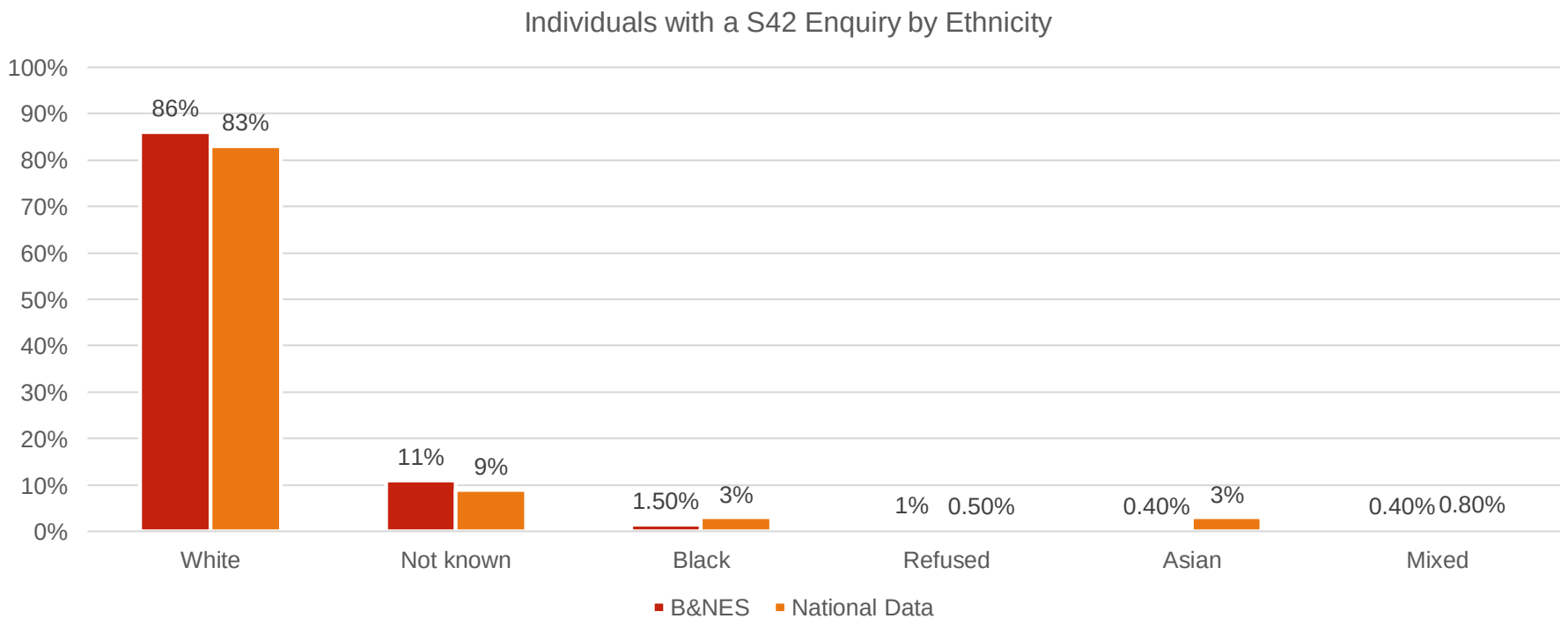
Where possible this data has been benchmarked against the national Safeguarding Adults Collection data. Please note that the national data is reflective of the 2018-2019 submission.



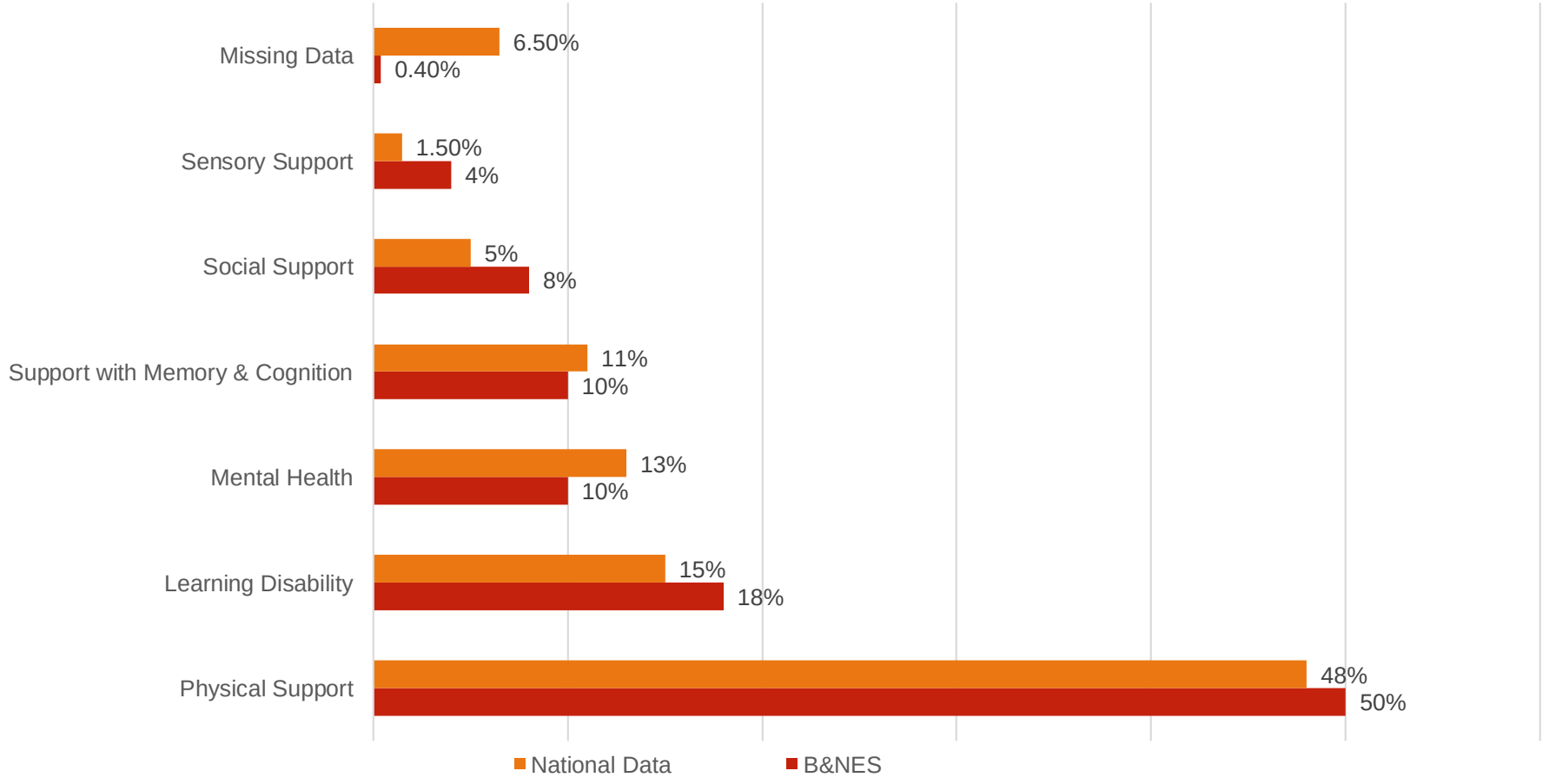


S42 ENQUIRIES BY ETHNICITY - B&NES 2019/20 NATIONAL 2018/19

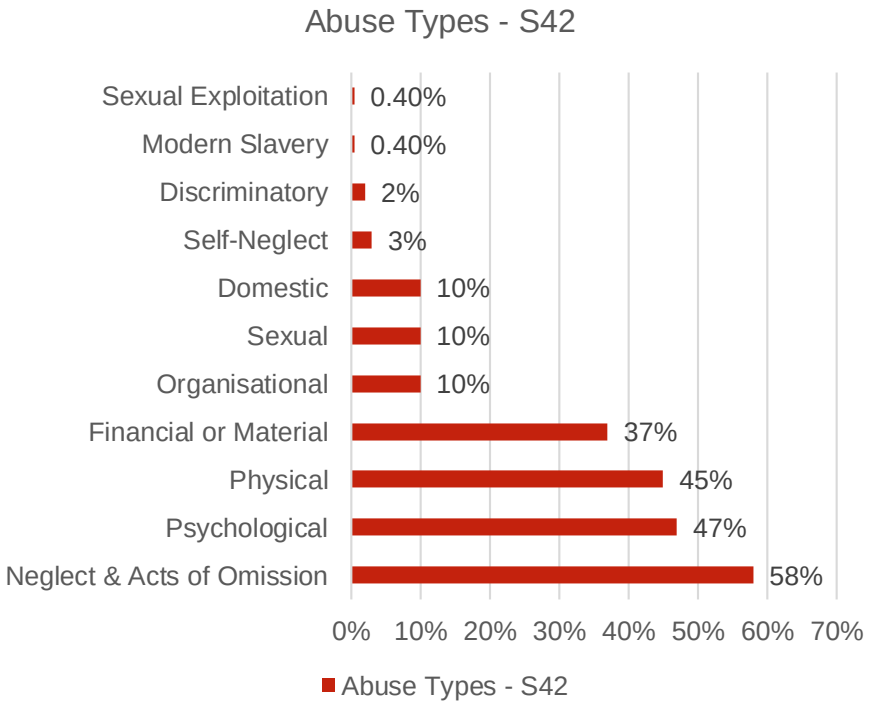
The data submission for 19/20 was compared with the information provided in 18/19. This comparison showed that our data is showing a level of consistency between years.
This consistency identifies a key challenge for the Partnership. The need to make sure that people from a Black or Minority Ethnic background are aware of the safeguarding support available. Of all the concerns raised this year only 2% of them came from people identifying themselves as being a Black African/Caribbean/ Black British, Asian/Asian British or from another Ethnic Group. This must be addressed in the coming year.

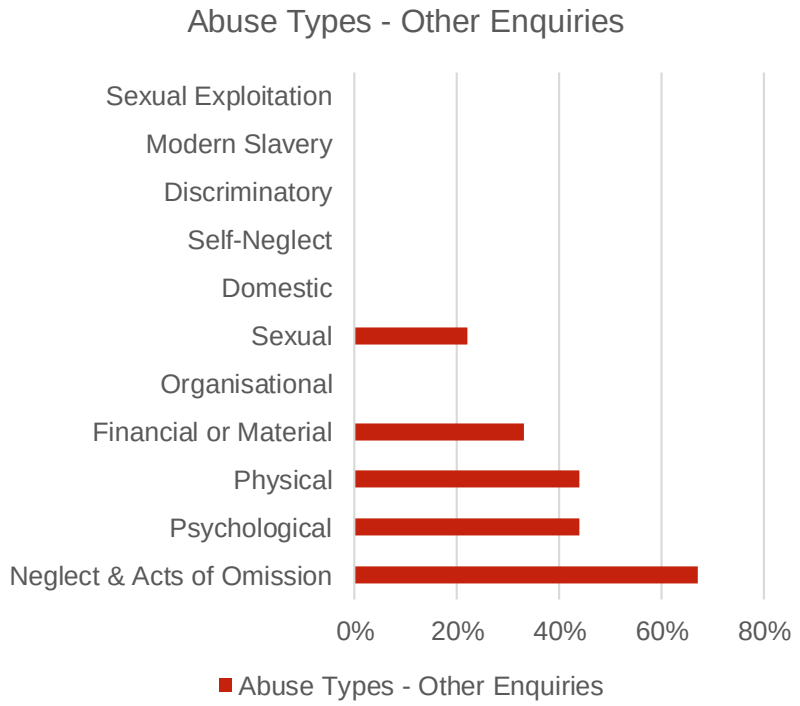


S42 ENQUIRIES BY PRIMARY SUPPORT REASON



TYPES OF ABUSE





Neglect and Acts of Omission were the most frequently identified type of abuse identified during the enquiry process. This is consistent with last year. Psychological, Physical and Financial Abuse were also frequently reported and this is in line with previous years. There can be a number of types of abuse identified in one enquiry process.

The number of enquiries that noted self neglect is low. This is because the safeguarding enquiry process is instigated only if the multi agency self neglect/MARM process has not minimised the risk sufficiently or where the initial risk was so high that it was felt that immediate safeguarding action was needed.

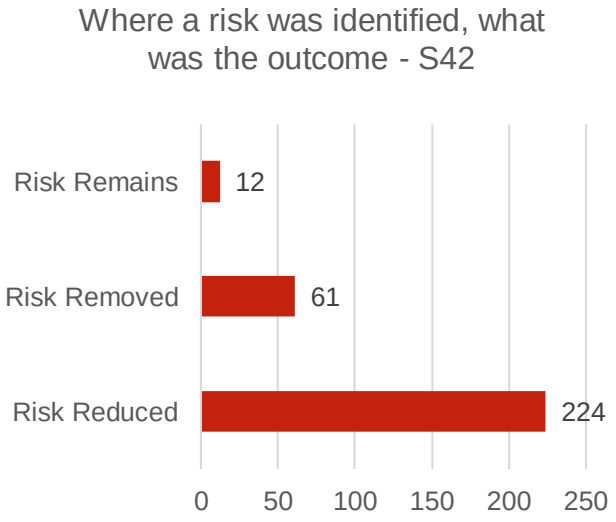
SOURCE OF RISK & LOCATION

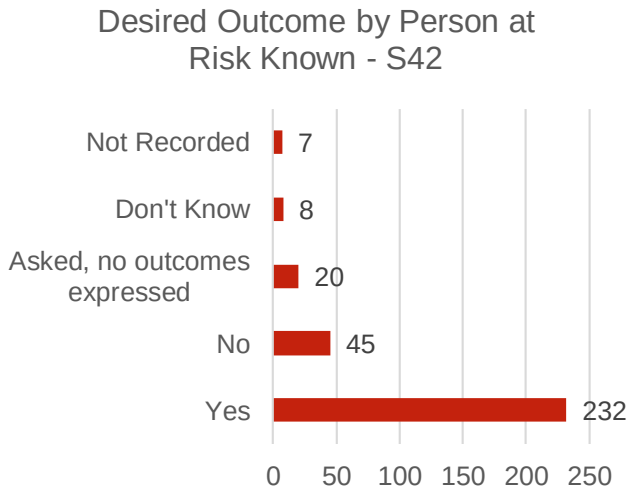
Source of Risk	SAC National Average 2018/2019	B&NES 2018/2019	B&NES 2019/2020
Service Provider	30%	41%	40%
Other – Known to the Individual	48%	42%	29%
Other – Unknown to the Individual	18%	16%	14%

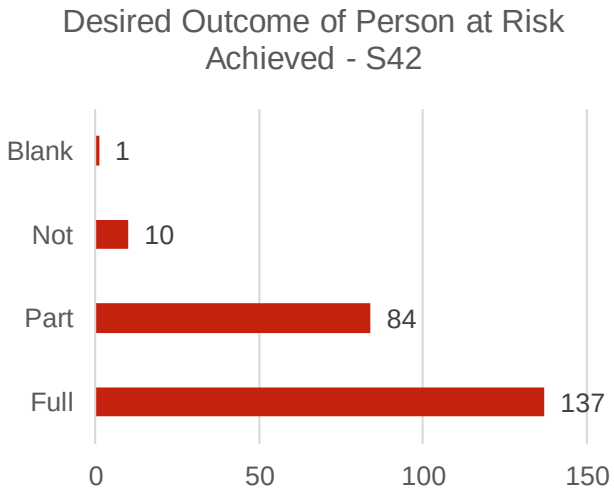
These tables show the source of risk and location of abuse identified for safeguarding enquiries in B&NES for the periods 2018/2019 and 2019/2020 against the national data for 2018/2019. Whilst the percentage of risk attributable to a person employed as a service provider continues to be higher than the national average in B&NES, it has decreased slightly in comparison to last year. The percentage known to the individual has greatly reduced, however in the B&NES 2019/2020 figures 18% of alleged perpetrators were unknown. This is not reflected in the table and may have impacted these figures had it been attributed to a source.

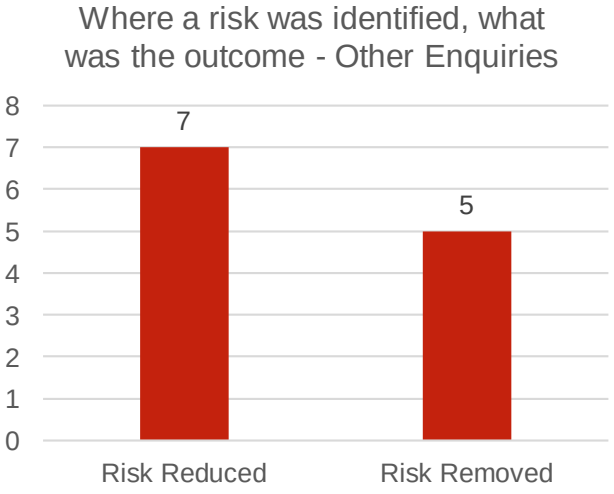
Where the abuse takes place	SAC National Average 2018/2019	B&NES 2018/2019	B&NES 2019/2020
Own home	43%	26%	30%
Community Service	3%	7%	5%
Nursing Home	10%	12%	18%
Residential Care Home	23%	30%	23%
Hospital Acute	3%	3%	6%
Hospital MH	2%	0	0.2%
Community Hospital	1%	0%	0.5%
In the Community	4%	0%	Not recorded
Other	7%	20%	16%

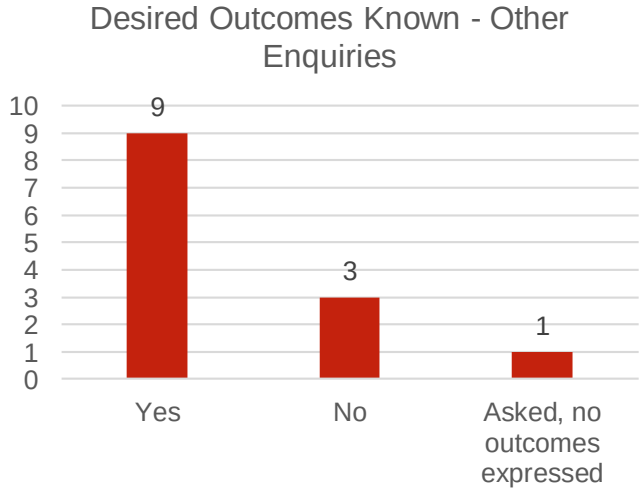
OUTCOMES OF SAFEGUARDING ENQUIRIES APRIL 2019 – MARCH 2020

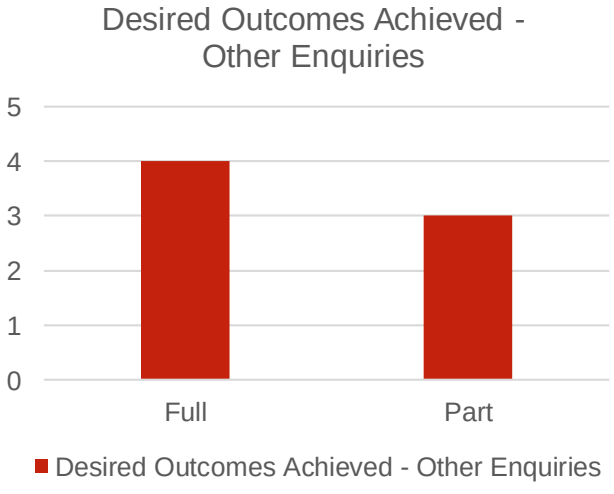












MAKING SAFEGUARDING PERSONAL - OUTCOMES

This data is probably the most important aspect of our adult safeguarding reporting as it shows whether safeguarding had made a difference to the person.

297 enquires have been closed in the period covered by this report and risk has been reduced in the majority of cases.

In 74% of the enquiries undertaken the person's desired outcomes where obtained. Where the outcomes wanted by the person were known, 95% of people said that their outcomes had been fully or partly achieved through the safeguarding process.

MENTAL CAPACITY ACT (MCA) & DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)

The DOLS scheme was introduced as an amendment to the Mental Capacity Act on 1st April 2009. It provides the necessary lawful authority to deprive an adult (18+) of their liberty in care homes and hospitals when a person has a mental disorder and lacks capacity to consent to their care arrangements which amounts to continuous supervision and control and not free to leave (the 'acid test').

There are legally defined lines of responsibility within the DOLS process. A supervisory body (The local authority) is responsible for receiving DOLS referrals from managing authorities (care homes and hospitals) and commissioning the required assessments and, where all assessments are affirmative, authorising the deprivation of liberty for people who are ordinarily resident in their area.

A Managing Authority is responsible for making referrals to the Supervisory Body for any resident or patient in their care who they suspect falls within the scope of the DOLS Scheme. When an authorisation is granted the Managing Authority is also responsible for monitoring the authorisation as well as complying with any conditions attached to the authorisation and requesting a review if they feel that any of the qualifying arrangements are no longer met.

In order for a DOLS authorisation to be granted the Supervisory Body must commission six assessments to be completed by a trained Best Interest Assessor (BIA) and a doctor with the appropriate training and experience. The Supervisory Body is responsible for paying for all assessments to be completed. The six assessments are as follows:

- Age assessment
- No refusals assessment
- Mental capacity assessment
- Mental health assessment
- Eligibility assessment
- Best interests assessment

All six assessment criteria must be met before an authorisation can be granted for up to a maximum period of 12 months. Conditions and recommendations can be attached to any authorisation with the aim of improving care provision and, where possible, reducing the restrictions as experienced by the individual in the care setting.

LOCAL PRACTICE ARRANGEMENTS

In B&NES, care homes and hospitals request DOLS authorisations by submitting requests securely to the council's DOLS, MCA & Quality Assurance Team who will screen the referral and give it a priority level (High, Medium or Low) for allocation.

Due to the high number of referrals received by the team, B&NES have broadly adopted the advice and guidance produced by the Association of Directors of Adult Social Services (ADASS) regarding prioritisation and allocation of requests received.

In common with nearly all local authorities, B&NES have a backlog of DOLS cases waiting to be assessed. There are a finite number of assessors available who focus on the high and medium priority. It is only in the very unlikely event of there being no high or medium cases awaiting allocation that a BIA would be given a low priority case, of which most of the backlog consists (on average 400 cases).

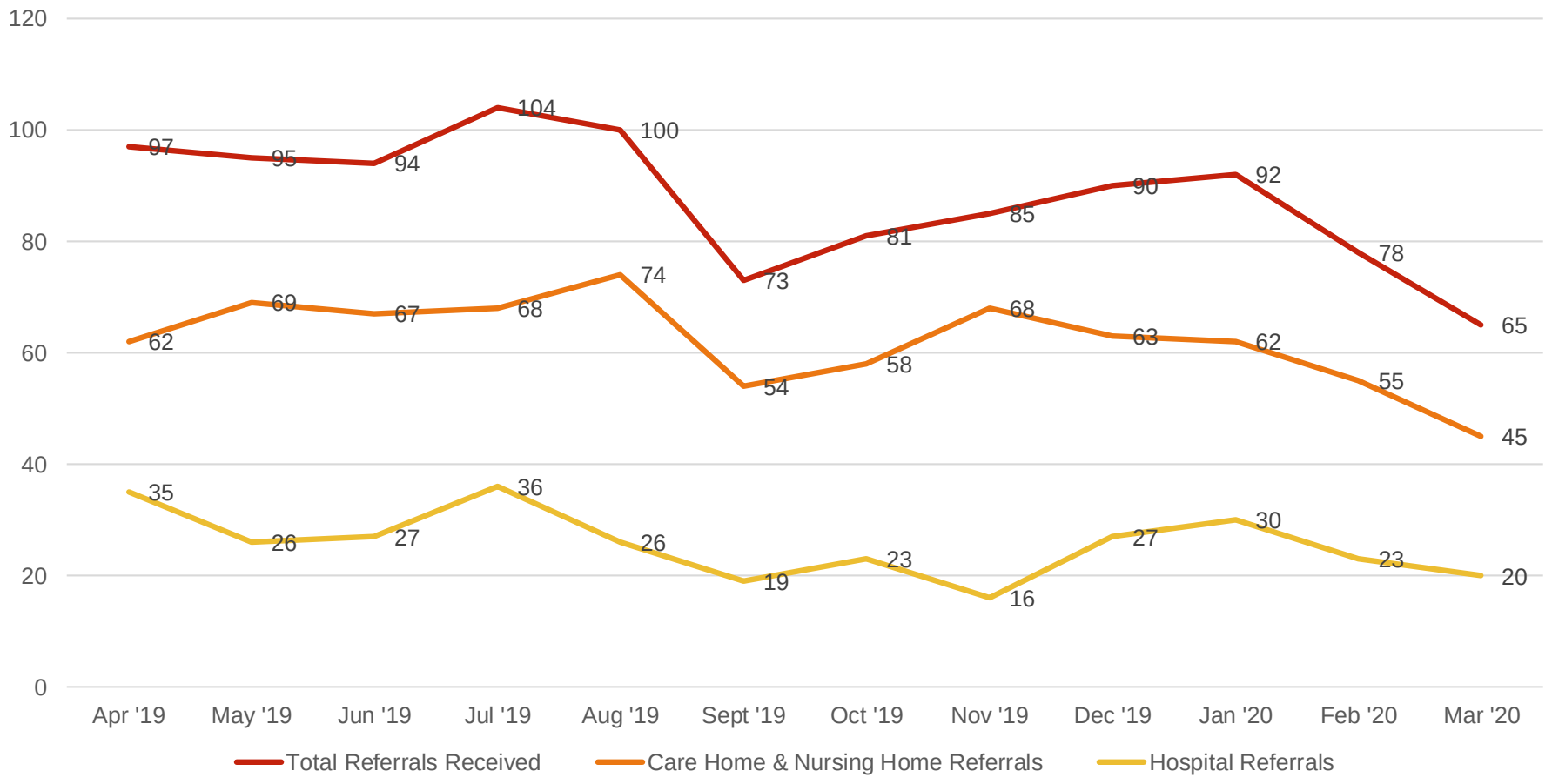
Previously, in order to try and better keep pace with referrals received, the team has routinely commissioned independent BIAs to complete assessments. This is a practice widely replicated around the country.

In order to ensure that we are aware of any changes in the circumstances of the cases awaiting allocation in the backlog, a system is in place to regularly re-screen them. This is done according to the aforementioned ADASS prioritisation tool, so that they can be re-allocated to a higher priority when necessary. This occurs on a monthly basis as a minimum.

When completed assessments are returned to the team they are scrutinised and 'signed-off' by either a senior practitioner or team manager. The relevant paperwork is then sent out as required to the interested parties.

All BIAs and Mental Health Assessors employed and/or commissioned by the council receive annual update training as required by the DOLS regulations. When the new Liberty Protection safeguards (LPS) are in place, BIAs will be subject to a panel type re-approval process similar to that employed for the council's Approved Mental Health Professionals (AMHPs). The team also provide regular supervision for all its employed BIAs as well as practice forums to support practitioners to keep up to date with case law, policy development and share areas of good practice.

DOLS REQUESTS BY REFERRAL SOURCE



LIBERTY PROTECTION SAFEGUARDS (LPS)

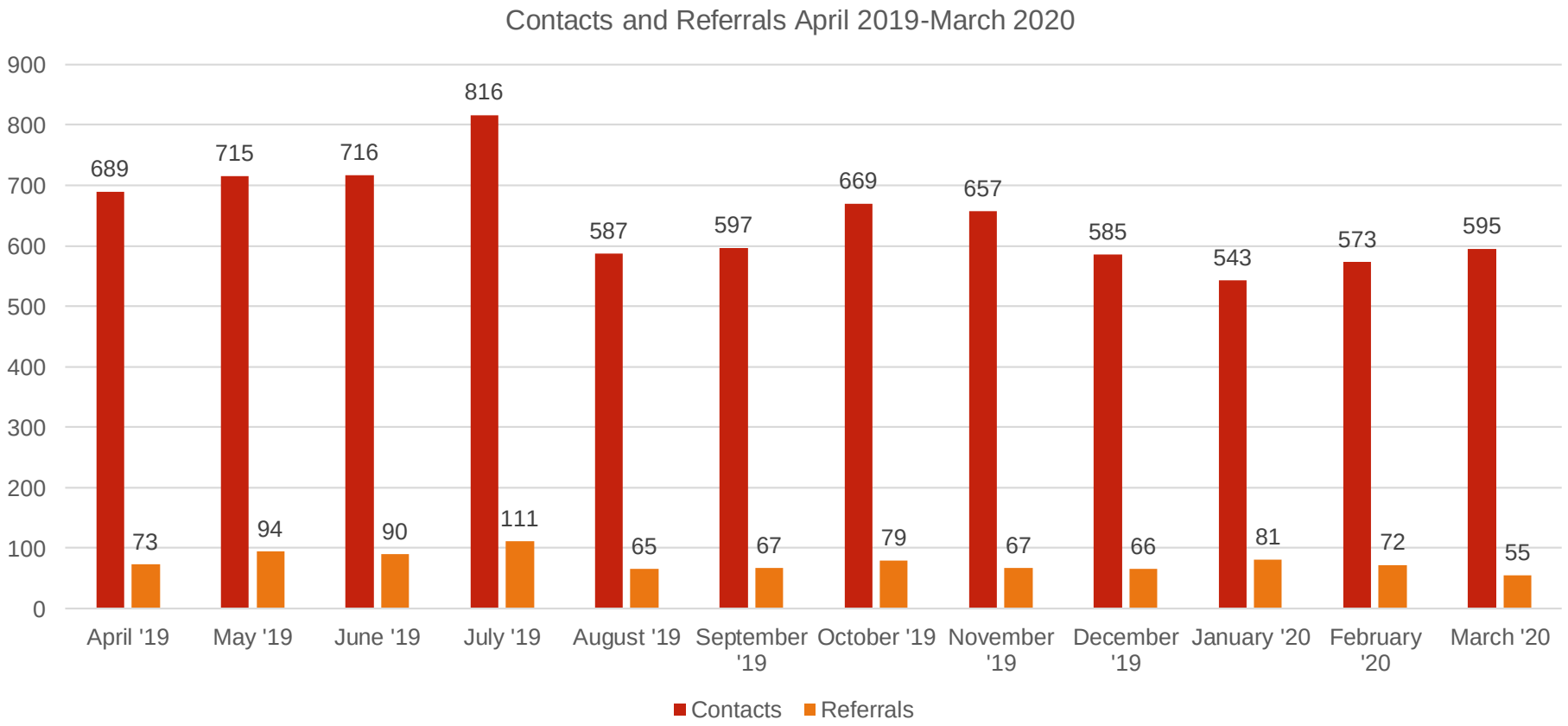
The Mental Capacity Act Amendment Bill gained Royal Assent in May 2019 and became law (The Mental Capacity Act (Amendment) Act). The Act introduced the Liberty Protection Safeguards (LPS), which is the new framework to safeguard and protect individuals who lack capacity when their care arrangements amount to a deprivation of their liberty. This was due to replace the current DOLS scheme in October 2020. National guidance has still to be issued and the Department for Health and Social Care (DHSC) has now announced that due to the current COVID-19 pandemic, the implementation date will be significantly delayed to April 2022. Local authorities have been given the message by the DHSC not to prioritise LPS preparations at this time.

The LPS represents the most significant change in social care legislation since the introduction of the Care Act in April 2015. It will have a huge impact on the workings of the team and all health and social care professionals throughout Bath & North East Somerset. Some of the changes include:

- The creation of new Responsible Bodies meaning the local authority is no longer responsible for authorising every case.
- The current Best Interest Assessor (BIA) role being replaced by the Approved Mental Capacity Professional (AMCP) – they will not have to assess every case.
- Some cases being authorised based on paperwork provided by care managers, social workers and, in some cases, care home managers.
- 16- and 17-year olds will fall within the scope of the safeguards.
- Authorisations could be, in some circumstances, longer in duration – up to 3 years in some cases.

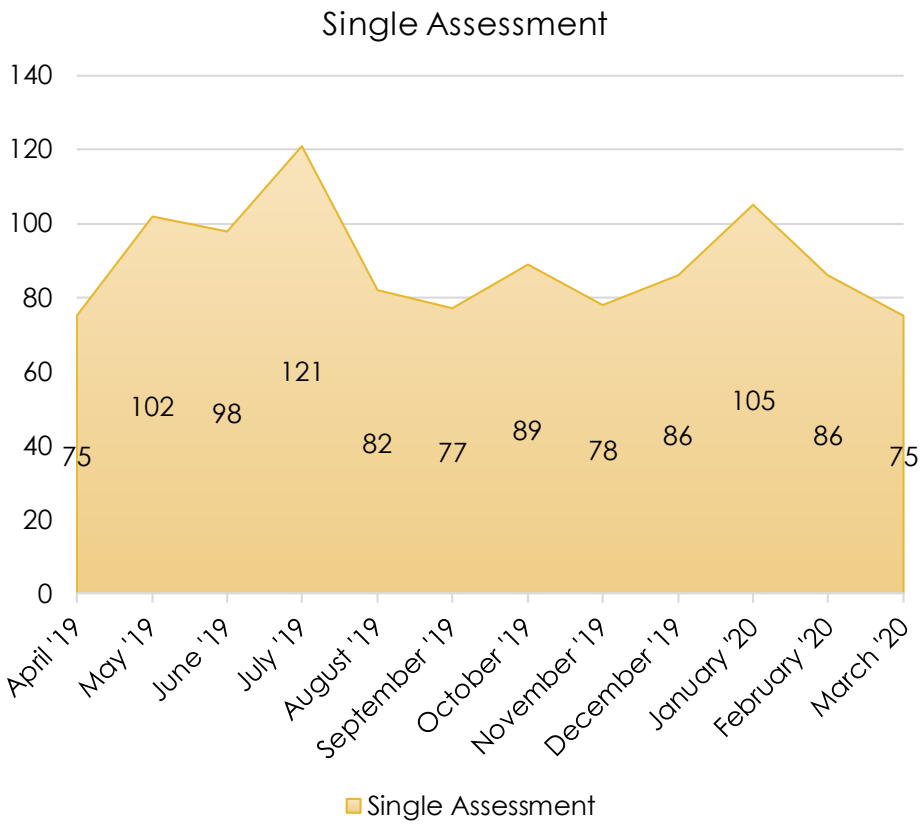
LPS places a greater emphasis on social care teams to provide the evidence necessary to authorise a person's deprivation of liberty meaning it is essential that good MCA practice is embedded in all health and social care teams.

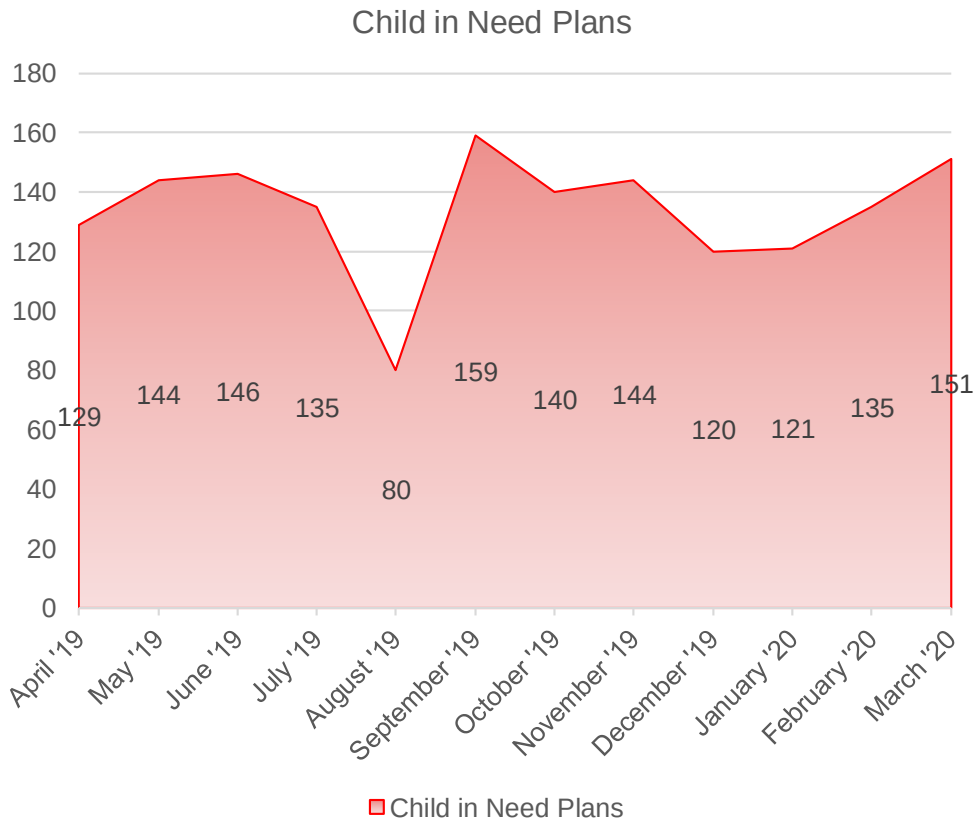
CHILDREN'S SOCIAL CARE DATA



Overall contact volumes have shown a marginal decrease over the 19/20 financial year. Contacts progressing to referrals have remained at a steady level throughout the year indicating a consistent demand and consistent application of risk. The decrease/low level of referrals may be attributed in part to the volume of referrals from social care to MASH.

SINGLE ASSESSMENT & CHILD IN NEED PLANS

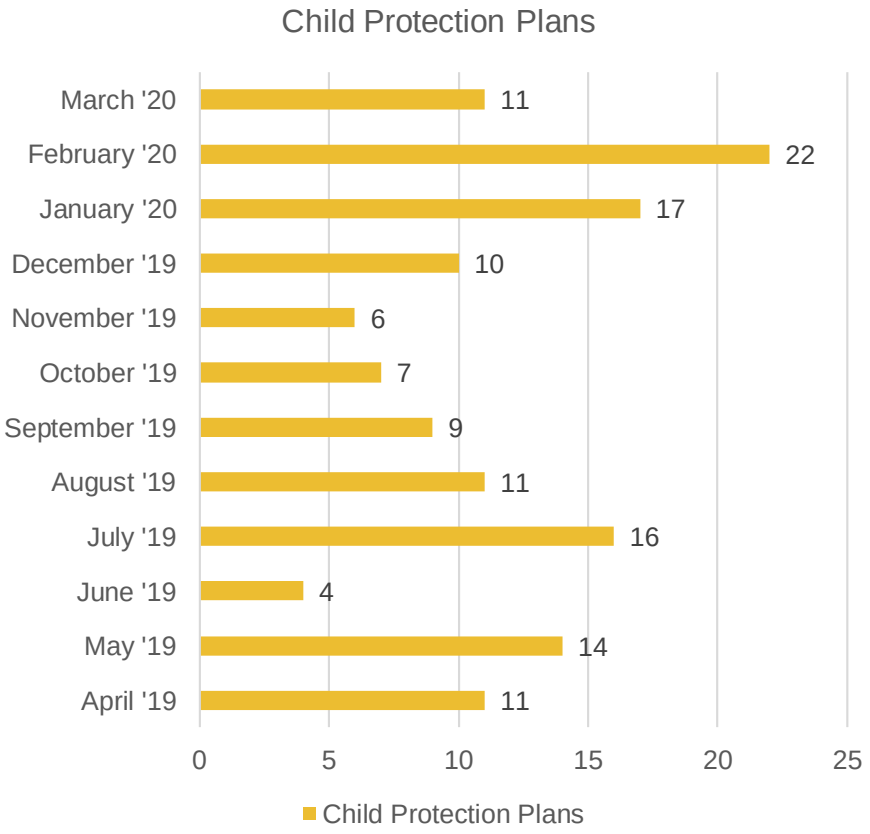


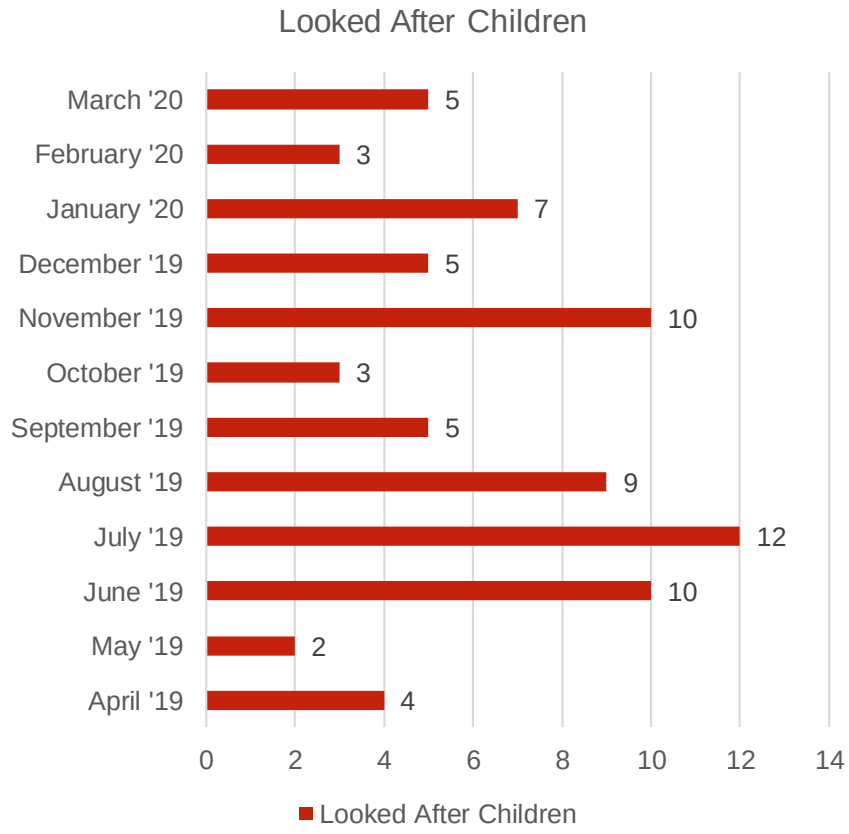


The reduction in assessments can be mainly seen to relate to reduced number of referrals.

Child in Need plans have remained consistent in quarter 1, reflective of consistent application of risk thresholds.

CHILD PROTECTION PLANS & LOOKED AFTER CHILDREN



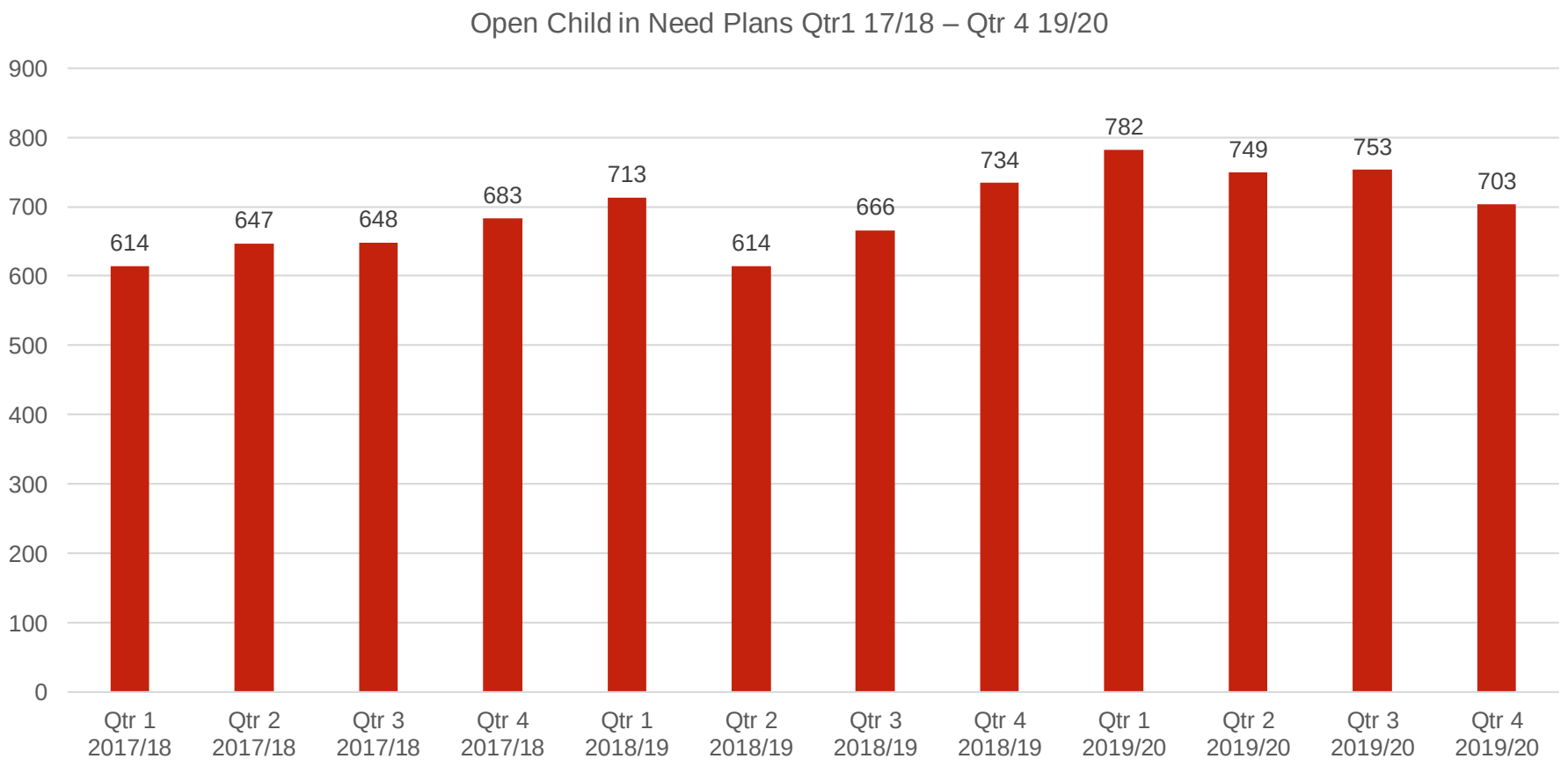


The increase in CP starts can be in part attributed to 3 relatively large families in this cohort.

Early indications are that demand may rise again; in particular new requests for care episodes relate to adolescents at risk of CSE and/or CCE, as well as our highly complex children who have disabilities.

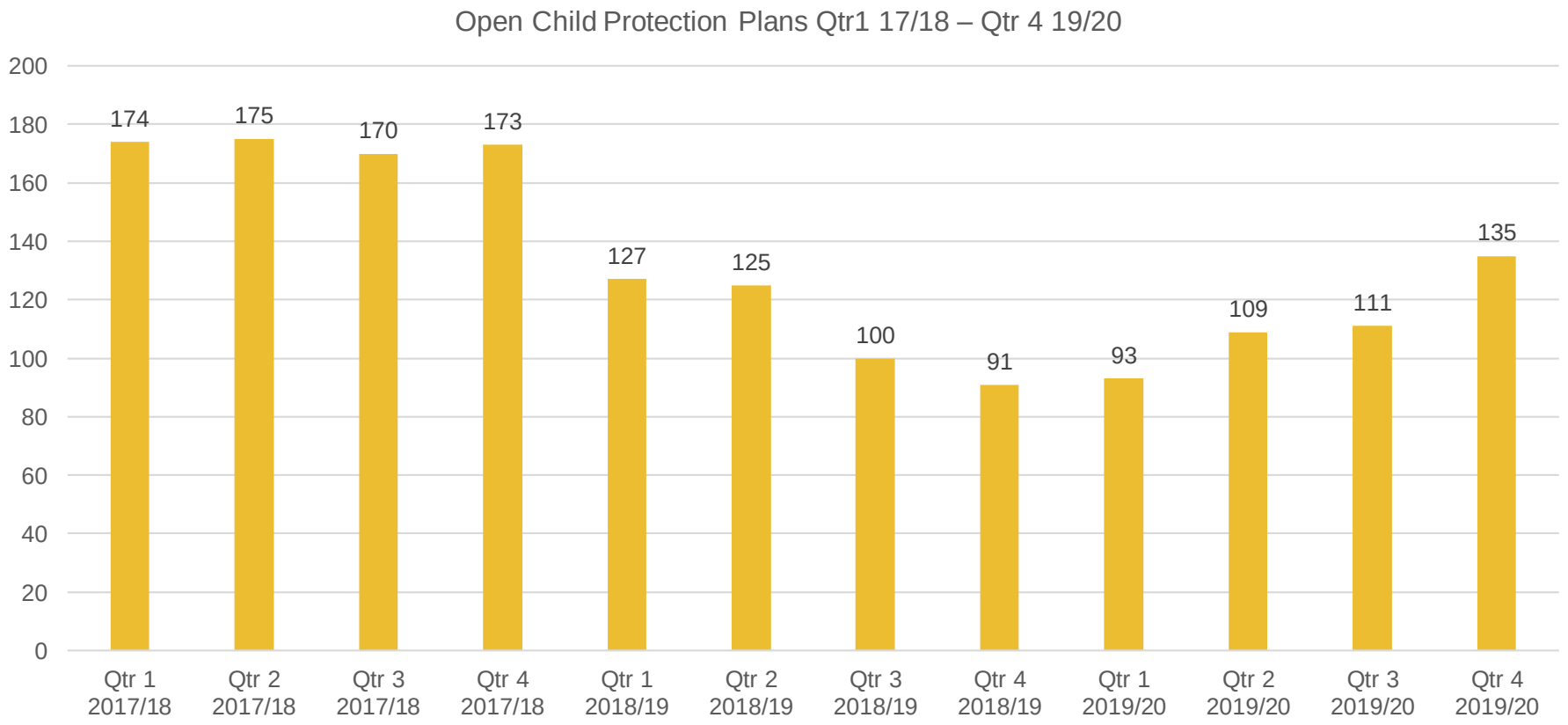
LONG TERM TRENDS - OPEN CHILD IN NEED PLANS

Despite some quarterly fluctuations, overall Child in Need plan numbers have remained consistent for the last 3 years.



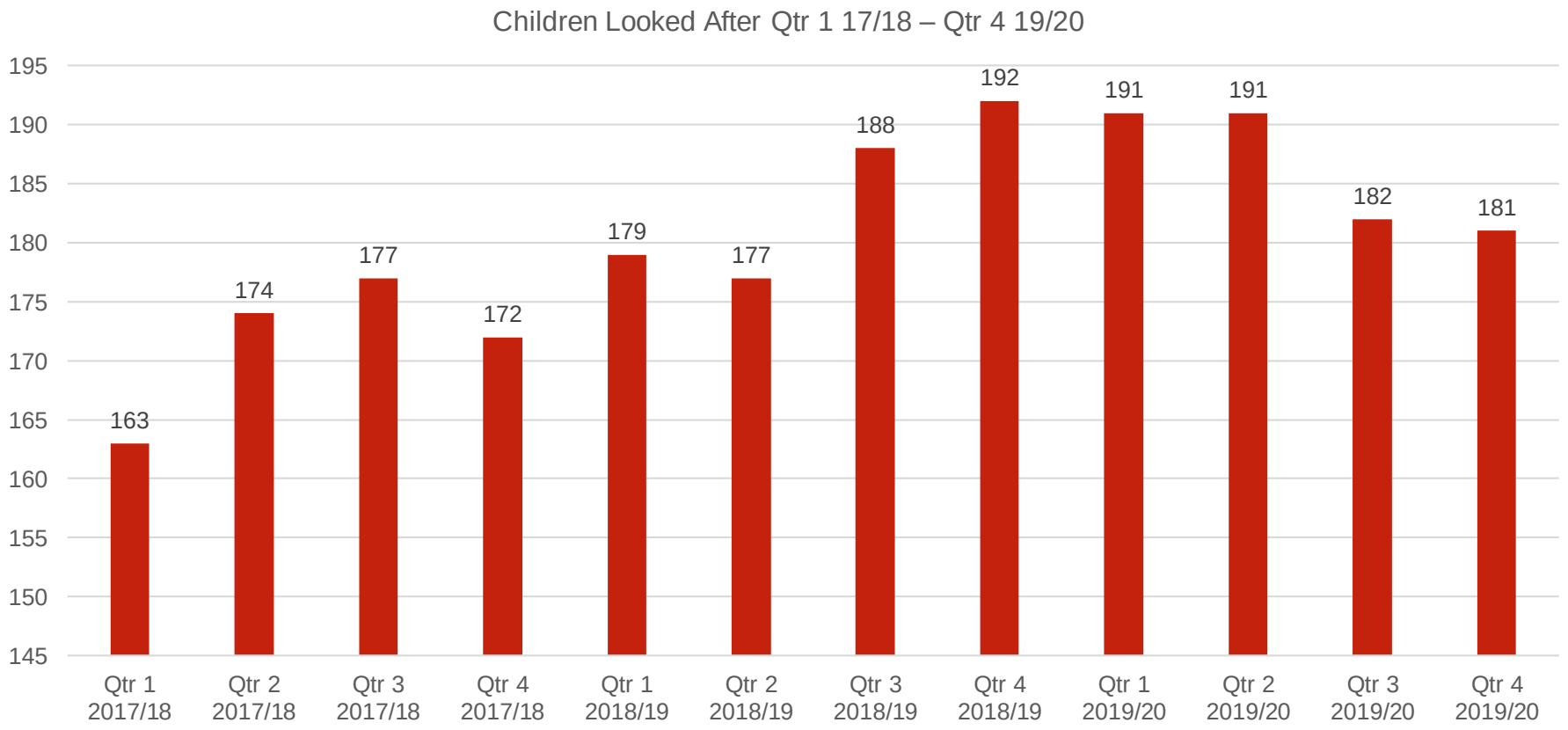
OPEN CHILD PROTECTION PLANS

Regional benchmarking suggests B&NES is not a significant outlier for Child Protection, although numbers are comparatively low, potentially reflective of the small residential population in B&NES.



CHILDREN LOOKED AFTER

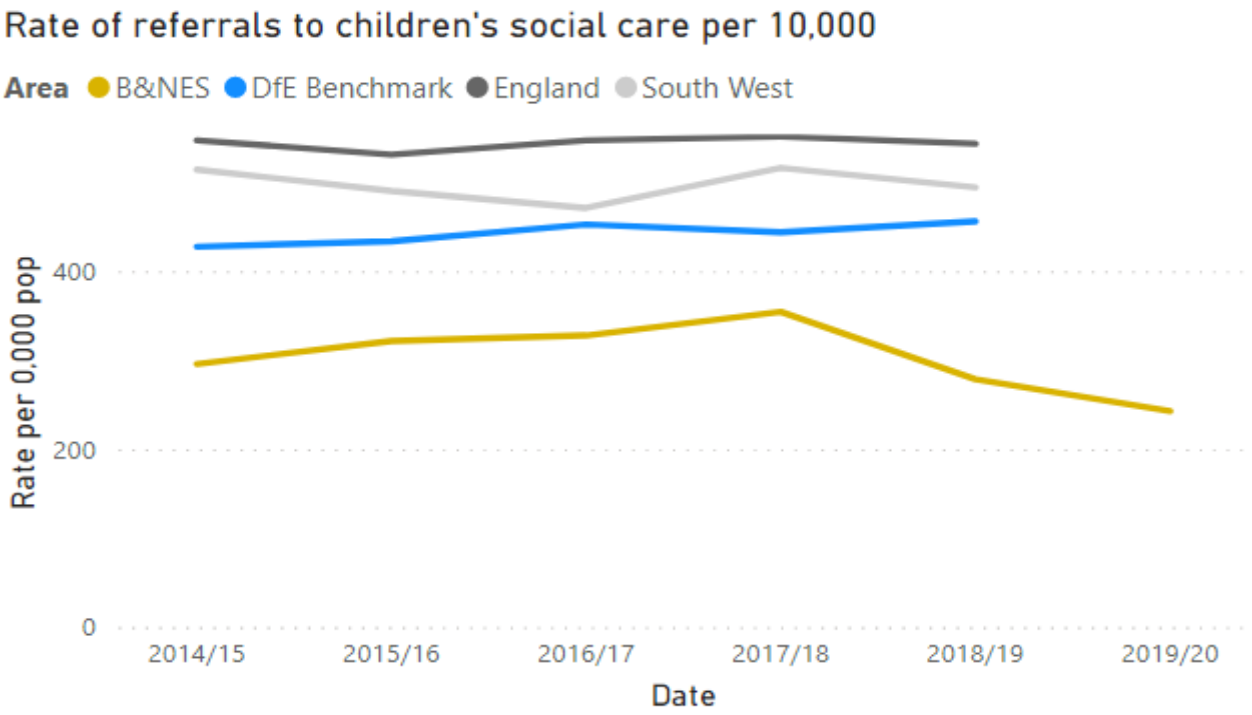
Volumes of Children Looked After have now stabilised for the last five quarters and are in line with expected levels for comparison areas. Placement stability has remained consistent over the previous year, which is positive. Children and Young People in B&NES are therefore experiencing greater placements stability across the board.



BENCHMARKING – REFERRAL RATES 2014/15 – 2019-20

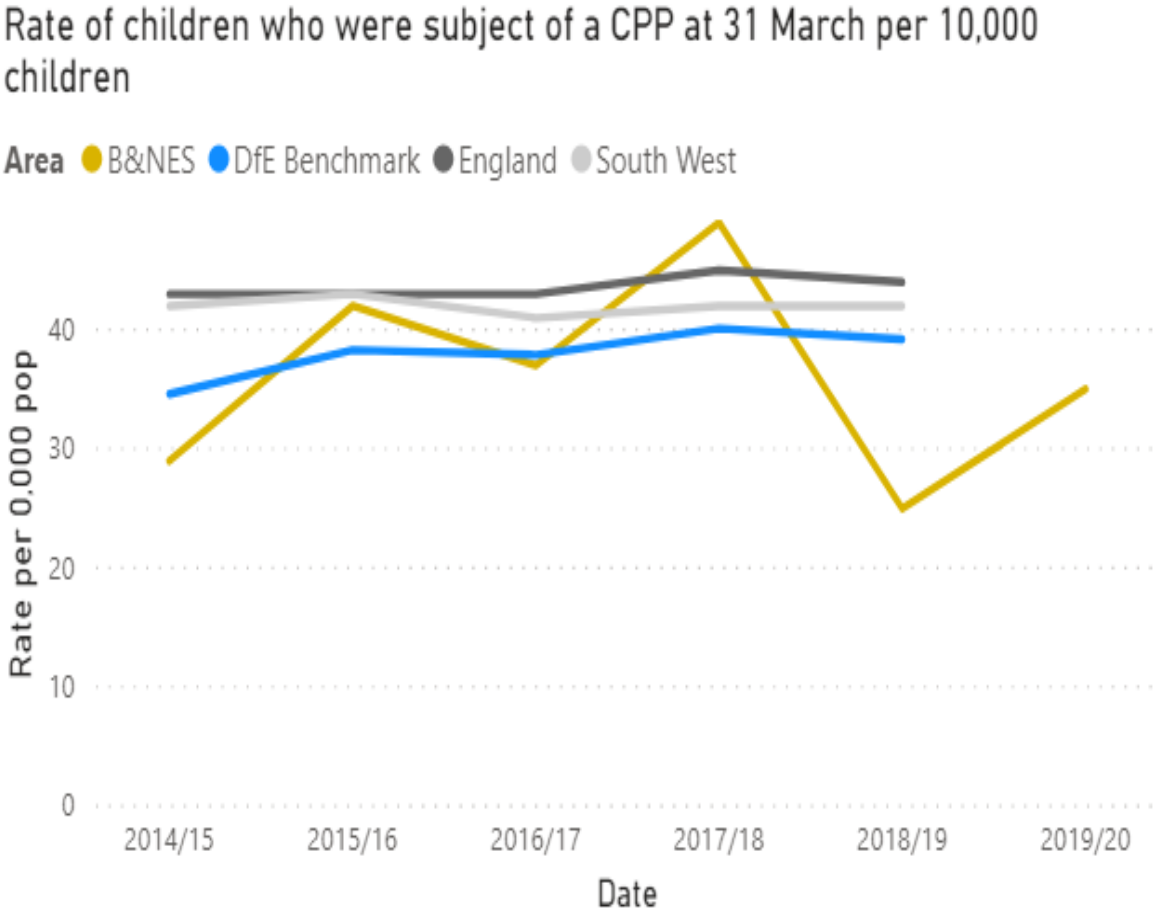
Technical Note: 19/20 Benchmarking has been delayed by the Department for education due to Covid-19, provisional rates provided for 19/20 are derived from local data against ONS 2018 population mid-year estimates (last available) for reference purposes only.

Benchmark groups are calculated from local authorities in England with similar demographic and socio-economic characteristics to Bath and North East Somerset.



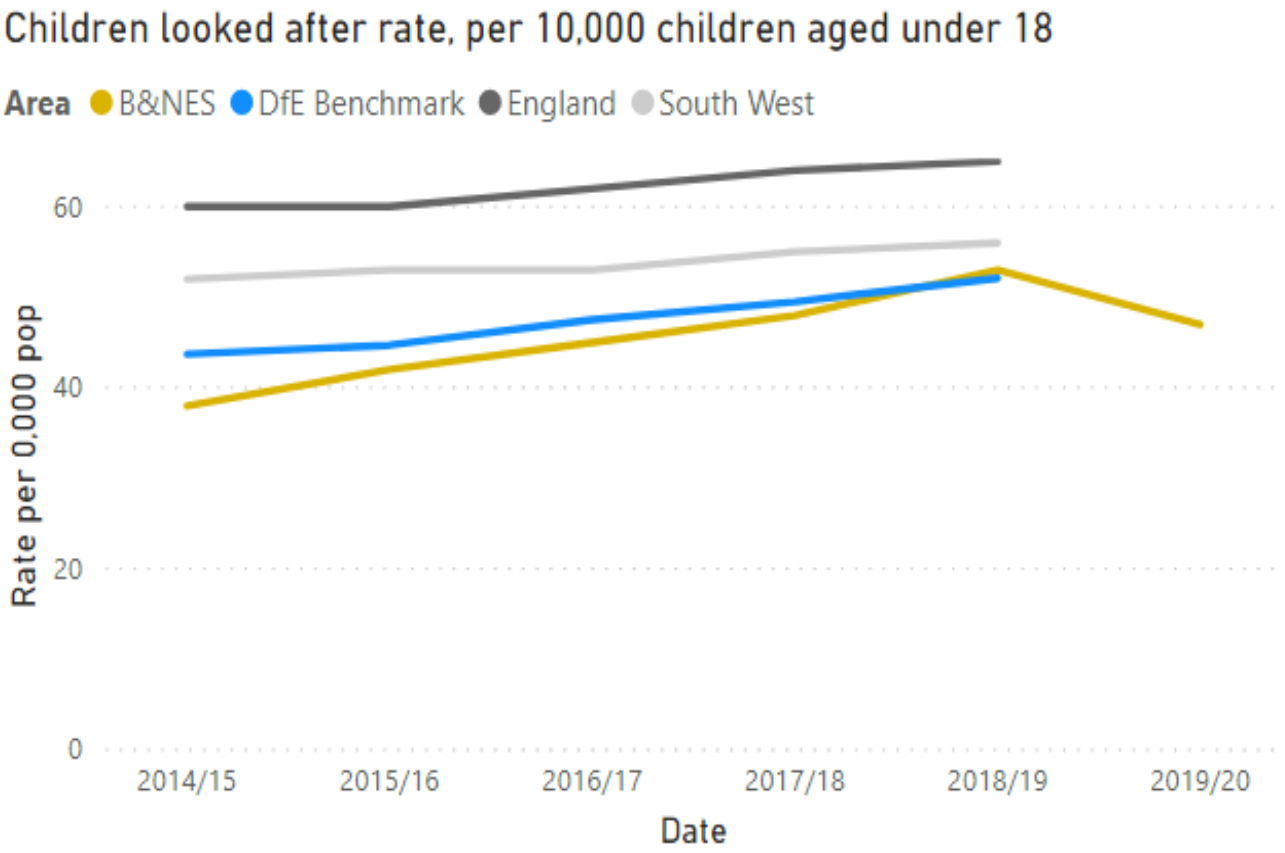
Rates of referrals have consistently remained low compared to benchmarks. The reduction of the last 3 years can in part be attributed to the launch of the MASH and Early Help provision.

CHILD PROTECTION PLAN RATE 2014/15 – 2019/20



Given the small cohort size, child protection plan rates are subject to significant variation which can be attributed to larger family groups. Following a reduction in 18/19, the rate of plans has returned to levels consistent with benchmarked areas in 20/21

CHILDREN LOOKED AFTER RATE 2014/15 – 2019/20

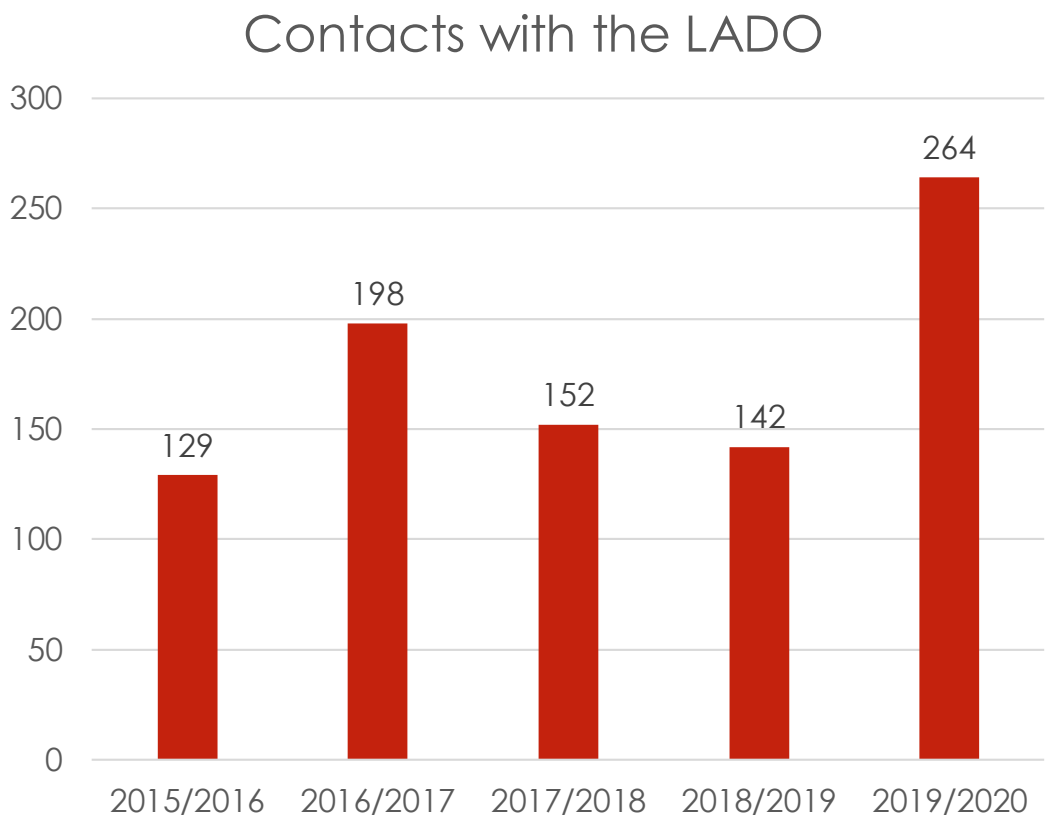


As previously identified, CLA numbers maintained a constant level in 20/21. There is currently insufficient data to identify whether this is following benchmarks for 19/20.

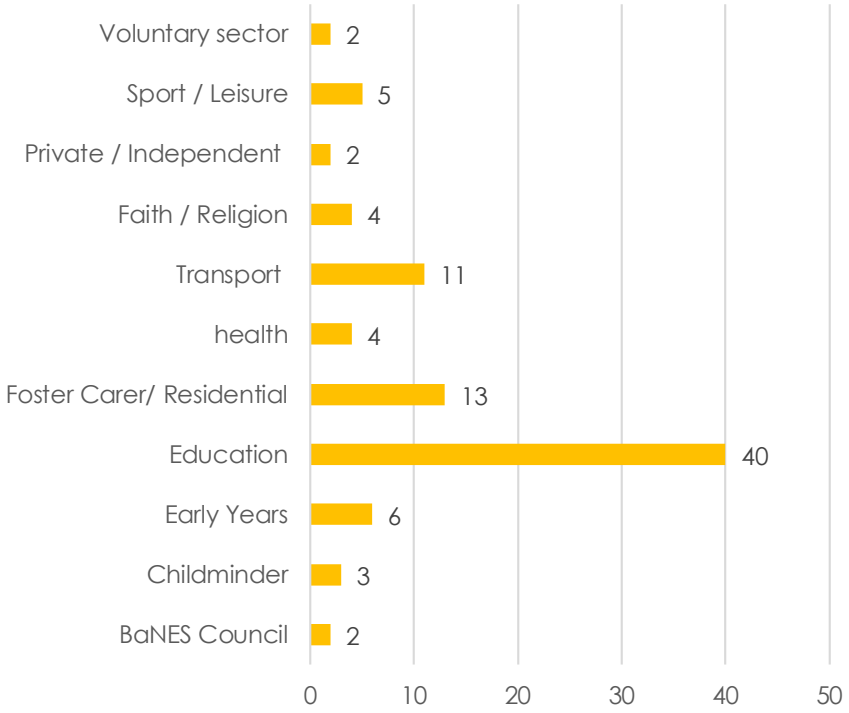
WORK OF THE LADO

- 264 contacts made
- 157 contacts resulted in information and advice being given
- 92 referrals required further action from the LADO
- 5 contacts were directed as 'out of area'
- 34% of contacts met threshold, a decrease of 17% on the previous year

NUMBER OF CONTACTS APRIL 2015 – MARCH 2020



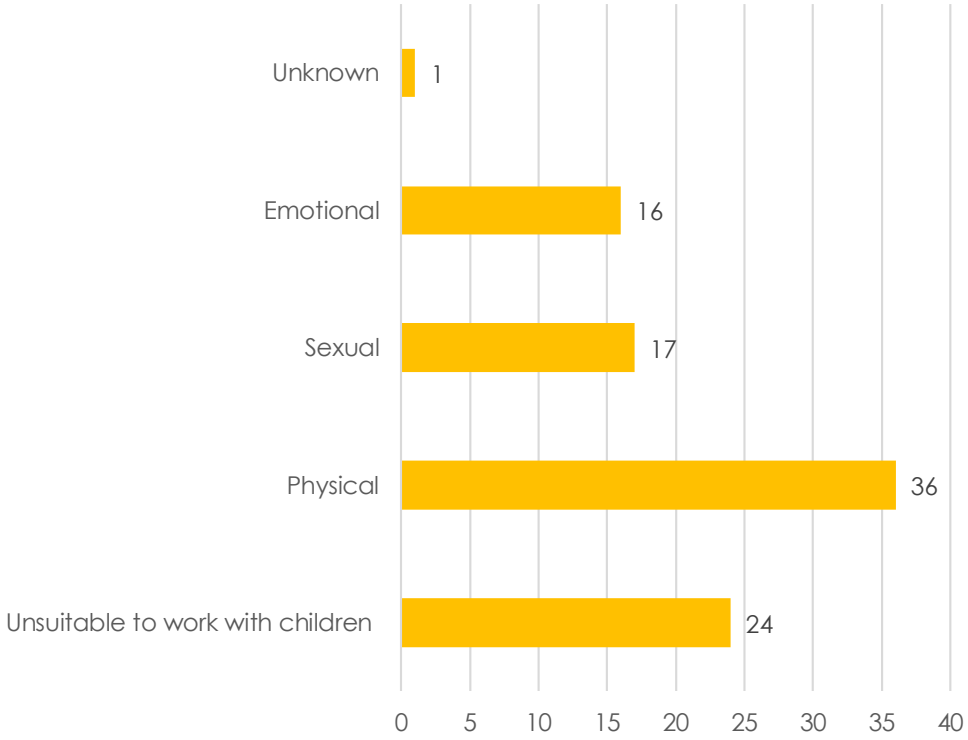
As the chart reflects, this year has seen the most contacts made with the LADO over the course of the last five years, with 264 contacts being made, an increase of 123 from last year. At the beginning of this reporting period the Senior LADO reviewed and revised how contact with the LADO was being recorded, a system was implemented which meant that all requests for advice and information and all referrals were recorded and in turn captured in the data. The procedures now in place provide a more accurate reflection of the work and activity of the LADO's in Bath and North East Somerset.



In this reporting period of the 92 referrals received by the LADO, 43% of these related to a person working within an educational setting, for the purposes of this report an educational setting is a primary school, secondary school or college. Whilst this is a 15% decrease from last year, allegations relating to a person working within an educational setting continue to account for the highest number of referrals to the LADO. This is in line with previous years and remains the experience of the LADO's across the south west.

In 2018-2019 there were no referrals received by the LADO regarding an individual who was attached to a religious setting. This year however there have been four referrals received, all of which have been related to historical allegations and which have met threshold for involvement of the LADO. It is anticipated that LADO's will receive more referrals about individuals who are part of faith-based organisations as a result of the independent inquiry into child sexual abuse (IICSA) which has led to investigations being undertaken into abuse within the church.

SOURCE OF REFERRAL / CONTACT WITH LADO



When making a referral to the LADO, the referrer must state under which category of harm they are making this referral. Of the 92 referrals received, two had a dual category of harm.

Physical abuse continues to be the main reason for an individual to be referred accounting for 39% of referrals received, this is comparable to previous years.

This year the LADO received 24 referrals related to concerns about an individual's suitability to work with children. Whilst this is a 13% increase on last year, only half of the referrals met threshold and required a managing allegations strategy meeting or follow up by the employer.

Referrals related to sexual abuse have decreased by 13% in this reporting period, accounting for only 18% of the referrals received. One referral received by the LADO did not have a category of harm as the organisation referred once they had already undertaken their investigation. By not contacting the LADO the organisation did not adhere to Keeping Children Safe in Education and this was raised when finally, they did make contact.

CATEGORY OF HARM AT POINT OF CONTACT WITH THE LADO

LADO REFERRAL OUTCOMES

Outcome	Number
Managing allegations strategy meeting	46
Threshold not met	34
Further action required by employer	8
Retrospectively reported	3
Ongoing	1
Total	92

Of the 92 referrals in this reporting period, 46 met threshold. Irrespective of whether the information provided meets one of the three criteria for referral to the LADO, it is classed as a formal referral. In instances where referrals do not meet threshold, the LADO would provide advice and information on how the referring organisation could respond to the situation. If an individual is re-referred on multiple occasions, consideration will be given as to any patterns emerging in this person's behaviour.

BCSSP BUDGET

Expenditure Description	Budget Full Year		Budget 29.09.19 – 31.03.20		Actual Expenditure	
Staffing						
Independent Chair (27 days)	£	14,850.00	£	7,425.00	£	5,814.50
Independent Business Manager (1FTE & Sickness Cover)	£	62,765.00	£	31,382.00	£	46,229.67
Independent Business Support Administrator (1FTE)	£	30,000.00	£	15,000.00	£	5185.30
Independent Auditor/Quality Assurance	£	10,000.00	£	5,000.00	£	-
MARAC Co-ordinator	£	17,000.00	£	8,500.00	£	8,394.00
Expenses	£	1,500.00	£	750,00	£	163.50
Total Staffing Costs	£	136,115.00	£	68,057.50	£	65,786.97
Ancillary Running Costs						
Room Hire & Equipment	£	5,000.00	£	2,500.00	£	325.00
Guest Speakers	£	1,500.00	£	750.00	£	-
Adult & Children ECR System	£	3,000.00	£	1,500.00	£	1,527.00
South West Child Protection Procedures Contract	£	1,038.00	£	519.00	£	577.00
Printing & Design	£	500.00	£	250.00	£	-
Total Ancillary Running Costs	£	11,038.00	£	5,519.00	£	2,429.00
Total Annual Costs	£	147,153.00	£		£	
Cost 29.09.19 – 31.03.20	£		£	73,576.50	£	68,215.97

TRAINING PROGRAMME BUDGET

Expenditure Description	Budget Full Year		Budget 29.09.19 -31.03.20		Actual Expenditure	
Staffing						
Training Co-ordinator (1FTE)	£	43,881.00	£	21,940.50	£	13,739.32
Training Administrator (0.7 FTE)	£	13,080.00	£	6,540.00	£	9,146.88
Independent / Specialist Trainers	£	15,000.00	£	7,500.00	£	5,597.55
Expenses	£	300.00	£	150.00	£	-
Total Staffing Costs	£	72,261.00	£	36,130.50	£	28,483.75
Ancillary Running Costs						
Learning Pool	£	7,300.00	£	3,650.00	£	3,650.00
Room Hire & Equipment	£	500.00	£	250.00	£	160.30
Additional Costs External Trainers	£		£	8,000.00	£	-
Transition Management Time	£		£	8000,00	£	8,000.00
Total Ancillary Running Costs	£	7,800.00	£	19,900.00	£	11,810.30
Total Annual Costs	£	80,061.00	£		£	
Costs 29.09.19 – 31.03.20	£		£	56,030.50	£	40,294.05

Total 6 Month Cost			£	129,607.00	£	108,510.02

AGENCY CONTRIBUTIONS TO BCSSP

Income to Fund						
B&NES Council Contribution			£	62,152.00	£	62,152.00
B&NES CCG Contribution			£	60,000.00	£	60,000.00
Avon & Somerset Constabulary Contribution			£	7,455.00	£	7,455.00
B&NES Council Business Mgr Backfill Contribution			£	10,576.00	£	10,576.00
B&NES CCG Business Mgr Backfill Contribution			£	10,576.00	£	10,576.00
Avon & Somerset Constabulary Business Mgr Backfill Contribution			£	5,000.00	£	5,000.00
Invoiced Training Income			£		£	21,110.00
Total Funding			£	155,759.00	£	176,869.00
Underspend			£		£	68,358.98
Business Mgr Backfill Underspend Required for 2020-2021			£		£	-13,153.48
Net Underspend			£		£	55,205.50
Underspend V % Funding Split						
B&NES Council		51%	£	28,154.81		
B&NES CCG		49%	£	27,050.70		
		100%	£	55,205.00		

OUR TOP TEN PRIORITIES FOR 2020-2021

Scrutinise	Available data from partners and develop a data dashboard to provide assurance to the partnership
Embed	Think Family, Think Community
Increase	The amount of accessible online training options
Continue	To raise awareness of Self-Neglect and promote use of the policy
Share	Learning from local and national SARs & CPRs and seek assurance of its impact in daily practice
Develop	A Scrutiny & Assurance Framework that reflects the work of all partners
Hear	And share individuals lived experiences to influence and improve services
Establish	A robust audit process to provide assurance to the BCSSP
Launch	A new BCSSP website
Integrate	The all-age agenda encompassing Community Safety & Safeguarding Children & Adults into sub-groups

GLOSSARY OF TERMS

Term	Meaning
ACEs	Adverse Childhood Experiences – traumatic events occurring before age 18. Includes all type of abuse and neglect, as well as parental mental illness, substance misuse, domestic violence.
ADASS	Association of Directors and Adult Social Services – a charity representing Directors and a leading body on social care issues.
AMHP	Approved Mental Health Professional – approved to carry out certain duties under the Mental Health Act
ASSSP	Avon and Somerset Strategic Safeguarding Partnership – Avon area multi-agency group focussed on children's safeguarding
B&NES	Bath & North East Somerset
BCSSP	B&NES Community Safety & Safeguarding Partnership
BIA	Best Interest Assessor – ensure that decisions about patients/service users which affect their liberty are taken with reference to their human rights
BSW	B&NES, Swindon Wiltshire area
CAMHS	Child and Adolescent Mental Health Services
Care Act 2014	Sets out the duties of the local authority in relation to services that prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support.
CP	Child Protection
CSE	Child Sexual Exploitation – a type of sexual abuse. When a child is exploited they are given things like gifts, money, drugs, status in exchange for performing sexual activities
CSPR	Child Safeguarding Practice Review – should be considered for serious child safeguarding cases where abuse or neglect is known or suspects and the child has died or been seriously injured.

Term	Meaning
CQC	Care Quality Commission – regulates all health and social care services in England
DoLS	Deprivation of Liberty Safeguards – ensures people who cannot consent to their care arrangements in a care home or a hospital are protected if those arrangements deprive them of their liberty
DHR	Domestic Homicide Review – is conducted when someone aged 16 or over dies as a result of violence, abuse or neglect by a relative, household member or someone they have been in an intimate relationship with.
IDVA	Independent Domestic Violence Advocate – specialist professional who works with victims of domestic abuse
JTAI	Joint Targeted Area Inspection – of services for vulnerable children and young people
LADO	Local Authority Designated Officer – responsible for managing child protection allegations made against staff and volunteers who work with children and young people
LPS	Liberty Protection Safeguards – set to replace Deprivation of Liberty Safeguards
Local Safeguarding Adult Board	Assures itself that safeguarding practice is person centred and outcome focussed, working collaboratively to prevent abuse and neglect. Now part of the BCSSP
Local Safeguarding Children's Board	Assure itself that local work to safeguard and promote the welfare of children is effective and ensures the effectiveness of what member organisations do individually and together. Now part of the BCSSP
MARM	Multi-agency Risk Assessment Meeting – convened regarding self neglect and hoarding concerns
MARAC	Multi Agency Risk Assessment Conference – a victim focussed information sharing and risk management meeting attended by all key agencies

Term	Meaning
MASH	Multi Agency Safeguarding Hub – Information sharing where decision can be made more rapidly about whether a safeguarding intervention is required
MCA	Mental Capacity Act – designed to protect and empower people who may lack the mental capacity to make their own decisions about their care
Ofsted	Office for Standards in Education, Children's Services and Skills.
Prevent	Prevent is about safeguarding and supporting those vulnerable to radicalisation. It aims to stop people becoming terrorists or supporting terrorism
RAG	Responsible Authorities Group – the local strategic partnership delivery arm for community safety in B&NES, now part of the BCSSP
SAC Data	Safeguarding Adults Collection Data – NHS digital collate data nationally
SAR	Safeguarding Adult Review – may be carried out when an adult dies or is seriously harmed as a result of abuse and/or neglect and there is concern that agencies could have worked together more effectively to protect the adult
SARI	Charitable organisation – Stand Against Racial Inequality – which provides training and advocacy services
SCR	Serious Case Review now replaced by Child Safeguarding Practice Review
SHEU	School Health Education Unit
SICC	Senior In Care Council – empowered to undertake projects to make the changes they want to see to improve the experiences of young people in care

Term	Meaning
Section 11 Audit (statutory)	A self assessment audit designed to seek assurance that key people and agencies make arrangements to ensure their functions to safeguard and promote the welfare of children
Section 175 Audit (statutory)	A self assessment audit that seeks assurance that education establishments make arrangements to ensure their functions are carried out with a view to safeguarding and promoting the welfare of children
VAWG	Violence Against Women and Children (funded) project
VRU	Violence Reduction Unit – provides a local response to serious violence
WRAP	Workshop to Raise Awareness of Prevent