



North Somerset Children's Partnership

Section 11 Report 2023-24

Zoe Gartland
January 2024

Introduction

The Section 11 self-assessment audit tool was circulated to all partners across Bristol, South Gloucestershire, North Somerset, Somerset and Bath & North East Somerset in August 2023 to assess, monitor and evidence progress and achievements in relation to meeting safeguarding requirements.

Some organisations work across more than one local authority and completed the audit once to cover all relevant areas. There were a total of 15 completed audits received for North Somerset. The names of these organisations are included in [Appendix One](#).

This report has been produced for the North Somerset Children’s Partnership and has drawn on the themes identified in the audit process from the organisations who work in North Somerset. Organisations were required to make a judgement as to how well each question is being achieved based on a Red, Amber or Green rating. Where some organisations have graded 2 aspects of the question differently, the lower grading has been assumed for all questions.

What is Section 11?

(from [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#))

Section 11 of the Children Act 2004

Places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Section 11 places a duty on:

- local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
- the police, including police and crime commissioners and the chief officer of each police force
- in England and the Mayor’s Office for Policing and Crime in London the British Transport Police
- the National Probation Service and Community Rehabilitation Companies
- Governors/Directors of Prisons and Young Offender Institutions (YOIs)
- Directors of Secure Training Centres (STCs)
- Principals of Secure Colleges
- Youth Offending Teams/Services (YOTs)

These organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation’s/agency’s

safeguarding arrangements

- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- a designated practitioner (or, for health commissioning and health provider organisations/ agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality and protection within the services they provide

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

Methodology

The 2023-24 Section 11 self-assessment audit tool was designed by, and circulated to, all partners across Bristol, South Gloucestershire, North Somerset, Somerset, and Bath & North East Somerset in August 2023 to assess, monitor and evidence progress and achievements in relation to meeting safeguarding responsibilities.

The NSSCP received a total of 15 completed audit tool submissions. National submissions were also received from British Transport Police (BTP) and as such were not specific to the NSSCP but gave general assurance that they were compliant with their Section 11 responsibilities.

Agencies were required to make a self-assessed judgement as to how well each question is being achieved based on descriptors rated 0 (low level or non-compliance) to 3 (high level of compliance). There were six sections of questions and a total of 19 questions within the audit, as well as self-auditing for a numerical score. Organisations were asked to give examples and provide evidence for their score and the system gave the opportunity to create an action plan based on responses.

Section One: Safeguarding Structure

A1: How do you share information on who is your safeguarding lead?



0% of organisations rated RED (requires improvement)
20% of organization rated AMBER (good)
80 % of organisations rated GREEN (outstanding)

Analysis

75% of organisations include information about safeguarding leads in induction. 56% of organisations told us that they include this information on their intranet or website. 38% of organisations include this information in their single agency training.

The use of newsletters (25%), supervision (25%) and inclusion in policy (44%) were also given as ways of promotion of the safeguarding leads.

In terms of being able to check that this information is being retained by practitioners, 25% organisations told us that they check this out in supervision and 31% have undertaken audits of staff to check awareness of the safeguarding structure and knowledge of the safeguarding lead.

Recommendation 1: Where information about the Safeguarding Lead is not included in induction this should be added by all organisations.

A2: How do you share information about guidance, policies, and procedures? How do you check that this information is known and understood?



0% of organisations rated RED (requires improvement)
27% of organization rated AMBER (good)
73 % of organisations rated GREEN (outstanding)

Analysis

The majority of answers focused on the first part of the question detailing ways that information about policies and procedures is shared. Methods for this included alerts, news updates, training, emails, quick guides and supervision.

Those that answered with clear methods of checking the information has been understood, evidenced supervision, feedback from training, monthly audits and through the appraisal process.

Example of Strengths

AWP quoted, 'In the event of an incident, a red top alert is sent out flagging the policy and any amendments that may have been made.'

Compass Fostering stated, 'Monthly audits are completed on carer and children case files, this provides an opportunity to ensure that learning is being embedded into practice and there is consistency within the team.'

Example of Risks

Green House identified a risk, 'Some staff express confusion or uncertainty about which social care service to contact as we work across a range of local authorities.'

A3: How are you ensuring practitioners in your organisation are making effective use of the escalation policy (including whistleblowing and LADO)?



0% of organisations rated RED (requires improvement)
33% of organization rated AMBER (good)
66 % of organisations rated GREEN (outstanding)

Analysis

The responses to this question were less positive, two thirds of the respondents scored their organisation 'green' for this section. For two of the submissions there was information in the narrative to suggest they could have scored 'amber'.

Although almost all agencies referred to training in escalation policy and whistleblowing, none mentioned the NSSCP Issue Resolution Policy specifically. Therefore, it is not possible to evidence the effectiveness of its use.

Avon & Somerset Police did highlight this as an area for development.

Example of Strengths

BNSSG ICB are 'Supporting professionals to follow the SOPs in the procedures reliably every time and giving consideration of a brief learning event to remind of roles in the professional differences policies.'

Sirona also have 'Freedom to Speak Up Guardians (Francis Report 2014) who can be approached anonymously at any time. Sirona also have a dedicated email facility called "Ask Anything". Staff are encouraged to use all these routes to raise any concerns about safeguarding practice that they may have.'

Example of Risks

NSC said, 'We have seen lower than expected numbers of LADO referrals from education and care providers across the partnership. Enquires to and seeking advice from the LADO are high but the conversion to Managing Allegations meetings is low, which suggests that all partners are not confident in understanding the LADO remit and process.'

60% of responses reported that they have information about the LADO included in their policy; this indicates that the Partnership should promote the role of the LADO to ensure information is widely known.

Recommendation 2: The local authority to ensure the LADO function is independent and stand alone and improve the LADO policies and guidance. NSSCP should strengthen the training offer in respect of LADO. NSSCP should ensure the whistleblowing practice is understood. Consider a Bitesize session.

Recommendation 3: NSSCP need to ensure that partner agencies are aware of and use the Issue Resolution Policy. Possibly include a section about the policy at the February Development Day. Consider how we capture the informal professional challenge that isn't escalated to management.

A4: Tell us about how you incorporate safeguarding into induction.



0% of organisations rated RED (requires improvement)
27% of organization rated AMBER (good)
73 % of organisations rated GREEN (outstanding)

Analysis

All respondents include safeguarding training in their induction process. Of those, 66% of respondents stated that their induction process involved mandatory safeguarding training that ranged from Level 1 & 2 to Level 1, 2 and 3.

Only two agencies mentioned in-house and Partnership training and one of those quoted Keeping Bristol Safe as the source of training. Therefore, there is lots of work to do for NSSCP to advertise and promote the safeguarding training we provide. This is supported by the recent review of workforce development and training offer conducted by Global Safeguarding.

Example of Strengths

Many agencies stated that they use the interview process to establish safeguarding knowledge before appointment. Many have safeguarding training requirements to be completed within the first week of induction. One agency detailed the recent inclusion of de-escalation training too.

Sirona new starters are introduced to the organisations "Think Family" approach to safeguarding and all staff are aligned to safeguarding training levels which is in compliance with the Intercollegiate document.

Example of Risks

Two agencies mentioned staff vacancies and therefore reduced capacity in terms of induction training. Whilst reaching 90% in Level 1 and 2 training, UHBW stated they are yet to achieve this with Level 3.

The Green House rated themselves 'green' but notice that staff often do need support with raising concerns with Early Help/ First Response as they do not have to do this regularly with the CYP they see for therapy and support, so they sometimes feel a bit 'rusty' or underconfident.

Although graded green, BTP needs to *'re-visit the issue of vulnerability training due to lack of dedicated resource within PP&V leading to ad hoc and inconsistent delivery of some courses.'*

Recommendation 4: NSSCP need to ensure the multi-agency training offer is promoted widely through the newsletter and website and taken up by as many agencies as possible. Attend regional workforce development group to create as much standardisation as possible. Consider publication of an online document that includes safeguarding training across the region.

Recommendation 5: Partnership to contact agencies directly regarding specific actions: UHBW to reach 90% in Level 3 training. Green House to revisit Effective Support document on a regular basis – liaise with Front Door if necessary. British Transport Police (BTP) to revisit the issue of vulnerability training and consider how to ensure consistency.

Section Two: Learning and Development

B1: Tell us about the single agency or in-house training available to your organisation. How is it quality assured?



0% of organisations rated RED (requires improvement)
47% of organization rated AMBER (good)
53 % of organisations rated GREEN (outstanding)

Analysis

All organisations provide single agency training for their staff; Compass do this via the training hub and Next Link use Bristol Local Authority for theirs. Only just over half rated themselves as ‘green’ - the amber choice was often related to the quality assurance aspect. Four agencies cited plans to improve the quality assurance. Only one agency had no in-house training but plans are in place to rectify this.

B2: How well do staff engage with the multi-agency training available? How do you decide who will attend, and how do you monitor this? How do you conduct safeguarding training needs analysis and are there any safeguarding themes your organisation has identified that your staff need training on?



0% of organisations rated RED (requires improvement)
53% of organization rated AMBER (good)
47 % of organisations rated GREEN (outstanding)

Analysis

This is the lowest ranking question for a ‘green’ rating which demonstrates the work needed to be done by NSSCP. Three agencies describe multi-agency training being available but not promoted although they all have plans in place to do this which is promising.

Most agencies have a systematic way of analysing staff training needs. Avon and Somerset provision is

largely driven by national priorities. New officers receive multi-agency safeguarding training, but they recognise that needs analysis is not consistent and should be an area of development going forward. Some agencies either don't use multi-agency training at all or haven't understood what is available through the Partnership.

Two agencies cite using a different partnership's multi-agency training and whilst this could be purely geographical, it is of note that no-one references the NSSCP offer.

Interesting responses were from UHBW who said they would welcome support from Children's Social Care in the delivery of Level 3 training but have found it hard to organize this and NBT who say that barriers to attending multi-agency training include shift patterns and cancellation charges.

Several organisations mentioned that they have a lack of information and data from multi-agency training and don't have an understanding about how many people have attended.

Recommendation 6: NSSCP provide attendance data for individual agencies via the Learning and Development subgroup. Ensure practitioners follow the training pathways e.g. level 1,2 3

Recommendation 7: Once the training offer for NSSCP has been reviewed and confirmed, publicise widely with all partner agencies. In order to remove barriers to attendance, consider where charges are appropriate or not and design a variety of access methods for training.

B3: Tell us about the Safeguarding Supervision available to staff working in your organisation.



0% of organisations rated RED (requires improvement)
47% of organization rated AMBER (good)
53 % of organisations rated GREEN (outstanding)

Analysis

All agencies provide supervision except British Transport Police who were not specific. Most agencies provide at least monthly supervision plus ad-hoc sessions as required. Four responses described detailed, bespoke packages of supervision available for their staff. One response recognized a risk in terms of capacity to be able to provide the supervision they would want due to vacancies. NSC have increased dip audits in areas of concern.

AWP shared that their rating 'is not green as we currently are not able to offer bespoke safeguarding supervision due to staff capacity.'

Barnardos shared good practice in that 'Supervision records are periodically quality assured to ensure there is evidence that safeguarding issues are discussed and that the record of supervision is of good quality. Those staff whose role regularly involves safeguarding matters also receive group supervision, which is managed by a psychotherapist.'

Avon Fire and Rescue state that their 'DSL are putting in place a safeguarding supervision structure in line with the NFCC guidelines, which are pending.'

B4: How is learning from training and events embedded into practice and shared with colleagues?



0% of organisations rated RED (requires improvement)
20% of organization rated AMBER (good)
80 % of organisations rated GREEN (outstanding)

Analysis

There is strong evidence that agencies are confident that training is embedded. The most common practice for sharing learning with colleagues is via team meetings and future training sessions (80%). Capturing new learning and updates through alerts and newsletters was found in 40% of responses. Checking that learning has been embedded was found to be through supervision in 27% of responses.

Example of Strengths

Avon and Somerset state, *'Through MAPPA and Neighbourhood policing processes, learning and good practice is disseminated to first line managers to be shared with their staff, and a weekly blog highlights any immediate learning and signposts to further detail.'*

'Learning is shared with practitioners via a 'Red Top' which is an alert of an incident and change of practice' – AWP.

B5: How do you know that learning from local Child Safeguarding Practice Reviews (CSPRs) is impacting practice?



6% of organisations rated RED (requires improvement)
27% of organization rated AMBER (good)
67 % of organisations rated GREEN (outstanding)

Analysis

One organization marked this question as red and acknowledged that they have no mechanisms in place to disseminate learning from CSPRs. Whilst low in numbers, this still presents a risk for the Partnership to consider. Most agencies use team meetings to share learning and a third specifically mentioned that it directly impacts future training.

Whilst a few agencies explained that the learning from CSPRs is used in supervision or learning briefs, many gave less evidence of the direct impact on practice.

Recommendation 8: Direct contact with the agency who don't yet have a mechanism for sharing learning from CSPRs.

Recommendation 9: The Partnership to agree process for the leading and managing of actions plans to ensure learning is embedded.

B6: How has your organization responded to the change in the Domestic Abuse Act 2021 to recognize children as victims?



0% of organisations rated RED (requires improvement)
20% of organization rated AMBER (good)
73 % of organisations rated GREEN (outstanding)
7% of organisations did not rate this question

Analysis

All agencies responded to this question. 73% stated that there has been a change to policy or system procedures as a result of the Domestic Abuse Act 2021. 40% said there has been a change to their training.

Example of Strengths

Barnardo's nationally lobbied for this change to be part of the Domestic Abuse Act 2021.

Avon Fire and Rescue said they will '*Continue to raise awareness of DA to crews on how to recognise and what actions they should be taking - ensuring this is outlined in the L1 safeguarding training.*'

Green House acknowledge that '*Whilst we respond to the child as a victim/survivor of DV/A I think we need to use the Domestic Abuse Act 2021 more directly to show how our practice is informed by this.*'

Section Three: Listening to Children

C1: Describe how your organisation has effectively engaged with children and young people and how this has directly improved services and outcome.



13% of organisations rated RED (requires improvement)
20% of organization rated AMBER (good)
67 % of organisations rated GREEN (outstanding)

Analysis

Examples of good practice in effectively engaging children and young people and capturing their voices are:

- providing bespoke meetings and groups
- asking for feedback/use of questionnaires
- involving them in the recruitment process of an agency
- employing them/providing apprenticeships
- holding events/celebrations
- giving choice around their involvement with the service
- signposting support
- establishing a children and YP's council

- making changes to practice or services as a result of obtaining children’s voice

For the agencies who scored the lowest, the challenge that was outlined was regarding a lack of direct work with children typically. There is an action plan in place for one agency to address this.

Recommendation 10: The Partnership should reflect on some of the successful ways of capturing the voice of the child and consider how this might influence how we shape the work of the NSSCP.

C2: How do you know that practitioners in your organisation know what a child's lived experience is (understanding a day in their life)?



13% of organisations rated RED (requires improvement)
 20% of organization rated AMBER (good)
 67 % of organisations rated GREEN (outstanding)

Analysis

The majority of partners feel confident that practitioners know what a child’s lived experience is. Most responses gave evidence that included specific examples of how this is understood. This included groups and opportunities for children to share with practitioners directly and treating children as the service user. There were many examples of how practice approaches enable this and references to the ‘signs of safety’ model and ‘think family’ approach.

Where organisations felt they did not do this well yet, there were plans in place to address this issue.

C3: Equality & Diversity: How does your organisation consider racial, ethnic and cultural identity and its impact on children and families’ experiences?



6% of organisations rated RED (requires improvement)
 27% of organization rated AMBER (good)
 67 % of organisations rated GREEN (outstanding)

Analysis

60% of responses cited mandatory training to raise awareness of equality and diversity and its impact on children and young people. Other examples given included:

- Race equality workshops
- Becoming an anti-racist organization
- Ensuring access to information
- Use of interpreters
- Utilising the voice of children and young people
- Recruitment to reflect the community

- Equality impact assessments
- Action plan in place

Section Four: Information Sharing

D1: Describe the systems you have in place to support effective information sharing.



0% of organisations rated RED (requires improvement)
 13% of organization rated AMBER (good)
 87 % of organisations rated GREEN (outstanding)

Analysis

All agencies referenced information sharing protocols in their organization. 60% reported specific training, 60% evidenced protocols for sharing across multi-agency, 73% named a lead for information sharing that queries could be escalated to. 53% of responses mentioned policies and 27% evidence the use of protected systems to share information.

D2: What are the barriers you face to effective information sharing and how do you try to overcome them?



7% of organisations rated RED (requires improvement)
 33% of organization rated AMBER (good)
 60 % of organisations rated GREEN (outstanding)

Analysis

A barrier that was expressed by several agencies (Barnardo's, Next Link, Avon Fire and Rescue and the Green House) is around not being invited to meetings with statutory partners and who find it challenging to obtain historical information about the children and young people they are supporting. What they are able to offer is not clearly understood by other partners. Avon Fire and Rescue also noted that they are underused in terms of the free training and home visits where there are concerns about risks that they offer.

Other barriers to sharing information were:

- Lack of trust in other agencies by staff or parents/child
- Inconsistency in systems/processes/thresholds across local authorities
- Professional anxiety and myths around data sharing
- Changes in staffing
- Time constraints and shift patterns

Solutions that are trying to overcome these barriers include more opportunities to talk/meet with colleagues and other agencies, supervision and managers seeking support and resolutions from other services.

Section Five: Regional Themes

E1: Tell us how you are ensuring that the voice of Fathers is heard in your work with families



7% of organisations rated RED (requires improvement)
33% of organization rated AMBER (good)
33 % of organisations rated GREEN (outstanding)
27% of organisations did not rate.

Analysis

Four organisations didn't rate this question where their work doesn't directly involve fathers or there is not the opportunity for prolonged interaction e.g. Avon Fire and Rescue.

For a few agencies rated 'green' the evidence given does not support this and the Partnership would benefit from sharing good practice from others where applicable.

Examples of good practice include:

- using a 'think family' approach
- parenting programmes/groups that specifically target fathers
- building positive relationships with practitioners
- referencing the learning from 'Myth of Invisible men'
- training and supervision to inform front line staff
- Sharing key messages from ICON¹
- rolling out use of DadPad²

Example of Strengths

Barnardo's *'Our behaviour change work involves intense work with men who are fathers. We listen to their voice but also have professional recognition of the risks these fathers have presented and the primary need to keep their children and (ex) partners safe. However, in this work we have numerous stories of positive change, in which fathers have said they have felt heard.'*

Recommendation 11: The Partnership should continue to prioritise the theme of working effectively with fathers.

E2: What are you doing about neglect?



0% of organisations rated RED (requires improvement)
20% of organization rated AMBER (good)
67 % of organisations rated GREEN (outstanding)
13% of organisations did not rate.

¹ [Home - ICON Cope](#)

² [DadPad | The Essential Guide for New Dads | Support Guide for New Dads \(thedadpad.co.uk\)](#)

Analysis

60% of agencies cited staff training on neglect and 53% mentioned policies to address this issue. The 2 hospital trusts evidenced that they respond to failure to attend appointments and are aware this could be an indicator of neglect.

Example of Strengths

North Somerset Council celebrated the work of the neglect subgroup in terms of the Family Strengths and Needs (formerly Neglect) toolkit³ that has been developed, training that is being rolled out and multi-agency audits that focus specifically on neglect. This was highlighted by UHBW too.

Example of Risks

However, only 20% of responses mentioned the neglect toolkit, the police stated they have no specific training on neglect and capstone Fostering were not clear about the question. This means that the Partnership still has work to do in spreading this key message and resource.

Recommendation 12: The Partnership Neglect subgroup should continue to prioritise communication of available training and resources.

E3: How do you ensure smooth transition for children and families? (This could be between services or transitioning into adulthood)



7% of organisations rated RED (requires improvement)
40% of organization rated AMBER (good)
40 % of organisations rated GREEN (outstanding)
13% of organisations did not rate.

Analysis

Where transition between services is strong, methods employed include a clear handover, all necessary documents required are provided, joint appointments (health), signposting and starting the process early – well in advance of the point of transition to allow for waiting lists etc.

Over half of agencies recognised a risk in this area and several have plans in place to address it.

British Transport Police didn't respond to this question and Next Link didn't rate it explaining that a child or young person would keep the same support worker throughout.

Barnardo's quoted the voice of the child to say they valued warm transitions as their experience was that it can be a cold process.

Some organisations have dedicated staff who cover the 18-25 period to bridge the gap between childhood and adulthood.

³ [Core procedures | Childrens Safeguarding Board \(nsscp.co.uk\)](https://www.nsscp.co.uk/core-procedures)

Section Six: Children's Partnerships

F1: Do you have any feedback for your Children's Partnership?

Not every Section 11 audit provided feedback for the Partnership. Those that did are summarised here:

Avon and Somerset Police: The majority of the feedback was only for Somerset which was disappointing. The feedback for the whole region was to include focus on online abuse and exploitation and Honour Based Abuse and Forced Marriage in the next Section 11 audit.

You said we will: Consider these themes for the next audit and seek feedback about the North Somerset Children's Partnership.

Avon & Wiltshire Mental Health Partnership: Would like more focus on transitional safeguarding and neglect. Would also like focus on adolescent to parent domestic abuse.

You said we will: Will consider adolescent to parent abuse as a multi-agency audit theme. Transitional safeguarding will continue to be explored by the practice improvement lead in Children's Services and the business manager for the Partnership. The business manager will liaise with other local authorities to gather good practice. The Neglect Toolkit and related training will be appropriately communicated by all partner agencies via subgroups.

Barnardo's: We feel less connected since the LSCBs became Children's Partnerships.

You said we will: Invite Barnardo's to sit on Partnership subgroups.

BNSSG ICB: Streamline the three arrangements and practice across BNSSG.

You said we will: Take part in the Transformation Project across BNSSG.

Capstone Foster Care: Consider alternative formats for different partner agencies.

You said we will: Consider alternative methods of gathering Section 11 data across BNSSG.

North Bristol Trust: Continue with online and face to face events to update on key topics and reviews. Consider repeating or recording events so that more people/people on shifts can view the content. Offer a spotlight on the needs of the unborn child and multi-agency working in the pre- birth period.

You said we will: Hold two face-to-face partnership development sessions every year. Ask Bristol and South Gloucestershire business managers about collaborating to provide a bitesize session on pre-birth period as part of their priority on the first 1001 days.

North Somerset Children's Social Care: The Partnership requires further embedding and consolidation.

You said we will: Offer Partnership support in any required areas relating to multi-agency working. Ensure close working relationships with Children's Services.

Sirona: Greater join up between the three BNSSG partnerships. Standardised approach to processes and paperwork. E.g. multi-agency audit requests, conference reports, strategy requests. More joined up approach to multi-agency audits would provide more equitable and consistent approach to quality assurance processes. Standardised assessment tool for neglect across BNSSG. A barrier to information sharing is the infrastructure, numerous

health recording systems that don't link.

You said we will: Take part in the BNSSG transformation project. Will arrange to meet with KBSP and South Gloucestershire SCP to review neglect toolkit alongside their tools. Business manager will meet with KBSP and SGSCP to review multi-agency audit processes.

The Greenhouse: The response given was to the KBSP.

You said we will: Invite The Greenhouse to join one of the workstreams in North Somerset.

UHBW: Increased support/attendance at Partnership training. Would like increased support for in house complex case meetings and peer review. Better partnership working in perplexing presentation cases.

You said we will: Make contact with UHBW Safeguarding lead to seek assurance about North Somerset response to the request.

Conclusion

The quality of Section 11 returns varied. Some agencies give through examples and evidence to support their rating and some do not. Some rate themselves green and then give evidence about the plan to improve in the area which indicates the rating should have been amber or red. Avon & Somerset Police completed their return using the Somerset online tool and this made it more difficult to compare responses as the format was not the same. British Transport police used their own format and so the questions didn't correlate making comparison challenging.

It is concerning that some agencies did not rate themselves due to lack of relevance particularly around learning from CSPR and responding to neglect. This highlights the need for the Partnership to improve Comms and Engagement.

Whilst every organisation will have their own recommendations based on their Section 11 submission, the thematic recommendations based on all submissions for the 2023-24 Section 11 audit are as follows:

Number	Recommendation
1	Where information about the Safeguarding Lead is not included in induction, this should be added by all organisations.
2	The local authority to ensure the LADO function is independent and stand alone and improve the LADO policies and guidance. NSSCP should strengthen the training offer in respect of LADO. NSSCP ensure the whistleblowing practice is understood. Consider a Bitesize session.
3	NSSCP to ensure that partner agencies are aware of and use the Issue Resolution Policy. Possibly include a section about the policy at the forthcoming Partnership Event. Consider how we capture the informal professional challenge that isn't escalated to management.
4	NSSCP to ensure the multi-agency training offer is promoted widely through the newsletter and website and taken up by as many agencies as possible. Attend regional workforce development group to create as much standardisation as possible. Consider publication of an online document that includes safeguarding training across the region.
5	Partnership to contact agencies directly regarding specific actions: UHBW to reach 90% in Level 3 training. Green House to revisit Effective Support document on a regular basis – liaise with Front Door if necessary. British Transport Police (BTP) to revisit the issue of

	vulnerability training and consider how to ensure consistency.
6	NSSCP provide attendance data for individual agencies via the Learning and Development subgroup. Ensure practitioners follow the training pathways e.g. level 1,2 3
7	Once the training offer for NSSCP has been reviewed and confirmed, publicise widely with all partner agencies. In order to remove barriers to attendance, consider where charges are appropriate or not and design a variety of access methods for training.
8	Direct contact with the agency who don't yet have a mechanism for sharing learning from CSPRs.
9	The Partnership to agree process for the leading and managing of action plans to ensure learning is embedded.
10	The Partnership should reflect on some of the successful ways of capturing the voice of the child and consider how this might influence and shape the work of the NSSCP.
11	The Partnership should continue to prioritise the theme of working effectively with fathers.
12	The Partnership Neglect Subgroup should continue to prioritise communication of available training and resources.

There is clearly work to do with the training offer which is in line with a recent independent review. The L & D subgroup are due to present to Execs an action plan to drive forward activity. Multi-agency training must follow the cycle of needs analysis, design of programme, advertising training, delivery of training, QA of training. NSSCP should consider working across BNSSG as per the ICON training and how to incorporate different styles such as online and bitesize options.

Several responses referred to greater cohesion between partnerships across the BNSSG region, although it is evident that for those organisations who span more than one part of the region their responses were Bristol focussed, which raises a concern for South Gloucestershire and North Somerset. The transformation programme should make some recommendations about how we can work better together across the region.

Organisations should be taking action to ensure their compliance with Section 11, and this will in practice mean they should hold action plans for elements of the self-audit where they identified opportunities for improvement. The children's partnership Executive should consider how it can be assured that this is happening in North Somerset.

Appendix One

Organisations who submitted a Section 11 Audit for North Somerset Children's Partnership

Organisations scored themselves for every question red, amber or green. A summary of the responses is available below:

Organisation	Heat Map
Avon & Somerset Police	n/a
Avon Fire and Rescue	5 11 2
Avon & Wiltshire Mental Health Foundation Trust (AWP)	12 6
Barnardo's	14 3
BNSSG Integrated Care Board (ICB)	11 6 1
British Transport Police	n/a
Capstone Foster Care	16
Compass Fostering	11 2
Next Link	13 3
North Bristol Trust (NBT)	23
North Somerset Council - Children's Social Care	7 10
Somerset and Avon Rape and Sexual Abuse Support (SARSAS)	16 1
Sirona Care & Health	15 3
The Green House	7 10 1
UHBW	14 4