



South Gloucestershire Children's Partnership

Section 11 Report 2022-23

March 2023

Background

Section 11 of the Children Act places a duty on local authorities, NHS organisations, the police, including police and crime commissioners and the British Transport Police, the National Probation Service, Prisons and Young Offender Institutions (YOIs) Secure Training Centres (STCs), Principals of Secure Colleges and Youth Offending Teams/Services (YOTs) to have in place arrangements that safeguarding and promote the welfare of children. These arrangements include:

- ✓ A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- ✓ A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- ✓ A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- ✓ Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- ✓ Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- ✓ Arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- ✓ A designated practitioner (or, for health commissioning and health provider organisations/ agencies, designated and named practitioners) for child safeguarding.
- ✓ Safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- ✓ Appropriate supervision and support for staff, including undertaking safeguarding training
- ✓ Create a culture of safety, equality, and protection within the services they provide

In addition:

- ✓ Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role

- ✓ Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- ✓ All practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

Methodology

In 2022 the five children's Partnerships across the Avon & Somerset Region worked together to audit organisations working with children and families. They decided a Peer Review approach should be taken for this year, which included a series of peer review workshops, with 15 organisations taking part. Each Safeguarding Partnership Board had 3 organisations each and were responsible for producing local reports based on their findings. These reports would be collated by the 5 Partnership Boards and an overall regional report produced and shared across the Avon & Somerset area.

The peer review workshops took place using a virtual platform rather than face to face for this year due to covid restrictions and each area formed their own Peer Review Panel. In South Gloucestershire this consisted of Sarah Taylor, Business Manager and Chair of the Panel, Holly Magson, Vinney Green Secure Children's Home, Lynda Cordukes, Safeguarding In Education Advisor, Alison Jenkinson, Avon and Somerset Police and Alison Findlay, Southern Brooks.

A template with the proposed questions were sent to all organisations in advance of the peer review meetings taking place. Organisations chosen for peer review were asked to invite key professionals to the workshop, including front line practitioners as well as senior safeguarding staff and managers, and the person who completed the written Section 11 audit template in 2020-21.

The workshops lasted for 90 minutes with an opportunity for additional questions from organisations at the end of each session. The panel members were responsible for taking minutes at the meeting and these were collated to form the local written reports. A copy of the question template can be found at Appendix 2 of this report.

The peer review workshops were intended to be a supportive and valuable learning opportunity for all involved by providing a safe collaborative environment to explore questions developed from themes identified in the 2020-21 audit. These 8 themes included:

- Safeguarding Structures
- Learning & Development

- Impact of Covid-19
- Listening to Children
- Information Sharing
- Child Exploitation
- Children’s Partnerships

This report contains the peer reviews for North Bristol Trust (NBT), Community and Voluntary Services (CVS) and the third organisation chosen was Eastwood Park Mother and Baby Unit although this organisation did not respond and did not engage with the process.

Peer Review NBT

This review took place on 29th November 2022. The peer review panel was Sarah Taylor, Alison Findlay and Lynda Cordukes. The representatives for the NBT were Susan Bourne, Claire Foster and Nicola Yeoman.

The representatives were clearly very well prepared for the review and had considered their responses to the questions in the template fully and were able to give thorough responses to every element of the review.

Theme	Questions to Explore	Responses
Safeguarding Structure	How do you ensure that staff know what to do if they have a concern for a child or an adult?	<p>There is a Trust wide intranet with P&P and safeguarding pages accessible 24/7 – the named professionals also listed here. The safeguarding team is an integrated children and adults team. Information is also shared in training. There are different levels of training – mostly face to face with a small package of e-learning. Face to face training is designed in house and personalised to local information. Anyone can have supervision; it is available to all.</p> <p>The safeguarding team have a good insight into what staff know and have insights into what is working well or any worries.</p> <p>The Emergency Department have an ED app – with clinical guidelines and safeguarding information is included for staff.</p> <p>There is a weekly multi-disciplinary meeting to discuss families when there are concerns. The team review data and themes of referrals. A Think Family approach is encouraged. Execs are trained as well – from ‘board to ward’.</p>

Theme	Questions to Explore	Responses
	<p>How is information shared about:</p> <ul style="list-style-type: none"> • Who is the safeguarding lead? • Key policies including escalation and whistleblowing. • Multi agency guidance, policy, and procedure <p>How do you check that this information is known and understood?</p>	<p>Included above, but in addition the Trust has done additional work about whistle blowing. Freedom to speak up guardians. Training has been refreshed and this is mandatory. There is additional training for managers. Well promoted in the trust. Included on the Intranet, message of the day.</p>
	<p>How do you ensure staff are recruited safely to work within your organisation? Tell us about how you incorporate safeguarding into induction</p>	<p>HR team – recruitment managed centrally. Every job has a Job Description, DBS for regulated activity. Mandatory induction, rolling programme – clinical is two weeks. Newly qualified staff are given extra support. Safeguarding Advice given to HR when needed. Bristol LADO used to come on training face to face pre pandemic. Safer recruitment courses – multi agency that people can attend</p>
<p>Recommendation: Consider including the LADO in single agency training as happened pre-pandemic</p>		
<p>Learning & Development</p>	<p>Tell us about the single agency or in-house training available to your organisation. How is it quality assured?</p>	<p>3 programmes. L1&2 Health Ed England national training. eLearning. L3 training recorded webinars and face to face. Training written by safeguarding team. Update with new themes and topics. Peer reviewing with UHBW. Post covid the packages have been shared.</p>
	<p>How well do staff engage with the multi-agency training available? How do you decide who will attend, and how do you monitor this?</p>	<p>Pre covid – regular attendance. Monitored in departments – scheduled alongside rota. Since covid – promoted the virtual multi agency sessions but this doesn’t work well with shifts. Much more difficult, unreasonable to do in own time, unreasonable to release staff from the ward. Challenging to increase attendance.</p>

Theme	Questions to Explore	Responses
	<p>Recommendations: Consider how to promote multi agency training engagement to return to pre-pandemic levels</p>	
	<p>How is learning from training and events embedded into practice and shared with colleagues?</p>	<p>As part of monthly clinical governance meetings</p>
	<p>How do you know that learning from local Child Safeguarding Practice Reviews is impacting practice? How have you embedded the learning from the National Review into the deaths of Arthur Labinjo-Hughes and Star Hobson in your organisation?</p>	<p>Themes are added into training. The South Glos single page briefings are very valuable and are widely shared.</p> <p>National Review: Shared with the Trust Board first, it was incorporated in a safeguarding update to board. Highlighted the increased demand on maternity and ensuring they knew that the provision in trust is adequate. Some work has taken place with the ICB for info sharing protocols. Timely because they were due for updating.</p> <p>Use Working Together 2018, also Caldicott Guardian and legal team.</p> <p>Process for police with legal team asking for medical records has been revised.</p> <p>Included learning about professional curiosity in daily handovers.</p>
<p>Listening to Children</p>	<p>Can you give an example where your organisation has effectively engaged with children and young people which has directly improved services and outcomes</p>	<p>Renal team – Young Person clinic – part of transitional work. Recognised that group need extra support. Developed a resource of services to use in the clinic appointments. Mostly lifelong patients, transplant patients. Wanted to recognise children who had had additional adversities as well, e.g. CP plans</p> <p>ED – Camhs patients in crisis, not an in and out – could be an admission until placement is sought. Used to stay into ED and developed a pathway into inpatient bed – single room, ensuite – but under the care of ED consultants</p> <p>NICU build relationships with families, support with transport etc.</p>
	<p>How do you ensure that individual children are heard by practitioners as part of their everyday practice</p>	<p>NICU – babies – embed about voice of child for babies because it isn't as straightforward. Referrals come from baby's view not parents.</p> <p>ED – A lot of young people who can come through ED – 16–17-year-olds, and may not be admitted to hospital. Culture is embedded to ensure an individual centred approach. Capturing their views not looking for someone else to speak for them. Person experience led.</p>

Theme	Questions to Explore	Responses
	Equality & Diversity: How do you ensure children's identity and lived experience is understood? (Including ethnicity, culture, sexuality, faith)	Incorporated into regular L3 training. Case examples – extra familial harm. We use data from JSNA and look at diversity in the community, consider how this could play out in safeguarding. Still look back to Victoria Climbié. Maternity look at FGM more than other parts of hospital. Looking at better data, to consider representation. Cross border CSPA Knife crime review. Promotion of ethnicity of staff too, and cultures represented.
Information Sharing	Section 11 auditing tells us that organisations have protocols for information sharing in place. Can you give us an example from your organisation where information was shared effectively with partner organisation (s) and made a difference to the outcome for a child	NICU example – family with twins and their failure to thrive. Effective information sharing – included all concerns. Strategy called from the info supplied – now supported by CSC and starting to thrive. Offer of support has helped. Already seeing difference after 10 days. Clear communication both ways. Teachable moments – we worked with Barnardo's to visit a Young Parent in hospital after serious incident
	What are the barriers you face to effective information sharing and how do you try to overcome them?	Different LAs/different thresholds/different forms. Hard to keep everyone updated. Would like to see some simplification for staff. Confusing for staff.
Child Exploitation	How confident are you that staff know how to spot the signs of all forms of child exploitation?	Contacts are coming into the safeguarding team from clinical staff – from relatively minor indicators. Evidence that staff are asking the question early. ED, Clinics – adults as well. Think Family approach being seen. Staff are also reporting visitors – when something doesn't feel right. Weekly safeguarding meetings – encourage curiosity. Interpreters are being used and available. There is a quick guide for CSE and now broader exploitation.
	How do you know that children who have been trafficked are recognised by staff and referrals	NHS staff are not first responders. Referrals to first responders – CSC or police. Promote 0800 number for unseen with staff. Encourage curiosity. Conversations are happening about 'could it be trafficking?'

Theme	Questions to Explore	Responses
	appropriately made for the National Referral Mechanism? (NRM)	Cases have been identified and people been made safe through a visit to the hospital. One member of staff took an issue to HR when they were worried about neighbours where there was an unusual activity with different children in the house.
Children's Partnerships	What do you think the children's partnership could do to help improve understanding about, and engagement with, practitioners?	Newsletter is good and access to training. The webinars and Bitesize sessions are good, but it would be helpful if they could be recorded so they can be seen at a different time to fit with working patterns, like Bristol have on their website.
	Recommendation: Children's Partnership to explore how recordings of training workshops and sessions could be hosted online	
	The Children's Partnership has a threshold document how widely is this used within your organisation and how do you monitor staff understanding and use of this tool?	Predominantly used by safeguarding professionals when there is a concern although it is included in training. Practical opportunity to use for staff is challenging because of work across boundaries.

Peer Review CVS South Gloucestershire

This review took place on 21st December 2022. The peer review panel was Sarah Taylor, Holly Magson and Alison Jenkinson. The representative for CVS South Gloucestershire was Steve Curry. CVS South Gloucestershire is an umbrella body for the VCSE in South Glos and helps to support and develop the third sector groups/charities in the area, rather than deliver services directly.

The representative had prepared for the review and had considered their responses to the questions in the template and openly discussed their responses.

Theme	Questions to Explore	Responses
Safeguarding Structure	How do you ensure that staff know what to do if they have a concern for a child or an adult?	Very small organisation, 3 employees and 3 new members of staff – projects take place from within other organisations. There is a part time CEO and finance part time person. New employee will start in January 2023

Theme	Questions to Explore	Responses
		Staff attend training as a group to help make sure staff are confident about what to look for and where to report.
	<p>How is information shared about:</p> <ul style="list-style-type: none"> • Who is the safeguarding lead? • Key policies including escalation and whistleblowing. • Multi agency guidance, policy, and procedure <p>How do you check that this information is known and understood?</p>	<p>Steve acts as safeguarding lead and there is another route if he is not available.</p> <p>CVS does not have any safeguarding templates for organisations to use, but there is safer recruitment help.</p> <p>CVS Encourage organisations to consider what they do and what situations may arise for the group and ask what they have in place. Groups are encouraged to write a bespoke policy.</p>
	Recommendation: Create a safeguarding section on the CVS website and provide some links and tools to support voluntary organisations	
	How do you ensure staff are recruited safely to work within your organisation?	<p>There are no roles that require DBS check for internal staff.</p> <p>CVS does use references, no one starts a role without references. There is always a conversation with referees as well as written.</p> <p>When there is a need</p> <p>An example was given about a Mutual aid group that were supported – seeing people Mothers and babies face to face. CVS looked at safety of venue and thinking about support for the whole person, ready for disclosure with the volunteers.</p>
Tell us about how you incorporate safeguarding into induction	Handbook, and policies. Physical meetings and discussion based, bespoke because a small organisation.	
Learning & Development	Tell us about the single agency or in-house training available to your organisation.	Training – with staff. South Glos training accessed, and we also promote the training to the voluntary sector.

Theme	Questions to Explore	Responses
	How is it quality assured?	<p>Left as a choice for organisations as to where they get the training from. CVS promote South Glos first and then suggest Ann Craft and other specialist sessions.</p> <p>Other organisations ask about training, southern brooks ran a course for mutual aid groups to talk about safeguarding with CVS.</p> <p>CVS don't usually deliver any training but keep up to date so that can they offer up to date advice – member of other VCS organisations, part of board.</p> <p>Safeguarding is everyone business – sometimes not – language and expertise that can be distancing for volunteers.</p> <p>Thinking about how to get organisations to embrace it. Continual learning – bystander intervention. Opportunist support.</p>
Recommendation: Ensure links to safeguarding training are advertised on the website and to groups		
	<p>How well do staff engage with the multi-agency training available?</p> <p>How do you decide who will attend, and how do you monitor this?</p>	Discussed above
Recommendation: Share the partnership newsletter with the team to ensure opportunities for training and bitesize sessions are known about		
	Tell us about the supervision available to staff working in your organisation	Not discussed as no staff in direct contact
	How is learning from training and events embedded into practice and shared with colleagues?	Send out e-news - take snippets out of the newsletter to send to organisations of the things that will be valuable to them
	How do you know that learning from local Child Safeguarding Practice Reviews is impacting	Don't send these out to organisations, thinks we get too much bad news and worry that it will not help mental health of adults. Might be a gap

Theme	Questions to Explore	Responses
	<p>practice? How have you embedded the learning from the National Review into the deaths of Arthur Labinjo-Hughes and Star Hobson in your organisation?</p> <p>Tell us about how you ensure learning is impacting practice</p>	
<p>Recommendation: Ensure that learning briefs relating to CSPRs/SARs are shared with Voluntary organisations and promote the learning sessions that accompany these.</p>		
<p>Listening to Children</p>	<p>Can you give an example where your organisation has effectively engaged with children and young people which has directly improved services and outcomes</p>	<p>Do you hear about how organisations listen to children? CVS would not necessarily hear that, how they work wouldn't come to CVS.</p> <p>CVS don't have conversations with children directly.</p> <p>For adults CVS enable communities to have a strong voice on website – that doesn't happen in the same way for under 18s.</p> <p>Steve will speak to CYN about how they do this especially in activism, climate change</p>
<p>Recommendation: Steve to engage with CYN to talk about how to hear and reflect the voice of children and young people</p>		
	<p>Equality & Diversity: How do you ensure children's identity and lived experience is understood? (including ethnicity, culture, sexuality, faith)</p>	<p>Do you give advice about this – we look at their EDI policies and check they are aware of equalities act and responsibilities. Facilitate equalities voice network.</p>
<p>Information Sharing</p>	<p>Section 11 auditing tells us that organisations have protocols for information sharing in place. Can you give us an example from your organisation where information was shared</p>	<p>Mutual aid during the pandemic a group started and was offering support from their home. Was growing and worked with council – started to have conversation about children in the home and neighbour's children and increased footfall and traffic and unknown adults coming into the house. Moved the support out of the home as the work couldn't be licenced. Gave the children a voice.</p>

Theme	Questions to Explore	Responses
	effectively with partner organisation (s) and made a difference to the outcome for a child	
	What are the barriers you face to effective information sharing and how do you try to overcome them?	Biggest barrier is GDPR, created a lot of concern for organisations and present a bit of a barrier about recording and sharing people are not sure if they can. Holding info about someone is a barrier for them especially if not part of big organisation. CVS would help with support and provide expertise to organisations
Child Exploitation	How confident are you that staff know how to spot the signs of all forms of child exploitation?	Hope that organisations would recognise, hope they would come to discuss to have a conversation. We would direct them to the safeguarding lead first. None of the CVS team have done training about exploitation – haven't done this but if CVS had got involved in the asylum hotels they would have done.
	Recommendation: At least one team member at CVS attend Child Exploitation and Trafficking Training and feedback learning to team	
	How do you know that staff are confident about where to get help for a child at risk of exploitation and know about the support available?	Unsure of local arrangements but know where to go to get help if needed
	How do you know that children who have been trafficked are recognised by staff and referrals appropriately made for the National Referral Mechanism? (NRM)	Unsure if staff understand the definition of trafficking and know where to get help. Would approach the police or Local authority if there were concerns
Children's Partnerships	What do you think the children's partnership could do to help improve understanding	Sector rep to attend CP on behalf of the sector. Likely to be CYN – distributed out model. Volunteer training and how it is promoted to be improved.

Theme	Questions to Explore	Responses
	about, and engagement with, practitioners?	
	The Children’s Partnership has a threshold document how widely is this used within your organisation and how do you monitor staff understanding and use of this tool?	Not used this. Will add link to partnership website on CVS website and link to threshold tool
	Recommendation: CVS to add a link to the Right Help in the Right Way at the Right Time to their website and a link to the Children’s Partnership Website	

Peer Review Eastwood Park Mother and Baby Unit

This review did not take place. Eastwood Park did not engage with the Section 11 process. Contact was made with Peter Heyworth and Charlotte Bluck on 26th October 2022 to inform them about the Section 11 process, and invite them to consider who would take part from Eastwood Park. A copy of the question template was provided. There was a follow up email on 8th November 2022 to arrange a date for the review to take place. No response was received about the dates, or the audit.

Recommendation: The Children’s Partnership Executive should consider how to receive the Section 11 response from Eastwood Park.

Conclusion

The section 11 audit has included the five partnerships with the Avon & Somerset Strategic Safeguarding Partnership¹ (ASSSP) working together to audit organisations across the whole region. Each region agreed to use the same template to peer review three organisations. The partnerships worked together to ensure there were no organisations being requested to take part more than once, and each partnership will

¹ ASSSP covers the Children’s Partnerships for Bristol, South Gloucestershire, North Somerset, Bath & North East Somerset and Somerset.

receive a single report with the organisations that took part in the local area and subsequently a combined report with all fifteen organisations included.

The peer review process led to a rich discussion with each organisation and provided a more meaningful process than previous submissions of a form. There was excellent communication between the five partnerships in the planning and organisation of the peer reviews and a strong collaborative approach taken across the whole region.

There are recommendations for the organisations that took part in addition to recommendations for the Children’s Partnership. These are represented in the table below.

Number	Recommendations: NBT
1	Consider including the LADO in single agency training as happened pre-pandemic
2	Consider how to promote multi agency training engagement to return to pre-pandemic levels
Recommendations: CVS	
3	Create a safeguarding section on the CVS website and provide some links and tools to support voluntary organisations. CVS to add a link to the Right Help in the Right Way at the Right Time to their website and a link to the Children’s Partnership Website
4	Ensure links to safeguarding training are advertised on the website and to groups
5	Share the partnership newsletter with the team to ensure opportunities for training and bitesize sessions are known about
6	Ensure that learning briefs relating to CSPRs/SARs are shared with Voluntary organisations and promote the learning sessions that accompany these
7	Steve to engage with CYN to talk about how to hear and reflect the voice of children and young people
8	At least one team member at CVS attend Child Exploitation and Trafficking Training and feedback learning to team
Additional Recommendations for Children’s Partnership	
A	Children’s Partnership Executive to consider how to respond to Eastwood Park who did not engage with the audit
B	Children’s Partnership to explore how recordings of training workshops and sessions could be hosted online