



Hampshire Safeguarding Children Board

Business Plan 2017-18

Introduction

This Business Plan outlines the agreed priorities for Hampshire Safeguarding Children Board (HSCB) during 2017-18. HSCB is a statutory body set-up under the Children Act 2004. The Board consists of partner agencies that cooperate with each other to safeguard children and promote their welfare. We are responsible collectively as a Board for strategic oversight of child protection arrangements in Hampshire and our role is to lead, coordinate, develop, challenge and monitor the delivery of effective child protection and safeguarding practice by all agencies across Hampshire. The Board maintains strategic oversight to ensure that arrangements are working across the whole system, not just in our individual agencies, and are keeping children safe.

Our purpose

Section 14 of the Children Action 2004 sets out the statutory objectives of each LSCB, which are:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area.
- To ensure the effectiveness of what is done by each such person for those purposes.

Key Priorities for 2017-18

At its meeting in March 2017, HSCB agreed to continue its focus on the five priorities below. A range of work has been achieved over the previous financial year, which has seen the developments of key strategies and plans and the strengthening of our quality assurance framework. The Board felt it was important to maintain momentum and continue to develop these areas of work to ensure that professionals across the partnership are best equipped to identify, protect and support children at risk in Hampshire.

HSCB will take a leadership role in the delivery and quality assurance of partnership work in these areas. The format of the plan is designed to enable implementation and monitoring of actions in a clear and concise way. Progress against this plan will be reviewed and monitored by the Executive Group with chairs of the relevant subgroups reporting on progress against their actions to this group. Where necessary and appropriate, the Executive Group will highlight areas of concern to the full HSCB Board meetings for further action. HSCB will also identify and promote good practice across its partner agencies. Our priorities for the coming financial year are:

- Priority 1:** To enhance the understanding of neglect amongst professionals across Hampshire, and give them the tools to better identify indicators of neglect, and, understand what interventions are available to support and protect children affected by and / or at risk of neglect. This will build on the information contained in the joint Hampshire and Isle of Wight Neglect Strategy that was published in 2016.
- Priority 2:** Ensure that Board partners recognise the needs of children and young people when considering the impact of domestic abuse, substance misuse, and mental health in adults.
- Priority 3:** To ensure a coordinated multi-agency approach and response to key safeguarding issues including: Missing, Exploited and Trafficked Children, Suicide and Self Harm, Elective Home Education and Unaccompanied Asylum Seeking Children.
- Priority 4:** Quality Assurance, Measuring Impact and Embedding Learning.
- Priority 5:** Improve the way the Board communicates with and engages key stakeholders.

Key threads that run through all priorities:

- The voice and lived experience of the Child - to ensure that our work is child centred and we continually seek to engage and involve children and young people;
- Multi-agency partnership working - including the voluntary, faith and community sectors;
- Lessons are identified and learned from case reviews and multi-agency audits undertaken, and the monitoring of the implementation of recommendations.

Priority 1. To enhance the understanding of neglect amongst professionals across Hampshire, and give them the tools to better identify indicators of neglect, and, understand what interventions are available to support and protect children affected by and / or at risk of neglect.						
Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
1. Following on from the publication of the joint Hampshire and Isle of Wight Neglect Strategy, HSCB is assured of a coordinated, multi-agency understanding of, and response to the complex issues of neglect.	1.1 Finalise and publish the neglect toolkit (including interventions) to agencies across Hampshire.	Neglect Multi-Agency Task and Finish Group.	Toolkit finalised by Q2 2017/18.	All documents to be published and disseminated through agencies.	Professionals having greater understanding of, and recognising the early signs of neglect through using the toolkit. Multi-agency use of assessment tool and interventions toolkit ensures consistent practice across agencies / Hampshire.	Reported to Executive Group and Board.
	1.2 Update training material and roll out multi-agency workshops (or similar) to support implementation of the Neglect Strategy.	Workforce Development Group.	Q2 2017/18.	Existing training courses are updated to reflect the new material and additional training events are commissioned / developed.	Evaluations show that 100% of delegates found the training good or very good. Feedback from training illustrates	Monitored on a quarterly basis via the Workforce Development Group and reported to the Board.

					that professionals are aware of the new tools and know how to use them with children and their families.	
	1.3 Conduct a staff survey across the partnership to test access, understanding and application of the updated Thresholds Chart and interactive guidance, and Neglect Thresholds chart.	Partnership Support Team and Family Support Service Lead.	Q1 2017/18.	Responses from staff survey show increase in staff (more than 80%) who understand the thresholds chart and how to apply it.	Professionals understanding how and when to use the chart to accurately apply thresholds and determine access to services.	Reported to Quality Assurance Group.
	1.4 Undertake a multi-agency audit on the effectiveness of the Family Support Service (FSS), previously Early Help Hubs, making reference to appropriate use of referral criteria as outlined in the Thresholds Chart.	Quality Assurance Subgroup.	Audit to be completed by Q4 2017/18.	<p>Audit demonstrates that:</p> <p>a) Thresholds are applied appropriately.</p> <p>b) The FSS leads to positive outcomes for children and families referred.</p> <p>That the findings from the audit are supported by data</p>	<p>Professionals are aware of and engaging with FSS and making appropriate referrals at the correct point of entry.</p> <p>FSS are having a positive impact in supporting children at risk of neglect, and preventing them from entering the statutory care</p>	<p>Findings reported to the Quality Assurance Subgroup.</p> <p>Data against agreed indicators show improvement over 2016/17 baseline.</p>

				provided to the Board.	system.	
	1.5 Incorporate the theme of neglect within the current HSCB MASH audit programme to assess the multi-agency front-door response to these issues.	Quality Assurance Subgroup and Hampshire MASH.	Q3 2017/18.	<p>Audit demonstrates that:</p> <p>a) Thresholds are applied appropriately.</p> <p>b) The MASH response leads to positive, and timely, outcomes for children.</p>	<p>Audit can evidence safe and positive outcomes for children referred to MASH.</p> <p>Audit can evidence that professionals are aware of current thresholds and that the information provided by Board partners enables risks to be recognised and assessed.</p>	Reported to the Quality Assurance Subgroup.
	<p>1.6 Evaluation of Neglect Strategy:</p> <p>a) Develop the Evaluation Framework to measure success against the 4 strategic priorities set out in the Hants / IoW Neglect Strategy</p>	Neglect Multi-Agency Task and Finish Group.	Q2 2017/18.	Results are shared with partners across both boards.	<p>Evaluation data and case studies can demonstrate that:</p> <p>a) Practitioners can access information / tools and training.</p> <p>b) Practitioners can evidence how they have used the tools in their front line</p>	Reported to Executive Group and Main Board.

	<p>b) Conduct an evaluation of the Neglect Strategy, Neglect Training offer and Neglect Toolkit and Neglect Thresholds Chart across Hants and IoW workforce.</p>		<p>Q4 2017/18</p>		<p>work to provide positive impact on children.</p> <p>c) Practitioners can evidence how training has positively impacted on their work with children.</p>	
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Priority 2. Ensure that Board partners recognise the needs of children and young people when considering the impact of domestic abuse, substance misuse, and mental health in adults.						
Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
2. Children living in a family affected by these issues are identified as a priority and safeguarded appropriately.	<p>2.1 Following the Joint Targeted Area Inspection (JTAI) of the partnership response to domestic abuse in Hampshire (Dec-16), HSCB to undertake a multi-agency audit of children stepped down from Child Protection:</p> <p>a) To consider issues of potential 'over optimism' among professionals.</p> <p>b) To provide challenge and scrutiny of the multi-agency decision making process.</p>	Quality Assurance Subgroup.	<p>Q1 2017/18.</p> <p>Follow-up audit by Q4 2017/18.</p>	<p>Audit findings demonstrate that:</p> <p>a) Children are being appropriately stepped-down from Child Protection.</p> <p>b) Multi-agency decision making is clearly evidenced.</p> <p>c) The lived experience of children is reflected in the multi-agency decision making.</p>	Audit can evidence safe and positive outcomes for children stepped down from Child Protection.	<p>Reported to the JTAI and Quality Assurance Subgroups.</p> <p>Follow-up audit by January 2018 to evidence improvement/sustained performance.</p>
3. That staff working with children identified at risk	3.1 HSCB and HSAB and Hampshire Domestic Abuse Forum to consider areas of joint training	WDG in consultation with Partnership	Q3 2017/18.	Training to be available for staff by February 2017.	Evaluation of training evidences that staff working with adults can	Quarterly updates to WDG and LIG as part of recommendation

<p>from these factors, and professionals working with adults within the family, understand what it is like to be a young person living in that environment.</p>	<p>(primarily relating to domestic abuse but can include other subjects) to be delivered to multi-agency professionals working with both children and adults.</p>	<p>Support Team, HSAB and HDAF.</p>			<p>consider risks to children, and that staff working with children can identify risk factors associated with adults.</p>	<p>action plans.</p>
	<p>3.2 HSCB to publish refreshed Joint Working Protocol to include information on Domestic Abuse and enhance the focus on the perspective of the child.</p>	<p>4LSCB Policy (primary) QAG and Health Group (secondary) and others where appropriate.</p>	<p>Protocol due for publication Q1 2017/18 and revised summary document by Q2 2017/18.</p>	<p>Joint Working Protocol is reflective of recognised best practice.</p>	<p>Staff can better respond and work collaboratively to support and protect children living in families where the toxic trio is present.</p>	<p>To be discussed at 4LSCB Group.</p>
<p>4. Key themes relating to domestic abuse and ‘think family’ are disseminated to professionals</p>	<p>4.1 HSCB annual conference for practitioners on ‘Think Family’ and domestic abuse. This will include sessions delivered in partnership with the Safeguarding Adults Board.</p>	<p>Conference Task and Finish Group.</p>	<p>Q2 2017/18.</p>	<p>90% of attendees report increased awareness of domestic abuse and how it affects children.</p>	<p>Heightened awareness of the ‘Think Family’ approach to domestic abuse amongst professionals.</p>	<p>Reported to Workforce development group.</p>
<p>5. Referrals to Children’s Services by adult mental health practitioners consistently</p>	<p>5.1 In line with the JTAI Action Plan, Southern Health NHS Foundation Trust will undertake an audit to benchmark the current position</p>	<p>Southern Health and the JTAI Task and Finish Group</p>	<p>Q3 2017/18.</p>	<p>Improvement in on the baseline audit by 20%</p>	<p>Increased identification of domestic abuse and child safeguarding issues by adult mental health, and,</p>	<p>Reported to JTAI Task and Finish Group and Health Subgroup.</p>

<p>provide a clear analysis of risks and impact on children, and provide evidence of the 'Think Family' approach.</p>	<p>regarding AMH practitioner's analysis of risk and impact on children. A cohort of records will be audited from across the Trust and will include community and in-patient settings.</p>				<p>improvement in information shared with CSD relating to children at risk by adult mental health and domestic abuse.</p>	
<p>6. Substance misuse service to risk assess any service users who have access to children and/or experiencing domestic abuse</p>	<p>6.1 In line with the JTAI Action Plan, Inclusion to provide:</p> <p>a) Documentation of safeguarding for families with children complete.</p> <p>b) DASH risk assessment to be completed for all service users where Domestic Violence is a concern.</p>	<p>Inclusion / Public Health and JTAI Task and Finish Group.</p>	<p>Safeguarding Audit to be arranged for Q1 2017/18 and annually 50% within 6 months 85%.</p>	<p>Processes followed and appropriate information shared with CSD.</p>	<p>Increased identification of domestic abuse and child safeguarding issues in the substance misuse services.</p>	<p>Reported to JTAI Task and Finish Group and QA Group.</p>
	<p>6.2 Inclusion to monitor and record the number of any service users who have children in the CSC system.</p>	<p>Public Health via commissioning contract.</p>	<p>Process in place for Q1 2017/18 and monitored throughout the year.</p>	<p>Increased sharing of information with CSD.</p>	<p>CSD will be made aware of children at risk of harm where substance misuse is an issue in their families and information can inform any on-going</p>	<p>Health Subgroup.</p>

					risk assessments / plans.	
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Priority 3. To ensure a coordinated multi-agency approach and response to key safeguarding issues, including: <ul style="list-style-type: none"> • Missing, Exploited and Trafficked (MET) Children • Suicide and Self Harm. • Children who are electively home educated • Unaccompanied Asylum Seeking Children (UASC) 						
Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
7. HSCB is assured of a coordinated, multi-agency understanding of, and response to missing, exploited and trafficked children and young people.	7.1 HSCB to implement recommendations from the review of the HSCB Strategic MET Subgroup structure.	Strategic MET Subgroup.	Q2 2017/18.	Meeting attendance monitored and reviewed at Strategic MET Subgroup.	Consistent and appropriate representation by key agencies as defined within the subgroup's Terms of Reference.	Reported to Strategic MET Subgroup.
	7.2 To develop a multi-agency MET Partnership Profile across Hampshire (to include local risks, response and outcomes).	Strategic MET Subgroup.	Q2 2017/18.	Partnership Profile developed and reported to the Strategic MET Subgroup on a six monthly basis.	Strategic priorities driven by robust MET/CSE data. Improved agency awareness of key MET/CSE issues and the partnership response in Hampshire.	Reported to Strategic MET Subgroup and then to HSCB Board.
	7.3 To introduce mandatory MET/CSE training for taxi	Strategic MET Subgroup / District &	Q4 2017/18.	Training package developed and endorsed by	Taxi drivers have improved awareness of	Reported to Strategic MET Subgroup and

	drivers in Hampshire.	Borough Councils.		HSCB. Mandatory MET/CSE training in place prior to issuing of a taxi license.	issues relating to MET/CSE within Hampshire and understand how to report concerns.	then to HSCB Board.
	7.4 To develop a guidance document for professionals on referral and support pathways for victims of trafficking.	Strategic MET Subgroup.	Q2 2017/18.	Trafficking guidance document developed and promoted to Board partners.	Professionals have improved awareness of issues relating to trafficking in Hampshire.	Reported to Strategic MET Subgroup and then to HSCB Board.
	7.5 To review and update the MET strategy and action plan in line with the Government's revised definition of child sexual exploitation.	Strategic MET Subgroup.	Q2 2017/18.	Updated strategy and action plan developed and promoted by HSCB.	Professionals have improved awareness of the Strategic MET Subgroup and its role in safeguarding children at risk of MET/CSE.	Reported to Strategic MET Subgroup and then to HSCB Board.
	7.6 HSCB to undertake a single-agency audit to assess whether HSCB's MET training slides have been incorporated within existing Board partner training.	Workforce Development Group.	Q3 2017/18.	Feedback shows that all agencies provide or include MET training and it includes HSCB key messages.	Training delivered equips professionals to identify signs of MET/CSE risks respond appropriately.	Reported to Workforce Development and Strategic MET Subgroups and then to HSCB Board.

	7.7 HSCB supports implementation of the Independent Child Trafficking Advocate (ICTA) service and monitors outcomes/impact.	Strategic MET Subgroup / Quality Assurance Subgroup	Q4 2017/18.	ICTA implementation reviewed at Strategic MET Subgroup including interface with Willow Team.	Greater professional awareness of the service. Positive outcomes for children can be evidenced by the ICTA service.	Reported to Strategic MET Subgroup and then to HSCB Board.
8. That CSE risk assessment and information sharing practices are appropriate and facilitate proactive multi-agency working.	8.1 HSCB to provide assurance that all health agencies / providers are using the Child Sexual Exploitation Risk Questionnaire (CSERQ4) to identify and refer children at risk of MET.	Strategic MET Subgroup / Health Subgroup / 5CCG.	Q3 2017/18.	CSERQ4 risk assessment used across Hampshire agencies.	Consistent use of the agreed risk assessment tool. Cases are correctly identified and support / intervention provided.	Reported to Strategic MET and Health Subgroups and then to HSCB Board.
	8.2 HSCB to raise awareness of new legislation covering sexual communication with a child to schools in Hampshire.	Education Subgroup	Q2 2017/18.	Dissemination of key information and evidence of appropriate referrals to schools.	Schools able to better understand the potential MET risks to children on their roll.	Report to Education and MET Subgroups and then to Main Board.
	8.3 HSCB to strengthen information-sharing between the Willow Team and educational	Education subgroup	Q3 2017/18.	Education Inclusion Service (EIS) notify head teachers of mainstream and	Feedback on schools' responses to Education & Inclusion reviewed within the MET	Report to Education and MET Subgroups and then to Main Board.

	establishments linked to potential MET / CSE.			academy schools and education centres of children at risk of MET.	partnership profile.	
	8.4 HSCB to deliver training to Health staff in Independent Schools, which includes key MET messages.	Education Subgroup / 5CCG	Q2 2017/18.	Good attendance at training by Independent Schools and positive feedback following event.	Greater awareness across health staff within Independent Schools with regards to key MET/CSE risks.	Report to Education and Strategic MET Subgroups and then to Main Board.
9. HSCB understands current scale of Missing Children and is assured that partner agencies are addressing underlying issues leading to children going missing.	9.1 Data on children that go missing, including the outcomes from return interviews, including those carried out for LAC placed out of county, is regularly provided and scrutinised by the Board.	Strategic MET Subgroup	Bi-annual reports throughout the year.	Greater parity between Children's Services and Police data regarding missing children. Improved analysis of push and pull factors for children that go missing.	Improved information on children who go missing in Hampshire, which informs the multi-agency response.	Reported to Strategic MET Group and then to Main Board.
	9.2 Qualitative data gleaned from Return Interviews is collated to provide a comprehensive	Strategic MET Subgroup	Q3 2017/18	Comprehensive understanding of why children in Hampshire go missing from	Evidence that key interventions have been put in place to reduce episodes of missing.	Reported to Strategic MET Group and then to Main Board.

	<p>picture of the 'push and pull' factors relating to children going missing in Hampshire.</p> <p>Agencies are asked to provide a response plan setting out what actions they are currently taking, or plan to take, in response to the known factors relating to children going missing.</p>		Q4 2017/18.	home / care, and, coordinated response from agencies to reduce numbers of children / instances who go missing.		
10. HSCB is assured of actions to improve mental health, reduce suicide and prevent self harm in adolescents.	10.1 HSCB to support the development of the postvention and prevention protocol for schools and other board partners.	Suicide Prevention Group and Education Group.	6 month reports to Executive Group.	Actions due for end of year completion are implemented.	Evidence that key interventions have been put in place to reduce suicide.	6 monthly into Education and Executive Subgroup.
	10.2 HSCB maintains oversight of the work of the Suicide Strategy Group and the Emotional Health and Wellbeing Group to reduce suicide and	Health subgroup.	6 monthly reports to Health Subgroup.	Actions due for end of year completion are implemented.	Greater understanding of the issues of suicide and self harm and evidence that key interventions have	6 Monthly via Health Subgroup.

	self harm in children in Hampshire.				been put in place.	
	10.3 CAMHS to provide waiting time information for assessment and treatment to ensure that children with mental health problems have timely access to mental health services.	Health Subgroup primarily and Quality Assurance Group.	Annual targets set for CAMHS by CCGs who commission their services.	<p>95% being seen for assessment within 4 weeks 95% being seen with 8 weeks for treatment.</p> <p>For Children in Care, disabled children and those open to YOT, the targets are:</p> <p>a) 95% being seen within for assessment within 2 weeks.</p> <p>b) 95% being seen with 4 weeks for treatment.</p>	Targets set are met by CAMHS.	6 month reporting into Health Subgroup and annual reporting into Quality Assurance Subgroup.
	10.4 The views and opinions of parent/carers and children to be sought regarding their	Health Subgroup primarily and Quality Assurance	Q3 2017/18.	Services can evidence how policy or practice has changed due to the views	Practice is informed by the patient experience of children.	Report into Health Subgroup and QA Subgroup.

	experience s of all services which interact with children and families around self harm.	Group secondary.		communicated by children.		
	10.5 HSCB, via CYP Emotional Wellbeing and Mental Health Group, to enhance professional awareness and understanding of the Self Harm Pathway.	CYP Emotional Wellbeing and Mental Health Group reporting via the Health Subgroup.	Self Harm Pathway to be re-published by Q1 2017/18 with a clear plan for promotion. HSCB to undertake a staff survey by Q4 2017/18 to test professional awareness and understanding.	Survey results demonstrate that 90% of professionals know where to find the pathway. 90% of professionals (where it is relevant to their role) know how to apply the pathway.	Relevant professionals know how to apply the pathway to appropriately support children at risk of self harm.	Report into Health Subgroup and QA Sub Group.
11. HSCB develops its understanding of EHE families and supports professionals to positively engage them.	11.1 HSCB, in partnership with the EHE team in HCC, to develop links with EHE families and networks to: a) Better understand the perceptions of EHE families and use	Education Subgroup and Education and Inclusion Branch.	Q4 2017/18.	EHE representative regularly attends Education Subgroup and disseminates key messages across existing networks.	Heightened awareness amongst professionals so that they can engage positively with families whose children are educated outside of mainstream	Reported to Education Group.

	<p>this information to support professionals when working with EHE families.</p> <p>b) Establish channels to communicate information to families.</p> <p>c) Ensure EHE pupils have access to the same broad range of opportunities as school pupils such as health and personal safety.</p>				<p>education.</p> <p>Key HSCB messages disseminated across existing EHE networks.</p>	
12. Unaccompanied Asylum Seeking children.	12.1 HSCB to strengthen the dataset in relation to Unaccompanied Asylum Seeking Children (UASC).	Strategic MET Subgroup.	Q3 2017/18.	HSCB Partnership Profile includes data on UASC.	Variance in outcomes for UASC identified and addressed.	Reported to Strategic MET Subgroup then to Main Board.
	12.2 HSCB Board to receive regular updates on UASC in Hampshire, and those placed out of county, to provide assurance that UASC are	Executive Group and Children's Services.	September 2017 and March 2018.	Board partner agencies are aware of current position relating to UASC in Hampshire.	Any barriers to UASC receiving required care and support are identified and resolved across the partnership.	6 monthly update to Executive and main Board.

	receiving appropriate support and care.					
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Priority 4. Quality Assurance, Measuring Impact and Embedding Learning						
Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
13. Learning is embedded and leads to good practice	13.1 HSCB to launch the Virtual College eLearning package to partner agencies.	Workforce Development Group.	Q1 2017/18.	All agencies accessing Virtual College eLearning.	Increase in the number of professionals accessing HSCB training/learning.	Reported to Workforce Development Group.
	13.2 Monitor recommendations from all case reviews, ensuring learning is translated into policy development.	Learning & Inquiry Group.	6 months after publication of a case review.	HSCB / Individual agencies can evidence updated policy to reflect case review recommendations.	Continuous improvement of professional practice as a result of updated policy and training.	Monthly updates to Learning & Inquiry Group and then to Main Board.
	13.3 Ensure learning from case reviews informs 'lessons learned' events and multi-agency training.	Workforce Development Group.	10 'Lessons Learned' workshops delivered within the financial year.	90% of attendees rate workshops as good or above.	Professional practice continually improves as a result of updated policy and training. Revised arrangements fit for purpose and ensure HSCB meets its statutory requirements.	Reported to Workforce Development Group.
	13.4 Ensure the inclusion of local information, learning and good practice	Workforce Development Group.	Ongoing throughout the year.	Workforce Development Group members allocated as leads for each HSCB	HSCB multi-agency training incorporates local information,	Reported to Workforce Development Group.

	within HSCB multi-agency training.			course and reviews of material regularly completed.	learning and good practice.	
	13.5 Strengthen the evaluation of HSCB multi-agency training.	Workforce Development Group.	Ongoing throughout the year.	Second post-course survey and additional six-month impact discussions with professionals implemented.	HSCB / Individual agencies can evidence longer-term impact of HSCB training.	Reported to Workforce Development Group.
	13.6 Review of CDOP data collection processes to ensure information provides meaningful analysis of trends and themes across the Pan-Hants landscape, as well as improved annual reporting, and targeted campaigns and programmes of work.	CDOP and Partnership Support Team.	Q1 2017/18.	Fit for purpose data collection process identified.	CDOP has access to clear information and data on child deaths across Hampshire, which is used to inform HSCB working and campaigns.	Reported to Executive Group.
	13.7 HSCB approach to Section 11 and S157 / S175 Education Audits reviewed to ensure effective verification of agency submissions and action plans.	Quality Assurance & Education Subgroups.	Q3 2017/18.	Improved level of qualitative information, including feedback from professionals and children, in relation to key safeguarding standards.	HSCB gains additional assurance from partner agencies and schools on a wide range of safeguarding issues.	Reported to Quality Assurance and Education Subgroups and then Main Board.

<p>14. That the Board receives assurance from partners engaged in Transformation programmes.</p>	<p>14.1 Board Partners provide assurance that they share plans across the partnership and understand the impact of transformation on other agencies that provide services to children in Hampshire.</p> <p>14.2 Board Partners provide assurance to the partnership that the quality of services provided to children in Hampshire, and their ability to remain responsive to emerging safeguarding priorities, remains stable during periods of significant organisational change.</p>	<p>Executive Group.</p>	<p>6 month reporting throughout the year.</p>	<p>That service delivery remains stable, and, where there are likely impacts on other agencies, these are known in advance and plans are put in place accordingly.</p>	<p>That there is no negative impact on the services provided to children in Hampshire from agencies with significant change programmes ongoing.</p>	<p>Every 6 months to Executive Group.</p>
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Priority 5. Improve the way the Board communicates with and engages key stakeholders including children, their parents, and the community and faith sectors.

Outcome	Action	Owner	By When	Method of Measuring Success	Suggested Impact	Monitoring Arrangements
15. The Board engages and consults children and young people to receive feedback on its work and gain their perspectives on priority themes.	15.1 Feedback sought via forums and events led by Participation leads in partner agencies.	Quality Assurance Subgroup / Participation Leads.	Q3 2017/18.	HSCB can evidence how policy and work programmes have been informed by the views of children and young people.	Feedback informs HSCB programme of work and ensures it remains relevant to children and young people.	Report into Quality Assurance Subgroup
	15.2 Revised questions to be included in the What do I think Survey.	Education Subgroup.	Q1 2017/18.	HSCB can evidence how policy and work programmes have been informed by the views of children and young people.	Feedback informs HSCB programme of work and ensures it remains relevant to children and young people.	Report to Education Group.
	15.3 HSCB to be assured that the voice and lived experience of children involved in ICPCs in Hampshire is heard	Quality Assurance Group	Q3 2017/18.	HSCB is assured that children's views are heard (either in person or via another medium) to inform conference decisions made about them.	Feedback illustrates that children's voices are heard.	Report to Quality Assurance Group.
	15.4 Board to meet Youth Parliament Members / PCC	Board Manager to lead programme.	Q4 2017/18.	HSCB can evidence it has directly engaged children and young	HSCBs work is informed by the perspectives of	Feedback reported to HSCB Board.

	Youth Commission members.			people to seek feedback.	children.	
	15.5 Children and Young people are invited to participate in HSCB Conference.	WDG Group / Partnership Support Team.	Ongoing across annual audit programme.	HSCB can evidence it has directly engaged children and young people to seek feedback.	Feedback strengthens function and professional challenge of Board.	Feedback given to WDG and Executive Group.
	15.6 HSCB to be assured that the views of Children in Care (CiC) have informed the new HCC Corporate Parenting Board.	Partnerships Support Team and Corporate Parenting Board.	Q4 2017/18.	HSCB has assurance that the voice of CiC is heard and informs the work of the Corporate Parenting Board in Hampshire.	Feedback highlights areas for further development.	Report to Quality Assurance Group or Executive Group.
16. The Board receives feedback from front line practitioners and board level partners on role, visibility and impact of its work	16.1 Establish formal relationship with faith groups.	Partnership Support Team.	Q2 2017/18.	HSCB has an identified contact within the faith community to share information with and consult on initiatives.	Plans raise awareness of HSCB role and work to key stakeholders, and inform ongoing work of HSCB.	Report to Executive Group.
	16.2 Hold a themed workshop with the Voluntary Sector.	Partnership Support Team.	December 2017.	HSCB can communicate key safeguarding messages via the Voluntary Sector networks in Hampshire.	Plans raise awareness of HSCB role and work to key stakeholders, and inform ongoing work of HSCB.	Report to Executive Group.
	16.3 HSCB to conduct staff	Partnership Support Team	Ongoing through the	HSCB receives targeted feedback	Plans raise awareness of HSCB	Report to Executive Group.

	survey's on a range of policy issues to receive feedback on awareness and application of the Board's work.		year.	from multi-agency professionals on a range of board business.	role and work to key stakeholders, and inform ongoing work of HSCB.	
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