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BARNSLEY Metropolitan Borough Council

MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday 13 September 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Full Meeting of the Overview and Scrutiny Committee

All Members of the Committee Should Attend.

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting *(Pages 5 - 30)*

To approve the minutes of the previous meeting of the following meetings:-

Full Committee – 26 April 2022
Sustainable Barnsley Workstream – 31 May 2022
Growing Barnsley Workstream – 28 June 2022
Health Barnsley Workstream– 19 July 2022

Overview and Scrutiny Issues for the Committee

4 Barnsley Safeguarding Adults Board (BSAB) Annual Report 2021-22 *(Pages 31 - 56)*

4a Barnsley Safeguarding Adults Board (BSAB) Annual Report 2021-22 - Cover Report
4b Barnsley Safeguarding Adults Board (BSAB) Annual Report 2021-22

5 Barnsley Local Safeguarding Children's Partnership Annual Report 2021-22 *(Pages 57 - 96)*

5a Barnsley Local Safeguarding Children's Partnership Annual Report 2021-22 – Cover Report
5b Barnsley Local Safeguarding Children's Partnership Annual Report 2021-22

6 REDACTED Children's Social Care Monthly Performance Report July 2022 (For Information Only) *(Pages 97 - 102)*

7 Exclusion of the Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

8 Children's Social Care Monthly Performance Report July 2022 Private Member Briefing *(Pages 103 - 154)*

8a Children's Social Care Monthly Performance Cover Report July 2022
8b Children's Social Care Monthly Performance Performance Report July 2022
8c Understanding & Challenging Children's Social Care Performance Reports

Reason restricted:
Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Jane Murphy/Anna Marshall, Scrutiny Officers

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors Ennis OBE (Chair), Bellamy, Bowler, Bowser, Cain, Clarke, Denton, Eastwood, Felton, P. Fielding, W. Fielding, Green, Hand-Davis, Hayward, Lodge, Lowe-Flello, Markham, McCarthy, Mitchell, Moyes, Newing, Osborne, Peace, Pickering, Richardson, Risebury, Shirt, Smith, Sumner, Webster, Williams, Wilson, Wraith MBE and Wray together with Statutory Co-opted Member Ms. G Carter (Parent Governor Representative)

Electronic Copies Circulated for Information
Sarah Norman, Chief Executive
Shokat Lal, Executive Director Core Services
Rob Winter, Head of Internal Audit and Risk Management
Michael Potter, Service Director, Business Improvement, HR and Communications
Sukdave Ghuman, Service Director, Law and Governance
Press

Witnesses

Item 4 (2pm)

Bob Dyson, Independent Chair, BSAB
Wendy Lowder, Executive Director – Place Health & Adult Social Care, BMBC
Julie Chapman, Service Director – Adult Social Care & Health, Place Health & Adult Social Care, BMBC
Cath Erine, Barnsley Safeguarding Adults Board Manager, Place Health & Adult Social Care, BMBC
Cllr Jenny Platts, Cabinet Spokesperson, Place Health & Adult Social Care, BMBC
Superintendent Emma Wheatcroft, South Yorkshire Police (SYP)
Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
Dawn Gibbon, Head of Safeguarding, Barnsley Hospital NHS Foundation Trust (BHNFT)
Becky Hoskins, Deputy Director of Nursing & Quality, Barnsley Hospital NHS Foundation Trust (BHNFT)
Angela Fawcett, Designated Nurse Safeguarding Children, South Yorkshire Integrated Care Board

Item 5 (2.45pm approx.)

Carly Speechley, Executive Director, Children's Services, BMBC
Keeley Boud, Head of Safeguarding & Quality Assurance, Children's Services, BMBC
Annette Carey, Strategic Safeguarding Partnership Manager, Children's Services, BMBC
Cllr Trevor Cave, Cabinet Spokesperson – Children's Services
Superintendent Emma Wheatcroft, South Yorkshire Police (SYP)
Nikki Kelly, Named Nurse Safeguarding Children, Barnsley Hospital NHS Foundation Trust (BHNFT)
Dawn Gibbon, Head of Safeguarding, Barnsley Hospital NHS Foundation Trust

(BHNFT)
Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, South Yorkshire Integrated Care Board
Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Item 8 (3.30pm approx.)

Carly Speechley, Executive Director, Children's Services, BMBC
Keeley Boud, Head of Safeguarding & Quality Assurance, Children's Services, BMBC
Cllr Trevor Cave, Cabinet Spokesperson – Children's Services

MEETING:	Overview and Scrutiny Committee - Full Committee
DATE:	Tuesday, 26 April 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bowler, Clarke, K. Dyson, P. Fielding, Green, Lodge, McCarthy, Newing, Osborne, Richardson, Risebury, Stowe, Tattersall and Wray

57 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

58 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Ennis OBE declared a non-pecuniary interest in Minute No 60 as he holds a non-executive position on Barnsley Healthcare Federation. He vacated the Chair for the duration of this item.

Councillor Newing declared a non-pecuniary interest in Minute No 60 as she is employed by the NHS.

Cllr Tattersall declared a non-pecuniary interest in Minute No 61 as she is Cabinet Support for Children's Services.

Councillor Lodge declared a non-pecuniary interest in Minute No 61 as he is Chair of the Central Area Early Help Delivery Group and an employee of an organisation that supports care leavers.

59 Minutes

The minutes of the following meetings were received and approved by Members as a true and accurate record:

Full Committee 7 September 2021
Sustainable Barnsley Workstream 12 October 2021
Growing Barnsley Workstream 2 November 2021
Healthy Barnsley Workstream 30 November 2021
Sustainable Barnsley Workstream 8 February 2022
Growing Barnsley Workstream 8 March 2022
Healthy Barnsley Workstream 22 March 2022

Full Committee 11 January 2022 were approved subject to an amendment to Minute No 43 'Children's Social Care Performance Cover Report October 2021 (Redacted)'

to reflect the discussion around the 'Inadequate' judgement of a council-run children's home and the addition of the following resolution:

'(iv) that Officers take appropriate measures to ensure that other homes in the area are not in the same position as the Council–run children's home now referred to'.

60 Progress on the Development of Integrated Care in Barnsley MBC

Cllr Ennis OBE vacated the Chair for this item and Cllr Richardson took up the position.

The following witnesses were welcomed to the meeting:

Wendy Lowder, Executive Director Adults & Communities, BMBC
Julia Burrows, Executive Director Public Health, BMBC
Julie Chapman, Service Director, Adult Social Care & Health, BMBC (virtual)
Andrew Osborn, Interim Service Director, Commissioning & Integration, BMBC
Adrian England, Chair, Healthwatch Barnsley
Dr Mehrban Ghani, Chair, Accountable Clinical Director, Barnsley Primary Care Network and GP Partner at the White Rose Medical Practice
Jeremy Budd, Director of Strategic Commissioning & Partnerships, Barnsley Clinical Commissioning Group
Jamie Wike, Chief Operating Officer, Barnsley Clinical Commissioning Group
James Barker, Chief Executive, Barnsley Healthcare Federation
Gill Stansfield, Deputy District Director and Clinical Transformation Lead, Barnsley General Community, South West Yorkshire Partnership NHS Foundation Trust
Cllr Jenny Platts, Cabinet Spokesperson, Adults & Communities, BMBC
Cllr Jim Andrews, Cabinet Spokesperson, Public Health, BMBC

Jeremy Budd introduced the report, informing the Committee that despite operational pressures and a challenging year the partnership have continue to work collectively to achieve objectives in the Integrated Health and Care Plan. Co-production and teamworking is at a high level in Barnsley and the lulls and peaks over the last 12 months have allowed them to push forward with priorities but they have also had to reflect on the impact of Covid on the delivery of the plan. Key activities include:-

- the development of a mental health strategy
- tackling health inequalities by offering mental health checks, hypertension case finding
- influencing people's behaviour to partake in cancer screening programmes
- Managing the substantial increase in demand for primary care appointments and planning to introduce additional workforce in primary care, to work alongside the GP and provide a wider range of provision
- Approval of the refreshed Healthy Care Plan focussing on the four priority areas of workforce; prevention; improved access; and joined-up care

The plan has now been refreshed for 202/23.

Recent legislation (The Health & Care Act 2022) means that the Integrated Care Board will come into effect from 1 July, the CCG will cease to exist from the end of June and there will be a new Team Barnsley as part of the Integrated Care Board.

There is an exciting opportunity for the group to work together to develop a five-year strategy for the Integrated Care Board to make sure that Barnsley has the right involvement, engagement and communication with the people of Barnsley.

Covid has impacted upon staff – they are tired but they are enthusiastic about moving forward. Managers need to ensure that they are offering the best for health and care staff.

Urgent & Emergency Care remains pressured but nonetheless can continue to be provided in a timely way and it is rigorously monitored. They make sure that there are effective pathways in and out of hospital and the 'discharge to assess' process is one of the best in the country. Because of the impact of Covid, people are sicker when they are presenting and that has some issues, particularly around mental health placements, however there are plans to return the out of area placements back to zero by April 2023.

In the ensuing discussion and in response to detailed questioning and challenge the following matters were highlighted:

There needs to be a clear distinction between urgent care and what needs to be looked at in due course. Out-of-hours appointments are available and some departments are open 24 hours a day, but there isn't enough staffing and diagnostic support to effectively support this further. There is an aspiration to do more but that comes with financial and resourcing implications that need to be considered. Early help and screening is important as is the quality of information. There is a standard around patients with suspected cancer being referred for an appointment by their GP within 14 days and although the breast screening service was suspended for six months but they are almost back on track

Witnesses are not aware of a vote to shorten GPs' working day as recently reported in the national press and surgeries continue to be open out-of-hours. Social prescribing has now been extended to under 18s and the My Best Life Service has been introduced to allow professionals to refer people to a range of local, non-clinical services. Social prescribing does have a positive impact, here are an increased number of social prescribers across Barnsley, and the range of people who are able to refer into social prescribers have been extended, eg police, social care. There is now a social prescriber based at the Emergency Department (A&E). Work continues with the Area Councils and Ward Alliances and the VCSE sector to build capacity across our communities enabling the social prescribing service to connect people to community support.

During Covid, GP surgeries had to follow stringent infection control measures, and non-compliance would result in the CQC closing them down. Telephone appointments were used to assess need and an increasing demand for appointments whilst, at the same time, a falling number of GPs, have added to the problems. Guidance has now changed and they are moving more towards face-to-face appointments again. After the May Day Bank Holiday, iHeart Barnsley will offer face-to-face appointments in the first instance unless patients request an alternative.

There are several challenges associated with attracting employees to the care market. Because some providers and care homes have mixed tenancies (ie some

clients self-funding, some supported by the local authority) it can directly impact on the business model and health and social care partners can only influence certain parts of it. At present, health and social care are currently competing to employ the same people. They do have ideas about how they can work collaboratively in the future but the government white paper on the health and social care workforce will need to be introduced first.

The CAMHS contract will follow the normal tender process when it is due for renewal and will be opened up to other providers. The contract is regularly monitored (monthly) against key performance information and the service offer has been extended up to the age of 25. The partnership expects to return to zero out of area placements for adult mental health by April 2023.

There are lots of appointments that have had to be cancelled by the provider due to staff sickness. Children's appointments have been higher for a number of reasons. There have been changes to the computer system at the hospital, but the messaging service does not give the full functionality that they would like so this will be revisited. Missed appointments have not been flagged up as an issue in primary care.

The partnership are confident that there will be some bigger changes this year in the development of the shared care record. Primary Care records should talk to one another and they have until April 2023 to do that. The Yorkshire & Humber model is already tried and tested and there is a commitment to adopt that across South Yorkshire. They will be pushing it forward and across the partnership will be investing to make the changes happen. They are confident that they will make good strides forward over the course of the year.

There are mechanisms in place for frequent LTF testing for staff. Community Services staff are testing twice weekly and have not experienced any issues with the availability of tests.

RESOLVED that:

(i) Witnesses be thanked for their attendance and contribution; and
(ii) Members note the report

61 One Adoption South Yorkshire (OASY) Regional Adoption Agency

Cllr Ennis OBE returned to the Chair and thanked Cllr Richardson.

The following witnesses were welcomed to the meeting:

Mel John-Ross, Executive Director-Children's Services, BMBC
Sophie Wales, Service Director Children's Social Care & Safeguarding, Children's Services BMBC
Michael Richardson, Adoption Team Manager, Barnsley Team, One Adoption South Yorkshire
Stephanie Evans, Head of Service, OneAdoptionSouthYorkshire
Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

Stephanie Evans introduced the report explaining that the requirement for all adoption agencies to come together had resulted in something exceptional because, although based on a partnership model like other areas, the South Yorkshire model goes further by pooling budgets. The agency is hosted by Doncaster who have a small hub team and there are plans to increase this after a number of posts have been identified to help deliver a better service. The agency consists of four adoption teams which means it is compact for a regional adoption agency and therefore easier to manage. The aim is to combine resources to ensure that children across South Yorkshire are placed as quickly as possible with families, focussing on South Yorkshire families for South Yorkshire Children.

In the ensuing discussion and in response to detailed questioning and challenge the following matters were highlighted:

96% of adopters are White British but the number of children who fall into this category across South Yorkshire are much lower and work is being done to attract a diverse range of adopters so that children can recognise themselves and their backgrounds. The agency are planning to go into communities and build relationships and trust, and break down barriers, to try and understand why people from ethnic communities don't come forward as often. They are also looking to attract faith families to support older children.

Special guardianship orders are the best option for young people who cannot live with their birth family but work also needs to be done to understand why people are looking at long-term fostering as an option as opposed to adoption.

Adopters need to be assured that they will be supported through the child's life following adoption. The aim is to ensure that there is an equitable service regardless of where people live in South Yorkshire and each area will be looked at to determine whether staffing levels and post adoption support needs are appropriate or whether they need to be developed and promoted.

Bringing together the four areas across South Yorkshire means that some processes need to be standardised across the footprint of the agency to deliver the most effective service to adopters across South Yorkshire.

Situations where it is not possible to keep the sibling unit together happens more often than they would like but can be avoided with stringent social care processes. The number of 'disruptions' (placements that break down before an adoption order is made) is very small across the footprint and there haven't been any since the agency 'go-live' date. Whenever a disruption does occur, the case is reviewed to determine why the placement has broken down. When this happens the child is supported by their social worker and moves back to foster carers who also provide support. A pattern cannot be identified because of the low numbers and that fact that each case its treated as individual. The key to successful adoption is looking at what adopters bring to the table and appropriate matching, putting in as much time and effort as possible to find a suitable match. Support through the adoption process is also key, developing relations when they are experiencing difficulties.

Fostering remains within the individual local authorities and they work with foster carers who may potentially become adopters, assessing them through the usual channels.

Although it appears that Rotherham is out-performing other authorities within the agency's footprint, these figures can fluctuate.

RESOLVED that:

(i) Witnesses be thanked for their attendance and contribution; and
(ii) Members note the report.

62 REDACTED Children's Social Care Performance Report (For Information Only)

Members were invited to consider a cover report relating to Children's Social Care Performance. The redacted report was provided for information only.

RESOLVED that Members note the report

63 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

64 Children's Social Care Performance Report Private Member Briefing

Members were invited to consider a cover report relating to:

8a Children's Social Care Performance Cover February 2022
8b Children's Social Care Performance Report February 2022
8c Understanding & Challenging Children's Social Care

The following witnesses were welcomed to the meeting:

Mel John-Ross, Executive Director-Children's Services, BMBC
Sophie Wales, Service Director Children's Social Care & Safeguarding, Children's Services BMBC
Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC

Mel John-Ross introduced the report, explaining that although social worker caseloads are high, they are not the highest in the region. Work has been done to improve the situation, including recruiting additional social workers; managing demand; supporting partner agencies; and a tighter application of thresholds; and they are now seeing positive outcomes. However, it should be noted that a large number of caseloads does not necessarily mean a high workload, it depends upon the complexity of the cases. The longer-term solution would be a strengthened early help offer.

Barnsley is a good employer and newly qualified social workers are supported with training and development; protected levels of caseloads; and frequent supervision/reviews. Covid has had a long-term impact on staff but the service has a strong approach to supporting and managing attendance and if issues are raised by staff around workloads, co-working would be explored.

Performance in Children's Social Care is still strong due to support available for social workers; the operating environment; and the culture of the organisation. The key to quality is about ensuring consistency.

The number of strengths and difficulties questionnaires (SDQs) completed is not as high as it should be. This is a focus for the service moving forward to understand more about the child.

RESOLVED that:-

(i) Witnesses be thanked for their attendance and contribution
(i) Members note the report
(ii) Members be provided with data relating to caseloads to allow comparison between Barnsley and national figures; and
(iii) Members be provided with data relating to the proportion of social workers leaving the authority to work with agencies

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Chair

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MEETING:	Overview and Scrutiny Committee - Sustainable Barnsley Workstream
DATE:	Tuesday, 31 May 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Bowser, Clarke, Denton, Eastwood, P. Fielding, Green, Hand-Davis, Hayward, Lodge, Lowe-Flello, Mitchell, Osborne, Pickering, Richardson, Risebury, Shirt Webster and Wray

1 Apologies for Absence - Parent Governor Representatives

No apologies were received from in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

Councillor Risebury declared a non-pecuniary interest in Minute No 4 as Cabinet Support for Environment & Transportation.

3 Minutes of the Previous Meeting

The minutes of the meeting held on 26 April 2022 were received.

4 Progress on Road Safety in Barnsley

The following witnesses were welcomed to the meeting:

Paul Castle, Service Director Environment & Transport, Place Directorate, BMBC
Diane Lee, Head of Public Health, Public Health Directorate, BMBC
Stephen Campopiano, Programme Manager Public Health, Public Health Directorate, BMBC
Damon Brown, Network Manager, Place Directorate, BMBC
Benjamin Brannan, Senior Public Health Officer, Public Health Directorate, BMBC
Tracey Brewer, Head of Transport, Place Directorate, BMBC
Matt O'Neill, Executive Director-Place, BMBC
Cllr James Higginbottom, Cabinet Spokesperson Environment & Transportation, BMBC
Joanne Wehrle, South Yorkshire Safer Roads Manager, South Yorkshire Safer Roads Partnership (virtual attendance)
Scott Dernie, Head of Safety Cameras & Ticket Processing, South Yorkshire Police (virtual attendance)
Inspector Matt Collings, Roads Policing Group Inspector, South Yorkshire Police (virtual attendance)

Paul Castle introduced the report, informing the Committee that significant progress had been made based upon the recommendations from the previous scrutiny session and the road safety needs assessment. A road safety working group has been established with partners (BMBC, South Yorkshire Fire & Rescue, South Yorkshire Police, Safer Roads) and will focus on prevention by collaborative working to design and deliver road safety initiatives. The group are currently undertaking detailed analysis to address local factors and improve travel safety, support communities and wellbeing. Projects of note include the neighbourhood safety pilot based upon suggestions by Cllrs, with more to be done this year to enhance highways; and a pilot scheme to introduce 20mph zones outside schools to change behaviour which is now being analysed and reviewed with a view to rolling out further.

In the ensuing discussion and in response to detailed questioning and challenge the following matters were highlighted:-

Data dashboards in the report show the number of collisions and fatalities at a regional level. Although it does not show information at a local level, members were reassured that the number of local fatalities is low. Work is underway to break down collision data for the last 10 years with a view to providing data at a ward level. Members of the public can look at a map on the South Yorkshire Safer Roads Partnership (https://sysrp.co.uk/dataportal) website to see where the hotspots are.

Behaviours and attitudes associated with hit and runs have been identified as an area of work to progress and will be a priority over the next six months to understand the cause and to inform communication plans.

Although there is no specific work in the pipeline to look at lay-bys/parking areas and provision for HGVs, this is something that officers are aware of and need to develop a policy on. Work will be done to ensure that the local authority meets its duty and ensure that they are welcoming and safe spaces for drivers, including female drivers.

In relation to data held on collisions involving HGVs, the time of the day would be recorded, the class of vehicle would be recorded but driver shift patterns are not. Driver fatigue relates to specific times of the day and analytical work is being done to understand the issues across all types of drivers, taking a holistic approach. Public Health do work with employers to support their employees and will see whether enforced work breaks for drivers fits in with this work.

Although the CRASH system records collisions, near-misses are not recorded. As near-misses may inform safe systems, this is now being developed (technology advancement) and more robust information will be available in the future. Many smaller collisions are not reported to the police. It is understood that there is a disparity between collision data on the CRASH system and the data held by others (insurance companies, health trusts) and this is an area that is being investigated. If members are aware of any specific locations where near-misses are frequent, they should share this with officers.

Although concerns were expressed about the quality of collision reporting on the CRASH system, reassurance was given that this is now more robust and officers have access to more advanced data than is publicly available. If data looks

inaccurate, when considering specific location and associated intervention it is quality checked.

The introduction of dedicated cycle paths across Barnsley is dependent upon funding, particularly from the city region. Work is progressing and routes are being investigated to and from the town centre and to connect off-road to on-road routes. A strategy is being developed to encourage modal shift and move residents from cars to bikes/walking and member comments will be fed into the strategy. In addition, the cycle forum, who are their eyes and ears, will contribute to the strategy. Work is being done in partnership with the Mayoral Combined Authority (MCA) to develop an interactive cycling map and looking at ways that funding can be obtained. There is no shortfall in the number of funding opportunities, but there needs to be a pipeline of identified schemes to develop the borough. However, there is a process to follow before funds are released and this takes time. Three schemes are going out to tender next month with a completion date of March 2023. Other projects will then follow with a delivery date of up to 2027.

Although a cycle lane has not been included in the new gyratory at Penny Pie Park, a new active travel supplementary planning document will be introduced so that new roads and developments consider active travel options. The emerging road safety strategy is complementary to the travel strategy and looks at all road users, not just motorists, and by making the roads safer, a healthier more active population will emerge.

Road safety is moving towards a more proactive “Safe Systems” approach, moving away from the traditional approach which was more reactive. In the past, education, engineering and enforcement has been the main driver but now it is prevention and education working across the Council internal and external partners . The South Yorkshire Safer Roads Partnership is trying to encourage better driver behaviour based on safer road users; safer vehicles (insurance & roadworthiness); safer speeds; safer roads (condition, lighting, drainage, barriers etc); and post crash response. There are specific engineering measures that the local authority can put in place to influence driver behaviour and reduce the number of collisions due to driver error and these are being investigated at the moment.

The pilot scheme with elected members resulted in 47 suggestions being put forward for investigation. Members can still put their suggestions forward for any areas of concern. The key is to manage the road network effectively by putting prevention measures in place. Funding will always be allocated based on specific criteria and has to be evidence based to ensure that it is in the right place and there will still be an element of reactive work that needs to be done.

A pedestrian crossing survey will be conducted on Racecommon Road after the half-term and there are national Department for Transport (DfT) guidelines that have to be followed. A speed survey has already been carried out in the area which did not raise any particular issues. Narrow pavements, particularly near schools could be investigated in the future.

Managing expectation is an important part of the work as well as public perception of speed and safety. Even if a road is thought to be unsafe, it doesn’t mean that it is,

and a key aspect of the Safe System is try and manage those expectations , to allow limited resources to be targeted more effectively.

Parking enforcement is predominantly town-centre based. However, some Area Councils have commissioned their own service to look at parking offences in outlying areas. More needs to be done to make residents aware of the rules of the Highway Code in relation to parking to improve safety for pedestrians and road users.

Parked cars in and around schools is an issue across the borough. The local authority used to have a video car to enforce parking around schools but this was taken out of service. The pilot of the school streets initiative was successful and the possibility of rolling out the project will be investigated when capacity allows. There is a national problem with recruiting school crossing patrols and ways in which these posts could be made more attractive will be discussed at the next Barnsley Road Safety working group meeting and fed back to members.

There are different mechanisms for recording speeding offences. Despite being very effective, there are no plans to install 'average speed' cameras at this moment in time.

Speed Indicator Devices (SIDs) are currently out on site and members will soon be informed of the planned locations over the coming months.

A sum of money has been allocated from the Highways Capital Scheme for £1.073M. Two SIDs have been purchased so far and from the suggestions in the neighbourhood safety pilot it would seem that the borough would benefit from having more to cover additional areas.

Traffic Impact Assessments (TIA) look at issues relating to a specific development, including motorists, cyclists and pedestrians and it is not necessarily correct to assume that an increase in traffic on the roads equates to more collisions. Trends are being analysed and there needs to be a blended approach to get the balance right for new developments. Any new infrastructure is subject to Road Safety Audits, to ensure that is full considered as part of any new development

Members asked about the number of offences detected by the Police for using a handheld mobile phone whilst driving and whether these had reduced over time as in-vehicle technology had become more common.

Learning has been taken from the United Nations (UN) the World Health Organisation (WHO) and other authorities across the UK such as Transport for London, Transport for Scotland, Cornwall and North Yorkshire to find areas of good practice that would fit well in Barnsley. An internal stakeholder review is currently underway with a stronger public health focus and work is also being done to look at neighbourhoods and anti-social aspects within communities.

The Barnsley Road Safety working group is a relatively new group and is still evolving but the membership can be extended if necessary to capture the views of motorists and cyclists.

RESOLVED that:

(i) Witnesses be thanked for their attendance and contribution
(ii) Members note the report
(iii) Witnesses provide regional comparator data for the number of people killed and seriously injured on roads
(iv) Witnesses provide data at a ward level when it becomes available
(v) Witnesses develop a policy for provision of facilities for HGV drivers and ensure that the local authority meets its duty to ensure that they are welcoming and safe spaces for drivers, including female drivers
(vi) Witnesses investigate how the work of Public Health can influence employers to ensure that employees take appropriate work breaks when driving vehicles
(vii) Members to share information relating to near-misses with officers which should then be investigated as valid road safety concerns
(viii) Witnesses produce a list of FAQs on parking to increase awareness of the rules of the Highway Code and promote via websites
(ix) Witnesses investigate the possibility of reintroducing the video car to patrol areas around schools;
(x) Witnesses provide information about the number of offences detected of using a handheld mobile phone whilst driving; and
(xi) Witnesses to identify ways in which the post of School Crossing Patrol can be made more attractive to reduce the number of vacancies across the borough

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Chair

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MEETING:	Overview and Scrutiny Committee - Growing Barnsley Workstream
DATE:	Tuesday 28 June 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Bowser, Cain, Clarke, Denton, Eastwood, Green, Hayward, Lodge, Lowe-Flello, McCarthy, Moyes, Osborne, Peace, Risebury, Webster and Wray together with co-opted member Ms. G Carter

In virtual attendance Ms. G Carter (Parent Governor Representative)

5 Apologies for Absence - Parent Governor Representatives

Ms. G Carter was in attendance and, therefore, no apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

6 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Eastwood declared a non-pecuniary interest in minute number 4 as she is on the Lettings Policy Review Committee.

Cllr Eastwood declared a non-pecuniary interest in minute number 4 as she is Cabinet Support for Place, Health and Adult Social Care.

Cllr Cain declared a non-pecuniary interest in minute number 4 as she is Cabinet Support for Public Health and Communities.

Cllr Lodge declared a non-pecuniary interest in minute number 4 as he is Chair of the Central Area Early Help Delivery Group and an employee of an organisation that supports care leavers.

7 Minutes of the Previous Meeting

The minutes of the meeting held on 31 May 2022 were received.

8 Housing & Support Model to Prevent Homelessness

The following witnesses were welcomed to the meeting:

Michelle Kaye, Group Leader Housing & Welfare, Public Health & Communities Directorate, BMBC
Linda Middlewood, Head of Service Adult Social Care, Public Health & Communities Directorate, BMBC

Paul Brannan, Head of Safer Barnsley, Public Health & Communities Directorate, BMBC
Phillip Hollingsworth, Service Director Communities, Public Health & Communities Directorate, BMBC
Sophie Wales, Service Director Children's Social Care & Safeguarding & Interim
Cllr Trevor Cave, Cabinet Spokesperson Children's Services, BMBC
Cllr Caroline Makinson, Cabinet Spokesperson Public Health & Communities, BMBC

P Hollingsworth provided a report into homelessness in response to Covid and stated how proud he was of how Barnsley responded to the government's Everyone In initiative. During Covid, 14 flats were made available to the homeless and 141 people were supported into temporary accommodation. As part of the Covid recovery plan there are now 14 self-contained units which Members are invited to have a look at.

During March 2022 the Homeless Regional Advisor visited the team to review data and interview staff. They provided positive feedback and stated that the team's commitment and enthusiasm was apparent, along with strong working relationships with partners and using good practice from the homelessness prevention toolkit. The website is user friendly, and this will be used as a reference to other local authorities as good practice.

The service have been working on identifying and engaging with rough sleepers and Members were invited to go along on early morning outreach to see this in practise. A key aspect of today's session was to highlight was that any young person presenting is a concern, when this happens the team do work with partners to address this. The team gave thanks to the Voluntary and community Sector who work alongside the housing officer team, as they are grateful for the work which is being carried out.

The ensuing discussions included: -

It was stated that when people, particularly families become homeless attempts are made to keep them in Barnsley to minimise disruption. If they are placed out of area, they are brought back to Barnsley as soon as possible. The problem in Barnsley is that hotels are becoming booked up quickly. There are currently 25 temporary accommodation units within Barnsley which are prioritised to families, and a request has been made to increase this to 30. Furthermore, if the pressures increase this may be reviewed again.

There are an additional 8 properties managed by Riverside Housing for families and the length of stay is increasing due to demand. There is a significant challenge to securing private rentals due to the cost and landlords selling properties, to ease their own financial burdens. Further options are being explored as the service does not want to put people in B&B's.

It was clarified that the 25 properties are council houses and are open cases within team, who will provide ongoing support to move people into permanent homes. The challenge is matching people to properties as there is limited family housing stock in the brough which is available and affordable. Other housing providers need to play their part, not just Berneslai Homes.

The service is trying to prepare for the cost-of-living crisis. Some temporary accommodation can be paid for with housing benefit, however issues arise when individuals are working and are not entitled to housing benefit. A Financial Resilience Officer has been appointed to provide support to people with budgeting, money management etc.– their work was commended, and Members were encouraged to visit the team to see what good work is being done.

From the 141 temporary housing placements it was acknowledged that around 30-40 individuals revolved around the service during Covid, being placed several times due to complexities. Many of these are now settled but still receiving support.

Of the 179 16–24-year-olds who were owed a homeless duty between April 21 and May 22, most of them were already known to Children's Social Care prior to presenting as homeless. When young people present a present at 16, a joint assessment is carried out to support them. Cllr Lodge referred to item 3.6 of the report noting that it encourages young people to stay at home but stated that this may cause more trauma, so it is not always possible. To combat this work is carried out with other organisations such as Centrepoint and options including the supported housing pathway and holding tenancies in trust are explored. The care system is also an option.

Cllr Ennis questioned how much of a problem is it that a tenancy cannot be given to 16- or 17-year-olds. It was stated that this can be done as long as the council or social services hold it in trust so that it can be transferred over to the tenant at 18. However, this is not currently in place at, because it is not always the best option as it could lead to compromising or setting the young person up to fail for future tenancies.

B&B usage is a last resort as this can cause trauma, impacting on social and emotional health, exacerbating problems further down the line. Furthermore, it is massive challenge for cooking, even with communal areas due to the cost. The way in which the work is being carried out is being reset to stop families coming through initially. This will avoid the pressures on local communities when identifying new properties.

The recent visit from the government advisor identified that the work which the homelessness teams are doing is the best in South Yorkshire. Barnsley has the lowest numbers of people in temporary accommodation and B&B across the sub region. The goal in Barnsley is to have less people in temporary accommodation and focus more on the prevention of homelessness.

The private sector rental market is the biggest opportunity and risk with rents going up affecting affordability. Furthermore, it's difficult to convince landlords to work with the council due to the negative perceptions they can have around homeless tenants. However, most tenants are people who have fallen on hard times, there is now a worker in place to link in with the private sector to resolve issues between the landlord and tenant which promotes good relationships. Furthermore, there will shortly be a new landlord incentive scheme in place.

Cllr Denton stated that we need to model other countries who are investing time and resources into long term systemic support and address economic discriminatory

legislation. It was acknowledged that the team have gone through crisis management during Covid but are now exploring data to see where resources should be targeted. There has been a lot of investment lately to manage, along with supporting those with complex needs to prevent revolving homelessness.

In regard to St Mary's flats there has been some vandalism and the council is making sure that people are visible and present to combat this. There has been some interest from housing organisations who have suggested it could be used as general needs accommodation. There is a conversation coming up shortly which will explore this, with attention on building strong relationships to minimise impact and deliver what the community requires.

Cllr Ennis noted that given the high profile of the flats, the problem needs to be resolved as quickly as possible. Cllr Hayward stated that it would be useful if the council tried to purchase the flats, to remove the issues experienced in the past with landlords. An options appraisal was carried out to see if they could be purchased and brought into use, but it was cost prohibitive, and the value could not be met. The ownership has since changed from an offshore party, with the new owners being more mainstream providers so this might prove positive.

Cllr Green has noticed over the last 6/7 months that more people are sleeping rough in the town centre during the weekend. He wanted to know what Members could do to help as he is aware that they can go to the Civic, but they are sleeping rough again the next week. The team stated that many of these people are beggars and not rough sleepers. There is a new programme coming into place which will address rough sleepers and the team are keen to target the 'new to the streets' individuals so that it does not become entrenched.

The issue of violence against partners, predominantly women was raised, and it was acknowledged that this is one of the top reasons for homelessness. Obviously if there are children this then becomes a total package, and the new Domestic Abuse Act puts a requirement on the council to have a strategy to address this. Work has been carried out with commissioners to identify better options as the local refuge is always full.

It was noted that if feasible and safe, women and children should not have to leave the family home. IDAS and MARAC are in place to support woman and children. The lack of housing options for people feeling violence has been explored, and it is envisaged that some new housing will be available shortly. It can be problematic getting women into a refuge, just due to the number of spaces available and the fact that women are staying longer due to limited move on options. The team do look to national support from Woman's Aid, to secure a refugee place anywhere in the country. The new strategy will hopefully explore this with the possibility of a crash pad being put in place.

With regard to projects supporting women in the communities, often run by individuals. The council can link these individuals up with IDAS because they are commissioned to look for gaps in provision. The team will liaise with Cllr Hayward following the meeting to ensure that any know community groups are identified and supported.

In response to a query about women fleeing from domestic violence and having to return to the perpetrator due to services not being able to accommodate her, the team stated that if something like this comes to their attention, the individual would be put in a B&B or the service would work with other borough's if there is a lack of options locally.

There are powers to remove perpetrators from the home but as a council, these options are not always been used Furthermore, as the perpetrator would then be homeless, they would also need support. Additionally, as the perpetrator knows where the women is, they would return to the property so this would need to be monitored. There is help for men if they are the victim including temporary accommodation or access to the few specialist refuges in the country. As a council, we need to consider what support there is available for men as male victims are on the rise – and teenage boys in families fleeing from domestic violence are not allowed in existing refuges.

With domestic violence being on the national agenda there will be more properties for abuse victims, and the service will link up with partners on this.

Cllr Osborne wanted to discuss two points regarding rent arrears and if there is any link with the change from housing benefits being paid directly to the landlord to being paid directly to the individual as part of Universal Credit payments, particularly for those with chaotic lifestyles. Furthermore, is there any value in working with the Department for Work & Pensions (DWP) to identify and support those at risk as they will know the "hidden homeless".

It was again stated that we need to refocus on prevention. If there are any vulnerable individuals involved with the team, then an application can be made to the DWP to have the rent paid direct to the landlord. They are trying to work with social landlords and commissioned and non-commissioned providers to determine if someone is getting close to eviction, so that they can they work in partnership to prevent this. They do work closely with the DWP. A number of organisations have a legal duty to refer at risk of homeless people to the team for support and the DWP are one of the top referrers. Prior to covid there was a housing officer based within the Jobcentre and as the team is moving to Wellington House, they will have the opportunity to link up with them again.

It was questioned whether it may be useful to get in contact with the prison service to find out when people are being released and where to, officers explained that funds have been secured for a specialist housing worker to link up with the prison service. Furthermore, the team have developed a housing pathway with Doncaster prisons. They do work with Shelter and Nacro, along with other agencies but this work needs to be done early and not the day before release day.

The team will be managing their own supported housing for rough sleepers and those with complex needs. it was explained that it will be a smaller there will be a smaller accommodation unit with lower caseloads, 1 caseworker to 6 individuals. The scheme will work in a physiologically informed way, trying to address previous trauma.

Cllr Clarke noted that there are a lot of houses being left empty and was there a strategy in place to address this. It was clarified that there has been a successful empty homes scheme running for the past couple of years. This has helped with moving people on from temporary accommodation and giving support to those who need further help. The empty homes programme now sits within the same service as the homeless team, which will help reduce the number of empty homes. However, as the houses are left for a long time, costs need to be explored when looking to bring them back into use. Cllr Hayward asked for clarification on how long is temporary. It was clarified that the average stay is up to 6 months.

RESOLVED that:

(i) Witnesses be thanked for their attendance and contribution; and
(ii) Members note the report
(iii) Witnesses to provide figures for the proportion of children and young people presenting as homeless who were already known to children's social care for the 2021-22 data collection period
(iv) Witnesses to consider holding tenancies in trust for 16/17 year-olds where suitable
(v) Witnesses to consider providing a 'crash pad' facility to support those fleeing from domestic abuse
(vi) Witnesses to liaise with members to identify and support individuals in the community who are providing support to those fleeing from domestic abuse
(vii) Witnesses to consider a return to providing housing officers at the job centre to support prevention and early help for individuals

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Chair

MEETING:	Overview and Scrutiny Committee - Healthy Barnsley Workstream
DATE:	Tuesday 19 July 2022
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present Councillors Ennis OBE (Chair), Bellamy, Cain, Clarke, Eastwood, Lodge, Lowe-Flello, McCarthy, Osborne, Peace, Smith, Wilson and Wray.

9 Apologies for Absence - Parent Governor Representatives

No apologies for absence were received in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

10 Declarations of Pecuniary and Non-Pecuniary Interest

Cllr Eastwood declared a non-pecuniary interest in minutes number 4 & 6 as she is Cabinet Support for Place Health and Adult Social Care.

11 Minutes of the Previous Meeting

The minutes of the following meetings were received by Members for information only: -

Sustainable Barnsley Workstream, 28th June 2022.

12 Better Lives Programme

The Following Witnesses were welcomed to the meeting:

Wendy Lowder, Executive Director Place Health & Adult Social Care, BMBC
Linda Middlewood, Head of Service Adult Social Care, Place Health & Adult Social Care, BMBC
Julie Chapman, Service Director Adult Social Care & Health, Place Health & Adult Social Care, BMBC
Kwai Mo, Head of Service Mental Health & Disability, Place Health & Adult Social Care, BMBC
Jacqui Atkinson, Service Manager Improvement, Programmes & Assurance, Place Health & Adult Social Care, BMBC
Dominic Armstrong, Service Manager, Improvement & Quality Assurance, Place Health & Adult Social Care, BMBC
Cllr Jenny Platts, Cabinet Spokesperson Place Health & Adult Social Care, BMBC

Cllr Platts introduced an update on the Better Lives Programme which started in 2021 with the aim of supporting people to stay in their homes for longer. Prevention

and early detection are key priorities in supporting residents to retain their independence.

Initially social workers triage enquiries with signposting, early help and assessment to reduce demand on services. Conversations are focused on residents so that they can make choices on the help they need. The plan is to further develop the 'front door' by exploring locations in which to offer face to face support. Future developments include working with partners including housing and the police. The work which has been carried out has made the enabling service more focused and stronger.

In September 2021 the government announced the funding reform which caps the contribution to care at £86,000 however, this does not come into effect until October 2023 so any contributions to care made prior to this are not covered by the cap. There are changes being made to computer systems to help to identify and monitor financial changes and a report will be produced to keep people updated on this.

The ensuing discussions included: -

It was clarified that a lot of success had been seen in terms of early prevention with signposting to early help or social prescribing. The focus on a network of community support has seen a reduction in requests for long term intervention and a reablement pathway has been put in place to connect people back into their communities.

In regard to involving families in decision making it was stated that it is important to be aware that if a person has the mental capacity, decision making must sit with them, however, it is encouraged to bring their family into discussions. Furthermore, if family members are caring for a person, they have a right to a Carer's Assessment.

The team are exploring community hubs so that people can drop in for early help and support to reduce the number of individuals having to make contact when they reach crisis point. They plan to reach not just elderly people but young people as well and they hope to establish themselves in communities using Age UK and colleges. They are also working hard to co-produce more closely with individuals and communities and are hoping to develop this further through a 'voice and participation' group in the near future.

Members questioned the definition of 'fair' in recent reports (Market Sustainability & Fair Cost of Care) and wanted clarification on this. It was noted there are efforts to adopt consistency across all local authorities in Yorkshire & the Humber and they will work together as a community to develop cost models. Part of this work includes engaging with the care market and, so far, the response rate from providers on what a fair cost of care looks like have been good. Previous decisions taken by the local authority around paying a fair hourly rate for important work have also been taken into account. Care providers are impacted by the 'cost of living' crisis in the same way that residents have – experiencing increases including utilities, fuel and food. A formal submission on the 'fair cost of care' will be prepared and submitted to government in the autumn. In addition, Cllr Platts shared with Members that the annual cost of living uplift papers will be going through cabinet next week.

It was noted that the early intervention model is very successful and this improves lives and reduces cost in the long term. To continue to improve, work is to be done with integrated care partners to look at how the extended primary care role can be utilised to prevent the need for acute care. Additionally, the 'front door' needs to be developed and work needs to be done to get simple pieces of equipment out to residents in a smarter and faster way so that people are not going into crisis.

The 'front door' is seeing quite a lot of young people who have lived complex lives and until this is attended to with trauma work, there is going to be an over-reliance on social care in the future. Due to this, the team will work closely with carers and young people.

There is a transition protocol covering young people with disabilities and autism but a wider offer for people with a range of needs is being explored. This will include people who do not necessarily have a diagnosis but who have an unidentified need. Work is underway with education providers, Children's Social Care and the Child & Adolescent Mental Health Service to scope the offer for young people. This is where co-production is very important because quite often, the young person's voice is not heard. At 16+ they have a choice, and the service uses a strengths-based model to work with the young person before they reach 18 when some come into service where others may just need to be signposted. They look at giving the young person confidence and independence in areas such as travel, and the team will look at statutory and non-statutory services to give the widest combination of offer.

The team are working with community pharmacists who are already delivering a valuable offer; however this requires strengthening and there is more to understand regarding their capacity.

Members offered support to the team and were advised that they can be the eyes and ears in communities. A session will be arranged to train Members on navigating social care so they can then provide this advice to residents. They can look at spotting the signs of when support is needed and work alongside officers and wardens in the community. Additionally, Members were reminded of their duty to safeguard vulnerable people and were advised to take up any online training, such as the Mental Capacity Act, to help them to raise their own knowledge and enable them to discharge good advice. The team is available for information sharing and relationship building as this is not only good for everyone, but also the public purse. If Members are approached by residents they can come to the team for advice and this can be passed to the most appropriate service.

When questioned about the unusually high temperatures being experienced at present, the team stated that every organisation had put heatwave plans in place and they are meeting up regularly to ensure that things are working well. Members requested that any issues from the heat today should be reported back to the committee.

It was raised by a member of the committee that traces of Polio had been discovered in London recently and queried the vaccination rates in Barnsley. As the witnesses in attendance do not deal with vaccinations, the information will be shared with the committee after the session by an officer in Public Health/ NHS England.

RESOLVED that:-

(i) Witnesses be thanked for their attendance and contribution; and
(ii) Members note the report
(iii) Witnesses to provide an information session for Members to provide advice to residents in regard to support
(iv) Witnesses to provide information on any adverse statistics from this week heatwave
(v) Scrutiny Officer to consult with Public Health colleagues and share data with committee relating to Pollio vaccinations uptake

13 Exclusion of the Public and Press

RESOLVED that the public and press be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

14 Adult Social Care Performance Report March 2022 (Year-End) (Part-Exempt)

Members were invited to consider a report relating to:-

6a Adult Social Care Performance Cover Report March 2022 (Year-End)
6b Adult Social Care Performance Data Report March 2022 (Year-End) (Exempt)

Cllr Platts introduced the report which provided Members with the annual review of performance, including a mixture of local and national measures. The majority of indicators have been rated green and amber however, this year the service has been impacted by staffing issues and the cost-of-living crisis. For now, Barnsley has solid staff who will continue to meet needs for 2022/23.

The ensuing discussions included:-

When caring for a family member, the person being cared for must always be allowed to make their own decisions if they have the mental capacity. However, they would be asked for consent to speak to their carer as they often have crucial information to share that can improve outcomes for the individual.

With regard to the very high performance for the percentage of S42 Decisions made within 72 hours – the team informed members that they would like to improve this further and they are now working with partners, including the police, who have joined the ‘front door’ team and this multi-disciplinary approach is resulting in effective and timely decisions being made, ensuring that safeguarding opportunities are not missed. Data for other local authorities will be shared with Members to allow them to draw comparisons.

The team confirmed they research, identify and use areas of good practice from a variety of sources for projects in adult social care and use benchmarking to determine how they compare to other authorities. Similarly, the team have been approached by other authorities as an originator of good practice.

The recent adult social care reform announcements will signal a new approach from April 2023 and in preparation for this, a sector led improvement board has been established for Yorkshire & the Humber. The new CQC framework means that the approach to performance will be revised to align with the framework and the CQC are introducing relationship managers aligned to Integrated Care Systems.

The key to successful social care is effective patient flow through the health and social care system, and the social work team have been doing an excellent job of getting people home and helping people to stay at home, as this is where people want to be.

RESOLVED that:

(i) Witnesses be thanked for their attendance and contribution; and

(ii) Members note the report

(iii) Witnesses to provide comparator data for other local authorities for the percentage of S42 decisions made within 72 hours

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Chair

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Item 4a

Report of the Executive Director Core Services
to the Overview and Scrutiny Committee (OSC)
on 13 September 2022

Barnsley Safeguarding Adults Board (BSAB) Annual Report 2021-22 – Cover Report

1.0 Introduction and Background

1.1 Local Safeguarding Adults Boards are a statutory requirement of the Care Act 2014 and require organisations to come together to agree on how they will cooperate with each other to safeguard and promote the welfare of adults. The Barnsley Safeguarding Adults Board (BSAB) has been operating since 2000 but was originally known as the Adult Protection Committee. The Care Act gives the Board the power to place a "duty to enquire" on statutory partner agencies (Local Authority, the Police and the Integrated Care System).

1.2 The Government recognised that even though local authorities had been responsible for adult safeguarding for a number of years, there had never been any clear laws to support this. Therefore, under the Care Act 2014 there was a statutory responsibility for SABs to be in place from April 2015, enabling local partnership working amongst key organisations to hold each other to account and to ensure safeguarding adults remains high on the agenda across the area. The Care Act 2014 recognises that local authorities alone cannot safeguard individuals, it requires joint-working with other agencies supported by increasing the awareness of adult safeguarding amongst the wider public.

1.3 The BSAB is a multi-agency Board comprising statutory, independent, voluntary organisations and service user/carer representation which have a stakeholder interest in safeguarding adults. The Board believes that everyone has a right to feel safe and to live without fear of abuse, neglect or exploitation. The Board's ambitions are to:-

- Ensure that collectively they work hard to prevent harm and abuse across Barnsley
- Develop citizen-led approaches to safeguarding
- Continue to develop safe transitional experiences for young people
- Learn together and continually improve

2.0 Current Position

2.1 The BSAB Annual Report 2021-22 (Item 4b - attached) outlines the work of the Board and its local and regional partners from April 2021 to March 2022. Key achievements include:-

- A high-quality education programme has been established, offering workers and volunteers free education and training. As a result of this, Barnsley is now actively involved in shaping the South Yorkshire education programme
- The first South Yorkshire-wide safeguarding adults launch event was held at Northern College, focussing on preparing young people for adulthood and supporting adults who are self-neglecting and/or hoarding
- Radio advertising, leafleting and a strong social media presence were used to promote Safeguarding Awareness Week and raise awareness of safeguarding issues

- A development event, bringing together six boards, took place to support effective working on topics such as domestic abuse; homelessness; modern slavery; and neglect
- A review by the Local Government Association was undertaken to review safeguarding arrangements in Barnsley. Initial feedback says that they are doing well and areas for improvement identified by the LGA correlated with self-assessment
- Guidance and policies are regularly reviewed and updated to support workers and volunteers to keep adults safe, in line with best practice
- Learning, new policies, and strong partnership working has led to an increase in the number of adults supported to resolve the risks linked to their self-neglect and/or hoarding, with customer-led hoarding support groups being positively received
- The Board has agreed to be part of three national research projects which will bring added benefit from the learning and resources produced as a result of the research, thereby improving local practice
- The sub-groups have been evaluated and reviewed to ensure that they are fit for purpose

3.0 Future Plans & Challenges

3.1 For 2022/23, the Board plans to:-

- Develop the ability to work with all boards and partnerships in Barnsley to keep adults safe
- Improve the knowledge and confidence of members of the public to recognise and report safeguarding concerns, to be the 'eyes and ears'
- Use early learning from the research to inform practice
- Gather evidence that training is making a difference in practice
- Use learning from the peer review to inform the development of our 2022/23 work plan
- Deliver a community-based Safeguarding Awareness Week in November 2022
- Be ambitious in our desire to learn from practice, not just when cases meet the criteria for a Safeguarding Adults Review

4.0 Invited Witnesses

4.1 At today's meeting, a number of Board representatives have been invited to answer questions from the Overview and Scrutiny Committee regarding their work over the last annual reporting year (April 2021-March 2022), as well as work being undertaken currently and future plans:-

- Bob Dyson, Independent Chair, BSAB
- Wendy Lowder, Executive Director – Place Health & Adult Social Care, BMBC
- Julie Chapman, Service Director – Adult Social Care & Health, Place Health & Adult Social Care, BMBC
- Cath Erine, Barnsley Safeguarding Adults Board Manager, Place Health & Adult Social Care, BMBC
- Cllr Jenny Platts, Cabinet Spokesperson, Place Health & Adult Social Care, BMBC
- Superintendent Emma Wheatcroft, South Yorkshire Police (SYP)
- Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Dawn Gibbon, Head of Safeguarding, Barnsley Hospital NHS Foundation Trust (BHNFT)

- Becky Hoskins, Deputy Director of Nursing & Quality, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Angela Fawcett, Designated Nurse Safeguarding Children, South Yorkshire Integrated Care Board

5.0 Possible Areas for Investigation

5.1 Members may wish to ask questions around the following areas:

- What area of work/performance is the Board most proud of over the last 12 months and what positive impact has this had on the safeguarding of local residents?

- How do you know that the increase in contacts has been as a result of the communications strategy?

- What specific action is taken to help individuals to protect themselves and make informed decisions about actions when they are suffering or likely to suffer harm?

- How do you ensure that people who need safeguarding services are fully involved in, and in control of, safeguarding processes?

- Can you give examples of how your work to support adults struggling with self-neglect and hoarding has positively impacted their lives?

- When people self-neglect and continually miss appointments, how do health and social care work together to build a picture, ensuring that these individuals do not fall through the cracks?

- How confident are you that staff have the time and skills to be curious and persistent with individuals who may not initially want to engage?

- How do you ensure that staff understand policies, that they are being applied in practice, and how often do you review their effectiveness to ensure they are fit for purpose?

- How are the workplans of the sub-groups progressing? Are the milestones being achieved?

- What more needs to be done to safeguard people with a learning disability, across all services?

- What areas for improvement were highlighted as a result of the LGA review and were any of those previously not known to the board? What is the timescale for implementing the improvements and how will these be monitored?

- What measures are in place to ensure the safety of adults placed outside the borough?

- When do you expect the actions identified as a result of the ‘provider case’ to be implemented and embedded and how will this be monitored?

- Can you give examples of how you have strengthened partnership working with the Safeguarding Children’s Partnership over the last 12 months and what more is to be done?

- What actions could be taken by Members to assist in the work of BSAB?

6.0 Background Papers and Useful Links

- BSAB Annual Report 2021-22 (Item 4b - attached)

- Barnsley Safeguarding Adults Board Website:- https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board/

- BSAB Strategic Plan 2021-24 https://www.barnsley.gov.uk/media/18850/safeguarding-adults-board-strategic-plan-v4-optimised.pdf

- Making Safeguarding Personal – Local Government Association website https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal

- The Care Act Easy Read Summary:- https://inclusionnorth.org/uploads/attachment/600/care-act-easy-read-summary.pdf

7.0 Glossary

BSAB	Barnsley Safeguarding Adults Board
MSP	Making Safeguarding Personal
OSC	Overview & Scrutiny Committee
SAR	Safeguarding Adults Review
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYP	South Yorkshire Police

8.0 Officer Contact

Jane Murphy / Anna Marshall, Scrutiny Officers
Scrutiny@barnsley.gov.uk
05 September 2022

Barnsley Safeguarding Adults Board Annual Report 2021 – 2022

For more information about Safeguarding - https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/

Contents

1. Welcome

Welcome to the annual report of the Barnsley Safeguarding Adults Board.

Take a look at our video to hear from Bob Dyson QPM, DL, Independent Chair of Barnsley Safeguarding Adults Board.

Foreword from Bob Dyson – Independent Chair of Barnsley Safeguarding Adults Board

Hello, my name is Bob Dyson and I'm the Independent Chair of Barnsley Safeguarding Adults Board. Thank you for showing an interest in the annual report of the Safeguarding Adults Board for the year of 2021 to 2022. I hope you find the time and interest to read the full report, which can be accessed on the board's website.

If you do read the report, you'll see that it sets out many of the achievements of that year. A number of things have improved and it's too many to list in this short video. During the last year, we did continue to operate under COVID restrictions. The board met virtually over technology, and that's worked very well for us and enabled us to continue the work of the board without any break. The one exception to that being our customer engagement group who haven't had the technology and the training in order to keep going, but that I'm pleased to say that they are now back to meeting in person.

One of the key things we've done during the last twelve months was to try and raise public awareness of safeguarding issues. A big thrust of that was through the Safeguarding Awareness Week and last year saw Barnsley chair and host the first ever countywide launch of Safeguarding Awareness Week.

We work closely with such people as the football club and the markets to engage with the public trying to get key messages across. Recent months have seen some improvements in the number of referrals that we've seen from members of the public, where they've seen safeguarding issues and felt the need to raise them with us.

We consider that to be a real success story, something that we really want to encourage and to build on. We'll be doing more work on that in the coming year, including having a customer engagement office working with us who will go out and meet with the public in a much more structured way to try and get those messages out there so that we get to hear about the cases where our people need support.

We are always very keen to improve and there's been a couple of things that we've done over the last year that are notable on that front. One is that we met with the other partnership boards operate here in Barnsley just to make sure that between us we were covering all the issues that need to be covered and that we weren't duplicating effort and more importantly, having gaps appear where no one was doing the work as they thought someone else was doing it. An action plan come out of that and we will work smarter and better as a consequence of it.

At the back end of the year, in March, we went through a peer review where colleagues from across the region came into Barnsley and brought an outside perspective to the work that we do in safeguarding adults. That included an audit of actual cases that have been conducted here. I'm pleased to say that that peer review did not find any major failings in our approach and in fact, identified a number of strengths that we're very proud of. It did, of course, identify some areas that we will now look to implement, and we will do that in the coming year.

As Independent Chair, one of my roles is to be satisfied that the agencies who make up the Safeguarding Board are working effectively together to ensure that they're doing what they can to keep adults at risk in Barnsley safe with the resources that they have at their disposal.

I'm pleased to say that the last twelve months has seen them continue to show a real commitment to working together and to keeping people safe. So once again, if I can encourage you, please, to look at the full report and you'll learn a lot more detail about the work of the board. Thank you.

2. About safeguarding

All adults have the right to live free from harm, abuse and fear. Ideally, safeguarding supports someone to take control and to take action to feel safer, possibly with the help of workers and volunteers.

What is safeguarding?

- Supporting someone to take action to feel safe, which might involve providing information about support services, assisting with housing issues or raising concerns about the quality of the care they, or a loved one, is receiving.
- Working with the adult, or their family and friends, if they're unable to put things right and stop the harm without support from a worker or volunteer. This might involve reviewing their care package or referring them to a specialist service like domestic abuse or the police. The adult might agree that we need to work together to safeguard them using the Care Act definitions (Section 42 enquiry).
- Improving the quality of services to make sure that people get the best possible care and support by working with the Care Quality Commission (CQC) and commissioners.
- Ensuring that workers and volunteers who have harmed adults are investigated and, if necessary, referrals are made to professional registration bodies and/or the Disclosure and Barring Service (DBS).
- Working together to support adults who are self-neglecting and/or hoarding who are refusing all support and help.

Definition of abuse

Any action, deliberate or unintentional, or a failure to take action or provide care that results in harm to the adult.

There are many different types of abuse – find out more information about abuse on our safeguarding families in Barnsley website.

How do I report concerns about the safety of an adult?

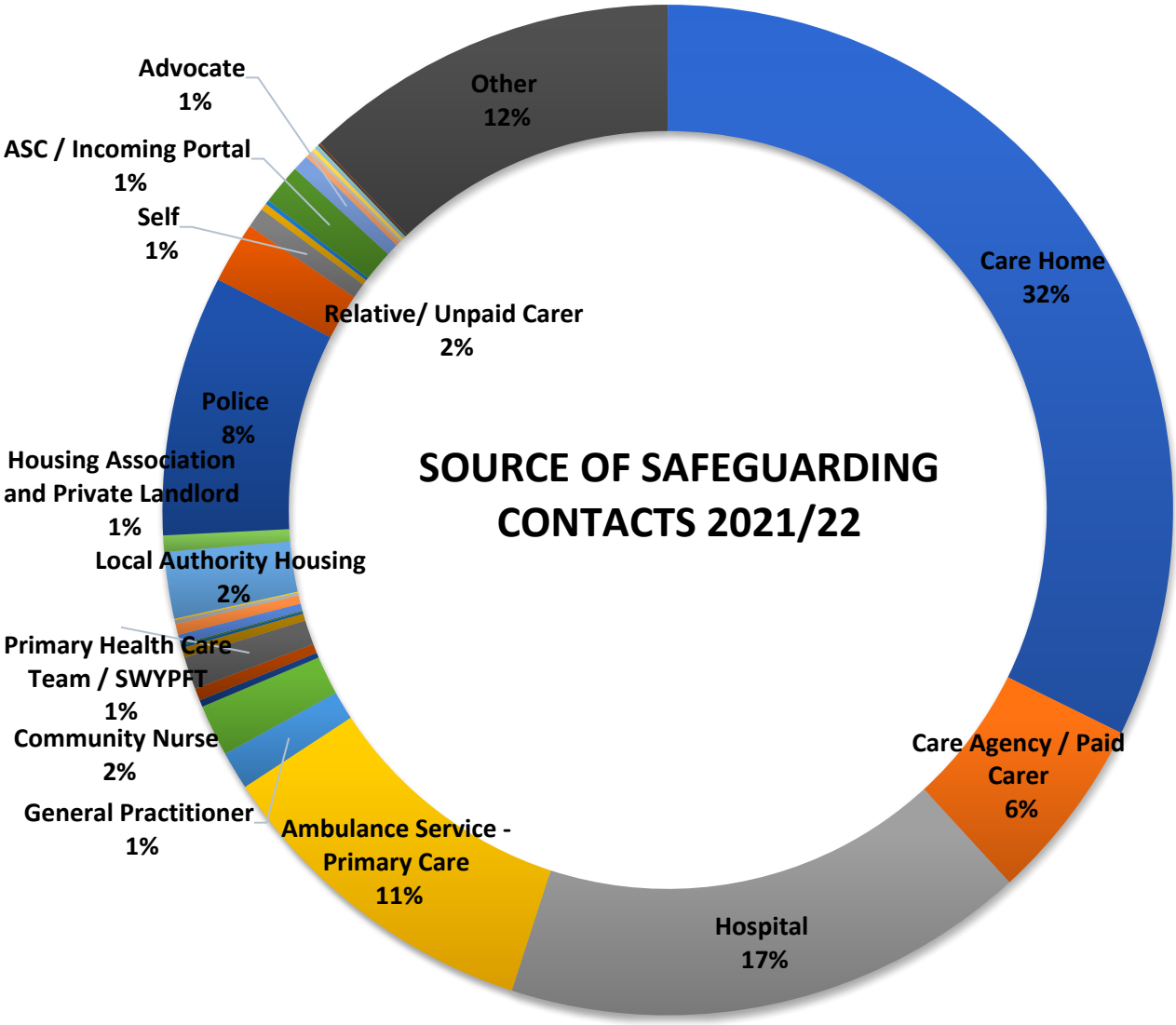
- Call Adult Social Care on (01226) 773300 or their out of hours line on (01226) 787789.
- If it's an emergency, call the police on 999.

3 Safeguarding activity

Barnsley received **2,231** safeguarding concerns in 2021/2022, which is a 9% increase on the number of safeguarding concerns received in 2020/2021 (2,023 concerns)

Concerns were identified and shared by the following organisations:

- Care home - 32%
- Care agency/paid carer - 6%
- Hospital - 17%
- Ambulance service - primary care - 11%
- General practitioner - 1%
- Community nurse - 2%
- Primary healthcare team/SWYPF - 1%
- Local authority housing - 2%
- Housing association and private landlord - 1%
- Police - 8%
- Self - 1%
- Relative/unpaid carer - 2%
- Adult social care/incoming portal - 1%
- Advocate - 1%
- Other - 12%



Barnsley Hospital has committed to increase knowledge of safeguarding adults to all staff by providing training, resulting in a 6% increase in the number of adults referred in 2021/22.

A change to the screening processes at the Adult Social Care front door has reduced the number of referrals from South Yorkshire Police being incorrectly recorded as safeguarding concerns. This work has helped adults get the right support for them in a timely manner, making sure concerns are directed to the right team, whether that's safeguarding, social care assessments or other local support.

Our commitment to improving the quality of data available has reduced the percentage of concerns listed as 'other' from 14% to 12%. This year, we've seen other housing providers and advocates being identified as referrers for the first time in our annual report.

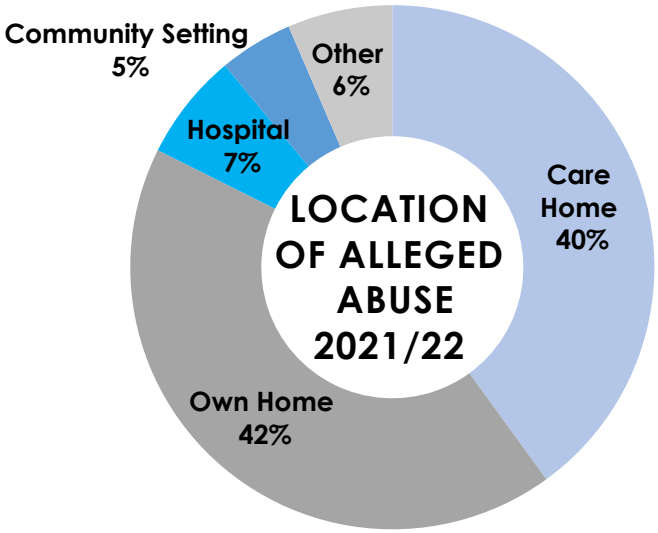
Referrals from doctors and other primary care staff remain at 3% of the total number of concerns received. However, a greater percentage have resulted in a safeguarding enquiry, demonstrating the high-quality referrals sent by GPs and practice staff. Work continues with GPs as they're well placed to identify patients at risk of harm and abuse.

We're pleased to report that concerns reported by themselves, their family and friends increased each quarter. This indicates that the impact of our communications strategy, including promoting Safeguarding Awareness Week, is reaching Barnsley citizens and supporting them to contact us for help and support.

Location of Harm

Locations of alleged abuse in 2021/22:

- Care home - 40%
- Own home - 42%
- Hospital - 7%
- Community setting - 5%
- Other - 6%



We're planning to increase awareness of adult safeguarding in the community to increase the number of referrals relating to adults living in their own homes in 2022/23.

The percentage of cases in people's homes has dropped from 51% to 42%, as this is not directly linked to an increase in the number of adults living in care homes. The Safeguarding Board is committed to protecting people from harm and abuse in the community and encourages everyone to look out for their families, friends and neighbours.

Safeguarding starts with a conversation with the adult to explore what help they want and how we can support them to feel safer in the future.

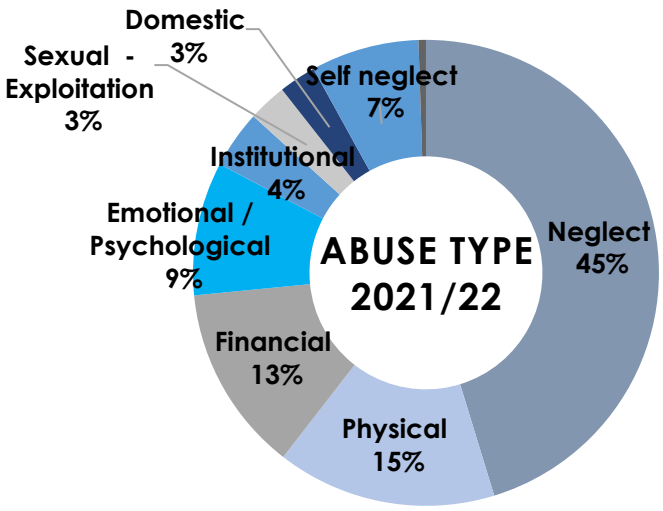
The concerns listed as hospitals include private hospitals in Barnsley, not just Barnsley Hospital.

What type of harm were reported and experienced?

Abuse type in 2021/22:

- Neglect - 45%

- Physical - 15%
- Financial - 13%
- Emotional/psychological - 9%
- Institutional - 4%
- Sexual exploitation - 3%
- Domestic - 3%
- Self-neglect - 7%



Over the past year, we've seen a rise in the number of neglect and physical abuse cases recorded in Barnsley.

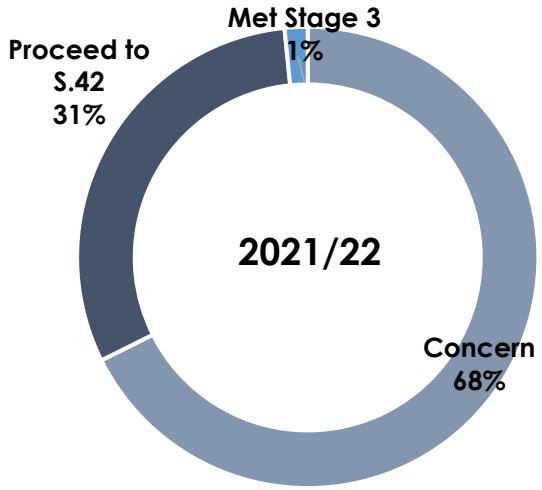
We're working to promote the support available for our borough's carers and to increase the public's ability to tell us if they're worried about their neighbours, friends or family.

We continue to work closely with our care providers, commissioners and the Care Quality Commission (CQC) to help them deliver high-quality care to adults in both care homes and their own homes.

Our work to help support adults struggling with self-neglect and hoarding has developed significantly over the past year, and we are delighted to see effective partnership working in place to help address this issue.

The board has been regularly updated on the impact of COVID-19, working together to identify solutions which minimise the risk to adults receiving care.

Safeguarding enquiries – helping adults to stop harm and to feel safer



Enquiries in 2021/22:

- Concern - 68%
- Proceed to Section 42 - 31%
- Met stage 3 - 1%

A Section 42 enquiry begins when an adult meets the three-stage test and agrees that they want help to stop or reduce the risk of harm.

Where an adult is unable to make the decision, for example, because of dementia, we'd use the Mental Capacity Act to confirm that they're unable to make this decision and decide if it's in their best interests for safeguarding to keep them safe.

Our safeguarding responses are very similar to previous years and in line with national averages, which suggest that 33% of safeguarding concerns result in safeguarding enquiries.

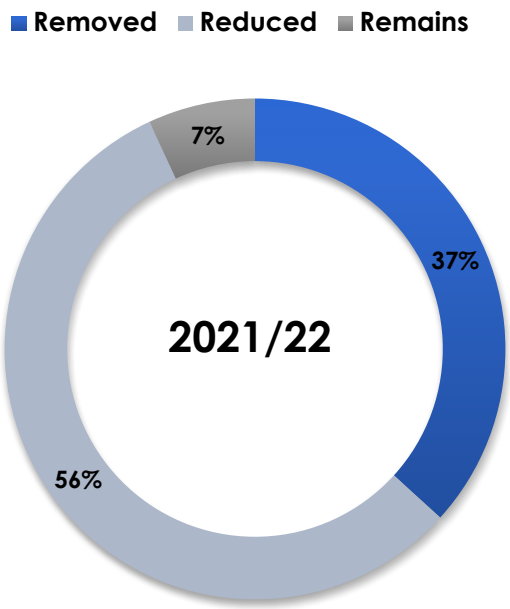
- 686 adults were supported to stop harm and abuse by a multi-agency safeguarding enquiry (Section 42). The majority were aged 65 plus.
- Demographically, the 684 adults supported by a Section 42 response are shown below; this is in line with our population demographic
    - Race
        - 80% of adults supported were white British.
        - 2.52% identified as black and minority ethnic.
    - Gender - the increase of referrals about men, noted in the 2020 – 2021 annual report, has continued to increase:
        - Women supported by safeguarding – 57%
        - Men support by safeguarding - 43%
        - Barnsley is in line with both regional and national comparators for gender.

Did we help adults feel safer?

Safeguarding aims to stop or reduce the risk of harm and to make people feel safer, if possible, by supporting them to be active partners in resolving the issues they face.

In 2021/22:

- removed - 37%
- reduced - 56%
- remains - 7%



In 2021/22 we removed or reduced the risks for 93% of the adults we supported.

Adults can choose to continue to have relationships with people who pose a risk to them, including family members and friends. Seven percent of adults valued these relationships more highly than the risks posed to their safety. In these cases, we advised them to contact us if they wanted support in the future to address the risk of harm and/or abuse.

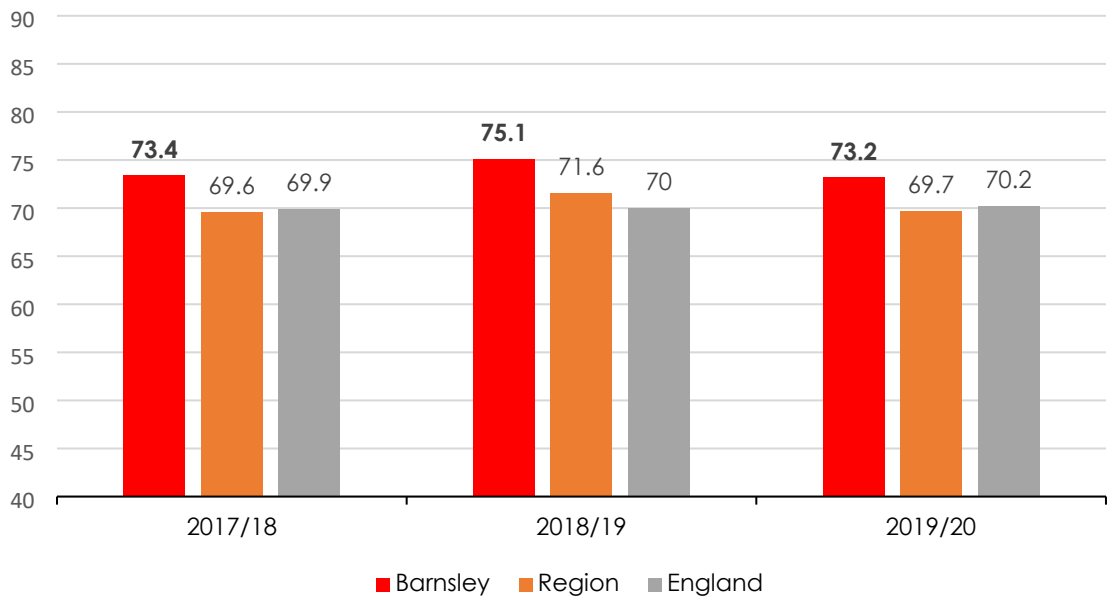
If a worker or volunteer is identified as the source of harm, a safeguarding enquiry will always take place, irrespective of the views of the adult. This is in line with our duties under the Care Act (2014) to respond to 'people in positions of trust', which includes workers or volunteers who may pose a risk to other adults.

Preventing harm and abuse

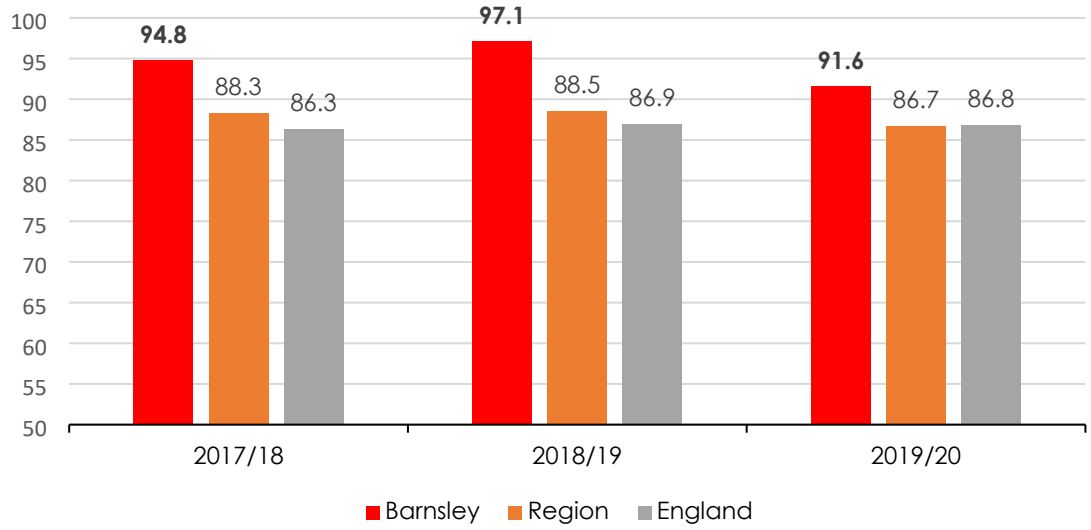
We're committed to preventing harm and abuse of adults in Barnsley. We do this by making sure that the services we provide are of a good quality and support adults to feel safe.

Barnsley remains well ahead of both regional and national comparators in the data provided to the Department of Health. The data is recorded in the Adult Social Care Outcomes Frameworks (ASCOF).

People who use services in Barnsley who say they feel safer – comparison of local/regional and national data



People who use services who tell us they help them feel safe and secure, showing local, regional, and national performance

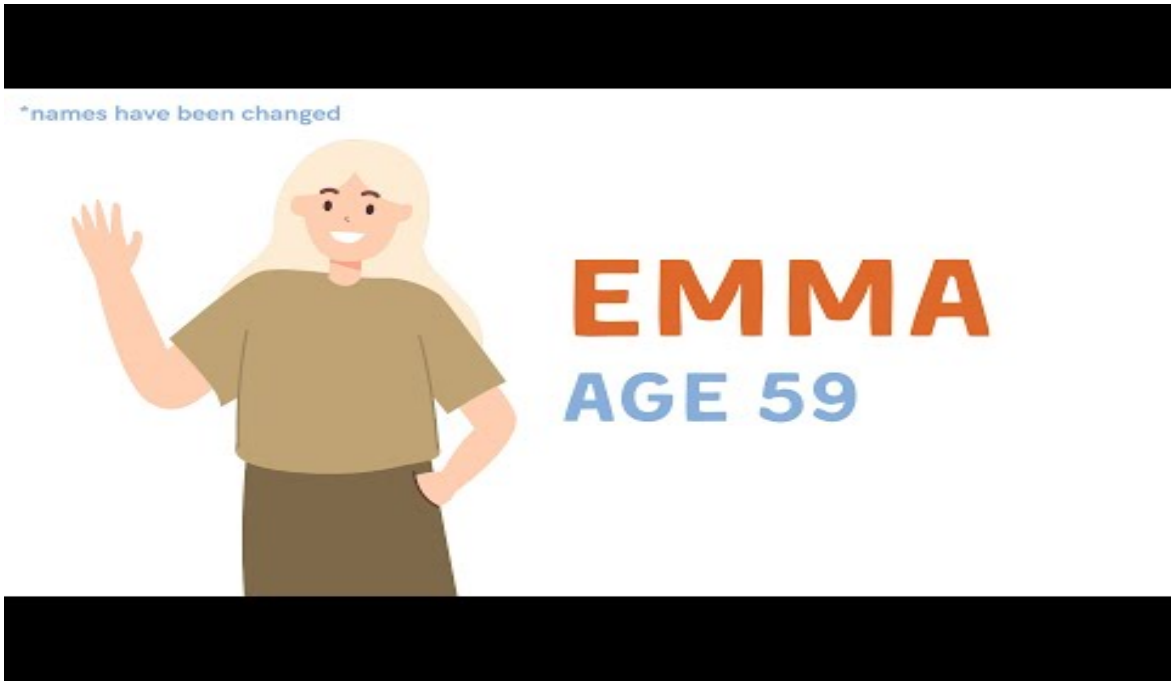


The data for 2020/21 is not published until October 2022.

4 Case Studies

Emma (please note these are not the real names of the individuals involved)

[Emma's Story - Safeguarding Adults Board]



Emma (age – 59) has struggled with mental ill health and alcohol problems for many years. Her problems escalated following the death of her son by suicide, 5 years ago. Emma has no contact with her daughter or other family members and has no social networks

Emma has a long history of ringing for help from ambulance, police, and other services, which resulted in a referral to the High Intensity User Group, a multi-agency group, who attempt to reduce unnecessary calls to “blue light” services. Emma was often transported to Barnsley Hospital where she developed a strong and positive relationship with staff.

Emma was convicted of arson in her flat in 2020 and sent to prison who identified memory concerns and referred her for a social care assessment. On release she was monitored by probation and subject to monitoring via MAPPA (Multi Agency Public Protection Arrangements) because of the risks posed by her offending

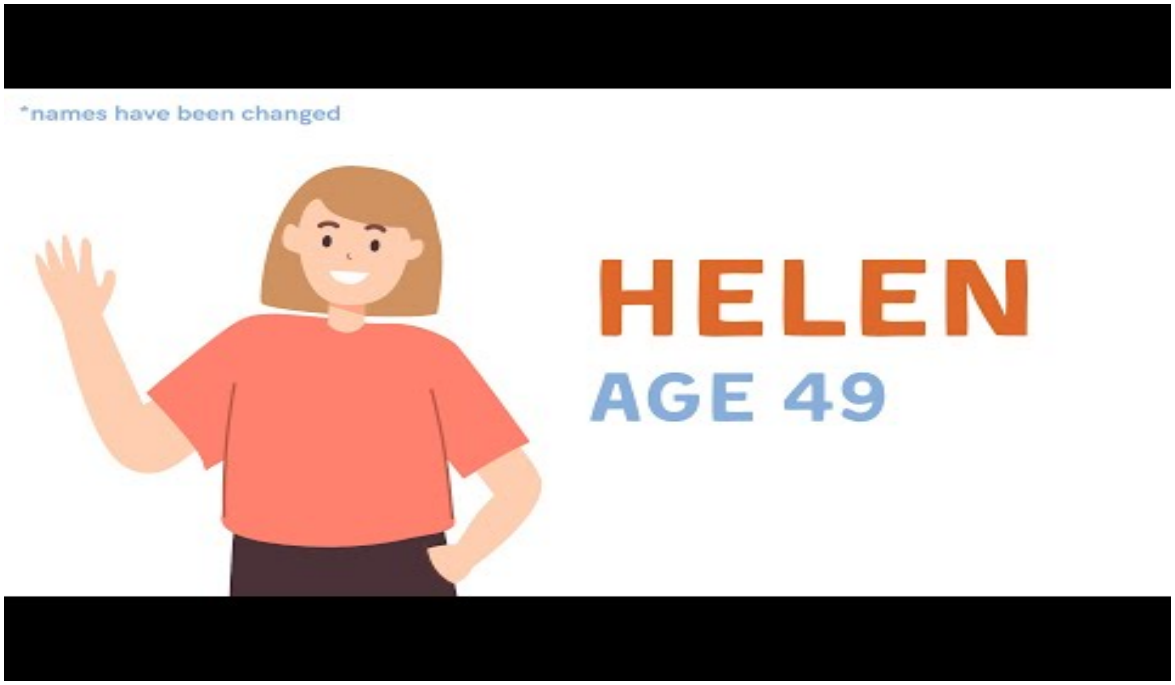
In 2021 she returned to Barnsley and was placed in residential care, however her verbal aggression resulted in eviction. A short hold tenancy with support from two workers lasted less than a week and resulted in a period of very chaotic behaviour and drinking. Information from the MAPPA meeting indicated that Emma had been diagnosed with an “Emotionally Unstable Personality Disorder” and was best supported by a “strong structure of care and support”

A multi-agency meeting attended by organisations who knew Emma well was held and as a result she was placed in a residential unit with support from two workers, at the start of 2022. A capacity assessment was completed which evidenced that Emma was unable to understand the risks linked to her behaviour and the necessary restrictions in her care plan to keep her safe were authorised by a Deprivation of Liberty Safeguard’s standard Her relationship with staff at Barnsley hospital enabled an assessment of her physical health to confirm if her claim that she needed crutches and/or wheelchair were factual. Emma and the hospital agreed that she did not need these walking aids.

Emma reports being “happy “in the unit and her drinking is rarely an issue and the unit have not reported any concerns that would put the placement in jeopardy.

Helen (please note these are not the real names of the individuals involved)

[Helen's Story - Safeguarding Adults Board]



Helen (49) was referred to Adult Social Care, by her daughter who was concerned that Helen was hoarding and not looking after herself. Adult Social Care picked up the case in February 2021 and started to build up a relationship with her. Helen has a history of mental ill-health, substance misuse and has lived with domestic abuse for many years.

Initially Helen was reluctant to engage with professionals and would not let anyone into her home, so conversations with Helen took place at her mum's house, who she felt safe with.

Helen lives in a three-bed house, managed by Berneslai Homes, who had been unsuccessful in completing the required checks on her boiler, despite many attempts and this forced them to "cut off "her gas supply.

Helen's partner, who frequently took high value items to sell, which contributed to Helen's desire to have "spares" in the property. His death in 2021, ended the domestic abuse, he subjected her too, however this loss added to Helen's hoarding behaviours.

Due to the concerns about fire safety, her physical and mental health the case was escalated into the Self-Neglect and Hoarding process, part of Adult Safeguarding. As a result, three agencies began working closely with Helen and each other to share the responsibility of building relationships and addressing the risks. (Adult Social Care, Berneslai Homes (Mental Health Tenancy Support) and Safer Neighbourhoods.) As a result of the persistent and empowering approach taken, Helen felt able to let workers into her home and this allowed Berneslai Homes to service the boiler and complete other improvements to her home. South Yorkshire Fire and Rescue were able assess fire risks and put in place the necessary alarms etc.

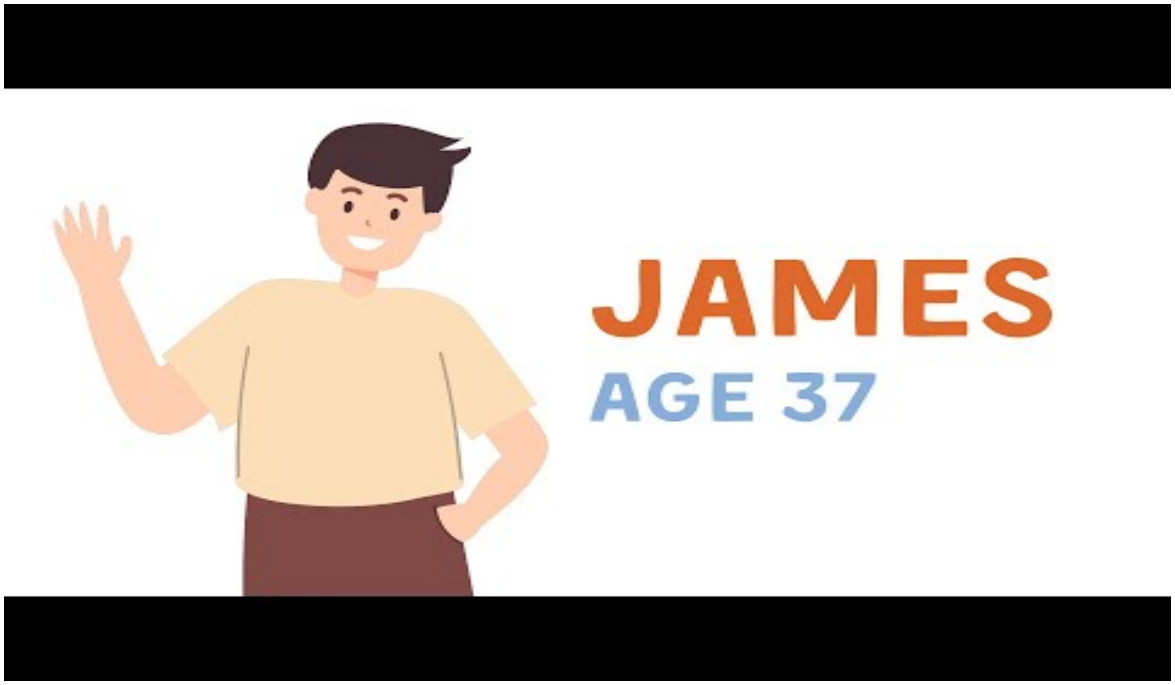
Helen was invited to all the meetings but chose not to attend but has continued to engage with the workers, sadly Helen's mum died unexpectedly, and it was feared that Helen would disengage, fortunately this did not happen.

Helen is no longer being managed under the self-neglect and hoarding processes as the risks have reduced, however she still receives regular support, it is hoped that she may be able to move to a smaller property and consider accessing other support in the coming months

The workers have benefited from the mutual support from working together to support Helen over many months and Ellen has regained her faith in contact with workers.

James (please note these are not the real names of the individuals involved)

[James' Story - Safeguarding Adults Board]



James (37) was referred into Neighbourhood nursing services in October 2020 following a hospital admission for abdominal pain, vomiting and loose stools. Diagnosed with a diabetic Ketoacidosis. James has a history of Type 1 Diabetes, Severe left ventricular Dysfunction (heart Failure), anaemia, severe kidney disease and hepatomegaly (enlarged liver). It was noted on his discharge letter that he had been referred to learning disability team for support although learning disability had not been confirmed. He was initially treated with intravenous fluid and a fix rate insulin in accident and emergency department however transferred to intensive care due to poor access and a central line was inserted. He was very unwell whilst in hospital. On discharge James had voiced that he was struggling to manage at home particularly remembering his insulin. James had had numerous admissions to hospital in the past with diabetic related problems. James had not particularly engaged with health professionals in the past and had managed his condition himself.

James lived with his mum initially however prior to admission had moved to a Berneslai homes flat and was living independently with ongoing adhoc support from his mum.

Following the initial assessment visit and subsequent visits to provide education and support to James regarding his condition and management there were concerns regarding his capacity around his Diabetes care, treatment, and management. He was very frail in appearance and due to his admissions to hospital very vulnerable with the possibility of a fatality in his poor management of his condition. As a result, discussions were held with the trust safeguarding team for advice and a decision to arrange a professionals meeting to discuss his case was made. This took place involving all professionals from health and social care that had been involved with him to discuss concerns along with adult safeguarding team for support and trust legal team.

As a result, a capacity assessment was carried by the Diabetes Specialist nurse around his Diabetes care and treatment. Initially there was concern that James had some understanding however due to his concrete thinking around his disease was unable to manage his condition effectively. James was involved in the meetings to be able to voice his wishes around his care and support. Several services were involved in supporting James (Social Worker, District Nurses, Diabetes Specialist Nurses, Community Matron, Continuing Health Care and GP). Community Matron visited on a regular basis to build up a relationship with James and ensure he was involved in all decisions being discussed regarding his care whilst ensuring his wishes were taken into consideration as he was reluctant to engage with nurses visiting daily to support with his insulin management. During the time that meetings were being held James developed bilateral retinal detachment (retinas of the eye had become detached resulting in loss of sight) which required surgery to maintain a level of eyesight. This was a complication of his poor management of his condition. Throughout the episode of care, the multi-agency self-neglect pathway has been used to support the process.

As a result of continual support and empowering James with his care, working with him to achieve his outcomes, he agreed to accept support. He now has a care package for support with meals three times per day, shopping weekly, District Nurses visiting twice daily to support and encourage James with his insulin administration, regular review from Diabetes Nurse specialist and ongoing monitoring from Matron. He is attending his appointments at renal unit on regular basis for review of his poor kidney function as he may, at later date require kidney transplant.

Previously James was being admitted to hospital on a very frequent basis and in quite a poor condition. Since referral to the service and the support that has been provided to James his admissions have reduced greatly and he is remaining well, for the severity of his condition. Professionals involved in his care have greatly appreciated the discussions and teamwork that took place to provide support plans and support to proactively maintain and level of health for James.

5 Key achievements

Achievements	Impact
Safeguarding adults education programme A high-quality programme has been established, offering workers and volunteers free education and training virtually via Teams or face-to-face. As a result of this training post, Barnsley is now	The Safeguarding Adults Board can monitor which organisations are accessing training and how this impacts the quality of the safeguarding support we offer. We can influence the content of regional conferences to meet the needs of Barnsley workers and volunteers.

actively involved in shaping the South Yorkshire education programme.	
South Yorkshire safeguarding adults launch event In 2021, we held the first South Yorkshire-wide launch event at Northern College, where colleagues from across the region benefitted from specialist inputs and sharing their experiences of: • Preparing young people for adulthood • Supporting adults who are self-neglecting and/or hoarding	The format was so successful that the event will be repeated in 2022, hosted by another regional local authority. Locally, a task and finish group has been created to improve the support we offer young people who may struggle to be safe adults or effective parents.
Safeguarding Awareness Week Radio advertising brought safeguarding messages into people's homes and cars, with the aim of supporting people in Barnsley to share concerns about themselves, their families, or neighbours. A joint leaflet explaining adults' and children's safeguarding was produced and kindly shared by market stall holders during the week. The leaflet was also shared at several public-facing events. We saw a strong social media presence by all Safeguarding Adults Board partners during the week and supplemented by ongoing campaigns during the year.	The leaflet is available in care homes, pharmacies and support organisations across Barnsley. We'll continue to extend its availability across the borough. The SAFE customer group have agreed to deliver local public information events throughout the year. The Safeguarding Adults Board have agreed to fund a customer engagement post to improve the safeguarding knowledge of community groups and their ability to prevent and respond to safeguarding concerns.
Partnership boards working together A development event bringing together six boards took place to support us in working effectively on topics impacting us. These include domestic abuse, homelessness, modern slavery, and neglect.	We'll develop our ability to work together on shared issues by changing our meetings, creating shared data resources and building feedback mechanisms to reduce duplication and improve our ability to keep people in Barnsley safe.
Safeguarding adults peer review The Barnsley Safeguarding Adults Board invited the Local Government Association to review how well we safeguard adults and help us develop an action plan for any improvements needed. We'd like to thank all our colleagues who took part in this and shared their views.	Initial feedback says we're doing well and confirmed areas we'd previously identified for improvement. When the full report is produced, it'll be used to inform our strategy and work plan for the coming year.

Achievements	Impact
New guidance and policies developed Our guidance and policies are regularly reviewed and updated to support workers and volunteers to keep adults safe in line with best practice.	Workers and volunteers always have access to current policies and guidance.
Increase in the number of self-neglect and hoarding positively resolved Learning from recent cases, new policies and a commitment to partnership working has led to an increase in the number of adults supported to resolve the risks linked to their self-neglect and/or hoarding. The customer-led hoarding support groups have been positively received.	Adults and workers are reporting that self-neglect and hoarding issues are being resolved. Only one safeguarding adults review request, following the death of an adult linked to their self-neglect, was received in the year.
Research The Safeguarding Adults Board has agreed to be part of three national research projects: 1. Self-neglect and hoarding, led by the University of Sussex 2. Transitions, led by the University of Sussex 3. Medication safety in care homes, a PhD project with support from the South Yorkshire Integrated Cared System. Some of these will run to 2024 but will support ongoing improvements.	We'll benefit from the learning and resources produced because of the research, and this will improve local practice. Care homes will be supported to manage medication in line with best practice.
Subgroups development event The subgroup members met to evaluate their performance and explore if changes could be made to membership, developing new relationships and priorities to improve their ability to deliver to keep adults in Barnsley safe.	The workplans for each subgroup have been amended and are regularly reviewed to help keep adults in Barnsley safe from abuse.

6 Safeguarding Adults Reviews (SAR) and lessons learnt

The Care Act (2014) requires safeguarding boards to "consider all deaths or ‘near misses’ of adults we know or suspect were being abused or at risk of abuse, and partners may not have worked together to prevent the harm."

The Safeguarding Adults Review Panel meets monthly to consider all referrals, and Barnsley is committed to reviewing cases that don't meet the SAR criteria where we feel that we can improve practice by completing a lessons learnt review.

Safeguarding Adults Reviews

1) **Lola (please note these are not the real names of the individuals involved)**

Lola, an adult with learning disabilities, was admitted to the hospital emaciated and dehydrated from her family home, who had been her carers. Lola required an intensive care bed and remained in hospital for many weeks. South Yorkshire Police interviewed the family about possible wilful neglect of Lola, and Adult Social Care offered support to two elderly relatives living in the household who were reliant on Lola's parents for care and support.

Several opportunities were missed to seek Lola's views in previous contacts with the family, as the professional was too accepting of the families' views that neither Lola, nor they, required any support. Most professionals didn't have a conversation with Lola on her own to establish her views and wishes. Failure to support or bring Lola to her appointments did not generate the expected level of professional curiosity about her circumstances. Work has been commenced, in collaboration with GPs and the Health and Wellbeing Board, to improve our ability to track and respond to adults with learning disabilities who are not brought to health appointments.

Lola has made good progress and is living in supported accommodation, where she's developing skills in cooking and budgeting. Her social network has grown, and she reports that 'I'm alright now to be here. Listening to music and having a nice chillin' time in my bed.'

You can read the full report regarding Lola or the seven-minute briefing about Lola.

2) **Mr J (please note these are not the real names of the individuals involved)**

Mr J died in hospital because of his non-engagement with health services, also known as self-neglect. He had a long history of mental ill-health and struggled with relationships, in part because of his inability to manage his emotions or money. Mr J was a probation client, and they referred his case to the Safeguarding Adults Review Panel.

A review has commenced and a report will be published in autumn 2022.

Learning review: Adult F (please note these are not the real names of the individuals involved)

Adult F, aged 18, died at home following a fall in the bathroom.

F lived with his mother, and his father was a regular feature in his life. Historical social care referrals began when F was six, reporting verbal and physical abuse by his mother and father. Later, when he was a teenager, there became counter allegations of fights and F returning his mother's abuse.

He was in 'child in need planning' at the age of nine and 13 to 15 years. He was known to Children's Services when he was 16 and 17. There were additional concerns about his health, parents not attending appointments and a lack of engagement with professionals.

He suffered broken bones through playing on two occasions, but wasn't taken to hospital for over a week after the injuries occurred. F was referred to CAMHS and for Prada Willi tests in 2015. He had

moderate learning disabilities and was isolated at school with few friends, relating to the staff better than the other children.

He raised concerns over his weight and self-harming (picking skin) with the school nurse. His parents did not follow up on medical tests or follow health advice for F, and failed to engage with CAMHS after his first appointment. F was morbidly obese at the time of his death.

As adult services held no information on the case, Barnsley Safeguarding Children's Partnership was asked to complete the review into his death. Key learning included:

1. Support or plans for cases with insufficient movement to be peer reviewed to help ensure progress to effective outcomes.
2. Share best practice strategies to address barriers and encourage family engagement.
3. Outline of the deep dive to be used as case study in neglect awareness and family engagement skills training.
4. Recording systems and professional curiosity to support information sharing between services.
5. Audit findings to inform the Neglect Strategy.

You can read a seven-minute briefing on Adult F's case.

Learning review: Gillian (please note these are not the real names of the individuals involved)

We commenced a learning review into the circumstances of Gillian, an adult with learning disabilities, who was found in her family home with her deceased mother, who had died of natural causes. Her mother had been dead for several days before the police were contacted by a concerned neighbour and broke into the property.

The police found Gillian distressed, unable to provide her name or other information about other family members. As a result, they took Gillian to a mental health hospital for an assessment.

The review identified concerns about highly sexualised behaviour going back to childhood and an ongoing refusal to wear clothes. Gillian had very poor physical and oral health and had not been seen by medical services for several years. Gillian had a learning disability diagnosis as a child, but this did not result in transition into adult services.

The review identified several areas for development:

- Assessments, including mental capacity assessments, must be completed on adults who are thought to lack capacity to make these decisions, irrespective of the views of family members. Where possible, an advocate should be appointed to support the adult in expressing their views if possible.
- Non-attendance of health appointments, especially annual learning disability health checks, must be escalated and, if necessary, result in a safeguarding concern being shared with Adult Social Care. A 'was not brought' policy is being worked on, and this will support the escalation of concerns linked to non-attendance of all health appointments.
- Family assertions must be 'tested' to check their validity when an adult with learning disabilities is involved. Gillian's mother claimed that she attended college and was a volunteer with a local charity. However, there was no evidence supporting either of these claims.

- The creation of training and guidance to support workers to demonstrate persistence and professional curiosity when working with difficult to engage family members is being considered.

You can read a seven-minute briefing on Gillian's case.

Learning review: Provider case

The Care Quality Commission identified concerns about the safety of services provided by a private organisation in Barnsley. Neither Barnsley Council nor the South Yorkshire Integrated Care System had a contract with them to place young people in their unit.

The provider offered support to people aged 16 and over, but it was not registered with Ofsted as the care extended until at least the age of 25.

Concerns identified

- All adults in the unit were placed by local authorities outside the borough, which meant social workers or families didn't regularly see them.
- Inappropriate and excessive use of restraint were regularly used by staff.
- High levels of violence between residents.
- High levels of self-harm and absconding.
- Staff were not skilled to work with these young people, and some had not received the required Disclosure and Barring Service (DBS) and pre-employment checks.
- Safeguarding children's concerns about the young people under the age of 18 were not shared with Adult Social Care. However, they were shared with the placing social worker and local authority.
- None of the young people were registered with a local GP.

Learning identified includes:

- The CQC and commissioning colleagues must share details of providers in Barnsley who do not have an existing commissioning relationship.
- Records are created in the adult social care system to track low-level and safeguarding concerns so we can share them with the placing agencies.
- Exploring the role of GPs in working with providers who have no commissioned relationship with Barnsley Council or the South Yorkshire Integrated Care System.
- The risks of out-of-area placements in non-commissioned services are shared at all relevant forums, including adult and children's commissioning and the Yorkshire and Humber ADASS.
- Barnsley will adopt an out-of-area checklist to protect adults placed outside of the borough.

A learning brief will be published by mid-August 2022.

7. Ambitions for 2022/23

- Develop our ability to work with all boards and partnerships in Barnsley to keep adults safe.
- Improve the knowledge and confidence of members of the public to recognise and report safeguarding concerns, to be our eyes and ears.
- Use early learning from the research to inform practice.

- Gather evidence that training is making a difference in practice.
- Use learning from the peer review to inform the development of our 2022/23 work plan.
- Deliver a community-based Safeguarding Awareness Week in November 2022.
- Be ambitious in our desire to learn from practice, not just when cases meet the criteria for a Safeguarding Adults Review.

8 – Board Budget

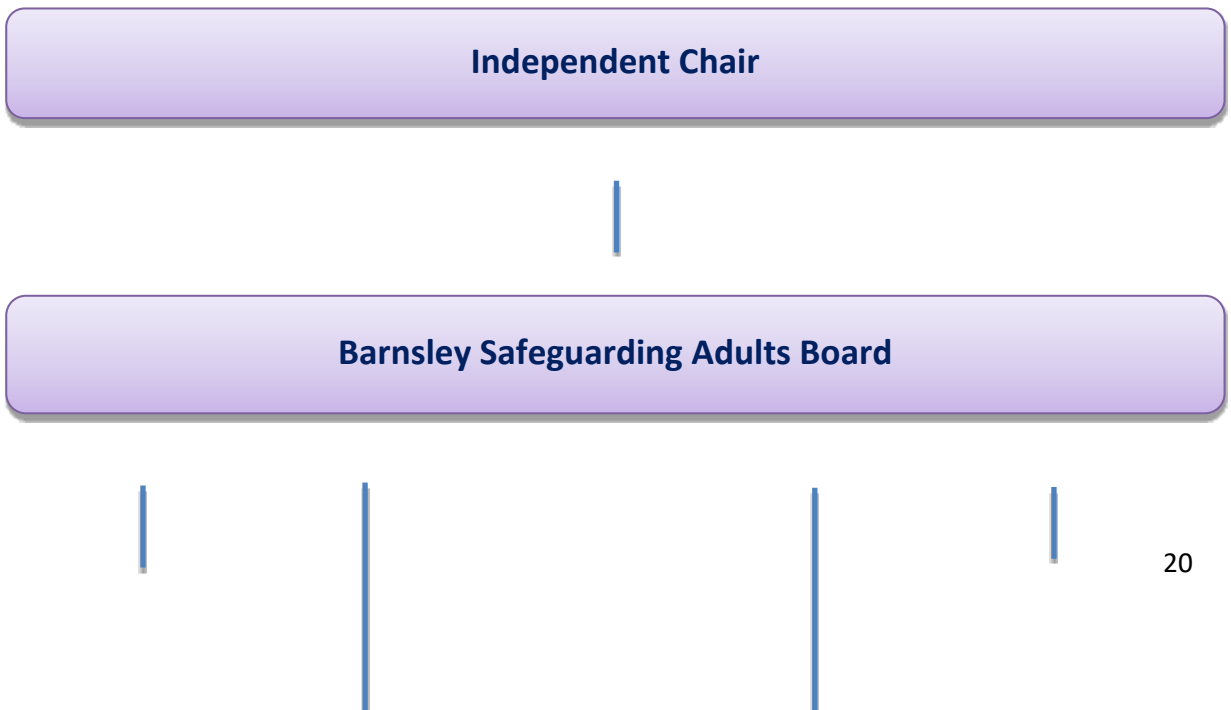
The table below shows the financial position of the Adult Safeguarding Board for the 2021/22 financial year:

	Expenditure
Employee Costs	93,066
Supplies & Services	24,217
Business Support	21,784
Total expenditure	**139,067**
NHS Barnsley CCG	-26,642
Police & Crime Commissioner	-20,429
Uncommitted resources from 20/21	-35,750
BMBC budget contribution	-97,240
Total funding / income	**-180,061**
budget underspend 21/22	**-40,994**

The underspend of £40,994 has been carried over to 2022/23, with the agreement of the Barnsley Safeguarding Adults Board. This underspend is due to the late recruitment of a new part-time multi-agency trainer and the temporary reduction in hours for another employee.

9 – Board structure

Barnsley Safeguarding Adults Board Structure



Performance Management and Quality Assurance Subgroup

Chair: Healthwatch

Safeguarding Adults Forum by Experience

Chair: Member of SAFE

Pathways and Partnership Subgroup

Chair: Adult Social Care

Learning and Development Subgroup

Chair: Barnsley Council

SAR and DHR Sub Committee

Chair: Independent Chair of BSAB

11 – Board Partne

Thanks to all our partners who have worked with us to demonstrate what they are doing to prevent harm and abuse every day.

Item 5a

Report of the Executive Director Core Services
to the Overview and Scrutiny Committee (OSC)
on 13 September 2022

The Barnsley Local Safeguarding Children's Partnership Annual Report 2021-22 - Cover Report

1.0 Introduction and Background

1.1 The Barnsley Local Safeguarding Children Partnership (BSCP) is the organisation responsible for agreeing how services and agencies work together to safeguard and promote the welfare of children and young people in the borough and ensuring that they do so effectively. The Children and Social Work Act 2017 and Working Together to Safeguard Children 2018 places the responsibility on the three 'Safeguarding Partners', the police; the local authority; and health, to formulate the local arrangements for partnership working to safeguard children in their own geographical area.

1.2 The role of the Partnership is to:-

- Ensure that safeguarding children and young people is at the centre of everything they do
- Hold Partnership members to account, making sure they are doing enough to keep children and young people safe
- Collect and share information about how well they are keeping children and young people safe and identify what more can be done

1.3 BSCP created a new role of Independent Scrutineer in November 2021. The role of the Independent Scrutineer is to act objectively, as a constructive and critical friend who promotes reflection to drives continuous improvement.

2.0 Current Position

2.1 The Barnsley Local Safeguarding Children Partnership's Annual Report 2021-22 (Item 5b - attached) outlines the work of the Partnership and its sub-groups over the last year and indicates its priorities and plans for continued improvement. It also shows how they try to include the voice of children, young people and families at every opportunity.

2.2 The governance structure of the Partnership is outlined within the report, showing the six sub-groups who ensure the work of the Partnership is carried forward. These groups are:-

- Child Death Overview Panel (CDOP)
- Children with Disabilities (CwD) and Complex Health Needs subgroup
- Policy, Procedures and Workforce Practice and Development (PPWPD) subgroup
- Child Exploitation (CE) Strategic subgroup
- Local Child Safeguarding Practice Review (LCSPR) subgroup
- Performance Audit and Quality Assurance subgroup

2.3 A review of the governance arrangements is underway. With the support of the Independent Scrutineer, a structured executive group is now in place. Meetings have increased in number and duration. A new strategic multi-agency safeguarding hub

(MASH) group reports directly to the executive. Subgroups are being restructured to deliver on strategic priorities. The full set of changes come into place in October 2022.

2.4 The Partnership has identified four strategic priorities for 2022-25:-

- Child neglect - improving outcomes for children and young people at risk of neglect and harm
- Child exploitation - improving outcomes for children and young people at risk of exploitation and harm outside of home
- Bullying, online harm, stalking and harassment
- Service development and improvement

3.0 Invited Witnesses

3.1 A number of Partnership representatives have been invited to today's meeting to answer questions from the Overview and Scrutiny Committee regarding their work over the last annual reporting year (April 2021-March 2022), as well as work being undertaken currently and future plans:-

- Carly Speechley, Executive Director, Children's Services, BMBC
- Keeley Boud, Head of Safeguarding & Quality Assurance, Children's Services, BMBC
- Annette Carey, Strategic Safeguarding Partnership Manager, Children's Services, BMBC
- Cllr Trevor Cave, Cabinet Spokesperson – Children's Services
- Superintendent Emma Wheatcroft, South Yorkshire Police (SYP)
- Nikki Kelly, Named Nurse Safeguarding Children, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Dawn Gibbon, Head of Safeguarding, Barnsley Hospital NHS Foundation Trust (BHNFT)
- Angela Fawcett, Designated Nurse Safeguarding Children and Looked After Children, South Yorkshire Integrated Care Board
- Emma Cox, Assistant Director of Nursing, Quality & Professions, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Jayne Sivakumar, Chief Nurse, South Yorkshire Integrated Care Board

4.0 Possible Areas for Investigation

4.1 Members may wish to ask questions around the following areas:

- What area of work has had the greatest positive impact on safeguarding children and young people in the borough during 2021-22?

- How is the cost of living crisis impacting on the safeguarding of our children and young people?

- How confident are you that there is effective information sharing and challenge across practitioners from different agencies to protect children in Barnsley?

- How do you ensure that parents/carers have listened, heard, and understood advice given to them by services, such as regarding safe sleeping?

- What is in place for parents, other family members, children and young people, to give feedback on their experience of assessments and/or being involved in safeguarding services?

- What impact have the recent changes in senior officers in a number of the agencies had on the work of the partnership?

- How effective are policies/procedures in place to safeguard children who are out of mainstream education or in Elective Home Education (EHE)?

- How does the Partnership work together with the Safeguarding Adults Board?

- How is the Partnership ensuring a smooth transition between Children & Adults safeguarding services?

- How does the Partnership embed good practice from the National Safeguarding Panel into its own work?

- What actions have been put in place to better evidence the impact of changes made by the Partnership?

- How will you embed the changes outlined in the two Child Practice Reviews?

- How does the Partnership make sure it meets the needs of young people with disabilities?

- Do staff have the capacity to conduct the direct work needed with children & young people?

- What actions could be taken by Members to assist in the work of Barnsley Safeguarding Children Partnership?

5.0 Background Papers and Useful Links

- Barnsley LSCP Annual Report 2021-22 (Item 5b - attached)

- Barnsley Safeguarding Children Partnership New Arrangements and Implementing the Requirements of Working Together 2018:- https://www.barnsley.gov.uk/media/10311/barnsley-safeguarding-children-partnership-implementation-document.pdf

- Barnsley Safeguarding Children Website:- https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-children-in-barnsley/

- Child Protection in England: National Review into the murders of Arthur Labinjo-Hughes and Star Hobson (2022): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

6.0 Glossary

BHNFT	Barnsley Hospital NHS Foundation Trust
CDOP	Child Death Overview Panel
CE	Child Exploitation
CSE	Child Sexual Exploitation
CwD	Children with Disabilities
DSL	Designated Safeguarding Lead
LCSP	Local Children's Safeguarding Partnership
LCSPR	Local Child Safeguarding Practice Reviews
MASH	Multi Agency Safeguarding Hub
OSC	Overview & Scrutiny Committee
PPWPD	Policy, Procedures and Workforce Practice and Development
SCRs	Serious Case Reviews
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYP	South Yorkshire Police

7.0 Officer Contact

Jane Murphy / Anna Marshall, Scrutiny Officers
Scrutiny@barnsley.gov.uk
05 September 2022

Annual Report of the Barnsley Local Safeguarding Children Partnership (2021/22)

Introduction

Welcome to the annual report covering the work of the Barnsley Safeguarding Children's Partnership (BSCP) in 2021/22. The report provides an overview of multi-agency safeguarding activity during the year and reflects the hard work and dedication of all our partner agencies as they've safeguarded and promoted the welfare of Barnsley's children and young people. Our shared Healthy Barnsley 2030 ambition is that children and young people have the right support, with early help at the right time. That everyone has the resources they need to look after themselves and their families.

On the backdrop of the pandemic, front line colleagues across the borough showed remarkable ability in adapting their responses to meet the challenges created by the pandemic, and for this we will be forever grateful. We want to thank everyone who continues to go above and beyond to make Barnsley a safer place for children.

Barnsley Safeguarding Children's Partnership demonstrated its ability to respond and to be creative in providing leadership through this difficult time. Our ability to safeguard children and support vulnerable families continued and, moreover, we were able to progress our priorities and strengthen the coordination and efficacy of services.

This year has seen big changes as we've said goodbye to Mel John-Ross, the Executive Director of Children's Services, and to Bob Dyson, the Independent Partnership Chair, and we thank them for their drive, ambition, and hard work on behalf of BSCP and the children and families of Barnsley.

We're in process of reviewing our strategic priorities with wider partners and colleagues, and our governance arrangements to strengthen accountability and oversight of BSCPs activities, and to test the effectiveness of future arrangements. Big changes will also be made following the establishment of Integrated Care Systems within the NHS.

Jean Imray joined BSCP in a new role of Independent Scrutineer in November 2021. The role of the Independent Scrutineer is to act

objectively, as a constructive and critical friend who promotes reflection to drives continuous improvement.

We remain grateful to all partners and their dedicated front-line staff for their support and steadfast commitment to safeguarding all of our children.

Carly Speechley - Executive Director for Children's Services, Barnsley Council
Jayne Sivakumar - Chief Nurse (Barnsley), NHS South Yorkshire Integrated Care Board
Chief Superintendent James Abdy - Barnsley District Commander

Statement from the Independent Scrutineer

Working Together 2018 advises that the decision on how best to implement a robust system of independent scrutiny is to be made locally, but safeguarding partners should ensure that the scrutiny is 'objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement'. The independent scrutineer should 'consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership.'

The role of the independent scrutineer is primarily focussed on how well the three safeguarding partners are working together and with any relevant agencies and organisations, to ensure that local children are safeguarded, and their welfare promoted.

I took up the post of independent scrutineer in November 2021. The BSCP and I agreed that no one person could or should be the only source of scrutiny for an entire safeguarding system and so during the first six months of my tenure, as well as the work I have undertaken directly myself, I have drawn upon a variety of sources of external and internal inspections and reviews as well as audit and scrutiny that has been undertaken across the partnership. Read my six month report.

Without exception I have found the BSCP executive both open to and welcoming constructive challenge and support. As a result of changes in key personnel, the executive is in many ways still in its infancy and it recognises there is work to do to ensure it matures into a powerful and influential force that facilitates and drives change and improvement across usual institutional and agency constraints and boundaries.

The ambition and commitment of the BSCP to improve the experiences of children and families in Barnsley is impressive, and I am confident it will be matched by a shared determination to accelerate the pace of change so that the positive impact of its work becomes even more evident.

Jean Imray - Independent Scrutineer

Role of the Partnership

The Barnsley Safeguarding Children Partnership (BSCP) brings together the three lead partners (local authority, police and South Yorkshire Integrated Care Board) to plan and to work together with other partners to protect and safeguard children in the local area.

The BSCP was established in 2019 following the Wood Review and the revised Working Together to Safeguard Children (2018).

This report describes some of the work undertaken in April 2021 to March 2022 and considers the effectiveness of the arrangements in a period of tremendous change, as local communities adapt to living with COVID-19. Our aim is to be more effective together than we are as separate agencies, in our shared and equal duty to safeguard and promote the welfare of children and young people of Barnsley.

Partnership Governance Arrangements and Structure

The partnership has strategic leadership in place, initiates effective joint working practices, and gains assurance of the effectiveness of safeguarding arrangements through the structure and the activities of subgroups and partnership bodies, including arrangements to identify and review serious child safeguarding cases. It links in with the important work of other partnerships across Barnsley, including those that bring the voices of children and young people.

A review of our governance arrangements is underway. With the support of the Independent Scrutineer, a structured executive group is now in place. Meetings have increased in number and duration. A new strategic multi-agency safeguarding hub (MASH) group reports directly to the executive. Subgroups are being restructured to deliver on our strategic priorities. The full set of changes come into place in October 2022.

Independent Scrutiny

As well as the challenge and oversight brought through the new independent scrutineer role in November 2021, elected members attend the BSCP, as representatives of the local community. This annual report will be considered by the BMBC Scrutiny and Oversight Committee.

The partnership is committed to involving young people in having an active role in local arrangements. BSCP works closely with youth networks, whose activity this year has focussed on transitions into adulthood, mental health and wellbeing.

Our Partners

- Barnardo's
- Barnsley College
- Barnsley Council
- Barnsley Hospital NHS Foundation Trust
- Barnsley Safeguarding Adults Board
- Berneslai Homes
- Cafcass
- Compass
- Healthwatch Barnsley
- Humankind
- IDAS
- National Probation Service
- NHS Barnsley Clinical Commissioning Group
- NHS England
- Safer Barnsley Partnership
- South West Yorkshire NHS Foundation Trust Partnership
- South Yorkshire Fire and Rescue
- South Yorkshire Police
- Spectrum Community Health CIC
- Stronger Communities Partnership

The Impact of Covid-19

The impact of COVID-19, as with the rest of the country, was devastating. Barnsley's death rate was one of the worst in the country with 454.3 per

100,000 residents. The United Kingdom Health Security Agency (UKHSA) Barnsley Child Health Profile 2021 suggests that the rate of self-harm (10 to 24 years) in Barnsley stood at 807.4 per 100,000, significantly higher than regional and national rates. There is long lasting impact on employment, mental health and substance misuse affecting families' economic circumstances, exacerbated by increased cost of living crisis and fuel poverty.

Practitioners faced enormous challenges in terms of service delivery and their own exhaustion. Safeguarding for both adults and children remained an absolute priority for all partner agencies. Many appointments had to move to a virtual format but all essential functions were maintained. Visiting all vulnerable children to ensure their welfare was prioritised. Social workers led the safeguarding effort throughout the pandemic at great risk to themselves in the early days. 0-19 nurses and schoolteachers knocked on doors and visiting plans were devised to ensure frequent and persistent contact with children.

Services have adapted as COVID broke down barriers, including swifter information sharing and hybrid working. It has left a legacy of challenges as the impact of the pandemic continues. In such a shifting environment, the Children's Safeguarding Partnership is evolving.

New Strategic Priorities For 2022-25

Based on what our data tells us, the outcomes of Child Practice Reviews and conversations with partnering agencies, children, young people and

their families, the partnership has identified its four strategic priorities for 2022–25.

Child neglect - improving outcomes for children and young people at risk of neglect and harm

- In Barnsley, child neglect is a consistent and frequent concern for referrals to the multi-agency safeguarding hub.
- Recent reviews include themes of child neglect and parental mental health.
- Child neglect is a major adverse childhood experience in young lives.
- The impact of the pandemic has masked an increase in child neglect, which is coming into view post-lockdown.

Child exploitation - improving outcomes for children and young people at risk of exploitation and harm outside of home

- Significant increase in child exploitation in national and regional reports in the past year.
- The impact of the pandemic has masked an increase in child exploitation which is coming into view post-lockdown.
- Increase in local numbers of children and young people with missing episodes and school absence. We recognise the link between missing episodes, absence and the risk of exploitation and harm outside of home.
- We recognise that child exploitation is part of the wider contextual safeguarding agenda.

Bullying, online harm, stalking and harassment

- Barnsley young people and schools tell us that bullying and online harm are consistently high areas of activity and concern.
- An increase in online harm, coming to into view post-lockdown, evidenced in national reports (NSPCC, Internet Watch Foundation).
- The impact of social media is that children and young people now experience bullying through online harm in their places of safety.

Service development and improvement

- We're a learning organisation. We value and support a continuous learning and improvement culture in the partnership.

- We learn from national and local Child Safeguarding Practice Reviews, and will maximise learning opportunities from other serious incidents.
- Scrutiny of relevant performance data and business intelligence supports a continuous learning and improvement culture.
- The role of Independent Scrutineer brings appropriate quality assurance.
- Procedures will be in place for data collection, audit and information sharing, as part of the six steps for independent scrutiny (Uni of Bedford SCP arrangements).

The Barnsley Safeguarding Landscape

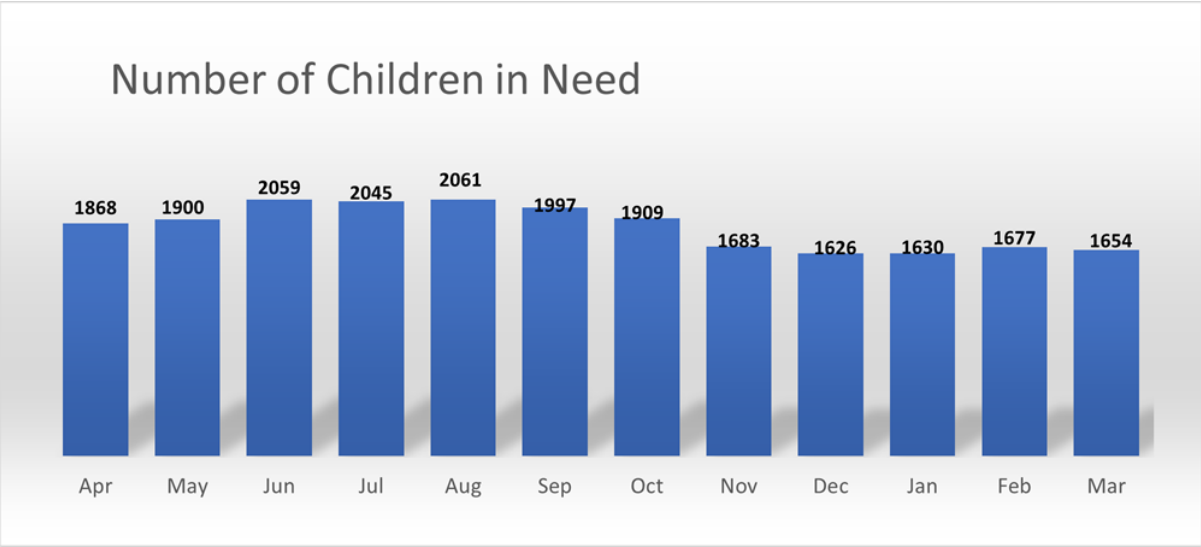
Safeguarding referrals

The Barnsley borough profile 2019 has approximately 52,000 young people aged 0-18 years living in Barnsley. In 2021–22 there were 2815 referrals received into front door services - the multi-agency safeguarding hub (MASH). Referrals came from several sources with over 60% from the police (821), schools (480), families (256) and hospital (191).

Children on a child in need plan

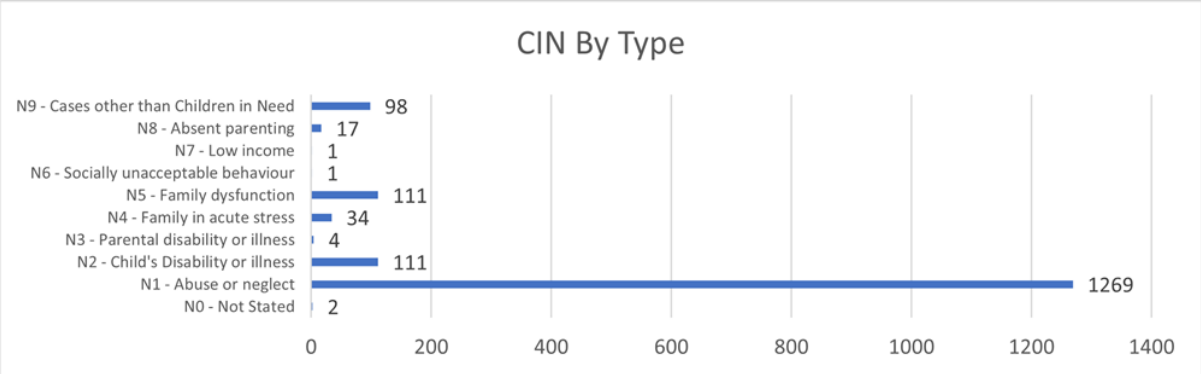
The numbers of children on a child in need plan has a 20% range where seasonal factors are at play and show a slight increase on last years' numbers.

Abuse or neglect was the reason for over 60% of child in need plans and is broad description type covering a range of concerns for children in need.



Month	Number of children in need
April	1868
May	1900
June	2059
July	2045
August	2061
September	1997
October	1909
November	1683
December	1626
January	1630
February	1677
March	1654

Children in need by type

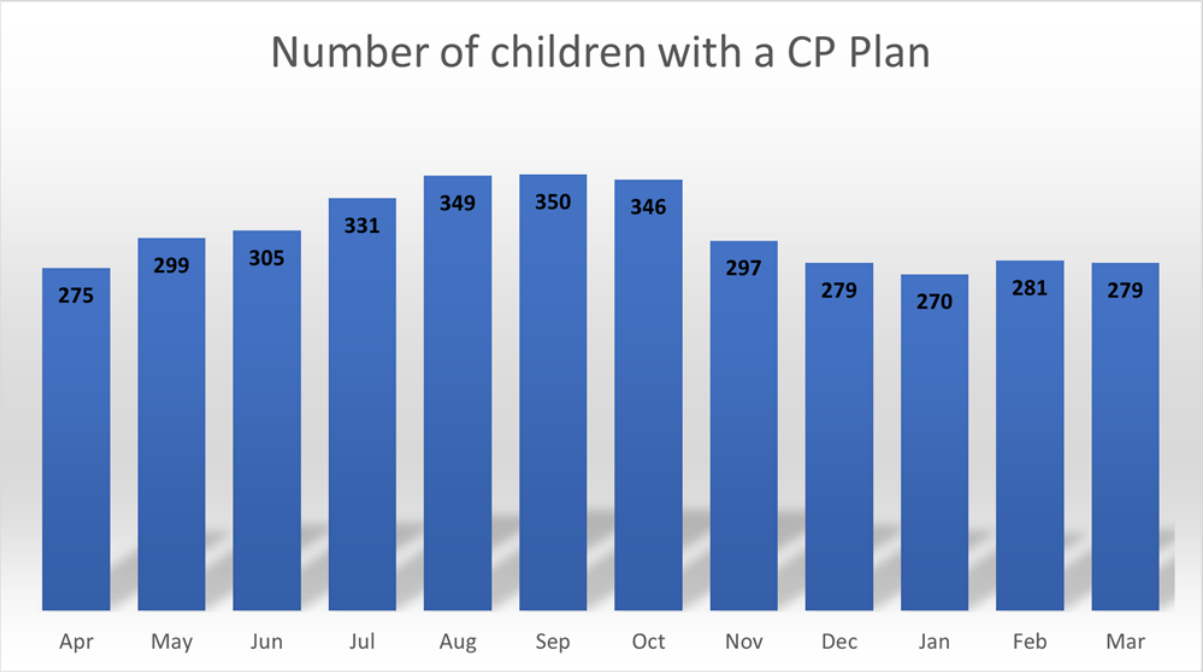


Type	Number of children in need
N0 - not stated	2
N1 - abuse or neglect	1269
N2 - child's disability or illness	111
N3 - parental disability or illness	4
N4 - family in acute stress	34
N5 - family dysfunction	111
N6 - socially unacceptable behaviour	1
N7 - low income	1
N8 - absent parenting	17
N9 - cases other than children in need	98

Children on a child protection plan

During 2021/2022 children subject to a child protection plan has fluctuated between 275 and 350. Overall it represents a slight decrease compared to the previous 12 months and is an area of work that receives a high level of

scrutiny to ensure the right help is given to children at the right time for their needs.



Month	Number of children with a child protection plan
April	275
May	299
June	305
July	331
August	349
September	350
October	346
November	297
December	279
January	270
February	281
March	279

Children on a plan by type

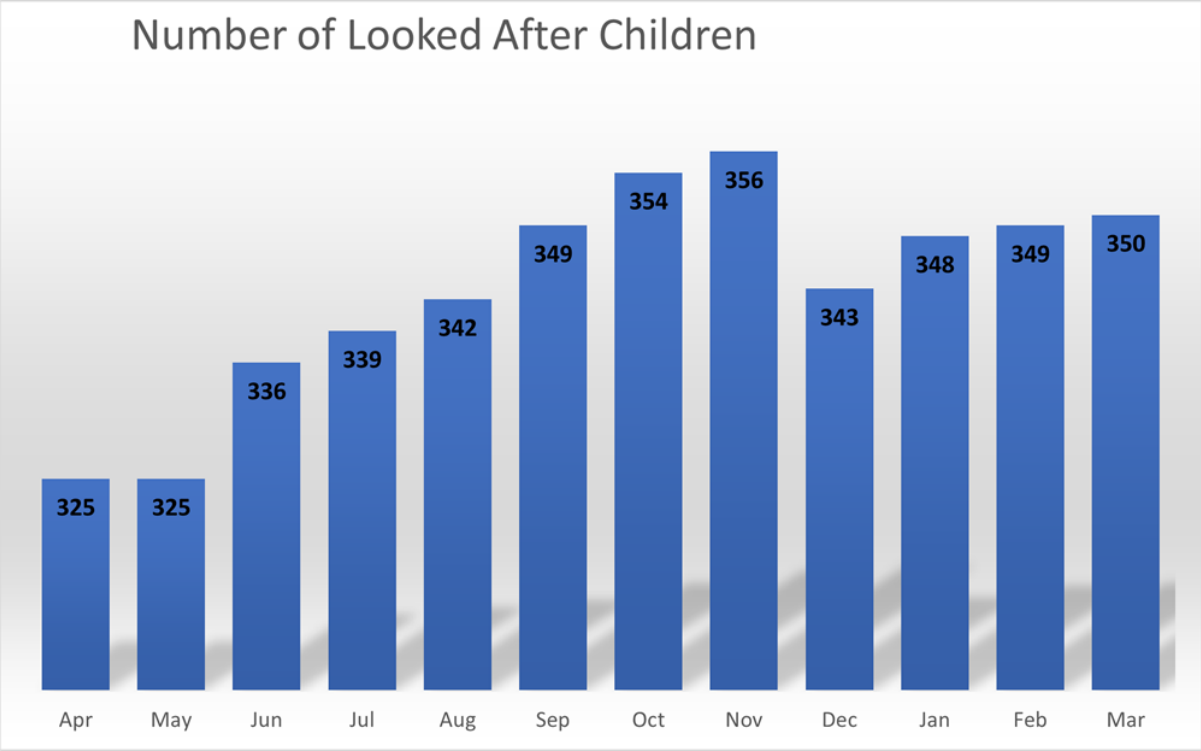
The largest category, emotional abuse or psychological abuse, involves the continual emotional mistreatment of a child. It can include humiliation and constant criticism, persistently ignoring them and failing to promote a child's social development. It includes exposing a child to upsetting incidents such as domestic abuse and substance misuse. The 'multiple' category is being revised so we are clear about the lead category of abuse in future.

Latest category	Count at 31 March 2022
Emotional	105
Multiple	69
Neglect	77
Physical	9
Sexual	19
Total	**279**

Children in care

The rate of looked after children (LAC) in Barnsley at the end of 2021/22 was marginally higher at the end of 2020/21 (3%). The rate of looked after children in Barnsley is well below our statistical neighbours' average and broadly in line with the national average for 2020/21. This provides us with confidence that our approach to accommodating children is proportionate and balanced.

In 2021/22 our rate of children leaving care due to a permanence order is strong (59%), 20% of whom were adopted. It is recognised that a detailed report for children in care and care leavers should be included here in and will be addressed next years' annual report.



Month	Number of looked after children
April	325
May	325

Month	Number of looked after children
June	336
July	339
August	342
September	349
October	354
November	356
December	343
January	348
February	349
March	350

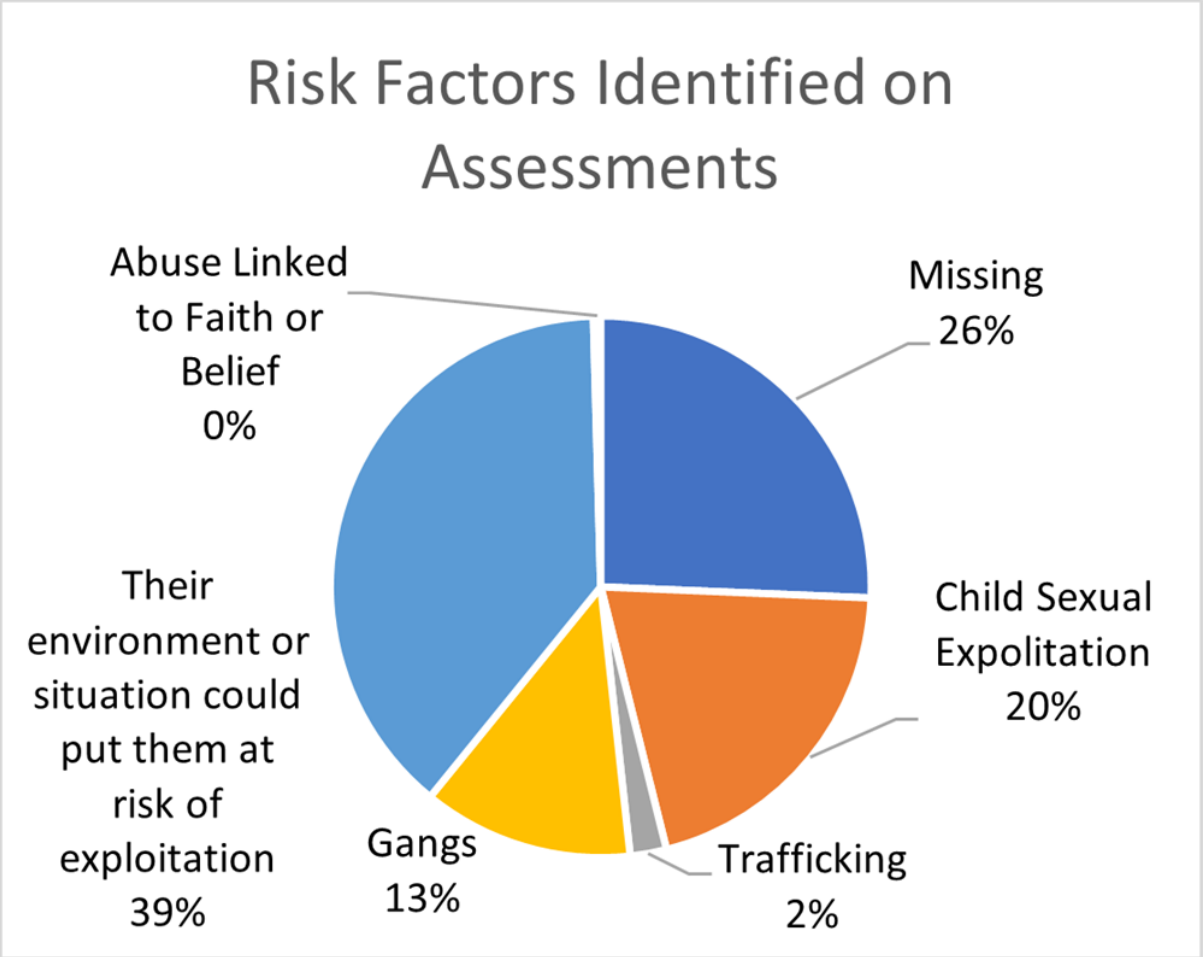
Child exploitation

Child protection (S47) assessments where child exploitation was a risk factor

167 children and young people had authorised assessments with risk factors that relate to child exploitation. The most prevalent factors identified were:

- their environment or situation could put them at risk of exploitation (53.3%)
- missing episodes (35.3%)
- child sexual exploitation (28.1%)

Based on these findings the contextual safeguarding team will complete neighbourhood mapping exercises to identify areas where children and young people are most at risk of types of child exploitation to prioritise future work.



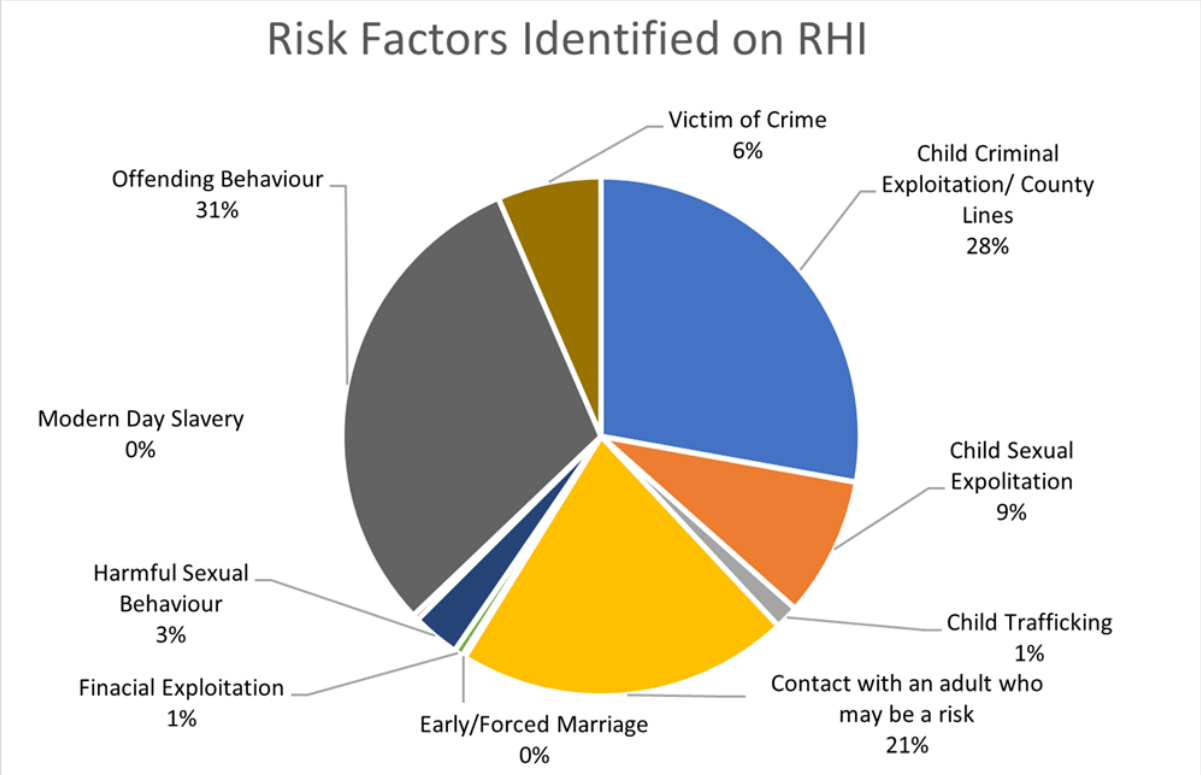
Risk factor	Percentage identified on assessment
Missing	26%
Child sexual exploitation	20%
Trafficking	2%
Gangs	13%
Their environment or situation could put them at risk of exploitation	39%
Abuse linked to faith or belief	0%

Child exploitation risks and return home interviews

These results capture the risks of exploitation for children and young people that go missing from home. They're based on the findings of the return home interview team for 115 young people supported in the 12 month period.

Child exploitation, offending behaviour and contact with adults who present a risk to them cover 80% of results. There can be several factors in play

with one individual, emphasising the multiple risks associated with contextual safeguarding.



Risk factor	Percentage identified on return home interview
Child criminal exploitation/county lines	28%
Child sexual exploitation	9%
Child trafficking	1%
Contact with an adult who may be a risk	21%
Early/forced marriage	0%
Financial exploitation	1%
Harmful sexual behaviour	3%
Modern day slavery	0%
Offending behaviour	31%
Victim of crime	6%

Priorities (2021/22)

Last year the partnership set seven strategic priorities. Here is a summary of what we did.

1. Reducing the numbers of children harmed by overlay

In 2020 Barnsley families suffered five infant deaths due to overlay, a higher rate than statistical neighbours where the rate is three. One of our main priorities was to prevent and reduce the numbers of overlay deaths. Barnsley is a local authority with strong community and family support. Health partners led on this priority. It included development of the multi-agency safe sleep guidelines, tool kit, training and a public health awareness campaign that has included social media, TV and radio campaigns, to inform and educate intergenerational family support. A multiagency approach across social care, hospital's mental health, police, housing, fire and rescue means that all agencies offer the same advice and assessments and recruit safe sleep champions who promote awareness and share best practice in their teams.

Safe sleep is promoted in pre-birth assessments. Multi-agency pregnancy liaison meetings support early identification of those where there is increased risk due to known factors such as alcohol or substance misuse or domestic abuse. There is a co-ordinated and agreed plan between agencies following babies' births and hospital discharge.

South Yorkshire police officers and frontline staff are adding unsafe sleeping conditions to their referral checks. Increased public awareness of safe sleep messages means that families have greater knowledge and confidence of safe sleeping arrangements. From 2021 to date there have been no infant deaths through overlay and whilst an absolute correlation cannot be drawn, impact measures and outcomes have been very positive.

2. Applying learning from local and national Child Practice Reviews (CPRs) to practice

Learning from Child Practice Reviews starts with the Local Child Safeguarding Practice Review subgroup and is taken through the Policy and Learning subgroup for training and development. The BSCP publishes newsletters and 7-minute briefings. Single agency routes include the Social Work Forum and Trust Lite lunchtime sessions. It also informs our social media messaging and website. Assurance that learning impacts practice change is tested through supervision, multiagency audits, results and what children and families tell us.

Learning from local CPRs in 2021-22 inspired BSCP's prioritisation of safe sleep and ICON (coping with crying babies) campaigns. The refreshed 'injuries to non-mobile babies protocol' is now in place across the BSCP and will be tested through a second audit in autumn 2022. Increased referrals by BHNFT evidences the impact of training delivery which saw an average monthly increase in referrals from 30 in 2020-21 to 70 in 2021-22, following the launch of the training strategy.

Two Child Practice Reviews, Child X and Child W, were completed in 2021 following the tragic deaths of two babies. The group also compared our practice against the recommendations of the National Safeguarding Panel's third thematic review, 'The Myth of Invisible Men' (September 2021). The review looks at the circumstances of babies under one-year-old who have been harmed or killed by their fathers or other males in a caring role. We contributed findings from two Barnsley Child Practice Reviews in 2018-20, to the review. Focus on learning and practice change was delivered through:

- Presentations across BSCP, the Best Start Partnership and the Children's Trust Executive Group, through single agency forums
- BSCP newsletters and social media messaging
- Training content informed by review themes, including 'Safeguarding Infants in the First Year of Life'.
- Themes of preparing for parenthood for young parents. Focus on both parents in ante and postnatal health checks, parental mental health and the impact of cannabis use are priorities in BSCP service development. Young parents have been invited to help shape future service planning in the 0-19 PHNS and mental health (South West Yorkshire Partnership Foundation Trust).
- Local safeguarding children partnerships across South Yorkshire will hold a joint 'Myth of Invisible Men' conference during Safeguarding Awareness Week in November 2022.

The BSCP executive will be more actively engaged in ensuring that the practice reviews it commissions fulfil the requirements set out in Working Together 2018 particularly and ensure that recommendations focus on improving outcomes for children. We also accept that we must better evidence the impact of changes made, as a result of the learning from what are often tragic events.

3. A multiagency focus on child neglect and poverty proofing, which recognises the impact of COVID-19 on Barnsley communities and effects of neglect on children. Promote the use of the graded care profile, a neglect assessment tool, by all colleagues.

Over 90% of police colleagues completed 'Every Child Matters' training to improve understanding and identification of safeguarding concerns of children and have also completed a service-tailored 'Graded Care Profile' training, which enables colleagues to recognise the signs of neglect and to understand the causes behind it. Operational teams are better equipped to respond to safeguarding concerns, suggested by an increase in referrals in Barnsley from the previous 12 months, from 1599 to 2346 (46%). After some initial concerns about proportionate response, the application of

learning was successfully tested in the recent JTAI audit of 15 child neglect cases in the use of emergency protection powers to assure that police responses were not overly interventionist.

Understanding of the impact of COVID-19 on mental health has been brought by mapping increased mental health incidents in children against pre-COVID levels. Barnsley hospitals have carried out audits during and following COVID, furthering on from reports of reduced resilience in children. Multi-agency contagion plans and risk assessments have helped ensure appropriate provision is in place. This activity has brought insights into the impact of COVID-19, to better support children with the right services, for example in multiagency health work with Compass (bereavement services).

Distribution of Aldi and Rose vouchers have continued to be delivered throughout 2021-22 to support families who are struggling financially so that access to food, fresh fruit and vegetables does not impact disproportionately on neglect assessments.

The results of an impact testing audit tell us we have more to do to ensure that the 'Graded Care Profile' is more consistently used across partner agencies.

4. Increase the take-up and effectiveness of early help and support to families, especially those experiencing poverty through social disadvantage as we recover from the pandemic.

The aim of early intervention is to reduce the numbers of children who experience adverse childhood experiences as a result of neglect and poverty. This has been supported through:

- Early help (EH) colleagues now being part of the multiagency safeguarding hub.
- Early help activity being reviewed through multiagency audits.
- Investment in a EH schools development officer to support schools to drive the uptake of early help assessments (EHAs).
- An Early Help Navigator employed at Barnsley Hospital. The team expanded to include two outreach workers.

Volumes of Early Help Assessments have increased and the number of requests for targeted EH support has doubled in the 12 month period. Schools have dedicated support and access to training, which received positive feedback from schools in this years' peer review and JTAI. Early help needs are identified by the Early Help Navigator when families and

children present at hospital. Needs are identified and appropriate support is put in place to enable children and families to achieve better outcomes.

5. Implement the recommendations and learning from the Ofsted May 2021 report into sexual abuse in schools and include an additional question in our S175 safeguarding audit in schools.

The Schools Alliance held schools cluster meetings to discuss the response. The Ofsted report was used to design a reflective audit tool, shared with all LA maintained schools and academies. Leaders welcomed this and used it to underpin their self-evaluation and action plans. Initial responses formed part of the LA risk assessment criteria in September 2021 and was discussed with school and trust leaders. As a result of the audit, school leaders reported several changes. These include peer on peer abuse as part of annual training, sharpening of recording processes, awareness work with parents to enable them to talk to children about worrying incidents that schools may not be aware of. Follow up risk assessment work is planned in September 2022, to test the outcomes of the implementation of Ofsted's recommendations. A smart survey asked schools about the impact of the Ofsted findings. Whilst there was a low participation rate of 25%, some reported that children felt school was a safer place and that it was easier to talk about incidents of peer-on-peer abuse.

The latest S175 self-assessment audit covered the period to July 2021, which was just three months into Ofsted recommendations and included a question about peer-on-peer sexual abuse. The S175 results have been shared with schools through the Designated Safeguarding Leads forum. The findings underline we have more to do to support schools, to improve areas of contextual safeguarding and in particular, safeguarding awareness and support around issues of harmful sexual behaviour in the year ahead.

6. Implement the revised Anti-Bullying Strategy and action plan with schools and partners to respond positively to the voice of young people to provide more safety and freedom from bullying and harassment in their daily lives.

The Anti-Bullying Strategy was finalised earlier this year and a meeting with the Youth Council and SEND Forum in February 2022 started to shape the action plan The signed commitment to tackling bullying and harassment of young people was put in place last year. The next steps will be to co-develop the peer inspector's check and challenge initiative. Young inspectors will gather feedback directly from students about their experiences and the impact of the BSCP anti-bullying commitment in their schools.

This years' S175 safeguarding audit in schools evidenced that bullying continues to be a live issue. Anti-bullying was a lead item in BSCPs Safeguarding Awareness Week 2021 and many Barnsley schools and students took to social media to show how they were taking anti-bullying messages into schools with the 'One Kind Word' and 'Odd Socks Day' national campaigns led by the Anti-Bullying Alliance.

We have more to do to ensure we respond more actively across the partnership to the things that children and young people tell us about their experiences of bullying. Because young people told us that online abuse and bullying is important to them, BSCPs refreshed strategic priorities have bullying, harassment and online harms as one of the four main priorities with a dedicated work plan.

7. Strengthen our engagement with young people and their voice in development and co-production of safeguarding strategies and the work of the partnership.

BSCPs S11 audit reported in March 2022. Several partners gave examples of their work to strengthen engagement with young people and capture youth voices in co-production and shaping services. Examples include:

- Tenants First is Berneslai Homes' family support service. It's junior wardens scheme engages children and young people in local areas and works in partnership with schools.
- South Yorkshire Fire and Rescue's youth engagement practice group offers specialist courses to 16 – 25s at Barnsley College. A youth-focused approach is used with cadets and there is a new code of conduct for staff recruitment for those working with young people. A new Youth Engagement and Interventions role in 2022 will develop a youth panel for service and a youth participation group.
- South West Yorkshire Partnership NHS Foundation Trust (mental health services) involve young people in interview questions and recruitment panels. Joint working with Chilypep is underway in shaping youth mental health services. Care programme approaches (CPAs) are co-written, complaints and language are child-friendly.

We also have areas where we want to improve engagement. The local safeguarding children's practice review into Child W gave a very powerful example of a situation where a child's voice was not properly heard or given the weight it warranted. We know we must do better in our assessments and direct work to ensure we use the lived experiences of children and young people to drive improvement in terms of practice and strategic development.

Young people told us that we have more to do to improve the experience of transition to adult services and adulthood. We recognise that if we seek the views of children and young people, we have an obligation to respond to those views with positive action or to report back honestly to them why their ideas cannot be taken forward.

As part of the ongoing mental health campaign youth councillors along with fellow youth voice groups combined their joint working efforts to develop the Engagement and Mental Health Charter. 115 individuals in youth organisations and in the community collaborated to look at what youth voice is, the founding principles of youth engagement, core skills of effective co-production and what services offer young people in relation to mental health. The Engagement Charter is an excellent guide for services who want to engage effectively with young people. Read the Young People's Engagement Charter.

Engaging Children and Young People's Voices

We take an inclusive approach to children and young people and try to give good opportunities for their voices to be heard. Before the pandemic, the partnership meeting was held once or twice a year in a school, so that afterwards young people had chance to talk to BSCP members about what life is like for them living in Barnsley.

Young people led the session on transitions into adulthood with a powerful presentation of their experiences at the annual joint BSCP and Trust Executive Group (TEG - Children's Trust) meeting in December 2021. All youth voice groups contributed their personal experiences of the different transitions young people encounter. Their presentation explained how transitions impact upon young people and how services can support the various transition processes. There were several positive experiences but not all and the message to the room was that when the right support is not given at the right time, there are long lasting impacts, affecting journeys into adult life. All stakeholders attending found the presentation to be insightful and have taken its' key messages into their agencies.

A youth panel participates in all partnership recruitment. Greenacre School hosted the Children with Disabilities subgroup in January 2022 and met students afterwards. There was a question and answer session ranging from help with transitions, using sensory rooms and access to dog parks. Barnsley has a very active youth voice network including the Youth Council, SEND Forum, Care4Us Council and Chilypep - the youth empowerment project which promotes young peoples' wellbeing and mental health. This year they led key activities during Safeguarding

Awareness Week 2021 including the safer places, safe spaces filmed walk in the town centre and launched several social media clips:

- zero tolerance to hate crime
- no to harassment on public transport
- experiences of leaving care

(A selection of young people's stories is available in the HTML version of the Annual Report)

Education

Designated Safeguarding Leads Forum

The Barnsley Schools Designated Safeguarding Lead (DSL) Forum is an informal, well-attended meeting of school DSL representatives held every term. The purpose of the forum is to support leads with information and skills to ensure effective safeguarding practice in schools and colleges. It's also a great information-sharing and contact network. It takes place after school to help maximise participation.

Recent key safeguarding topics include:

- how to raise concerns about a child
- private fostering arrangements
- Operation Encompass
- children missing in education
- early help assessments
- emotional health and wellbeing in schools
- recruitment of e-safety champions in schools
- contextual safeguarding

At the latest forum the Early Start and Families Strategy/Service Manager led a discussion on the early help assessments process to update DSLs of recent changes and to strengthen links between schools and BSCP services.

As well as guest presenters at the forum, there are regular agenda items. These include the multi-agency safeguarding children partnership training offer presented by the partnership trainer, the safeguarding children landscape presented by the Local Authority Designated Officer, and live escalations which covers cases of professional disagreements between practitioners and services led by the Strategic Safeguarding Partnership

Manager, who ensures that any concerns are dealt with effectively and expeditiously.

We have developed a new education section on the BSCP website with new guidance and resources to support safeguarding work in schools and colleges.

Going forward, an actions and impact tracker will monitor the process and ensure the satisfactory conclusion of actions generated at the forum.

The forum is also a valuable platform for services as it provides a direct link to schools and informs service improvement.

Here are some comments from the forum:

- "Thank you for all presenters input - always very helpful."
- "Thank you, great information this evening."
- "As a newbie, this has been enlightening and very useful. Thank you."

Barnsley Schools Alliance

Following the Ofsted review into sexual abuse in schools and colleges, the alliance met with school clusters to discuss implementation of its recommendations and assurance of steps taken to review policy and practice.

Ofsted recommendations provided the basis for a reflective audit tool, circulated to all LA maintained schools and academies. Leaders welcomed this and used it to underpin their self-evaluation and action plans. The initial response informed the LA risk assessment criteria in September 2021 and was discussed with schools, trust leaders and governors. As a result of the audit, school leaders report the following changes have been made:

- Review of safeguarding policy and practice.
- Annual staff training, and ongoing updates for staff include peer-on-peer abuse.
- Staff awareness has been raised to be alert to incidents which could suggest inappropriate sexualised behaviour.
- Leaders have tightened up recording and reporting procedures by including a specific tag code for concerns of a sexual nature to improve tracking and early intervention.
- Communication between parents and school has been strengthened, to encourage information-sharing between parents and school, about

worrying incidents that children may talk about at home but not school.

- When we receive complaints about schools from Ofsted, we look for indicators that staff may not have identified, helped, and managed incidents appropriately through the investigation process. We make recommendations and check leaders' follow-up actions. This contributes to the strengthening of school systems and procedures helping to ensure pupils are safe from harm.

The Barnsley Schools Alliance also brokered Development webinar sessions to raise awareness across the sector for school leaders, governors and DSLs.

In September 2022 we will review the number and nature of reported incidents, and school responses. The review will include the results of latest S175 self-assessment audit. Further support and training will be provided where required.

When we have safeguarding concerns about a school, we undertake an individual safeguarding review. The framework has been shared with LA maintained primary schools to support the peer review process. There is now a requirement in the risk assessment criteria to have safeguarding externally checked. Many schools haven booked an external safeguarding review and arranged to undertake peer reviews in their clusters. In addition, aspects of the safeguarding are tested through safer recruitment and disqualification checks. Further guidance was circulated to all leaders to remind them of their duties under the Childcare Act 2006. This action has further strengthened safeguarding practice in schools and the skills of leaders within the system to check each other's practice.

Elective home education

The Education Welfare service works in partnership with schools, families, and agencies to ensure that children who are not registered on a school roll are tracked through our children missing education (CME) or our elective home education (EHE) procedures. The purpose of our work is to safeguard pupils by ensuring they receive a suitable education in a safe environment.

The pandemic has seen a significant increase in children being electively home educated, both nationally and in Barnsley. Our partnership approach has a focus on safeguarding and work with families to understand their needs. The aim is that when parents choose EHE they do so in the best interests of their child. We support families to return to school- based education. Between March 21 and April 22, 83 pupils (approximately 18%)

left the EHE register to return to school-based learning. Those that remain EHE are contacted annually by the EHE advisor who provides advice and guidance on providing a suitable education.

Multi Agency Safeguarding Training Programme

Since the pandemic, training has been offered virtually and uptake of training has increased significantly. The Policy Procedures and Workforce Development subgroup has continued to evaluate training in this format and concluded that virtual training offers several benefits and promotes better attendance. Some training, however, benefits from being held in person and will return to classroom delivery in 2022-23.

Despite the continued significant difficulties of this year and the pressures on staff, high demand has continued and an extensive programme of virtual training events was offered and attended by a total of 2837 practitioners from across partner agencies. The BSCPs range of courses is above those offered by many local safeguarding children's boards and receives very positive feedback from learners and from the recent JTAI inspection.

In August 2021 a contextual safeguarding specialist trainer was employed to design and deliver a number of brand-new courses. These include:

- a 45 minute ‘understanding contextual safeguarding’ e-learning course, which has had over 100 uptakes
- a webinar on contextual safeguarding, available on the BSCP website
- three new multi-agency online 'lite bites' seminars:
    - Awareness raising of contextual safeguarding
    - Young people and online harms
    - Child sexual exploitation

The courses are popular with full bookings and a waiting list. Feedback is very positive and to date 168 professionals have participated in the new online courses, with bookings confirmed for a further 266. We have confirmed training for the Brook traffic light tool which will equip four practitioner trainers to deliver child exploitation and harmful sexual behaviour risk assessment training to 400 later this year.

We know we have more to do to be able to evidence the impact of training and learning in terms of how it translates into frontline practice and ultimately improves the experiences of children and families. Delivering training is just the first part of a process and we recognise that similar themes arise from reviews where outcomes have been poor, to be complacent in this regard.

Despite pressures of home working, staff absence due to COVID-19 and additional demand placed on services, attendance at training has been prioritised by agencies and practitioners and is an excellent example of commitment to safeguarding children, partnership working and learning together. See our full training programme.

Section 11 and Section 175 Self-assessment Audits

- **Section 11 self-assessments**
  Partnerships have a legal duty to prepare a self-assessment audit for agencies to assure themselves and the partnership that standards to safeguard and promote the welfare of children and young people are met and is part of the duty to 'assess whether LSCP partners are fulfilling their statutory obligations' *(chapter 2, Working Together 2018).*

- **Section 175 self-assessments**
  These reflect the same partnership duty in relation to schools and colleges, governed by the Education Act 2002. It assures schools and the partnership there is a good standard of compliance; a safeguarding culture and are alert to emerging themes.

The S11 self-assessment audit 2021-22 was the first in three years and gave agencies the opportunity to review the effectiveness of their safeguarding arrangements. Read the full S11 self-assessment audit 2021 report.

Ten agencies took part, across Children's Services, health, police, housing, fire and rescue, probation and education support services. The results of the audit told us:

- Agencies worked well together to adapt to the challenges of the COVID pandemic, to ensure that work with children and families continued through lockdowns.
- Compliance with safeguarding responsibilities was of a good standard across agencies.
- Training is well established and the multiagency training programme offered by BSCP is valued for its content, range and effectiveness.

- A safeguarding culture was evidenced across all participating agencies along with a shared drive for continuous improvement.

Areas for development include:

- Increase the capture of the voices of children and young people, increase capture of impact and outcomes in partnership activities and interventions and how life improved for families as a result.
- Build upon the successful initiatives for safe sleep and coping with crying babies.
- Greater visibility of impact of safeguarding activities outside of home (contextual safeguarding).
- Ensure that all agencies are aware of and implement private fostering processes.
- Increase use of escalations policy for resolving professional disagreements.

Agencies will provide brief assurances in 2022 to measure their progress.

Early Help

Early Start and Families Service provides targeted early help intervention and prevention and gives an overview of current activity in relation to early help assessments across the borough in respect of the children and young people's workforce. We support and contribute to the Early Help Steering Group and associated Early Help Delivery Plan.

The past year has seen an increase in the numbers of children receiving early help support, evidenced by a rise in assessments completed. This is in line with BSCPs priority of increasing the availability and take up of early help by families so that fewer problems are escalated to a level of risk that requires statutory intervention. Enabling families to be stronger and more resilient to support their children.

We are working with our partners in children and adolescents mental health service and Compass bereavement service to understand the prevalence of emotional health and wellbeing and mental health needs as reason for support and to better align our services. Work with colleagues in the youth justice service is in hand to strengthen a joined up early help approach for children and their families in the youth justice service.

Safeguarding Awareness Week – November 2021

Safeguarding Awareness Week (SAW) is a shared event across South Yorkshire safeguarding children's partnerships and adults boards. Family

centres, schools and colleges joined Safeguarding Awareness Week 2021, raising awareness, sharing skills and taking key safeguarding messages to families and local communities. The launch event at Northern College had themes of neglect, transitions and exploitation. Positive anti-bullying themes of 'One Kind Word' and 'Odd Socks Day' celebrations were taken up in several schools including Queen's Road and Every Child Matters Academies, Kirk Balk, Shawlands, Milefield and Jump primaries, Springwell Special School and Springwell Alternative Academy.

Barnsley Youth Council and SEND Youth Forum ran three successful social media campaigns on safeguarding themes of zero tolerance of hate crime, with focus on racism and sexual abuse on public transport; Safer Places, which linked with the safe walk on 15 November where the Youth Council live- streamed their walk to show safer places available to young people in the town centre; and thirdly, hidden disabilities.

Some 434 participants from local communities and services took part in a week long BSCP training programme. We launched BSCPs Twitter account at the start of SAW21 which attracted a 5.3k reach during the week. The partnership's Twitter campaign promoted our safeguarding priorities of safe sleep, ICON's coping with crying babies campaign, private fostering, and neglect. These messages were shared in leaflets, publicity and training.

Family centres, schools and colleges joined Safeguarding Awareness Week 2021, raising awareness, sharing guidance and skills and taking key safeguarding messages to families and local communities. A wealth of online resources were promoted.

Barnsley Safeguarding Children's Partnership: Sub-groups

Child Death Overview Panel (CDOP)

Helps the partnership to develop a better understanding of how and why children die and informs prevention work. It is CDOP's role to look at all deaths of children and young people in Barnsley, whatever the reason, to see if there is anything we can learn from them and anything that might help us avoid such deaths happening in the future.

Activities, deliverables and what worked well

- Additional CDOP meetings were set up to address the backlog of cases (January 2022) and support complex case work.
- 'Panel debrief gives scope for reflection and support.

- A new learning and development item helps identify areas for improvement.
- A Healthwatch Barnsley representative has joined and makes valuable contributions to the panel.
- Training to schools to provide support for eating disorders and self-harm.
- Update of the Barnsley suicide contagion plan.
- A complex care team at Barnsley maternity services.
- Additional equipment for the neonatal unit.
- Best practice learning from Birmingham Hospitals to support improvements at Barnsley Hospital maternity service.

We will improve by

- Ensuring robust information gathering about the pregnancy, following a neonatal death. This will provide CDOP with the 'bigger picture' and enable identification of wider modifiable factors.
- Restructuring future meetings to ensure richness of data and more in-depth discussion.

Children with Disabilities (CwD) and Complex Health Needs subgroup

Its role is to ensure we work together to support the needs of vulnerable children and young people. Collaboration with the adult safeguarding board ensures effective arrangements are in place for these young peoples' transition into adulthood.

Activities, deliverables and what worked well

- We built on previous work to include the voice of children and young people, access to early help and support to parents and carers.
- We continued work with young people to tackle bullying, loneliness and exclusions.
- Developing a transitions to adulthood handbook for young people and their families to help them to navigate their journeys to adulthood.
- Support to families to enable them to be involved and plan for transition at an early point.
- Quarterly audits to assure the partnership that children with disabilities and/or complex health needs are assessed appropriately to receive the right support at the right time to keep them safe.

Next steps

- It became clear during 2021–22 that that the issues being developed and addressed in this group were also discussed in other forums across the partnership (for example, the SEND Board and Early Help Steering Group). After a review and discussion it was felt that the CwD subgroup could be retired with the specific work streams being continued in other subgroups and with better links to the SEND board and young peoples' SEND forum.
- To assure that the voice of children with complex needs and disabilities is not lost, it is now a required item in all subgroups. The SEND Board has recently allocated representatives to all subgroups.

Policy, Procedures and Workforce Practice and Development (PPWPD) subgroup

Oversees and manages all aspects of our multi-agency safeguarding children training. It ensures that all multiagency training creates an ethos of collaborative working, respects diversity, upholds equality, is child centred and promotes participation of children and families in safeguarding processes. It considers learning from national and local emerging themes. The overall aim is to support the children's workforce to effectively safeguard children and to have a positive impact on their wellbeing.

Activities, deliverables and what worked well

- Monitoring of evaluations and attendances shows the value of courses and provides quality assurance.
- As a result of the above there have been very few course cancellations.
- Rolling review of policies and procedures to ensure they are relevant and current and promoted to colleagues.
- Tracking of escalations and single and multiagency audits help to identify impact on practice and any gaps.
- Developed new procedures or radically refreshed existing ones: bruising in non-mobile babies, safe sleep guidance and supervision.
- Two surveys have been sent to practitioners several months after attending training that aimed to assess impact. Both had positive results. Delivered a highly regarded multiagency training programme led by our excellent multiagency trainer and supported by partner agencies.

We will improve by

- The addition of youth mental health first aid training which will be co-produced with young people through Chilypep.

- Continuing to find effective ways to measure the impact of our training offer and delivery on practice and on keeping children safe.

Child Exploitation (CE) Strategic subgroup

The purpose of the Child Exploitation Strategic subgroup is to improve the partnership response to child sexual exploitation (CSE) and child criminal exploitation (CCE) including county lines. We recognise that children can be at risk from a number of other contextual factors from outside the home – many of which can increase the risk of exploitation. Children with access or exposure to weapons, who are 'looked after' by the local authority, who go missing, who have older friends, who have substance misuse and mental health issues, or are outside mainstream education are all potentially at increased risk.

Activities, deliverables and what worked well

- We have strengthened local processes for identifying, assessing, and protecting children and young people at risk of child sexual exploitation and criminal exploitation, to improve the response when referrals are received, to ensure that children and families get the right help and support quickly.
- A daily briefing of multi-agency partners with front door services improves real time information gathering and information sharing in relation to young people at risk of contextual safeguarding and incidents, including missing episodes overnight to provide a quick and timely response to safeguard young people more effectively from harm.
- The processes for return home interviews for children who go missing from home or care have been strengthened to ensure a timelier response. Auditing has evidenced improvements both in timeliness and quality of work undertaken to interview young people and to understand and prevent further missing episodes
- Training has been undertaken with foster carers, residential homes, and private providers for the South Yorkshire missing protocol and the Philomena project to better protect young people at risk of harm through missing episodes.
- Impact of the contextual safeguarding specialist trainer in Children's Services in extending knowledge and skills of practitioners has been positive.
- Case mapping – social care work closely with police to map organised crime groups, contextual safeguarding concerns and young people linked to certain areas.
- Made submission to Commission on Young Lives national call for evidence for young people at risk of exploitation and exclusion.

We will improve by

- Reaffirming our commitment to tackling all forms of exploitation of children, both sexual and criminal, with tackling CSE, CCE and county lines remaining as a shared strategic priorities for delivery through the CE Strategy group.
- Continue to conduct regular audits of cases where children and young people have been exposed to or at risk of CE.
- We will continue to ensure that those children stepped down to early help have effective plans in place to support that transition.
- We will also continue to build upon current relationships with education to support effective safety planning for children.
- Seeking a growth in staff amongst partners to better support our response to children at risk.
- The partnership is working towards using partnership data to understand what cohorts of children are most at risk in our community and targeting bespoke responses to them.
- Many concerns are addressed through broader pieces of work under other sub-groups or through the Community Safety Partnership. As a board, we need to work towards creating stronger links with those workstreams and ensuring that they specifically consider those concerns and the relevance to risks of exploitation.

Local Child Safeguarding Practice Review (LCSPR) subgroup

Its purpose is drawn from the requirements of Working Together (2018) to carry out arrangements for rapid and Child Practice Reviews in order to identify learning from themes in local and national findings.

Activities, deliverables and what worked well

- Between April 2021–March 2022 the LCSPR subgroup notified the National Panel of two local Child Practice Reviews, Child X and Child W. Both cases of Child X and Child W were concerned with the deaths of babies under a year old. Alcohol and substance abuse were factors and domestic abuse was a feature in one case. Both reviews have been published and are available on the BSCP and NSPCC websites.
- The group considered the findings of the National Panel's third thematic review, The Myth of Invisible Men (September 2021) and have established where we meet its key recommendations and where there are gaps.
- Presentations across BSCP, the Best Start Partnership and the Children's Trust Executive Group; through single agency forums, all with a focus on practice change.

- South Yorkshire local safeguarding children partnerships will hold a joint Myth of Invisible Men Conference during Safeguarding Awareness Week in November 2022.

We will improve by

- We recognise that the review recommendations need to be improved and there needs to be sharper way of ensuring that those recommendations turn into actions that have a measurable impact on improving practice.

Performance Audit and Quality Assurance subgroup

The subgroup's focus is assurance and performance across the partnership, evaluating headline performance indicators across agencies. We quality assure practice through single and multiagency audits and share findings to improve practice across the partnership.

Activities, deliverables and what worked well

- Carried out five audits based on emerging safeguarding trends out of the COVID-19 pandemic/concerns based on local and national reviews.
- Themes covered were elective home education, timely sharing of birth plans between agencies, child neglect and use of the Graded Care Profile (an assessment tool used by practitioners to identify levels of risk in child neglect), appropriate referrals to Barnsley Sexual Abuse and Rape Crisis Service for children who experience sexual abuse at home and arising from the tragic deaths of Star Hobson and Arthur Labinjo-Hughes, a question of how well we respond to calls from families and anonymous sources, of concerns about abuse of children.
- The audits gave assurance of things we do well together and where we hear what children and young people tell us and areas where improvement is needed.

We will improve by

- Changes to risk in the lives of children and families in a post-pandemic lockdown world.
- Communications and information-sharing between agencies.

- Timeliness of interventions and appropriate step up and step down between services.
- Life experiences of young people are heard and shape our future priorities.

This group will change in the new partnership structure. The areas we want to improve in will go forward into the new structure and priorities.

Accounts

Safeguarding Children Partnership income and expenditure statement as at 31 March 2022.

Income*

Income	Amount
NHS Barnsley CCG	£56,500
Police and Crime Commissioner	£19,441
National Probation Service	£1036
SY other LA	£2250
CAFCAS	£550
BMBC	£99,616
Total income	£179,393

Expenditure*

Expenditure	Amount
Employee pay costs	£74,454
Computers	£9142
General expenses	£7559
Professional fees/consultancy	£26,515
Business support	£22,373
Total expenditure	£140,042

Underspend due to vacancy (carry forward to 2022-23) - £39,351

* Training revenue activity not included. Accounted for separately by BMBC.

Summary

The year 2021–22 has brought many changes in terms of the economic and safeguarding environment as we emerge from the pandemic and its impact on Barnsley communities. There have been changes to all executive partners and the addition of a new Independent Scrutineer. The recent peer review and JTAI inspection have pushed us to new challenges and revitalised ideas. We have agreed our new key priorities as we look forward to 2022–23. We are ambitious for children and improving their lived experiences.

We would like to thank everyone in the partnership for their commitment and collaboration during the past year as we move ahead to safeguard children and young people and promote their welfare together.

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BARNSLEY
Metropolitan Borough Council

Item 6

Meeting:	Safeguarding Private Member Briefing
Date of meeting:	13th September 2022
Report Title:	Children's Social Care Monthly Report – July 2022
Author:	Ian Standeven, Business Improvement Technical Officer

1. Background

Members of the Committee will be aware that the Children's Services directorate produces a monthly children's social care performance report, which contains an overview of the major performance indicators across all service areas within children's safeguarding and social care.

The July 2022 edition of the report is attached. It includes a summary section with an overview of performance, using RAG (Red, Amber, Green) ratings and direction of travel for most indicators. Barnsley's historical performance and comparisons with other local authorities are also included.

More detailed information against most indicators can be found in the main body of the report, where members will find graphs, tables and a management performance analysis at the top of each page, which highlights areas of performance considered good and areas where improvement is required.

2. Summary

Below is a summary of key performance issues highlighted in the July 2022 report:

Early Help Assessments

Data relating to the volumes of EHA's completed is reliant on partner organisations notifying the Local Authority that they have completed an EHA, therefore performance is dependent upon all agencies following the process within the timescales. Latest available data shows that 109 EHAs had been completed in July and 67 interventions closed, with 3,478 active cases at the end of July. These figures are much lower than the May and June figures, and significantly lower than July 2021, however there is a natural lag in the system so July's figure will be higher once all records are updated.

Contacts

The number of contacts reduced from an annual high of 579 in June to 379 in July, but still above the 12 month average of 322 per month. Similarly, the number of consultations reduced from 658 in June to 542 in July - although the proportion of contacts progressing to referral has increased: 64.7% in July, up from 56.1% in June, the remains slightly below the 12 month average of 68.1%.

Referrals

The number of referrals reduced from 322 in June to 247 in July, but remains above the rolling 12 month average of 220 referrals per month. The percentage of referrals going on to assessment increased to 100%. The percentage of re-referrals (in 12 months) has shown a marginal increase from 16.8% in June to 17.0% in July. Indeed, the year to date performance of 19.3% remains slightly above target (18.5%), but below the 2020/21 statistical neighbour and national averages of 24.4% and 22.7% respectively.

Assessments

The number of assessments commencing reduced from an annual high of 358 in June to 310 in July. This remains above the 12 month average of 264, but below the figure of 330 reported in July 2021. The current year to date rate of assessments, at 602.3 per 10,000 u18s, remains well below the 2020/21 statistical neighbour benchmark (891.4) but above the national benchmark (517.6).

Performance for the percentage of assessments completed within 45 working days showed a marginal reduction from 98.7% in June to 98.3% in July. YTD performance of 98.8% remains well above our 2020/21 statistical neighbour average (84.6%) and the national average (87.6%), including our own target of 95%.

Performance for the percentage of assessments undertaken within 20 working days reduced from 31.8% in June to 29.6% in July. YTD performance of 25.8% remains below the target of 35%.

The proportion of assessments ending in 'No Further Action' increased from 31.4% in June to 33.1% in July. The YTD percentage of 34.3% remains higher than the target of 30%, but is still slightly lower than the 21/22 outturn of 34.6%.

Section 47 Investigations

The number of S47 investigations commencing reduced from 132 in June to 126 in July, broadly in line with 122 in July 2021. Performance is well above the monthly average for the year which is 92. When expressed as a rate per 10,000 population, the year to date figure of 217.9 is slightly below our outturn for 2021/22 of 219.6. This is higher than the 2020/21 national benchmark (164.4) but below our Stat Neighbours' average (259.4).

Percentage of S47s converting to child protection conferences has shown a slight increase, from 25.5% in June to 27.7% in July. The year-to-date performance of 23.2% is notably below the target of 36.5%, and below the 2020/21 national (36.5%) and statistical neighbour (39.2%) averages.

The percentage of S47s ending with no further action (NFA) increased from 10.8% in June to 27.7% in July, which is the highest rate since last October.

Child Protection (CP)

The number of children with a CP plan increased from 261 at the end June to 269 at the end of July. This is a cessation of the previously observed month-on-month reducing trend since February.
Barnsley rate of CPP is 52.1 per 10,000 compared to national rate of 41.4 per 10,000 and the statistical neighbour rate of 67.4 per 10,000.

For timeliness of initial child protection conferences (ICPC), the proportion of investigations proceeding to conference within timescale in July was maintained at 100% for a second month. Year to date performance of 93.8% is above target (85%) and above the 2020/21 statistical neighbour (89.2%) and national averages (83%).

7 CYP became the subject of a child protection (CP) plan for a second or subsequent time ever in July, increasing from [redacted] in June, and this is above the average for the last 12 months ([redacted]). Year to date performance at the end of July (16.1%) is now within our internal target range of 0-18%. Throughout the last 12 months, 45 children have been subject to a CP Plan for a second or subsequent time ever. Comparatively, performance is below the 2020/21 statistical neighbour (22.3%), and national (22.1%) averages (lower performance is better).

The number of children on a CP plan for more than two years reduced from 10 to [redacted] at the end of July. The current rate of 1.1% is now below national (2.0%) and Stat Neighbour (1.9%) benchmarks for 2020/21.

There were 7 CP plans lasting two years or more that ceased in July. Year to date performance for this measure is at 7.6% and is above the 3.0% target and national (2.9%) statistical neighbour (3.7%) benchmarks.

Performance for the timeliness of child protection reviews has remained at or close to 100% since September 2016, with a 100% year to date average. This is above 2020/21 statistical neighbour (93.6%) and national (93.2%) averages. The timeliness of child protection visits was 94.7% in July, a small reduction from 95.0% in June and the fourth reduction in a row. CP visit performance for the year to date is 97.4%.

Care Proceedings

The number of open proceedings cases increased from 95 in June to 97 at the end of July. There were 8 new cases in July, whilst 6 cases concluded. The average length of open proceedings cases increased from 34.5 weeks in June to 36.2 weeks in July. The 12 month rolling average duration for concluding cases decreased slightly from 49.6 weeks in June to 48.4 weeks in July.

Looked After Children (LAC)

The number of children in care is closely monitored. There is no definitive best practice performance; it is important to be confident that the right children are looked after at the right time. The number of looked after children has shown an increase from 361 in June to 367 at the end of July (the highest in any month for some time). That said, Barnsley's latest rate of LAC of 71.1 per 10,000 remains well below our statistical neighbours' average rate of 112 per 10,000, but above the national average of 67.0 per 10,000 for 2020/21.

The proportion of looked after children with three or more placements (in the previous 12 months) reduced from 11.1% in June to 9.9% in July. Performance remains above the 9.5% target, and 2020/21 statistical neighbour (8.3%) and national (9.0%) averages.

The proportion of looked after children in the same placements for 2.5yrs+ increased slightly from 68.4% in June to 69.1% in July, and remains above the 20/21 statistical neighbour average of 68.3%, and below the national average of 70%.

The number of reported missing from care incidents showed an increase from 17 in June to 20 in July, and this figure is slightly above the rolling 12 month average of 19. The number of CYP missing from care also increased from 8 in June to 10 in July.

The percentage of LAC cases reviewed within timescale reduced from 100% in June to 98.9% in July. The year to date average at the end of July was 97.7%, slightly below the 98.3% reported for Barnsley in 2021/22, but above the target of 97%. Performance for LAC visits within timescale fell from 96.1% in June to 93.2% in July, giving a year-to-date performance of 96.7%. This is below the target of 100%.

The proportion of looked after children with a completed health assessment in the last 12 months has increased, from 91.6% in June to 93.4% in July. Performance locally therefore remains above the 2020/21 national (91%) and statistical neighbour (92.7%) averages. The performance of dental checks has reduced again from 79.5% in June to 77.6% in July, and well below the target of 94%

The proportion of looked after children (aged 4 to 16 years inclusive) recorded as having a completed Strengths & Difficulties Questionnaire was 68.6% at the end of July, reducing from 70.5% in June and below the 80% target.

Information on Personal Education Plans is gathered from a Looked After Child's record, within the authorised care plan. July's data shows an improvement to 100%, for both children/young people with a valid PEP, and TPEP.

Quality of Schools Attended by Looked after Children

This measure focuses on Ofsted inspection ratings for schools in which looked after children are placed. July performance showed 80.4% of LAC in Good or Outstanding schools, which is a marginal increase on the previous month. 17.0% of Looked After Children at the end of July were in ‘less than good’ schools, and 2.6% were in schools with no current inspection.

School Attendance and Absence of Looked after Children

Performance up to the end of July shows 96.6% attendance, which is comparable with performance throughout the year. Persistent absenteeism showed a slight reduction from 9.8% in June to 9.5% in July,

this is also comparable with performance throughout the year. No primary aged LAC received fixed term exclusions up to the end of July.

In terms of secondary school attendance performance, July figures showed 89.9% attendance, which is consistent with attendance rates since the turn of 2022. Persistent absenteeism increased from 27.6% in June to 28.6% in July. More than a fifth (21.8%) of secondary aged LAC received fixed term exclusions up to the end of July.

Adoption

With the exception of 2013/14, Barnsley's adoption performance over the last decade has remained well above statistical neighbours, regional and national benchmarks. However, current year to date performance for adoptions at the end of July is 14.3% of children and young people leaving care, which is slightly below our internal target of 16.5%.

In relation to the timeliness of our adoption processes, against the target of 121 days between a placement order and a child being matched, timescales increased slightly from 100.3 days in June to 101.7 days in July and remains below target and significantly below performance in July 2021 (115.7).
Performance for average time taken between Placement Order and child being placed with adopter(s) was maintained at 3.7 months in July, the same as June.

Care leavers

Care Leaver performance is measured 'cumulatively', using information recorded around birthdays, relevant to those care-experienced young people who have a birthday within the current month. This is then added to the previous performance, recorded since April, and builds up over the year. Reporting for care leavers can fluctuate significantly due to the small numbers of young people in the cohort.

Performance for July shows that 58.3% of the cohort aged 19-21 were engaged in EET, below our internal target of 68%. Comparatively, the data is above the 2020/21 statistical neighbour (50.1%) and national (52%) averages.

It is a requirement that Care Leavers are 'seen' via an official visit every eight weeks (40 working days). Performance was maintained at 100% for the fourth month in a row. Year to date performance is 99.9%, above performance for 2021/22 (99.5%). In addition to this, at the end of July, 88.2% of care leavers aged 19 to 21 with birthdays between April - July were in suitable accommodation.

Children in Need

The number of open CIN cases has reduced by 69: from 1,797 in June to 1,728 in July. The July figure is notably lower than the same period last year by a count of 317. In terms of rates of Children in Need per 10,000 when comparing against 2020/21 benchmarks, Barnsley's rate for July (334.7) remains lower than Stat Neighbours (440.5), but above the national average (321.2).

Caseloads

Caseloads in the Disabled Children's Teams increased by 0.5 cases per worker from 27.1 in June to 27.6 at the end of July. Caseloads in the Integrated Front Door's Assessment and Safeguarding teams reduced by approximately 2.5 cases per worker on average from 28.3 to 25.8 cases. Caseloads within Children in Care/Future Directions, Adoption/Fostering teams also showed a slight reduction.

Recommendations

The Committee is asked to review the attached report in a private session and challenge performance. Any areas for investigation or improvement can be agreed for formal detailed discussion at a future meeting of the Overview and Scrutiny Committee.

4.	**Attachments/background papers** •
5.	**Possible Areas for investigation** • What new ways of working can be adopted to ensure that workloads are reduced and data is reported in a timely manner? • What are the key aims of the draft Children in Care & Care Leavers Strategy and how will you monitor progress? • What are the challenges associated with the new step-up/down protocols and how are these being managed? • How do you measure the quality of your performance and what areas need to improve? • What do you consider to be the greatest risks for Children's Social Care at present? • What analysis has been done into re-referrals and those who are subject to a CPP for a second time to ensure that the right children are receiving the right support, at the right time? • What are the key areas of focus over the next 12 months and the intended outcomes? • What more can be done to address persistent absence and the number of children subject to a fixed term exclusion in secondary schools? • When do you expect to see an increase in performance in the number of completed SDQs? • What are the implications of not achieving the 20 day assessment target and do you know the reasons for under-performing? • What are the reasons for the decrease in adoption performance and what impact has the Regional Adoption Agency had on performance? • How prevalent are private fostering arrangements in Barnsley and are you confident that the reporting mechanism is robust and effective? • What can elected members do to support the work of Children's Social Care?

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