

Cabinet – 20 June 2012

Walsall Safeguarding Children Board Annual Report 2011-12

Portfolio: Councillor R Andrew, Children's services

Service: Children's Services

Wards: All

Key decision: No

Forward plan: No

1. Summary

The Walsall Safeguarding Children Board annual report (**Appendix 1**) summarises the business undertaken in 2011 -2012 in order to ensure that agencies are working together to keep children and young people safe. Positive feedback during a Peer Review concluded that children in Walsall *are safe*.

This was achieved through:

- 1981 children and families being identified as needing early help by service, an increase from last year.
- 2151 children being assessed by children's services for additional support
- 772 children were safeguarded through child protection
 - 277 children were protected through a multi agency Child Protection Plan – the majority of plans were for emotional abuse and neglect.
- 279 children being removed from Child Protection Plans because they were no longer at risk.
- 170 children receiving a child protection medical
- 209 incidents of child abuse being reported to West Midlands Police of which 116 offences were identified.
- 63 children being made subjects of legal orders to protect them from harm.

2. Recommendations

- 2.1 That cabinet notes the continued progress made in safeguarding across the partnership.

3. Report detail

- 3.1 Walsall has maintained its high standards in safeguarding and received recognition of this during the Peer Review in March 2012.
- 3.2 The Board has developed a Reflective Practice Review process. The purpose of which is to explore if there are lessons that could be learnt from a case about the way in which local professionals and organisations work together in order to

improve outcomes for all children. This is in addition to the Serious Case Review process.

- 3.3 A Serious Case Review was concluded regarding a child who was severely and chronically neglected. The report received an adequate judgement from Ofsted. The findings have been shared with colleagues across partner agencies. An action plan was monitored and signed off as complete by the Serious Case Review Sub Committee in March 2012.
- 3.4 The young people's safeguarding group (the SIT) have worked hard on several projects including the design of the child protection suite at the Manor Hospital, the development of a Play Station 3 safeguarding game and presentations and workshops at several conferences.
- 3.5 Subgroup activity has continued, with the addition of a Quality Assurance and Performance sub group. A new QA framework will be in place for 2012-13.
- 3.6 A significant amount of training has been provided to the children's workforce and monitored by the training sub group. Take up of courses has continued to be high and courses evaluated well.
- 3.7 Work on domestic abuse has been affected by budget cuts but there continues to be a strong multi agency commitment to this increasing area of concern. 3004 children were identified as living with domestic abuse, 784 families received direct support and 57 families were offered specialist assessments.
- 3.8 Work on runaways and sexual exploitation received national recognition through inclusion in Munro's review of progress in Child Protection. 137 young people were worked with who were thought to be at risk of sexual exploitation and 81% engaged well with the service.
- 3.9 Other areas of activity, detailed in the report, which the WSCB has been involved in includes: Private Fostering, allegations against staff, transitions and developments within the education and health economy. The Board has received regular updates on these and monitored progress.
- 3.10 Key areas of work for the WSCB in 2012-13 are detailed in the Business Plan. These will include:
 - SIT (Young people's Safeguarding and Inspection Team) development
 - Anti Bullying conference on Cyberbullying
 - Developments in relation to allegations against staff, including the introduction of a specialist post
 - Responding to Working Together 2012 following publication
 - Monitoring the impact of the implementation of the new Child and Family Support Framework
 - Implementing the Graded Care profile for Neglect
 - Implementing the new Quality Assurance and Performance Framework
 - Focusing on those young people who are at risk of exploitation, running away and self harm or suicide
 - Strengthening arrangements between the WSCB and new school economy.
 - Working with the Health and Wellbeing Board and GP Commissioners.

- Further work with Mosques and Madressah's in relation to child protection and behaviour management training and embedding good practices.

4. Council priorities Health and Well-being

4.1 WSCB activity influences and compliments the Children and Young People's Plan. The Board will continue to work with the Children's Partnership Board and will develop relationships with the emerging Health and Well-being Board.

5. Risk management

5.1 The WSCB will support and monitor the safety of the new Child and Family Support Framework.

6. Financial implications

6.1 The Board has committed £20k to fund a Young People's Independent Domestic Violence Advocate in response to the high number of domestic abuse incidents amongst young people.

6.2 Project time will be funded to support the work on Child Sexual Exploitation, Missing children and the development of pathways for those young people who are at risk of self harm and/or suicide.

6.3 The annual report contains a full breakdown of the WSCB finances (see Appendix 2 within the annual report).

7. Legal implications

7.1 It is a statutory requirement for every area to have a Local Safeguarding Children Board. The WSCB brings together agencies that work with children, young people and their families to ensure that they are working together effectively to keep children safe.

7.2 Walsall Council takes the lead responsibility for the effective functioning of the WSCB, whilst all main constituent members are responsible for contributing fully and efficiently to its work.

7.3 Chapter 3 of Working Together to Safeguard Children (2010) details the roles and responsibilities of the WSCB. It lays out the specific responsibilities of the Board and details recommended membership and the relationship of the WSCB to other strategic planning processes for children's services.

WSCB is compliant with this.

8. Property implications

N/A

9. Staffing implications

N/A

10. Equality implications

Relates to all children and young people under 18 years old.

11. Consultation

The annual report is a partnership document and will be approved by the Board on 30 May 2012.

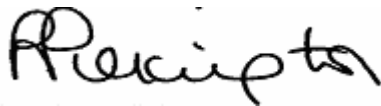
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Pauline Pilkington
Executive Director
5 June 2012



Councillor Andrew
Portfolio holder
5 June 2012

Walsall Safeguarding Children Board
Annual Report 2011-12



Chairs Overview of the Year

I am pleased to present the Walsall Safeguarding Children Board (WSCB) Annual Report for 2011/12 which reports on the activity and developments of the WSCB from April 2011 – March 2012.

This is my second annual report as Independent Chair and I feel that there is a real and very tangible commitment by all agencies to protect and safeguard children in Walsall and that the WSCB has continued to build on its progress to ensure that all children and young people in Walsall are safeguarded, and I am grateful to all its members for their continuing support in achieving this.

The scale of this challenge in the current financial climate and changes with some partner agencies should not be underestimated. However with the committed passionate professionals to interagency cooperation which exists in our Borough and the commitment of all our staff who work with children, I remain confident that this progress will continue.

A big "thank you!" to everyone who works to keep children and young people safe in Walsall as we have some excellent, safe and innovative frontline practice, and effective partnership working, as reflected in our recent peer review.

I particularly want to thank the Children and Young People's Shadow Board (SIT) for going from strength to strength, in being innovative, committed and hard working. Dean has been a committed member of the SIT but will step down as Chair this year as he moves onto University. The WSCB would like to thank Dean for all of his hard work, energy and dedication to the Board and to safeguarding young people in the Borough.

We have been particularly busy making Munro work for us in Walsall. We have invested in a new framework - Child and Family Support Framework - and are committed to early help for children in Walsall this includes Think Family – troubled family agenda and the development of Area Support Teams. We have been developing social work expertise and supporting effective practice by stabilising the social care workforce through improved training opportunities, and strong working relationships with local universities. Staff have reported this as a positive outcome which has led to improved retention. We have strengthened accountabilities and creating a learning system by ensuring the Annual Report goes to the Chief Executive of the LA. There is also a protocol between the Board and Children and Young People's Partnership Board regarding the CYPP and scrutiny of safeguarding and we are developing further the Quality Assurance Framework to focus on the Child's Journey and the effectiveness of interventions at different points along that Journey.

We now enter a new phase in reviewing our achievements and ensuring our safeguarding practice is effective. We have recently completed a Peer Review of the WSCB and will respond to this, with clear areas for changes and learning together to collect and evidence good outcomes. We clearly are on the journey together to improve and build on outcomes vision, service delivery and managing the resources carefully, this is reflected in our business plan for 2012-13.

It would not be possible for the WSCB to work as effectively as it does without the dedication, commitment and exceptional ability of its members and to them I extend my sincere appreciation for all their hard work.

I hope that both professionals and members of the public will find the report interesting and informative in outlining the progress, aspirations and arrangements for safeguarding children in Walsall.

Jane M Evans
Independent Chair WSCB, April 2012

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Walsall Safeguarding Children Board Overview Keeping Children Safe in Walsall in 2011- 2012

Achieving safe outcomes for Walsall children

- 1981 children and their families were identified as needing early help by services- an increase from last year
- 2151 children were assessed by Children's Services for additional support
- 772 children were safeguarded through Child Protection
- 277 children were protected through beginning a multi-agency Child Protection Plan
- 279 children were removed from multi-agency Child Protection Plans because they were no longer at risk- the majority of plans are for neglect and emotional abuse
- 170 children received a Child Protection Medical to ensure they were safe from harm
- 209 incidents of child abuse crimes were reported to West Midlands Police, of which 116 crimes were detected.
- 63 children made subjects of legal orders to protect them from harm

Safeguarding children in specific circumstances

- 3004 children were identified as living with domestic violence, 784 families received direct support and 57 families were offered a specialist assessment
- 137 young people were worked with who were thought to be at risk of sexual exploitation, with 81% engaging with the service
- 257 young people were helped regarding running away, 22% of which were thought to be at high risk
- There were 3 cases of forced marriage which were prevented.

Learning lessons

- There was one Serious Case Review in relation to a young person with disabilities and severe chronic neglect
- There were Management Reviews concerning young people who had died in the context of suicide and self harm

Board priorities

- Support the development of the Child and Family Support Framework
- Focus on responses to neglect- introduce Graded Care Profile
- Embed the use of Signs of Safety
- Invest in an Independent Domestic Violence Advisor for young adults
- Provide additional support for children at risk of sexual exploitation
- Focus on improving pathways for children who are at risk of self harm and suicide

1. Introduction

This year, the Walsall Safeguarding Children Board Annual Report 2011-2012 will consider the impact of the Board across the key areas of safeguarding activity in the Borough.

The Walsall Safeguarding Children Board is committed to ensuring the children of Walsall are kept safe by:

- Listening carefully to what children and young people say about their needs for safety
- Ensuring that there are safe systems in place in all agencies who work with children
- Ensuring staff and volunteers who work with children and young people have sufficient expertise to recognise concerns and know what to do
- Evaluating and supporting the development of services to provide troubled families with early help
- Identifying and supporting children who are privately fostered
- Monitoring closely the effectiveness of multi-agency working to protect children from abuse
- Developing Innovative approaches to safeguard children at risk through:
 - Exposure to Domestic Violence
 - Running away and being missing
 - Exploitation
 - Sexually Harmful Behaviour
 - Self Harm and Suicide
- Learning lessons from local and national Serious Case Reviews and Management Reviews, evidenced based practice and research evidence
- Contributing to and learning from the Child Death Overview Panel
- Learning from Inspections and Reviews of Services

2. Structure and governance of the Walsall Safeguarding Children Board

It is a statutory requirement for every area to have a Local Safeguarding Children Board. Walsall's Safeguarding Children Board (WSCB) has responsibility for ensuring the requirements of the Children Acts (1989 and 2004) and Working Together (2010) are in place bringing together agencies that work with children, young people and their families to ensure that they are working together effectively to keep children safe.

Working Together to Safeguard Children 2010 (Ch 3) details the roles and responsibilities of the WSCB. It lays out the specific responsibilities and details recommended membership and the relationship of the WSCB to other strategic planning arrangements for Children's Services. See Appendix 1 for full details of the agencies represented on Walsall's Board.

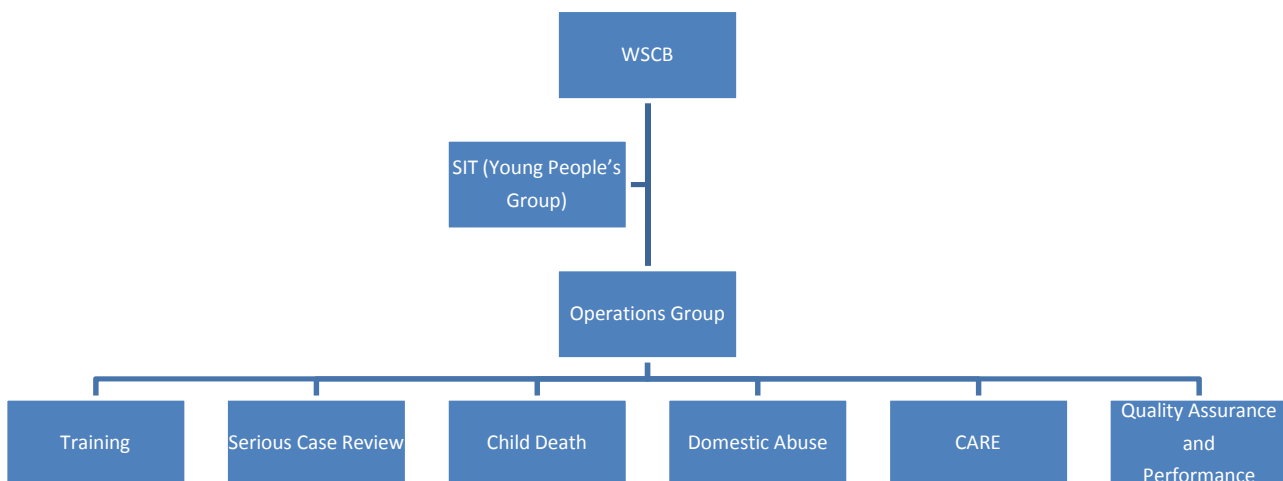
Walsall Council takes lead responsibility for the effective functioning of the WSCB whilst all main constituent members are responsible for contributing fully and efficiently to its work.

The WSCB stands alongside the Walsall Children’s Partnership Board and contributes to improving outcomes for all children. It pays specific attention to the way agencies work together to safeguard children and protect them from harm.

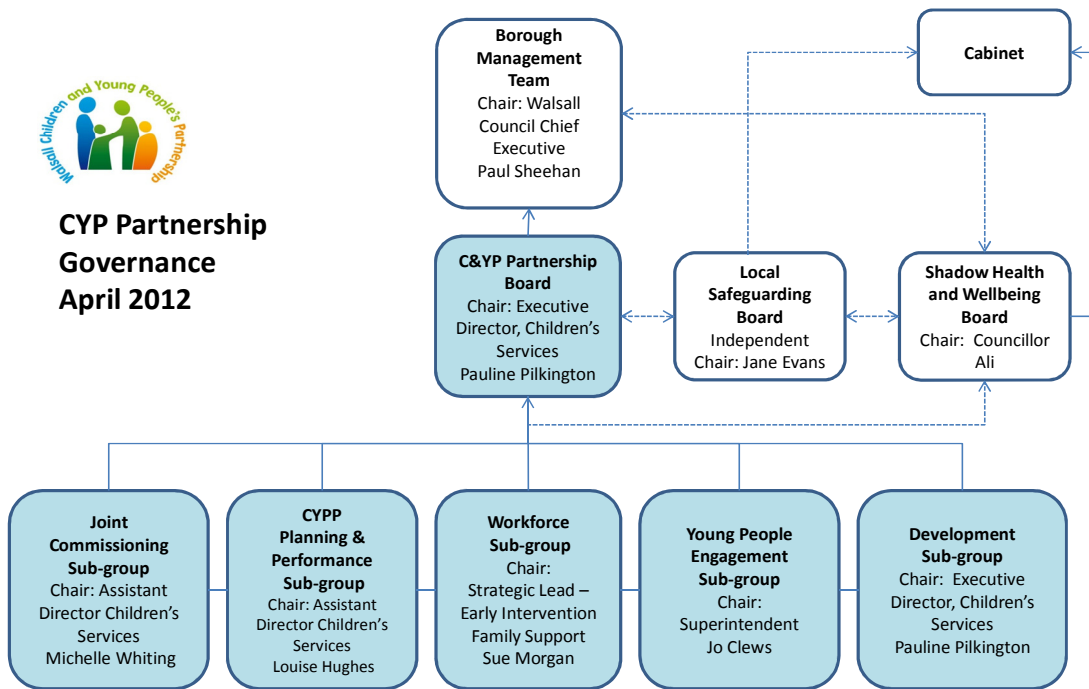
The Board is made of two main groups: the Board which currently consists of 23 members and 7 co-opted members (see membership Appendix 1), and its Operational Group made up of 21 members and 3 co-opted members. There are also a number of officers who support the Board. The Operations Group takes responsibility for the delivery of the business plan and oversees the work of the sub groups. Both groups meet alternate months. There is a Young People’s Safeguarding Group (SIT), which contributes to the work of Board and carries out aligned pieces of work, whilst also leading on their own programme of activity.

There are also 6 sub groups, each of which meet at pre-determined regular intervals. These are: Training & Development, Serious Case Review, Child Death Overview Panel, Children at Risk of Exploitation Panel (CARE) and Domestic Abuse Task Group, Quality Assurance and Performance. The majority of members contribute to at least one of these sub groups. There are also a number of time limited working groups which are convened to undertake specific pieces of work as required.

Structure of Walsall Safeguarding Children Board



Governance Arrangements



The Independent Chair of the WSCB is a member of the Children's Partnership Board, holding the Partnership Board to account on matters relating to safeguarding and child protection.

The WSCB has a clear and distinct identity within the Children's Partnership Board arrangements, and is not an operational sub-committee of the Partnership Board. The dual accountability for safeguarding is detailed in the Partnership Board's terms of reference and a joint protocol between the two Boards. The WSCB provides this annual report to the Partnership Board. The Chair of the Walsall Safeguarding Children Board also prepares reports on the effectiveness of the arrangements for the WSCB to the Council's Children and Young People's Overview and Scrutiny Panel and the Lead Member for Children's Services as required.

Over the following year (2012-13) there will be discussions with the Health and Wellbeing Board and GP Commissioning Group to ensure appropriate links and governance arrangements with these forums.

3. Keeping children safe by listening carefully to what children and young people say about their needs

3.1 Young People's Involvement (Safeguarding and Inspections Team)

Walsall SIT (Safeguarding Inspection Team) was established in September 2010. The group provides young people with an opportunity to make decisions relating to Safeguarding practices and service delivery. The group meets monthly for two hours and is chaired by the Walsall Safeguarding Children Board (WSCB) young person's representative Dean Cordell. Dean said of the SIT, "*The SIT is a fantastic opportunity where young people can work with and challenge the WSCB to help support and protect vulnerable young people in Walsall.*"

In 2011-2012, The SIT group reviewed the roles of its members in order to make sure a young person's representative is in attendance at all relevant meetings, and has agreed on the following roles:

SIT Chair/ Young Person's Representative to WSCB
SIT Secretary
Police Representative
Health Representative
Domestic Violence Representative
Social Care Representative/ CAF Champion
IYPSS Representative
Anti Bullying Representative
SIT Deputy Chair
Housing Representative
Youth Justice/ Probation Representative
Virtual Groups Representative

3.2 SIT Achievements in 2011- 2012

Developed a Safeguarding Computer Game for Young People

The SIT developed two safeguarding levels on the *Little Big Planet 2* computer game. The first level is aimed at 8-12 year olds and focuses on the theme of bullying, providing users with a number of choices to play out an scenario where the bullying either gets worse due to no action being taken or gets better due to informing various people about what is going on. The second level is aimed at 13-19 year olds and focuses on a number of themes such as forced marriage, domestic violence, mental health and drugs; much like the junior level it provides users with a number of options and pathways to play out the scenario.

WSCB Website

The SIT is now featured on the WSCB website which includes supporting information about the group, news and regular updates, meeting documents, and any resources which are produced by the group and contact information.

SIT Contributing to Safeguarding in Health

Two members of the SIT attended the NHS National Safeguarding Conference held at Warwick University on 25th April 2012, where they delivered a presentation exploring young people's involvement in Health settings. This presentation followed the success of the NHS West Midlands Safeguarding Conference in 2011 which was well received by Designated Doctors and Designated Nurses for Child Protection from across the region. Other local authority areas are asking for support to establish something similar in their areas i.e. Birmingham and Coventry.

The SIT worked with Blue and White Company and Walsall Manor Hospital to re-design the Child Protection Suite known as the Starfish Suite. The SIT developed a central theme with artists to make the suite a more welcoming environment. Workshops were held with four vulnerable groups including Looked After Children, Disabled, NEET and BME groups of young people to look at enhancing and adding to the theme and contributing to the art work which will be installed in the suite. SIT members have been involved in all aspects of the project from working with the artists on ideas, incorporating other young people's work into the art, meeting with Manor Hospital staff, and in the early part of 2012/13, will be attending the printing of the finished art ready for installation into the suite to make young people who will be using the suite more welcome and at ease before any assessments.

SIT Contributing to Safeguarding with the West Midlands Police

Seven young people attended a youth dinner at Tally Ho! in September 2011 to look at policing across the West Midlands. Three SIT members delivered a presentation looking at the Daphne – You Respond Project which was well received by other local authorities, who have shown interest in using the guide and training pack. Three young people attended the Walsall Police Open Day in September 2011 where they spoke to senior Police Officers about young people in Walsall and general policing in the borough.

SIT and the Council 2012/13 Budget Workshop

In September 2011, the SIT contributed to the Council budget consultation. The group looked at what services are currently funded by the Council and the importance of these, where members would want money to be spent in the future and where less money could be spent in the future. A number of issues were discussed ranging from increased activities, jobs, leisure facilities, the hospital, education and transport. The group said more effort needed to be made to encourage volunteering in the community, charging businesses to advertise in the town centre, less money spent on statues and art and increased commissioning in services. The group said it was vital to increase the number of shops in the town

centre and make sure Council systems were effective in order to free up Council staff to work closer with individuals in need.

Accredited Training for SIT Members

The SIT developed two accredited OCN courses to ensure young people who are part of the SIT gain qualifications relating to their introductory training and experiences:

- OCN Level 2 Quality Assurance in Youth Settings – the course has a credit value of 2 and is made up of 16 guided learning hours and has three learning outcomes
- OCN Level 2 Safeguarding – the course has a credit value of 1 and is made up of 8 guided learning hours and has four learning outcomes

SIT Library Inspections

During February 2012, SIT members and Young Apprentices undertook a number of Mystery Shopper Inspection Visits to Library Services as part of a review to look at customer satisfaction and especially gain the views from young people about their opinions of Walsall libraries. Young people looked at the helpfulness of staff, the range and quality of books and resources, the use of computers, and whether they felt that they had been treated fairly and equally. Along with the Mystery Shopper Visits, there were also a number of focus groups to further engage young people and gain their views. The review revealed a number of interesting points about young people's perceptions and treatment across Walsall libraries.

SIT and Anglia Ruskin University

The SIT is pioneering the way forward across the UK on young people's involvement in Safeguarding and Quality Assurance issues. During 2011 the SIT provided Anglia Ruskin University with some information about the structure, aims and achievements of the group; following this, the university asked the SIT to provide a key note speech at their national Safeguarding Conference which took place on 16th March 2012. The day allowed practitioners and academics to gain a valuable insight into the methods and benefits of involving young people in ethical and safeguarding issues.

Mayor's Civic Awards for members of SIT

Dean Cordelle (Chair of the SIT) won the Young Citizen of the Year Award which was part of the eighth annual Mayor's Civic Awards, and Sophie Russell was highly commended for the Walsall's Community Contribution Award for their contribution to the SIT and vulnerable groups. Dean has been a committed member of the SIT but will step down this year as he moves onto University. The WSCB would like to thank Dean for all of his hard work, energy and dedication to the SIT and to safeguarding young people in the Borough.

Dean with his award.



Sophie was 'highly commended'.



For 2012 -2013

- To strengthen the link between the SIT and the Youth of Walsall (YOW) Cabinet. It has been agreed that the SIT Chair will feedback to the YOW on behalf of the SIT, and the YOW Chair will feedback to the SIT on behalf of the YOW.
- SIT Promotions Group is looking at linking with Walsall College to get the Summary of the WSCB Annual Report and the SIT information leaflet finalised.
- A logo to be developed for SIT to make sure everything produced by or supported by the SIT can be clearly identified.
- Safeguarding Computer game- further work will be done in 2012/13 to ensure the levels are accessible to Walsall children and young people. The use of the game will work as part of an interactive preventative tool in line with the Council's early intervention methods.
- In December 2011, the SIT met with PC Allen Poole who is the young people's officer to start a discussion surrounding the policing strategy which will be continued in 2012/13.
- Work with Anglia Ruskin University exploring a project to create a virtual world on a national scale which would focus on generating an efficient participation network along with making it easier for organisations in the public, private and third sector to raise the positive voice of young people.

3.3 Responding to bullying

Young people's lives are highly affected by bullying and the fear of being bullied, and in surveys young people tell us this is a major concern.

Achievements in 2011 – 2012

Anti Bullying Standards – Developments in Walsall Schools

There are now 34 educational establishments that have achieved gold, silver or bronze awards in Anti Bullying. These awards show that the school or organisation are working towards set standards for combating bullying and supporting pupils.

Anti-Bullying Workshop

Anti-Bullying Week shines a light on bullying, sending a clear and positive message that it is neither acceptable nor inevitable in our schools and communities

On Tuesday 15th November 2011, Walsall Safeguarding Children Board including Walsall Children's Services Serco and Walsall College hosted an event attended by over 150 young people.

Taking place at Walsall College's Wisemore Campus during national Anti-Bullying Week, the event was an opportunity for children and young people in the local area to attend and deliver workshops around the issue of bullying.

There were a number of activities going on throughout the day for attendees, including workshops, tours of Walsall College, a Big Brother diary room and information stands. Workshops included:

- **'Don't Use Gay in a Negative Way'**. This session explored the different uses of the word 'gay' specifically when it is used in a negative way, and looked at the impact that this has on individuals and society. The session explored homophobic bullying and how we can work together to tackle this in school and the wider community.
- **RESPECT!** This session explored creatively respectful and disrespectful behaviour, what respect means, and how the behaviour of others makes people feel.
- **Make Them Go Away.** Make Them Go Away is a short film on bullying of children and young people with disabilities. Created by combining experiences, young people have described it depicts a young man being bullied by a ringleader and a group. His parents notice his depression, lack of appetite and reluctance to go out. Anxious to be accepted by the group, he is finally led into an action which brings the police into the story and one of the bystanders comes forward.
- **Free To Be Me.** This session used a DVD resource called Free To Be Me. The session focused on key scenarios and showcased different elements of how to take action against bullying, at school and in the community.

- **Beat The Bullies...Be A Peer Mentor.** The focus of this session was to explore the important roles of Peer Mentors; from looking at what a good Mentor is to how pupils can develop this approach into their schools.

Members of the SIT also ran a workshop on their new safeguarding game. The pupils were asked what their favourite part of the day was, and some comments were “Every minute of it”, “Learning everything, every moment has been great”.

There was also a launch of 300 balloons into the sky, to signify the end of the event and show the partnerships continued support against bullying.

June Morrow, Director of the Learner Journey at Walsall College, said: *“Here at Walsall College, we have a robust anti-bullying policy and we are proactive in tackling any issues our students may have. Hosting an anti-bullying event during Anti-bullying Week was an excellent way of raising awareness about bullying and ensuring young people get any issues they may have out in the open”.*



Young people releasing balloons to mark the close of the Anti Bullying event, November 2011.

For 2012 -2013

- Increase the number of schools achieving the awards for anti bullying
- To hold a conference on the theme of cyber bullying
- To build on the success of last year’s Anti-Bullying Week

4. Keeping children safe by ensuring that there are safe systems in place in all agencies who work with children

The purpose of the Local Authority Designated Officer (LADO) and ‘management of allegations’ process is to help children and young people to be cared for safely and protected from all forms of harm and ill treatment and in doing so, ensuring safer recruitment practices are in place and adhered to. This includes raising staff awareness through Safeguarding training and whistle blowing policies, promoting a culture of vigilance in settings and establishments, reporting concerns and where issues do arise, ensuring that these are dealt with openly, swiftly and in a manner that promotes children’s welfare in a robust and timely manner.

“Local Safeguarding Children Boards (LSCBs) have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against

people who work with children, and monitoring and evaluating the effectiveness of those procedures.”

Working Together, 2010

4.1 Arrangements in Walsall

The LADO is currently the Operations Manager within the Safeguarding Service and the Designated Senior Officer (DSO) is the Head of Safeguarding. The responsibility for chairing complex strategy meetings is currently shared between the LADO, DSO and two Operations Managers within Children’s Specialist Services.

All LSCB members have a Named Senior Officer responsible for allegations within their organisation and in Walsall; there are well established links with Children’s Services SERCO Human Resources and Walsall Council Human Resources, as well as links with Ofsted, Customer Care within the Council, Health, Police Professional Standards Team and the Independent Safeguarding Authority.

Plans are now in place to recruit to a newly created LADO post and it is envisaged that the recruitment process will be completed by September 2012 and that the LADO will remain within the Safeguarding Service based at The Hollies.

4.2 Recording of data and outcomes

There is a referral database held by the LADO which records information relating to allegations or concerns referred to the LADO.

Monthly monitoring and tracking of cases ensures that the outcomes are recorded and categorised as follows:

1. No Further Action
2. Ongoing Police Investigation
3. Referral to the Independent Safeguarding Authority (ISA) for consideration of barring
4. Internal disciplinary investigation
5. Additional training and development
6. Unfounded
7. Unsubstantiated

A letter is written to the adults about whom the allegations have been made, to inform them of the outcome and is also copied to their employer.

4.3 Achievements and activity in 2011 -2012

There have been 104 referrals recorded to the LADO in 2011/2012. This compares to 110 in 2010/2011. The charts below illustrate types, nature and outcomes of allegations received in 2011/2012.

The number of allegations against people who work with children in Walsall has seen a 5% decrease compared to that in 2010/2011. Whilst this is slightly down on the previous year, there is an ongoing awareness about the process in the borough. This is due in part to well-attended safeguarding multi-agency training as part of the Walsall Safeguarding Children Board training programme. Three courses took place in 2011/2012 and these are ongoing with further dates planned throughout 2012 and 2013. The aim of the training is to raise awareness of the allegations process and LADO role.

Work is ongoing with schools and Early Years settings via the Education Safeguarding Advisers and the allegations process is featured and covered in all level one courses and during their safeguarding visits to schools and Early Years provision. We have received a number of referrals following delivery of training (10%), suggesting the training is having an impact on staff reporting their concerns. Each term, safeguarding workshops take place and there is clear evidence of around 70-80 different schools in Walsall attending these workshops. Key safeguarding information is shared and the LADO role and process is reinforced at the workshops.

Details of all referrals to the LADO are routinely recorded whether they proceed to a Complex Strategy Meeting or Joint Evaluation Meeting, or for advice only. This is in response to learning from high profile cases nationally.

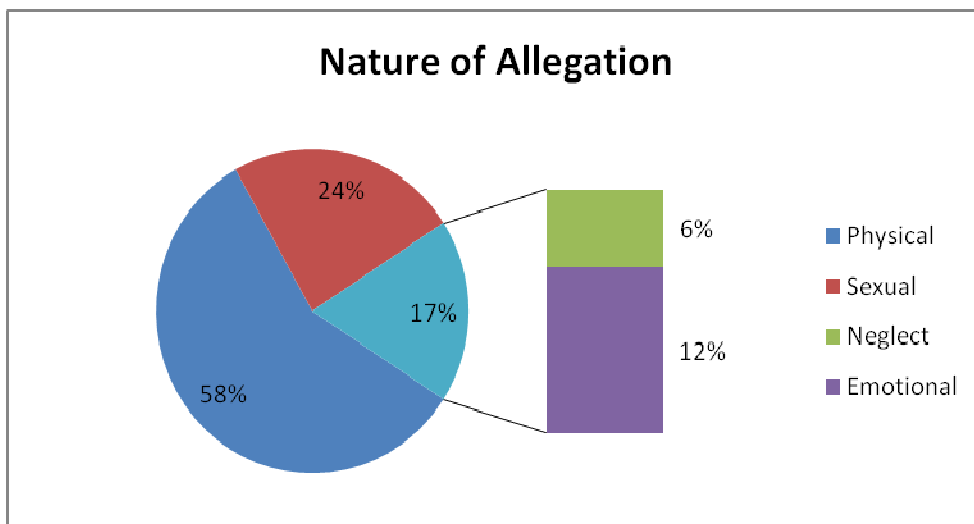
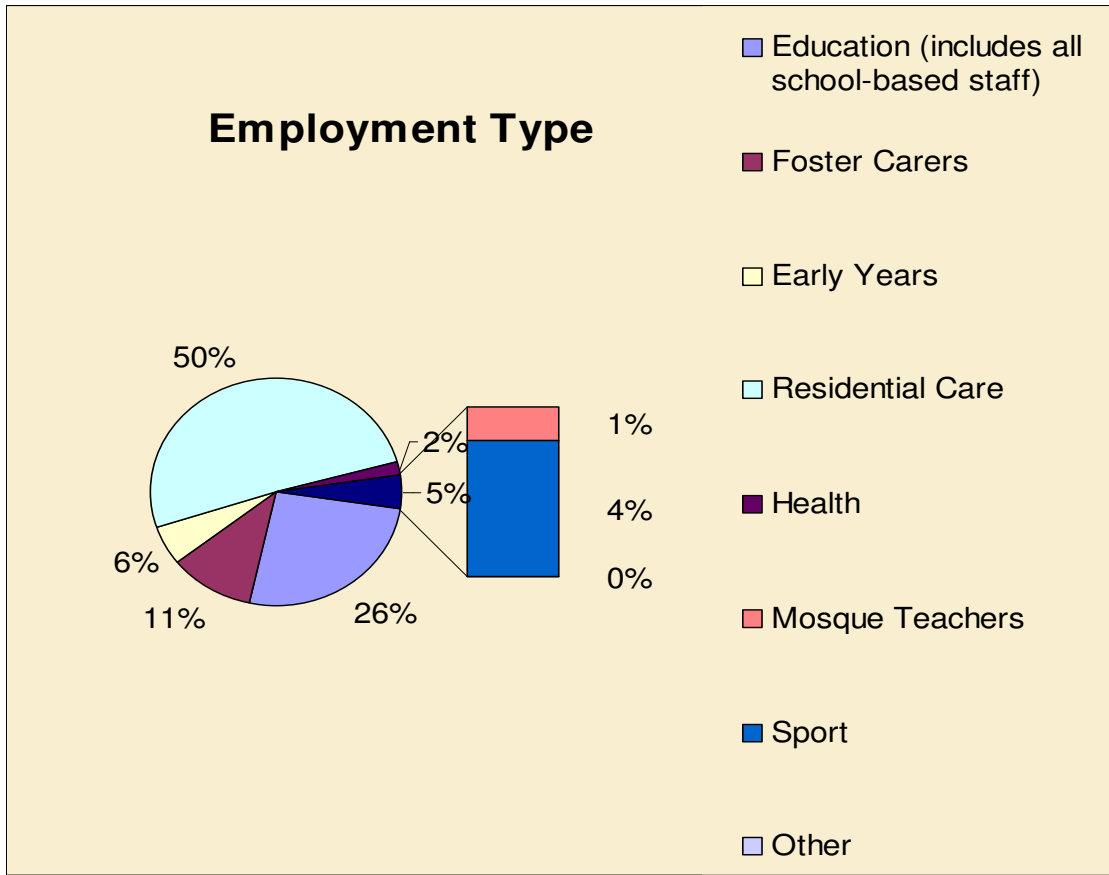
The joint working arrangements with the Police Child Abuse Investigation Unit (CAIU) and the Public Protection Unit in Walsall and wider Police service are very good. Police attendance at Complex Strategy Meetings and Joint Evaluation Meetings is extremely high and cases are dealt with swiftly, with outcomes recorded and reported back to the LADO.

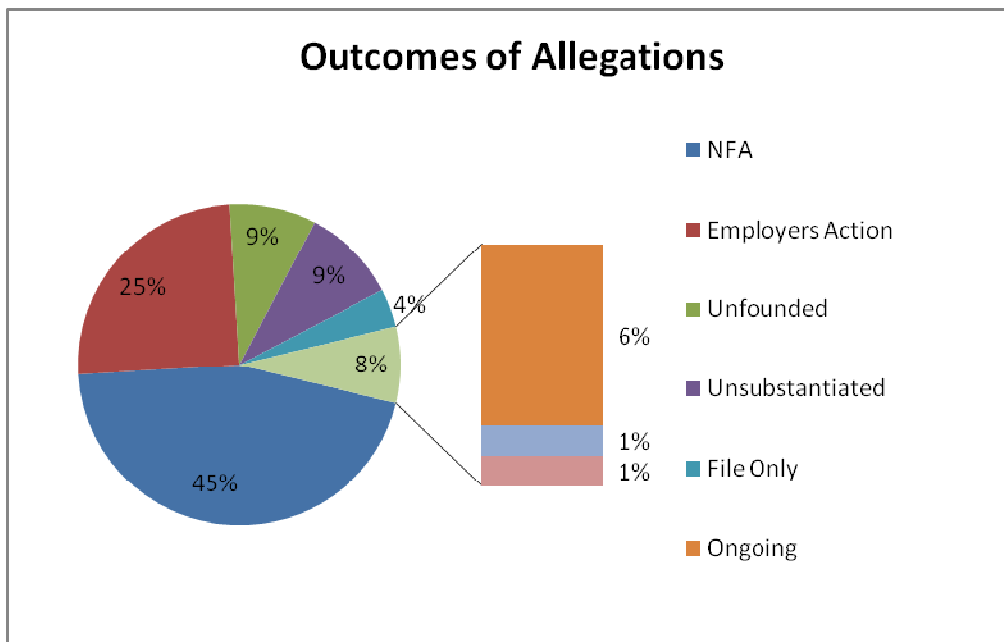
The LADO Network for the region has continued to meet as a sub-group of the Regional Safeguarding Group aiming to develop consistent practice across the region. Key lessons are shared and information from high profile cases nationally and Serious Case Reviews are considered.

A cross border protocol has been in place in the West Midlands and has been recently revised by the LADO Network.

The LADO has met with representatives of other service areas and relevant professional bodies to raise awareness about managing allegations, and specific workshops have taken place over the last twelve months with Health colleagues and representatives from the Voluntary Sector. Further work is planned and required to ensure all agencies are clear and aware of the allegations process and feel able and supported to report concerns in a timely manner

Allegations by Employment Type





4.4 Analysis of allegations management in 2011-2012

Walsall has maintained a sound system for managing allegations referrals to the LADO in 2011/2012 despite a change in LADO in August 2011.

There is clear evidence of Complex Strategy Meetings and Joint Evaluation Meetings taking place as soon as possible and within 5 days of the initial referral received. In total, 77 meetings were held in 2011/2012 in line with the allegations process. This amounts to 74% of meetings taking place in relation to the allegations received in the reporting year.

There has been a 10% decrease in the number of allegations of physical harm in 2011/2012 compared to the previous reporting year.

There has been a 4% increase in allegations of sexual harm in 2011/2012.

There are a disproportionately higher number of allegations about education staff than any other employment sectors, however, this is reflective of the national picture. It is important to highlight that this figure includes all staff related to education and not just teaching and non teaching staff. It is encouraging to note that schools and education providers have an understanding of the allegations process and referral process which is to be welcomed.

The continued number of referrals about workers in Early Years settings which is slightly higher than the previous reporting year by 2% demonstrates the increased awareness of potential abuse in such settings and well-established relationships with Early Years services in the Local Authority.

The number of independent and private child care providers within the borough remains an ongoing challenge as often these providers do not have well developed or formal Human Resources procedures or access to legal advice when dealing with allegations, and lack confidence in their role and employment law.

There has been a 6% increase in the number of allegations against foster carers in Walsall compared to the previous reporting year, although not necessarily relating to Walsall Local Authority carers. The majority of the 22 allegations received about foster carers relate to foster carers from private fostering agencies who live in the Walsall area.

There have been 5 allegations from children and young people with a disability and this figure reflects referral rates from the Regional LADO Network Group. There is a need for more focused work in this area to take place and to ensure all children and young people feel able and are supported to report concerns.

There has been very little change in the reporting of allegations within the Sports, Health and Police employment sectors, accounting for only 6% of the allegations. This is an area that requires further work.

The referral database has proven useful in identifying which Madressahs have continued to feature in allegations over the last 2-3 years and informed the need for us to work to raise awareness about safeguarding in these establishments. Meetings with the Police Child Abuse Investigation Unit, Vulnerable Children's Services and Safeguarding colleagues continue to take place on a regular basis to consider the nature of referrals and the implementation of targeted work is planned.

The proportion of cases that have been unsubstantiated and/or unfounded accounts for 18% following initial enquiries, Police investigations and Children's Services involvement. There have been no demonstrably false allegations that could be deemed malicious in nature throughout the reporting year, and there has been no need to implement any sanctions to a person making false allegations.

The number of referrals that have required no further action after due consideration and investigation accounts for 45%. However, it is important to ensure that the process remains embedded across all agencies and the allegations are taken seriously, reported and the process followed through to completion. We would expect to see fewer NFA's as employers become clearer about what constitutes an allegation.

In total, 25% of all the allegations received resulted in a recommendation for employer's actions, including disciplinary action and ongoing training for individuals in a position of trust.

The Department for Education issued advice on 'Use of Reasonable Force' for Head Teachers and Governors in July 2011, and specifically who can use reasonable force and when. All schools in Walsall have been made aware of this advice from the DfE via local briefings and at Head Teacher forums.

It is important to note that Complex Strategy Meetings and Joint Evaluation Meetings are well attended by Children's Services, Police, Human Resources and Ofsted. At the end of March 2012, there were only 6% of allegations ongoing or not resolved for the reporting year, demonstrating a commitment to progressing cases without delay and in keeping with Working Together 2010 guidelines

4.5 Areas for development during 2012-2013

A number of key developments will be addressed over the coming 12 months and beyond.

Action	Timescale
1. Ensuring integrity and accuracy of the referral database is maintained each month.	Immediate and ongoing
2. Letters to be sent to <u>all</u> adults about whom allegations are made with the agreed outcome, with a copy to their employer.	Immediate and ongoing
3. Ongoing targeting of health professionals, the voluntary and third sector and sports organisations for briefings and ongoing awareness raising, and to track referrals in line with this proposed focused work.	Immediate and ongoing Workshops planned every three months
2. Specific targeted work with Mosques within the borough in view of the allegations received in 2011/2012. This targeted work will also include behaviour management support and advice.	Immediate and ongoing Work planned with WSCB Coordinator and Children's Services SERCO
3. Based on the current year's referral figures, there is also a need for a small working party to be established to consider the needs of children and young people with a disability and how they can be supported with the reporting process and to report concerns. This will also need to include training for staff in supporting the allegations process.	June 2012
4. Establishing regular local LADO workshops with Chairs, Family Placements, Human Resources, Police and other key stakeholders every six months to share key learning and practice issues.	Every six months
5. Continued contribution to Regional LADO Network and sharing regional learning across Walsall.	Quarterly
6. Annual presentation to WSCB including the shared learning from Serious Case Reviews regarding allegations and the wider work undertaken by the LADO in conjunction with the Education Safeguarding Advisors to ensure all schools and settings in Walsall receive and incorporate in to their practice the key messages and learning around safer recruitment practices.	Annually
7. Ongoing work on the Walsall Safeguarding Children Board website Allegations page including the development of draft policies and procedures for use for voluntary and third sector organisations. Meetings to be held on a monthly basis to ensure all new information, local and national, is added to the website and disseminated accordingly.	Ongoing and in conjunction with Charlotte Johnson
8. Consideration of the ongoing impact of the development	

of Academies and free schools on the relationship with the LADO and interface with safeguarding arrangements in respect of the ongoing management of allegations.	Ongoing
9. Contribution to implementing the priorities of the West Midlands Regional LADO Network, in particular, the sharing of learning and good practice from key cases.	In line with information shared at quarterly LADO Network meetings
10. Consideration of the impact of the implementation of the Freedom Bill and changes to Criminal Records Bureau checks and barring arrangements, with a particular focus on supporting the voluntary and community sector to maintain and develop safer recruitment practices in conjunction with Human Resources and the Safer Recruitment Panel.	Post July 2012

5. Keeping children safe by ensuring staff and volunteers who work with children and young people have sufficient expertise to recognise concerns and know what to do

5.1 Multi-agency Child Protection Training (WSCB Sub Group)

Activity this year

It's been another positive year for the training sub group which has overseen the delivery of a comprehensive multi agency training programme to 1066 people from statutory, voluntary and private sector organisations during 2011-12. Training take up has remained high at 87% and has compared favourably with previous years. It was particularly pleasing to see an increase in the number of delegates from faith organisations, charity groups and private organisations such as dental practices accessing Safeguarding Children and Young People (Level 1) training.

The training programme has been reshaped in response to demand, legislative changes, audit findings and learning from serious case reviews. This resulted in a new Report Writing course being introduced, and the refresh of several existing courses including Anti Bullying – Considered Methods of Intervention and Safeguarding Black and Ethnic Minority Children and Families. Extra dates were introduced for the popular Advanced Child Protection training. All courses have evaluated well. Plans are in place to introduce an Advanced Child Protection refresher course in 2012-2013 in response to demand.

The continued delivery of high quality training has been challenging in the current economic environment, particularly as many agencies face budgetary pressures. To keep costs down, we have sourced a more cost effective venue, ceased providing refreshments, reviewed our recharge policy, and replaced costly external trainers with local professional knowledge and expertise where appropriate to do so. The majority of our courses are now hosted by the Black Country University Technical College at no cost to WSCB, and most of our courses are delivered using Walsall professionals from our local Training Pool.

Key achievements include:

- Training to faith organisations: engaging with a wider audience, particularly the voluntary and community sector is a priority. 15 delegates from faith organisations have attended the multi-agency training. The delivery of Safeguarding Children and Young People training to Walsall Christian Centre and Walsall Street Pastors was a significant achievement.
- Serious Case Review briefings: sharing findings and learning lessons are key. Through these three multi-agency briefings, jointly facilitated by Health, Probation and Children's Services, we cascaded learning to 190 front line practitioners from a variety of agencies including Early Years, Education, Housing, Children's Services, Adults Services, IYPSS and Health. A briefing session was also conducted for 61 GP's, and was again facilitated by multi-agency presenters; and a future session is planned for members of the Local Medical Council. The presentation has also been made available via the WSCB website so that those who attended can further cascade the key learning within their teams.
- FGM seminar: sharing knowledge around Female Genital Mutilation. 75 professionals attended, including practitioners from Children's Services, Adults Services, Walsall Healthcare, Prospects, CAHAL, SWMPT, SAFE project, Addaction, T3, Lantern House and Caldmore Housing.
- Single agency training audit: provided assurance that agencies conducting their own in house safeguarding training were doing so at an appropriate level and were including the correct subjects.
- Enhanced links with Adult Safeguarding: sharing knowledge with the Adult Partnership Safeguarding Board Training Sub Group, and supporting each other. We have worked in partnership and jointly advertised training.
- Bespoke training: delivered to housing officers, library staff and Licensing and Trading Standards officers.

5.2 Impact on children and young people

We have traditionally assessed the impact that training has on children and young people through quantitative data – how many courses we have delivered, how many people have attended, and how many agencies have we reached. In 2011-2012, as part of the multi-agency training programme, we have delivered 70 courses, training 1066 people. As well as this, we have delivered numerous single agency in-house courses.

In the Autumn, we introduced a questionnaire aimed at assessing the impact that training has on delegates' practice. Early results are promising with some practitioners stating training has made them more aware, provided them with the skills required to respond to disclosures appropriately, highlight concerns, and support children and young people.

Plans are in place to ask delegates to compile short case studies, which would be placed on the WSCB website, highlighting the real difference training has made to the lives of the children and young people they work with.

5.3 For 2012 - 2013

- Resounding to the revised Working together and changes in the safeguarding procedures
- Ongoing response to the implications of the Munro Review

6. Ensuring children are kept safe by evaluating and supporting the development of services to provide troubled families with early help

6.1 The Child and Family Support Framework

Throughout 2011-2012 and ongoing, Walsall Children's Services and the Children and Young People's Partnership have been developing the Child and Family Support Framework.

In summary this includes:

- Five new Area Family Support Teams – local accessible support
- Re-focussing Children's Centres on early help and prevention (Level 1/2)
- Think Family Team
- Enhanced social work capacity to ensure workloads allow family work to prevent escalation and support earlier return to family life
- Money management advice to address day to day challenges arising from poverty
- Clear 'pathways' that make it more transparent the 'service offer' we provide
- Targeted Youth Support Service
- Improving placement choice for Looked After Children – with even more local foster care

This new way of working defines the 'pathways' along which support will be provide to children and families so that it is more clear what they can expect from us and for how long. These pathways will also help other professionals 'navigate' services more easily on behalf of children and families.

The new way of working, focussing on family support, is believed will improve outcomes for children while also reducing costs by providing intensive family support in two key areas:

- before problems require high cost services (targeted early and secondary intervention)
- returning children, who have been taken into care, more quickly to family life

The new model is built around the well established child concern model that is based on 4 levels of need.

Level 0 - Well Children - who receive universal services

Addressing the entire population and aiming to reduce the later incidence of problems, for example, the universal services of health, education, income support.

Level 1 - Emerging need – who receive ‘early help offer’

Services respond quickly when low level problems arise in order to prevent them getting worse. Typically one agency will offer an early help offer to resolve low level or specific needs e.g. a speech and language input or where a school offers additional support.

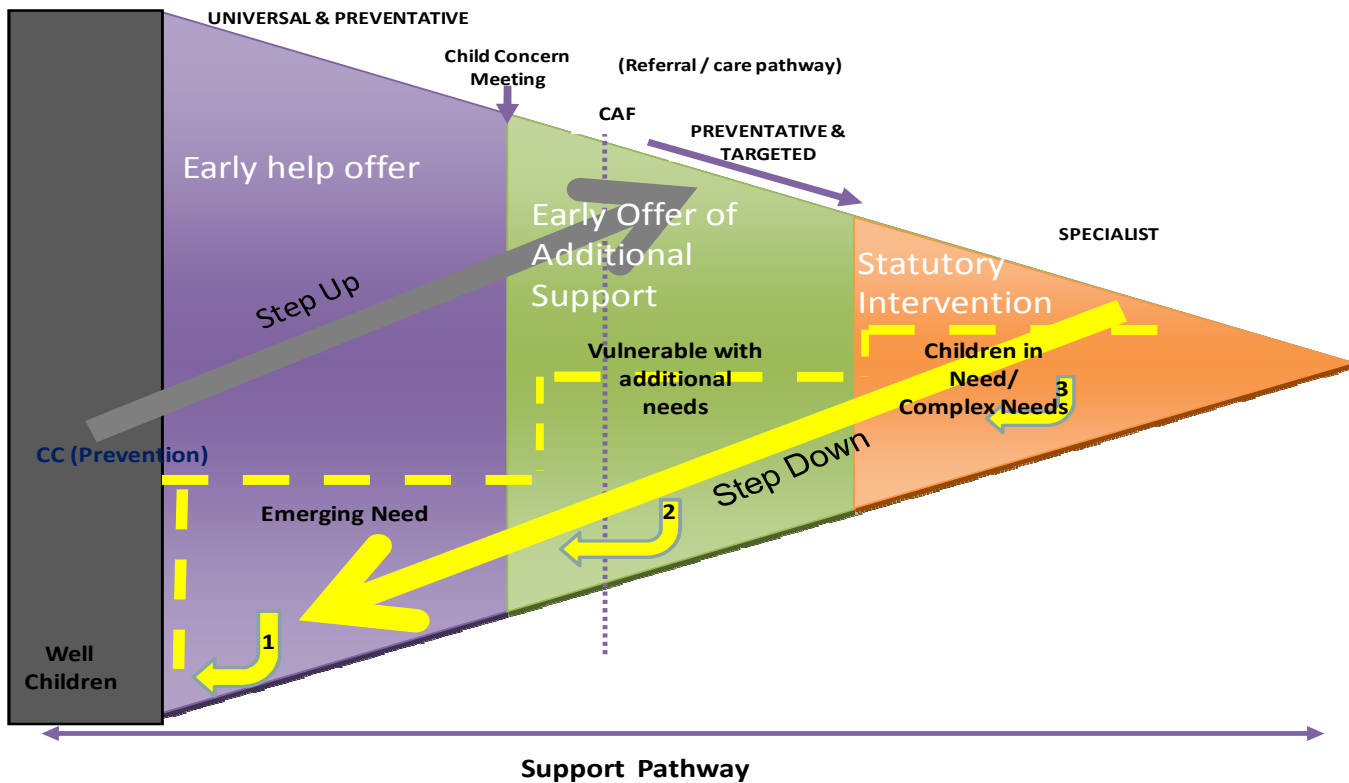
Level 2 - Vulnerable children with additional needs – who receive ‘early offer of additional support’

Focusing on groups which research has indicated are at higher than average risk of developing problems and aiming to respond quickly to prevent them getting worse. This includes a range of children from those who are getting support beyond the core offer from Children’s Centres to children who need the support of a multi-agency group following a Child Concern/CAF process or through an area family support team. The Early Offer of Additional Support is focused on children and families who are continuing to struggle. The aim is, with their **permission**, to offer a more intensive and integrated service to support positive progress.

Level 3 - Children in Need/Complex needs – who receive statutory support or who have complex needs

Where a problem is so serious, for example Child Protection and criminal justice, that the child and family are **required** to work with Social Work or Youth Justice Services or where the child’s needs are so complex that agencies are required to offer specialised services to support families e.g. support for disabled children or specialised hospital or emotional/mental health services. These children will also usually have a multi-agency support plan but this will usually be led by a social worker or TYS worker or lead medical officer.

WALSALL – CHILD CONCERN MODEL (CCM) WHOLE SYSTEM APPROACH



The design is aimed at preventing children and families ‘stepping up’ levels of need and also helping them to ‘step down’ to lower levels of need by early enhanced targeted support.

6.2 For 2012 -2013

The Walsall Safeguarding Board will be monitoring and evaluating the impact of this new system on the safeguarding of children.

7. Ensuring children are safe by identifying and supporting children who are privately fostered

The Children Act 1989 defines private fostering as occurring when a child under 16 years (or under 18 years if disabled) is cared for, and provided with accommodation, for 28 days or more by someone other than a close relative, guardian or someone with parental responsibility. Close relatives are defined in the Act as parents, step parents, siblings, brothers or sisters, uncle, aunt and grandparents (whether of full or half blood or by marriage). A private foster carer maybe a friend of the family, the parent of a friend of the child, or someone previously unknown to the child’s family who is willing to privately foster a child. A number of services are involved in the delivery of Private Fostering services in Walsall. Vulnerable Children’s Services

respond to notifications and undertake work with the child. The Family Placements Service completes the private foster carer assessment.

There is a multi agency scrutiny panel which considers these arrangements and any safeguarding issues and this is chaired by the Operations Manager from the Review and Child Protection Unit and also includes representatives from Education, Health, Family Placements and the Initial Response Service

7.1 Performance Data April 2011- 31st March 2012

Walsall Children's Services received 11 new notifications of Private Fostering arrangements.

New private fostering notifications	11	
Number of children in private fostering arrangements within the year	11	
Number of arrangements ceased	15	
Number of children in private fostering arrangements as of 31 st March 2012	4	
The ages of the children within the arrangements range between	6-16 years	
Gender of young people privately fostered	Male	4
	Female	7
Place of birth of privately fostered young people (as classified in the PF1 return)	UK	8
	Asia	1
	Europe	1
	Africa	1
Reasons for private fostering arrangement ended	Residence Order	1
	Moved to another LA	1
	Became Looked after	1
	Returned Home	8
	Turned 16 years of a	2
	Other	2
Notifications source	Contact with family	3
	Private foster carer	2
	Community midwife	1
	School	2
	School/police	1
	Prison	1
	Spurgeons	1

7.2 Update on Private Fostering activity and outcomes

There has been a decrease in notifications from the previous year (18 notifications in 2010/2011) which would indicate that although awareness is being raised and a robust communications strategy is in place there is a need to consider other means of increasing the notifications i.e. possibly via sharing information with young people ages 11-15. However, feedback at regional meetings suggests the general picture across LA's is that numbers have fallen, and cases are increasingly being considered as Looked After Children and young people

Private Fostering is highlighted in all level one safeguarding training courses delivered to staff by Walsall safeguarding Children's Board and including level one courses delivered in Schools and is also included in Health training.

Awareness raising has also taken place with various other agencies including the Domestic Abuse Forum, Community groups, voluntary agencies, Integrated Young People's Support Services and Vulnerable Children's Services. There is a communication strategy in place which is evolving to respond to actions identified from the Private Fostering Steering Group.

Walsall Private Fostering Services were inspected by Ofsted in January 2011, when they were judged to be 'good' in all aspects of the evaluation framework. Work continues to build on this and case file audits takes place on a six monthly basis.

Following the single recommendation from the inspection about timeliness of decision-making, changes were made to the Private Fostering Acceptance Panel. The new Scrutiny panel arrangements were put in place in April 2011 and will be reviewed imminently and seek to improve the processes and Quality Assurance arrangements for children and young people. All young people in Private fostering arrangements are presented and considered at the scrutiny panel

The number of assessments of private fostering arrangements completed by the Walsall's Family Placements Service within 42 days has improved over the last 12 months. There is good communication between Family Placements and Vulnerable Children's Services and changes to process when suitability decisions are made has strengthened the timeliness of decision-making.

There have been improvements in the number of visits taking place in a timely way with 81% (9/11) of visits have taken place within the first 7 days following notification. 100% of subsequent visits have taken place at 6 weekly intervals meaning that children are regularly seen by their allocated Social Worker.

Most of the children/young people in private fostering arrangements were between 14-16 years (9/11) and are of white-British heritage (8/11) from the UK. 1 was from Europe, 1 from Africa and 1 from Asia. This is a slight change in places of birth compared to last year and cases considered at scrutiny panel reflects this and may account for the changing population.

There are a variety of reasons for children no longer being in privately fostered arrangements which include returning home after other interventions (8), the rest turned 16 years of age, or moved or became Looked After or a Residence Order was secured.

15 arrangements ceased in 2011/2012 which indicates the temporary and transient nature of some of the arrangements which take place in time of crisis and helps us understand the kind of support structure that maintains arrangements or supports the young person's return home

7.3 For 2012 -2013

There is a need for the Steering Group to be vigilant to the falling numbers of notifications and to fully consider alternative ways of raising awareness with young people, their families, Community Groups and professionals.

8. Ensuring children are safe by monitoring the effectiveness of multi-agency working to protect children from abuse

8.1 The Child's Journey: 1st April 2011 – 31st March 2012

Stage	Description	Response	Children Identified in 2011 -2012
A child or young person needs some additional help	Those working with children and young people are raising concerns and need to come together to consider what help the child or family may need	Child Concern Meeting	1538
		CAF	443
Help and advice being sought from social work services for a child or young person	Concerns have reached the point where those working with the child or young person feel they may be in need of social work support as a <i>Child in Need</i> (CA1989 –S.17)	Referral to Social Care for consideration	3121
Child may be vulnerable and in need of specialist support	A brief assessment of a child or young person's needs to establish whether to provide services, give advice, redirect to another service or carryout a Child Protection Enquiry	Initial Assessment	2151 of which 80.8 % were completed within 10 working days
Child/young person considered to be potentially at risk	At this point a strategy meeting is called with the Police and Partner agencies to consider if a child or young person is at risk of significant harm	Strategy Discussion or Meeting	772

There is reason to believe a child is at risk of significant harm	There is considered to be reasonable cause to suspect a child has been harmed or is at risk of being harmed	Child Protection Enquiry (S.47 CA1989)	468
Possible criminal offences against children	The West Midlands Police have investigated a possible crime against a child	Child Abuse Incident – Non Crime Child Abuse Incident recorded as a crime Child Abuse Offence detected	473 209 116
Medical assistance may be required	A Child Protection Medical has been called to examine a child for possible abuse	Child Protection Medical	111– Physical 37 – Sexual 3 - Emotional 19- Neglect 170 Total
The child/young person needs a Child Protection Plan	The child/young person is thought to need a multi-agency plan to protect them from harm	Child Protection Conference called	277 children were added to Child Protection Plans (29 for the second time) 279 Children ceased to be subject to Child Protection Plans With 231 subject to plans as at 31 st March 2012
Legal action is needed to safeguard the child	The concerns are so great that for the child or young person's safety they have been brought into the care of the local authority	Children become Looked After by the Local Authority in 2011 -2012	28 Emergency Protection Orders/Police Protection 35 Care Orders/Interim Care Orders 63 in Total

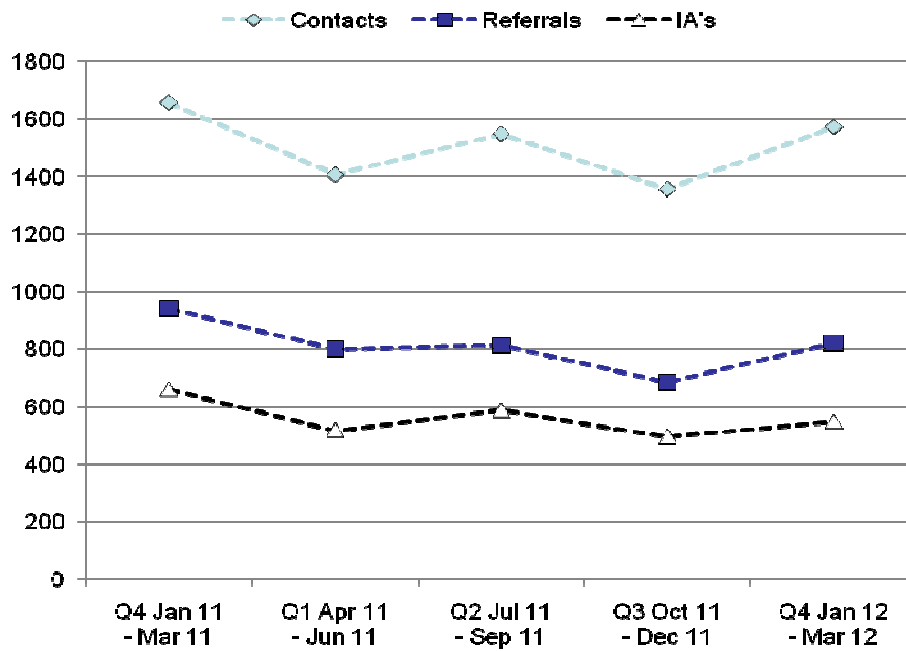
8.2 Performance measures for Child Protection

PI Ref	Indicator	Outturn 2008/09	Outturn 2009/10	Outturn 2010/11	Outturn 2011/12	
(NI 65 Former) Munro	Percentage of children subject to a CP Plan for a second or subsequent time	13.8%	8.9 %	10.5%	10.5%	Maintained
(NI67 Former) Munro	Child Protection Conferences held to timescale	100%	100%	98.9%	100%	Improved
NI 64 Former) Munro	Duration of Child Protection Plans – Children subject to plans for more than 2 years	4.0%	4.6%	3.1%	6.1%	Audit completed of all plans over 18 months to challenge any delays
Local	All children subject to a Child Protection Plan have and allocated Social Worker		100%	100%	100%	Target met

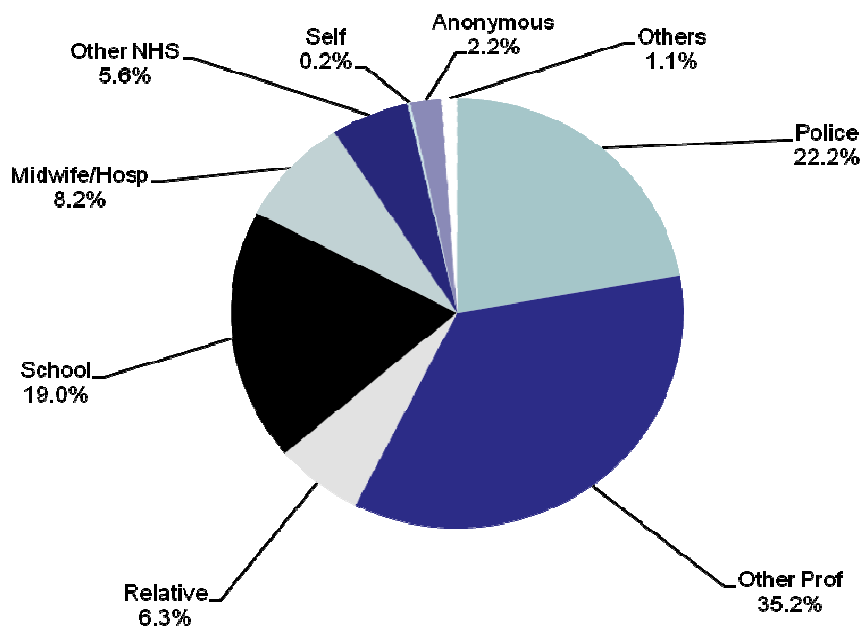
8.3 Key issues from this year's outturns for Child Protection

Recognition and Referral of Concerns

Number of Contacts, Referrals and IA's by Quarter/Year



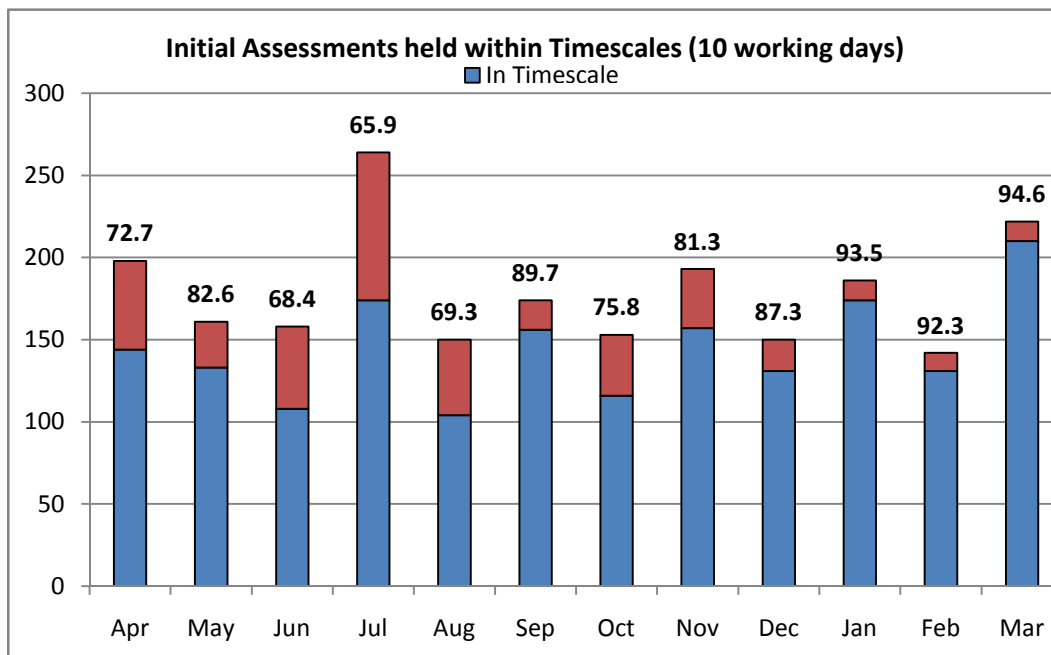
Referrals by Source, Apr 11 – Mar 12



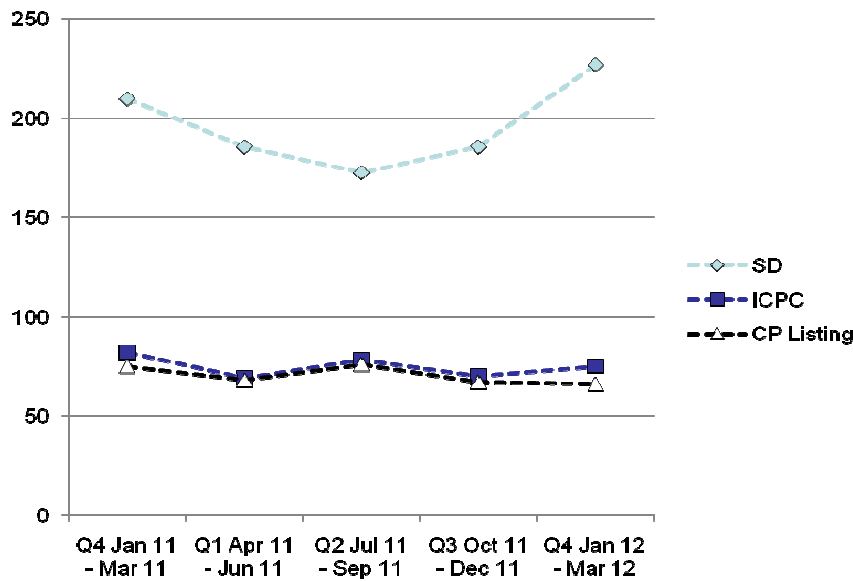
- Over the past year there has been a positive trend in the reduction of Contacts, Referrals and Initial Assessments (IA)
- Social Care are still receiving a significant number of contacts and referrals
- Impact of the Child and Family Support Framework should see a further reduction and more targeted referrals
- Good range of referring agencies
- Impact of Domestic Abuse Referral Team is that Police DV referrals are not dominating the referral to Social Care
- Significant number of referrals from Midwifery/Hospital reflecting the high birth rate and teenage pregnancy in the area and a positive impact of last year's training in the hospitals
- High number of referrals from families

Assessment, Investigation and Decision Making

- There has been a significant improvement in the timeliness of Initial Assessments
- Numbers of children waiting more than 7 days has reduced by half this year
- Significant volume of Initial Assessments conducted
- Numbers of IA completed within 10 working days has improved overall to an average 80.5%

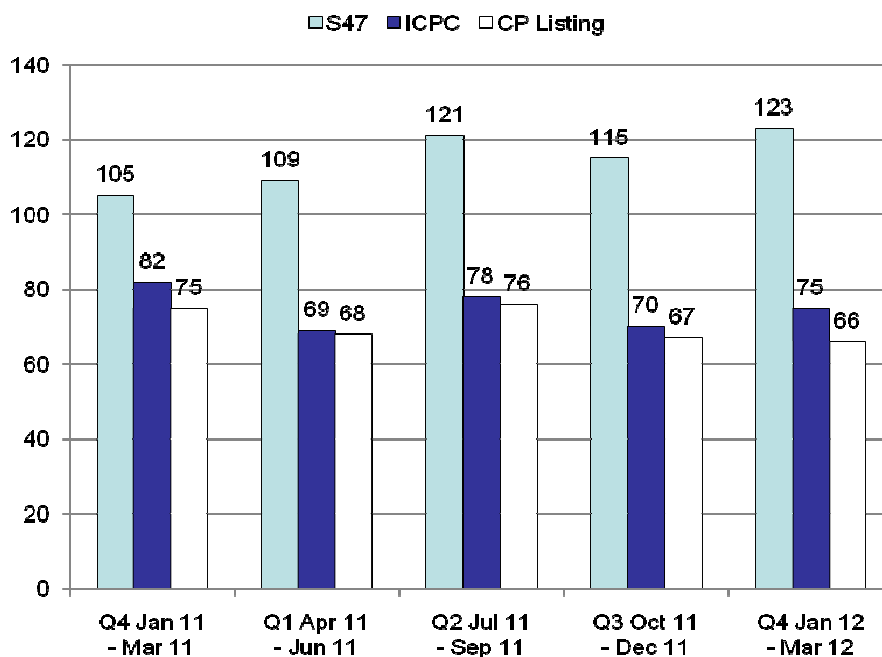


Strategy Discussions, ICPC's & New CP Plans, by Quarter/Year



- There are a high number of Strategy Discussions relative to CP Plans. Children's Social Care will be asked to monitor and review practice in this area
- Nationally 47% of S47 Child Protection Enquiries do not lead to CP Conference, in Walsall 33.5% do
- Further work will be undertaken in 2012 to explore the relationship between Strategy Discussions and CP plans

S47's, ICPC's & New CP Plans by Quarter/Year



- A very stable picture this year - consistency between quarters
- Challenge for the Child and Family Support Framework will be to reduce numbers needing S47
- 100% of CP cases have an allocated social worker

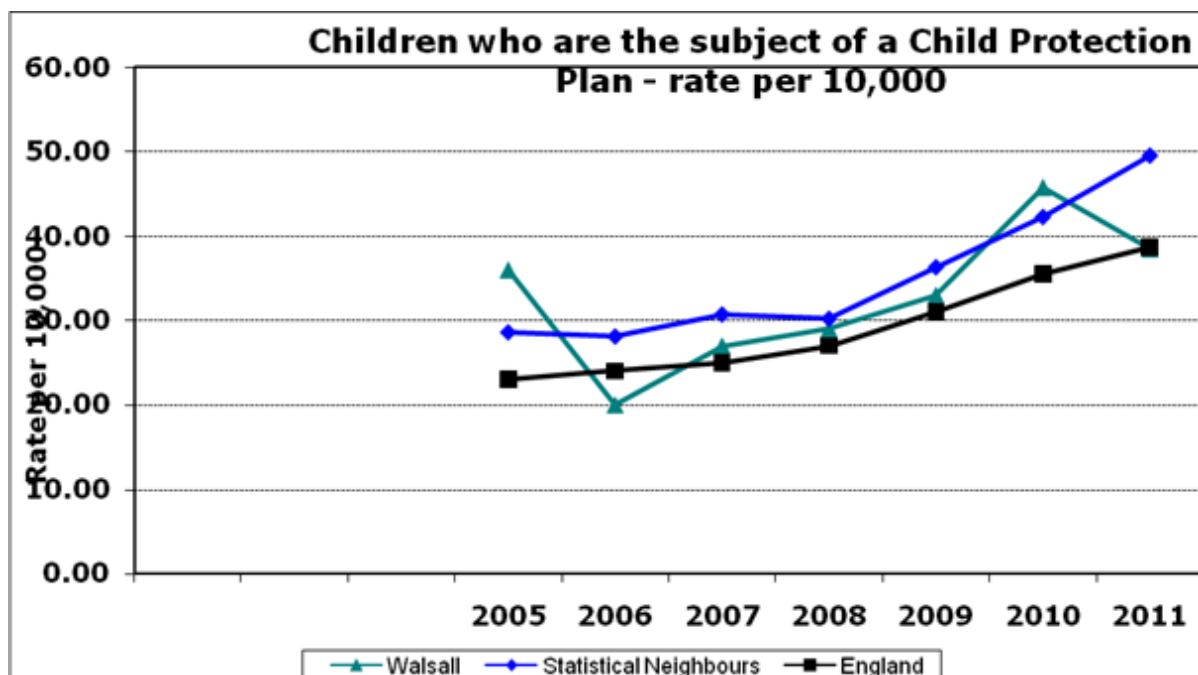
8.4 The rate of Child Protection in Walsall

Nationally at the end of March 2011, there were 42,700 Children at Risk (with Child Protection Plans) and 65,520 Looked After Children; rates of 38.7 and 59 per 10,000 population aged under-18 respectively. This was an increase of about 9.2% in the numbers of children with Child Protection Plans and about 1.7% in the numbers of Looked After Children compared to 31st March 2010.

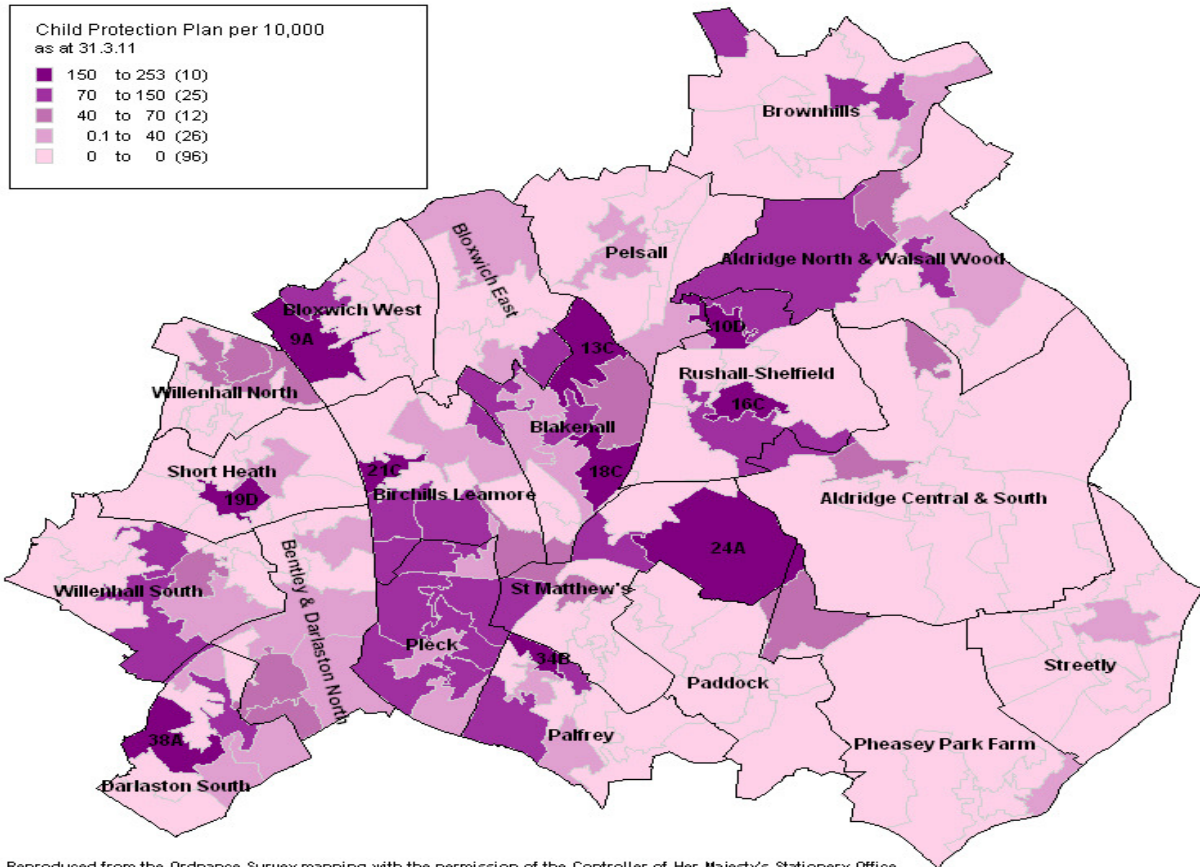
In Walsall at the end of March 2011, there were 233 Children at Risk (with Child Protection Plans) and 518 Looked After Children; rates of 38.5 and 85.6 per 10,000 population aged under-18 respectively.

In Walsall at the end of March 2012, there were 229 Children at Risk (with Child Protection Plans) and 490 Looked After Children. National and individual local authority figures for the end of March 2012 will be made available by DFE towards the end of 2012 when robust comparisons to Walsall can then be made.

Walsall's current rate is significantly lower than our regional comparators, and is attributed to improvements in the family support services. The Safeguarding Board will be monitoring these developments closely. There is a high correlation between Child Protection Plans and areas of deprivation within the Borough and the new Child and Family Support Framework will be concentrating in these areas of need. Auditing will take place to consider if the threshold for safeguarding is being appropriately applied.



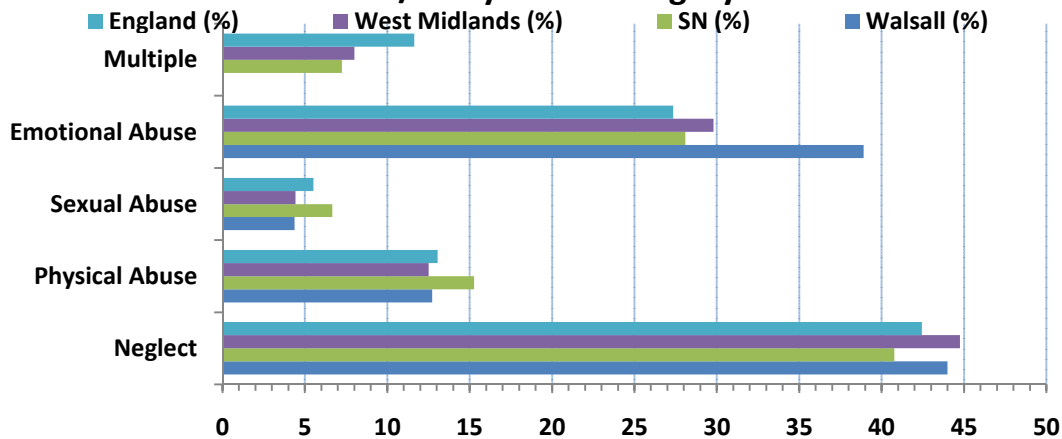
Rate per 10,000 in receipt of a Child Protection Plan as at 31.3.11 in Walsall by LSOA



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LSOA = Local Super Output Area

% of children subject to a child protection plan during 2010/11 by initial category of abuse



8.5 Primary causes for CPP

Compared to England and West Midlands overall, Walsall records more cases of emotional abuse. Comparing 2010/11, the greatest changes for Walsall have been in physical abuse (13% to 8.7% (reduction)) and *neglect* (44% to 47.3% (increase)) categories from 1st April 2010 to 31 March 2011.

8.6 Actions for 2012 -2013

- Children Services to implement new documentation for Strategy Meetings and Child Protection Enquiries
- The implementation of the Graded Care Profile across agencies to provide a benchmarking tool to increase the focus on progress in cases of long term neglect and emotional abuse thereby reducing the number of children subject to Child Protection Plans for more than two years
- Further developing the use of the Signs of Safety model within Initial Assessments, Child Protection Strategy Meetings and Child Protection Conferences within the aim of improving further the targeting of cases at highest risk

9. Monitoring, evaluation and quality assurance of Safeguarding and Child Protection

The WSCB has established a Quality Assurance and Performance sub group. This group has worked to produce a framework which will structure the reporting, performance and audit activity undertaken by the Board in 2012-13.

Board members have undertaken work against their Section 11 Audit Action Plans, which were reported to the Board in September 2011 and they will be revisiting their audits again during the summer of 2012.

A multi-agency file audit was undertaken in September 2011. This focused on Children with Disabilities who had been subject to Child Protection procedures.

Key findings included:

Strengths:

- On the whole files were found to be in good order
- Child Protection paperwork evident on majority of files
- Child Protection paperwork enabled all agencies to evidence current risk assessment, plan for the child and expected outcomes
- A high number of files contained the names and contact details of key contacts/staff (as a result of previous file audits)
- There was evidence of information sharing between agencies
- Children/families were treated fairly and equitably
- We are keeping children safe and working effectively together (just not always evidencing it clearly)

Areas for improvement:

- Ethnicity and disability were rarely recorded
- Files do not clearly identify the individual roles and responsibilities of each agency (this information is clearly known by the individual agencies through attendance at meetings but is not evidenced on the file)
- Children's views are not always being recorded
- Mixed response as to whether the child's disability was considered in relation to its impact on the safeguarding concern/management of the case
- Some files do not evidence how the interventions provided have improved outcomes for a child

As a result, action plans were developed by services and are being monitored by the Board.

The WSCB Operations Group has also continued to monitor action plans produced in relation to audits and reviews, including:

- The CAF Action Plan (completed)
- Hospital Trust Safeguarding Action Plan (completed)
- Action plan produced in relation to our Serious Case Review (Completed)

9.1 Actions for 2012 -2013

- Implement the new WSCB quality assurance framework
- Conduct multi-agency audits of Joint Investigations by West Midlands Police, Walsall Children's Services, and the NHS
- Conduct a user feedback exercise gaining the views of young people subject to Child Protection plans
- Audit the effectiveness of Core Group working
- Continue to monitor on a quarterly basis the impact of the Child and Family support framework on the numbers of referrals to Social Care and Child Protection enquiries
- Audit the impact of developments in social care relating to the redesign of systems for recording strategy meetings and Child Protection enquiries.
- Monitor the attendance of agencies including the Police at Child Protection Conferences

10. Keeping children safe by developing innovative approaches to safeguard children at risk through:

- **Exposure to Domestic Violence**
- **Running away and being missing**
- **Exploitation**
- **Sexually Harmful Behaviour**
- **Self Harm and Suicide**

10.1 Domestic Abuse Children and Young People's Task Group

This is a WSCB Sub Group which oversees activity in this area:

Domestic Abuse Response Team (DART)

DART is a multi-agency team from local statutory and voluntary services who act as a single point of information sharing, contact, assessment and intervention for all domestic abuse incidents referred to the Police. Referrals are considered on a daily basis and actions agreed; urgent or high risk situations continue to be dealt with by individual agencies in line with their statutory responsibilities, and local adult and child safeguarding procedures.

In these circumstances, DART follow up is determined on a case by case basis. Agencies represented at DART include: Independent Domestic Violence Advocate (IDVA), Children's Services, Police, Health and Education. Specific points of contact are also available at Housing, Probation, Mental Health and Drug & Alcohol Services for joint work with referred cases as required. Walsall Domestic Violence Forum (WDVF) administers the MODUS specialist domestic abuse data-base to collate information for DART.

DART was implemented in 2007 to facilitate provision of a coordinated, seamless and timely response that is tailored to meet the individual needs of families experiencing domestic abuse but who may not meet the criteria for intervention by Children's Services. DART ensures the coordination of multi-agency responses to protect victims and improve outcomes for children.

Multi-agency assessment of victims and children is carried out using the CAADA Risk Indicator Checklist and the Barnardo's Risk Assessment Matrix. This robust risk assessment ensures that appropriate referrals are made to Children's Services. DART offers early support to families to address problems before they escalate to child protection cases.

Walsall Children's Services second a full-time Specialist Social Worker to WDVF who manages the Family Support Team and provides the referral link for child protection matters between the two agencies. A Social Work Senior Practitioner represents Children's Services Initial Response Service at the daily DART meetings.

Walsall Domestic Violence Forum (Independent Charity) provides a comprehensive risk assessment service for families referred by Children's Services, where an Initial Assessment has identified that children may be at risk of significant harm due to domestic abuse, but further assessment is necessary to determine whether a Child Protection Plan is necessary.

Domestic Abuse Risk Assessment (DARA) is carried out by WDVF Family Support Team with reports provided to the referring social worker. DARA has proved to be invaluable in assisting Children's Services to make short and long-term decisions for safeguarding children.

DART is the delivery vehicle for Walsall's overarching Domestic Abuse Strategy and is managed by the Domestic Violence Coordinator who reports to Safer Walsall Partnership, Walsall Safeguarding Children Board, Walsall Safeguarding Adults Board and WDFV Trustees and Executive Committee.

The establishment of DART has contributed significantly to a reduction in referrals to children's social care and in care cases against an increasing number nationally. In addition we estimate that about 1/3 of referrals are due to domestic violence whereas the figure is about 2/3 nationally.

Activity in 2011- 2012

The Domestic Abuse Response Team (DART) received 3004 referrals in 2011/12 compared to 4202 in 2010/11 high-lighting a considerable reduction over the past twelve months. Unfortunately, this is thought to be a result of changes to West Midlands Police recording systems and does not indicate that domestic abuse is actually reducing in Walsall borough. There were 2579 children in the families of those referred. The number of young people referred to DART as victims of abuse, continues to raise concern for all agencies. 826 referrals related to victims aged 14 to 24 years, which represents almost 30% of all referrals this year. There were 9.7% repeat victims of domestic violence this year. Contact was made with 1710 victims, and IDVA support was provided to 784. 67 victims were helped to find a place in a refuge. There were 3 cases identified as forced marriage.

Domestic Abuse Risk Assessment (DARA) provides a comprehensive risk assessment service for families referred by Children's Services, where an Initial Assessment has identified that children may be at risk of significant harm due to domestic abuse, but further assessment is necessary to determine whether a Child Protection Plan is necessary. DARA is carried out by WDFV Family Support Team with reports provided to the referring social worker. DARA has proved to be invaluable in assisting Children's Services to make short and long-term decisions for safeguarding children. In 2011-2012, 57 families went through the DARA process.

Training Programme

The Walsall Domestic Violence Forum (WDFV) CPD certified scheme now includes two new modules developed specifically to assist practitioners in safeguarding children:

- Risk Assessment in Domestic Abuse: assessing risk posed to victims and children and assessing the risk posed by the perpetrator. The training includes use of the CAADA Risk Indicator Checklist (RIC), the Barnardo's Risk Matrix, and informs on making appropriate referrals to MARAC
- Direct Work with Children: to assist childcare practitioners in understanding the wider impacts of domestic abuse on children; the importance of asking appropriate questions; completing safety planning work and accurate recording.

Is this what you want? (DVD) resource for young people

As a direct result of identified need amongst young people, a successful funding bid to the Youth Opportunities Fund led to the production of a film to educate young people about Domestic Abuse in 2010-11. The film covered issues of cycles of abuse, domestic abuse in pregnancy, control using technology (phones/internet) and self esteem, as well as sources of support. This year the group has been successful in securing further funding to produce additional copies of the DVD and with the assistance of the Joint Commissioning Unit commissioned WDFV to deliver a series of briefing sessions in secondary schools to assist designated teachers to deliver the training and awareness raising to young people. These sessions will also shortly be rolled out to NACRO and other training providers.

Forced Marriage and Honour Based Violence

Walsall is the first local authority in the West Midlands to convene a multi-agency forum. The Walsall FM and HBV Partnership Board is chaired by the West Midlands Police lead for Forced Marriage and held its inaugural meeting in January 2012. The Board is currently developing multi-agency policies and procedures for use in local cases. Funding secured from the Forced Marriage Unit will be used to raise awareness in schools prior to the school summer holidays, identified to be a time of particular risk, as well as to raise the profile across partner agencies.

Actions for 2012 -2013

- Responding to the increased awareness of domestic violence between young people in relationships: the WSCB is investing £20,000 to support a Specialist Young Persons Independent Domestic Violence Advocate to provide support and advocacy for this specific age-group and to further implement and develop preventing programs. The project will run for one year to pilot the approach.
- In Partnership with the Safer Walsall Partnership, Adult Services and Children Services, the WSCB task group will be assisting in the implementation of the Walsall Domestic Violence Strategy *A Time for Change*.
- The WSCB task group will be involved in consultations regarding the development of an integrated approach and commissioning strategy for services to prevent domestic violence.

10.2 Children at risk through running away, being missing or at risk of exploitation

CARE Panel - Walsall's response to young people at risk of exploitation

Since 2000, Walsall Safeguarding Children Board and Children's Services have had a multi-agency panel that responds to concerns about young people at risk of sexual exploitation. The Panel was reviewed in 2010 following updated guidance in 2009 'Safeguarding Children and Young People from Sexual Exploitation' which alongside

'Working Together' 2010 reinforced the need to recognise the links between Runaways, Trafficked Young People and those at Risk of Sexual Exploitation and is known locally as CARE (Children at Risk of Exploitation) Panel.

Underpinning the work of the CARE Panel has been the contractual relationship dating back to 1999 that Childrens Services have with Walsall Street Teams (WST), a third sector charitable agency who provide direct specialist intervention and prevention work to young people at risk of or being sexually exploited, and training, consultation and advice to professionals and carers to assist with safeguarding them appropriately.

They have two projects which work specifically with young people at risk of sexual exploitation, 'Jigsaw' working with girls and young women and 'Mars', the boys and young men's project. With the child/young person as their focus they ensure that the voice of the child is heard and listened to and work alongside them to recognise and understand what is happening to them and the impact that exploitation in the widest sense has on their lives.

Models of intervention are directed as to the needs of the child/young person and vary from school training programmes to Year 7 and 8 pupils looking at healthy relationships, grooming, peer pressure and internet safety very much using empowerment models as the focus for protection. They also provide specific work in direct response to a concern of groups or individual young people and workshop programmes that cover specific focus areas. They co-work with other CARE specialist agencies, including sexual health services, drug and alcohol teams, again building on self esteem, resilience and protective factors and with a clear emphasis on risk management.

The Governments 2011 'Tackling Child Sexual Exploitation Action Plan' highlights the importance of collaborative working and preventative early intervention.

An integral focus of CARE panel's remit is the work of the police in the identification and targeting of offenders and WST have developed a close working relationship with them which has assisted in the gathering of evidence and young people being supported to make more formal disclosures about their experiences with a view to potential prosecution.

Most recently the work of WST has expanded into the gang arena and they are developing models of working with young people exposed and affected by the dangers and risks associated with gang culture and affiliation. This is contributing to research being undertaken by the Children's Commissioner into Child Sexual Exploitation in Gangs and Groups.

Activity in 2011-2012

At risk of exploitation

137 new referrals received over the year of which **109** girls and **28** boys

Number of cases closed in the year

61

At the time of referral, presenting issues:

- 71% in inappropriate relationships
- 54% at risk of exploitation for a variety of reasons
- 35% lack of sexual boundaries
- 42% missing or frequently absconding
- 20% seen in areas where sex is sold

Following 1:1 and workshop support of the new referrals actively engaged:

- 100% raised awareness in consequences of their behaviour
- 100% understanding exploitation
- 100% raised awareness in sexual exploitation and associated risks
- 73% Increased self esteem, self worth and confidence
- 73% positive changes in behaviour
- 41% attending GU/clinic appointments
- 34% referred back into education
- 31% signposted into other agencies
- 23% positive changes in relationships
- 19% choose to ignore advice and not engage

Training provided on exploitation and why children go missing

85 professionals trained across **22** local organisations.

Activity for 2012 – 2013

- Further work is to take place by Walsall Street Teams on their evaluation mechanisms. Street Teams and Social Care are currently looking to use national risk indicators set out in the Bedfordshire University Research documentation to enable Walsall to report outcomes using a national tool.
- Street Teams will be further networking with West Midlands Metropolitan Area Strategic Group for Sexual Exploitation, the West Midlands Regional Anti-Trafficking Group, and the National Working Group for Sexual Exploitation and will continue to work in and with other Boroughs within the Black Country.
- Meetings and discussions have taken place with the Home Office, the Border Agency and Immigration in light of the 2012 Olympics. Hotels in the Walsall area are to receive awareness raising training in respect of the prevention of trafficking during the Olympic period.

10.3 Missing Young Persons Programme

Walsall Children Services have a contractual arrangement with the Walsall Street Teams to provide a Runaways Intervention Program. The programme is based on sound working arrangement between partner agencies whereby the West Midlands

Police provide the referrals of children who go missing, the Children's Safeguarding Service holds the data base, Targeted Youth Support provide the analysis and of the data and Walsall Street Teams provide a direct and accessible response to young people.

Walsall Street Teams provide a response to all Walsall children who go missing in the Borough. All children receive an independent return interview as a minimum.

- For low risk cases, in addition to the return interview, the young person is signposted to universal services as required.
- For medium risk cases, in addition to the return interview, a further three support sessions are available with signposting to additional services as required.
- For high risk cases in addition to the return interview a further six support sessions are available with signposting to additional services as required.

Significant links between young people who runaway and those who are at risk of sexual exploitation have been noted through this project and Walsall Street Teams also have a number of related projects i.e. MARS, Jigsaw, which the runaway workers can utilise as appropriate based on the needs of the young person.

This has all led to children and young people who were previously a hidden group, receiving a coordinated multi agency response, from statutory agencies and the third sector. There has been a decrease in the number of young people who repeatedly go missing.

The Runaways Intervention Programme has gone from strength to strength this year. The multi-agency working between the Police, Social Care and Street Teams has enabled a disciplined approach to safeguarding young people who go missing. The system of reporting has been stronger and the process's more clearly defined (i.e. intervention meetings). This has led to the return interview process being timelier and enabling multi-agency working by signposting young people to required areas of support.

In both the Exploitation and Missing Programmes, a closer relationship has taken place between Street Teams and Targeted Youth Support. Young people receive a seamless service between to the organisations, for example:

- A young male working with the Youth Justice Team was recognised as being involved with low level gang activity. A referral was taken by Street Teams to undertake specialist work around exploitation. This was then designated as part of the young persons Youth Justice timetable.
- A young woman at high risk of exploitation was supported by Street Teams for several months. As her risk reduced and her re-engagement with "life" took place, Street Teams were able to refer her to Targeted Youth Support for more generic intervention, including working with the Positive Activities Team

to re-engage her with her peer groups. This allows Street Teams to “step down” their specialist programme whilst monitoring a continued reduction in the risk for that young person.

- Early intervention can be achieved by Street Teams referring young people from the Missing Programme into activities with Targeted Youth Support. Their needs can be identified at an earlier stage i.e. the first missing episode. This can break the possible beginnings of the cycle of missing episodes for that young person.

Street Teams communicate on a regular basis with the Targeted Youth Support Team and ensure that a representative attends the TYS Panel every month. This has led to a greater visibility of the young people that we all work with and a more holistic approach to their needs.

Missing Young People 2011/2012

Number of young people receiving support from Street Teams: **257**

Number of episodes: **520**

High Risk 22% - frequent absconders

Medium Risk 31%

Low Risk 47%

Activity for 2012 -2013

- Continued development of funding options for the Walsall Street Team
- Strengthening of the Intervention process for frequent absconders
- The WSCB is committed to furthering the high level of success in this area and will be sponsoring the secondment of a senior officer on a half time basis to further develop work with the CARE Panel, Missing Children and Children who Self Harm.

The Celebrating Good Practice Event in February acknowledged the work both of CARE and Missing Children.



Margaret Gough accepts the 'Good Practice' certificate on behalf of the CARE panel

10.4 Sexually Harmful Behaviour

Young people who pose a risk to other young people because of sexualised behaviour is a very specific challenge for parents and professionals. Walsall Children Services have developed a specialist post based within the Children's Safeguarding Service and co-sponsored by Targeted Youth Service to develop a program and to support work in this area. The program will be advertised in June 2012 and will be promoting an assessment model for professionals working with young people.

10.5 Children who self harm and children with suicidal behaviour

In 2011-2012, there has been an increase of children coming into care in older adolescence (30 young people). The reasons for this have been an increased concern for their emotional and psychological welfare, along with risk of exploitation and running away. Sadly, in the past two years two young people have taken their own lives in the Borough, and together with concerns from Youth Offending Services relating to self harming and suicidal behaviour of young people within institutions, this has raised the need to look at further developing services to ensure there are integrated support pathways for recognising and responding to young people at risk of self harm or suicide. The WSCB has formed a Task Group led by the Director of Public Health.

11. Keeping children safe by learning lessons from local and national Serious Case Reviews and Management Reviews

11.1 Serious Case Review Sub Committee (SCRSC)

The SCRSC meets regularly and at least on a quarterly basis. Its remit is to:

- Determine whether a case meets the Serious Case Review (SCR) criteria; and/or whilst a case may not meet the Serious Case Review criteria; will require a Individual Management Review (IMR) due to the involvement of various agencies; in order to identify lessons to be learned at a local level and to reduce the chance of such events happening again.
- Quality assure a final Serious Case Review or Management Review – that is, the IMR reports, the Overview Report, the Executive Summary and the Action Plan on behalf of the WSCB.
- Provide information to the WSCB on the actions taken in response to either a Serious Case Review or Management Review which have been completed by the WSCB in the previous year.
- Review and analyse outcomes from Serious Case Reviews undertaken within other LSCB areas in order to identify the learning to be assimilated at a local level.

During the summer of 2011, the SCR on W2 was completed and received an adequate judgement from Ofsted. The findings have been shared with colleagues

across partner agencies through multi-agency briefings, team meetings and within single agency training.

W2 highlighted the need to be vigilant about the safeguarding needs of children with disabilities. It raised important learning for GP's, hospitals and schools about listening carefully to what children are saying, tracking what is happening to them through chronologies, and ensuring all staff follow basic Child Protection procedures.

An action plan was monitored by the Serious Case Review Sub Committee and was signed off as complete at their meeting on 30th March 2012.

An extraordinary meeting was held in October 2011 following the death of a teenage girl. It was decided that the SCR criteria was not met. However, Walsall SCRSC continued to communicate with Wolverhampton and CAMHS in relation to this case. The WSCB Chair wrote to the Black Country Partnership Foundation Trust (Wolverhampton CAMHS) to request they undertake a Root Cause Analysis on this young person's case and their involvement.

All action plans are also monitored by the Operations Group to ensure completion on behalf of the WSCB.

The new Working Together to Safeguard Children may bring changes to the process during the coming year.

11.2 Reflective Practice Review (RPR)

This is a new concept and process in Walsall to look at individual cases from a frontline practice perspective. A paper was presented to the Board in November 2011 outlining the new arrangements. The process enables front line staff to consider what can be done differently and what agencies can learn and share together using a systems approach to learning in line with Munro recommendations. It will be used in cases which do not meet the SCR criteria or criteria for Individual Management Reviews. RPR is a 'practice based' tool for learning, with strong multi-agency involvement and a focus on what worked and why and is underpinned by influencing practice. The first case was reviewed using this method in February and March 2012.

Key findings from the first RPR completed in Walsall included:

- The importance and significance of front line practitioners being involved in the process and having an opportunity to reflect in detail on their practice and that of others in order to continue to safeguarding children and young people with an emphasis on learning
- Communication - taking responsibility and being tenacious and escalating concerns
- Developing systems to ensure information is shared in a robust manner

- When recording concerns about non verbal children including in the assessment and recordings -how the child appeared and presented
- The importance of reading chronology's and considering background information
- Considering the child as an individual

An action plan is being developed and is being presented to the Serious Case Review Sub Committee in June 2012 for full consideration.

12. Keeping children safe by contributing to and learning from the Child Death Overview Panel

12.1 Child Death Overview Panel (WSCB Sub Group)

Lynne Allen, Director of Primary Care in Wolverhampton was appointed as Chair with effect from 5th August 2011.

The Child Death Overview Panel (CDOP) process commenced 1st April 2008. CDOP works in partnership across Walsall and Wolverhampton Safeguarding Children Boards and its function is to establish procedures to ensure a coordinated response to all child deaths. Copies of all Child Death Review processes and procedural documentation are available on the Walsall Safeguarding Children Board website (www.wlscb.org.uk).

Networking

Good links have been established with the following:

- CDOP contacts across the West Midlands Regional Network
- Coroner's Office
- Registrar
- Child Health Information Services
- Palliative Care
- Acorns Hospice
- Bereavement Services Helplines
- Neighbouring LSCBs

CDOP Briefing Sessions

Briefing sessions are held throughout the year to inform agencies about the Child Death Review process and reporting requirements.

Future Developments

- Guidance notes have now been received from the DfE for the completion of child death preventable data collection for the year 2011/12 and LSCBs are required to submit relevant data by 31 May 2012. Data on behalf of Walsall was submitted 8 May 2011

- Further CDOP briefing sessions to be held 2012
- Continued attendance at CDOP Regional quarterly meetings throughout 2012
- SIDS reduce the risks campaign to be launched in October 2012

Child Death Data

Reports of all child deaths are submitted to the Panel for review on a quarterly basis. These reports are also submitted to both Walsall and Wolverhampton Safeguarding Children Boards for monitoring outcome purposes.

Due to the number of neonatal deaths occurring in both authorities, a review of neonatal deaths for the gestation period 24 – 40 weeks is being undertaken every six months, whereby Consultant Neonatal Paediatricians from the respective authorities are invited to present their findings from the locally held perinatal review meetings. Whilst no preventable deaths have been identified thus far, the reviews have highlighted several areas where practice needs to be improved, namely:

- Paediatric antenatal counselling
- Informing Coroner/consent for post mortem
- Support from/communication with tertiary hospitals

Following a number of child death reviews undertaken between the age range of 29 days up to 18 years of age, the panel have identified one or more factors, which, by means of locally achievable interventions, could be modified to assist in reducing the risk of future child deaths; namely:

- Introduction of an asthma care pathway
- Introduction of a revised Paediatric Early Warning System (PEWS)
- Pre-discharge planning meetings held with tertiary hospitals to enable medical professionals at a local level to undertake appropriate risk assessments of children with complex medical conditions prior to their discharge into the home environment
- A small working group of the CDOP comprising medical professionals across both authorities have been tasked with designing publicity material and assisting in the launch of SIDS Reduce the Risk campaign scheduled for release in October 2012

A total of 75 child deaths have occurred during this period (2010 = 75; 2009 = 81 and 2008 = 78). Of the 75 child deaths occurring during the year, 43 child deaths occurred in Walsall. Please see Appendix 3 for a more detailed analysis.

CDOP Regional meetings are now being held on a quarterly basis for the purpose of sharing information, experiences and identifying child death patterns.

(For further information and analysis see Appendix 3).

13. Keeping children safe by learning from inspections and reviews of Services

13.1 Children's Services Safeguarding Peer Review

In March 2012, Walsall Children's Services with the support of the WSCB took part in a Peer Review of Safeguarding organised through the Local Government Association.

The review found the following strengths:

- Outcomes for children are moving in the right direction and are often ahead of national and comparator trend data
- Strategic leadership is strong and based on sound principles and working relationships
- Staff and managers are committed, passionate professionals, working purposefully for their community and are proud of what they are achieving for children and young people in Walsall
- Young people's participation and engagement is a particular strength
- Frontline practice is innovative and safe
- There is a widespread commitment to, and the council is investing additional resources in, preventive services and early intervention
- Partnership working is soundly based on strong cross sector arrangements and effective working relationships

13.2 OFSTED Inspection of Services for Safeguarding and Looked After Children

An inspection of Children's Services is expected before the end of July 2012 and the WSCB will respond to learning and recommendations arising from the inspection.

14. Safeguarding Board Priorities for 2012 – 2013



Our WSCB aims are:

1. To work in partnership to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
2. To support and protect children who are vulnerable or are suffering or likely to suffer significant harm.
3. To coordinate and ensure the effectiveness of local work to safeguard and promote the welfare of children and young people.



What we will do in 2012-13:

Support and monitor the use of Neglect Graded Care Profile.
 Monitor the impact of the new child and family support framework.
 Respond to serious incidents.
 Undertake a training needs analysis and produce a multi agency training programme
 Focus on the most vulnerable children and young people in our community.
 Working with the new Health and Wellbeing Board and GP Commissioners.
 Strengthen working arrangements between the WSCB and the new school economy.
 Strengthen links between the adults and children's safeguarding agenda.
 Embed the Quality Assurance and Performance programme.
 Ensure the voice of families and children are heard by the Board.

How this will make a difference for children and young people?

Less children will require a child protection plan because of neglect.
 Less children will become looked after.
 Young people who are vulnerable because of sexual exploitation, domestic abuse, they have runaway, or are a risk of deliberate self harm will receive an appropriate service.
 Decision makers will talk to each other, ensuring services work together and make the best use of their money and resources.
 Children will be safe at school.
 Staff will identify children at risk of abuse and neglect.



Appendix 1 Membership and Attendance

WSCB Attendance Statistics 2011/12

Agency	First Name	Surname	Title	% Attendance by Agency April 2011- End March 2012
Independent Chair				
Board	Jane	Evans	Chair	100%
Operations Group	Jane	Evans	Chair	83%
WMBC Children's Services				
Board	Pauline	Pilkington	Executive Director (CS)	100%
Operations Group	Michelle	Whiting	Assistant Director (CS)	100%
	Mike	Morris	Operations Manager, Vulnerable Children Service	
Walsall Council Targeted and Prevention Services				
Board	Alan	Michell	Head of Service - IYPSS	100%
Operations Group	Claire	Dhami	Strategic Lead - Targeted Youth Support and Youth Justice Services	100%
	Clint	Osborne	Walsall CAF / Think Family Programme Manager	
Board	Dean	Cordelle	Young People's Representative	60%
Operations Group	Dean	Cordelle	Young People's Representative	33%
Walsall Council Adults Services				
Board	Suzanne	Joyner	Head of Community Care (Member from Nov 2011)	40% (Sean Cook to March 12)
Operations Group	Sean	Cook	Head of Access, Assessment and Care Management	33%
Strategic Housing				
Board	Andrea	Potts	Head of Housing	80%
Operations Group	Julie	Jones	Service Manager, Supported Housing	50%
NHS Walsall				
Board	Sally	Roberts	Assistant Director of Nursing Quality and Safety, NHS Walsall	80%
	Yvette	Sheward	Director of Quality, Assurance and Organisational	

			Development - NHS Walsall Black Country Cluster Lead for Quality and Patient Safety / Risk	
Walsall Healthcare NHS Trust				
Board	Sue	Hartley	Director of Nursing	80% (Sue Morgan to July 11)
Board	Vidya	Rao	Designated Doctor for Safeguarding Children, Consultant Paediatrician	80%
Operations Group	Elaine	Hurry	Designated Nurse for Safeguarding Children	100%
	Sebastian	Yuen	Named Doctor for Walsall Safeguarding	83%
Staffordshire and West Midlands Probation				
Board	Kobina	Hall	Head of Walsall Probation	80%
Operations Group	Vid	Sagar	Senior Probation Officer	50% (Mandy Clark to October 11)
Children's Services Serco (Education)				
Board	Frank	Barnes	Assistant Managing Director	100%
Operations Group	Pete	Bull	Team Manager, Children and Young Peoples Disabilities Team	100%
	Karen	Grandison	Principal Educational Psychologist	
	Kim	Stokes	Childcare Development Manager (Early Years)	
Schools				
Board	Keith	Whittlestone	Head Teacher - Secondary	80%
	Neil	Toplass	Head Teacher - Special Education	
	Lynne	Cherry	Head Teacher - Primary	
West Midlands Police				
Board	Jane	Parry	DCI	80% (Sue Parker to July 11)
Operations Group	Richard	Scott	DI	83%
LEAD MEMBER (Participating Observer)				
Board	Councillor	Andrew	Councillor (CS)/Portfolio Holder for Children's Services	40%
LAY MEMBERS				
Board	Clair	Collins	Lay Advisors	60%

Board	Azra	Bibi	Lay Advisors	
Education Safeguarding				
Operations group	Tony	McGregor	Education safeguarding Manager/Operations Manager, Review and Child Protection	50% (Seona Baker to February 12)
Domestic Violence Forum				
Operations Group	Sheri	Rogers	Co-ordinator - SC & Inclusion	100%
DWMHT				
Board	Rosie	Musson	Head of Quality and Innovation	80%
Operations Group	Deb	Cooper	Lead for Safeguarding Children	50%
Walsall College				
Operations Group	June	Morrow	Director of Student Journey	100%
Walsall Drug and Alcohol Services				
Board	Adrian	Roche	Head of Adolescents and Families Partnership Commissioning	100%
Operations Group	David	Neale	Young Person's Substance Misuse Commissioner	100%
Officers to the Board				
Board	Brian	Relph	Interim Head of Safeguarding	(Kay Child to Dec 11) 100%
	Sarah	Barker	WSCB Co-ordinator	
Operations Group	Brian	Relph	Interim Head of Safeguarding	(Kay Child to Dec 11) 100%
	Sarah	Barker	WSCB Co-ordinator	
Performance and Outcomes				
Board	Pam	Walters	Quality and Performance Management Officer	100%
Operations Group	Dave	Trask	Data Analyst	100%
Legal Services				
Board	Lynn	Levesley	Solicitor - Legal	60%
Operations Group	Lynn	Levesley	Solicitor - Legal	16.67%

	Statutory Board Members
	Other Agencies who support the work of the Board
	Officers to the Board

Please note: Some of the representatives may have changed during the course of the year.

The attendance of a representative on behalf of a regular member has been captured in the regular members attendance figure.

Appendix 2 Finance

Table 1

	Budget	Actual	Variance
Income	-£89,190	-£92,160	-£2,970
Employee Exp	£133,376	£136,509	£3,133
Other Exp	£120,058	£107,439	-£12,619
	£164,244	£151,788	-£12,456

Table 2

	Budget	Actual	Variance
Income			
Partner Income	-£89,190	-£83,320	
Training Income	£0	-£8,840	
Total Income	-£89,190	-£92,160	-£2,970
Expenditure			
<u>Employees</u>			
Development Coordinator (WSCB)		£47,378	
Training & Development Officer (WSCB)		£36,124	
WSCB admin assistant.		£23,099	
CDOP Co-ordinator		£29,908	
	£133,376	£136,509	£3,133

Other Costs

Independent Chair of the Board	£18,000		
Tri-X Procedure Manual	£3,000		
Sentinal / Vantage Anti Bullying System	£2,200		
Section 11 Audit Tool	£2,000		
Radio Ramadam	£300		
Serious Case Reviews	£1,206		
Safeguarding Board Development Day	£1,000		
Contribution to CSE / Runaways	£20,000		
Contribution to Domestic Abuse	£20,000		
Training - facilities and training	£2,767		
Production of training programme	£1,425		
Additional print & design costs	£630		
Office Costs	£1,200		
Carry Forward of Munro Money	£26,585		
Internal costs - HR / Finance / ICT	£7,126		
Total Expenditure	£120,058	£107,439	-£12,619
Net position	£164,244	£151,788	-£12,456

Appendix 3 Child Death Review

Walsall Child Death Data and Trend Analysis

A summary of Walsall child death statistics covering the period 1st April 2011 to 31st March 2012 is as follows:

Child Population and Mortality Rates

Around 26% of the population of Walsall (total population 256,900^{**}) is under the age of 20 and 7% of the population are children aged 0-4 years.

31% of children aged under 16 years are living in poverty.

Indicator	Local value	England average	Regional average
Children (age 0-4 years) 2010 % of total population	17,900 7.0%	3,267,100 6.3%	348,000 6.4%
Children (age 0-19 years) 2010 % of total population	67,300 26.2%	12,417,500 24.6%	1,344,300 24.6%
% of children living in poverty (age under 16 years)	30.6%	21.9%	24.6%
<i>Data source: population estimates, ONS midyear estimates 2010</i>			

The health and well being of children in Walsall is mixed compared with the England and Regional averages. The infant mortality rate (less than 1 year of age) is significantly worse than the England and Regional averages, and the child mortality rate (age 1-17 years) is similar to the England and Regional averages.

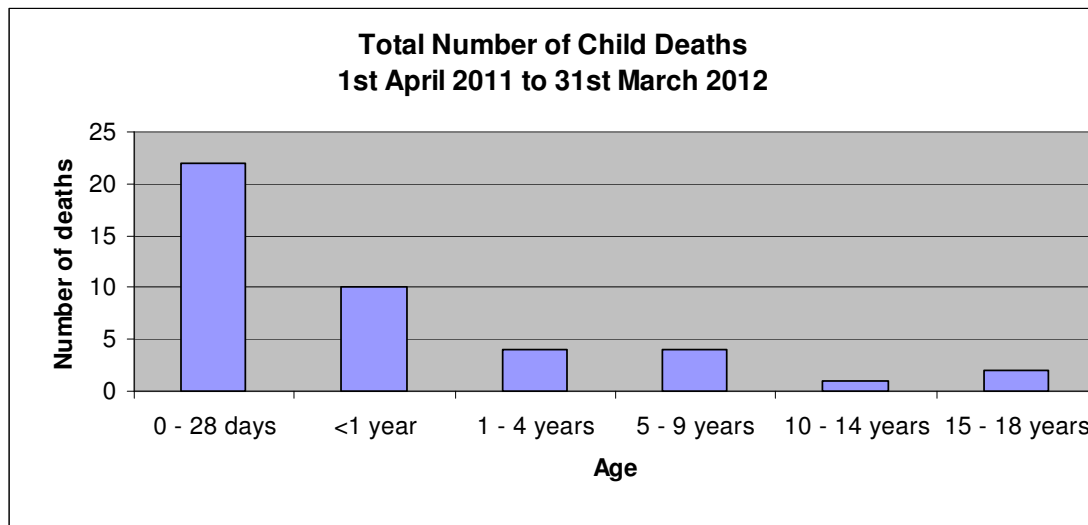
Indicator	Local value	England average	Regional average
Infant mortality rate <i>(Per 1,000 births age under 1 year 2008-2010)</i>	8.5	4.7	6.2
Child mortality rate (age 1-17 years) <i>(Directly standardised rate per 100,000 children aged 1-17 years 2002-2010)</i>	19.4	16.5	17.3
<i>Data Source: ChiMat and ONS</i>			

Health protection and prevention of ill health factors in pregnancy and during infancy are mixed. Smoking in pregnancy, low birth weight (<2500g) and breastfeeding initiation within Walsall are significantly worse than the England average. Whereas health protection factors, namely antenatal assessment by 12 weeks, MMR immunisations and Diphtheria, Tetanus, Polio, Pertussis, Hib immunisations are significantly better than the England average.

Indicator	Local value	England average	Regional average
Breastfeeding initiation %	52.16	73.43	67.00
Smoking in pregnancy %	22.34	13.50	15.80
Low birth weight (<2500g) %	11.20	7.50	8.80

Antenatal assessment by 12 weeks %	91.30	84.20	87.50
Completed MMR (by age 2 years) %	95.00	89.10	91.50
Completed Diphtheria, Tetanus, Polio, Pertussis, hib immunisations %	98.70	96.00	97.30
<i>Data Source: ChiMat 2008-2011</i>			

Total Number of Deaths



The total number of child deaths occurring in Walsall for the period is 43 of which 36 were expected deaths and 7 were unexpected deaths. 74% of the total number of deaths occurred in the first year of life.

There has been a slight increase in the number of expected deaths this year in comparison to the previous 3 years. Conversely there has been slight decrease year on year in the number of reported unexpected deaths.

Expected deaths = 36 (2010 =27; 2009 = 30; 2008 = 34)
 Unexpected Deaths = 7 (2010 =13; 2009 = 10; 2008 = 5)

Regional Comparison (Data source: Regional CDOP statistics 2008-2011)

The total number of child deaths reported throughout the region over a 3 year period (2008-2011) equates to 1702, 69% of which occurred in the first year of life and 8.4% between the ages 15 – 18 years.

LA Area	2008/09	2009/10	2010/11	Births*	Total** Population	Child** Population 0-19
Birmingham	123	184	159	17356	1036900	288800
Solihull	17	7	12	2251	206100	50200
Coventry	37	40	28	4747	315700	80000
Warwickshire	36	34	44	6336	536000	123600
Stoke	19	38	19	3669	240100	58500
Staffordshire	51	71	61	8933	831300	189400
Wolverhampton	39	41	35	3545	239400	59100
Walsall	39	40	40	3698	256900	67300
Dudley	22	28	32	3801	304400	73100
Sandwell	45	44	44	4852	292800	77400
Hereford	14	10	12	1916	179300	39300
Worcester	32	46	36	6271	557400	128300
Shropshire	55	43	25	2907	293400	67300
Telford and Wrekin				2117	162600	42200
TOTAL	5299	626	547	72399	5452300	1344300

* From PI 2010

** ONS Data mid year 2010 estimates

There has been concern that these figures may be an underestimate as the number of deaths from ONS figures can be different. For the purpose of this report deaths notified to CDOP are used.

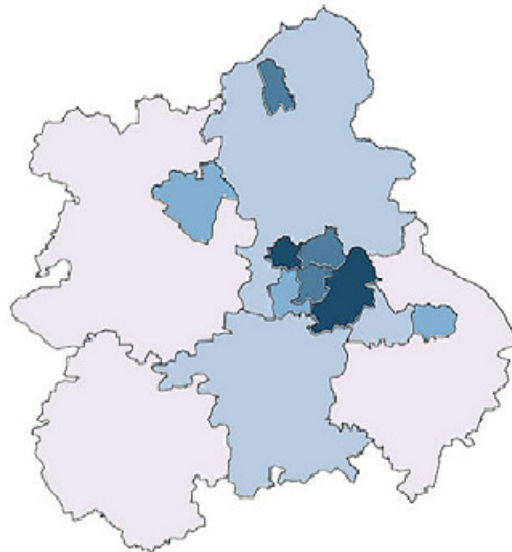
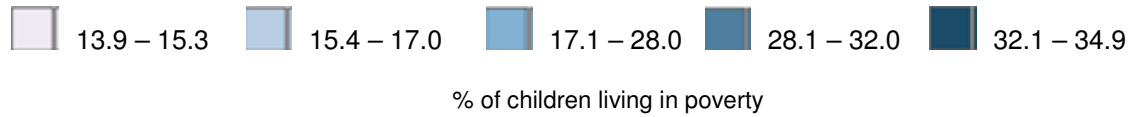
The number of deaths in 2008/09 was thought to be an underestimate and the figures in later years more accurate.

If that is the case then there is a significant drop in 2010/11 compared with 2009/10. This seems to be the case in most areas. However with only 2 years of accurate data it may be that 2009/10 was the unusual year.

The number of child deaths varies around the Region. This is not linked to actual population but is more closely linked to childhood population with an additional factor related to deprivation.

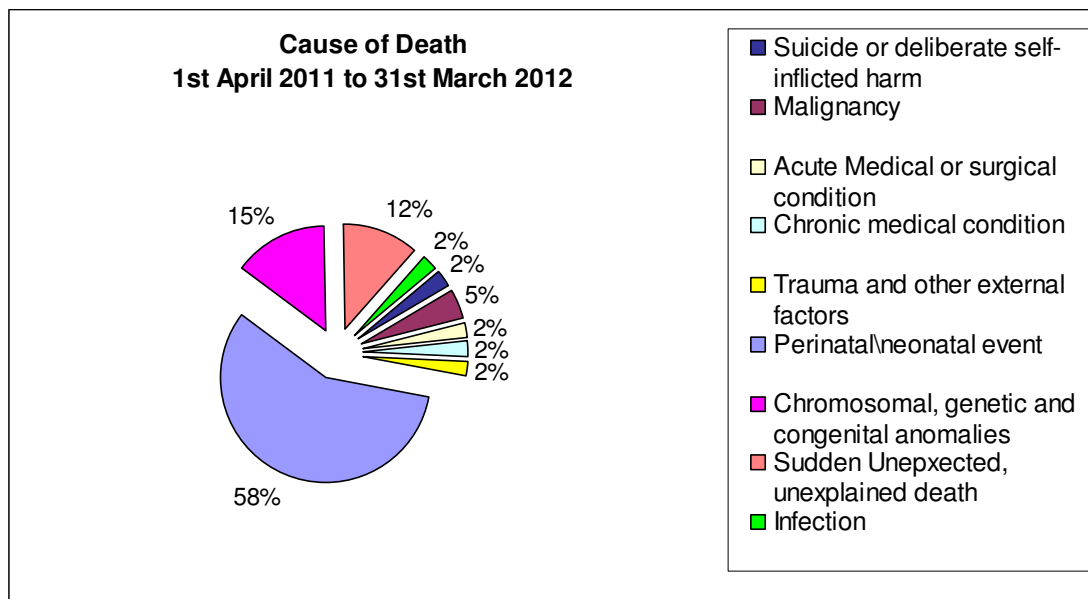
The level of child poverty in Walsall is worse than the England and Regional average with 31% of children aged under 16 years living in poverty (Regional = 24.6%; England = 21.9%). *Source: HMRC 2009*

Map of the West Midlands area showing the relative levels of children living in poverty



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Percentage Distribution of Cause of Death



Perinatal/neonatal deaths equates to 58% of the total number of deaths reported during the year indicating a slight increase in comparison to the previous year (42% = 2010). A more detailed trend analysis for this age group is detailed below.

15% of deaths were categorised as chromosomal, genetic and congenital anomalies which includes cardiac.

12% of deaths were categorised as sudden unexpected death or unexplained death.

5% of deaths were categorised as malignancy which includes solid tumours, leukaemias and lymphomas.

2% of deaths were categorised as suicide or deliberate self inflicted harm with hanging as a factor.

2% of deaths were categorised as trauma with drowning as a factor.

2% of deaths were categorised as chronic medical condition which includes cerebral palsy as a factor.

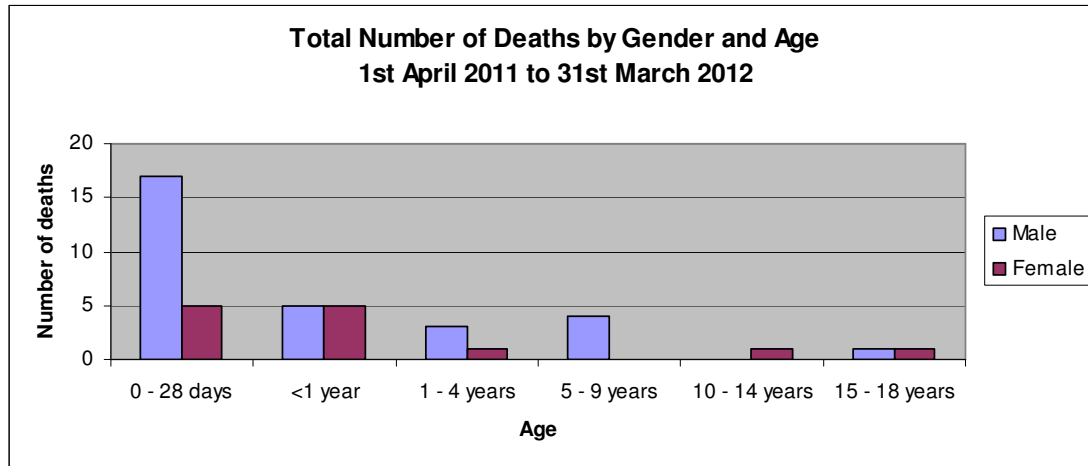
2% of deaths were categorised as acute medical or surgical condition with acute asthma and sudden unexpected death with epilepsy as factors.

It should be noted that there have been no child deaths resulting from deliberately inflicted injury, abuse or neglect which includes suffocation, shooting, shaking injury, knifing, poisoning and other means of probable or definite homicide.

Whilst child health profiles record a crude rate of 17 children aged 0-15 years who were seriously injured in road traffic accidents per 100,000 population (ChiMat

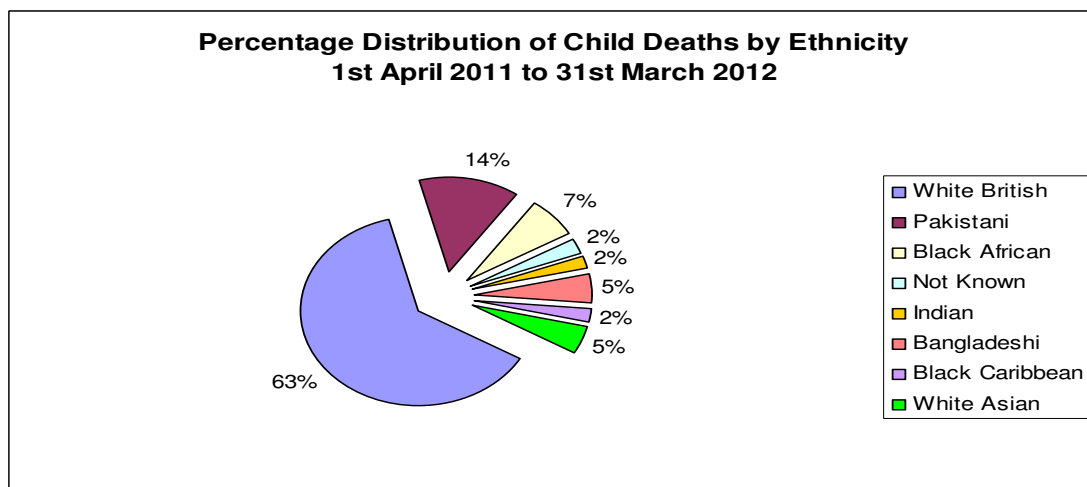
2012), there have been no child deaths resulting from road traffic accidents within Walsall during the period April 2008 – March 2012.

Total Number of Child Deaths by Gender



The breakdown by gender is shown in above table. The excess of males (70%) over females (30%) is in keeping with National data.

Percentage Distribution of Child Deaths by Ethnicity



Out of a total of 43 child deaths, the highest proportion 63% had ethnicity White-British showing a slight decrease in deaths for the same period during 2010 (67%), and there has been a slight decrease in deaths with ethnicity Pakistani 14% compared to 2010 (17%).

Neonatal Deaths

The highest number of reported deaths occurred in the age group 0-28 days (Neonatal).

There is a regional variation in registering live births according to gestational age category. For instance, an infant born at 20 weeks gestation may be regarded as a

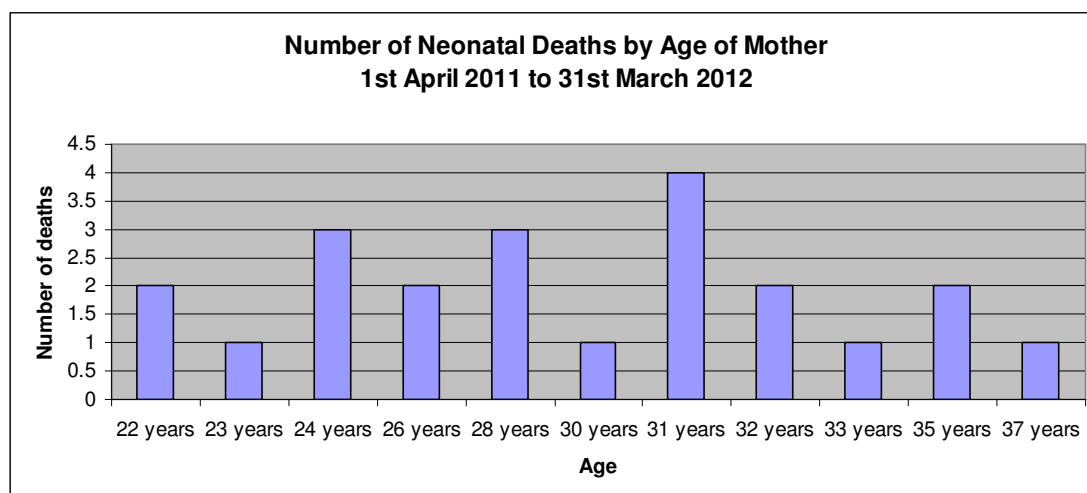
miscarriage in the North East but as a live birth and then subsequently a neonatal death in the West Midlands.

A live birth occurs when an infant shows some sign of life at birth, for example, breathes or shows evidence of life such as voluntary movement, heartbeat, pulsation of the umbilical cord or definite movements of voluntary muscles.

22 neonatal deaths have arisen in Walsall this year and the main cause of death being due to immaturity related conditions and congenital anomalies with an average gestational age category of 25 weeks. Whilst there has been a slight increase in the number of deaths this year in comparison to 2010 (16 deaths) the number of deaths is in keeping with those recorded in previous years (22 = 2009; 2008 = 23).

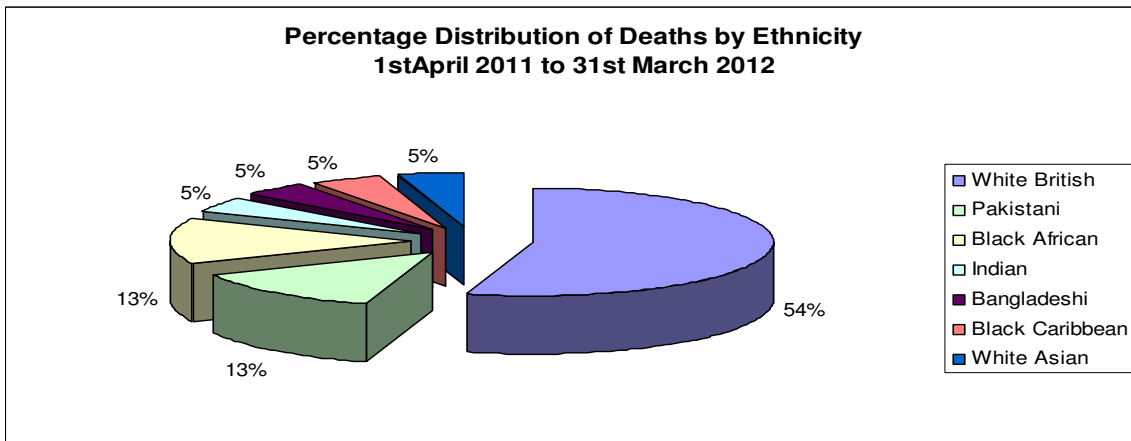
In 2010\11 2.3% of women giving birth in Walsall were aged under 18 years. Walsall has a higher percentage of births to teenage girls compared to the England average of 1.5% (Source: Hospital Episode Statistics – ChiMat 2012).

However, there were no infant deaths for 2011\12 occurring in Walsall relating to teenage pregnancy. The highest proportion of infant deaths occurred with mothers aged between 24 to 31 years.

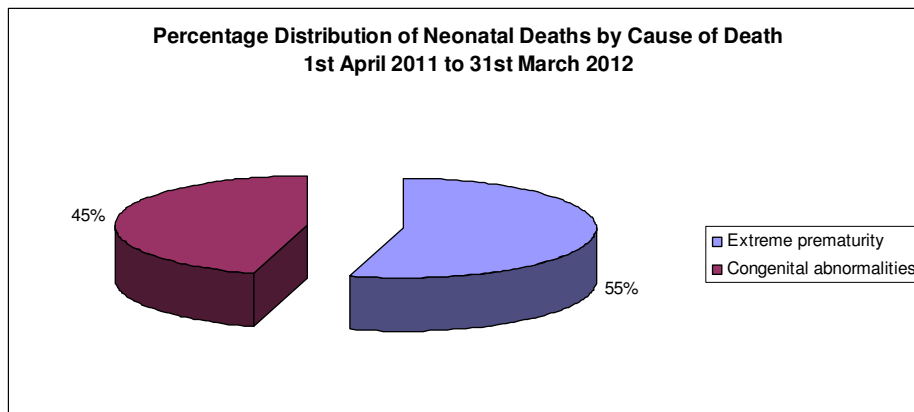


Of the total number of neonatal deaths 22 recorded, 54% had ethnicity White-British (2010 = 87%; 2009 = 40%; 2008 = 65%), 13% had ethnicity Pakistani (2010 = 13%; 2009 = 14%; 2008 = 9%).

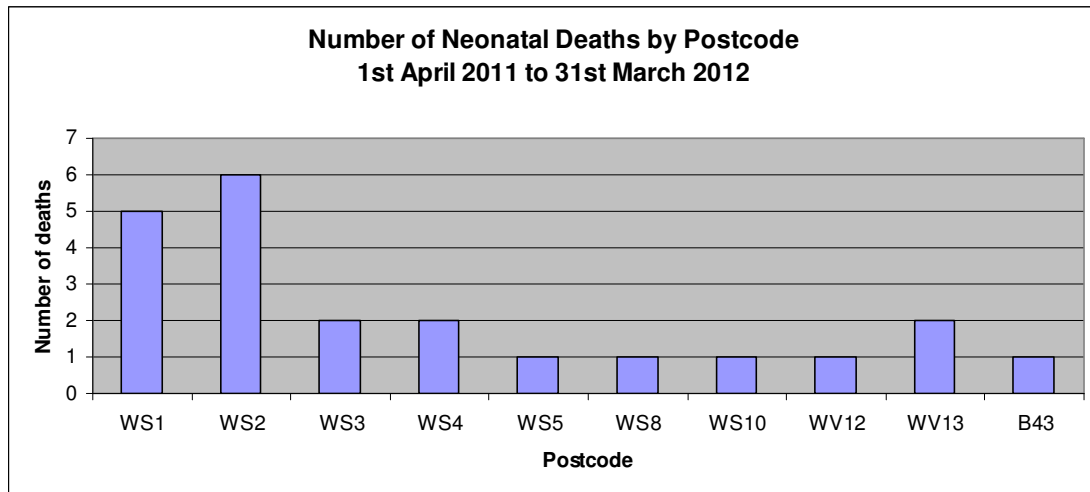
There is an excess of deaths in non-white groups more predominately in those of south Asian ethnicity. The extent to which consanguinity contributes to this excess is the subject of regional research and is not straightforward. There are high numbers of deaths due to genetic/chromosomal problems even where the local population is not ethnically diverse.



Many of the deaths due to congenital abnormalities/malformations occur in the first month of life. Not all neonatal deaths are due to perinatal/neonatal events some will be due to congenital anomalies. The National figures for cases reviewed in 2010-11 indicate 24% due to chromosomal, genetic or congenital anomaly and 36% due to a perinatal or neonatal event. Walsall figures for the period 2011-12 (see graph below) are slightly higher than the National figures from the previous year, however due to the small numbers it is impossible to interpret.



The geographic distribution of neonatal deaths is detailed below with the highest proportion of these deaths occurring in St Matthews (WS1), Pleck, Birchills\Leamore (WS2 and WS3), Willenhall (WV12 and WV13). All these wards being recognised areas of socio-economic deprivation within Walsall.



Appendix 4 Additional Performance Information

