

## **Oxfordshire Safeguarding Children Board (OSCB)**

### **Progress Report on the Recommendations in the Domestic Homicide Review and Serious Case Review on Child J**

This report gives an update on progress made by all agencies in relation to the individual and multi-agency recommendations identified in the Domestic Homicide Review and Serious Case Review on Child J.

#### **A: Working effectively with young people**

**Multi-Agency Recommendation 1:** The OSCB to request that the importance of young people's relationships with professionals is built into the multi-agency work currently being undertaken on vulnerable adolescents. The learning should be used to identify how best practice can be developed more widely across the multi-agency partnership.

#### **Progress**

A review of the Vulnerable Adolescents and Young Adults Pathway was commissioned by the Director of Children's Services in August 2015 in response to concerns about provision for young people aged 16-24 years who are vulnerable and find it difficult to engage with services in order to keep them safe. The importance of continuity of worker relationships and a holistic approach to working with young people has been included in this work.

Over the last three years OSCB and partner agencies have recognised the importance of ensuring that child protection services for adolescents are prioritised and that this emphasis is maintained. There has been a 110% increase in over 16s starting on a Child Protection Plan between 2012 and 2015 and a 118% increase in 13-17 year olds starting on a plan for the same period.

The Deputy Director of Children's Social Care chairs Oxfordshire's multi agency Complex Case Panel whose members are senior managers from all relevant agencies. This Panel problem solves for the riskiest children and young people by working collaboratively and by ensuring that issues of high concern are escalated and addressed. This includes high risk domestic abuse or offending behaviour, CAMHS and child sexual exploitation.

The Early Intervention Service has improved the quality of referral management, assessment, care planning and focus on impact in its work and audits also demonstrate improved escalation routes and knowledge of resources and tool kits. Ongoing audits are indicating improvements in outcomes for children.

Children's Social Care has promoted the role of advocates and as a result more children have advocacy support to ensure independent advice in decision making at crucial points in their lives. They have also revised how specialist housing work is allocated across looked after children and leaving care services so that all workers support young people with housing needs and therefore additional vulnerabilities and safeguarding needs can be addressed appropriately.

In March 2015 Oxford University Hospitals NHS Foundation Trust updated guidelines to ensure that all reports of assault are reported to the police as well as children's social care, recording has improved to include identifying who accompanies 16 and 17 year olds at the Emergency Department and a pathway is in place for any patient needing treatment who leaves before this has been given. Audits are planned in relation to the last two points as outlined in a detailed action plan for OSCB.

Guidance and training have been issued in relation to consent and sexual health. All health partners have undertaken an audit to review practitioner understanding of consent to sexual relationships. A total of 43 questionnaires were received from 15 different groups of health professionals. Oxford Health and Oxford University Hospitals have also participated in a national audit of 13-15 year olds attending sexual health services. These audits have informed training and raised awareness in relation to the use of appropriate resources to identify the ability to consent.

Work has been undertaken with schools in two key areas to improve engagement. Firstly guidance on use of reduced timetables was revised and published in August 2015 to improve engagement and this is monitored at a senior led Pupils Missing Out Meeting and actions are challenged where reduced timetables are used inappropriately. Secondly the SEN support guidance is now being used across all Oxfordshire schools and academies to identify and provide for children with social, emotional and mental health needs.

Thames Valley Police (TVP) has developed a Safeguarding, Vulnerability and Exploitation (SaVE) programme which started in September 2015 and is ongoing. This work brings together all aspects of safeguarding in order to ensure when responding to incidents, encounters and calls for services TVP is equipped to deal with them effectively to see the whole picture, and not just one particular issue. The training includes the learning from serious case reviews and aims to enhance the professional curiosity of all front line staff.

The local specialist substance misuse treatment service (both current and previous providers) have addressed issues relating to creative ways to re-engage with young people who may not want to engage or who drop out. The current provider has developed a standard operating procedure giving clear guidance to staff on flexible expectations in relation to engagement and building and sustaining rapport. This was implemented for young people in January 2016. They also now provide a welcome pack for new service users. Overall engagement has improved across the service for both assessments and structured treatment.

### **What difference has this made?**

More young people are being kept safe through child protection processes and services are working harder to engage with young people and escalate concerns to a senior level.

**Multi-Agency Recommendation 2:** The OSCB to seek assurance from the relevant health and children's services commissioning agencies that suitable services are available for young people with complex emotional and behavioural problems who do not meet current CAMHS thresholds.

## **Progress**

The CAMHS service now works with partner agencies to support children and young people who are at risk whether or not there is a diagnosable mental illness. This is in place now and agreement has been reached that CAMHS will not discharge young people who are at risk by partner agencies until there is multi-agency agreement.

Oxford Health has agreed with Children's Social Care that all cases where there are any concerns that CAMHS is not proactively supporting multiagency risk management will be immediately escalated to Director level to ensure immediate action is taken– we will monitor the number of cases escalated in this way.

The Oxfordshire CAMHS review has been completed with commissioners and the transformation plan (in line with National CAMHS taskforce and Future in Mind report) has been accepted. The new service model will be commissioned in 2016 – date to be confirmed for move to new model as part of five year plan.

The new model includes initial access to advice, consultation and initial assessment to be improved and CAMHS response has shifted from diagnosis to family or professional concern for input.

Key areas will be integrated teams; a single front door; published pathways; inreach to schools; extra capacity into the looked after children and edge of care pathway; and agreed risk management systems

Following recent high level workshops, workstreams have been agreed between the Oxford Health Children and Young people's directorate, children's social care and commissioners to improve joint working including colocation of services in line with the proposed CAMHS transformation plan and the changes within CEF services.

Other service improvements are already in place to support the longer term implementation of the CAMHS review.

In 2015 the Clinical Commissioning Group invested an additional £100,000 in the OSCA assertive outreach teams working seven days a week. The Outreach Service for Children and Adolescents (OSCA) team already has significant input supporting young people in crisis and provides a Dialectic Behaviour Therapy (DBT) programme for adolescents who have frequently experienced trauma and who have not received therapeutic input elsewhere. Because of the nature of its work the team receives safeguarding supervision from the Oxford Health safeguarding children team. The CAMHS OSCA team is commissioned to ensure that 18 to 25 years old who have been in contact with CAMHS services prior to 18 but who do not meet threshold criteria for adult mental health teams and are in the DBT programme when they turn 18 will be able to complete that work and remain with the service. Where existing

CAMHS patients' needs will be best met in OSCA, such as in the case of Child J, they will be able to remain in the service until their 25<sup>th</sup> birthday.

The Young People's Liaison and Diversion (YPLD) service has been in place since 2015 and forms part of national pilot of criminal justice liaison teams (following the Bradley Report). The service provides screening and practical support to enable access to core services for vulnerable young people at point of contact with criminal justice system. The Young People's Liaison and Diversion Service forms part of overall CAMHS Forensic service which has also developed a service for young people with sexually harmful behaviour (CAHBS) and has led on the development of a new Oxfordshire service for young people who have experienced sexual abuse, which started in January 2016 ('Horizon', now taking referrals). All of these teams have a strong cross-agency ethic and frequently work with hard to reach, vulnerable and high risk young people.

CAMHS has also been working with colleagues in children's social care to develop a cross agency health and therapeutic team to support young people in the new Oxfordshire residential project to support young people who are looked after or are on the edge of care. This will include significant clinical psychology and some consultant psychiatrist time.

Measures to improve transition work with adult services are currently under consideration between the Oxford Health children and families' directorate clinical director and senior colleagues in adult mental health services. The issue is also under scrutiny within the countywide OSCB complex cases panel.

### **What difference has this made?**

Children and young people can now access support through CAMHS whether or not they have a diagnosable mental illness and there is additional more flexible support for young people who have experienced trauma and who are in contact with the criminal justice system.

### **B: Young people and domestic abuse**

**Multi-Agency Recommendation 3:** The Oxfordshire Safer Communities Partnership & Community Safety Partnerships and OSCB to work with the strategic lead on domestic abuse to ensure an effective unified approach to working with young people who are victims and/or perpetrators of domestic abuse.

### **Progress**

A new post of strategic lead for domestic abuse in the county council was created and an appointment made in 2015.

The draft Young People's Domestic Abuse Pathway has been developed by a dedicated multi-agency group and was rolled out in March 2015 and will be signed off in February 2016. The pathway has been revised to reflect feedback over this

period. It sets out a co-ordinated and timely response to keeping young people safe. Staff on the ground report that it is now easier to convene a strategy meeting across Children's Social Care and the police, where there are professional issues to resolve, because all agencies are following a single pathway and expectations are clearer about what actions should be taken. The pathway will be reviewed annually.

The impact of this work is improved and more timely co-ordination between agencies and in particular between Children's Social Care and Thames Valley Police; better understanding of risk on a multi-agency basis; greater awareness of vulnerability including to under 16s; and how best to respond. Police records show there has been a 30% increase in the number of domestic incidents between people aged 10-17 years, as a victim or suspect. Oxford Health are also reporting an increased number of safeguarding team consultations from CAMHS and school health nurses, regarding relationships involving domestic abuse for children under 18 and MARAC referrals made by their staff for children under 18. This demonstrates increased awareness and improved identification of concerns across agencies.

Examples of case studies of under 18s involved in domestic abuse indicate that strategy meetings are convened more rapidly; multi-agency risk management arrangements are in place for young people in supported housing settings with close support from Children's Social Care, the police and probation; and that there is appropriate escalation of concerns across agencies where necessary, to ensure all partners are actively engaged in the risk management planning.

Plans are in place to monitor the pathway through a multi-agency audit programme using 2015 audit work as a baseline and the audit will also review under 18s who are victims or perpetrators.

A wider and more comprehensive overview of domestic abuse services in Oxfordshire is currently underway and is due to conclude in August 2016. It will focus on the multi-agency response to domestic abuse and will consider responses to victims and perpetrators irrespective of their age. A current needs analysis is being undertaken and focus will also be on the effectiveness of current provision and multi-agency response at every stage from prevention to risk management and also take into account any changes in legislation. The care pathway for adult victims and perpetrators will also be addressed in 2016.

The Reducing the Risk of Domestic Abuse service, which manages the Independent Domestic Violence Advisor (IDVA) staff, report that SafeLives guidelines have been adopted and recording procedures are in place. Internal quality assurance and sign off of decision making arrangements have been established and improved liaison with children's social care has been established. Staff are all undertaking training on working with young people. The service reports that staff have a deeper understanding of the needs and risks of vulnerable adolescents and more confident in their support and of work with partners to safeguard them. They have found that young people who are themselves parents are more likely to engage with the service and believe their commitment to 'stay alongside for as long as it takes' and to remain open to all our service users, past as well as present, and respond immediately whenever they contact us' are important features of how they sustain engagement. The following two examples illustrate this.

'The eight service users who have proactively re-contacted the service themselves

over the last year and accepted support after having previously been ambivalent about or rejected help have been relatively young (under25) and one of these was a teenager who has since left the perpetrator, accessed a children's centre, and is now confident to report harassment.'

'We have two recent examples of young service users (aged under 19) who have worked with the service to ensure they are safe and have subsequently laid longer term foundations for safer lives; one has a place in university and the other left the perpetrator, has been rehoused, her child has been taken off a child protection plan and she is intending to pursue a college education.'

In addition, Reducing the Risk has delivered Domestic Abuse Champion training to 113 new champions across the county between April 2015 and February 2016 and there are a total of 991 active champions across the county, including school based champions. In the 2014/15 survey of champions 97% knew where to signpost victims if they felt unable to help and 79% felt equipped to talk with victims about safety planning. There were a total of 188 respondents from a wide range of services, 125 from the community including health, housing and social care and 53 from schools including head teachers.

In addition to the SaVE Programme, TVP have updated policies and procedures in relation to domestic abuse, management systems, the identification of risk levels and processes for testing compliance. Dip sampling of records for oversight and recording of domestic abuse and missing children indicates a high compliance rate to required standards. The minutes from the Daily Management Meetings are recorded and kept for seven years, which improves accountability for reviewing domestic abuse, missing people and the ownership of outstanding offenders that need arresting. There has been additional training to front line staff and specialists in relation to new legislation to respond to 'revenge porn' and coercive control in a domestic abuse situation. TVP are reviewing the missing person investigations toolkit and it is currently under development.

A SafeLives training programme is in place for children's social care teams and has been extended from 5 to 6 days to include a specific focus on young people and domestic abuse. Staff feedback indicated increased confidence in working with both victims and perpetrators and use of the young person's domestic abuse risk tool. This training has been rolled out to include 80% of staff in young people's supported housing. Training has also been provided in relation to multi-agency risk assessment and management.

Oxford Health has reviewed its domestic abuse policy and guidelines including an audit tool for domestic abuse and their training packages for vulnerable children. As a result of this work they are reporting increased numbers of safeguarding team consultations from adult services in relation to domestic abuse concerns for adult service users with children in the family home.

The Police and Crime Commissioner has commissioned SAFE! to offer a young victims service across Thames Valley for three years from 2015. The service provides emotional and practical support using the Protective Behaviours approach to young victims aged 8-17, with priority support to young victims of sexual abuse

and young victims of domestic violence, whether they have been a witness or a victim of domestic abuse.

### **What difference has this made?**

There is a much greater awareness and increased reporting about peer on peer domestic abuse and more young people are supported earlier, their needs understood better by local services and agencies work hard to engage with them and offer longer term support. Pathways to support young victims are now in place.

**Multi-Agency Recommendation 4:** The Oxfordshire Safer Communities Partnership & Community Safety Partnerships and OSCB seek assurance that all agencies have in place systems for ensuring information regarding referral to Multi-Agency Risk Assessment Conference (MARAC) is shared with all relevant front line professionals.

### **Progress**

The national domestic abuse charity, SafeLives is working with a multi-agency group locally to review Oxfordshire's three MARACs and their links with safeguarding arrangements for adults and children. This includes internal and external information sharing, attendance and action planning. A qualitative review is being undertaken to analyse the experiences of a specific cohort of referrals to MARAC in 2015 including adults and children. Outcomes and recommendations will be reported in May 2016.

The CCG worked with GPs during 2015 at their monthly case review meetings to disseminate local practice guidance in relation to sharing risk information for all patients including transferring of information when a patient moves on. NHS England has also supported this work. Case studies are shared at training events and safeguarding leads review meetings. This work is also supported and monitored through Care Quality Commission inspections, internal practice audits and engagement in multi-agency and locality reviews. The CCG provides ongoing learning and educational support.

Since early 2016 Oxford Health have embedded MARAC protocols across their services to improve consistency of information sharing at MARAC meetings and risk management processes to safeguard both adults and children.

From TVP's perspective when the referral to MARAC comes from another agency TVP now ensure a record is made on their intelligence system (Niche) with the details of the referral to enhance future safeguarding. The MARAC chair, frequently a detective inspector is asked to be more challenging to ensure actions set have been completed to a sufficient standard.

Reducing the Risk report that all designated MARAC officers have been informed of the importance to refer simultaneously to MARAC and IDVA to avoid delay in domestic abuse service support reaching the victim, know how to do this and is part of ongoing and induction training for the role.

### **What difference has this made?**

There is a better understanding of MARAC processes across services and improved information sharing in relation to risk. Professionals share information across internal systems as well as externally.

**Multi Agency Recommendation 5:** The OSCB to seek assurance that the programme provided by schools in Oxfordshire covers healthy relationships in the context of domestic abuse.

### **Progress**

OSCB's Safeguarding in Education Sub Group is leading a piece of work with schools to identify best practice in relation to healthy relationships in order to recommend minimum/higher standards across primary and secondary schools.

This includes reviewing programmes in schools to promote resilience and involves school health nurses as key staff to support this work. Good practice examples include friendship groups, targeted interventions by home-school link workers and school health nurses and relationships education.

The Deputy Director for Children's Safeguarding in Oxfordshire County Council has met with school heads and chairs with a specific focus on domestic abuse and promoting best practice to safeguard children. This is also routinely supported through Ofsted briefings and visits to schools causing concern.

### **What difference has this made?**

Schools are more aware of issues relating to domestic abuse and young people and programmes to promote resilience are offered. School health nurses play a key role in supporting the promotion of healthy relationships in schools.

### **C: Working with young people who pose a risk to others**

**Multi-Agency Recommendation 6:** The Oxfordshire Safer Communities Partnership & Community Safety Partnerships and OSCB to review current multi-agency approaches for young people who present serious risks in the community, but do not meet the criteria for MAPPA and are not subject to court orders. Consideration to be given to:

- i) Clarifying and promoting the most appropriate structures for managing both the risks and needs of the young person concerned.
- ii) Maximising good interagency communication.
- ii) Ensuring that staff are properly supported and that adequate management oversight and supervision arrangements are in place.

### **Progress**

The MASH (Multi-Agency Safeguarding Hub) has been in place since September 2014 to ensure that there are effective arrangements for information sharing at the front door to services for all reported safeguarding concerns. Staff from a range of key agencies are co-located in the MASH including health, police, social care and schools. Other partners contribute on a 'virtual' basis. This has a significant impact



on the management of all safeguarding concerns and not only on those who pose a risk to others.

The chair of the Complex Case Panel has agreed to develop a policy to determine the most appropriate mechanism for managing risk/concerns for children and young people who do not meet Multi-Agency Public Protection Arrangements (MAPPA) criteria or court orders. This will include a two tier approach using a range of existing review meetings to identify concerns and trigger a multi-agency strategy meeting where appropriate. The existing review meetings could include child protection conferences, community safety meetings, MARAC, looked after children reviews etc. The Complex Case Panel would remain the forum for reviewing cases causing the highest level of concern and will also oversee and monitor the implementation of these new arrangements, including ensuring that the effectiveness of strategy meetings is audited and the findings reported to the Panel.

In addition, the Youth Offending Service (YOS) has worked closely with the National Probation Service (NPS) and the Community Rehabilitation Company to implement the National Transitions Protocol in 2015, to improve information exchange using a secure information system for transferring information. NPS has confirmed that it is compliant with this protocol.

Improvements have also been made by the YOS in the management oversight of the risk of serious harm assessment; through attendance and information sharing at multi-agency community safety meetings; through meetings with probation regarding the planned transfer process including individual transfer arrangements which take into account allocation of the most suitable staff in NPS taking into account diversity and equality needs; and by convening a monthly multi-agency risk panel for high risk cases attended by NPS. These are all now embedded into the routine work of the YOS to improve management of risk and safeguarding.

The National Probation Service report having new and improved processes in place for timely checks and information sharing in court between the police, the MASH and the NPS. Performance in this area will be monitored to ensure improvement is sustained.

TVP are key partners to reduce the risk of violence in the community. Where an offender does not meet the MAPPA criteria the local police area takes ownership to see how they can best manage the offender's behaviour, for example in Oxford City the management plans are reviewed at the bi-weekly Risk Meeting and the neighbourhood teams often plan an active role, which includes working with other partners to problem solve.

Voluntary sector housing providers report on a range of improvements made within their services including the use of domestic abuse champions; better links into the MASH; training on safeguarding and awareness raising; information sharing; and the introduction of escalation procedures where there are concerns.

As a result of management and practitioner briefings in children's social care, managers are reporting improved oversight and compliance with reviewing, quality assurance and sign off for risk assessment and management processes on high risk cases.

A new self-assessment framework has been developed by the two safeguarding boards to test agency compliance with safeguarding across adults' and children's services. This includes monitoring of supervision arrangements, use of escalation processes and a question to practitioners about their confidence in the supervision process.

### **What difference has this made?**

Staff are more confident to raise concerns when they are working with young people in complex and challenging situations. There is improved information sharing at the 'front door' of safeguarding services and across youth justice and probation services which reduces the risk to young people and their families and ensures the most appropriate support is offered early.

### **D: Additional Learning**

**Multi-Agency Recommendation 7:** That South and Vale Community Safety Partnership and the OSCB recommend to the Home Office and the Department for Education that a Memorandum of Understanding is agreed with the IPCC regarding the production of DHRs, SCRs and IPCC investigations.

### **Progress**

This report has been submitted to the Home Office as part of the approval for the DHR and the Department for Education have been notified of the recommendation as part of the reporting for this SCR.

### **What difference will this make?**

Processes should be more streamlined and delays minimised which would help reduce the distress caused to families by a protracted review.

### **Glossary**

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CEF – Children, Education and Families Directorate, Oxfordshire County Council

DBT – Dialectic Behaviour Therapy

DHR – Domestic Homicide Review

IDVA - Independent Domestic Violence Advisor

IPCC - Independent Police Complaints Commission

MAPPA - Multi-Agency Public Protection Arrangements - that are in place to ensure the successful management of violent and sexual offenders.

MARAC - Multi-Agency Risk Assessment Conference - which is a local, multi-agency victim-focussed meeting where information is shared on the highest risk cases of domestic violence and abuse between different statutory and voluntary sector agencies.

MASH – Multi-Agency Safeguarding Hub

NPS – National Probation Service

OSCB - Oxfordshire Safeguarding Children Board

OSCA – Outreach Service for Children & Adolescents

SaVE – Safeguarding, Vulnerability and Exploitation programme

SCR – Serious Case Review

TVP – Thames Valley Police

YOS – Youth Offending Service