



# *South Gloucestershire Children's Partnership*

## Section 11 Report 2021-22

March 2022

## 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 2021 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, Matthew Garnham, Avon & Somerset Police; Helen Tapson, Public Health; Hilary Smith, Head of Education, Learning and Skills for the local authority; Jayne Whittlestone, Next Link and Holly Magson, Vinney Green Secure Children's Home.

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 Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG), The Routes Service, delivered by Learning Partnership West and the third organisation chosen was Community and Voluntary Services (CVS) although this organisation chose not to engage with the process.

### Peer Review BNSSG CCG

This review took place on 10<sup>th</sup> February. The peer review panel was Sarah Taylor, Matthew Garnham and Hilary Smith. The representatives for the CCG were Faye Kamara (Head of Safeguarding), Emma Bradley (Designated Doctor), Angela Stephen (Designated Nurse Looked After Children and Care Leavers) and Chloe Harrison (Safeguarding Manager) Apologies were received from Anne Fry (Designated Nurse), although Anne had been part of the preparation for the review.

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
<b>Safeguarding Structure</b>	How do you ensure that staff know what to do if they have a concern for a child or an adult?	There is an induction for every new starter in first three months of employment and this is mandatory. There is a 30 minute safeguarding slot included to give basic information to all staff. In addition to this every member of staff is assigned to an appropriate level on the eLearning system to undertake safeguarding training. Most CCG staff are level 1. Patient facing roles undertake level 3 training and since the start of the pandemic this has been delivered online. The training includes scenarios that are regularly updated to include learning from reviews.

Theme	Questions to Explore	Responses
	<p>How is information shared about:</p> <ul style="list-style-type: none"> <li>• Who is the safeguarding lead</li> <li>• Key policies including escalation and whistleblowing</li> <li>• Multi agency guidance, policy and procedure</li> </ul> <p>How do you check that this information is known and understood?</p>	<p>The CCG have internal newsletters and bulletins. There is also a virtual staff meeting on Wednesday mornings called '<i>Have we got news for you</i>'. GPs have 'Remedy' which is a portal and this includes a safeguarding page. There is also a quarterly newsletter for GP, currently this has a safeguarding children theme but is about to become an all-age newsletter. This newsletter goes to every GP practice and feedback demonstrates that it is used. GPs use the contact information and seek advice which is further evidence that the information shared has been heard.</p> <p>There have been a series of lunch and learn sessions over the last year and this is one of the approaches we use to share learning and information/ training across the organisation.</p> <p>The Children in Care teams all know Angela Stephen is the designated nurse and communication is good.</p> <p>The CCG signpost professionals to the escalation policies for the appropriate region as necessary.</p>
	<p>How do you ensure staff are recruited safely to work within your organisation?</p>	<p>There is a whole NHS policy for Safer Recruitment. Recruitment is outsourced and follows agreed policy standards and this is the same across whole south west.</p>
	<p>Tell us about how you incorporate safeguarding into induction</p>	<p>This question has already been answered above.</p>
<p><b>Learning &amp; Development</b></p>	<p>Tell us about the single agency or in-house training available to your organisation.</p> <p>How is it quality assured?</p>	<p>In addition to the training listed above there are a series of Lunch and Learn sessions, each one on a theme. Training is also included in the Multi Directorate meeting. An example of this is when Care Leavers came to speak to executive governing body on 7<sup>th</sup> December 2021.</p> <p>There is also an offer of Twilight sessions, with guest speakers – on a range of topics for example Female Genital Mutilation, Domestic Violence and Abuse, Exploitation.</p>

Theme	Questions to Explore	Responses
		Quality Assurance is through evaluation. The evaluation has to be completed to get a certificate. Current feedback suggests delegates would like more case studies to be included.
	How well do staff engage with the multi agency training available? How do you decide who will attend, and how do you monitor this?	Internal training has multi agency delivery but a single agency audience. The safeguarding workforce attend multi agency courses. The CCG is developing a database that will monitor attendance and compliance.
<b>Recommendation: Circulate the Multi Agency Training Offer commissioned by the Children’s Partnership so that this can be fully incorporated into the offer for appropriate staff and CCG to review attendance, to ensure the right people have access to the training.</b>		
	Tell us about the supervision available to staff working in your organisation	<p><b>Link GPs:</b> Twice a year the Link GPs come together for group supervision and learning is shared and is disseminated to their own GP practices.</p> <p><b>Designated nurses:</b> Peer supervisions with others across the south west happens on a monthly basis and this is group and individual. There is also twice yearly external clinical supervision and an internal supervision with the Director of Nursing for half an hour a month</p> <p><b>CHC CCG team:</b> Clinical supervision is provided for this group Chloe Harrison is now a Professional Nurse Advocate. This is a new national programme to offer restorative supervision that was launched in response to Covid and the stress and burnout experienced by nurses.</p>
	How is learning from training and events embedded into practice and shared with colleagues?	Reports are written when there is a Rapid Review or CSPR and the learning from these is shared.
<b>Recommendation: Consider ways that learning from training is shared with colleagues as well as when there are reviews</b>		
	How do you share local and national learning from Child Safeguarding Practice Reviews, internal and multi agency audits?	Angela Stephen gave a good example of how the CCG have worked hard to make sure the services are developed in the light of Georgia Serious Case Review to ensure learning is embedded.

Theme	Questions to Explore	Responses
	Tell us about how you ensure learning is impacting practice	<p>Members of the team attend a National forum weekly and get information about national reviews. An example was given of a presentation from Tavistock about hormone replacement and then a discussion locally about a child. The team is actively engaged with live safeguarding updates. There is an all age quarterly report for the quality committee – system changes, actions and recommendations and includes a section about ‘How do we know learning has made a difference’ – these are publicly available. CCG held an internal briefing about knife crime review in January helping the whole organisation to know how to respond to learning. Not just safeguarding roles involved. The feedback is that Staff want more of this.</p>
<b>Recommendation: Consider how learning from multi agency and internal audits are shared as well as reviews</b>		
<b>Impact of Covid-19</b>	How are you managing the emotional impact of the pandemic on staff, and ensuring wellbeing. What have been the biggest challenges for your organisation?	<p>As mentioned above, Chloe has completed the Professional Nurse Advocate programme and this is being embedded into the CCG locally. The CCG took wellbeing very seriously during the pandemic. There is a Wellbeing Group to share regular updates, Coffee and lunch clubs to dial into, and a Handbook and dedicated intranet page about wellbeing. The Newsletter has a wellbeing slot. Some of these things were already in place but lot of development started as a response to covid.</p> <p>Complexity of mental health has increased for Children in Care with an unprecedented demand for specialist placements.</p> <p>People have higher workloads, and some new priorities. There was a big piece of work making sure data was safe in virtual meetings when the pandemic first started.</p> <p>The CCG has awarded a self-care wellbeing day – an extra days leave for everyone even if part time. This has helped staff feel valued.</p> <p>There has just been an Annual NHS staff survey which is anonymous. Results not yet out, but this will help inform CCG of issues</p> <p>The biggest challenge is the massive workload and not being resourced enough to manage the workload. The CCG are aware that there should be</p>

Theme	Questions to Explore	Responses
		more Band 7&8 nurses and professionals. This has been a particular challenge when there have been covid absences and increased rapid reviews in the region. Capacity is not compliant, but there is a plan to address in the organisation.
	<b>Recommendation: CCG to keep the Children's Partnership updated about the under resourcing and when the team is at capacity.</b>	
	Tell us about any changes you have made to practice as a result of the pandemic that will continue permanently	Hybrid working, the CCG would like to keep the partnership meetings online. Travel time has been removed and it is more agile. Connectivity has increased with partners although some meetings will need to be face to face there has been a benefit to working online.
<b>Listening to Children</b>	Can you give an example where your organisation has effectively engaged with children and young people which has directly improved services and outcomes	The example given was about Care leavers and the corporate parent board. The young people give their views and their 'voice' is then taken to the CCG. Barnardo's have completed a piece of work for a care leaver manifesto. Health overall is a problem identified by the young people. The Care Leavers asked to swim more, know what a healthy diet is, and take a mental health 1 <sup>st</sup> aid course. This is now being implemented with an action plan.
	How do you ensure that individual children are heard by practitioners as part of their everyday practice	Through the strengths and difficulties questionnaire, implicit voice (for example when a child goes missing) as well as explicit. C&YP complex care team are using creative ways of working that are not statutory eg equine therapy. This question is asked in all audits as well.
<b>Information Sharing</b>	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	Emma Bradley gave an example of multi professional meeting that she chaired in her role as designated doctor to consider the needs of a whole family, and this gave the opportunity for the professionals to work together on a plan to improve the outcomes for a child and also allowed for resources to be used in the most effective way.



Theme	Questions to Explore	Responses
	What are the barriers you face to effective information sharing and how do you try to overcome them?	Connecting care – for health this is used by UHBW and not NBT – not everything is held on one system. Joining up can take time and that can be a barrier with dynamic risk is present. Transition to ICB from July and will need to revise info sharing agreements. Currently out of date as changes have happened (ie UHB now UHBW) It is a frustration because sometimes information is needed and the local authority share but not health partners
<b>Child Exploitation</b>	How confident are you that staff know how to spot the signs of all forms of child exploitation?	E-learning level 1 covers basic level of Child Exploitation. Because most CCG staff are not patient facing this is not as relevant to most of them. There are webinars for GPs. Safeguarding team do have more knowledge and there is still learning curve for some of the patient facing teams It was recognised by the representatives that requests for funding and don't always consider exploitation and that a level of professional optimism is seen and there could be more done to help staff spot the signs of exploitation.
	<b>Recommendation: CCG to consider how confidence about Child Exploitation can be increased and target teams that need additional learning about this. In particular CCE.</b>	
	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?	This is flagged in induction and in supervision. The message is to come to the safeguarding team, and people do, so there is evidence the message has reached them and been heard. There is more to do about CCE. Supporting people to feel confident.
<b>Children's Partnerships</b>	How do you share the information provided by your local children's partnership to staff?	Newsletters – the relevant info is lifted into the bespoke news for GPs. The Voice – is the CCG Newsletter that goes to the whole organisation. The Safeguarding Team send comms to include in The voice when relevant. There is a Quality Nursing Blog at the end of the week and the information is shared there. The Chief Exec champions safeguarding and gives a mention to safeguarding in briefings. Training opportunities are discussed in the Huddle on a Wednesday at 8am. Consideration needed about wider sharing of the newsletter in full.

Theme	Questions to Explore	Responses
	<b>Recommendation: A Microsoft Word version of the newsletter will be shared with Chloe Harrison to make it easier to extract information for GPs</b> <b>Consideration about more widespread sharing of the newsletter within the CCG</b>	
	What do you think the children's partnership could do to help improve understanding about, and engagement with, practitioners?	Reciprocity of communication – not just that the CCG is asked for information by the Partnership but also that information can be asked for from the partnership. Children's Partnership and links to the Corporate Parenting Board – the CCG questioned if this relationship could be made stronger
	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?	This is used in supervision, and given as signposting for GPs The CCG covers three Partnership areas and there is a challenge that there are three different thresholds tools and would prefer more consistency.

### Peer Review Routes Service, Learning Partnership West

This review took place on 1<sup>st</sup> March. The peer review panel was Sarah Taylor, Jayne Whittlestone and Helen Tapson. The representatives for the Routes Service were Joe Secrett (Service Manager, LPW) and Rob Farrow (Head of Youth Services, LPW)

The representatives 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
<b>Safeguarding Structure</b>	How do you ensure that staff know what to do if they have a concern for a child or an adult?	Rob is the Designated Safeguarding Lead and is responsible for the policy for safeguarding children and adults As the organisation is also a school, they abide by the guidance in Keeping Children Safe in Education All the information about what to do is available on an intranet drive which is available to all staff Also staff can go direct to LADO if required.

Theme	Questions to Explore	Responses
		All experienced staff – experienced youth workers There is a professional escalation policy available for all staff
	<p>How is information shared about:</p> <ul style="list-style-type: none"> <li>• Who is the safeguarding lead</li> <li>• Key policies including escalation and whistleblowing</li> <li>• Multi agency guidance, policy and procedure</li> </ul> <p>How do you check that this information is known and understood?</p>	<p>Information is shared through training and feedback sought about how policy will be used in practice.</p> <p>Quizzes to help check understanding</p> <p>All staff have to sign an annual declaration to say they know about and understand the key documents.</p> <p>6 weekly supervisions with staff, also check ins and case load reviews</p> <p>In terms of multi agency policies this is much more established in Bristol and LPW is more aware of their policies than the South Glos policies. LPW are also well established in the Children’s Partnership meetings but are not invited to meetings in South Glos and would like to be more involved.</p>
	<p><b>Recommendation: LPW to review the multi agency policies published by the South Gloucestershire Children’s Partnership and the Children’s Partnership to make sure LPW are included within the workstreams.</b></p>	
	How do you ensure staff are recruited safely to work within your organisation?	Rob is NSPCC safer recruitment trained. Everyone who is employed as part of the Routes service is always an experienced practitioner, because of the nature of the specialist work.
	Tell us about how you incorporate safeguarding into induction	A one week induction for staff takes place before seeing any children and this includes safeguarding.
<b>Learning &amp; Development</b>	Tell us about the single agency or in-house training available to your organisation. How is it quality assured?	Quality assurance is mainly through evaluation. There is an external safeguarding audit every two years which includes the single agency training. The in house training isn’t observed but it would be helpful to do this
	<p><b>Recommendation: Arrange for observation of training to take place to improve quality assurance</b></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?	Single agency training is prominent and LPW also deliver training to other organisations. There were issues with staff not prioritising safeguarding training, it needs to be repeated every 12 months, there is now a system in place that means if a

Theme	Questions to Explore	Responses
		<p>practitioner misses 3 invites to attend, they are not able to do direct work again until it is completed.</p> <p>Identifying needs for new training happens via the employee engagement group. Themes are also identified in monthly reports and then training sought on those themes. Challenge and escalation training came this way. There has also been SEND training about EHCPs to give confidence to staff when working with schools.</p> <p>There are monthly teams meetings for Routes and training is always on the agenda and shared practice opportunities.</p> <p>Professional development plans for staff, including flexible approaches for example: one worker goes fishing and he did an angling qualification through work and can now take young people out to go fishing.</p>
<b>Recommendation: Look at the multi agency training available in South Gloucestershire and share this with staff</b>		
	Tell us about the supervision available to staff working in your organisation	<p>There is line management supervision which covers targets and case direction.</p> <p>There is also staff wellbeing sessions every 6 weeks – this is an external agency group supervision – managers don't get feedback so staff can talk freely in a confidential space. There is thematic feedback to help managers. A new member of staff was recruited when the theme of staff feeling under pressure was identified to try and address this issue.</p>
	How is learning from training and events embedded into practice and shared with colleagues?	<p>Rob is currently doing a masters degree– then delivering sessions to staff groups relating to that. Get really good feedback about how this is being embedded.</p> <p>LPW use a train the trainer model so staff can deliver in house. There are also staff skill shares and team meetings.</p>
	How do you share local and national learning from Child Safeguarding Practice Reviews, internal and multi agency audits?	Worked with national youth agency through covid – involved in 'Hidden in plain sight' identified detached youth work needed in covid and delivered training in Bristol and South Glos.

Theme	Questions to Explore	Responses
	Tell us about how you ensure learning is impacting practice	
	<p><b>Recommendation: Ensure learning from local and national child safeguarding practice reviews is shared and considered with staff. Of particular relevance will be the Thematic Regional Peer-on-Peer and CCE CSPR published in November 2021</b></p> <p>The full CSPR is <a href="#">here</a>; Practitioner Briefing is <a href="#">here</a>; Easy Read Version is <a href="#">here</a></p>	
<b>Impact of Covid-19</b>	How are you managing the emotional impact of the pandemic on staff, and ensuring wellbeing. What have been the biggest challenges for your organisation?	<p>The biggest challenge has been government changes and the short notice to change ways of working. There has been a fracture in the organisation between delivery team and school staff. The restrictions impacted how LPW could work with young people.</p> <p>There were never enough staff to deliver what was needed. Practitioners were hearing about young people rummaging through bins for food and clothes when their lunch time meals had usually been provided at school. Secondary trauma triggered in staff because of what they have seen</p> <p>The service stayed open.</p> <p>Risks related to the Routes Service were that exploiters knew their victims would be at home.</p> <p>Analysing trends it appears that exploitation spiked massively. There were a lack of safe places. Staff could no longer take young people in their car etc. Even now restrictions have eased the service is still dealing with repercussions both in new exploitation and mental wellbeing</p> <p>The group supervision was added as a direct result of covid. There was also an anonymised staff survey to check if everyone feels safe with the arrangements made by the organisation.</p>
	Tell us about any changes you have made to practice as a result of the pandemic that will continue permanently	<p>The group supervision will stay as a permanent feature.</p> <p>Flexible working will also remain. Staff can work at home or in the office and can work from home in between meetings.</p>
<b>Listening to Children</b>	Can you give an example where your organisation has effectively engaged	The Lottie Service: This was a LPW online and text service for young people which the young people chose the name for and were involved in the set-up

Theme	Questions to Explore	Responses
	with children and young people which has directly improved services and outcomes	of the service prior to Kooth being purchased by CCG Lottie was confidential and lasted for 3 years. LPW have a Children and Young People’s Board deciding how services are run and what they do. This is in its infancy, but LPW are already seeing changes. As a result of this board the organisation is looking at having an under 8s space at a venue.
	How do you ensure that individual children are heard by practitioners as part of their everyday practice	LPW introduced Sparkle Wednesdays – some young people didn’t feel safe to come back after lock down and so a projector was purchased and the session was interactive at home as well as in the venue. Relationship based approach is the primary focus of Routes. Lots of advocacy for the young people in professional meetings, the only barrier is right at the start when we are a new professional to the young person. After that engagement is very good and can then hear the voice and views well.
<b>Information Sharing</b>	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	LPW have lots of examples of this. One example was of a Young Person who was being exploited and was in a complex family situation. They were housed outside the LA and kept returning because of exploitation. There was an NRM in place. There were lots of things on paper to keep them safe but actually not staying safe. In conjunction with the police a buddy tag system was used. The young person’s face lit up when they realised they could take control of their own safety. The young person said he felt safe because managed to share his information with the worker. A buddy tag looks like a tag worn by an offender and can be used to give the young person a reason they cannot accompany a perpetrator.
	What are the barriers you face to effective information sharing and how do you try to overcome them?	The main barrier is the understanding of GDPR by agencies. Not everyone knowing what they can share. LPW feel they understand this but sometimes other agencies wont share ‘because of GDPR’ Sometimes what the agencies do with the information is a risk, and the onward sharing that might happen. Often the young person knows the information must have come from Routes and are unhappy it was shared further.

Theme	Questions to Explore	Responses
		In terms of information being shared with LPW, when there are ongoing investigations by police and information is known that could help keep staff stay safe, LPW would like this to be shared with them.
<b>Child Exploitation</b>	How confident are you that staff know how to spot the signs of all forms of child exploitation?	Because the Routes Service is a specialist service for Exploitation, this section was not completed.
	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?	
<b>Children's Partnerships</b>	How do you share the information provided by your local children's partnership to staff?	LPW do not currently receive information from the Children's Partnership routinely.
	What do you think the children's partnership could do to help improve understanding about, and engagement with, practitioners?	<p>The Keeping Bristol Safe Partnership send out a welcome email with information to all newly commissioned services. The South Gloucestershire Children's Partnership could adopt this practice.</p> <p>The Routes service identified that they don't receive enough feedback from Access and Response (ART). They have had to escalate and use the threshold document, sometimes it has taken months to find out information.</p> <p>The Violence Reduction Unit (VRU) have been excellent, supportive, and available. Direct professionals supporting at that level and that has been invaluable. This has made for smooth transitions. LPW have found that communication from South Glos VRU is a smoother process than other Local Authorities.</p>
	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?	This is used by LPW and has been used in referrals and escalation.

Theme	Questions to Explore	Responses
	<b>Recommendation: The Children’s Partnership will improve their communication to LPW and ensure they receive newsletters. The partnership will begin to make contact with newly commissioned services routinely to welcome them and provide key information.</b>	

## Peer Review Community & Voluntary Services (CVS)

This review did not take place. CVS did not engage with the Section 11 process. Contact was made with Steve Curry (Chief Executive Officer) on 23<sup>rd</sup> November 2021 to inform him about the Section 11 process, and invite him to consider who would take part from CVS. A copy of the question template was provided. There was a follow up email on 15<sup>th</sup> February 2022 to arrange a date for the review to take place. Holly Magson, of Vinney Green Secure Children’s Home had agreed to conduct the peer review for CVS alongside the Business Manager. Four potential dates for the 90 minute Section 11 review were offered in February and March. 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 CVS.**

## Conclusion

The section 11 audit has included the five partnerships with the Avon & Somerset Strategic Safeguarding Partnership<sup>1</sup> (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 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.

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



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

<b>Recommendations: BNSSG CCG</b>	
1	Circulate the Multi Agency Training Offer commissioned by the Children’s Partnership so that this can be fully incorporated into the offer for appropriate staff and CCG to review attendance, to ensure the right people have access to the training.
2	Consider ways that learning from training is shared with colleagues as well as when there are reviews
3	CCG to keep the Children’s Partnership updated about the under resourcing and when the team is at capacity
4	CCG to consider how confidence about Child Exploitation can be increased and target teams that need additional learning about this. In particular CCE.
5	Consideration about more widespread sharing of the partnership newsletter within the CCG
<b>Recommendations: LPW</b>	
6	LPW to review the multi agency policies published by the South Gloucestershire Children’s Partnership and the Children’s Partnership to make sure LPW are included within the workstreams.
7	Arrange for observation of in-house training to take place to improve quality assurance
8	Circulate the Multi Agency Training Offer commissioned by the Children’s Partnership so that this can be fully incorporated into the offer for appropriate staff and LPW to review attendance, to ensure the right people have access to the training
9	Ensure learning from local and national child safeguarding practice reviews is shared and considered with staff. Of particular relevance will be the Thematic Regional Peer-on-Peer and CCE CSPR published in November 2021 The full CSPR is <a href="#">here</a> ; Practitioner Briefing is <a href="#">here</a> ; Easy Read Version is <a href="#">here</a>
<b>Additional Recommendations for Children’s Partnership</b>	
A	Children’s Partnership Executive to consider how to respond to CVS who did not engage with the audit
B	The Children’s Partnership will improve their communication to LPW and ensure they receive newsletters and provide the CCG with a Microsoft word version each time the newsletter is published
C	The partnership will begin to make contact with newly commissioned services routinely to welcome them and provide key information