Health, Wellbeing and Local Government Committee

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Inquiry into Local Safeguarding Children Boards in Wales - Evidence from the Safeguarding Children Service, Public Health Wales

Response of the Safeguarding Children Service, Public Health Wales, to Health, Wellbeing and Local Government Committee Announcement Of Committee Inquiry: Local Safeguarding Children Boards

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Purpose and Summary of Document: Response from the service to the Call for Evidence to the Inquiry.

The Safeguarding Children Service Public Health Wales are pleased to be able to make the following response to the inquiry questions.

Appropriateness of existing Welsh Government Policy and Guidance as relevant to LSCBs;

Whilst there is guidance relevant to all of the partnerships, i.e. LSCBs, CYPP, CSP, HWB, these appear to have been written in isolation and do not support the interface. This has led to a significant use of resources through development days across the 22 LSCB areas to foster understanding, relationships and joint working arrangements between partnerships.

The rewriting of Safeguarding Children: Working Together under the Children Act 2004 Working Together needs to be undertaken in regards to the reorganisation of the NHS Wales . Particular attention needs to be taken to section 4.2. It is acknowledged that guidance may only 'guide' however this leads to a considerable variation across Wales in how LSCBs manage their agendas and make decisions particularly for example with regard to the need to undertake serious case reviews

Appropriateness of the scope and focus of LSCB responsibilities;

This and the concept of 'safeguarding' has been the focus of much debate across all LSCBs and relates again to the functions and relationship of the LSCB with the other partnerships. The broader elements of safeguarding e.g. road safety have now largely been agreed and devolved to other partnerships but there are many 'grey areas' that can lead either to duplication of work across the partnerships or failure to acknowledge which partnership should be taking the lead. Common examples are children as carers; substance misusing families, bullying, internet safety, domestic violence etc. The scope and function of the LSCB's where it has been better defined and the definition agreed across the partnerships is appropriate and the maturing LSCB's are adapting to ensure that all aspects of safeguarding are included in the LSCB Business Plans as well as the plans of the other partnerships. The ability to do this however in a meaningful way is constrained by the numbers of partnerships with which the new Health Boards, and regional Police Forces are required to engage. For example in one area one health board and one police force relates to 5 LSCBs, CYPPs, HWB, and CSPs i.e. 20 partnerships each with a number of subcommittees.

An 'All Wales' approach especially from a health or police perspective to tackling some issues can be difficult to achieve when there are more localised working practices- these really DO have to be the same for the LSCB's covered by one Health Board as different working practices in different areas of the LHB is neither achievable nor leads to safe and effective practice.

Membership of LSCBs with reference to both the role of statutory partners and also the voluntary sector and smaller / specialist organisations;""

Some LSCB's are still not achieving executive representation on the Board from all partner organisations to ensure that resources and commitment can be pledged by that representative on behalf of their organisation. This in part, particularly for health, is due to the number of Boards they are expected to sit on as previously noted. This frequently therefore leads to delegation. Some of the LSCB's have an extended membership to include "others" as described in section 4.12 of Safeguarding Children: Working Together under the Children Act 2004, whilst others have not preferring a smaller board of senior officers. Getting the right balance in having senior executive officers from the statutory organisations and members of local voluntary organisations and those providing a professional view e.g. GPs has been a challenge and subject for debate in LSCBs. Many LSCBs have now developed 'job descriptions' for LSCB representatives to outline the role and responsibilities this position brings, this also includes regular attendance and willingness to

engage in activities of the Board between meetings.

Arrangements for funding LSCBs

Funding arrangements varies from one Board to the next, with significant differences between agencies and with the same agency allocating different amounts to different Boards. Without any clear guidance as to how LSCBs should be funded they are struggling with this especially as all organisations have to cut budgets. For example, prior to NHS reorganisation LHBs and Health Trusts may both have contributed varying amounts to LSCB funding. The merging of health organisations has led to a review of the levels of funding that should be provided by the new Health Boards and this is likely to be less than the combined sum of the previous 2 organisations. It is noted that in some areas not all of the statutory organisations contribute. There are examples of methodology in apportioning financial contributions between and across all agencies based on agreed formulas in terms of head of population, size of organisational budgets" "etc. others have debated the contributions provided in ways other than an actual budget in terms of resource allocation.

There is also a continuing underlying debate about the financial resources required for an effective LSCB. It is generally agreed that an LSCB co-ordinator is vital to good functioning and moving agendas forward and these posts are usually joint funded. Frequently the opinion is expressed that the core services required for the child protection process should be subject to joint funding arrangements e.g. the independent chairing of case conferences, management of the child protection register etc. This is not helpful, as agencies will then begin to identify other aspects of the process that this might also apply to, for example child protection or looked after children medical examinations. The LSCB is not a provider of services but should be properly resourced in order to undertake the proscribed functions in order to ensure that the services provided by agencies is effective in safeguarding children.

The relationship of LSCBs to other local partnerships, including Children and Young People's Partnerships; Community Safety Partnerships; Local Service Boards; the planned Integrated Family Support Teams.

This has been referred to earlier. In addition LSCB's were required to score themselves in this area in the recent SAIT undertaken across" "Wales. Commitment by Board members to the actual self assessment exercise was variable across Boards however this has directed further activity to ensure that those links are made. It is of note that the guidance and assessment processes of the other partnerships have not expressed the same importance of shared partnership working hence any proactivity on behalf of the other local partnerships is generally due to the level of understanding of particular individuals, usually those who sit on a number of the different partnerships 'wearing a different hat'.

The effectiveness of LSCBs in promoting the protection and welfare of specific groups of vulnerable children such as children with disabilities, asylum seeker and trafficked children, black and minority ethnic children;

The level of work varies from one LSCB to another depending on local need and priorities. As referred to earlier there is considerable cross over with some specific groups, for example children with disabilities, leading to several different task groups all largely undertaking the same piece of work but reporting to the different boards. Conversely there is a risk that specific issues could be lost. Therefore clarity, proper planning, accountability and effective partnership working is vital. Systems in place to address this vary across Wales in their effectiveness.

In addition to these vulnerable groups, the LSCBs are working to learn the lessons from serious case reviews undertaken both locally and elsewhere. This requires in particular ongoing recognition of the need to support vulnerable young people at risk of self harm and children subject to chronic neglect.

The effectiveness of LSCBs in their specific role with regard to promoting the information sharing responsibilities and duties of LSCB partner agencies;

This aspect is generally good. However, the recognition of the need for information sharing has sprouted many policies to apply to a particular subject area e.g. allegations of professional abuse or to a community of professionals e.g. Common Assessment Framework. Different LSCBs have developed 'general' Information Sharing Policies but this can be problematical if more than one LSCB relates to a police force of health board as previously noted. In some areas, the regional fora (a working party of a number of neighbouring LSCBs) have taken on the responsibility of producing 'regional policies' to overcome this problem and this has been helpful.

The effectiveness of LSCBs in involving children and young people in their work.

This area of inclusion is being developed at different rates across Wales but currently in its infancy. The completion of the SAIT has led to this being identified in business plans. This is an area where some LSCBs have successfully tapped into the consultation processes in place for the CYPP. Consultation with the parents and carers of children and young people is more challenging.