

# Agenda

## Children and Families Overview and Scrutiny Panel

**Thursday, 25 June 2015, 10.00 am**  
**County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be made available in other formats (large print, audio tape, computer disk and Braille) on request from Democratic Services on telephone number 01905 728713 or by emailing [democraticservices@worcestershire.gov.uk](mailto:democraticservices@worcestershire.gov.uk)

If you can not understand the contents of this document and do not have access to anyone who can translate it for you, please contact 01905 765765 for help.

বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে, অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। (Bengali)

廣東話。如果您對本文檔內容有任何不解之處並且沒有人能夠對此問題做出解釋，請撥打 01905 765765 尋求幫助。 (Cantonese)

普通话。如果您对本文件内容有任何不解之处并且没有人能够对此问题做出解释，请拨打 01905 765765 寻求帮助。 (Mandarin)

Polski jeżeli nie rozumieją Państwo treści tego dokumentu i nie znają nikogo, kto mógłby go dla Państwa przetłumaczyć, proszę zadzwonić pod numer 01905 765765 w celu uzyskania pomocy. (Polish)

Português. Se não conseguir compreender o conteúdo deste documento e não conhecer ninguém que lho possa traduzir, contacte o 01905 765765 para obter assistência. (Portuguese)

Español. Si no comprende el contenido de este documento ni conoce a nadie que pueda traducírselo, puede solicitar ayuda llamando al teléfono 01905 765765. (Spanish)

Türkçe. Bu dokümanın içeriğini anlayamazsanız veya dokümanı sizin için tercüme edebilecek birisine ulaşamıyorsanız, lütfen yardım için 01905 765765 numaralı telefonu arayınız. (Turkish)

اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

(Kurdish) کوردی سۆزانی. ننگهر ناتوانی تێبگهی له ناوهرێکی نهم بپلگهی و دهستت به ههچ کس ناکات که وهیگێزێتیوه بۆت، تکلیه تهلظۆن بکه بۆ ژمارهی 01905 765765 و داوای رینۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

## DISCLOSING INTERESTS

There are now 2 types of interests:  
**'Disclosable pecuniary interests'** and **'other disclosable interests'**

### WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3<sup>rd</sup> party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

**NB Your DPIs include the interests of your spouse/partner as well as you**

### WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
  - you must **not participate** and you **must withdraw**.

**NB It is a criminal offence to participate in matters in which you have a DPI**

### WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:  
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

### WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

### DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

### DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
  - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

## **Children and Families Overview and Scrutiny Panel**

### **Thursday, 25 June 2015, 10.00 am, County Hall, Worcester**

#### **Membership**

##### **Councillors:**

Ms L R Duffy (Chairman), Mrs F M Oborski (Vice Chairman), Mr R W Banks, Mr P Denham, Mrs J L M A Griffiths, Mr I Hopwood and Ms R E Jenkins

##### **Co-opted Church Representatives (for education matters)**

Bryan Allbut (Church of England) and Francis Mohan (Roman Catholic)

##### **Parent Governor Representatives (for education matters)**

Ms C Richardson (Parent Governor) and Vacancy

#### **Agenda**

<b>Item No</b>	<b>Subject</b>	<b>Page No</b>
1	<b>Apologies and Welcome</b>	
2	<b>Declaration of Interest and of any Party Whip</b>	
3	<b>Public Participation</b> Members of the public wishing to take part should notify the Head of Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case XX xxx). Enquiries can be made through the telephone number/e-mail address below.	
4	<b>Confirmation of the Minutes of the Previous Meeting</b> (previously circulated)	
5	<b>Worcestershire Safeguarding Peer Review</b>	1 - 22
6	<b>Child Sexual Exploitation: Action Plan</b>	23 - 58
7	<b>Overview of Looked After Children and Care Leavers' Commissioning Strategy</b>	59 - 66
8	<b>Child and Adolescent Mental Health Services (CAMHS) and Speech &amp; Language Therapy - Commissioning Update</b>	67 - 78

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. For general enquiries: 01905 763763 Worcestershire Hub: 01905 765765  
Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

To obtain further information or hard copies of this agenda, please contact Alyson Grice/Samantha Morris telephone: Worcester(01905) 76 6619, email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

All the above reports and supporting information can be accessed via the Council's website at <http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agenda.aspx>

Date of Issue: Wednesday, 17 June 2015

Item No	Subject	Page No
---------	---------	---------

## **WORCESTERSHIRE SAFEGUARDING PEER REVIEW**

### **Summary**

1. The Cabinet Member for Children and Families and Director of Children's Services has been invited to the Meeting of the Panel to discuss the recent Children's Safeguarding Peer Review.

### **Background**

2. In November 2015, Worcestershire County Council, as part of our desire to be a learning organisation invited the Local Government Association (LGA) to help facilitate a Peer Review on our approach to safeguarding children. The County Council has invited the LGA to conduct a safeguarding peer review before in October 2011.

### **What is a safeguarding peer review?**

3. Safeguarding peer review is an approach that helps councils and their partners reflect on current provision of services for children and young people; celebrate their strengths and identify their own areas for improvement. The main aim of the review is to stimulate local discussion and action about how partners can improve the impact of safeguarding services and become more effective in delivering improved outcomes for children and young people. The safeguarding peer review is not an inspection.

4. LGA safeguarding reviews focus on five key themes:

- Vision, strategy and leadership
- Effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including LSCB and Health and Wellbeing Board)
- Capacity and managing resources

### **Worcestershire themes**

5. Ahead of the review we identified key areas that the County Council wanted the reviewers to focus on. These included:

- Have we got the right structures, systems, processes and management focus to deliver children's social care services moving forward?
- Are the current strategies and plans for improvement having impact?
- A view on corporate support for children's safeguarding.
- The quality of front-line practice specifically focusing on how the front door is working.
- A view on the multi-agency partnerships and partners engagement with supporting the improvement of outcomes for children and families.

### **Who conducted the review?**

6. The review consisted of a team of external government practitioners working in the field acting as 'critical friends' to help us evaluate our strengths and weaknesses and our focus on priorities.

## Findings

7. The review team consisted of:

- Programme Manager, Local Government Association
- Chair and Review Team Lead, Director of Children's Services, Gloucestershire County Council
- Elected Member Peer, Yorkshire & Humber Network of Lead Members for Children and Young People's Services
- Safeguarding Peer, Head of Safeguarding, West Sussex County Council
- Safeguarding Peer, Independent Consultant, but recently Service Director for Children and Young People's Service Delivery, Suffolk County Council
- Education Peer, Independent Consultant with extensive experience as a headteacher and National Challenge Advisor
- Health Peer, Independent Chair for the Milton Keynes Local Safeguarding Children Board, with extensive experience in the health sector.

8. The reviewers spent time over a week with senior managers, front-line staff, members and partners to have open and honest conversations about our services and how we protect and support children in Worcestershire.

9. The reviewers concluded:

*In summary, the council can clearly demonstrate its commitment to improving outcomes for children and is realistic about the challenges it faces. It has the opportunity now, working with partners, to embed recent changes, support more integrated commissioning e.g. by testing whether early help services are sufficiently targeted, and drive further innovation whilst also focusing on basic safeguarding practice. The financial challenges are significant but emerging plans demonstrate the potential to tackle cost pressures and this, alongside, improvements in practice should improve the situation over time.*

10. The letter and detailed findings are attached as appendices, these include:

### Key strengths

- We have a committed workforce, who are keen to make a difference to children and families.
- We have an overall sound strategy and backing from the whole council to make any necessary changes within our service.
- From observations made during their visit, timely decision making at the Access Centre was found and there is good evidence of the rationale of decision making.
- There are many examples of how our work is having a good impact. For example, the POD social work model in our schools, our in-house social worker recruitment drive and the Stronger Families Programme.
- We have strong and committed partners and tangible examples of partner engagement.
- We have prioritised resources and there is a commitment within

our financial strategy to address cost pressures within Children's Services.

### **Key areas for consideration**

- Our social care practice is open to further improvement to help keep children safe moving forward.
- Our Family Front Door needs simplifying and there needs to be a clearer understanding of where the Multi Agency Safeguarding Hub will fit in.
- We need to look at the difference between the Worcestershire-wide early help strategy and the council commissioned early help services.
- The Health and Well-being Board could do more to add a unique children's focus in their current strategy.
- Worcestershire Safeguarding Children Board (WSCB) requires more pace and scrutiny, with some multi-agency areas slow to develop.
- We need to further develop consistent financial projections based on forecast demand and complexity.

### **Conclusion**

11. The Peer Review was a very productive exercise. It outlined some challenges for us when it comes to realising our aspiration of achieving excellent practice, most notably with front-line social care.

12. The review confirmed the Council's commitment to safeguarding children, the strong corporate support to achieve this and the high-level partnership buy-in. However, there is always more to do and while the very clear message is that our plans already in place are the correct ones and we have staff that are committed and capable of delivering these improvements our priority is to renew our focus on best practice.

### **Purpose of this Meeting**

13. The Panel is invited to consider the peer review findings and determine whether it wishes to do further scrutiny in this area or submit comments to the Cabinet Member.

### **Supporting Information**

Appendix 1 – Peer Review letter  
Appendix 2 – Peer Review detailed findings

### **Contact Points**

#### **County Council Contact Points:**

County Council: 01905 763763  
Worcestershire Hub: 01905 765765  
Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### **Specific Contact Points for this Report:**

Gail Quinton, Director of Children's Services, Tel 01905 766303  
Email: [gquinton@worcestershire.gov.uk](mailto:gquinton@worcestershire.gov.uk)

### **Background Papers**

In the opinion of the proper officer (in this case the Director of Children's Services) there background papers relating to the subject matter of this

report are:

[All agendas and minutes can be found on the website](#)



Gail Quinton  
Director of Children's Services  
Worcestershire County Council  
County Hall  
Spetchley Road  
Worcester  
WR5 2NP

29<sup>th</sup> May 2015

Dear Gail

### **RE: CHILDREN'S SAFEGUARDING PEER REVIEW**

Thank you for taking part in the Children's Safeguarding Peer Review during the period 13<sup>th</sup> to 17<sup>th</sup> April 2015. The team received a good welcome and co-operation and support throughout the process. It was evident to us all that all those we met, from right across the partnership, were interested in learning and continued development.

We agreed to send you a letter confirming our findings. As you know the safeguarding review focused on five key themes:

- Vision, strategy and leadership
- Effective practice, service delivery and the voice of the child
- Outcomes, impact and performance management
- Working together (including LSCB and Health and Wellbeing Board)
- Capacity and managing resources

Within these overall areas, you asked the team to explore the following issues to assist in your on-going improvement plan:

- Has Worcestershire got the right structures, systems, processes and management focus to deliver for children's social care services moving forward - with a view on the transformation programme currently being implemented?
- Are the current strategies and plans for improvement having impact and are they the right strategies and plans in terms of sustainability?
- A perspective on the leadership and culture of children's social care services in promoting good outcomes for children and young people – are the values, principles and behaviours having an impact?

- Is the Corporate support right?
- A view on the financial strategy for children's services in terms of sustainability going forward?
- External validation of quality assurance framework and audit activity.
- In the context of the audit validation, challenge of the quality of front-line practice specifically focusing on how the front door is working.
- A view on the multi-agency partnerships and partners engagement with supporting the improvement of outcomes for children and families

This letter sets out our findings on these areas including the areas of strengths identified and the areas for further consideration. It is important to stress again that this was not an inspection. The team of peers used their experience to reflect on the evidence you presented on safeguarding vulnerable children and young people. All the documentary evidence provided to us was used in our focus on assisting you in your on-going improvement.

You decided to take up the optional element of a Case Records Review which was completed over two days prior to the main review. The report for the case records review evaluates the quality of casework, care planning and supervision and is appended to this letter. In particular, the case records review, linked to your own multi-agency case file audit process (MACFA), validated many of the peer teams findings in relation to frontline safeguarding practice as detailed in the 'Effective Practice, Service Delivery & Voice of the Child' theme in this letter. The evidence we obtained from these elements contributed to the team's overall findings, which also included evidence from interviews and focus groups with staff and partners.

## **Executive Summary**

The review covered the five key LGA Safeguarding Children themes and included specific requests from Worcestershire to look at particular issues. The team benefited from detailed case audits undertaken by the local multi-agency audit team (MACFA), an independent case records review, thorough analysis of performance data, interviews, focus groups and visits. A summary of feedback relating to each of the key themes is provided below:

The team was impressed by the extent of corporate ownership of and ambition for children's services within the council. This comes from the top – both the Leader of the Council and the Chief Executive have clear strategic aspirations for the county, are champions for change and have identified children's services as a major priority. Whilst existing strategies may have the right focus, achieving a shared understanding throughout the workforce is more challenging and the required culture change is not yet embedded at every level. There is a need to create a whole service perspective especially within Children's Social Care. In particular, demand management strategies around early help and edge of Care are not having the desired impact and the CSE strategy appears to be embryonic. Opportunities to innovate could be grasped and driven forward with appropriate risk management.

In terms of effective practice and service delivery this is the area where there needs to be a sustained focus. Although the council have identified from their own audits that there is still more work to be done in improving consistency in the application of thresholds the team observed good practice and could see evidence of improvement in timely decision making and the application of appropriate thresholds, in the Access Centre, in relation to telephone referrals observed during the site visit. It was also pleasing to hear that the voice of the child is now more clearly evidenced in case files and the team enjoyed meeting the Children in Care council. Supervision for social workers is happening regularly and staff were generally positive about the support and direction from managers.

However there are a number of areas where there is a need for improvement. This includes further development of the 'front door' to access services from children's social care and early help. The concept of a unified door front door is a good one and the staff are keen to realise it; driving this forward alongside implementing the MASH has the potential to both improve services for children and assist the council in its demand management. Evidence of reflective and analytical thinking was not consistent in the case audits reviewed by the peer team and this was reinforced by feedback from discussion groups. This is having a variable impact on practice.

The council has identified issues in respect of basic safeguarding practice that need to be resolved to improve the timeliness of responses, prevent drift and ensure good planning and management oversight; these concerns are shared by the peer review team. These issues persist into planning for permanence with a need to ensure good assessment and planning in respect of children in Care, clear gatekeeping arrangements and strong strategic leadership.

There are examples of good practice having a direct impact and there are good quality assurance mechanisms in place (e.g. MACFA); the council's level of self-awareness and openness is impressive. The aspirations of the recent service redesign in children's social care, however, are not yet being realized. Although the underpinning principles of the re-design are laudable, leaders need to respond flexibly to new challenges as they emerge e.g. implementation of flexible working, case handover for children in care and the team manager role. Good quality assurance needs a feedback loop if it is to have traction and drive improvement. Whilst some commissioned early help services are now able to demonstrate impact, the wider early help strategy could more effectively engage partners.

There is widespread partner involvement and sign up to children's services and many partners contributed to the review, demonstrating positive relationships, especially at front line level. Partners could do more to ensure there is strong collective accountability for safeguarding across the partnership and develop the level of scrutiny, challenge and focus offered by the Children's Safeguarding Board (WSCB). This may tackle some perceived delays in progressing key multi-agency projects e.g., the MASH. The Health and Wellbeing Board (HWB) also has potential to drive integration across family services. The WSCB has all the appropriate plans

in place but could do more to drive improvement. It should accelerate its plans for re-organisation, ensure swift decision making and challenge in areas such as early help.

The council has strong corporate ownership of the children's services agenda and this is evidenced through the way in which support services have prioritised the service. There has been strong workforce development which has resulted in recruitment of many new social workers, flexible working has been enabled and there is good analytical support. The council recognises its financial challenges and has invested considerable funding into cost pressures. Nevertheless challenges remain - numbers of children in Care are relatively high and existing plans need to be of realistic duration, the workforce is committed but inexperienced and there are key pressure points. There is potential to integrate commissioning to drive change and ensure good use of resources, particularly in relation to Public Health, but also with existing work on CAMHs and early help.

In summary, the council can clearly demonstrate its commitment to improving outcomes for children and is realistic about the challenges it faces. It has the opportunity now, working with partners, to embed recent changes, support more integrated commissioning e.g. by testing whether early help services are sufficiently targeted, and drive further innovation whilst also focusing on basic safeguarding practice. The financial challenges are significant but emerging plans demonstrate the potential to tackle cost pressures and this, alongside, improvements in practice should improve the situation over time.

The Review Team highlighted the following key messages from their overall findings:

- Plans have the right building blocks but are over optimistic in relation to the time taken to realise the benefits – despite the service knowing itself well there is a need to address on-going poor performance, issues of pressure and managing demand and quality of practice. The lack of pace and focus requires immediate attention.
- Basic practice needs immediate attention - an urgent focus is required on supporting teams to focus on key practice standards
- Partners need to work together across the system – to achieve improvements requires a strong partnership approach.
- Financial pressures need determined and persistent action – the recent focus on the financial strategy needs corporate support and challenging but achievable goals with realistic timescales i.e. 2 to 3 years

The peer team suggested the following priorities:

- A 'back to basics' safeguarding improvement plan
- Resolving the future direction for the 'Front Door'
- Implementing a detailed financial recovery plan
- Reviewing and defining the role of Early Help

## **Suggestions for Improvement**

Following the peer review, and based on the evidence collected, the peer team provide some suggestions for the council to consider in the short to medium term as follows:

### **Safeguarding:**

- Consider reinstating/establishing an Improvement Board
- Refocus senior managers on key areas of performance e.g.:
  - compliance with Section 47 timescales
  - frequent management oversight
  - timely completion of assessments
- Engage whole workforce in the Improvement agenda

### **Front Door:**

- Realise the original vision and accelerate plans
- Integrate management arrangements
- Consider decision making, triage and feedback arrangements
- Review role of Initial Response and the proposed Multi-Agency Safeguarding Hub (MASH)

### **Financial Recovery Plan:**

- Produce a 2-3 year costed Edge of Care strategy
- Clear and robust gatekeeping, decision making and accountability
  - Strategic oversight/ accountability
  - Consider budget holding
  - Streamline decision making/ meetings
- Progress plans for market development and brokerage
- Consider investment in workforce retention and progression

### **Early Help:**

- Review scope and strategy with full partner engagement
- Distinguish between Early Help service and strategy
- Consider targeting council investment at families with complex needs
- Consider opportunities for a shift from collaborative to integrated commissioning

In the shorter term there are some 'quick wins' that the council should consider:

- Secure emails required for social workers to enable effective communication with partners
- Bin the booklet – Police introduced a 'booklet' to be completed to request a strategy discussion as an attempt to solve historic issues. This is time

consuming and bureaucratic and results in the social worker not following 'Working Together' so has become a risk to safe practice.

- Speed up WSCB processes taking care to ensure effective and timely decision-making
- Build on and use the availability of good quality data
- Get feedback out to the workforce
- Schedule a Health and Wellbeing Board session on children and families

Following the team's presentation on 17<sup>th</sup> April, you then ran a prioritisation workshop with a wide variety of stakeholders, which the peer review team stayed for at your request to assist with the dialogue on tables. This has assisted in determining top priorities for the council and the multi-agency partners to focus upon in the short to medium term.

You and your colleagues will want to consider how you incorporate the team's findings into your improvement plans, including taking the opportunity for sector support through either your regional arrangements or the LGA's Principal Advisor West Midlands Region, Howard Davis who can be contacted by either email: [howard.davis@local.gov.uk](mailto:howard.davis@local.gov.uk) or by phone on 07920 061197 . In addition, your regional LGA Children's Improvement Adviser is Claire Burgess who can be contacted by either email: [claire.burgess23@gmail.com](mailto:claire.burgess23@gmail.com) or by phone on 07854 407337.

Once again, thank you for agreeing to receive a peer review and to all involved for their participation. In particular, please pass on our thanks to Lisa Peaty, John Fisher and David Price for their support in both the lead up to and during the on-site review week.

We wish you well with taking forward the issues identified by the peer review and on your continuing improvement journey. If you need any further clarification of any of the detail contained in this letter or further support please do not hesitate to contact me.



**Peter Rentell**  
**Programme Manager (Children's Services)**  
**Local Government Association**

## Worcestershire County Council – LGA Children’s Safeguarding Peer Review

### Detailed Findings

The table below highlights the good practice noted by the peer review team and areas for consideration by Worcestershire and its partners:

<p><b>Vision, Strategy &amp; Leadership</b></p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Corporate ownership and ambition for the service and the whole organisation. In addition, the Public Sector Executive Group has been established as the place where leadership is brought together across the County (Future Fit, as the council’s 20:20 vision, emphasises active alliances)</li> <li>• The Leader of the Council and the Chief Executive provide empowerment and are champions for change – have a positive and unified relationship</li> <li>• Cabinet role focussing on transformation has been important in identifying issues and energising action and this momentum needs to be maintained</li> <li>• Confirmed cross-party support for improvement of children’s services</li> <li>• Key leaders evidenced within the Health economy with drive and determination</li> <li>• Focus for improvement in children’s services is in the right areas and a good level of awareness from managers and staff of the issues associated with these areas</li> <li>• Workforce strategy is comprehensive and focussed on the right things with incentives for Newly Qualified Social Workers (NQSW’s)</li> <li>• The self-assessment showed insight and awareness</li> <li>• The Redditch pilot, where you are trialling with district pooling effort around complex families, is a good example of innovation and prioritisation given the levels of need in an attempt to reduce the care population</li> <li>• Some good initiatives such as the POD in schools, parachute resources and initiatives for professional development led by the Principal social worker</li> <li>• Leadership at school level and officer level is impressive with some examples of good practice. Provision for LAC within schools is good with the Virtual Head teacher and supporting officer putting</li> </ul>
---	--

commendable strategies in place to ensure engagement, tracking progress and provision in schools and offering excellent support learning programmes for young people.

**Areas for further consideration:**

- Realising the vision and articulating it – managers and staff were not consistently able to articulate the vision for the service despite clearly supporting the values of being child focused and achieving best possible outcomes
- Corporate Parenting could be strengthened across the Cabinet and with frontline councillors
- A sense of frustration was expressed by practitioners and partners about too many plans and initiatives, the number of processes and meetings were stifling swift decision making leading to drift in plans and timely outcomes
- Response to escalation is felt to be inadequate thus inhibiting the embedding of the desired culture change. A number of partners and managers reported that when issues and concerns are escalated the response is often not helpful with the issues being minimised. This view was consistently expressed and included members from Performance and QA and other agencies.
- A sense of whole service ownership and distributed leadership particularly within Children’s Social Care (CSC) needs to be established
- Demand Management strategies (Early Help and edge of care) are not yet ‘biting’ – the tracking of contacts and referrals suggest there is limited join up of the various Early Help initiatives and services
- There is also no clear referral pathway from initial contact to possible services which results in a range of possibilities that exacerbates the lack of consistency and jeopardises the timely provision of services
- Multi-agency CSE strategy – we found an inconsistent understanding of the strategic direction amongst staff and partners, which may be explained by a written strategy being embryonic at this stage
- Opportunities for more integrated commissioning could be considered e.g. across Public Health and Adult Services in terms of a family focus and the transfer of commissioning responsibilities for health visiting from October 2015



	<ul style="list-style-type: none"> <li>• The Safeguarding Board structure review needs acceleration as currently it appears to be taking too long to make the necessary changes. This is evident in the lack of drive and influence in relation to implementation of agreed strategies e.g. Early Help, joint CSE strategy. Findings from audits do not appear to be disseminated swiftly enough</li> <li>• Need to further drive innovation – initiatives and ideas need to be seen through and amended in the light of feedback e.g. the unified front door</li> </ul>
<p><b>Effective practice, service delivery and the voice of the child</b></p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Through case file audits and discussions with social workers it is clear that the voice of the child does feature in case planning and case work. Children in care seen by the peer team gave a generally positive response feeling they were well supported and their views taken into account</li> <li>• From our observation on-site the thresholds for passing to Section 47 strategy discussions by the Access Team and discussions with the managers showed that there were appropriate decisions made. The view of CAF/CASS was that thresholds for care proceedings are now mainly appropriate; however, there are issues about exploring alternatives to care e.g. use of relatives and also the timeliness of planning. However, it is noted that following the case records review the LGA peers did question 3 of the 20 cases reviewed, considering that a Section 47 enquiry should have been raised based on the information (though none of these children were considered to be at significant risk), which aligns with the council's own views from their audits that more work needs to be done on application of thresholds.</li> <li>• The team saw timely decision making at the Access Centre</li> <li>• Social workers spoke positively about supervision and role of Advanced Practitioners in this and confirmed they had regular supervision sessions, though recording discussions was inconsistent</li> <li>• The team saw experienced social workers at the 'front door' who appropriately considered history when making decisions and could evidence their decision making. However, the council's own audits would suggest there are inconsistencies in practice</li> </ul>

	<ul style="list-style-type: none"> <li>• Managers are recording assessment plans and setting visiting requirements</li> <li>• Some Early Help services are working well e.g. the POD in schools and Stronger Families programme</li> <li>• A newly established 'Systems Taskforce' operating collaboratively across parts of the whole social care system to take corrective action to improve practice</li> <li>• Evidence of effective practice across the health economy e.g. the contribution to the 'Integrated Health and Care Trust Safeguarding Team' referring all serious injuries (fractures) to the paediatrician with input from orthopaedics which improves recognition of CP cases.</li> <li>• Good or Outstanding residential provision is in place</li> <li>• Evidence of good performance in securing permanency through adoption which has improved over the last year</li> <li>• A Child Protection Conference was observed which was well managed, well attended by all appropriate partners and concluded with a pragmatic and helpful outcome</li> </ul> <p><b>Areas for further consideration:</b></p> <ul style="list-style-type: none"> <li>• Confusing Front Door – the aspiration of access to services operating through a 'unified front door' is yet to be realised. The Access Centre is still operating as two teams with the Early Help team only receiving telephone contacts (as well as other early help requests). This only consists of around 20% of social care contacts overall. This risks inconsistency in the response to contacts/referrals and confusion amongst staff involved, social workers and managers. The access Centre is not yet effectively managing demand for the service</li> <li>• From the visit to the Access Centre we found that cases did not always get referred on in a consistent manner. It also depended upon what resources were available in a particular area and some referrals were reported to be being sent to an Early Help Service and then being sent back. A waiting list for some early help services is building up and focus is required on prioritisation of need</li> <li>• The Initial Response system (where teams undertake a 'duty' role for a week at a time) divides opinion (the council's own staff survey highlights that 37% of people don't like the system). Whilst the review team could</li> </ul>
--	--

	<p>understand the rationale for these arrangements and desire to simplify the number of handoffs between social workers the system appears to work best in areas where there is a full complement of experienced staff. In practice the ambition to reduce the number of handoffs between social workers by allowing one worker to hold cases from referral through to completion with work is often compromised as cases are re-allocated due to either inexperience or high caseloads</p> <ul style="list-style-type: none"> <li>• The imminent implementation of the MASH provides an opportunity to consider where decisions on thresholds for Section 17 and Section 47 enquiries are best made in order to ensure a timely response by the right service. To ensure both consistency and a timely response then a model where decisions and strategy discussions are held in the MASH provides the best opportunity to achieve this.</li> <li>• There may be an opportunity to think through the whole front door system in order to divert demand away from the specialist services wherever possible. This would include considering how the MASH will operate and where best to position a triage function. Establishing a triage process at point of initial contact would enable clear CP cases to be passed to strategy discussions within MASH, low priority passed to Early Help and MASH to share information and determine an appropriate route for 'amber' cases. It is also suggested that a 'no quibble' arrangement is established so that referrals from MASH/Access to appropriate teams are accepted and a regular review process can be put in place to QA the process.</li> <li>• There are significant concerns about the timeliness of responses to Safeguarding referrals, evidenced from the council's own audits, and a follow up case checking exercise on open Section 47 cases carried out by the peer team. This check highlighted significant concerns about safety of practice. More systemically there appear to be issues in relation to timeliness of responses with drift in cases (e.g. a high proportion of out of time assessments with a low proportion of assessments and cases including CP Plans completed within 6 months)</li> <li>• The requirement to complete 'the booklet' to initiate a strategy discussion is cited by staff as a reason why Children in Need rather than Sec.47 processes are</li> </ul>
--	--

	<p>used in some cases. This means that Working Together guidance is not being consistently followed</p> <ul style="list-style-type: none"> <li>• We met some social workers who appeared to have manageable caseloads e.g. NQSW with a case load of 12-15 cases and a new recruit with 6 cases, however, a number of social workers reported caseloads of between 25-30 cases with some reporting 30 plus. Some workers felt their caseloads had reduced but most authorities consider caseloads above 25 to be too high. This is an issue well known to the council through their own caseload management information and the workforce strategy is actively addressing these challenges.</li> <li>• Management oversight is also inconsistent and some social workers reported difficulties in contacting managers at times when on duty with the Initial Response Team. There is agreement about the need for more reflective and analytical supervision</li> <li>• Child Sexual Exploitation – some staff we met had a very good understanding of the risks associated with CSE and there are clearly areas of good practice, however, we are aware that the CSE strategy is still at development stage and understanding about roles and responsibilities of some staff and partners is currently inconsistent, despite significant work by WSCB to engage them. We suggest this needs an urgent re-focus supported through the WSCB to ensure collective ownership and accountability. This should include consideration of the management of young people who go missing from home, Care or education.</li> <li>• Though the threshold for a child meeting criteria for consideration of becoming Looked After appears appropriate the gatekeeping and exploration of alternative options is not robust or consistent. For older young people there is a generous interpretation of the Southwark Judgement and limited alternative provision available. For younger children alternatives such as Family and Friends, use of Special Guardianship Orders or other timely interventions seem to be used relatively infrequently (in comparison with other LAs)</li> <li>• There is a need to simplify and clarify the decision making process in relation to LAC and reduce the number of panels. Strong strategic leadership will be required given the significant resources tied up in this area of activity. We saw some signs that recent activity is starting to tackle these issues, determined effort will</li> </ul>
--	--

	<p>be necessary over time to impact on the high numbers of LAC.</p> <ul style="list-style-type: none"> <li>• One suggestion is that the stage at which cases transfer to LAC service (currently after a permanency plan is in place) is reviewed; this would potentially help frontline teams so they can focus on improving the assessment and planning. It would also enable LAC teams to engage with children earlier and develop alternative routes to permanency.</li> <li>• Role of CAMHs – access to the service and waiting times, as experienced across the Country, are an issue. Specialist CAMHs support for LAC seems hard to identify and there may be an opportunity with re-commissioning to look at this in a different way</li> <li>• Adolescent self-harm issues have escalated rapidly such that the hospital now has a protocol on how to 'section' adolescents. The needs of adolescents were a concern to all partners</li> <li>• Health colleagues report working with large numbers and complex early help cases that fall below the CSC threshold. Further discussions are needed across the partnership to ensure a shared understanding of thresholds and appropriate use of shared resources.</li> </ul>
<p><b>Outcomes, impact and performance management</b></p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• There are examples of good initiatives that are having a positive impact that have engaged partners and can evidence they are making a difference e.g. the POD model in schools (health, education, social care, police and housing working together in an effective collaboration), in-house social work recruitment, the Stronger Families programme</li> <li>• The Stronger Families initiative has increased activity over recent months and has hit targets within timescales. However, the pathway to this resource is not used consistently and highlights the need for clear guidance and simpler pathways in order to access Early Help so that the service can be better utilised. The council acknowledge that there may have been some confusion with the shift from Phase 1 to Phase 2.</li> <li>• In-house social worker recruitment initiatives have been successful and the strategy is comprehensive. The focus on retention needs to be reinforced together with development and career progression for more experienced staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Educational outcomes for children in Worcestershire are good with many at or above the national norm but this is not currently sufficiently reflected in the outcomes for Children in Need (CiN) and Looked After Children (LAC).</li> <li>• There is comprehensive and well established activity in relation to Quality Assurance, audit, performance and analytical data. This includes the MACFA process and multi-agency data collection by the WSCB and has assisted in achieving a high level of self-awareness</li> <li>• The Health economy has a good safeguarding assurance process in place across both community and acute settings; these include focus on neonatal deaths, serious incidents and monthly HR reviews to check staff against safeguarding criteria Early Help commissioners have developed an improved contract monitoring tool in the 'early help dashboard' though this is yet to be evaluated</li> </ul> <p><b>Areas for further consideration:</b></p> <ul style="list-style-type: none"> <li>• The major re-design is not yet having the desired outcome with limited evidence to show that recent changes have addressed issues</li> <li>• There are issues about pace at all levels both strategically and at case level. This includes issues such as achieving timely assessments, disseminating findings from audits and progressing major changes</li> <li>• Whilst quality assurance appeared to be of good quality in itself, findings were not necessarily well understood or owned. The results of a recent deep dive within CSC were being debated by managers and staff had a range of views about priority areas for practice development.</li> <li>• Performance management could be enhanced – it is unclear how performance issues are escalated e.g. team managers were unclear about how delays in processes would be followed by Group Managers.</li> <li>• Senior Managers acknowledged that they hadn't considered incomplete/in progress Section 47 enquiries within their performance information.</li> <li>• There is a need to establish a stronger 'learning loop' that can clearly evidence actions and improvement plans that are focussed, refreshed and informed by on-going audit activity</li> <li>• There is confusion between the Early Help strategy and the range of commissioned early help services. It is too</li> </ul>
--	---

	<p>early to judge the effectiveness of commissioned early help services at this stage</p> <ul style="list-style-type: none"> <li>• Children’s social care currently has an enthusiastic but relatively inexperienced workforce at both practitioner and team manager level. The risks of this in respect of performance and risk adverse culture need to be managed</li> </ul>
<p><b>Working Together (including Health and Wellbeing Board)</b></p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• The high level buy-in to the partnership is benefitting children’s services</li> <li>• Strong and committed partners – Health view is that urgent child protection cases are dealt with effectively (the concern is children who sit on the cusp of the threshold)</li> <li>• Police report positive working relationships with children’s social care, they have a good relationship at Group Manager level and have no need to escalate</li> <li>• WSCB has recognised the enormity of its agenda and has taken positive actions to re-structure</li> <li>• Good frontline partnership e.g. reduction in escalations from Police and Health</li> <li>• Tangible examples of partner engagement evidenced by the peer team</li> <li>• Multi-agency training and development was considered to be accessible and effective across partners</li> </ul> <p><b>Areas for further consideration:</b></p> <ul style="list-style-type: none"> <li>• Ensuring a sense of collective accountability shared across partners which can have impact. The delays in progressing the MASH are an example where partners have different perspectives and may have been able to work together more effectively. Another example is that the team found it difficult to track Serious Case Review processes</li> <li>• From an education perspective more effective communication is deemed to be critical with regard to the WSCB. This might be an opportune time to consider an Educational sub-group to underpin the work of the Board though this must be balanced with current number of sub-groups</li> <li>• The level of challenge and scrutiny within WSCB is under developed and the Board needs to do more to drive improvement (council self-assessment also refers)</li> </ul>

	<ul style="list-style-type: none"> <li>• WSCB has a lot of priorities with a large Executive and Board; there is a need to focus on key areas and improve the relationship between sub-groups and the full Board</li> <li>• Multi-agency arrangements to support partners in managing key risk areas e.g. CSE, MASH have been slow to develop with confusion around Early Help e.g. many uncertain whether the POD model took the place of Early help or was part of it</li> <li>• Police and Crime Commissioner (PCC) has invested £1.3m in CSE to fund posts and a full CSE team, however, this is not yet joined up with missing children service (Police missing person co-ordinators are based elsewhere and there is no join up with low attendance in schools). Performance in respect of Return home interviews has been variable but should now improve with a commissioned service</li> <li>• No workforce development strategy with a plan to train staff, foster carers, residential workers.</li> <li>• Health and Wellbeing Board (HWB) has the potential to make a greater contribution to children and family services e.g. linking to CSE and Early Help.</li> <li>• There are gaps in effective working with Districts around homeless 16/17 year olds and uncertainty around the effectiveness of the Homeless Intervention Team (HIT).</li> <li>• Some head-teachers appear unaware of the breadth and depth of help available from the Virtual School for LAC.</li> </ul>
<p><b>Capacity and managing resources</b></p>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• There is now a recognition of and commitment to driving the financial strategy to address cost pressures</li> <li>• Strong corporate ownership with prioritisation of children’s services and investment for re-design of the service</li> <li>• Corporate Support for children’s services covering IT, Legal, Human Resources, Performance and Property provides a strong foundation on which to build and grow the service. In our view the level of corporate support appears appropriate and is prioritising children’s services (e.g. strong workforce development which has resulted in recruitment of many new social workers, flexible working has been enabled and there is good analytical support).</li> </ul>



	<ul style="list-style-type: none"> <li>• Staff report that morale generally is high</li> <li>• Strong capacity in the finance team with robust detailed projections and cost of placements. The new placement team should be beneficial</li> <li>• There is a very positive view held by social workers who feel valued and are especially positive about their support in relation to ASYE and CPD. Team managers and staff demonstrated potential and a commitment to children and families.</li> <li>• Agile working – technology is in place to reap the benefits from flexible working arrangements but staff need to be encouraged to harness and embrace the technology</li> <li>• Sector led improvement work is well developed across the West Midlands Region and Worcestershire are a key member of this group enabling sharing of information to drive improvement and performance</li> <li>• Health capacity for safeguarding appeared strong e.g. a year round school nursing service is being considered which might help the perceived gap in tier 2 CAMHs</li> </ul> <p><b>Areas for further consideration:</b></p> <ul style="list-style-type: none"> <li>• The previous LAC strategy was not appropriately targeted on reducing the high numbers of children in care and supporting alternative options for vulnerable children and young people. The timescales for reducing LAC numbers and the resulting spend were not realistic, however, from discussions with performance and commissioning managers it was apparent that since the beginning of the year there has been a more rigorous approach that is more likely to achieve the desired results.</li> <li>• The current workforce is a real asset and the focus on retention is correct. There are some unintended consequences emerging within the workforce with pay differentials and career progression being potential risks to retention. As part of a service and financial recovery some consideration of ‘invest to save’ regarding developing managers and social workers needs to be incorporated into the overall financial projections</li> <li>• Resourcing for the Front Door and MASH need careful consideration to achieve the intended benefits</li> <li>• Some social workers described a feeling of isolation at times due to flexible working arrangements and this</li> </ul>
--	--

	<p>requires some attention so that they can be best supported particularly after difficult visits. Also staff report a culture and expectation of working long hours; presumably a wider social work health check would allow a better understanding of these issues.</p> <ul style="list-style-type: none"><li>• The team would suggest a 'back to basics' approach to tackle the urgent issues around safeguarding. As part of this considering how the role of Team Managers is developing would be worthwhile, given there are no deputising roles in the structure. In the short term they will need to focus on operational practice, assessment, case planning and supporting the social workers. Some rationalisation of meetings and prioritising their roles and responsibilities may be desirable</li><li>• The council has recognised that the issue of caseloads requires some attention with a mixed picture, some social workers having reasonable caseloads others having high caseloads. The assumptions about a predicted 15% reduction that were made prior to the redesign have not materialised. Resources may need to be allocated more flexibly between teams to reflect differing levels of demand; the team heard that some of this is already in place. The number of experienced social workers in teams plays a pivotal role. Distribution of resources as part of any improvement plan would be helpfully aligned to assessments being turned round with more pace.</li><li>• Joint/integrated commissioning should be more actively considered e.g. with Public Health and Adult Services to build capacity and streamline services</li><li>• Some commissioned early help providers considered that the current 3 year contract duration was insufficient to realise full benefits from potential efficiencies and impacted upon their ability to attract and retain staff of quality. A review of procurement/commissioning strategy with longer contract durations might be helpful, alongside consideration of whether the right services have been commissioned.</li></ul>
--	---

## **CHILD SEXUAL EXPLOITATION: ACTION PLAN**

### **Summary**

1. The Independent Chair of the Worcestershire Safeguarding Children Board (WSCB) and the Director of Children's Services have been invited to the Meeting to discuss Worcestershire Safeguarding Children Board's Action Plan underpinning the Child Sexual Exploitation (CSE) and Trafficking Strategy 2015-17.

### **Background**

2. At its meeting on 22 May 2015, the Panel received an update from the Independent Chair of the Worcestershire Safeguarding Children's Board (WSCB) on the strategic approach to CSE. During the discussion the Panel were advised that the Child Sexual Exploitation Strategy 2015-17 had been developed by a strategic group of the WSCB with links to the community safety partnership and following approval by the WSCB would be considered by Cabinet in July 2015. It was therefore agreed that the Action Plan underpinning these priorities would be considered by the Panel in advance of the Cabinet meeting.

3. The action plan has been developed by the CSE strategic group and is a working draft until it has been approved by the WSCB at its meeting on 1 July 2015. It has not yet been fully completed so is work in progress.

### **Purpose of this Meeting**

4. The Panel is invited to consider and comment on the draft Action Plan.

### **Supporting Information**

Appendix 1 - Child Sexual Exploitation Strategy 2015-17.  
Appendix 2 - Child Sexual Exploitation Strategy 2015-17 Action Plan

### **Contact Points**

#### **County Council Contact Points:**

County Council: 01905 763763  
Worcestershire Hub: 01905 765765  
Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

#### **Specific Contact Points for this Report:**

Gail Quinton, Director of Children's Services, Tel 01905 766303  
Email: [gquinton@worcestershire.gov.uk](mailto:gquinton@worcestershire.gov.uk)

### **Background**

In the opinion of the proper officer (in this case the Director of Children's Services) there background papers relating to the subject

## Papers

matter of this report are:

Agenda and Minutes of the Children and Young People Overview and Scrutiny Panel held on 12 March 2015

Agenda and Minutes of the Children and Families Overview and Scrutiny Panel held on 22 May 2015

[All agendas and minutes can be found on the website](#)

# Child Sexual Exploitation Strategy 2015 - 2017

**Worcestershire Safeguarding Children Board's  
strategic commitment to tackle child sexual  
exploitation**



**April 2015**

**Building upon the effective work undertaken in developing and delivering the CSE Pathway, WSCB is committed to further developing knowledge of the prevalence of Child Sexual Exploitation across the county and building a robust strategic framework to tackle the problem and keep children safe. This strategy sets out how multi-agency partners will continually be encouraged to work together pro-actively to safeguard children and young people at risk.**

## Foreword

This strategy sets out the commitment of Worcestershire Safeguarding Children Board (WSCB) to undertake all actions possible to tackle child sexual exploitation (CSE), and to safeguard children and young people experiencing and/or at risk of this form of child abuse. WSCB acknowledges that this is a very complex and challenging area of our work and that it is only possible to tackle CSE through a co-ordinated multi-agency approach, where victims/potential victims are identified and safeguarded and perpetrators are disrupted and prosecuted.

This strategy has been written to support, and be supported by, the West Mercia Child Protection Procedures and the Worcestershire Thresholds Guidance. When practitioners become aware of children who are affected by, or at risk of, sexual exploitation they have a duty to comply with the West Mercia Child Protection Procedures, with specific regard for section 7.2 which relates specifically to the process to be followed in Worcestershire:

[http://westmerciaconsortium.proceduresonline.com/chapters/g\\_step\\_by\\_step\\_respond\\_cse.html](http://westmerciaconsortium.proceduresonline.com/chapters/g_step_by_step_respond_cse.html)

The strategy outlines WSCB's strategic principles as the basis for its approach in tackling CSE. It also states its key priorities under the four main headings of Prevention and Education; Recognition and Identification; Intervention and Support; and Pursue and Disrupt. An action plan to deliver the key target areas for each of those priorities is included, and the delivery of this will be closely monitored and reported to WSCB. All partners own and take responsibility for the effectiveness of its outcomes and will measure the difference it makes in tackling CSE in Worcestershire

Diana Fulbrook  
Independent Chair  
Worcestershire Safeguarding Children Board

## Contents

1. Introduction .....	4
2. Definition .....	4
3. National Context.....	4
4. Local Context.....	5
5. Strategic Principles.....	6
6. Key Priorities.....	7
7. Governance and Accountability .....	9
8. Monitoring and Review .....	9
<b>Appendix 1</b>	
Policy and Legislation, and Practitioner Guidance.....	11
<b>Appendix 2</b>	
WSCB Action Plan for implementation.....	12
<b>Appendix 3</b>	
Child Sexual Exploitation Useful Resources.....	XX
<b>Appendix 4</b>	
Models of Grooming and Exploitation.....	XX

## 1. Introduction

In line with national guidance, HM Government (2009) Safeguarding Children and Young People from Sexual Exploitation, Worcestershire Safeguarding Children Board seeks to develop locally a prevention, protection and investigation strategy to

- identify those at risk of being sexually exploited
- take action to safeguard and promote the welfare of particular children and young people who are being, or may be, sexually exploited, and
- Take action against those intent on abusing and exploiting children and young people in this way.

This document should be read in conjunction with HM Government (2009) Safeguarding Children and Young People from Sexual Exploitation, HM Government (2015) Working Together to Safeguard Children, WSCB (2009) Safeguarding Children Who May Have Been Trafficked, and West Mercia Joint Runaway and Missing From Home and Care Protocol (Revised 2015).

## 2. Definition

### *Child Sexual Exploitation Definition*

The National Working Group on Child Sexual Exploitation has developed the following definition which is utilised in UK government guidance and policy, including the Department for Education 2009, and is the definition of CSE that Worcestershire Safeguarding Children's Board have adopted:

'The sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of performing, and/or others performing on them, sexual activities.

Child sexual exploitation can occur through use of technology without the child's immediate recognition, for example the persuasion to post sexual images on the internet/mobile phones with no immediate payment or gain. In all cases those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.'

*The National Working Group for Sexually Exploited Children and Young People (2008)*

## 3. National Context

"The Government deplores the sexual exploitation of children, and will not tolerate failure at any level to prevent harm....."



"Tackling child sexual exploitation must be a shared effort. Government can lead the national response. Local authorities, police, children's and health services have a statutory duty to work together to identify and stamp it out in their area."

*"Dealing with Child Sexual Exploitation" (2015)*

(Appendix 1)

The recently revised Working Together March 2015 states that *"LSCBs should conduct regular assessments on the effectiveness of Board partners' responses to child sexual exploitation and include in the [Annual] report information on the outcome of these assessments. This should include an analysis of how the LSCB partners have used their data to promote service improvement for vulnerable children and families, including in respect of sexual abuse. The report should also include appropriate data on children missing from care, and how the LSCB is addressing the issue."*

*(Working Together 2015 Chapter 3 para 18)*

#### **4. Local Context**

In Worcestershire the main response to CSE has been led through the Safeguarding Children Board (WSCB) although individual agencies have also acted according to their own drivers.

WSCB launched the Child Sexual Exploitation Pathway in August 2013. This sets out a clear pathway for referrals and response to child specific concerns with operational oversight delivered through a monthly multi-agency panel.

Targeted training of staff to raise awareness and to ensure understanding of the pathway and procedures has also taken place. WSCB also makes available an e-learning module for all agencies. The WSCB Missing Children, CSE and Trafficking Group has responsibility for the strategic oversight of child sexual exploitation and produced its first CSE Report for the Board in November 2014

WSCB is required to both be assured and to provide assurance that large scale and organised CSE is not present in Worcestershire and that the mechanisms are in place to identify, support and protect potential victims from further harm. A great deal of work has been undertaken to develop the pathway for CSE referrals and whilst the numbers of identified victims is relatively low (as opposed to the numbers of children and young people about whom there have been concerns), we do not, however, know what we do not know as the identification of actual victims is not easy. Taking a broader view, it is clear that the focus of co-ordinated multi-agency activity has been predominantly on protection and that prevention and the pursuit of perpetrator activities are both also in need of development. This strategy therefore focuses on how WSCB progresses this work with partner agencies.

*Child sexual exploitation is not exclusive to any single community, race or religion.  
There is no culture in which sexual abuse is not a serious crime*

*(HM Government, 2015:4)*

WSCB is committed to raising awareness of child sexual exploitation locally. As such the WSCB Missing Children, CSE and Trafficking Group is working to incorporate a national and regionally accepted dataset within performance management data to capture and collate the existing CSE picture in Worcestershire. To date, the evidence suggests that CSE exists in Worcestershire on a relatively small and generally individualised scale, with no evidence of a link to gangs, organised crime or any specific minority ethnic group. There is also no indication that disclosures or reporting have been ignored as was the case in Rotherham.

## 5. Strategic Principles

This strategy fully supports and accepts as our own principles the four points set out in Louise Casey's report 'Reflections on Child Sexual Exploitation' (March 2015), these being:

That **CSE is child abuse and is a crime**, and our efforts need to be directed towards perpetrators in order to detect, prevent and disrupt that abuse at the earliest stages as well as the prosecution of individual perpetrators to ensure that they face the full force of the criminal justice system for their crimes. These are not mutually exclusive activities.

That **the victims are children**, however they present themselves. They cannot consent to their abuse, all the more given that grooming itself removes any real sense of self determination from these children. There should be no scenarios in which victims are viewed as young women or as making choices.

Thirdly that **CSE is squarely a community safety issue** and local government working with police and others need to make use of community safety tactics and action to keep children safe. The regulatory and enforcement functions of the local authority are vital in preventing and disrupting CSE and in building intelligence which can help with prosecutions. Those in upper tier authorities and district authorities where responsibilities for children's social care and community safety lie in different tiers, have additional partnership challenges, but these can not be insurmountable.

Finally, that local government and the police should not fear seeking out and shining a light on sexual exploitation for fear they may be held to account for what they find. **The failure is not in the existence of CSE but in not recognising it and taking appropriate action.**

WSCB's aim is to deliver an effective system and infrastructure to address Child Sexual Exploitation across the children's partnership underpinned by the following principles:

- CSE is a form of child abuse which can involve the sexual, physical and emotional abuse of children as well as neglect
- Children do not make informed choices to enter into or remain within sexually exploitative situations, as they do so via coercion, manipulation, grooming and/or other forms of enticement
- Children under 16 years cannot consent to sexual activity with an adult, and sexual activity with a child aged less than 13 years is statutory rape
- Children who are sexually exploited will experience difficulty and/or confusion around their autonomy to make choices, and their understanding around sex, sexuality and the sexual activity into which they have been coerced
- Sexually exploited children must be treated as victims of child abuse, and not as offenders
- Help and support to families should be tailored to their individual needs and circumstances, taking into account sexuality, gender, physical disability or learning disabilities, those from ethnic communities, and those with additional language needs
- Law enforcement efforts must involve disruption of sexually exploitative activity, and target offenders as sexual abusers, who may be adult, but could also be the child's peers and/or other young people. CSE is one of those problems where silo working is actively harmful to the protection of children and stopping offenders
- It is essential that the 'voice of the child' is heard and agencies actively engage with children and young people to provide them with the opportunity to tell their own story, to seek to understand the child/young person's perspective, experience and the impact of this upon them.

## 6. Key Priorities

WSCB recognises the requirement to understand the scale of child sexual exploitation in the local area and to continue to develop a local 'problem profile'. In line with this WSCB's key priorities are as follows:

### Prevention and Education

**Overarching priority:** Increasing knowledge and understanding of CSE, including the development of protective factors, across children and young people (to include victim focus), the children and young people's workforce and local communities

**Key target areas:**

- Undertake a public awareness campaign
- All schools to deliver a CSE awareness programme to children and young people, tailored to their age
- All staff to receive awareness training
- Develop a means of evaluating the effectiveness of the staff training programme

### Recognition and Identification

**Overarching priority:** Providing information and tools to support the identification of potential indicators of CSE; providing and publishing agreed models of assessment; and agreed protocols for the effective sharing of information across the multi-agency partnership

**Key target areas:**

- Identify vulnerable children for potential sexual exploitation and develop a risk assessment framework and pathway to protect them
- Develop professional curiosity amongst front line staff to ensure they look for and act on signs of potential CSE (particularly social workers, Health workers and school staff)
- Identification of vulnerable children who have the potential to become perpetrators
- Promote the crucial importance of effective information sharing

### Intervention and Support

**Overarching priority:** Drawing on models of recognised good practice to develop local responses; tailoring intervention and support to individuals; and mapping and publicising a range of available intervention/support services

**Key target areas:**

- Develop different methods/casework suited to CSE
- Develop victim and family specialised support
- Develop community safety, regulatory and taxi licensing functions (consider a Partnership Enforcement Team)

### Pursue and Disrupt

**Overarching priority:** Being pro-active across multi agency partnerships to identify, disrupt and prosecute perpetrators of child sexual exploitation through criminal or civil means

**Key target areas:**

- Align cross-border arrangements with neighbouring areas/regions
- Develop an ongoing problem profile, mapping hot spots and keep relevant agencies informed
- Use criminal and civil powers wherever possible to bring to justice perpetrators who exploit and abuse children

**Appendix 2** outlines how these priorities will be met.

## 7. Governance and Accountability

WSCB has statutory responsibility for co-ordinating and ensuring the effectiveness of safeguarding arrangements in each partner agency and collectively. It will therefore hold partners to account for their individual arrangements and challenge any silo working to ensure children are properly protected from CSE and perpetrators are stopped. Full ownership and responsibility for the effective delivery of this strategy lies with individual agencies and with Board members collectively. More specifically, the Board will:

- ensure that the needs of children and young people who have been or may be sexually exploited, and their families, have been considered when planning and commissioning local services
- provide analysed and reconciled data that is shared with relevant agencies, building a composite picture of CSE in Worcestershire over time
- routinely seek assurance of the effectiveness of the CSE strategy, building its implementation into its operational planning and reporting mechanisms
- undertake regular assessments on the effectiveness of Board partners' responses to CSE and include the outcomes in its Annual Report
- monitor the sharing of information protocol to ensure this is not a barrier to effective working in CSE cases
- work with other local partnerships to co-ordinate any CSE activity, particularly Community Safety Partnerships
- work with other regional/national groups to develop a co-ordinated approach and learn from best practice
- ensure its governance structure has clear lines of accountability for CSE (see Appendix X for proposed arrangements)
- ensure that delivery of the strategy is properly supported
- provide external assurance as appropriate that CSE is being properly tackled and managed in Worcestershire

## 8. Monitoring and Review

The implementation of this strategy will initially be overseen by the Strategic CSE Group and then by the Vulnerable Children Sub-Group with regular reporting to WSCB. Key measures of its effectiveness will include evidence of:

- Prevention being managed through staff awareness of CSE – knowing how to spot it and taking appropriate action
- Knowledge of the perpetrators and hot-spots
- Responding to CSE victims in a timely and suitable manner to meet their needs and wishes

The strategy will be reviewed annually by WSCB, or updated more frequently if required, to ensure it is making a difference to the children and young people of Worcestershire involved in CSE

## Appendix 1

### Policy and Legislation

1. "Dealing with Child Sexual Exploitation" March 2015 Government Response

<https://www.gov.uk/government/publications/tackling-child-sexual-exploitation--2>

2. HM Government (2009) *Safeguarding Children and Young People from Sexual Exploitation* 2009

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278849/Safeguarding\\_Children\\_and\\_Young\\_People\\_from\\_Sexual\\_Exploitation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf)

3. HM Government (2015) *Working Together to Safeguard Children*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

4. HM Government (2003) *Sexual Offences Act* 2003

<http://www.legislation.gov.uk/ukpga/2003/42/section/3>

5. WSCB Safeguarding Children Who May have been Trafficked 2009:

<http://www.worcestershire.gov.uk/cms/pdf/WSCB%20-%20Safeguarding%20Children%20who%20may%20have%20been%20trafficked%20WSCB%202009.pdf>

6. Worcestershire Safeguarding Children Board Guidance, Policy and Procedures:

<http://www.worcestershire.gov.uk/cms/safeguarding-children/information-for-professionals/guidance-policy-and-procedures.aspx>

7. Anti-social Behaviour, Crime and Policing Act 2014:

<https://www.gov.uk/government/collections/anti-social-behaviour-crime-and-police-bill>

### WSCB Guidance for Practitioners *Child Sexual Exploitation*

Practitioner guidance can be found at:

[http://www.worcestershire.gov.uk/downloads/file/550/practitioner\\_guidance\\_august\\_2013](http://www.worcestershire.gov.uk/downloads/file/550/practitioner_guidance_august_2013)

**Appendix 2**

**WSCB Action Plan for Implementation**



## Appendix 3

### Child Sexual Exploitation Useful Resources:

1. "Research into gang-associated sexual exploitation and sexual violence; Interim Report", Beckett, H et al (2012) pub: University of Bedfordshire

[http://www.beds.ac.uk/\\_data/assets/pdf\\_file/0008/215873/GASV\\_Interim.pdf](http://www.beds.ac.uk/_data/assets/pdf_file/0008/215873/GASV_Interim.pdf)

2. "If only someone had listened", Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups, Final Report (November 2013) Sue Berelowitz, et al

[http://www.childrenscommissioner.gov.uk/content/publications/content\\_743](http://www.childrenscommissioner.gov.uk/content/publications/content_743)

3. Parents Against Child Sexual Exploitation

<http://www.paceuk.info/>

4. National Child Sexual Exploitation Awareness Day:

<http://www.stop-cse.org/national-child-exploitation-awareness-day/>

5. National Working Group Network for Child Sexual Exploitation

<http://www.nwgnetwork.org/>

6. Just Whistle (no date) *Prevention Protection and Investigation* (on line)

<http://www.justwhistle.org.uk/index.php/home/whats-on/prevention-protection-and-investigation>

7. National Working Group for Sexually Exploited Children and Young People (2008) *Sexual Exploitation Intervention Diagram* (on line)

<http://www.nationalworkinggroup.org/what-is-child-sexual-exploitation/sexual-exploitation-intervention-diagram>

## Appendix 4

### Models of Grooming and exploitation

#### Grooming

Grooming may take place face to face and can occur over a long period of time or relatively quickly. Grooming using the internet and mobile technology is increasingly common. Along with the significant risk in the use of mobile phones, including Bluetooth technology, perpetrators target children and young people through online sites, games and through picture messaging and texting.

**Child sexual exploitation can occur in a variety of settings and may involve one or more person.** Barnados has identified three different sexual exploitation abuse models . Examples of quotes from young people are also included below.

#### Abuse model 1

##### Inappropriate Relationships

This usually involves one abuser who has inappropriate power – physical, emotional or financial - or control over a young person. The young person may believe that they have a genuine friendship or loving relationship with the abuser.

#### Abuse model 2

##### Boyfriend model and Peer exploitation, also known as party model

The abuser grooms the victim by striking up a normal relationship with them, giving them gifts and meeting in cafes/fast food outlets or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive.

Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help. They may also be required to introduce their friends as new victims.

#### Abuse Model 3

##### Organised exploitation and trafficking

Young people are passed through networks, possibly over geographical distances, between towns and cities where they may be forced/coerced into sexual activity with multiple men. Often this occurs at 'sex parties' and young people who are involved

may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised buying and selling of young people by perpetrators.

Organised exploitation varies from spontaneous networking between groups of perpetrators to more serious organised crime where young people are effectively 'sold'. These activities are described as 'internal trafficking' or 'trafficking for child sexual exploitation.'

Victims of sexual exploitation may also be used as agents to recruit other children and young people and in some cases a young person may be both a perpetrator and a victim of CSE.

Sexual exploitation can be group and gang associated. Group associated exploitation refers to the number of perpetrators involved.

### **Gang Associated CSE**

Research undertaken by Beckett et al (2012) outlined key features of gang-associated sexual violence and exploitation that are unique to, or exacerbated by, the gang environment:

- Using sex as a means of initiating young people into a gang;
- Sexual activity in return for (perceived) status or protection;
- Young women 'setting up' people in other gangs;
- Establishing a relationship with, or feigning sexual interest in, a rival gang member as a means of entrapment; and
- Sexual assault as a weapon in conflict.

*"Research into gang-associated sexual exploitation and sexual violence,"  
(2012)*

### **Examples of quotes from young people**

1. 'I was 12 maybe a wee bit older, and I remember my mummy run out of drink and she says to me, there was fellas in the house and she says to one of them to take me up the stairs and she got me to go with this man for a bottle of vodka for her.'  
(Beckett 2011)

2. 'There was a guy running parties for sex. What was described to me was someone initially looking after you, taking you out, buying you clothes, looking after you, giving you lots of emotion and care. Then there were parties where other girls were there and it became a going upstairs with one person type of thing, but then it

came down to being the only girl with four or five men and it became quite frightening. There was also a separate pornography side to it, and they were getting pulled in to that as well.' (Beckett 2011)

3. 'We have a young woman at the moment who is Eastern European and was trafficked here and continues to be exploited by people. She lives with her parents but we reckon she is being sold on a regular basis. Well, she says she lives with her parents but we aren't entirely sure if they are her parents. She is saying she is 17, but we suspect she's more like 14.' (Beckett 2011)

4. Sexual exploitation that involves one or multiple perpetrators who are themselves gang associated and where the CSE takes place as a form of introduction or inter-gang related violence. (Office of Children's Commissioner 2012)



Worcestershire Safeguarding Children Board  
[www.worcestershire.gov.uk/safeguardingchildren](http://www.worcestershire.gov.uk/safeguardingchildren)

For further information please contact:

Sue Haddon

WSCB Business manager

[shaddon@worcestershire.gov.uk](mailto:shaddon@worcestershire.gov.uk)

Tel. 01905 752803

This page is intentionally left blank

## Worcestershire Safeguarding Children Board

This Action Plan was drawn up by the CSE Strategic Group comprising Board members; the Chair of the Safer Communities Board; and Chair of the Missing Children, CSE and Trafficking Group. It identifies the actions to be undertaken to achieve the key priorities and target areas laid out in the Strategy. Some time frames have yet to be agreed with the action owners/accountable bodies and there may be some slight adjustment to the measures following discussion at the next Safeguarding Children Board meeting on July 1<sup>st</sup> when this will be approved.

The Plan is detailed but also highlights the complexity of Child Sexual Exploitation. Broadly the actions are linked to:

1. Producing a communication strategy including a public CSE awareness campaign
2. Producing a training strategy including raising awareness in schools
3. Reviewing the CSE pathway aimed at referral, assessment and decision making
4. Developing a sharing of information protocol related to CSE that results in effective practice and in the production of a good multi agency data set that clearly shows patterns and trends
5. Identifying gaps in the provision of specialist support for victims and families including transition to Adult Services, for commissioning purposes
6. Establishing wider links with key partnerships and other Authorities to co-ordinate approaches to CSE including licencing authorities
7. Identifying current and potential perpetrators, strengthening controls to prevent CSE, and working effectively with offenders

The Plan will be actively monitored and revised over time to reflect any new issues or particular actions that emerge as needing to be addressed

## Appendix 2

## WSCB Action Plan for Implementation – DRAFT dated 12.6.15

<b>Key Priority 1 Prevention and Education</b>				
Overarching priority: Increasing knowledge and understanding of CSE, including the development of protective factors, across children and young people (to include victim focus), the children and young people's workforce and local communities				
<b>Key Target Areas/Objectives</b>				
1.1 Undertake a public awareness campaign				
<b>Action</b>	<b>Action Owner</b>	<b>Measure</b>	<b>Accountable body</b>	<b>Timeframe</b>
1.1.1 Commission a communications / publicity campaign based on best practice across the region	Det. Supt. Steve Eccleston / Kate Quilley	Options report to Board and decision made	West Mercia Police	End June 2015
1.1.2 Draw up a timed action plan including media engagement	WSCB Business Support Team	Timed action plan produced	Worcestershire Safeguarding Children Board	End July 2015
1.1.3 Undertake the campaign and evaluate it	WSCB Business Support Team	<ul style="list-style-type: none"> <li>• Increase in levels of awareness</li> <li>• Increase in CSE referrals received</li> </ul>	Worcestershire Safeguarding Children Board	Campaign : September 2015  Evaluation : January 2016



1.2 All schools to deliver a CSE awareness programme to children and young people, tailored to their age				
Action	Action Owner	Measure	Accountable body	Timeframe
<p>1.2.1 The Board to develop and endorse a 'whole school' model for raising CSE awareness, in line with the Children's Commissioner's report: 'If only someone had listened' (Nov 2013), and to evaluate its impact.</p> <p>This will include the production of a menu of resources for use in schools.</p>	LE / WSCB Head Teacher Reps	<p>Numbers of schools implementing Whole School Approach.</p> <p>(Including academies, post 16, and independent schools)</p>	WSCB Head Teacher's Group	TBC
<p>1.2.2 WSCB to seek assurance that schools and FE colleges are raising awareness of CSE within their own organisation.</p>	Chair of the Monitoring Effectiveness Group	Percentage of schools evidencing they have a robust programme in place for raising awareness	Monitoring Effectiveness Sub Group	TBC

1.3 All staff to receive training in line with their role and responsibilities.				
Action	Action Owner	Measure	Accountable Body	Timeframe
<p>1.3.1 Review existing CSE training strategy and refresh in line with CSE Strategy 2015-2017.</p> <p>To include training pathway, suite of training materials and evaluation framework.</p>	Chair of WSCB Workforce Development Group.	<ul style="list-style-type: none"> <li>•Training strategy covers all elements of the CSE Strategy 2015-18</li> <li>•Practitioners and managers have a clear understanding of their training requirements</li> <li>•Staff are trained at the appropriate level for their role and responsibilities.</li> </ul>	Improving Frontline Practice Sub Group	November 2015
<p>1.3.2 Ensure that commissioners of services to children young people and their families make CSE training a requirement within their contracting processes from a given date</p>	Individual agencies (TBC)	<ul style="list-style-type: none"> <li>•CSE training is a requirement for all commissioned services</li> <li>•Assurance is provided through the S11 Audit undertaken by WSCB</li> </ul>	Monitoring Effectiveness Sub Group	January 2016
<p>1.3.3 Evaluate effectiveness of training strategy through the WSCB annual audit of training and workforce development</p>	Chair of the Monitoring Effectiveness Group	<ul style="list-style-type: none"> <li>•Percentage of agencies providing assurance that all staff are trained at the appropriate level</li> <li>•Increased awareness/ confidence levels</li> </ul>	Monitoring Effectiveness Sub Group	End March 2016

<b>Key Priority 2</b>				
<b>Recognition and Identification</b>				
Overarching priority: Providing information and tools to support the identification of potential indicators of CSE; providing and publishing agreed models of assessment; and agreed protocols for the effective sharing of information across the multi-agency partnership				
<b>Key Target Areas/Objectives</b>				
2.1 Identify vulnerable children for potential sexual exploitation and develop a risk assessment framework and pathway to protect them				
<b>Action</b>	<b>Action Owner</b>	<b>Measure</b>	<b>Accountable Body</b>	<b>Timeframe</b>
2.1.1 All key statutory partners to devise a flagging protocol for those deemed to be at risk of child sexual exploitation; NHS, GPs, Sexual Health, CAMHS.	Missing, CSE and Trafficking Subgroup Chair	Establishment of flagging process within each agency, and numbers of children identified as at risk.	CSE Strategic Group	September - December 2015
2.1.2 Work with pharmacies to develop a checklist for identifying those at risk of CSE to improve early identification of risk, and information sharing. To include GP dispensing surgeries and school nurses.	Chair of Missing, CSE and Trafficking Group.	<ul style="list-style-type: none"> <li>•Checklist developed</li> <li>•Increase in numbers of children flagged to MASH</li> <li>•Increase in risk assessments undertaken</li> </ul>	CSE Strategic Group	30 September 2015

<p>2.1.3 Identification of care providers within Worcestershire to create closer links (see 2.1.2)</p>	<p>Missing Person Co-ordinator within the Police/ Chair of Missing, CSE and Trafficking Group.</p>	<ul style="list-style-type: none"> <li>•List of care providers maintained within Children’s social care – including 16+ and independent providers</li> <li>•Increase in numbers of children flagged to MASH</li> <li>•Increase in risk assessments undertaken.</li> </ul>	<p>CSE Strategic Group</p>	<p>TBC</p>
<p>2.1.4 Embed widely existing screening tool to support the assessment and management of risk (links with 1.3.1)</p> <p>Develop and embed risk indicator toolkit for professionals</p>	<p>Chair of Missing Children, CSE and Trafficking Group</p>	<ul style="list-style-type: none"> <li>•Percentage of referrals where screening tool has been completed</li> <li>•Risk indicator toolkit available for professionals</li> </ul>	<p>CSE Strategic Group</p>	<p>November 2015</p> <p>TBC</p>
<p>2.1.5 Complete full review of existing CSE Pathway to align with CSE Strategy 2015-18</p>	<p>Missing Children, CSE and Trafficking Group</p>	<p>Refreshed pathway in place.</p>	<p>CSE Strategic Group</p>	<p>July 2015</p>

2.2 Develop professional curiosity amongst front line staff to ensure they look for and act on signs of potential CSE (particularly social workers, Health workers and school staff)				
Action	Action Owner	Measure	Accountable Body	Timeframe
2.2.1 Ensure CSE Training Strategy and materials include specific reference to learning about the need to exercise professional curiosity.  (Links to 2.1.1)	Workforce Development Group	Increased reporting of CSE concerns across all key partners.	Improving Frontline Practice Sub Group	November 2015
2.3 Identification of vulnerable children who have the potential to become perpetrators				
Action	Action Owner	Measure	Accountable Body	Timeframe
2.3.1 Scope national good practice in the emerging field of understanding children who have the potential to become perpetrators.	YOS within Missing Children, CSE and Trafficking Group	Scoping completed within time scale	Vulnerable Children Sub Group	November 2015
2.3.2 Review toolkit to assist professionals to identify children who have the potential to become perpetrators.	YOS within Missing Children, CSE and Trafficking Group	Toolkit produced and promoted through WSCB website.	Vulnerable Children Sub Group	January 2016

2.4 Promote the crucial importance of effective information sharing				
Action	Action Owner	Measure	Accountable Body	Timeframe
2.4.1 Develop an information sharing agreement between all partners which differentiates between different levels of information required and the processes for sharing information	Chair of MASH Operational Group	<ul style="list-style-type: none"> <li>•Establishment of internal information sharing pathways within and between agencies re CSE</li> <li>•Increase in numbers of children flagged to Access Centre</li> <li>•Increase in numbers of children flagged to MASH</li> <li>•Increase in risk assessments undertaken</li> </ul>	CSE Strategic Group	July 2015

<b>Key Priority 3</b>				
<b>Intervention and Support</b>				
Overarching priority: Drawing on models of recognised good practice to develop local responses ; tailoring intervention and support to individuals; and mapping and publicising a range of available intervention/support services				
<b>Key Target Areas/Objectives</b>				
3.1 Develop different methods/casework suited to CSE				
<b>Action</b>	<b>Action Owner</b>	<b>Measure</b>	<b>Accountable Body</b>	<b>Timeframe</b>
3.1.1 Each child or young person identified at risk of CSE or experiencing CSE has a completed CSE risk assessment and management of risk plan	Chair of Missing Children, CSE and Trafficking Group /Chair of CSE Panel	<ul style="list-style-type: none"> <li>•Proportion of completed assessments and risk management plans</li> <li>•Repeat MACFA findings demonstrate robust risk management plans</li> </ul>	CSE Strategic Group	November 2015
3.1.2 Develop links with adult safeguarding to ensure transition for those young adults still at risk of exploitation.	Independent Chairs	<ul style="list-style-type: none"> <li>•Adult safeguarding representative on Missing Children, CSE and Trafficking Group; MASH</li> <li>•Transition protocol for those from children's social care to adult social care updated to refer to CSE</li> <li>•Providers for 16+ have clear pathway written for CSE safeguarding for client.</li> </ul>	Worcestershire Safeguarding Children Board	December 2015

3.1.3 Develop CSE Communication strategy for a range of media and audiences  (Links with 1.1)	Steve Eccleston/Helen Blake	CSE Communications Strategy in place	CSE Strategic Group	October 2015
3.1.4 Develop protocol for information sharing and management of risk re CSE with care providers to include the flagging of CSE concerns when children are placed in or outside of county.	Siobhan Williams	<ul style="list-style-type: none"> <li>•Protocol established and embedded</li> <li>•Increase in children flagged as being at risk of CSE</li> <li>•Evidence that risk management plans are in place.</li> </ul>	CSE Strategic Group	July 2015
3.2 Develop victim and family specialised support				
<b>Action</b>	<b>Action Owner</b>	<b>Measure</b>	<b>Accountable Body</b>	<b>Timeframe</b>
3.2.1 Undertake a needs assessment to map existing support services and to identify gaps in provision for children at risk of CSE  (To include research into established good practice)	Ellen Footman/Hannah Needham	Assurance that appropriate services are in place	CSE Strategic Group	TBC



3.2.2 Ensure West Mercia SARC has adopted training, facilities and pathways to address the needs of sexually exploited children and young people in Worcestershire.	The Glade management reporting through Missing children, CSE and Trafficking Group	<ul style="list-style-type: none"> <li>• Assurance that SARC links directly with CSE pathway</li> <li>• Documented evidence of CSE provision for staff within the SARC.</li> </ul>	CSE Strategic Group	TBC
3.3 Develop community safety, regulatory and taxi licensing functions (consider a Partnership Enforcement Team)				
Action	Action Owner	Measure	Accountable Body	Timeframe
3.3.1 District Community Safety Partnerships Tasking Groups to receive CSE intelligence and implement a partnership response to identified 'hot spots' in consultation with the Missing Children, CSE and Trafficking Group	Community Safety Partnership (North and South)	CSP multi-agency action plan in place for each identified 'hot spot'.	Safer Communities Board	TBC
3.3.2 Community Safety Partnerships to encourage links with existing prevention and disruption strategies, e.g. Nightsafe and Street Pastor initiatives	Community Safety Partnership (North and South)	Completion of actions contained within CSP Partnership Plan (North and South)	Safer Communities Board	

3.3.3 Community Safety Partnerships to develop and incorporate CSE responsibilities within their annual Partnership Plan, taking a proactive approach to identification, risk assessment and evidence gathering	Community Safety Partnership (North and South)	CSE responsibilities clearly set and monitored as part of the North and South Partnership Plan.	Safer Communities Board	TBC
3.3.4 Undertake a CSE awareness raising campaign with Hackney carriage and private hire licenced drivers/operators	Worcestershire Regulatory Services	<ul style="list-style-type: none"> <li>•Guidance issued to all licence holders upon annual renewal of licences</li> <li>•CSE awareness raising rolled out through district taxi forums and liaison meetings</li> </ul>	TBC	TBC
3.3.5 Undertake a CSE awareness raising campaign with licenced premises in in partnership with the CSP District Tasking Groups, e.g. Nightsafe in Worcester Pub Watch in Redditch and Bromsgrove town centres	Worcestershire Regulatory Services and Community Safety Partnerships	Issuing and dissemination of information to licenced premises with a focus on 'hotspot' areas	TBC	TBC

3.3.6 District Council Licence Committee Members to be made aware of CSE responsibilities	Worcestershire Regulatory Services	CSE awareness training is incorporated into Licence Committee Member inductions	TBC	TBC
3.3.7 Develop CSE guidance for Bed and Breakfast providers, hostels and HMO Licencing	District Council Strategic Housing Officers	Guidance developed and disseminated.	TBC	TBC
3.3.8 Review the need for a partnership enforcement team following refreshed problem profile and increased awareness raising	TBC	Review completed and decision made.	CSE Strategic Group	March 2016

**Key Priority 4****Pursue and Disrupt:**

Overarching priority: Being pro-active across multi agency partnerships to identify, disrupt and prosecute perpetrators of child sexual exploitation through criminal or civil means

**Key Target Areas/Objectives**

4.1 Align cross-border arrangements with neighbouring areas/regions

Action	Action Owner	Measure	Accountable Body	Timeframe
4.1.1 To ensure that appropriate intelligence is shared regionally with partners	Steve Eccleston	Evidence of sharing at regional level	Police Strategic CSE Group	TBC
4.1.2 To ensure relevant intelligence from areas other than Worcestershire is shared with partners to maximise safeguarding	DI Nigel Jones	Effective CSE problem profile incorporating multi-agency information and regional threats and intelligence	CSE Strategic Group	TBC
4.1.3 Embed PPRC (People Presenting a Risk to Children) information sharing within agencies to ensure that those who perpetrate CSE within statutory and	Missing Children, CSE and Trafficking Group	PPRC information guidance published on WSCB website.	CSE Strategic Group	TBC

collaborating agencies are identified and managed accordingly (Links to 2.4.1)				
4.2 Develop an ongoing problem profile, mapping hot spots and keep relevant agencies informed				
<b>Action</b>	<b>Action Owner</b>	<b>Measure</b>	<b>Accountable Body</b>	<b>Timeframe</b>
4.2.1 Production of an annually refreshed Alliance CSE problem profile, to be informed by data from police and other partners	Steve Eccleston	Document to be made available annually to the LSCB.	CSE Strategic Group	TBC
4.2.2 LSCB to agree a common dataset for CSE in line with national good practice	Steve Eccleston	Dataset agreed and implemented	CSE Strategic Group	TBC
4.3 Use criminal and civil powers wherever possible to bring to justice perpetrators who exploit and abuse children				
<b>Actions</b>	<b>Action Owner</b>	<b>Measure</b>		<b>Timeframe</b>
4.3.1 Utilise ancillary and civil orders to maximum effect to assist investigation, restrict and manage offenders and support victims	Police/YOS/Probation/CRC	<ul style="list-style-type: none"> <li>•Data showing numbers and type of orders obtained</li> <li>•Number of breaches of orders</li> <li>•Number of abduction notices served</li> </ul>	CSE Strategic Group	November 2015

4.3.2 CSE investigations are driven by appropriately accredited staff	Police	Numbers of SC Abuse Investigation Development Programme and Achieving Best Evidence accredited investigators	CSE Strategic Group	Nov 2015
4.3.3 Adoption of appropriate screening tool to assist in identification of CSE	Police	Increase in numbers of children identified	CSE Strategic Group	TBC
4.3.4 Maximise potential for forensic recovery with appropriate investigative strategies and training for officers	Police	Compliance with HMIC child protection recommendations and delivery of Alliance CSE Action Plan	CSE Strategic Group	TBC
4.3.5 Establish a proper framework to investigate on-line CSE, appropriately resourced, with the necessary skill set	Police	<ul style="list-style-type: none"> <li>•Utilise a Nationally accredited risk assessment tool for on-line CSE</li> <li>•Toolkit for officers for on-line CSE</li> </ul>	CSE Strategic Group	September 2015
4.3.6 Ensure that hi-tech capabilities are keeping pace with new and emerging patterns of offending and able to meet increasing demand	Police	Sufficient resources within the Hi-tech capability and equipment to meet demand	CSE Strategic Group	TBC

## **OVERVIEW OF LOOKED AFTER CHILDREN AND CARE LEAVERS' COMMISSIONING STRATEGY**

### **Summary**

1. The Head of Provider Services and Transformation has been invited to the Meeting to provide an update on the key areas of the Looked After Children and Care Leavers' Commissioning Strategy.

### **Background**

2. At its meeting on 8 May 2014, the Children and Young People Overview and Scrutiny Panel discussed the draft Worcestershire Children's Services Commissioning Strategy for Looked After Children and Care Leavers 2014-17 and it is now timely for the Panel to receive an update.

3. The number of children and young people who are looked after by Worcestershire County Council has increased from 580 in 2010 to 680 on 7 June 2015. Worcestershire also has 326 care leavers (as at 31 March 2015).

4. The Council has recognised the pressures and agreed an additional £2.5 million in 2013/14 and £3.5 million in 2014/15 and £3.1m in 2015/16.

5. The Looked After Children & Care Leavers' Commissioning Strategy as set out in April 2014 has been progressed in the development of residential provision in-house

### **Key Areas of Development**

6. Key areas have been given further investment of time and resources to make the change required to meet the identified needs of our looked after children and care leavers- in particular to develop an in-house fostering service for 70% of our looked after children in need of this type of placement, development of a short breaks unit to prevent young people from needing to be looked after, and the re-commissioning of supported living provision jointly with District housing providers

7. Another key action that has been progressed this year is the development of a Staying Put Policy

8. There has been a review of the Care Leaver's service and decision made that outsourcing this provision will bring greater benefits for care leavers. This is in progress at present.

9. The Council is also supporting a Back to Basics Improvement Programme with social workers to embed best practice across the newly recruited service.

## **Numbers of looked after children and care leavers**

10. These additional actions will not yet ensure that the right placement is available at the right cost for the child at the point they need it, and the Looked After Children and Care Leavers' Commissioning Strategy is being refreshed to address these pressures.

11. The Action Plan for 2015/16 is being finalised and will be available for presentation at the end of July 2015.

12. This is in line with a National trend. Worcestershire has traditionally had a higher rate of looked after children per 10,000 than its statistical neighbours, and this remains the case. However at 31 March 2014 Worcestershire's rate was lower than the national average (56/10,000 compared with 60/10,000).

13. The reasons for this are difficult to ascertain as each local authority operates differently and many factors are at play- such as, investment in earlier help, investment in in-house provision, culture and practice (e.g. in respect of homeless 16/17 year olds or kinship arrangements), and the fact that even amongst statistical neighbours there are large variations such as counties that do not include their main city.

14. The increase in the number of looked after children was forecast in the Needs Assessment that informed the Looked After Children and Care Leavers' Commissioning Strategy 2013-16.

15. Without mitigating actions, the forecast is for a rise in the number of looked after children of 30 per year over the next 3 years. However, the forecast cannot predict activities or events that may impact in the future and inevitably becomes less accurate for future years.

16. The Looked After Children and Care Leavers' Commissioning Strategy is based on the principles of 'Right Child, Right Plan, Right Place, Right Time, Right Cost'.

17. At any one time there will be approximately 300 children with a plan to cease to be looked after. This will be because this is the right plan for that child or young person.

18. Between 1 April 2014 and 31 March 2015, 312 children started to be looked after and 272 ceased to be looked after.

19. Of those who ceased to be looked after:

- 63 children were reunified home to a birth parent
- 11% of children returned to live with a member of the extended family in an informal arrangement or formal legal arrangement under a Child Arrangement Order or a Special Guardianship Order or remained with their foster carer in a permanent arrangement through Special Guardianship (whether a related or non-related carer)

## **Numbers of children and young people ceasing to be looked after**



## Numbers of children changing placements

- 20% were placed with an alternative permanent family for adoption
- 82 young people ceased to be looked after on their 18<sup>th</sup> birthday
- 120 children ceased to be looked after within 12 months of starting to be looked after

20. In addition to children ceasing to be looked after, some children have a Care Plan that means they need to move to a different type of placement, or move placements due to unforeseen changes.

21. 11% (69 children) moved placements 3 times between 31/03/14 and 31/03/15.

22. 68% of children under 16 looked after for 2.5 years or more have lived in the same placement.

23. This may be because they have had difficulty in living with a family, and have been in residential provision, but they are now ready for a foster family, or it may be that they have been living with a foster family, but they are in crisis and need more intensive residential care for a period of time.

24. Some children are looked after in an emergency and are in short-term placements whilst an assessment is undertaken, at the end of which it is decided that they are unable to return home, and a long-term foster home is sought.

25. The number of children who start and cease to be looked after is affected by a number of factors that are interrelated and impact on each other:

- Individual circumstances- whilst a range of external factors may impact on a family and also on the responses of services to meet needs and risks, each child and their family remains unique and the ways in which they cope with or address challenges as they arise will impact on the welfare of the child and the potential for significant harm or family breakdown
- Social factors- effectiveness of help at an earlier stage across the childcare system (universal, targeted and specialist services for children and their parents and carers). The right intervention at the right time from the right person/service can prevent children and young people from needing to be looked after, and can enable a more swift and successful return home if a child does need to be looked after. Early help commissioned services are now in place. However, these are only one part of the whole system of prevention and intervention.
- Economic factors- more children are looked after from areas where there is higher unemployment, lower educational attainment, poorer housing and lack of access to health and leisure services. Worcestershire mirrors the national trend

for this and any decisions about where to target scarce resources needs to consider the impact on the most vulnerable children in these areas.

- Political factors- new statutory requirements or government guidance arising from a political response to issues and concerns raised at a national level will impact on practice – recent examples are child sexual exploitation, avoiding delay in care proceedings, Staying Put arrangements, health service restructure, welfare reform
- Judicial factors-new legislation and legal judgements or outcomes from judicial reviews will change practice in order to be legally compliant-e.g. Southwark Judgement re homeless 16/17 year olds, Mumby Judgment re Regulation 24 placements with kin carers. The timescale for concluding care proceedings within 26 weeks is now strictly monitored by the courts.
- Resources- the reduction in public finance across a range of services may have unintended consequences for looked after children and care leavers, in particular if services are restricted for parents dealing with substance misuse, domestic abuse or mental ill-health

## **Workforce issues**

26. Once a child becomes known to the Children's Social Care Service, the role of the child's social worker becomes pivotal as the lead person to undertake, and engage the child, their family and other professionals, in the assessment, plan and effective interventions for the child.

27. As a result of the many factors, the systems around a child and their family are not always able to be co-ordinated effectively or easily. This is compounded by legislation and guidance that is extensive and detailed and must be followed.

28. Therefore it is essential to have a sufficient number of skilled and experienced social workers with manageable workloads.

29. Worcestershire has struggled to recruit in the past but since the restructure in 2013, we have actively recruited and supported sufficient newly qualified social workers to fill the vacancies. The workforce remains relatively inexperienced and a programme to develop basic standards of best practice (Back to Basics) is underway.

## **Budget issues**

30. The complexity of the system and the changes of plan and placement required in order to meet the needs of children and young people have implications for trying to forecast the type of resource and the amount of resource that will be required.

31. The Looked After Children and Care Leavers' Strategy outlined a number of ways to ensure that provision is made at the right cost and this has created an Action Plan to ensure these are progressed:

- Increase the number of Worcestershire CC foster carers to

- reduce the demand on external, and more costly placements, which do not provide better quality foster homes
- Increase the number of small residential homes within the county to reduce the dependence on external residential provision, especially provision far from Worcestershire
  - Develop a specialist family support service to provide intensive support to prevent family breakdown and aid and sustain reunification home
  - Utilise family meetings and family group conferences to build on family strengths to avoid children needing to be looked after, or plan their entry/exit to or from care in a timely way

32. The Action Plan 2013/14 had costs attached to these actions and, in addition, each child's Care Plan was tracked to try to forecast the costs attached to their placements. Additional resources of £3.5 million were allocated to the Placements Budget for the following financial year (2014/15).

33. However, the number of looked after children increased by 49, which exceeded the forecast. In addition, although progress had been made since January 2015 after an effective publicity campaign, the number of Worcestershire foster carers had not significantly increased by the end of the year.

34. This resulted in a higher number of children being placed in external residential provision as there were no other placements available to meet their needs.

35. Further additional resources of £3.1million were allocated to the Placements Budget for 2015/16.

36. In addition, resources have been allocated through the Council's FutureFit Transformation fund in order to push some actions faster:

- Head of Provider Services and Transformation to lead on the progression of developments in fostering, residential, short breaks, adoption and specialist support services and to develop an Edge of Care Strategy
- Fostering Transformation Manager to lead on the recruitment and retention of Worcestershire foster carers for Worcestershire children
- Development of specialist support for reunification in conjunction with NSPCC Return Home project
- Additional experienced social worker support for newly qualified social workers to embed good practice
- Investment in a tracker system to aid the progression of children's plans through legal proceedings

37. The Action Plan for 2015/16 is being finalised and will be available for presentation at the end of July 2015. It is likely to require further additional resources to meet the forecast needs.

**Actions already undertaken or planned**

38. The Looked After Children & Care Leavers' Commissioning Strategy has been progressed in the development of residential and supported living provision in-house and development of a short breaks unit to prevent children needing to be looked after

39. Key areas have been given further investment of time and resources to make the change required to meet the identified needs of our looked after children and care leavers- in particular to develop an in-house fostering service for 70% of our looked after children in need of this type of placement

40. Other key actions that have been progressed this year are the development of a Staying Put Policy, and re-commissioning supported living provision

41. There has been a review of the Care Leaver's service and decision made that outsourcing this provision will bring greater benefits for care leavers. This is in progress at present.

42. The council is also supporting a Back to Basics improvement programme with social workers to embed best practice across the newly recruited service.

43. Finance officers are also working on the development of a 2-3 year financial strategy and working with operational managers on the financial savings which should be attributable to the developing Edge of Care Strategy.

**Private children's homes and fostering agencies (for Worcestershire children)**

44. As at 15/05/15 there were 51 looked after children in externally procured residential placements and 2 young people in secure placements, and 28 children in in-house residential provision. The average cost of external provision is £3700 per week and in-house provision is £2200 per week.

45. There were 243 children in externally procured independent fostering agencies, and 128 with in-house non-related carers. The average cost of an externally procured fostering placement is £800 per week in comparison to an in-house placement of £350 per week

46. 13% of children lived over 20 miles from their home address at the end of March 2015.

**Role of corporate parent**

47. The role of Worcestershire County Council as a Corporate Parent is crucial in providing leadership and strategic direction to improve outcome for all of our looked after children and care leavers.

48. Worcestershire's Corporate Parenting Board was refreshed in 2014 and is in the process of updating the Corporate Parenting Strategy and Action Plan for 2015-17. The Corporate Parenting Board has set a priority of raising the profile of corporate parenting across the council and with key partner agencies in 2015/16

through an awareness-raising and training strategy, alongside a focus on areas for improvement to ensure our looked after children receive the service they should from their corporate parents.

49. The key question for all corporate parents is 'is this good enough for my child?'

50. The proposal is for all relevant senior officers, councillors and key individuals in partner agencies to sign the Corporate Parenting Pledge. The draft Corporate Parenting Strategy, Pledge and Action Plan are being presented at the next Corporate Parenting Board on 19 June. This will be followed by an externally facilitated development day in July.

51. The Senior Leadership Team has also considered how other areas of the council can fulfil our corporate parenting role, especially Open for Business, through a focus on improving outcomes for care leavers in employment, education and training.

## **Purpose of this Meeting**

52. The Panel is invited to consider the update and determine if it wishes to submit any comments to the Cabinet Member or carry out any further scrutiny.

## **Contact Points**

### **County Council Contact Points:**

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: [worcestershirehub@worcestershire.gov.uk](mailto:worcestershirehub@worcestershire.gov.uk)

### **Specific Contact Points for this Report:**

Alyson Grice and Samantha Morris, Overview and Scrutiny Officers, Commercial Directorate: 01905 766619

Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

## **Background Papers**

In the opinion of the proper officer (in this case the Director of Children's Services) the background papers relating to the subject matter of this report are:

Agenda and Minutes of:

Children and Young People Overview and Scrutiny Panel 8 May 2014, which are available on the Council's website at:

<http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx>

This page is intentionally left blank

## **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND SPEECH & LANGUAGE THERAPY – COMMISSIONING UPDATE**

### **Summary**

1. The Strategic Commissioner – Early Help and Partnerships and the Lead Commissioner: Children and Families and Public Health have been invited to update the Children and Families Overview and Scrutiny Panel on the redesign of the Child and Adolescent Mental Health Services (CAMHS) and the Paediatric Speech and Language Therapy Service (SALT).

### **Wider Context**

2. Worcestershire's Early Help Strategy (approved in September 2011) focused on developing an 'early help offer' across Worcestershire. The development of this 'offer' focused on Worcestershire County Council's responsibilities and resources and has driven the commissioning of six 0-19 early help service arrangements, one for each District area.

3. The six 0-19 service arrangements are all now in place and the focus has switched to performance monitoring and evaluating impact on outcomes, which include tackling health inequalities. Performance information does suggest that the existing offer (including Stronger Families) is improving the lives of those individuals and families reached by early help services. However, further evaluation needs to be carried out to ascertain the wider impact on outcomes including cost benefits.

4. Throughout the implementation of the Early Help Strategy the demand on specialist services (e.g. children's social care) has continued to increase, despite the introduction of the early help offer. The emerging evidence from the needs assessment is suggesting that if we carry on as we are then the need for early help services is **forecasted to grow over the next 5 years**. The main reason for this is a higher and rising birth rate in more deprived communities where the risks of poorer outcomes are greater.

5. The recent Safeguarding Peer Review also concluded that greater clarity is required on the difference between the Worcestershire-wide early help strategy and the council commissioned early help services. It also reinforced that identifying and meeting the needs of children, young people and families goes beyond the County Council's responsibilities.

6. It is therefore intended to refocus and refresh the current

## **CAMHS - Background**

Early Help Strategy into a Prevention and Intervention Strategy which will:

- provide clarity on roles, responsibilities and relationships between agencies and organisations from across the children and families sector
- focus on strengthening communities – building resilience and transforming the way people and communities help themselves and each other
- be used to shape future Worcestershire County Council (WCC)/NHS commissioning and influence other commissioning activity
- focus on reducing demand on specialist services e.g. social care, A&E, CAMHS

7. CAMHS in Worcestershire are commissioned to promote, maintain and improve the mental health and psychological well-being of children and young people from 0 to 18 years of age but will, where appropriate, provide support to young people whose needs take precedence over their chronological age (for example those in transition to adult services), and including those with a learning disability.

8. The service works with other agencies and partners within the 4 tiered model (See Appendix 1) to contribute towards improving the emotional wellbeing of all children and young people in Worcestershire. Note that Tier 4 CAMHS provision is commissioned by NHS England.

9. The service utilises a 'stepped care' approach to provide a sequence of intervention and support options that offer simpler and less expensive interventions first, and step up to more complex and expensive interventions only if needs have not been met or have changed. CAMHS provides a service at Tiers 2 & 3 (including Tier 3+). Tier 2 (targeted) provision is mainly a consultation service with intervention being provided by others (e.g. schools, and Early Help providers). Tier 3 service is a specialist service where trained mental health professionals assess need and deliver intervention with other agencies as required. Tier 3 + is an extended service to tier 3, for those children and young people whose escalating or complex needs cannot be met by core Tier 3 CAMHS alone. The extended service includes an intensive home treatment service.

10. The current needs assessment and review of CAMHS was carried out 4 years ago. This led to a service re-design in 2012/13, which introduced a CAMHS single point of access, the extended tier 3 service and a significant improvement in waiting times through operation of the CHOICE and Partnership model.

11. A CHOICE appointment is the term for the first contact the client has with the service. The aims of the Choice appointment



## **CAMHS – Summary of current challenges**

are:

- Clarifying hopes for change
- Considering risk, including safeguarding/child protection
- Allowing the child/young person to make an informed choice about what they need and want and what services they may need
- Identifying what they can do for themselves
- Providing written information about the problems they are struggling with and solutions and other sources of help, such as other agencies and websites.

12. A Partnership appointment is where the majority of intervention work occurs and can be done by most clinicians who have extended clinical skills.

13. The close monitoring of the CAMHS service has highlighted a number of issues including waiting times. There has also been a recent national review of CAMHS. It is, therefore, now timely to re-assess needs and to evaluate the service against national standards and guidance on best practice, in order to ensure its clinical effectiveness and cost effectiveness for the taxpayer.

14. Commissioners are working on a CAMHS needs assessment which is due to be completed by August 2015. This needs assessment will use the evidence collected through contract monitoring, the national review of standards and best practice and the findings from the recent (February 2015) CAMHS peer review to make recommendations around future service re-design.

15. There are a number of challenges and areas of concern that the needs assessment will explore the evidence around, and propose solutions in more detail. Challenges include:-

- There is a perceived gap locally around emotional wellbeing services for those young people who do not meet the CAMHS threshold.
- Local stakeholders are reporting increased concern around the incidence of self-harm in young people.
- Waiting times for, both for CHOICE appointments and Partnership appointments is an area of concern. However, it should be noted that CAMHS continues to meet the emergency (within max of 24 hours), urgent (within max of 4 weeks) and routine maximum waiting time targets (within max of 18 weeks) for Choice appointments. The average wait for CHOICE appointments is currently 6.88 weeks (March 2015), previously 7.17 weeks (Feb 2015 data). Whilst the average waiting times for referral to Partnership appointments is currently 17 weeks (March 2015), previously 22 weeks (Feb 2015). This is a substantial increase from December 2014

where the average wait was 10 weeks meaning children are waiting longer for a specific intervention.

- Referrals to CAMHS Single Point of Access (SPA) have increased since September 2014, and the percentage of referrals signposted as inappropriate has decreased. However, it is to be noted that the needs assessment will look at referral numbers over a longer period of time, to assess whether demand has increased over the last 4-5 years.

16. In February 2015, the West Midlands Quality Review Service (WMQRS) conducted a peer review of Worcestershire's CAMHS. The draft report from has been received and identified the following:-

- The two immediate risks identified have been addressed, these were:-
  - i. No evidence of risk assessment in patient notes.
  - ii. Patients seen and discharged from hospital without risk assessment and follow up.
- Unacceptable waiting times and lack of transparent waiting times data from the provider
- Lack of a 7 day home treatment services
- Lack of a Tier 2 mental health service

17. A commissioner led action plan monitoring group is being established to address all required actions, which will be reported to Clinical Quality Review (CQR). (See Appendix 2 for Governance structure) Immediate action has been taken to address the two risks identified and WMQRS have confirmed that the risks are now being managed. The other actions being taken, irrespective of the needs assessment are:

- NHS Provider addressing staffing vacancies
- NHS Provider completing data cleansing due to data quality issues

18. Lead Commissioners are also considering additional steps to support the reduction of waiting times prior to the redesign, including:-

- a risk meeting with commissioners and the provider to establish when commissioners can expect to receive reliable waiting times data;
- agreeing short term waiting times initiatives, for example, group sessions to address issues such as anxiety or additional resource to ensure those requiring a partnership appointment after A&E attendance are seen promptly.

## **CAMHS – Needs Assessment**

19. The actions identified in paragraphs 17 and 18 aim to provide solutions for the short term. This complements the work of the needs assessment and subsequent service re-

## Actions

design which aims to provide longer term, transformational, solutions to ensure Worcestershire can offer a responsive CAMHS service to provide children and young people with the support they need in a timely manner.

## Speech and Language Therapy Service Background

20. The needs assessment with recommendations for future redesign is forecast to be completed by the end of August 2015. Implementation will be complete by the 1 September 2016, although depending on procurement decisions this may be implemented sooner.

21. The Speech and Language Therapy Service provides universal information, advice and guidance to all schools, settings and parents and carers to support speech, language and communication development in children and young people. Needs for SALT are considered within the 4 tier model as in Appendix 1. The service provides intervention and support at the earliest opportunity and in the most appropriate environment. Specialist and targeted therapy provision is provided, however there is a high emphasis on skilling up the wider children's workforce (universal services, such as Early years settings, schools and professional groups such as health visitors) to support early identification and intervention, making best use of resources available.

22. The previous SALT service redesign in 2011 resulted in a significant positive impact on waiting times for children and young people. It also introduced the focus on prevention, skilling up the wider children's workforce to identify issues early. In addition, the clinics began to operate for the 0-5 age range in children's centres, enabling therapists to link families to other sources of support (e.g. family support workers) for wider family issues. The Talking Walk-in service began, enabling parents to drop in without an appointment to seek expert advice at an early stage from therapists.

23. A recent announced visit to the Talking Walk-in service (conducted by the commissioning team with expert input from Specialist Teachers in November 2014), concluded very positively, with parents feeling that their children were progressing due to the support provided, and that the service was accessible and took place in a friendly and welcoming environment.

24. The new needs assessment will analyse the data in more detail, however monitoring data shows that for example, health visitors are referring children 0-5 years at an earlier age year on year – showing that the training provided to health visitors has impacted on them being able to identify children's needs earlier and refer for specialist support in a timely manner.

25. Despite the SALT service redesign being successful in delivering positive outcomes, commissioners continue to

ensure that the service is in line with new best practice. The last evaluation and needs assessment for the Speech and Language Therapy service was carried out five years ago in 2010. An updated focus on SALT is required to ensure that the service offered is continuing to have a positive impact, and that population needs are being met. There are also the current challenges. These include:

- Year on year, referrals are increasing, so the service has to be fit to meet current and future demand.
- Feedback from stakeholders has challenged the model of service design and therefore this needs to be considered in the service review.
- The average waiting time for a SALT appointment is 7 weeks (March 2015). This has reduced from 9 weeks (Feb data). There are currently a number of breaches for waiting over 18 weeks (the maximum waiting time that commissioners impose locally). March data shows 30 children waiting over 18 weeks. These are due to vacancies in the South Worcestershire pre-school service team.
- Communication Language and Literacy scores for Worcestershire are below that of statistical neighbours (although scores have increased year on year since 2008).

26. The 3 month short term recovery action plan to address the waiting times is as follows:

- Provision of additional clinics at Children Centres
- School age team staff to join the pre-school team during the holiday period to provide extra support
- Robust triage of referrals
- The NHS Trust Provider is addressing staffing vacancies and the process is almost complete with vacancies being filled.

27. The actions identified in paragraph 26 aim to provide solutions for the short term. This complements the work of the needs assessment and subsequent service re-design which aims to provide a long term and sustainable service to ensure SALT needs are met in a timely manner across all settings (early years, mainstream and special schools).

28. The service review and redesign is being undertaken aimed to produce a new specification to be implemented from September 2016, again depending on the procurement decisions taken, this could be implemented sooner.

29. WCC has a financial challenge to deliver savings, and this includes the use of the Children's Services Directorate base budget. WCC contribute to both CAMHS and SALT services and this contribution has to be considered along with other

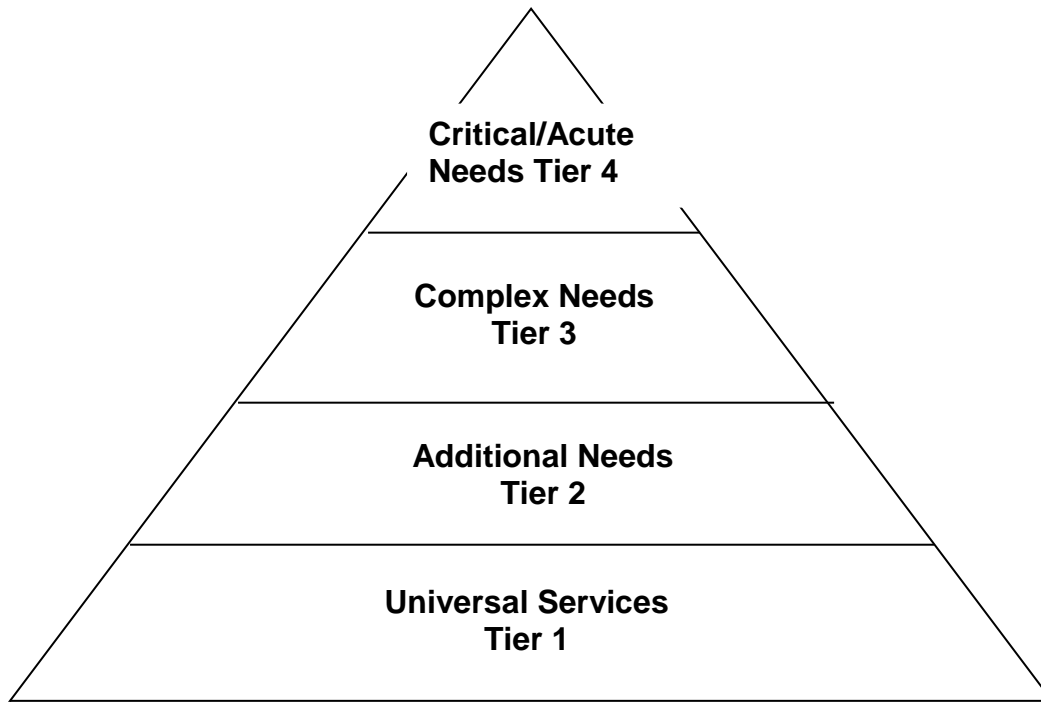
## **SALT – Needs Assessment Actions**

## **Financial Challenge**

	<p>children's services directorate savings.</p> <p>30. Clinical Commissioning Groups fund £4,388,043 for CAMHS and £2,101,142 for SALT, and WCC contributes £739,019 for CAMHS and £189,000 for SALT.</p> <p>31. Within the current medium term financial plan there is £110,000 saving (17/18) for CAMHS and £189,000 (16/17) savings for SALT. Both are currently rated high risk (rated 'red') given the potential impact on outcomes and a lack of plan on how the savings could/should be realised. Any actions to reduce or remove risks will be identified following the analysis of the needs assessment and forming of service design recommendations.</p>
<b>Purpose of the Meeting</b>	<p>32. The Panel is invited to consider and comment on the redesign of the Child and Adolescent Mental Health Services and the Paediatric Speech and Language Therapy Service.</p>
<b>Supporting Information</b>	<p>Appendix 1: Tiered model – children's needs. Appendix 2: Contract Governance Arrangements</p>
<b>Contact Points</b>	<p><b>County Council Contact Points:</b></p> <p>County Council: 01905 763763 Worcestershire Hub: 01905 765765 Email: <a href="mailto:worcestershirehub@worcestershire.gov.uk">worcestershirehub@worcestershire.gov.uk</a></p> <p><b>Specific Contact Points for this Report:</b></p> <p>Lead Commissioner: Children and Families and Public Health Jessica Glenn: 01905 768331 Email: <a href="mailto:jglenn@worcestershire.gov.uk">jglenn@worcestershire.gov.uk</a></p>
<b>Background Papers</b>	<p>In the opinion of the proper officer (in this case the Director of Children's Services) there background papers relating to the subject matter of this report are:</p> <p><a href="#">All agendas and minutes can be found on the website</a></p>

This page is intentionally left blank

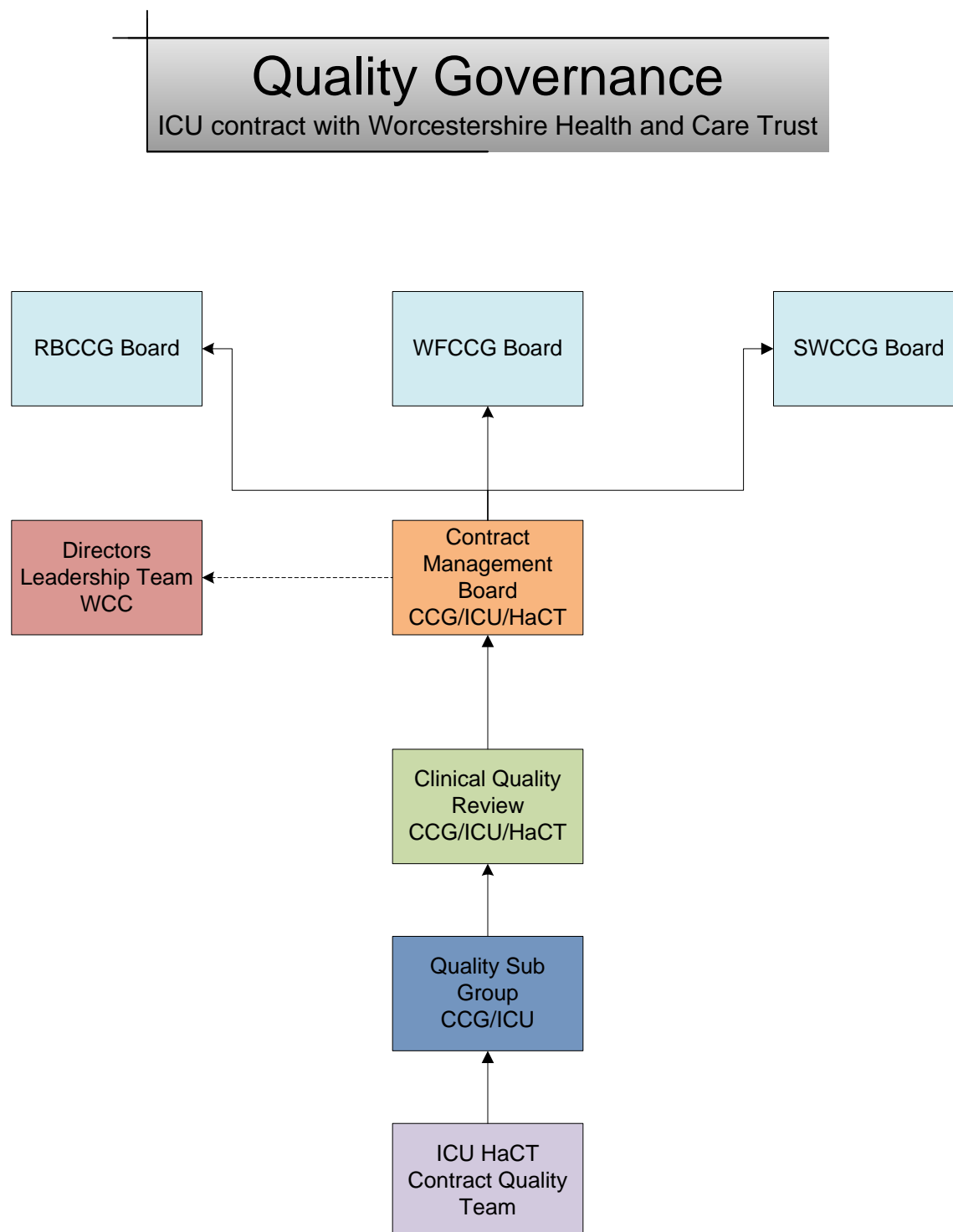
**Appendix 1**



This page is intentionally left blank



## Appendix 2



ICU = Integrated Commissioning Unit

HACT = Health and Care Trust (NHS Community provider)

CCG = Clinical Commissioning Group

Note: The three CCG Board (R&B, Wyre Forest and South Worcs) representatives also meet on a monthly basis with WCC representatives which forms the Integrated Commissioning Executive Officers Group (ICEOG).

This page is intentionally left blank