



Strong Partnerships Safeguard Children

WALSALL SAFEGUARDING CHILDREN BOARD

ANNUAL REPORT

2015/16

Better Together For Children

<http://wlscb.org.uk>

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FOREWORD – Alan Critchley, Independent Chair

At the time of writing this foreword I have chaired the Walsall Safeguarding Children Board for a year. Over the time I have been impressed with the hard work, personal commitment and tenacity that has gone into keeping children and young people in Walsall safe. This applies to people from all levels and all agencies. There is a real personal commitment to the Borough of Walsall, the like of which I haven't seen in any other area I've worked in.

The other notable characteristic is a transparency together with an acknowledgement that there is always room for improvement. This has led in the current year, not the year of the report, to externally commissioned reviews of the Multi-Agency Safeguarding Hub and of the response to Child Sexual Exploitation.

The scale and pace of change is significant across all agencies. This brings risks and opportunities in equal measure, in my view the Board has risen to the challenge of managing this by working together across the Borough in commendable fashion.

For some of the reporting period there was no Board Manager in post. This is a crucial role and the work of the Board was compromised because of this. I am enormously grateful to Sarah Barker who moved into this role in late February and has picked up the pace of change very quickly and with great capability. The resources available to the LSCB have been far too limited but Sarah and the support team have done a great job in making the most of what they have.

I am also grateful to the sub-committee chairs who have worked tirelessly over the year to drive through their individual work streams.

On behalf of the safeguarding partnership my thanks go to those who work day to day with children, young people and their families. This work is not easy and you are not always thanked for it by those you are working with but nothing is more important than improving the outcomes of those you work with. Thank you!

A handwritten signature in black ink that reads "Alan Critchley". The signature is written in a cursive, slightly slanted style.

THE ROLE AND RESPONSIBILITIES OF WALSALL SAFEGUARDING CHILDREN BOARD (WSCB)

The WSCB is the key statutory mechanism for agreeing how the relevant organisations in Walsall will co-operate and work together to safeguard and promote the welfare of children and for ensuring that this work is effective.

WSCB was established in compliance with Section 13 of The Children Act 2004 and The Local Safeguarding Children Board Regulations 2006.

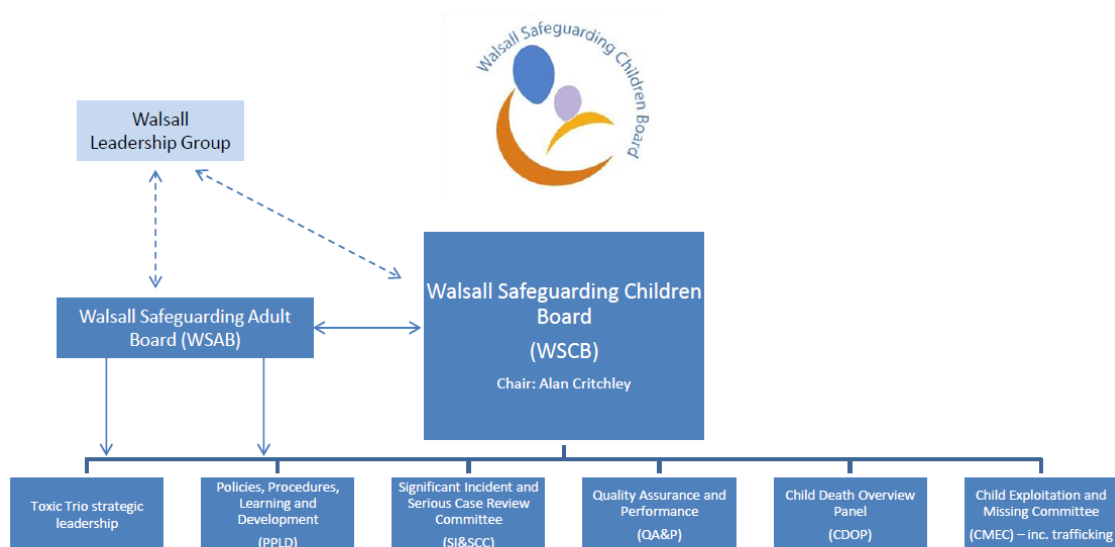
The work of WSCB during 2015/16 was governed by the statutory guidance in Working Together to Safeguard Children 2015, which sets out how organisations and individuals should work together to safeguard and promote the welfare of children, and the Local Safeguarding Children Board Regulations 2006 which sets out the functions of Local Safeguarding Children Boards.

PART 1: GOVERNANCE & ACCOUNTABILITY ARRANGEMENTS

1.1 Role, Structure & Function of the WSCB and its committees

During 15/16 the Board met bi-monthly. This changed to quarterly in September 2015, with the commencement of a new Independent Chair.

The WSCB has six standing committees; these being supplemented from time to time by topic specific Task and Finish Groups. The new Toxic Trio Leadership committee met for the first time in early March 2016 and is a sub group of both the Children and Adult Boards. The structure can be shown diagrammatically:



Each committee is chaired by a member of the Board and reports back regularly. The work programme for each committee is approved by the Board and is an integral part of the Board's overall strategic business plan.

During 2015/16, the Chairs of the Committees were as follows:

PPLD: Ian Cruise Taylor, Youth Support Service Delivery Manager

QA&P: Carol Boughton, Head of Safeguarding, Walsall Council

SCSIC: Tony Griffin, Interim Assistant Director – Walsall Council Children's Services (to Sept 2015) then Debbie Carter, Assistant Director, Walsall Children's Services, Walsall Council

CEMC: DCI Michaela Kerr, West Midlands Police.

TOXIC TRIO: David Haley, Executive Director (DCS) Children's Services, Walsall Council (new sub group from March 2016).

CDOP: Q1-Q3 Manjeet Garcha, Wolverhampton and Q4 Amanda Viggers

Designated Nurse, Walsall CCG. [Note: CDOP operates jointly with Wolverhampton LSCB.]

Membership of all the committees is drawn from across the safeguarding partnership. Sincere thanks go to the Committee Chairs and committee members for their commitment throughout 2015/16.

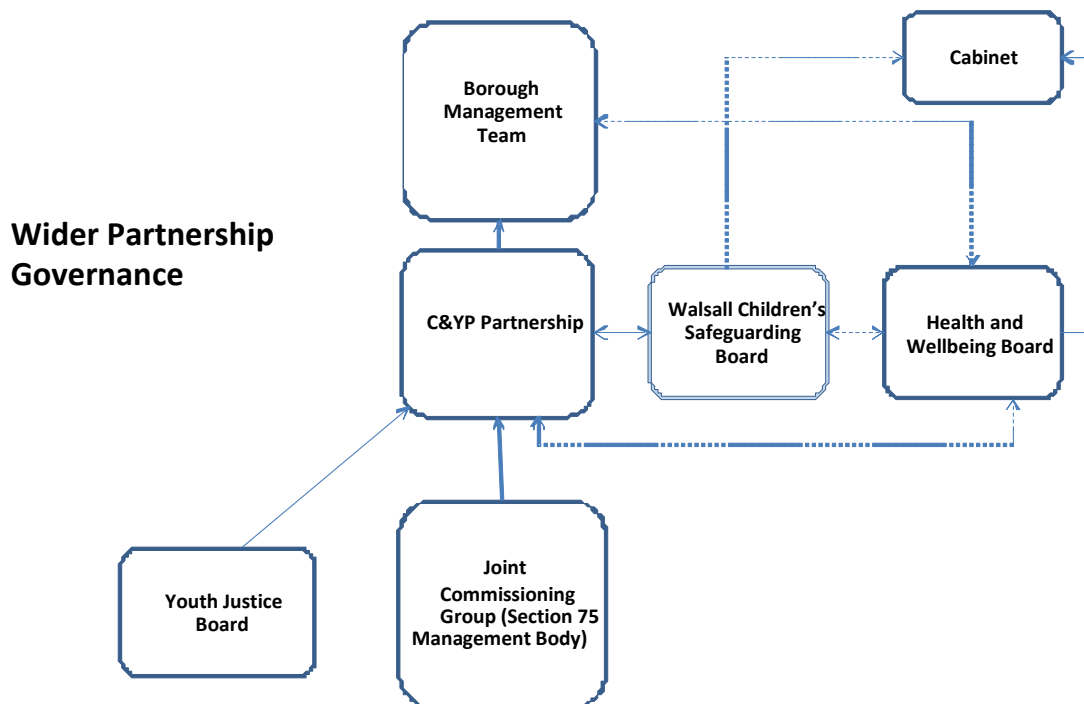
1.2 WSCB Relationship with Key Partnerships

1.2.1 The Children's and Young People's Partnership Board (C&YPPB) and the Health and Well Being Board have a partnership agreement, which is agreed by chairs of all three Boards.

The chair of WSCB is a member of the C&YPPB and the Director of Children's Services, who chairs that Board sits on the WSCB. Elected members are represented on both boards and a representative of the WSCB sits on the Adult Safeguarding Board. The Adult Safeguarding Board was chaired by Jane Evans until August 15 and Alan Critchley from September 2015.

WSCB has been consulted upon the development of key strategic plans, such as the Joint Strategic Needs Assessment, the Children and Young People Plan and the health and well-being strategy.

The children's wider partnership governance arrangements in Walsall can be shown diagrammatically:



1.3 WSCB Membership (as at 31 March 2016)

Full Members

- Independent Chair, Robert Lake / Alan Critchley (Sept. 2015 onwards)

Walsall Children's Services

- Executive Director, Children's Services,
- Assistant Director, Children's Services, Walsall Council,
- Head of Service, Youth Support Service (inc. Youth Justice), Walsall Council
- Councillor and Lead Member for Children's Services, Walsall Council,

Health

- Director of Governance, Quality and Safety, Walsall Clinical Commissioning Group
- Director of Nursing, Walsall Healthcare NHS Trust
- Director of Nursing for the Birmingham, Solihull and the Black Country Area team, NHS England,

- Consultant Paediatrician and Designated Doctor for Safeguarding
- Public Health Consultant, Walsall Council
- Head of Nursing, Quality and Innovation, Dudley and Walsall Mental Health Partnership Trust

Education

- Director of Student Journey, Walsall College,
- Head Teacher, Special School
- Head Teacher, Primary School,
- Head Teacher, Secondary School

Police

- DCI, West Midlands Police Child Protection Unit
- Borough police

Probation

- Head of Walsall and Wolverhampton National Probation Service (NPS),
- Head of Walsall and Wolverhampton Community Rehabilitation Company (CRC)

Other

- Lay Adviser to the Board
- Service Manager, Cafcass National Safeguarding, Policy and Practice

Officers to the Board

- WSCB Manager
- WSCB Administrator
- Head of Safeguarding, Children Service's, Walsall Council
- Designated Nurse for Safeguarding Children, Walsall Clinical Commissioning Group
- Solicitor, Walsall Council Legal Services

It should also be noted that in addition to the membership listed above, some additional agencies have Associate Membership of the Board. These agencies receive the Board's agendas and supporting papers and are entitled to indicate if there is a particular issue on the Board's agendas for which they would want to attend and address the Board meeting.

These Associate Members were:

- Chief Executive, Walsall Voluntary Action
- Interim Head of Housing, Walsall Council
- Safeguarding Manager, West Midlands Ambulance Service NHS Foundation Trust
- Principal Social Worker, Children's Services, Walsall Council
- Community Risk Reduction Officer, West Midlands Fire and Rescue Service,
- Head of Performance and Quality Assurance, Walsall Council

1.4 Role of Chair, Chief Executive of Walsall Council, Director of Children's Services (DCS) and Lead Member.

Every LSCB must appoint an independent chair who can hold agencies to account. The Chief Executive should appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. *Working Together 2015* stipulates that all LSCB Chairs should have access to training and development opportunities, including peer networking. The WSCB Independent Chair and the LSCB is a member of the Association of Independent Chairs. The Association represents the voice for all LSCB Chairs and provides external support and oversight for LSCB Chairs.

The DCS has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services. Under *Working Together 2015*, the LSCB Chair is required to work closely with all LSCB partners and particularly with the DCS.

Lead Members for Children's Services have delegated responsibility within the Council for children, young people and families and are politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. *Working Together to Safeguard Children 2015* states that 'the Lead Member for Children should be a participating observer of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports'.

On a six/eight week cycle, the Chief Executive chairs an Assurance Board including the Chair of WSCB, The DCS, The Lead Member and senior representatives from the Police and the Clinical Commissioning Group. This Assurance Board brings oversight of the safeguarding arrangements in the Borough and, where necessary, "troubleshoots".

1.5 Financial Arrangements

WSCB is funded through contributions from the partner agencies on the

Board. WSCB strives to achieve value for money in implementing its work programme and wherever possible utilises resources internal to member agencies.

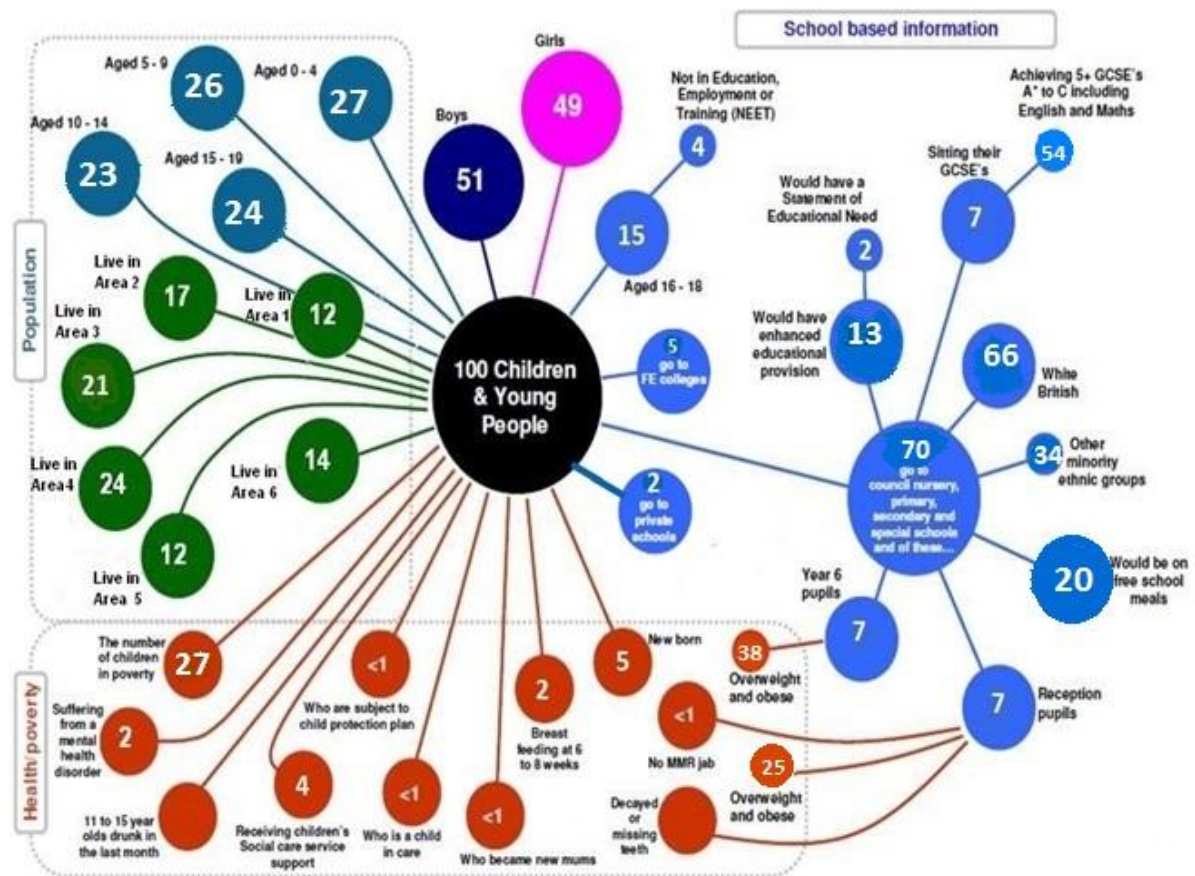
The detailed Income and expenditure and out-turn figures for the year are detailed in Appendix 1.

Part 2: Working Together in Walsall and Monitoring Effectiveness

2.1 Walsall in Context:

Population of Walsall 2015/2016 (Under 18's)

For every 100 Children and Young People in Walsall (Mar 2016):



The population of children and young people in Walsall is increasing, and the composition is changing over time with an increasing proportion having English as a second language.

* % age of 0 to 18's					
Age Group	0-4yrs	5-9yrs	10-14yrs	15-17yrs	Totals
Number	19,057	18,616	16,954	10,476	65,103
%	29.2	28.6	26.0	16.1	100%

*** Ethnicity Breakdown (Under 18's)**

Ethnicity Breakdown	White	Black	Asian	Mixed	Other	Totals
Number	43,023	2,837	14,605	3,781	856	65,103
%	66.1	4.4	22.4	5.8	1.3	100%

2.1.2 Early Help (EH)

2015/16	Number	%
Total contacts to EH	3040	(inc some open EH cases)
NFA (advice and guidance) at point of contact	714	(Some recorded as NFA and EH assessment so percentage not appropriate)
Arriving at EH as Step Downs from CSC assessment	543	18%
Total EH contacts leading to EH Assessments	1404	46%
Ceased EH as a positive outcome (step down to single agency / universal)	195	51% of closures with reason recorded*

*Recording improvements are leading to better information capture from Summer 2016

The number of early help assessments in 2015/16 was considered high (national comparisons not available) and the focus was turned to the quality of interventions and impact delivered. Deep dive work confirmed which agencies were the sources of requests, who the lead professionals were and that the majority of cases are closed due to needs being met. Recording improvements are expected now cases are being recorded to the new case management system (Mosaic).

2.1.3 Referrals

- Slightly more of the 4364 referrals to children's social care were about males (52%) than females (48%) and unborn children were about half a percent of the cohort.
- The re-referral rate was 26%, which is a 10% reduction on the re-referral rate in 14/15; supports the case that the move to the new case management system and launch of the MASH in autumn 2015 has had an impact on re-referrals and helped manage the demand at the social care front door by ensuring better information gathering and sharing at the earliest stage possible.
- Many referrals are subject to one or more of a combination of the three toxic trio factors of: Domestic Violence (24.1 % of referrals to CSC); Substance Misuse (drugs and alcohol) (5.5% of referrals to CSC); Adult Mental Health issues (1.7% of referrals to CSC)

- 92.5% of referrals progressed to a Child and Family Assessment. A further 2.9% progressed a stage further to Strategy Discussion and 0.7% to Children in Need Plans. The other 3.9% did not progress any further within Children's Social Care; a reduction from 5.8% in 14/15.
- 15/16 shows a reduction in the number of referrals carried to the next financial year this has reduced from 323 carried over on 1st April 2015 to 5 carried over on 1st April 2016. Since November 2015, 97% of referrals have been processed with an outcome within 1 working day of being received, a dramatic improvement on the April to October 2015 figures.
- 57% of the referrals that progressed to CFA resulted in No Further Action to Children's Social Care.

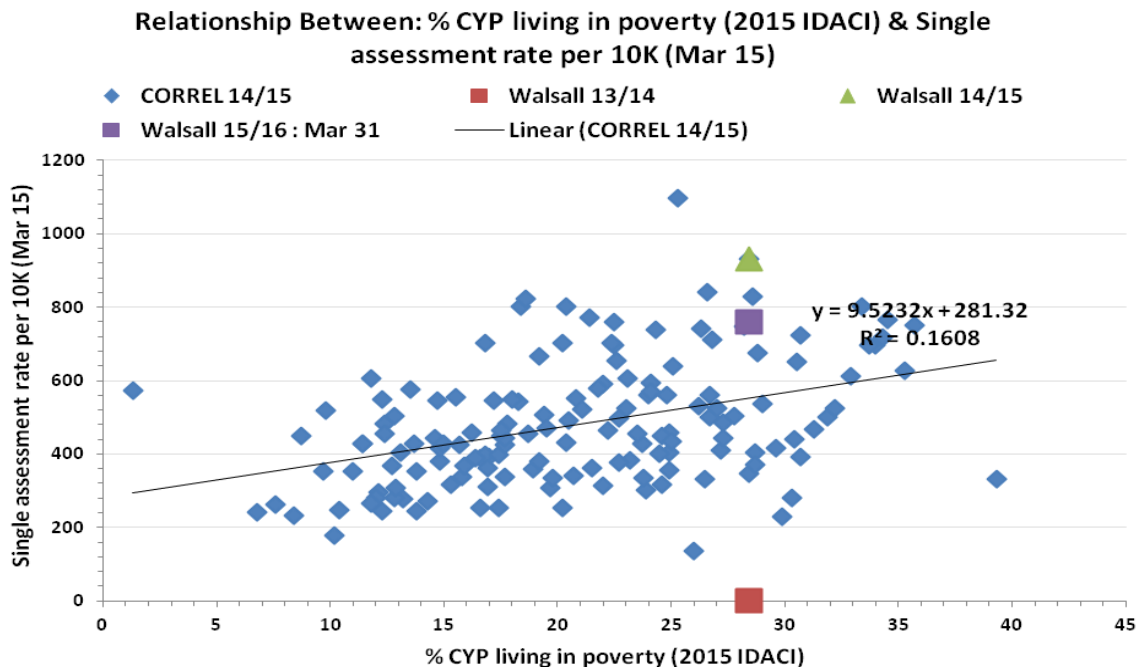
2.1.4 Assessments

2015/16 was the first year Single Assessments were in operation in Walsall. The end of year rate has reduced from 932 (6,021 assessments) per 10,000 in 14/15 to 760 (4,945 assessments) in 15/16.

Of all the CFA assessments completed in 2015/16, 48% resulted in no further action (NFA) for Children's Social Care (CSC), but 28% of those with NFA were passed to early help or information and advice or single agency early help was advised.

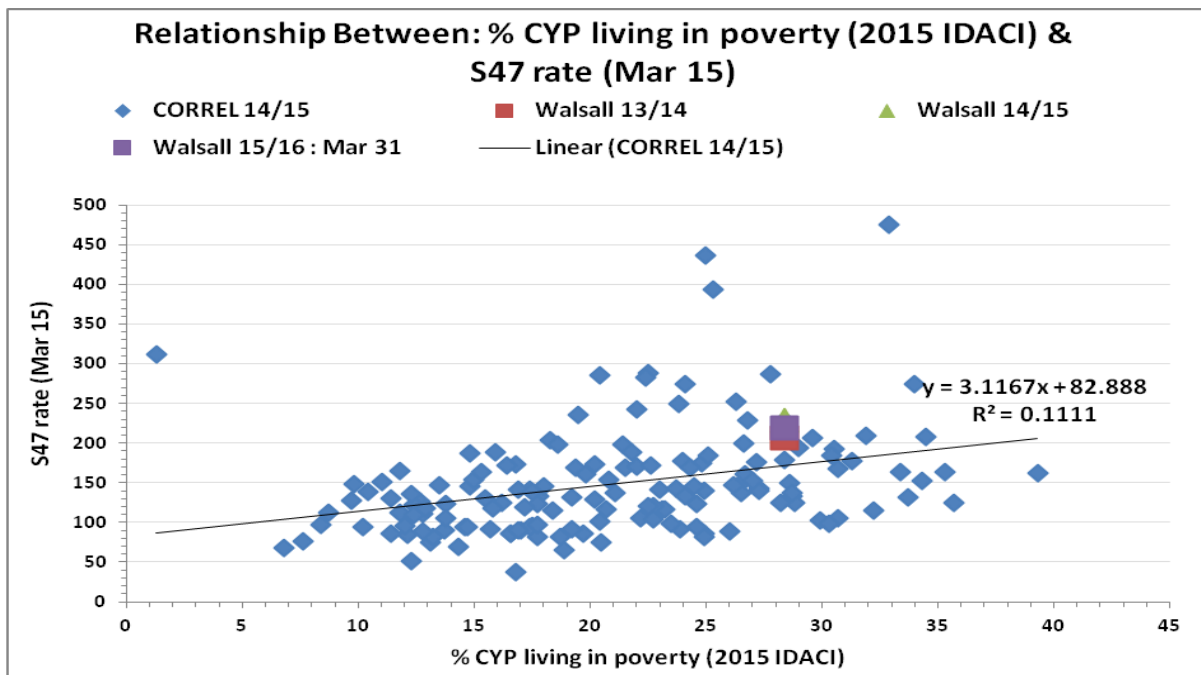
15% of these CFA assessments were carried out to update plans for CIN, CPP and LAC. 37% progressed as further action for children's social care in the form of a strategy discussion being held or a CIN plan being initiated.

For both 14/15 and 15/16 the rate per 10,000 of assessments has been above the deprivation-expected level at 932 and 757 respectively. The strength of statistical significance is not as high for assessments as it is for later stages of the safeguarding journey, but we would still appear to be high.



2.1.5 Section 47 Investigations

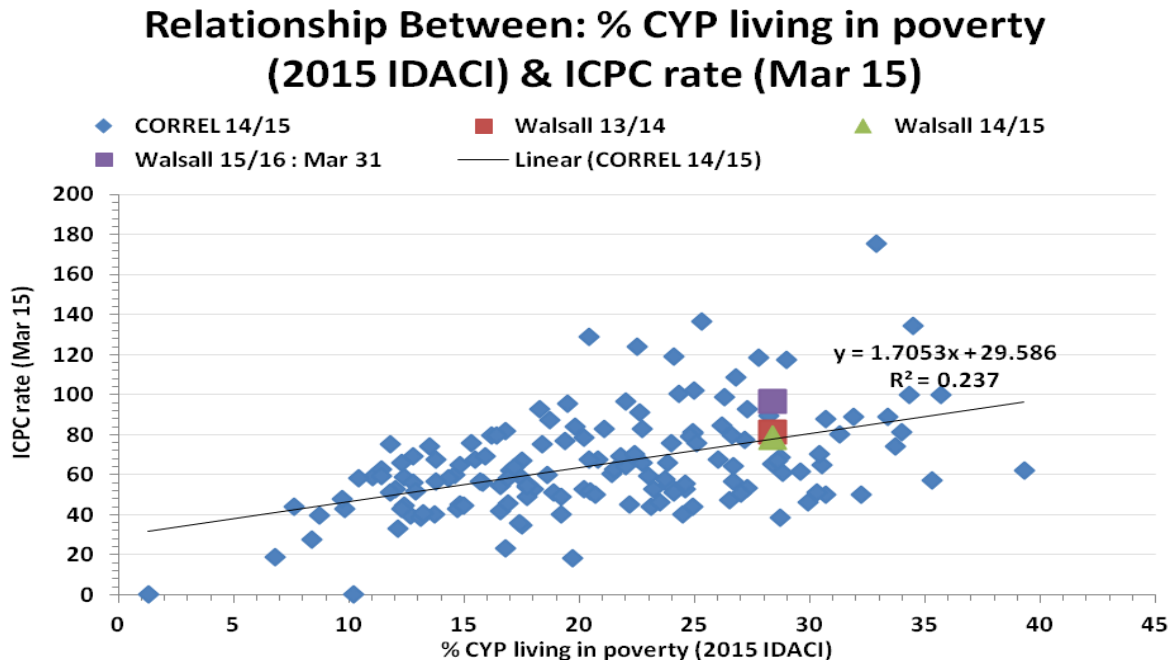
Out of the 152 local authorities areas, Walsall ranked 15th highest for the rate of S47s. For both 14/15 and 15/16, the rate per 10,000 has been above the deprivation expected level at 229 and 219 respectively.



2.1.6 Initial Child Protection Conferences

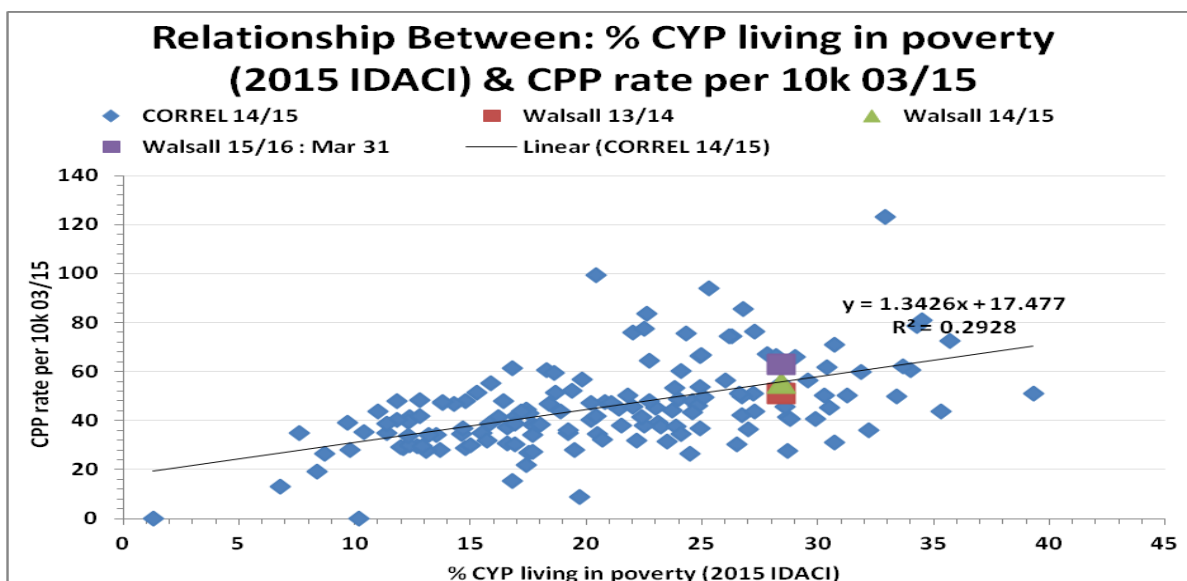
With 509 child protection conferences during 2014/15, Walsall has slightly higher rates than national averages but was in line with expectation for deprivation.

In 15/16 the rate per 10,000 increased above the deprivation expected level from 78.8 (14/15) to 96.6 (15/16).



2.1.7 Child protection plans and categories of abuse

Due to an increased rate in children being subject to initial child protection conferences and slower rates of ceasing CP plans, the number being subject to a CP plan at 31st March has increased from 356 (14/15) to 409 (15/16) . Similarly the rate per 10,000 age 0 to 18 subject to a CP plan has increased above the deprivation expected level increasing from 55.4 (14/15) to 62.8(15/16).



With 409 children subject to a CPP at the end of 2015/16, the increase in the rate of children being subject to child protection plans in Walsall has been greater than the national increases. Again, it is believed that slower “delisting” is a good part of the reason here. The Board will scrutinise this in the next reporting period considering both practice and the application of thresholds.

Regular case file audits of children subject to CP Plans have suggested that thresholds for becoming subject to a CPP have remained consistent. The increase instead appears to be due to a reduced number of children ceasing to become the subject of a Child protection plan.

Initial Category of Abuse	2014/15	2015/16	Walsall %
Emotional Abuse	180	235	57
Neglect	151	143	35
Physical Abuse	10	24	6
Sexual Abuse	15	7	2
Totals	356	409	100

The reasons why children have become subject to a child protection plan have changed significantly in the last 12 months with an increased proportion considered to be at risk of emotional abuse at 57% (15/16) compared with 51% (14/15). Likewise, with physical abuse 3% (14/15) compared to 6% (15/16). The numbers placed on a CP plan due to there being a risk around neglect or sexual abuse have decreased. An Assurance Workshop will be held in the next reporting period to consider, in particular the low numbers of children and young people on a plan for Sexual Abuse. The Board will also progress work on a Neglect strategy.

2.1.8 Quality assurance of conferences

A strength in Walsall is the quality assurance system in place where the CP Chair inputs a questionnaire into Mosaic:

- Initial Child Protection Conferences

The timeliness of reports being sent by social workers to parents at least 1 day prior to the initial child protection conferences improved to 94% (2015/16) from 86% (2014/15);

Reports for initial Child Protection Conferences place the child at the centre: being: Child Specific- 89% (2015/16); evidence based- 97% (2015/16); and Outcome Focussed - 94% (2015/16);

There was evidence of over 4 year old children's views being represented at 93% of conferences. Much of this is via social workers presenting the child's view. Work will take place in 16/17 to increase the use of a 'CP Toolkit' which is used by social care staff to directly gain the child's views on how safe they feel and what they would change. Consideration of how different venues can be utilised in order to encourage young people to attend conference will also be pursued.

Review Child Protection Conferences:

All the key involved agencies in the child's case contributed appropriately to the conference in 81% of cases in 2014/15;

Police Attendance has improved dramatically: from 62% (2013/14) to 94% (2015/16)

Reports being submitted to participants of review child protection conferences (e.g. parents, carers etc.) has improved from 23% (2014/15) to 48% (2015/16). The Board does not consider this to be adequate and will continue to monitor the situation.

Reports for initial Child Protection Conferences place the child at the centre: being: Child Specific- 94% (2015/16); evidence based- 94% (2015/16); and Outcome Focussed -81% (2015/16);

- Looked After Children's Reviews:

The quality assurance system is in place where the Independent Reviewing Officer inputs a questionnaire into Mosaic:

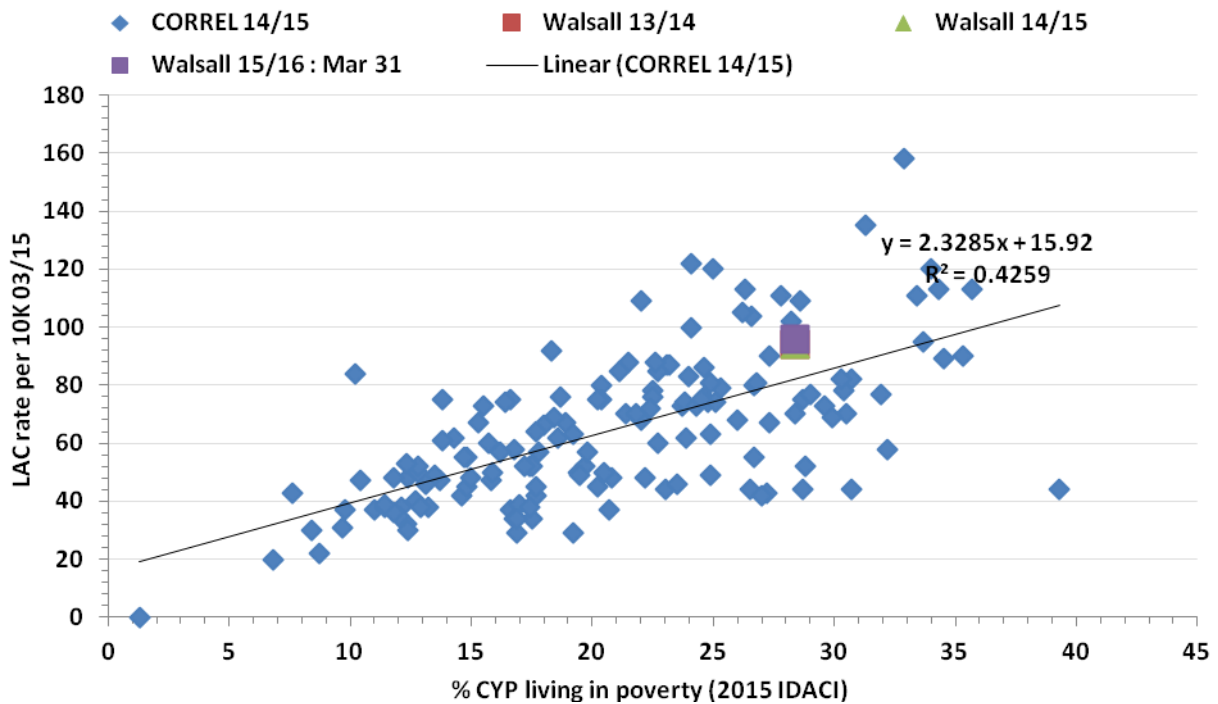
- 84% of the reviews are rated "Good" overall (That the care plan is progressing well and issues are being addressed appropriately)
- 4% of reviews are not rated "Good" or "adequate" overall (Serious concerns exist where immediate action is required to safeguard from harm and prevent a possible breach of human rights.

- The social worker reports being shared with participants before the day of the review has reduced from 52% (2014/15) to 44% (2015/16)
- 72% of reviews had the same social worker since the last review (20.2% of cases where change of social worker was reported was due to moving service (e.g. Safeguarding and Family Support to Corporate Parenting)).
- In 95.6% of reviews (2015/16) there was evidence of the child's views being conveyed. This shows improvement from 94.5% in 2014/15.

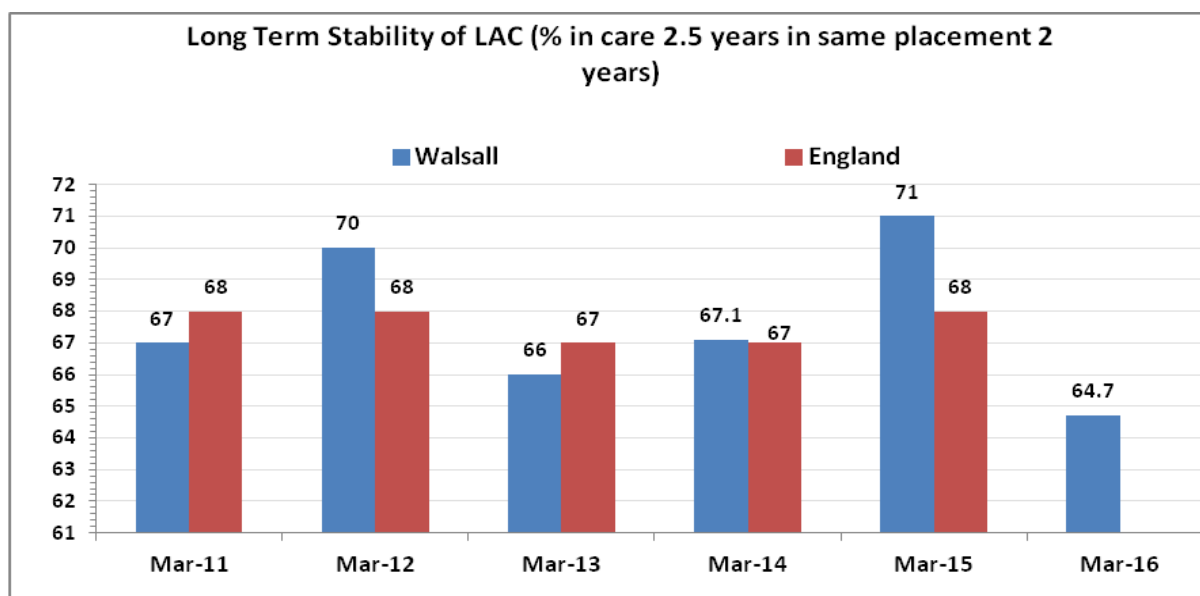
2.1.9 Looked After Children

The rate per 10,000 age 0 to 18 year olds being looked after children (LAC) at 31st March has remained above the expected deprivation level at 625 children (97 per 10,000- 15/16) compared to 605 (94 per 10,000 – 14/15). In part this is thought to be due to a reduction in discharges from care orders and an increase in entry to the care system.

Relationship Between: % CYP living in poverty (2015 IDACI) & LAC rate per 10K 03/15

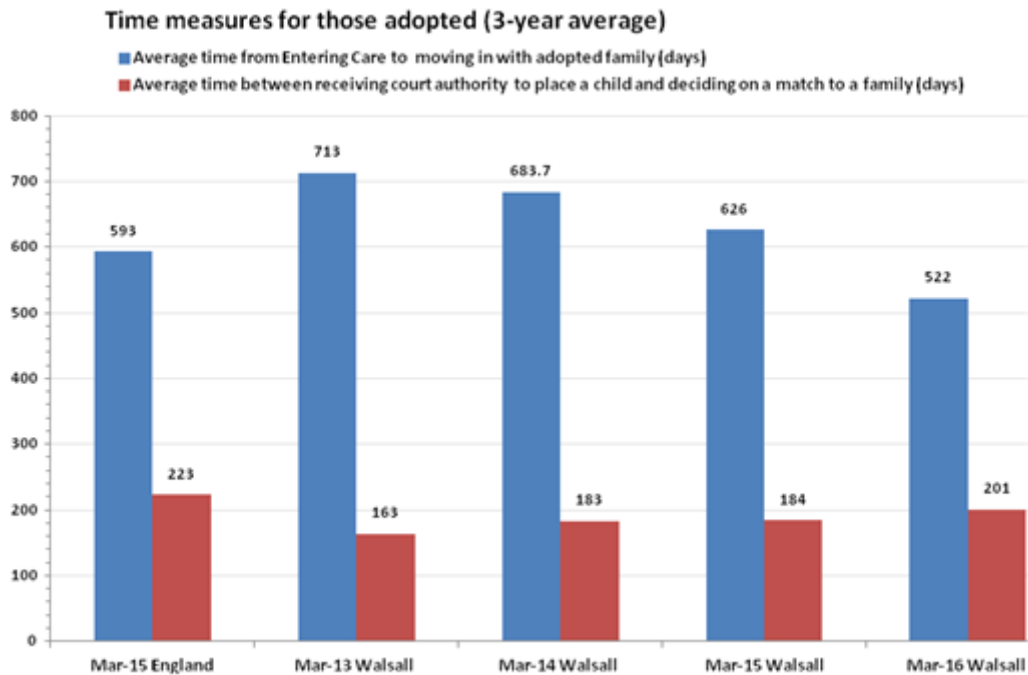


Stability of placements



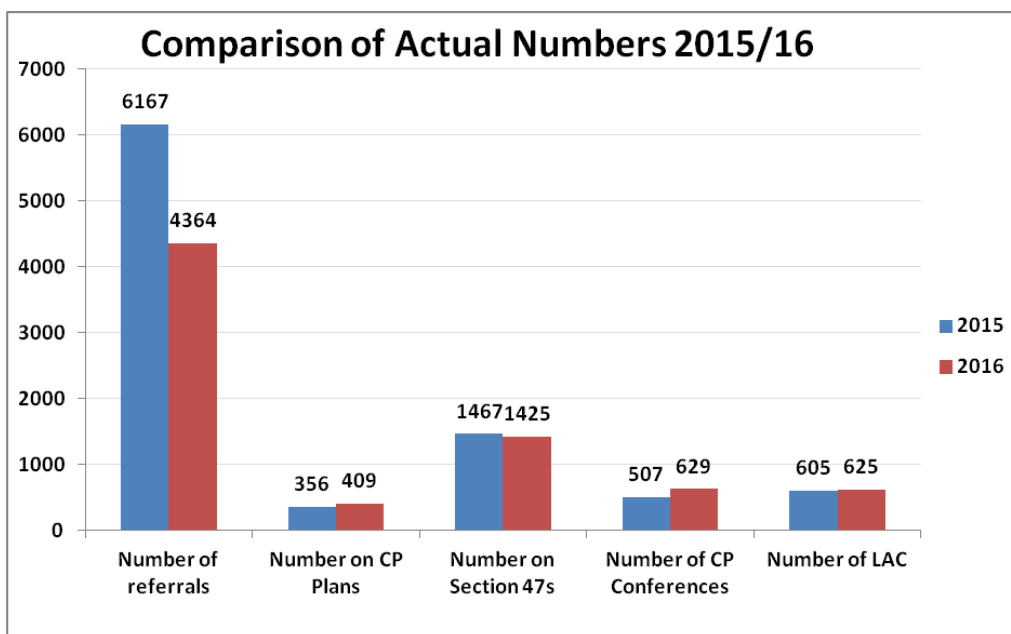
- For the last 5 years, of the children looked after for 2 1/2 years on 31st March, approximately two thirds have been in the same placement for 2 years, which is in line with the national average.
- 44% of LAC are placed out of borough but only 11% of those are placed more than 20 miles from where they used to live. The numbers of children looked after outside of the Walsall boundary is high, however this is in part due to Walsall being a relatively small authority geographically. The Local Authority are mindful of this and review those children more than 20 miles away particularly for appropriate opportunities to provide care and support more locally. The Board will continue to monitor this and receive reports in 2016/17.
- Around 8% of LAC have had 3 or more placements in one year.
- At 4.6%, the proportion of Looked After Children identified as having a substance misuse problem is slightly higher than the last national average of 4%. This is a relative improvement; identification has increased so appropriate support can be offered.
- There has been a focus on ensuring that the emotional wellbeing of LAC is supported through appropriate CAMHS referrals; prompted by Strengths and difficulties questionnaire (SDQ) completion. This was completed by a very low proportion (9%) in 2014/15 but had increased to 60.1% in 2015/16.

2.1.10 Adoption



- The average number of days, for those adopted in the last 3 years, from entering care to moving in with adoptive family has fallen from 713 days to 522 (Mar 16). These figures are better than last year's national averages.
- The average time from receiving court authority to place a child and a match to an adoptive family has remained similar for those adopted in the last 3 years, again, better than the previous national average.

2.1.11 Summary Data Of figures as at 31 March each year:



2.1.12 Public Health figures show that Health & Wellbeing in Walsall is generally worse than the England average. 28.4% of children in 2015 were living in income deprived families, a reduction on the 2010 figure of 29.7% in 2010. The national average was 20.9% in 2015 and 19.2% in 2010 (IDACI).

Infant mortality remains worse than the England average and the number of teenage mothers is higher than the regional average and more than double the England average.

Obesity is also higher than average with 23.3% of children aged 10-11yrs being classed as obese. Hospital admission rates for injury and A&E attendances by children aged 4 or under is below the England average. Hospital admission policies vary across the country so this cannot be assumed to be an indicator of less need. MMR immunisation rates for children aged 2yrs are better than the national average.

2.2 Policies and Procedures

Policy, Procedures, Learning and Development Sub Committee

The Policy, Procedure, Learning and Development committee (PPLD) supports children across the Borough through the strategic overview of policy, procedure and professional development opportunities which positively affect their experiences.

The WSCB developments have included:

- Multi-agency Threshold training to 949 individuals in attendance, over 27 events and across children's services, social care (universal services), NHS/health, education, police, private sector, change and governance.
- Multi-agency CSE training, for which an evaluation report will be submitted within the next reporting period (2016/17).
- Safeguarding training across all agencies.
- Safeguarding event for Early Help
- Agreed competency framework for both WSCB and WSAB
- Bringing together PPLD Sub Committee to include both WSCB and Walsall Safeguarding Adult Board PPLD Sub Committees, for joint and cohesive working.

New Developments include:

- Voice of the Child - consideration of how this is included better in the work of the Board

- Private Fostering training and awareness raising
- All Faiths Toolkit development and rollout
- Toxic Trio multi-agency training
- Mental Health multi-agency training
- Training Needs Analysis for board and elected members.
- Practitioner Groups. The reason for establishing these is so that the Chair can hear directly from those who work with children, young people and families in Walsall. Any learning will be fed back to agencies and improvements will be monitored through the Board.

Summary of any challenge/implications for practice:

- Bringing together training and development priorities, understanding the cycle of commissioning and training priorities for both WSCB and WSAB.
- Further development of a project plan for threshold awareness to understand impact, training and development gaps/needs across different agencies and organisations.
- Funding and resources. The Board has been particularly poorly funded and a solution will be sought in the next reporting period.
- Practitioners were not available to deliver a programme of Mental Health Awareness.
- Understanding the impact of the wider area collaborative activity and standardisation e.g. Black Country area training and development.

Examples of good practice:

- WSCB have provided a significant range of Safeguarding, Threshold, CSE, FGM, Early Help, Domestic Abuse and Prevent training to multi-agency audiences across the borough.

Impact for children and families:

- Agencies working closer together with an understanding of standards, expectations and practice to best support children and families.

Future work / next steps:

- To develop a cohesive and timely training and development plan to meet the WSCB priorities e.g. Voice of the child, Prevent, Toxic Trio and Private Fostering.
- To continue to bring together the WSCB and WSAB PPLD Sub Group with a cohesive and joint structure that allows for both groups to meet the training and development priorities of both WSCB/WSAB boards.

2.3 Training

➤ **Multi agency CSE training:**

- 6 events between December 2015 and April 2016
- Attended by 152 delegates
- **94%** of delegates strongly agreed/agreed that the overall experience would have an impact on their practice
- **91%** of delegates strongly agreed/agreed that the information offered would need to be cascaded across their team/agency. The implication being that they would take responsibility for doing this.

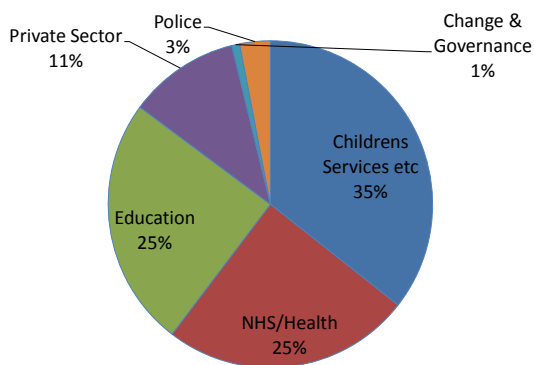
When asked ‘How do you hope to change your practice as a result of this event?’ practitioners responded:

- Inform colleagues, make sure they are aware of issues
- Be more aware of CSE & identify triggers effectively
- Have more of an open mind and use screening tool
- More knowledgeable/confident re referral pathways
- Be more vigilant; aware and refer concerns
- Review protocol in GP surgery
- Talk to children about healthy relationships
- Be more competent in dealing with CSE cases
- Greater knowledge to use within school setting
- Ask trainer to visit the school for other staff to have briefing /offer ‘inset’ training for other staff
- Arrange a workshop for parents/pupils
- Consider CSE when treating patients/clients with STI’s

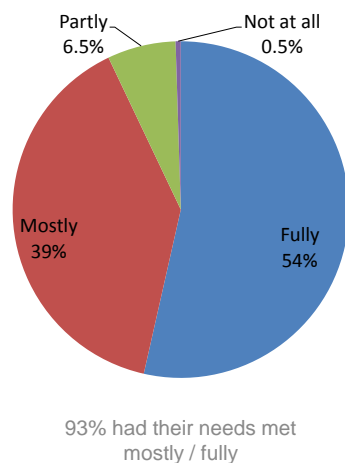
➤ **Multi agency threshold training:**

- **27** training events delivered between June 2015 & March 2016
- **949** personnel attended

Overview of numbers trained by agency...



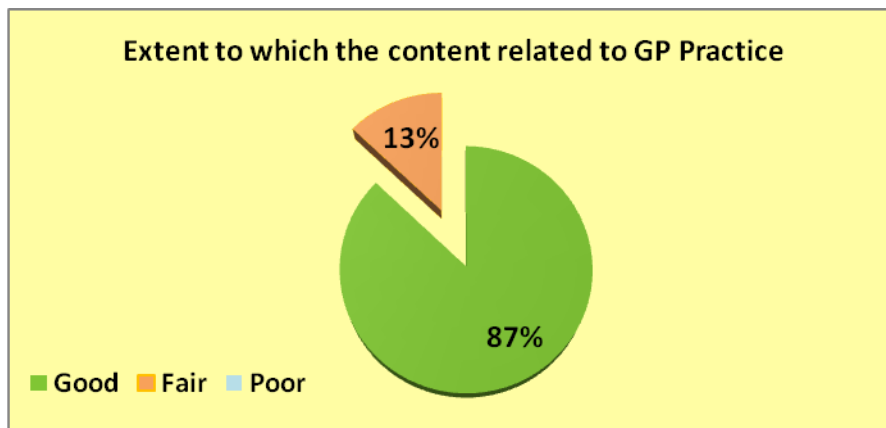
Did the training meet their needs ?



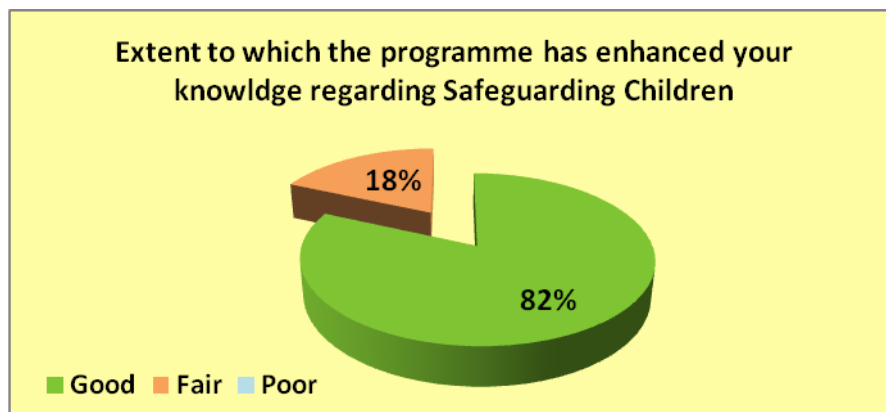
- In addition to the multi agency sessions, the CCG planned a level 3 Thresholds event (December 2015) which was attended by Ninety General Practitioners and twenty-one Practice Nurses.

There was a 54% response rate to the request for feedback via completion of the Evaluation Forms by attendees. The following responses were received:

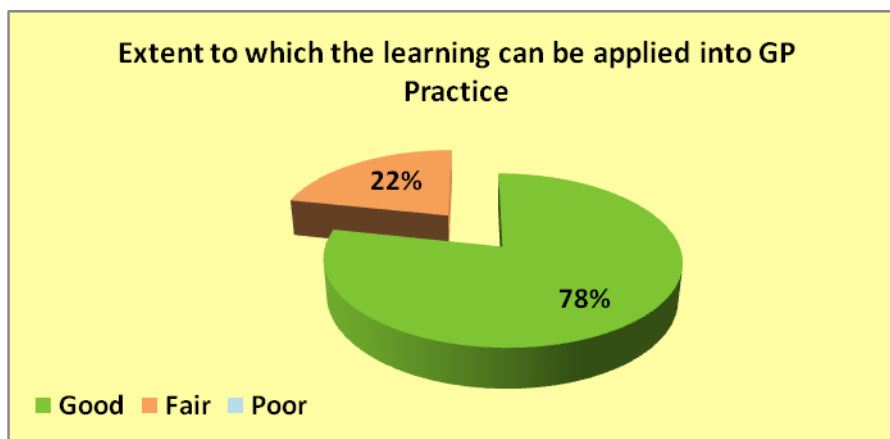
The extent to which the content of the programme related to GP practice -



The extent to which the programme has enhanced knowledge regarding Safeguarding Children -



The extent to which the learning can be applied into GP practice -



Additional comments were noted and many of the positive responses were echoed amongst the feedback reports:



2.4 Quality and effectiveness of arrangements and practice

Quality Assurance and Performance Sub Committee

The Quality and Performance sub-committee was chaired by Carol Boughton, Head of Safeguarding, Walsall Council Children's Services during the reporting period.

Overall Aim

To promote the welfare of children and young people, through a multi agency Quality Assurance and Performance framework through:

- the development, monitoring and reporting on a quality assurance framework which reflects national statutory requirement, and supports a local approach. To include audit activity; service user and practitioner feedback; and analysis of performance data
- the identification and mitigation of risk to children and young people and reporting to the Board to enable them to carry out their statutory responsibilities
- the challenge, scrutiny and mitigation of risk and improving the outcomes for children and young people with the escalation of concerns as required
- making recommendations to other agencies, panels or multiagency groups regarding improvement in outcomes for children

The Learning improvement Framework has been refreshed and agreed by members of QA&P, PPLD and full Board and is now ready to be taken forward over the coming year.

Multi Agency audit activity has been embedded and learning outcomes have been identified for all partners in respect of children who go missing and those who have received early help. The outcome of the missing audit has been shared with the Board and the outcome for the early help audit will be presented to QA&P at the July meeting.

Single agency audit activity has been much harder to secure with only Children's Specialist Services presenting their single audit activity within the timeframe requested. In 16-17 this has been addressed through a revision of the Learning Improvement Framework and a forward plan requiring agencies to report on their audits at set intervals.

QA&P has explored the different elements of children who go missing from home, care or education with a specific focus on children who access 'education other' i.e. those not on a school roll. This has tied in with the multi agency audit on the partnership response to children who go missing. The tracking and support offered to children not on a school roll is comprehensive, however QA&P members felt that timeliness in securing an alternative education provision for those not on roll needed to be improved. The Fair Access Protocol has subsequently been implemented. This enables a swifter resolution as schools across Walsall work together to ensure children are enabled to be back on a school roll and accessing education as quickly as possible.

QA&P has also monitored the provision of reports at child protection conferences by professionals and the sharing of those reports with parents at the request of the Board. Good progress has been made from a low start of 11% in February 2015 to a point where social workers and schools are consistently 70% plus with health visitors averaging 55% in achieving this standard. Further work remains to be done with other services to achieve a consistent 55% which would put them at the same level of compliance as other services. All agencies need to work with their staff to ensure that compliance with the standard is met and that there is a continued improvement in the % of reports shared with parents prior to conference. The Board will continue to monitor this.

Summary of any challenge/implications for practice:

Securing feedback on single agency audit activity remains a challenge and as a consequence it has not been possible to provide the Board with the over arching assurance that partner agencies are completing audits and using the outcomes as a learning opportunity.

Future work / next steps:

- LSCB need to identify the next focus for multi agency audit activity for Q3 & 4 in 2016/17; outcomes and learning will continue to be available to QA&P & Board which should offer assurance regarding multi agency practice and enable learning themes to be identified to be taken forward by PPLD
- dip sample of compliance with Board requirements for all professionals to share their Conference report with parent prior to conference to provide assurance of continued progress in this area across all partnership members
- provision of agreed data sets by agencies at QA&P to be embedded into the performance scorecard
- provision of single agency audit activity with associated analysis by partners at QA&P
- To develop a reporting mechanism for the Board so that Board members are aware of highlight actions/learning from audits.
- To agree a “virtuous circle” to capture learning, the application of the learning and the impact of the learning.

2.5 Section 11 Audit

Section 11 of the Children Act 2004 requires that key agencies and bodies make arrangements to safeguard and promote the welfare of children. Statutory Guidance sets out the arrangements that are likely to be common to most of the agencies concerned. The WSCB has purchased an online auditing tool to formally assess that the necessary arrangements are in place across the key partner agencies within the Borough.

WSCB experienced significant challenges this year in ensuring that the Section 11 audits were completed by all partners and analysed in a timely and meaningful way. As a result, in March 216, all partners were asked to refresh and/or complete their Section 11 audit again in order that the Board can have a clear understanding of safeguarding practice across the partnership. Compliance is being monitored directly by the Board and will be reported upon in the next reporting period.

2.6 Case Reviews (SCR's and management reviews, CDOP)

➤ Serious Case/Significant Incident Committee

Summary of aims and objectives of committee:

To oversee decision making in – and maximise the value of – evaluating and learning from serious and significant cases

W3 and W4 action plans were completed during the year. No new SCRs have commenced in the last year.

The Committee has considered learning from a Domestic Homicide review conducted in the wider region. This had features relating to mental ill health and domestic violence where there were also significant linguistic and cultural factors that were clearly not fully appreciated by the professionals involved.

The Committee has conducted a learning review into practice in respect of a local case involving a child previously subject to a child protection plan. 5 months after being removed from a plan the child was subject to a further medical at the local general hospital. While the presenting reason for considering this case was the issues arising from the way in which this inquiry was conducted by police, the emergency duty team and the paediatric service it soon became clear that there were issues arising from the care afforded to this child and young mother from the ante natal period onwards. This included:

- clarity of record keeping by health visitor and social worker
- lack of recognition of Mum as a child herself at the time
- an absence of any meaningful assessment of or engagement with Dad, who was also a minor at the time of conception by any professional
- lack of recognition by all professionals of the presenting issues – controlling behaviours from Dad; threat of forced termination ; high mobility from Mum
- lack of understanding by Core Group of domestic violence
- lack of understanding by Core Group members of working with resistant families
- lack of joined up working at the time of the second incident
- failure to follow recognised procedures during the enquiry by police, paediatric services and the emergency duty team

Learning from this review will be disseminated during summer 2016.

Future work / next steps:

This committee continues to be reactive (in that it responds to the cases that require its consideration). In that respect, its priorities are effectively unchanged over time. However, it will continue to seek improved methods for maximising the learning from such cases.

➤ **Child Death Overview Panel**

The Walsall and Wolverhampton Joint Child Death Overview Panel (CDOP) is a formally constituted arm of both the Walsall Safeguarding Children Board and the Wolverhampton Safeguarding Children Board. It has strategic responsibility for helping to ensure the following for children and young people across Walsall and Wolverhampton:

- To ensure that the functions set out in Chapter 5 of Working Together to Safeguard Children (HM Govt., 2015) in relation to the deaths of any children normally resident in Walsall and/or Wolverhampton are duly met.
- To undertake comprehensive and multidisciplinary / multi-agency reviews of all child deaths (both unexpected and expected), aiming to better understand how and why local children die and using the findings to take action to prevent other deaths and improve the health and safety of children.

Agreed Priorities for 2015/16:

- To undertake a comprehensive review of the form and function of the existing CDOP arrangements.
- To utilise the review findings to strengthen the effectiveness of both the strategic and operational features of local CDOP activities.
- To strengthen the links between the associated Public Health work programmes that serve to reduce the local rate of infant mortality.

Achievements against the 2015/16 Priorities:

A review of the CDOP was completed via the collaborative efforts of a short-life Task and Finish Group that engaged key partners across both boroughs during May – August 2015.

The review findings served to inform:

- Full revision of the Terms of Reference,
- Establishment of an extra multi-agency forum to support the on-going review of the range of information provided by agencies in relation to individual child deaths by which to enhance CDOP analysis and learning,
- Review and broadening of partner agency membership and engagement in the CDOP forum and the supporting Form C Preparatory Group,
- Production and application across the partnership of local resources in the form of CDOP guidance and process chart,
- Production of guidance to support the working arrangements between the CDOP Administrators (taking account of the changes to the workforce arrangements that took place at the start of the year).

Strategic contribution to the business priorities was made by Directors of Public Health respectively with continued engagement in the on-going CDOP activities business by Public Health representatives; serving to strengthen association of learning to inform work programmes to reduce the rate of infant mortality.

Summary of any challenge/implications for practice:

Whilst the agreed priorities for the year were addressed, work needs to continue to embed the changes for on-going improvement and to ensure that there is appropriate and consistent multi-disciplinary contribution to CDOP activities.

CDOP Administration

During the reporting time-frame there were changes to the workforce arrangements regarding CDOP administration and interim arrangements had to be made in respect of the administration activities within each borough. The interim arrangements aimed to accommodate the CDOP business, however the role of the CDOP Administration Officer is integral to both operational and strategic CDOP activities and allocation of sufficient resources is critical to the effective functioning of the panel. Despite local needs being supported via the WSCB administration officer since early January 2016, a review of resources in 2016/17 is important to ensure sufficient capacity for this work.

Partner agency engagement

Whilst the membership of the CDOP and the supporting Form C Preparatory Group has been broadened it is imperative that partner agencies are suitably represented and fully engaged, however at times this has presented a challenge for a small number of representatives. Monitoring the rate of attendance and engagement across the partnership will feature in the 2016-17 work programme.

Examples of good practice:

The work that has taken place over the year has strengthened the ability of the CDOP to better understand how and why local children die and to use the findings to take action to prevent other deaths and to improve the health and safety of children. Having now strengthened the form and function of local arrangements and activities, greater emphasis will be placed during the forthcoming year on improving the application of learning.

Effective Governance

The developments that are now operating as an outcome of the review serve to improve and strengthen overall governance of CDOP activities as both operational and strategic concerns and to enhance learning for local application.

Frontline delivery/Practice

Production and revision of guidance serve to support local practices and professional understanding regarding the management of individual child deaths and engagement in CDOP procedures.

Impact for children and families:

The CDOP aims to better understand how and why local children die, using the findings, together with national research to take action to prevent other deaths and to improve the health and safety of children.

Reference to supporting the needs of bereaved children and parents is an integral part of operational CDOP practice which also receives a level of strategic oversight by the CDOP. Panel will feedback to services and practitioners to ensure that appropriate support is provided. Resources are made available and accessible via respective Safeguarding Children Board websites.

Future work / next steps:

The features of the 2016-17 work programme are to include:

- Submission of the annual return (ref. DfE) within the defined time-frame
- Production of the CDOP Annual Report 2015/16
- Further establishment and maintenance of robust oversight of on-going status of child death review activity
- Improvement of the standard of completion of Form Bs across the workforce
- Increased understanding on the quality of Rapid Response activities
- Assurance that CDOP learning from CDOP review of child deaths is being applied
- Assurance that local public health strategies are informed by and inform the business of CDOP and other multi-agency forums as applicable
- Maintenance of accessible, current information via the LSCB websites
- Ensuring that Terms of Reference and CDOP associated documents remain current

2.7 Voice of the Child

The Chair of WSCB visited the Young Carers group in early March and was enormously impressed by the organisation of the group. The young carers ranged from nine to late teens and there was a variety of activities on offer. Very poignantly this was the Tuesday before Mother's Day and the group were making their cards. He was told that two members were caring for terminally ill parents but there was no indication of distress as they had their heads down working on their cards.

Young Carers tend to work quietly in the community and are sometimes difficult to identify and to support. We know that outcomes for young carers are not as good as for their peers who have good parental/carer support and this group is vital. The LSCB will continue to receive information from the Young Carers group and will provide any support required to ensure that the resources to support this are adequate.

Also, another area of good practice in relation to young people and safeguarding, which has been highlighted to the Board, are a group of young people who are working across international Borders to keep children and young people safe.

The **Keep Me Safe Project** is funded by the European Union and is led by Anglia Ruskin and the University of East London in collaboration with the Youth Support Services in Walsall. The project began in October 2014 and runs until September 2016.

The overall aim of the project is to develop a game-infused e-learning tool designed by young people for young people. The tool will promote early access to services for young people to help with neglect and abuse. It will also promote best practice among European professionals to ensure they recognise the issues from the perspectives of young people as they move across Europe.

Keep me Safe involves young researchers, youth protection specialists and young people from UK, Greece and Cyprus collaborating with a games design company to develop the game as a learning tool. The tool will be made openly available to help other youth protection specialists across the EU and beyond to ensure that the learning from this project is widely disseminated. It aims to enable young people from the EU to communicate in transnational forums. At the forums the groups of young people will consider, discuss and debate issues of how neglect and abuse are experienced across Europe and the current systems in place to protect them highlight issues of neglect and abuse of young people within local, national and EU contexts. It also aims to adopt an EU citizenship model of participation with young people that recognizes the importance of youth voices and non-formal learning.

13 young researchers (aged 15 ½ to 21 years old) from Youth Support Services, Walsall were recruited in December 2014 and trained to assist in the co-design and co-development of the game. The UK team have been meeting regularly to learn about the project and to undertake a Safeguarding Level 2 Open College Network qualification which evidences their understanding of safeguarding practices and procedures and early routes for help with neglect and abuse. Greece and Cyprus

young researchers are also taking this training which has been endorsed by Walsall Safeguarding Board. So far, the group have produced country-specific storylines covering neglect and abusive situations which will form the content of the game.

Visit to Thessalonica, Greece. The team have held two transnational meeting in Cyprus 2016 and Greece in May 2015. Young researchers from Walsall and Cyprus travelled to Greece and Cyprus to meet with their counterparts, where they presented their country-specific storylines and worked with each other to include a pan-European dimension to each of the storylines

What next? The young researchers have now completed a number of storylines, which are a representation of the current issues and concerns faced and experienced by children and young people. Young researchers from Cyprus and Greece have also contributed to the story lines to ensure that they are inclusive of the experiences and information that has been obtained from the countries concerned. When the story lines are brought together into the game it will allow users from across Europe to learn more about the different safeguarding systems in existence across the EU and to help find early routes for help if young people are experiencing a problem of neglect and abuse.

2.8 Priority groups (inc. CSE, Early Help, LADO, Private Fostering)

➤ **Child Exploitation and Missing**

The Walsall multi-agency partnership has a duty to safeguard children and young people from harm, including harm caused by CSE, trafficking, slavery and from going missing / being absent, in accordance with the policies, procedures and guidance of the Walsall Safeguarding Children Board (WSCB).

The Child Missing and Exploitation Committee (CMEC) develops the strategy for how through our partnerships we will prevent children from being harmed by CSE, and reduce the number of children who go missing or are absent in the borough, protect those who have been harmed, prosecute offenders who have harmed them and ensures that partners are effectively contributing towards each element of that strategy.

The aim of CMEC is to improve awareness, reporting and safeguarding of victims of CSE in Walsall and to bring perpetrators to justice.

We deliver this strategy through a plan which provides a sharp focus on the 3 strands of **prevention, protection and prosecution**.

This delivery plan is a live document reflecting the threat, risk and opportunities identified for children and young people in Walsall and draw on identified and emerging good practice, guidance and legislation.

Agreed Priorities for 2015/16

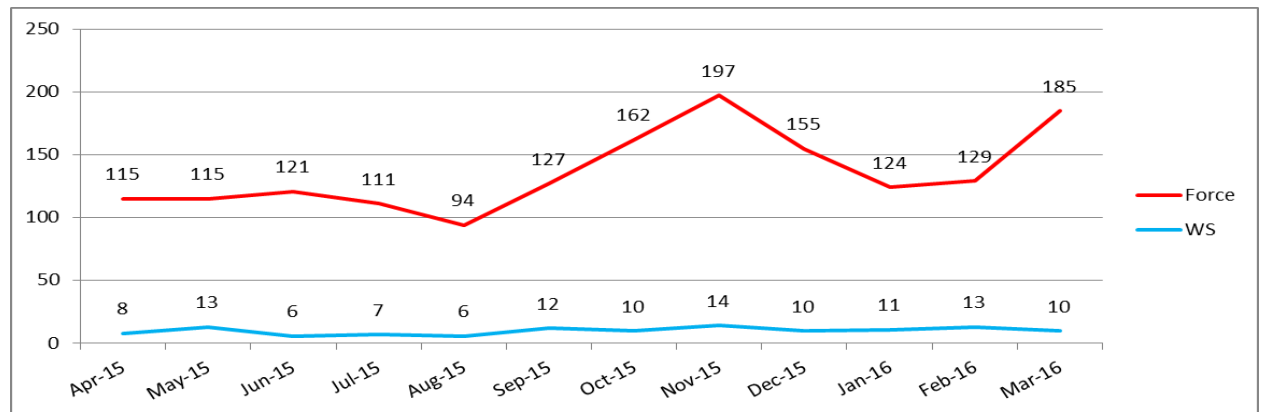
The CMEC delivery plan identified the following priorities for 2015/2016:

- Drive our on-going CSE awareness campaign for children and young people, parents, carers, professionals and business partners
- Undertake a review of services available to children and young people at risk/victims of CSE, missing or trafficked
- Provide CSE training for all frontline professionals including residential care providers and foster carers
- Ensure that the WSCB multi-agency strategy is regularly reviewed; to include cross border working arrangements and procedures for children placed outside of the Borough
- Ensure that all Missing From Home interviews are completed within the required 72 hours and information shared with partners informing safeguarding activities are being implemented for each child
- Ensure that a service is provided for parents and carers of children and young people victims of/ at risk of CSE with greater involvement of parents and carers in the safeguarding process
- Identify and address issues of gang related CSE in a coordinated partnership approach, sharing information and disrupting gang activity
- Review processes for identification of victims of CSE, missing and trafficked and risk is robustly addressed; to include those children placed within Walsall Borough from other Local Authority areas
- Ensure that the Walsall MASH (Multi Agency Safeguarding Hub) understands and supports the Walsall CSE delivery plan and regional processes
- Regularly review the Terms of Reference, membership and effectiveness of CEMC in line with changing priorities with clear governance and accountability arrangements with the CMOG

- Develop disruption plan to utilise all legislation to maximise opportunities for prosecuting offenders and disrupt criminal activity related/not related to CSE
- Ensure that vulnerable locations frequented by offenders and children at risk/victims of CSE, missing and trafficked are targeted
- Ensure that all single and multi-agency training includes completion of Walsall CSE screening and risk assessment tools
- Ensure that West Midlands Police and partners review local multi-agency data collection processes to ensure information is shared
- Review practices to ensure victims of CSE who go on to become offenders are provided with rehabilitation and support
- Ensure that Criminal Justice partners work together to make appropriate and effective use of interventions for working with CSE perpetrators
- Ensure that there are effective victim support service(s) across Walsall

Achievements against the 2015/16 Priorities

- More children were identified as being at risk of CSE in Walsall (with an increased use of CSE risk assessment tool)



- The Red line shows the total number of Crime or Non-Crime records with a CSE “Special Interest Marker” Force wide – the **Blue** line shows the number for **Walsall** .
- There were 1635 CSE reports Force wide this year, which is 27% higher than the 1291 in the previous year April 2014 to March 2015.
- The figures for **Walsall** were 120 reports this year compared to 82 the previous year April 2014 to March 2015 a 46% increase.
 - **Walsall** accounts for 7% of all CSE reports across the Force area.
 - January to March 2016 has seen reports for **Walsall**, consistent with volumes in quarter 3 (October to December 2015) and 6% higher than in the previous year April 2014 to March 2015.
 - A dedicated Local Authority CSE co-ordinator was appointed
 - Street Teams were commissioned to complete return interviews for all missing children

- Increased number of Multi Agency Sexual Exploitation (MASE) meetings took place
- Comprehensive multi – agency threshold training was delivered
- Multi agency training sessions were delivered, including inputs on CSE and FGM
- There were 7678 total missing reports across the West Midlands Police force area during this period, however when you take out adults 18 or over, this equates to 5066 Children Force Wide with 374 from the **Walsall** Borough.
- CMOG was strengthened with clear focus on victims / offenders and locations and oversight by CMEC and an improved reporting format agreed
- An enhanced performance framework for capturing, understanding and responding to CSE data has been introduced (The Bedfordshire Data set) and a score card for capturing and reporting CSE data is being developed

The difference has been seen not only in the increased number of professionals who now actively consider CSE when engaging with children and the related increased number of CSE screening tools being completed but in the way that we now track the support and effectiveness of interventions being given to each child identified as being at risk of CSE.

Our biggest challenge in Walsall has been to increase recognition of the risk of CSE within the borough and therefore enhance the support being given to children and families affected by it. Through the work of CMEC awareness of CSE and recognition of the risk of CSE to children in Walsall has significantly improved in part due to a wide scale training programme and regional awareness raising campaign. Through the work of CMEC and the commitment of the partners sitting on both the strategic and Operational groups children who go missing are more robustly supported upon their return with timely return interviews being completed and a unique intervention plan being determined.

Children at risk of CSE are subject to a specific multi agency meeting to which they and their families / guardians are invited and they are offered the opportunity to design their support plan.

Additional services to support girls and boys affected by CSE have been provided in Walsall during this period and a dedicated CSE co-ordinator has been recruited who not only sits on SEMT and CMOG and ensures that the reality of the service being provided to victim and families is shared with the committees but identifies and challenges where there are gaps and opportunities to enhance those services to victims.

Outstanding activities that were not achieved from 2015/2016 objectives

- A Walsall multi agency CSE problem profile has not yet been produced
- More Criminal Justice convictions for CSE offenders will be sought
- Greater understanding and use of effective interventions for CSE perpetrators to be developed
- Learning from CSE specific audits needs to be more widely shared and used to develop service to CSE victims and families
- Better understanding required of the opportunities around victims of CSE who go on to become perpetrators

Overview of work anticipated for 2016/17

- Undertake a review of the role, responsibilities and priorities of the CSE co-ordinator
- Embed a comprehensive and accurate data set reflecting CSE in Walsall
- Increase CMEC awareness of developments around CSE and missing and trafficked children locally, regionally and nationally including consideration of key and emerging documents, reports and SCR
- Ensure CSE governance structures and processes are robust with effective links between MASE, CMOG, CMEC and WLSCB
- Continue to deliver an effective WSCB CSE awareness campaign for children and young people, parents, carers, professionals and business partners
- Undertake a review of services available to children and young people at risk/victims of CSE, missing or trafficked
- Provide CSE training for all frontline professionals including residential care providers and foster carers
- Ensure effective practices within Early Help provisions for children and young people who could potentially be a future risk of CSE
- Undertake regular self-assessments in order to judge the effectiveness of WSCB in CSE, missing & trafficked prevention activity
- Ensure that all Missing From Home Interviews are completed within the required 72 hours and actions/information shared with partners informing safeguarding activities are being implemented for each child.
- Undertake a review of services available to children and young people at risk/victims of CSE, missing or trafficked
- Target vulnerable locations frequented by offenders and children at risk/victims of CSE, missing and trafficked
- Increase use of all legislation to maximise opportunities for prosecuting offenders and disrupt criminal activity related/not related to CSE
- Ensure effective victim support service(s) across Walsall Borough; key workers to be identified and maintain the link with victim(s) through the investigation process/court.

Walsall Street Teams

During 2015/16, Street Teams continued to deliver its **Keep Safe** sexual exploitation prevention programme in Walsall, and remains the only local organisation specialising in working with children/young people at 'high risk' of this form of abuse. During the past 12 months they have provided practical grass roots support that has included 1:1 support sessions, community outreach work, and group workshops. They have also been developing an education programme in response to growing concerns from schools about increased sexualised behaviour of students and the impact of pornography. During 2016/17, they hope to raise the funds to employ a second front line worker to enable them to deliver the education programme to more schools across the borough.

Street Teams continues to develop and deliver a dedicated boys' project with funding from Children in Need, and in 2015 began to pilot a *Transition Project* for sexually exploited young people reaching adulthood who need support moving into adult services.

Following a successful lottery bid in 2014, Street Teams are continuing to work with ethnic minority communities across Walsall to develop local strategies to protect children/young people. Earlier this year Street Teams presented this project at the National Child Sexual Exploitation conference and feedback from attendants described it as 'groundbreaking'. On the National Child Exploitation Awareness Day in March, Street Teams launched a new campaign called '#choosetoendit', which included the production of several short films to demonstrate the impact of sexual exploitation and how it is every person's responsibility to prevent it from happening. The campaign is being shared across the 7 West Midlands authorities to have a greater impact on reducing child sexual exploitation.

Who Street Teams helped in 2015/16

During the past 12 months Street Teams received 387 referrals to support children/young people who had runaway or had been sexually exploited/at high risk of exploitation. Of those clients with whom they worked with on a 1:1 basis:

- 52%** lived in areas of Walsall falling within the **10%** most deprived locations in the UK and a further **13%** lived in areas falling within the 11-25% most deprived areas
- 48%** were aged 15-16 years and the youngest was 10 years of age
- 81%** were White British origin
- 16%** had mental health/learning disabilities and **19%** were known to CAMHS (Child and Adult Mental Health Services)
- 34%** were known to the police or youth offending service
- 42%** were known to drug or sexual health agencies

Clients presenting issues at the onset of support in 2015/16

- 41%** had experienced periods of going missing
- 31%** had unsafe use of IT & mobile technology and **12%** had been groomed/abused over the internet
- 24%** had been absent from education
- 43%** had a lack of safety awareness and **10%** had peers associated with CSE

- 19%** associated with gangs and were involved in criminal activities
- 17%** had a history of local authority care and **10%** were isolated from their families and peers
- 14%** had concerning relationships with unknown adults and **12%** demonstrated inappropriate sexualised behaviour
- 14%** had self-harmed or had challenging behaviours and **16%** misused alcohol or drugs
- 14%** were known to frequent areas known for risky activity

Client outcomes following support from Street Teams 2015/16

- 97%** had an increased awareness of risk and **95%** had reduced level of risk
- 72%** were engaging in safer relationships/ending unhealthy relationships
- 67%** had safer use of the internet/mobile phone use and **17%** reduced their use of pornography
- 67%** improved their ability to reflect on issues and needs and **28%** had a positive sense of identity
- 52%** reduced episodes of missing from care/home
- 45%** had a more stable home environment and **28%** had restoration of family/carer relationships
- 40%** re-engaged with education/training and **24%** increased engagement with professionals/services
- 40%** had increased self-worth and self-esteem and **38%** had increased happiness and contentment
- 34%** had improved self-care and **29%** had improved mental health
- 28%** reduced inappropriate sexualised behaviour and **17%** had reduced sexual health concerns
- 22%** reduced/safer consumption of controlled substances and **21%** reduced criminal activity

“I have learnt that what I do online will impact on what happens offline” Young person.

Case Study from a Street Teams worker:

This child had recently come back to the area and was living with foster carers. She had vulnerabilities around CSE and risky behaviour but had not had any work done previously. Through engaging the child in a return interview, following a missing episode, she agreed she would do some work with Street Teams so we could address these risks and concerns. I contacted the social worker and a MASE meeting was held and a referral was sent to Street Teams.

She went missing with individuals who were known to have historical CSE involvement and went to a lap dancing club. Through the return interview we discussed risk and healthy friendships. Through this discussion she agreed she did not know these friends well and identified risk herself.

She is drinking heavily and smoking Cannabis. She agreed that she would engage with some support around this within her Street Teams sessions, again this was agreed through engagement in the return interview.

All information was shared with her allocated social worker and onward referrals made.

The initial barrier was that the child did not want to engage, however time was spent breaking the ice and explaining why we were there, she then agreed to engage and engaged really well.

Who was involved?

Runaways project worker

Foster Carer

Social worker

Beacon (substance misuse service)

What has changed for this young person?

The child has only had a handful of missing episodes and is engaging in work with Street Teams and Beacon.

Her peer group has also changed to a 'safer' group of individuals.

What Street Teams plan to deliver in 2016/17

- 1:1 support (via community outreach and workshops) for up to 100 children/young people
- Undertake return home interviews for 350-400 runaways
- Pilot a new school assembly project to over 2,000 school children focussing on the risks associated with running away and sexual exploitation
- Develop Street Teams new education programmes 'Exposure' and 'Consent' to secondary school children, to educate them about the harmful impact of pornography and the risks of over sexualised behaviour.
- Education and prevention workshops to over 8,000 school children to raise awareness of sexual exploitation and to teach young people how to recognise the early warning signs of an abusive relationship. To date we have worked with over **35,000** young people
- Run training programmes for professionals working in areas such as hotel and taxi trade, health, leisure, children's services, police, to give them the skills to recognise abuse and intervene appropriately. In 2015/16, Street Teams delivered 47 training sessions to 739 professionals.
- Continue to build our relationships and networks within Black and Asian Minority Ethnic (BAME) communities within Walsall and creatively engage with parents and vulnerable young people living within these communities to develop local responses to CSE.
- Build on Street Teams pilot Transition Project to support young adults who have suffered abuse in their childhood and are now struggling with the change into adult support services.

➤ Early Help

Overview of Early Help activity in 2015/16

Refresh of the Early Help Strategy and related priorities

Walsall's multi agency Early Help Steering group, chaired by the Police undertook an Early Help self assessment in order to inform a refresh of the Early Help Strategy. This work informed the key partnership Early Help Priorities as part of the revised strategy in September 2015.

Priorities:

1. Increase capacity and capability across the partnership workforce
This has been delivered through multi agency training including Threshold training, Early Help Lead Professional training, Targeted supervision and support to schools to improve quality of assessment, outcome star training and motivational interviewing.

2. Development of locality integrated working to
 - understand local need and demand
 - join up resources and communication
 - enable whole family working

This was delivered through:

- £750,000 investment from School Forum for the development of Early Help locality working.
 - Develop 4 Integrated Locality working with:
 - Clear understanding of need and priorities within the locality
 - Workforce development plan
 - Dedicated school support around early help cases
 - Locality panels
 - Collocated teams and co delivered programmes
 - Key partners engaged including schools, children's services (Early Help and social care), police, fire service, housing providers, area partnership, Money Home Job, school health, health visiting, WVA, CAMHS, Prevent, anti social behaviour team.
3. Build the capacity and engagement of the 3rd sector within the Strategic development of Early help as well as the delivery within localities.
WVA is a key partner and engaged member of the Early Help Steering group and within the locality partnership arrangement.
3rd sector partners actively delivering within the early Help Offer are Community Associations, Homestart, Saferfamilies, Foodbanks, Black Country Womans Aid.

4. Ensure that our response to children's needs for Early Help arising from parental substance misuse , mental ill health and Domestic Abuse is strengthened.

Progress in 15/16 included:

Newly commissioned victim support service

Newly commissioned perpetrator programme

Workforce development: Freedom programme available across the borough

Motivational interviewing training for all early help staff

Further workforce development and commissioning to support adult mental health, substance misuse and direct work with children affected by DA

Improved partnership working with the Beacon – substance misuse team

5. Strengthen working relationships and service integration between schools, health and Children's Services.

This has been achieved through the locality partnership model.

4. Early Help in numbers

- During 15/16 there were 1,404 Early Help Assessments and plans completed
- Early Help is everyone's business: Responsibility for taking on Lead Professional role shifted from 76% being Children's Services in 14/15 to 36.8% Children's Services led with school professionals and Health professionals taking a increased leading role. This is a positive move and demonstrates an increasing recognition of section 11 safeguarding responsibilities.
- More timely coordinated interventions – from 58.8% in Q1 (15/16) to 82.2% in Q4 (15/16) of EHA and plans completed in 25working days
- Early Help Assessments and Plans of better quality: from 36.2% in Q1 (15/16) of EHA and plans being of good or excellent quality to 77% in Q4 (15/16)
- 62.40% of Early Help Plans ended in either needs being met or step down to universal services. 6.2 % closed due to increase risk and vulnerability and therefore where stepped up to social care and 4.5% closed due to non

engagement. A focus for the coming year will include an emphasis on improving the number of cases closed due to needs being met or stepped down.

➤ Report from the Local Authority Designated Officer

The Local Authority Designated Officer (LADO) is responsible for providing advice and monitoring referrals of allegations across the children’s workforce.

Local Activity in 2015-16

In the year 2015-16 there were 294 contacts to the LADO, this compares to 329 in 2014-15 indicating just over a 10% decrease in contacts. This halts consistent rises in recent years although is still significantly higher than in 2013-14 when there were 239 contacts.

Total 294 contacts	Number	Percentage of contacts to LADO	Change from 2014-15
Education	159	54%	+7 (↑ 5%)
Foster Care	34	11%	-30 (↓ 47%)
Early Years	18	6%	-17 (↓ 49%)
Health	15	5%	+2 (↑ 15%)
Social Care	14	5%	+3 (↑ 27%)
Residential care	13	4%	-2 (↓ 13%)
Faith	10	3%	-3 (↓ 23%)
Transport	9	3%	+3 (↑ 50%)
Other	22	7%	+2 (↑ 10%)

(NB: As numbers are rounded up or down to the nearest percentage point the total does not equal 100%)

Broadly speaking numbers in most sectors have remained reasonably stable. Whilst Social Care and Transport referrals have increased significantly by percentage, the relatively small absolute numbers make this difficult to interpret as a significant development. More significant are the decreases to the total number of referrals relating to Foster Care and Early Years settings. Whilst still being the second and third most represented sectors, the number of contacts in both has effectively halved compared to last year. However, the numbers in both had increased significantly in 2014-15 and it may be that that year represented a peak. With the established

reporting pathways for Foster Care this decline appears encouraging and it would be hoped that the trend continues. However, the decline in referrals from Early Years settings is more concerning as, given the fluidity and change in the sector, it seems more likely to indicate a reduction in the referral of concerns to the LADO and the use of advice and guidance for circumstances where this would normally be expected. Further, the dedicated Early Years Safeguarding Advisor was on maternity leave for most of 2014-15 which is likely to have impacted as the post supports settings to identify concerns and access the LADO appropriately.

The slight decrease in referrals regarding Faith settings may be encouraging in that slightly fewer children have made allegations about abuse in such settings (in this sector this has historically been the predominant way in which concerns have been identified rather than settings seeking advice and guidance themselves). However, it is difficult to attribute this to any cause yet and the numbers remain relatively small. There has been increased awareness raising of the LADO role this year, especially with mosques/madrassahs, including training in safeguarding, recruitment and managing allegations, developed and delivered with colleagues; this will continue in the coming year. Relationships are being established and future ways of working together in a more effective and coordinated way are being explored. As a result contacts may increase in coming years as it would be hoped settings identify concerns themselves and use the LADO appropriately for advice and guidance.

Outcome of allegations			
Outcome of allegations	Position of Trust Meetings	Percentage	2014/15 Percentage
Unsubstantiated	21	37%	62%
Substantiated	14	24%	12%
Unfounded/False allegation	10	18%	7%
Ongoing (at end March)	9	16%	15%
Malicious	0	0%	2%
No further action	3	5%	2%

In 2014-15 an Unsubstantiated outcome was significantly more common than other outcomes but in the last year this has changed somewhat. Whilst still the most common outcome its proportion has fallen significantly whereas those Substantiated have doubled as a proportion, and those Unfounded have more than doubled. The latter relates to a higher number of cases this year which appeared significant upon referral but, upon investigation and feedback at meetings, appeared not to indicate evidence sufficient to warrant a concern of harm. The increase in allegations or concerns being Substantiated appears to be because of a larger number of cases where there was a more serious and evidenced concern, in many cases where there was a criminal prosecution or Caution whether relating to an incident in the person's role with children or their personal circumstances (for example, convictions relating to activity outside of the professional role but sufficient to indicate a substantiated concern of risk pertaining to that role). In every case, whether substantiated or not,

the LADO works with settings to identify the context that led to the allegation and any learning. In many of the substantiated cases this year these related to the actions of individuals, in spite of the good practice in the setting, or to behaviour in their private lives. A small number, however, indicated that some concerns could have been identified earlier (see case study B below).

At around 20%, the number of contacts progressing to a position of trust meeting has remained the same as the previous year indicating consistency in delivery and the nature of contacts received. By far the majority of contacts remain for advice and guidance and any investigations and actions are managed internally by settings with oversight by the LADO.

Abuse	Contacts
Physical	171 (58%)
Emotional	54 (18%)
Sexual	53 (18%)
Neglect	16 (5%)

Referrals relating to physical abuse remain the most common. The number of referrals relating to neglect has fallen significantly, this perhaps reflects the fall in contacts from Foster Care and Early Years settings which are the settings most likely to make a referral for neglect.

The Mosaic electronic recording system has been successfully introduced this year and all contacts are now recorded on this system. Bespoke reports for LADO contacts, to allow for better analysis of the data, are currently in development and this will allow an improved overview of themes and trends in coming years.

➤ **Private Fostering**

- There are currently 2 Privately Fostered children who have been assessed and are being supported by Children’s Social Care (May 2016).
- This is a significant reduction from May 2015 when the number was 11. There were no new notifications to Social Care from any partner agency in 2015-16. This should be a cause for concern from the Board and all partner agencies.
- All 5 children who became privately fostered in this year were already known to Children’s Social Care when these arrangements became ‘live’ and commenced because of a breakdown in family relationships for children who were already known to Social Care and in receipt of a Child In Need Plan.
- The process for assessing Private Fostering arrangements was revised when the new Mosaic recording system was implemented in November 2015 and all

assessments are now completed as part of a Child and Family Assessment. The purpose of this change in procedure was to enable more timely decision making regarding suitability i.e. within 42 days of notification. The decision about suitability is now made by the Group Manager for the Initial Response Service when the notification comes via MASH or the Group Manager for the Safeguarding and Family Support Service when the child is already known.

- Despite low numbers, there have been delays in suitability decisions being made regarding Private Fostering arrangements and none of the children have consistently been seen by a social worker at least every 6 weeks as per statutory requirements. Because the cohort of children over 2015-2016 have already been known to Social Care, all have been in receipt of a Child In Need plan and have been monitored and reviewed as part of that process with partners. This does not meet the visiting and recording requirements for Private Fostering process; however, the Board should be assured that the arrangements are suitable and meet the assessed needs of the individual children.

Next steps:

- Lack of new notifications via MASH would indicate that awareness raising activity across the partnership should be a focused and targeted area of activity. The data would suggest that partners also do not recognise Private Fostering arrangements and/or have insufficient knowledge about their responsibility for alerting Social Care.

2.9 LSCB effectiveness and challenge - How safe are children and young people in Walsall?

There are a number of ways in which LSCBs can measure effectiveness, the most helpful of these is by having a real understanding of the needs in the area and assessing these against a clear dataset, testing improvements by auditing and ensuring that the learning from reviews is properly embedded.

Over the reporting year the LSCB was less effective than it should have been. For various reasons multi-agency auditing was less intensive than we would have liked, the section 11 process less comprehensive than it should have been and the final version of the dataset is yet to arrive at fruition as this is written in the summer of 2016. All of these aspects have improved in the current year and we are increasingly moving to the view that children and young people are, at least, adequately safeguarded. This is based upon the developing audit findings and section 11 work but also the MASH which went “live” in October 2015 and continues to improve and develop. The Board also receives regular reports regarding CSE and is confident that the strategic and operational approach to CSE is, at least, at “requires improvement” and that it is improving.

Within the year the Board added a new methodology to the way of testing effectiveness, that of Assurance Workshops, during the reporting period three were held on practice themes, Prevent and CSE. A third was held on the QA and Performance. The approach to both Prevent and CSE was judged to be “Requires Improvement” with both considered to be strong once a threshold of concern was identified but weaker on Early Help. Developments with Early Help in the next reporting period should assist with strengthening both areas and will be tested by audit.

The overall CQC judgement of “inadequate” for the Manor Hospital is a significant concern for the Board and regular reports are provided on relevant aspects of the improvement plan. Until improvements are sustained in the Hospital Trust, particularly in relation to A&E, Maternity Services and Children and Young People’s services, safeguarding across the partnership cannot be judged to be strong.

Over the reporting period leadership across the Borough has been relatively consistent and this has undoubtedly helped with stability.

In summary, the LSCB has been able to identify improvements, in particular the commencement of the MASH and this sets the scene for further improvements over the next reporting period.

Part 3: Concluding Remarks

3.1. The challenge for the safeguarding agencies in Walsall is to maintain the momentum at a time of need and austerity and to protect and further enhance child protection work, despite the pressures. The aspiration, which can be realised with sound planning, is that those children most at risk will receive a better service than they have in the past. Through work led by the West Midlands’s group of Independent Safeguarding Board chairs (and funded by an innovation grant from the Department for Education) there are real opportunities to develop integrated regional training, procedures and approaches to quality assurance both across the wider West Midlands footprint and, more locally, the Black Country

3.2. Subject to the provision of adequate resourcing we can be confident that WSCB will continue its improvement journey and become increasingly effective in achieving positive outcomes for Walsall’s vulnerable children and young people. The review of LSCBs by Alan Wood provides the opportunity for an innovative approach across the partnership with less prescription. The key agencies identified in the review, Children’s Social Care, the Police and Health have indicated that the direction of travel by the WSCB is the correct one and we will continue with the close collaborative approach that is developing.

3.3 At a local level, the priority areas for further work by WSCB (working particularly with the new statutory Adult Safeguarding Board) include: Priorities for 2016/17

- A. Assure the effectiveness of safeguarding and child protection practice and procedures (Core business – Working Together to safeguard children)
- B. Assure the effectiveness of Early Help across the Borough

- C. Assure the effectiveness of the response to Child Sexual Exploitation and those (children and young people) who go missing across the Borough)
 - D. Assure the effectiveness of the approach to the Toxic Trio across the Borough (jointly with the Adult Board)
 - E. Assure the effectiveness to Prevent within the Borough.
- ...the voice of the child will be a thread through all our business and priorities.

In addition the following areas of potential scrutiny have been identified as issues for the Board to maintain a watching brief of oversight and monitoring.

- Female Genital Mutilation (FGM)
- Familial Child Sexual Abuse
- Transition (From CAMHS to Adult MH/Childrens Social Care to Adult Social Care
- SENDI
- Safe Commissioning
- Safeguarding Disabled children.

Appendix 1: Financial Outturn 2015-16

	BUDGET	ACTUAL SPEND	OUTTURN VARIANCE
SALARIES	160,457	141,185	(19,272)
OTHER STAFF COSTS	1,400	8,870	7,470
CHAIR	0	20,276	20,276
TRAINING	0	4,825	4,825
SUPPLIES	0	4,340	4,340
SERVICES	180	1,459	1,279
EQUIPEMENT	0	4,193	4,193
PROF FEES	0	12,925	12,925
VOLUNTARY	27,504	9,250	(18,254)
CONTRIBUTIONS	(79,191)	(87,340)	(8,149)
CENTRAL	6,441	6,440	(1)
	116,791	126,423	9,632
Reserves utilised in year			(9,632)
Final Reported Outturn Position			0

Appendix 2: Training Courses offered by WSCB in 2015-16

Anti-bullying

Advanced Child Protection

Child Sexual Exploitation

Disguised Compliance and Safeguarding children

Drugs and Alcohol Awareness and Parental Substance Use

Internet and e-safety

Introduction to Domestic Violence Awareness

Making a positive contribution to Child Protection Conferences and Core Groups

Multi Agency Threshold workshops

Parents with Learning Disabilities (and safeguarding children)

Safeguarding Children & Young People

Safer Recruitment

**Appendix 3:
Attendance at WSCB by agency
Walsall Safeguarding Children Board Meeting Attendance April 2015-March 2016**

	Apr-15	Jun-15	July-15	Sep-15	Dec-15	March 16	Total (%)
Independent Chair	√	√	√	√	√	√	100%
Lead Member /Councillor	√	x	x	x	x	x	16%
Walsall Council Executive Team	√	√	√	√	√	√	100%
Walsall Council CS Social Care (Chair of SCSIC)	√	√	√	√	√	√	100%
Clinical Commissioning Group	√	√	√	√	√	√	100%
Walsall Healthcare NHS Trust	√	√	√	√	√	√	100%
Walsall College	√	√	√	√	√	(Apols)	83%
CAFCASS / Family Justice Board	√	X (Apols)	X (Apols)	x	√	(Apols)	33%
West Midlands Police (Chair of CEMC)	√	X (Apols)	√	√	√ (rep)	√ (rep)	83%
National Probation Service (Walsall/Wolverhampton)	√	√	√	√	x	√	83%
Probation Service Community Rehabilitation Company for Walsall and Wolverhampton	X (Apols)	X (Apols)	x	x	√	x (Apols)	17%

Lay Membership	√	x	x	√	×	×	33%
Youth Support Services	√	√	√	√	√	×	83%
SIT (YP / Independent)	X (Apol)	X (Apols)	√	x	√	×	33%
Walsall Council Public Health	x	√	x	√	×	√ (Apols)	50%
Dudley and Walsall Mental health Partnership Trust	√	x	x	√	√	√	67%
Adult Safeguarding	x	√	x	x	×	×	17%
Schools	X (Apols)	√	x	√	√	x	50%
Education (Feedback through other Board members)	x	x	x	√	×	×	17%
NHS England (To note: Not required to attend every meeting)	x	x	x	x	×	×	0%
CDOP Chair (To note: Not required to attend every meeting)	x	√	x	√	√	√	66%
WSCB	√	√	√	√	√	√	100%

GLOSSARY

BAME - Black and Asian Minority Ethnic
CAFCASS - Children and Family Court Advisory and Support Service
CEMC – Child Exploitation and Missing Committee
CDOP – Child Death Overview Panel
CFA – Child and Family Assessment
CMOG - CSE and Missing Operation Group
CP – Child Protection
CPP – Child Protection Plan
CQC – Care Quality Commission
CSE – Child Sexual Exploitation
CYP – Children and Young People
DCI – Detective Chief Inspector
DCS – Director of Children’s Services
EH – Early Help
FGM - Female Genital Mutilation
LAC – Looked after child
LADO – Local Authority Designated Officer
LSCB – Local Safeguarding Children Board
MASE - Multi Agency Sexual Exploitation meeting
MMR – Measles, Mumps and Rubella
MASH – Multi Agency Safeguarding Hub
NHS – National Health Service
PPLD – Policies, Procedures, Learning and Development
QA&P – Quality Assurance and Performance
SCSIC – Serious Case and Serious Incident Committee
SENDI – Special Educational Needs and Disabilities Inclusion
SIT – Safeguarding Improvement Team
TOXIC TRIO – Substance Misuse, Mental Health and Domestic Abuse
WSAB – Walsall Safeguarding Adult Board
WSCB – Walsall Safeguarding Children Board