

Worcestershire Safeguarding Children Board



Annual Report 2013 -2014

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This report has been prepared by the Independent Chair in conjunction with the Business Manager, and was approved by the Worcestershire Safeguarding Children Board (WSCB) in June 2014. Its sources include annual reports, performance data, information presented to the Board throughout the year, and feedback from Sub-Groups and other sources relevant to the Board's business. The report has been formally sent to the Chief Executive and Chair of the Health and Well Being Board (WHWBB) as statutorily required, in addition to partner agencies and key stakeholders. It will be placed on the Board's website so it is accessible to all. (www.worcestershiresafeguarding.org.uk). For any further information please contact Sue Haddon, Business Manager, Worcestershire Safeguarding Children Board 01905 752803

Independent Chair's Foreword

Worcestershire Safeguarding Children Board's Annual Report for 2013/14 gives a public assessment of the effectiveness of child safeguarding and the promotion of the welfare of children in Worcestershire, and both recognises its achievements over the past year and is realistic about the challenges that remain.

The purpose of a Local Safeguarding Children Board is to co-ordinate safeguarding arrangements across agencies and to ensure these are effective. I have great pleasure in presenting the Annual Report for 2013/14, The Report will be made publicly available on the Board's website, and will be formally submitted to the Chief Executive and Leader of the County Council as the most senior strategic local leaders. The Chair will present it to the County Council's Children and Young People's Overview and Scrutiny Panel, to the Council's Cabinet and to the Health and Well-Being Board. It will also be sent to Worcestershire's Police and Crime Commissioner, the Chair of the Children's Trust Executive Board and to other key partnerships. Board members will ensure that their own agencies and relevant Boards have access to the Report as well. The Report is therefore an important mechanism of assurance to key governance bodies about the importance and effectiveness of safeguarding children in Worcestershire.

This Report needs to be read in conjunction with WSCB's 3 year Strategic Plan 2014 -17, as the identified areas for improvement and learning points from last year have been carried forward and taken into account in the Board's priorities for next year. The Annual Report covers the local and national context; governance and accountability arrangements; priorities, achievements and learning; ending with a formal summary statement about the sufficiency of arrangements to ensure children are safe in Worcestershire.

2013/14 saw a major Service Redesign implemented by Children's Social Care (CSC), intended to strengthen the front line and introduce a new practice model to ensure a robust and valued service to vulnerable children and families. An Early Help Strategy is also being extended across Worcestershire, both having been designed to improve services for children. During the transition period, social worker recruitment was problematic and some areas of performance declined. The practice changes therefore proved slower to implement than anticipated and the Board has been concerned at the slow pace of change. Other agencies, notably Health and Police, also made major changes, mainly due to financial reductions, and these all impacted on performance. Practice was therefore variable during the year but with more recent signs of improvement and the Board has recognised the importance of the longer term aims for the CSC Service Redesign.

During this past year the Board implemented its new structure and continued to develop the performance framework including the increasing use of multi-agency data centred on the journey of the child. Working Together to Safeguard Children 2013 has been implemented, and there have been significant achievements including producing suicide prevention guidance, child sexual exploitation processes, a Learning and Improvement Framework, a user feedback strategy plus continuous training and development of front line staff.

The wider safeguarding environment in Worcestershire has continued to be challenging, and there have been concerns about the cumulative impact of financial cuts on safeguarding children. An Ofsted Inspection is anticipated, using new criteria, and the Board has been responsive to new demands. It has been able to make a stronger assurance statement for 2013/14 than last year, based on achievements and more robust information, although challenges remain in being able to demonstrate safeguarding arrangements are effective. Finally I would like to pay tribute to Board members, sub group members, their agencies, the Business Support Team and of course all staff and practitioners across Worcestershire who work hard to ensure the safety of children. We remain absolutely committed to best practice and I commend this report as a means of demonstrating this to the public of Worcestershire.

Diana Fulbrook,

Independent Chair, May 2014

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Executive Summary

The Board assesses that it complied with its statutory and legal requirements throughout the year, and implemented changes arising from Working Together to Safeguard Children 2013. It continues to work to improve its ability to assess the effectiveness of safeguarding arrangements.

Last year's strategic priorities have been actioned and much of what the Board said it would do has been achieved. Where it was not, this was mainly because work was still in progress, outcomes were not evident from work undertaken or awareness still needs to be raised about new procedures. There continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and the 'Think Family' approach.

The Board assesses that full account of relevant partners' plans and strategies has been taken in its own planning processes and stronger links are being developed. There have been demonstrable achievements over the past year. Learning from audits, Inspections and Serious Case Reviews has driven change and available feedback from children, parents and practitioners has started to inform improvements.

The new structure of the Board has yielded a more integrated approach to the Board's business and opportunities have been provided for Board development. Progress has been made on clarifying agency roles and responsibilities. Areas for further development are explored in the Report.

Good practice is evident, but this still remains inconsistent. Local data shows that the introduction of Early Help is starting to make a difference but the number of looked after children remains high.

The year was marked by change and the Board kept careful oversight of performance which declined during the transition period of the implementation of Children's Social Care's Service Redesign. The Board worked well to fulfil its responsibilities, to challenge when and where required and to collectively work towards being able to demonstrate the effectiveness of safeguarding arrangements. The Peer Review undertaken at the end of the year confirmed the Board's strengths, but identified that the Board could not adequately evidence a clear and shared view about the vulnerable population and be able to measure the impact of its actions. Improvements will be taken forward into 2014/15.

Summary statement of overall judgement by WSCB

The Board concluded that there is a good body of evidence from data, audits, reports and learning during 2013/14 to demonstrate that safeguarding arrangements are in place and that children are generally safe in Worcestershire. Good progress has been made from last year and performance has improved although organisational changes in a number of agencies did contribute to this declining for a period. Outcomes and measuring effectiveness are still challenging, and there continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and "Think Family"

Section 1.

Local Background and context

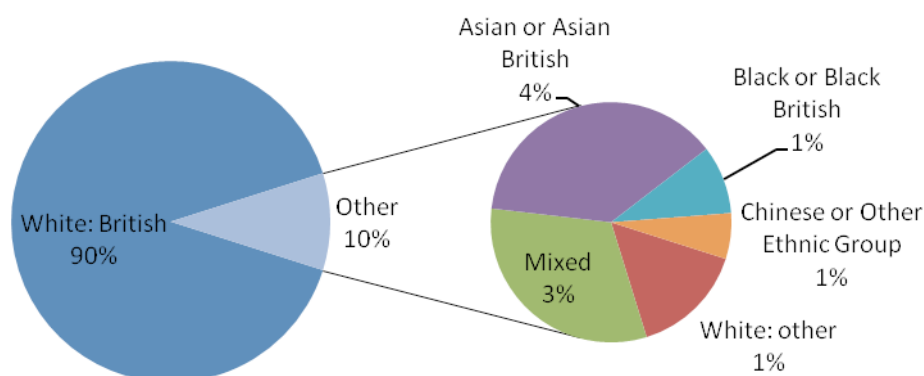
1.1 Key information and characteristics about Worcestershire

- 1.1.1** Worcestershire County is located in the heart of England towards the south of the West Midlands Region. The county borders Herefordshire, Shropshire, Staffordshire, the West Midlands Metropolitan Area, Warwickshire and Gloucestershire. The county has two main rivers, the Severn and the Avon. To the west of the county are the Malvern Hills, and to the south-east are the Cotswolds, both designated Areas of Outstanding Natural Beauty. The north of the county borders the West Midlands conurbation.
- 1.1.2** Worcestershire consists of six districts, namely: Bromsgrove; Malvern Hills; Redditch; Worcester City; Wychavon; and Wyre Forest. Worcester City is the main administrative and employment centre in Worcestershire, but the county also contains the towns of Kidderminster, Redditch, Bromsgrove, Stourport-on-Severn, Malvern, Evesham and Droitwich Spa. By area Worcestershire is largely a rural county, although around 70% of the population lives in urban areas. Wychavon and Malvern Hills are the two most rural districts.

1.2 Factors relating to needs and services in the context of safeguarding

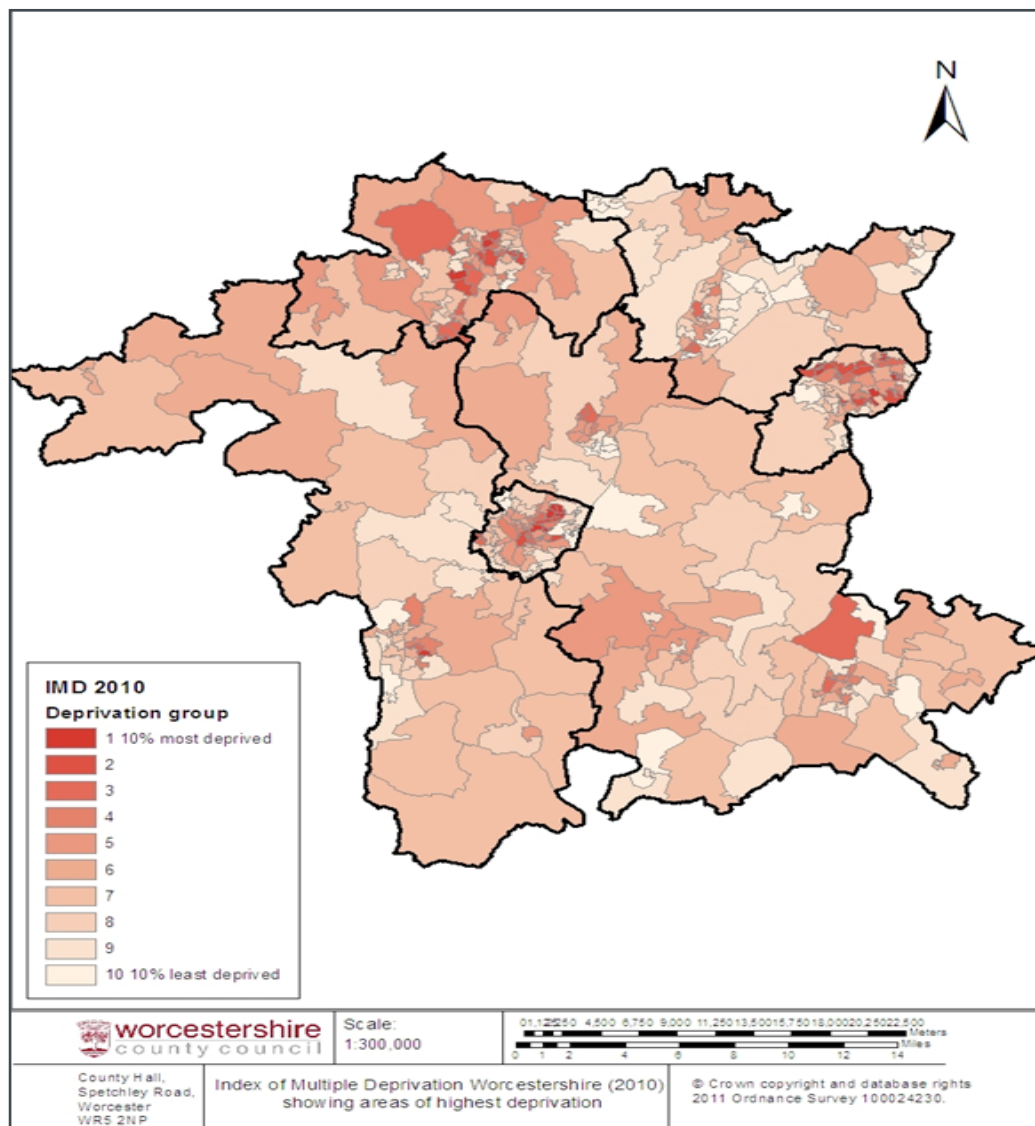
- 1.2.1 Age**
 Worcestershire County Council has a resident population of approximately 122,000 children and young people aged 0 to 18 years, representing approximately 20% of the population (2011 census). The population age breakdown for Worcestershire is: 5% aged 0-4, 6% aged 5-10, 6% aged 11-15, and 3% aged 16-17 years. Over the next ten years the population of 0-17 year olds in Worcestershire is projected to increase by 5,500 (5%) compared to a 10% increase nationally, with variations between age groups. In particular 5-10 year olds are projected to increase by 17%, and 16-17 year olds to decrease by 11%.
- 1.2.2 Ethnicity**
 10% of the population is classified as belonging to an ethnic group other than White British compared to 18.3% in England overall. The majority of these children are from dual heritage or Asian/British Asian minority groups. English is spoken as an additional language by 4.5% of pupils. Urdu, Panjabi and Polish are the most commonly recorded spoken community languages in the area.

Worcestershire population aged 0 to 17 by ethnicity



1.2.3 Areas of Deprivation

The Indices of Deprivation use several measures including income, employment, education, health, barriers to housing and services, crime, and living environment. These are weighted and combined to create an overall Index of Multiple Deprivation. In Worcestershire deprivation scores vary between 71.2 in one area of Worcester and 1.7 in one area in Bromsgrove. Most of the high deprivation areas are in the urban areas of Worcester, Wyre Forest and Redditch. The average for the county is 16.44, ranked as 110 out of 152 Local Authority areas (1 is the most deprived)



1.2.4 Educational Establishments

As at January 2014, there were 197 Local Authority Maintained schools in Worcestershire, comprising 162 primary schools, 16 middle schools, 9 secondary schools, 5 special schools and 4 short-stay schools. There were 43 Academies, 20 being secondary schools, 5 middle schools, 14 primary schools and 4 special schools. There was 1 'alternative provision' Free School with another opening in September 2014. There were 24 Independent Schools in Worcestershire, including 1 that is due to convert to Free School in September 2014, 2 Faith Schools and 2 children's homes that also provide special education. There are approximately 950 Childcare providers (private, voluntary or independent) including 52 local authority nurseries and 465 Child minders.

1.2.5 Local Authority Provision

There is an Access Centre offering advice and signposting as well as taking all referrals for Children's Social

Care. At the time of this Report there were 382 children with a Child Protection Plan and 2,463 Children In Need. All referrals are dealt with by one of 3 area based Immediate Response Teams (comprising of a Team Manager and social workers on rotation from the Safeguarding Teams) in Redditch/Wychavon, Wyre Forest/Bromsgrove and Worcester City/Malvern. Each area has 5 Safeguarding Teams (15 in total). There is a Social Work Pod managed by the Wyre Forest and Bromsgrove Group Manager. There are 3 Looked After Permanency Teams that cover the whole county, 2 Care Leavers Teams, and 3 Children with Disabilities Teams. There are separate teams for Adoption, Fostering and Kinship and Residential Services. Children's Social Care has 205 Worcestershire County Council foster carers, 5 children's homes and 2 short-break units. A Specialist Support Service provides Family Support and Family Contact through 3 Children and Families Teams, an Outreach Team that supports the work of the Care Leavers Service and a Health and Well-being Pod and a Virtual School that provide additional health and education support for Looked After Children. There is an Emergency Duty Team that provides an out of hours service for Worcestershire and Herefordshire. Early Help services were in the process of being commissioned in local districts (details in Sec 4.4.4) in the implementation of the Early Help strategy, overseen by the Children's Trust Executive Board.

1.2.6 Youth Offending

The West Mercia Youth Offending Service covers Worcestershire, Herefordshire, Shropshire and Telford and Wrekin

1.2.7 Key Partnerships

The Children's Trust Board was established in April 2010 and is chaired by the Lead Cabinet Member for Children's Services. A new three year Children and Young People's Plan (CYPP) is being published in 2014 with safeguarding as an explicit priority. A Health and Well-being Board (HWBB) is established and the Children's Trust Executive Board is an official sub-committee of this. Its priorities support key aspects of the CYPP. The Worcestershire Safeguarding Children Board (WSCB) became independently chaired in April 2008, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services

1.2.8 Health

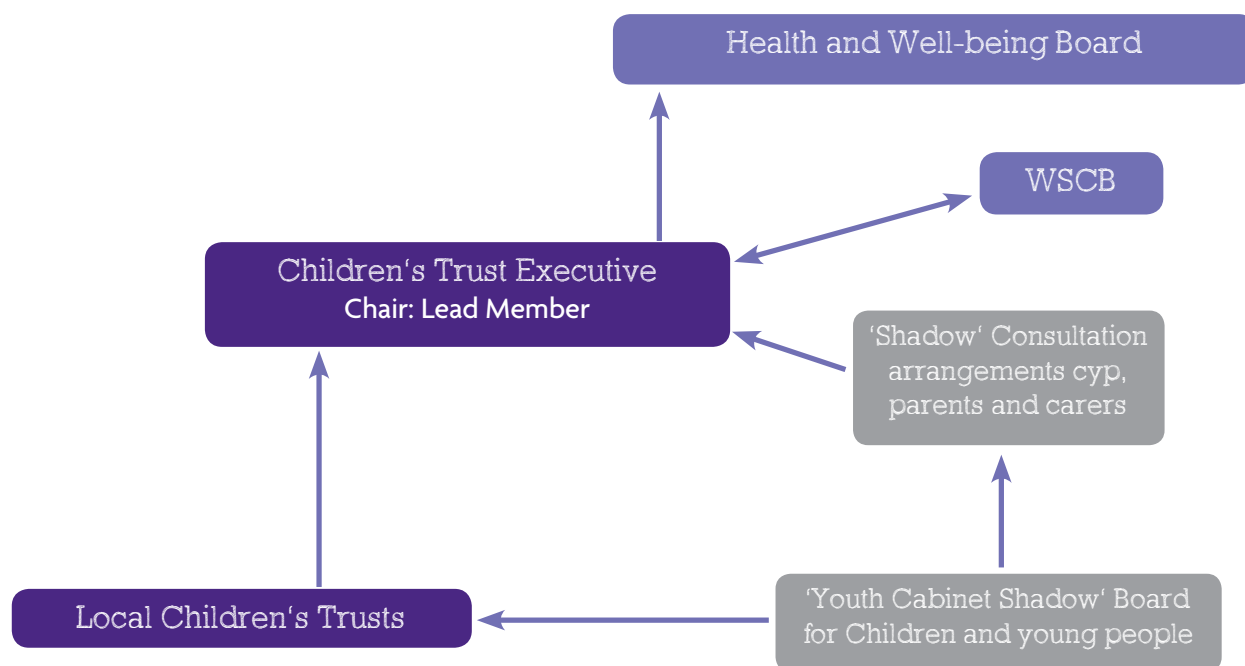
Worcestershire County Council, NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and South Worcestershire CCG jointly commission health services for children and young people across Worcestershire, governed by a Section 75 agreement. The Children's Joint Commissioning Unit, based within Worcestershire County Council, is the lead commissioner for all community health services including speech, language and communication needs; child and adolescent mental health services (CAMHS) and services for children with a disability. All community health services, including community-based CAMHS, are commissioned from Worcestershire Health and Care Trust. In-patient CAMHS care is provided at Birmingham Children's Hospital and other independent sector services including services outside the West Midlands. The main provider of acute hospital services is the Worcestershire Acute Hospitals NHS Trust, which includes the Worcestershire Royal Hospital, the Alexandra Hospital in Redditch, and Kidderminster Hospital and Treatment Centre. On April 1 2013 the NHS underwent structural changes introduced in the Health and Social Care Act. This included the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and the introduction of clinical commissioning groups (CCGs), NHS England and Healthwatch England. The CCGs are responsible for ensuring that their commissioned providers are compliant with the requirements outlined in Working Together, and the Area Team similarly for those services it directly commissions, such as primary care, as well as assuring the role of the CCGs.

1.3 Relevant strategic published plans and strategies

1.3.1 WSCB continued to have a close working relationship with the Children's Trust Board during the year and took responsibility for delivering the safeguarding element of the Children and Young People's Plan. A

review of the role and function of the Children's Trust Board resulted in a decision for it to formally report to the Health and Well-being Board. Local Children's Trusts are now being established in each district with the central Board re-named the Children's Trust Executive Board, its role and function adjusted to support the local Trusts. Membership of the Trust Executive Board includes WSCB's Independent Chair, and representatives of the local trusts, Worcestershire County Council, NHS Redditch and Bromsgrove CCG, NHS Wyre Forest CCG and South Worcestershire CCG, Worcestershire Safeguarding Adults Board, West Mercia Police, West Mercia Probation Board, and local schools and colleges.

Children and Young People's Strategic Planning Arrangements



1.3.2 The responsibilities of both the Children's Trust Executive Board and WSCB complemented each other and a protocol was put in place to support the relationship. This will be reviewed and updated in the early part of next year to take account of the new arrangements and to further clarify respective roles in some overlapping issues such as Early Help and bullying. In addition, a protocol was formally agreed with the Health and Well Being Board in March 2014, which is a three-way document also involving the Adult Safeguarding Board.

1.3.3 WSCB is aware of the importance of aligning plans and strategies produced by other key partnerships, and has taken these into account in the production of its 3 year [Strategic Plan](#)

Appendix 3 of the 2014-17 Strategic Plan lists those most relevant to WSCB including:

- Worcestershire Children and Young People Plan 2011-14, produced by the Children's Trust Board
- Worcestershire Fit for the Future Corporate Plan 2011-16
- Community Safety Agreement and Action Plan particularly in respect of domestic abuse, drugs and alcohol, and safeguarding
- The Police and Crime Plan 2013-17
- The Joint Health and Well-being Strategy 2013-16

1.3.4 The common priorities across these plans are children and families with a particular emphasis on safeguarding and protecting children and young people, domestic abuse, drugs and alcohol and mental

health and well-being. WSCB has therefore worked to establish strategic links with the key partnerships and take account of their plans and strategies in drawing up its own 3 year Strategic Plan. An updated version of the multi-agency Information Sharing Protocol was produced by the Children's Trust in March 2014 following a consultation process which included WSCB.

1.4 External Inspection Findings

Ofsted Inspections

1.4.1 An Ofsted Inspection under the new single inspection framework is anticipated next year. The Ofsted Inspection in March 2012 rated Safeguarding Services as adequate, LAC services had been rated as adequate in the previous inspection in October 2010.

1.4.2 Specific comments about the WSCB in the 2012 report were that it "is delivering its core business plan and it is increasingly effective." The good work of the Serious Case Review Sub-Group was particularly marked out, with further work needed on embedding lessons learned from complaints into practice improvements. The areas for improvement were mainly focused on practice issues and endorsed those identified by the Improvement Board. New areas for improvement included:

- The effectiveness and impact of CAF (now known as the Early Help Assessment)
- The effectiveness of early intervention and prevention
- Greater focus on Child In Need plans
- Engagement of all agencies in assessments and plans

1.4.3 The Improvement Board formally ended at the start of 2013/14 and WSCB took over responsibility for its part of the new improvement plan. Whilst the performance monitoring of Children's Social Care lies with the council's Children's Services Performance Board, by agreement WSCB has received an exception report at every meeting. The Board has therefore been able to track progress in Children's Social Care's transformation programme and its impact on performance. The Board has also been clear that the responsibility for improvement lies with all agencies and the performance framework includes the need for multi-agency data.

1.4.4 Whilst the formal improvement process was a difficult experience, WSCB gained insight into the crucial importance of effective performance management and of its role in ensuring the effectiveness of safeguarding practice. This has been built upon as the Board has gained confidence and experience in exercising its strategic oversight role.

1.4.5 Another external Inspection took place in 2012/13, which was a pilot inspection of LAC undertaken in November 2012 as part of the development of the new Ofsted Inspection Framework. This confirmed the known areas for improvement and validated the plans in place to secure improvement.

1.4.6 Other Ofsted inspections in 2013/14 were:

- Five inspections of local authority children's homes with findings for overall effectiveness of Outstanding in two and of Good in the other three
- Three inspections of Children's Centres (including a group inspection of provision across Wychavon) with findings for overall effectiveness of Good in all three
- Inspection of the WCC Fostering and Kinship Service with a finding for overall effectiveness of Adequate.

Other External Inspections

1.4.7 The Board decided to arrange a Peer Review in order to strengthen external challenge and increase self-awareness. This took place in March 2014 and initial results included the need to have a clear and shared view about the vulnerable population and to be able to measure the impact of the Board's actions to improve services. In particular, there needed to be better analysis of the performance data presented to the Board so it was clear what actions needed to be taken. These findings and recommendations will be taken forward next year.

Multi-agency Inspections

1.4.8 In addition to Local Authority based inspections, other agencies have been involved in their own inspection processes during the year. The relevant ones to WSCB are as follows:

- In January 2014 West Midlands Ambulance Service (WMAS) was inspected by the Care Quality Council (CQC) with very positive initial feedback (full report awaited at the time of writing). In February 2014 they also received a Peer Review from Yorkshire and feedback was again very positive
- A Thematic Inspection of the West Mercia Police response to Domestic Abuse was undertaken by Her Majesty's Inspectorate of Constabulary (HMIC). It found that some effective work was being done to tackle domestic abuse, but noted several areas for improvement to provide confidence that victims are provided with a consistent standard of service and that the risk to them is minimised. WSCB will consider the findings of the report at its September 2014 meeting
- Schools and Colleges have been inspected throughout the year and nothing has been brought to the attention of the Board in respect of concerns about safeguarding practice
- No single agency Care Quality Commission inspections have been undertaken during 2013/14, however a Health Action Plan and report have been presented to WSCB demonstrating the Health economy's readiness to respond in a timely manner when such an inspection is undertaken.

The Board assesses that full account of relevant partners' plans and strategies has been taken in its own planning processes and that appropriate liaison and stronger links are being developed. Factors relating to local needs and services in the context of safeguarding have also guided decisions about plans and priorities. Outcomes of Inspections have been acted upon and learning has taken place. A stronger association with multi-agency Inspection outcomes relevant to safeguarding could be established.

Section 2.

Statutory and legislative context for Local Safeguarding Children Boards (LSCBs)

2.1 Role of the Board

- 2.1.1** The Local Safeguarding Children Board is the key statutory mechanism for agreeing how partner organisations in the local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do. Section 13 of the Children Act 2004 required each local authority to establish a Local Safeguarding Children Board by 1 April 2006.
- 2.1.2** Worcestershire Safeguarding Children Board has been in existence for a number of years now and is continually developing the best way to fulfil its role within a constantly changing and challenging context. It has been working on how best to demonstrate the effectiveness of safeguarding arrangements by ensuring it has the right performance information and analysis in order to effectively challenge as appropriate.

2.2 Statutory Objectives

The objectives of LSCBs, as set out in Section 14 of the Children Act 2004 are:

- a. to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and
- b. to ensure the effectiveness of what is done by each such person or body for those purposes

2.3 Statutory Functions

The functions of Worcestershire Safeguarding Children Board, set out in primary legislation and regulations, are:

- a. developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
 - training of persons who work with children or in services affecting the safety and welfare of children;
 - recruitment and supervision of persons who work with children;
 - investigation of allegations concerning persons who work with children;
 - safety and welfare of children who are privately fostered;
 - cooperation with neighbouring Children's Services authorities and their Board partners;
- b. communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- c. monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

- d. participating in the planning of services for children in the area of the authority; and
- e. undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

2.4 Working Together to Safeguard Children 2013:

2.4.1 The statutory inter-agency guidance “Working Together to Safeguard Children” was revised in March 2013 and the Board undertook an exercise to establish what changes needed to be made to arrangements and activities. The most relevant changes emerged as:

Policies and procedures requiring review:

- Threshold Guidance completed and approved in March 2014
- Assessment timescales: Assessment guidance has been produced for social workers by Children’s Social Care and work is ongoing to align multi-agency guidance for all other practitioners (April 2014)
- Training pathway (including Common Induction) completed and approved in February 2014
- Serious Case Review (SCR) process: WSCB has moved towards using the systems approach to undertaking SCR’s and Case Reviews, with greater engagement of practitioners and managers. The feedback has been positive and workers have valued the opportunity to reflect and learn lessons together. WSCB is committed to seeking the views of family members about the services that they have received during any period under review and these are incorporated into the reports.
- West Mercia Multi Agency Protocol for the Management of Sudden and Unexpected Deaths in Infants and Children (SUDIC)
- Engagement with families by Child Death Overview Panel (CDOP). An approach has been agreed by CDOP (March 2014)
- Learning and Improvement Framework completed and approved in February 2014

Protocols established with:

- The Children’s Trust Board regarding oversight of Early Help arrangements completed and due for approval by July 2014

Links need to be made / strengthened with:

- Housing: Agreed representation of Registered Social Landlord (RSL).
- British Transport Police, Prisons and Armed Forces: Decision not to progress
- Faith groups: Links already established

Other actions:

- Need to engage with providers of services to adults to seek assurance that they routinely establish where children and young people need help or protection: Still being progressed

2.4.2 It is expected that the ‘Working Together’ will be complied with unless exceptional circumstances arise. There were none during 2013/14.

The Board assesses that it complied with its statutory and legal requirements throughout the year, and implemented changes arising from Working Together 2013. It continues to work to improve its ability to assess the effectiveness of safeguarding arrangements

Section 3.

Governance and accountability arrangements

3.1 Local partnership and accountability arrangements

- 3.1.1** The Board has a scrutiny role and therefore must retain its independence. In terms of accountability it therefore stands alone from other structures and partnerships and is not subordinate to nor subsumed within them. In practice though, WSCB has worked closely with other partnerships over the past year and remains committed to integrating activities and strategic thinking to ensure the best outcomes for children and young people.
- 3.1.2** The Board comprises of senior strategic managers across a range of agencies and has also had two lay members during the year. It links with other regional and national groups as well as with organisations and strategic partnerships within Worcestershire. The key partnerships include:
- Worcestershire Safeguarding Adults Board
 - District Councils
 - Police and Crime Commissioner, including Community Safety Partnerships and Multi Agency Public Protection Agencies, (MAPPA)
 - Health and Well-being Board
 - Children's Trust Executive Board
 - Clinical Commissioning Groups
 - Other key partnerships including education, housing associations, the voluntary and community sector and the Worcestershire Forum Against Domestic Abuse and Sexual Violence.

3.2 Independent Chair arrangements

- 3.2.1** It is the role of the Independent Chair to hold all agencies to account. The current Chair started in post in April 2012 and is subject to a 3 year contract. Under Working Together 2013 the Independent Chair is directly accountable to the County Council's Chief Executive for the effective working of the Board, and works closely with the Director of Children's Services, regularly liaising with the Lead Member.
- 3.2.2** The Independent Chair is a member of the National Association of LSCB Chairs, created in 2012, and attends the Annual Conferences. There are also regular meetings with regional colleagues and with the other three West Mercia Chairs, and there have been efforts to rationalise and streamline work across these Boards.

3.3 LSCB structure and infrastructure arrangements

- 3.3.1** The revised structure was implemented during the year and Sub-Groups adapted their practice to focus on work plans consistent with the Board's priorities. A structure diagram is contained in Appendix 1. A lack of clarity about the role of the Safeguarding Effectiveness Executive (SEE) emerged from the peer review process and this will be taken forward next year.
- 3.3.2** The agreed WSCB Performance Framework has been developed during the year by the Performance Group which has been working to provide the Board with the information required to scrutinise practice and better understand the impact on children and young people. The use of a Data Support Officer has been a valuable resource to support this function as the crucial importance of having the right information available is recognised.

3.3.3 The Board meets every two months, and established its priorities and key strategic objectives at the start of the year in a rolling three year Strategic Plan. In addition it held a Development Day that addressed learning from SCRs, new vision and mission statements, and agreed priorities for the next year based on data and learning points. An Induction Programme was introduced for new Board and Safeguarding Effectiveness Executive (SEE) members which was well received and plans have been made for an ongoing Development Programme for Board members commencing in June 2014.

3.3.4 The SEE meets bi-monthly and comprises of representatives with operational management roles from a wider group of agencies than the Board. Its role is to ensure effective implementation of the Annual Business Plan which is informed by the 3 year Strategic Plan. Sub Groups and task and finish groups complete the day to day work of the Board and each works to specific Terms of Reference, with clear lines of reporting and accountability either to the Board or to the SEE. These are chaired by representatives of different agencies or independent leads. Of particular note during 2013/14 was the work of the Child Sexual Exploitation (CSE) task and finish group.

3.4 WSCB Meetings Attendance

Attendance levels at Board and Executive meetings are contained in Appendix 2. Changes in membership need to be taken into account during the year particularly in respect of Health.

3.5 Support arrangements

3.5.1 The Board and Sub Groups are supported by a Business Support Team led by the Business Manager. This has been a more stable year for the team in terms of personnel changes and no vacancies have been carried.

The Business Support Team, Independent Chair and Board related activities were funded through partner funded arrangements. It is of note that at a time of financial constraint all partners have continued to support this work as outlined in the following table:

Children's Services	50%	£122,488.00
Clinical Commissioning Groups	35%	£86,000.00
Police	10%	£24,529.00
Probation	1.8%	£4,500.00
CAFCASS	0.4%	£550.00
District Councils	2.5%	£5,984.00
£997.39 each from: Bromsgrove Redditch Malvern Hills Worcester Wychavon Wyre Forest		
TOTAL		£244,051.00

3.5.2 The financial statement for 2013/14 was as follows:

Expenditure		
Salaries	WSCB Team	192,367.00
Training expenditure	Core training, Early Years and learning events	27,988.00
E-Academy		2,569.00
SCRs and CRs	Independent Reviewers	22,202.00
Independent Chair	WSCB Chair	14,850.00
Data Support Officer	Performance Framework	11,000.00
QAG Chair		10,940.00
Administration		13,327.00
	Total	295,243.00
Income		
Agency Contributions		244,051.00
Training charging policy	Core training and Early Years	30,953.00
E- Learning	Sale of e-learning licences	5138.00
	Total	280,142.00
	From Holding Account	15,101.00
	Total	295,243.00
From		
	Holding Account at 31 March 2014 (following end of year adjustment)	78,773.00

3.6 Policies, procedures and guidance

3.6.1 The Practice, Policy and Procedures Group oversees the development of local practice guidance in response to legislation and government guidance, as well as specific circumstances. It also co-ordinates the maintenance and updating of the West Mercia Consortium Inter-Agency Child Protection Procedures, shared with the three neighbouring Local Safeguarding Children Boards in Shropshire, Telford and Wrekin and Herefordshire.

3.6.2 During 2013/14 the following key guidance documents were formally approved and implemented:

- [Safer Sleeping Policy](#) (led by CDOP)
- [Guidance for responding to concerns about child sexual exploitation](#) (strategic priority for WSCB)

- [What to do if you are concerned about the risk of suicide to a child/young person](#) (an action from a Serious Case Review)

3.6.3 During 2013/14 the [Thresholds Guidance](#) was reviewed and updated. It was formally approved by WSCB in February 2014 and has now been published. It is due to be formally launched and embedding learning events are planned during 2014/15 to raise awareness.

3.6.4 A Learning and Improvement Framework was adopted by the Board, which encompasses the learning from Serious Case Reviews and Case Reviews, Multi-Agency Case File Audits (MACFAs), Child Death Reviews (Child Death Overview Panel) and the Safeguarding Conversations

3.6.5 During 2013/14 the following guidance documents were drafted and at year end are awaiting formal approval and implementation:

- Engaging with Fathers and Other Significant Males – this emerged as an area of concern from Serious Case Reviews
- Forced Marriage Protocol (in collaboration with the Worcestershire Safeguarding Adults Board (WSAB) and the Worcestershire Strategic Forum Against Domestic Abuse and Sexual Violence) – this is in response to a national concern and is designed to raise awareness
- Review of the West Mercia Multi Agency Protocol for the Management of Sudden and Unexpected Deaths in Infants and Children (SUDIC) (led by West Mercia Police) – this document has been updated to reflect new arrangements when a child suddenly dies

3.6.6 A number of updates were made to the West Mercia Inter-Agency Child Protection Procedures in collaboration with the three other West Mercia LSCBs in response to audit and review findings and national policy.

3.7 Training provision and its effectiveness

3.7.1 The actions identified for the Training Delivery Group presented in the 2012/13 Annual Report have all been achieved. This includes delivering/commissioning a high quality range of multi-agency courses to over 1,500 practitioners. E-learning has been well utilised, with the Board providing 3,449 e-learning courses on a variety of topics, as well as promoting a free CSE module for parents. With the purchase of a comprehensive selection of additional e-learning courses (including the “toxic trio” of domestic violence, mental ill-health and substance misuse) it is expected that the use of e-learning will continue to grow. Adult Services has acknowledged the need for its social workers to be trained in child safeguarding and this will be taken forward next year

3.7.2 The Training Delivery Group has been striving to ensure that training is effective. A new Framework for Evaluation has been implemented to support this. Learners self-report on their knowledge and confidence pre and post course and this shows a promising shift in their self-perception in these areas. In addition, a 3 month follow on questionnaire is completed by practitioners for selected training. This year focussed on CSE, Supervision and the impact of parental drug and alcohol use training for which the PIAT¹ training evaluation method was used. These showed an impact on working practices and a positive impact on outcomes for children. Training is discussed and analysed during Multi-Agency Case File Audits, Safeguarding Conversations and Serious Case Reviews. Identifying direct evidence of impact on frontline practice remains an ongoing challenge, but over time the Framework for Evaluation is expected to evidence the

¹ PIAT – Promoting Interagency Training is a validated method of safeguarding training evaluation (Connect, Share and Learn, Carpenter et al (2011))

effectiveness of provided training. A full report and the framework can be found [here](#).

3.7.3 The introduction of Working Together 2013 gave the Training Delivery Group the opportunity to revise the [training strategy and pathway](#).

3.8 Section 11 Audit

3.8.1 Section 11 of the Children Act 2004 places a statutory duty on key persons and bodies to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children, and that the services they contract out to others also meet this requirement. Local Safeguarding Children Boards are required to audit agencies compliance with Section 11. In Worcestershire all organisations are asked to complete a self-assessment every two years and to provide evidence of how they comply with S.11 when carrying out their day to day business. This gives an indication of how well organisations are working to keep children safe. Agencies are asked to develop action plans to address any weaknesses identified.

3.8.2 A Section 11 Audit took place in March 2014 and it is clear from the responses that the areas considered in the 2012 audit have been maintained, with some improvements reported by the majority of agencies. With 75% of agencies stating that their services are good (72.5%) or outstanding (2.5%), the position in Worcestershire remains strong.

3.8.3 The 2012 report stated that some issues needed attention before the Board could be satisfied that they are embedded in local practice and routinely monitored e.g. the impact of whistle-blowing policies and the participation of children and families in the development of policies and services. From the 2014 audit it is clear that there has been some progress in these and other areas, with all of the audits referring back to their last audit and providing evidence that the issues identified previously had been addressed. The 2012 report highlighted concerns about compliance with safeguarding procedures by external providers commissioned by partner agencies to deliver services on their behalf. Whilst there has been some progress in this area in the last 18 months, it is still not possible to state that all commissioned services are compliant in all aspects of Section 11.

The Board assesses that progress has been made on clarifying responsibilities and Board development, and that the new structure has yielded a more integrated approach to Board business. Areas for further development include:

- **Continue to implement Framework for measuring the effectiveness of training**
- **Build on new representation from Directorate of Adult Services and Health**
- **Improve attendance levels by some agencies at all types of meetings**
- **Continue development of shared responsibility for completing Board business**
- **Outward effective communication within agencies following meetings**
- **Completion of actions identified in the Section 11 Audit**

Section 4.

Priorities, Achievements and Learning

4.1 Board Priorities

4.1.1 In 2013/14, the Board worked to a new 3 year rolling strategic plan that identified six strategic priorities, outcomes and indicators as follows:

Strategic Priority	Outcome	Indicator	Key Actions/Targets
1. Robust core safeguarding practice	Public confidence that all children are safeguarded	No SCR indicates poor practice	<ol style="list-style-type: none"> 1. Implement Performance Framework 2. Scrutiny and challenge activity 3. Learning from SCRs/audits 4. Assessment improvements
2. High priority development areas	Fewer children and young people at risk	Evidenced positive impact of actions	Progress work on priority groups of children: <ul style="list-style-type: none"> • domestic abuse • mental ill-health • substance misuse • child sexual exploitation • missing children • forced marriage • safer sleeping
3. Assurance through requiring information from others	Board satisfied that issues are being effectively managed	Board assured that children are being effectively safeguarded	<ol style="list-style-type: none"> 1. Develop key stakeholder relationships 2. Commissioning arrangements 3. Bullying
4. Continuous improvement	High quality performance	Improved quality & performance results	<ol style="list-style-type: none"> 1. Staff supervision arrangements 2. Service User feedback 3. Workforce developments
5. Professional challenge and information sharing	Collective responsibility for effective outcomes	Evidenced culture shift at operational and strategic levels	<ol style="list-style-type: none"> 1. Thresholds guidance 2. Information sharing 3. Escalation of practice concerns 4. Use of chronologies 5. Explore Multi-Agency Safeguarding Hub (MASH) option
6. Board operating strategically	Excellence rating by Ofsted	Board structure working effectively	<ol style="list-style-type: none"> 1. Implement new Board structure 2. Board development/induction 3. Working Together 2013 implementation 4. Work strategically with other West Mercia LSCBs 5. New SEE group well established

4.1.2 This work has been taken forward through Sub-Groups (e.g. child sexual exploitation pathway and procedures have been developed and rolled out), liaising with other partnerships and agencies (e.g. the Domestic Abuse Forum for domestic abuse, and CAMHS for mental health respectively), multi-agency staff training (e.g. effective communication and supervision practice), and Board development (e.g. induction and ongoing development programmes in place and a development day).

4.1.3 There is evidence of progress in these objectives as outlined in the following section and outstanding matters not yet achieved will be taken forward into next year. In particular, the Board is still finding it difficult to find evidence that activities result in positive change and outcomes. The new Performance Framework has been assisting the Board to judge how effective safeguarding arrangements are and it is intended to continue drawing data from a range of agencies rather than just focus on Children's Social Care.

4.1.4 The four categories of children identified in the plan for last year reflect the Board's priority groups. These are:

- The core business of abuse and neglect;
- The high priority groups of children who have witnessed domestic abuse, substance misuse or mental illness, those experiencing sexual exploitation, forced marriage, and young runaways
- Children who need to be monitored such as children experiencing bullying, those privately fostered or in the care system;
- Other partnerships responsible for groups of children such as young victims of crime, children in the youth justice system and young carers, about whom the Board needs to be kept informed.

The over-riding priority for the Board was, however, to ensure the child protection system was rigorous and that Early Help was achieving its intended outcomes.

4.2 Outcomes of priorities

4.2.1 Robust core safeguarding practice

We said we would...

- Implement new performance framework
- Scrutinise and challenge activity
- Learning from SCRs/audits
- Assessment improvements

What did we do?

- Board members are now routinely receiving data, exception reports and themed reports on key aspects of safeguarding activity
- Board members are now assuming responsibility for scrutiny of the performance information received
- Integrated MACFA action plan and SCR action plans are being monitored. Briefing sheet has been developed on learning from SCRs and audits. Learning themes have been identified with learning events planned for 2014/15 as part of new Learning and Improvement framework. Training evaluation framework has been approved and implemented.
- Assessment guidance for social workers has been produced and multi-agency guidance is being developed

What difference did it make?

- New areas of potential concern have been identified through scrutiny of the data and new performance indicators added to the dashboard
- Increased awareness of the gaps in performance information from adult services and of aspects of concerning practice
- Some evidence of improvement in supervision, management oversight and recording. Evidence of positive impact of supervision training
- Difficulties consistently meeting time scale for Children and Young Person Assessments which needs to be monitored. Multi agency guidance not yet produced so no impact at this stage.

4.2.2 High priority development areas

We said we would...

- Progress work on priority groups of children: i.e. those affected by domestic abuse, parental mental ill-health and substance misuse
- Develop processes to identify and manage child sexual exploitation and missing children
- Develop identification of Forced Marriage
- Raise awareness about safer sleeping

What did we do?

- Themed MACFA undertaken on children repeatedly exposed to domestic abuse. Completed self-assessment of joint working where there is parental drug/alcohol use. Engagement with provider services to negotiate development of performance information about outcomes for children. Commissioned additional e-learning modules on parental mental ill health, hidden harm (drugs/alcohol) and domestic abuse. Co-delivered drug/alcohol training jointly with Mercia Net.
- Developed Forced Marriage Protocol in collaboration with WSAB and WFADA & SV. Widely disseminated briefing sheet
- Implemented Suicide Prevention Guidance and Referral Pathway
- Implemented CSE Referral Pathway and established multi agency CSE Panel process
- Developed and piloted Safer Sleeping policy

What difference did it make?

- Identified need to audit screening process for domestic abuse notifications and to consider effectiveness of Early Help. Secured engagement to address gaps in joint working arrangements between providers and children's services and in data about parents. Gaps in multi-agency training pathway addressed.
- Began to raise awareness of Forced Marriage Protocol amongst professionals but referrals not yet coming through
- Evidence from MACFAs of risk management meetings being held when there is a risk of suicide
- 40 children subject to CSE Strategy Meetings between August 2013 and March 2014
- Numbers low so not easy to demonstrate impact of Safer Sleep policy on death rates. Audit demonstrates that parents are aware of Safer Sleeping policy and it is in the process of being rolled out countywide.

4.2.3 Assurance through requiring information from others

We said we would...

- Develop key stakeholder relationships
- Ensure commissioning arrangements include safeguarding
- Work to identify extent of bullying and improve support arrangements

What did we do?

- Worked to engage District Council representatives at both WSCB and SEE level
- Protocol developed between WHWBB, WSAB and WSCB
- Commissioning briefing paper disseminated to partner agencies. Section 11 Audit undertaken which sought assurance about commissioning safeguarding arrangements.
- Bullying survey rolled out across Worcestershire schools. Detailed analysis of data has been completed and themes identified.

What difference did it make?

- SEE representative has now introduced regular meetings of District Council Safeguarding Leads.
- Regular completion of audits by District Councils
- Increased awareness of cross cutting themes between Adults and Children's Services
- Increased awareness of commissioning responsibilities and positive response to Section 11 Audit
- Bullying survey findings have been presented to Children's Trust Executive Board who are taking the lead on this so no measurable impact at this point in time

4.2.4 Continuous improvement

We said we would...

- Improve quality of staff supervision
- Develop ways to gain and use service user feedback
- Monitor multi-agency workforce developments

What did we do?

- Completed audit of supervision arrangements. Delivery of multi-agency supervision training.
- Service user feedback strategy developed. Section 11 Audit included asking questions about service user feedback systematically collected and any themes emerging from complaints or compliments.
- Consulted with young people on the WSCB website, bullying survey and their experiences of care. Sought practitioner feedback on workforce issues and encouraged practitioners to raise safeguarding alerts in respect of services delivered.
- Workforce data included in the Performance Framework.
- Training audit completed. WSCB training pathway reviewed and Framework for Evaluation of multi-agency training developed.

What difference did it make?

- Impact evaluation of supervision training evidences improved practice and positive outcomes for children.
- Supervision audit findings being used to inform the development of principles of supervision.
- Young people influenced questions asked in the bullying survey which led to positive response rate (8,917 children). Changes to the young people's website page based on feedback.
- WSCB members better informed about the impact of workforce issues and of gaps in the Board's knowledge. Training audit provided evidence of partner agencies commitment to training and highlighted gaps in their ability to report required data.

4.2.5 Professional challenge and information sharing

We said we would...

- Review and revise Thresholds guidance
- Improve information sharing
- Improve the escalation of practice concerns process
- Explore the better use of chronologies
- Explore developing a MASH

What did we do?

- Multi-agency review of WSCB's Threshold guidance
- Completed audit of Access, Referral and Assessment
- Completed three MACFA's where information sharing is scrutinised
- Completed audits of the use of chronologies and escalation
- Agreed to develop a Multi-Agency Safeguarding Hub (MASH)

What difference did it make?

- Audits evidence that previous version of Threshold guidance is well known and utilised regularly to make decisions about referrals to Children's Social Care. Impact of revised guidance yet to be evaluated.
- Evidence that virtually all referrals to Children's Social Care result in an assessment thereby indicating that referrals are appropriate.
- Provided assurance that the Access Centre processes are robust and highlighted less efficient areas of the system
- Provided evidence of barriers to information sharing and supported identification of intra and inter agency communication as a priority learning theme
- MASH in early stages of development and no impact at this stage
- Identified need to raise awareness of the Escalation guidance

4.2.6 Board operating strategically

We said we would...

- Board operating strategically
- Implement new Board structure
- Work on Board induction and development
- Implement Working Together 2013
- Work strategically with other West Mercia LSCB
- Establish the Safeguarding Effectiveness Executive group (SEE)

What did we do?

- New board structure implemented, including establishment of the SEE and appointment of new Chair
- Issues log developed for the Safeguarding Network to escalate specific issues to SEE
- Membership of WSCB and SEE has been strengthened
- Self-assessment completed by Board members and Board Induction and Development programme developed and implemented
- Working Together workshop held and actions identified for implementation
- Learning and improvement framework developed
- Establishment of regular meetings between West Mercia LSCB Business Managers

What difference did it make?

- Evidence of issues being escalated through Board Structure when appropriate
- Positive feedback received from Board and SEE members regarding induction sessions resulting in increased awareness of roles and responsibilities
- Improved engagement by District Councils and Housing Providers
- Introduction of Lay Members' perspective
- Increase in opportunities for sharing good practice across West Mercia

4.3 Examples of good multi-agency practice in Worcestershire

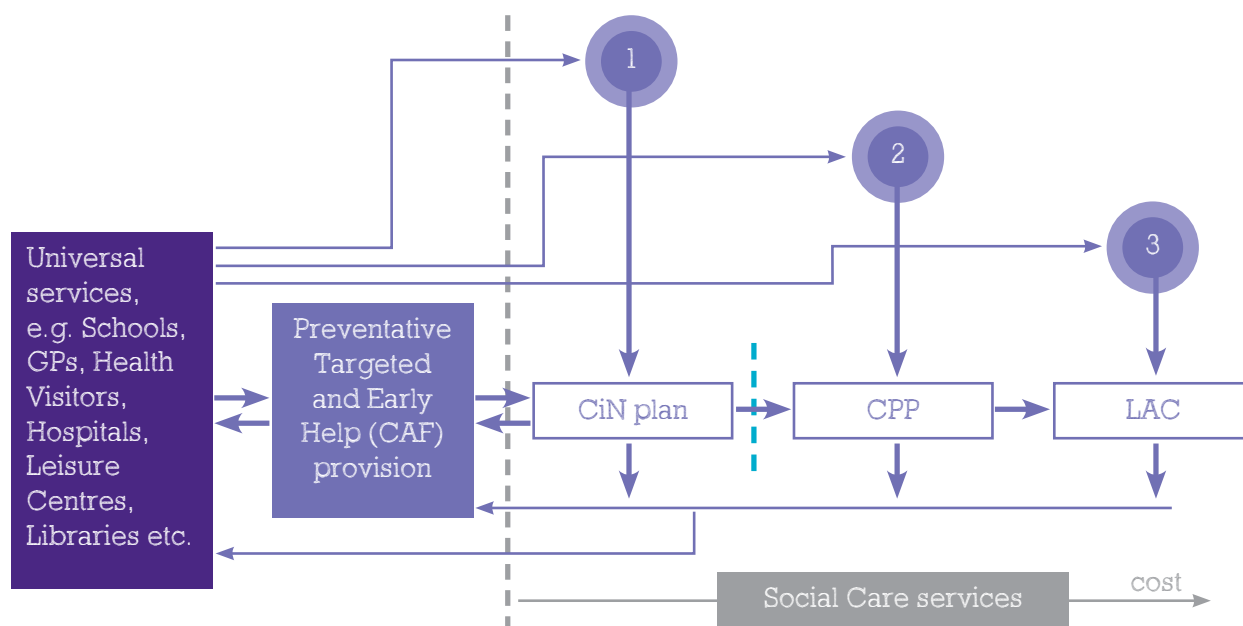
There is evidence of good multi-agency practice in Worcestershire including:

- Monthly meetings between Health and Care Trust Safeguarding Team Manager, Acute Trust Safeguarding Lead, Children's Services Safeguarding and Quality Assurance Manager, Children's Social Care Group Managers and Designated Nurse to discuss multi-agency working and escalation of issues, and to identify examples of positive practice, as well as 'near misses'. Some of these case discussions have led to WSCB Case Reviews.
- Full engagement from a wide range of partner agencies in the newly formed Child Sexual Exploitation Panel which oversees the response made to children and young people in Worcestershire who have been subject to a CSE Strategy Meeting.
- Improved links between the Child and Adolescent Mental Health Service (CAMHS) and Children's Social Care and improved outcomes for children as a direct result of the implementation of the new Suicide Prevention guidance and associated referral pathway.
- Regular meetings between CAMHS, Acute Trust and Children's Social Care to address issues associated with the shortage of Tier 4 beds for children requiring inpatient facilities for their mental health needs. This has led to the recognition of the need for a local Protocol for managing specific cases which will be produced during 2014/15
- Good links between the Youth Offending Service and the local drug/alcohol service for young people (SPACE) evidenced through the high referral rates following assessment of the needs of young offenders.
- Collaboration between Worcestershire Safeguarding Adults Board, Worcestershire Safeguarding Children Board, West Mercia Police and Worcestershire Forum Against Domestic Abuse and Sexual Violence to develop a Forced Marriage, Honour-Based Violence and Female Genital Mutilation Protocol and a communications briefing on Forced Marriage

4.4 Quality and effectiveness of the child's journey arrangements

- 4.4.1** The Board has been tracking progress in the system by looking at data relating to the journey of the child. A data report can be found in Appendix 3 which outlines the key areas of consideration for the Board.
- 4.4.2** The Early Help strategy is intended to address need as early as possible in order to prevent more intrusive and intensive intervention being required at a later date. The following model of the journey of the child (produced by Walsall Council to illustrate the main flows in and out of Children's Services, the three numbers relating to in-flows that by-pass Early Help provision) reflects the key steps in this journey which are universal services, Early Help, Child in Need, Child Protection Plans, and Looked After Children.

Journey of the child system



4.4.3 Universal Services

Between April 2013 and February 2014 the Early Help Hub advisors completed 994 Early Help Notifications from various agencies. It is evident that a wide range of universal services have started to make referrals to the Early Help Hub. Referral sources will need to be monitored over time to establish if there are any obvious gaps that may need to be addressed. The role of partner agencies is crucial in ensuring universal services are effective in identifying problems early.

4.4.4 Early Help

Since its launch in April 2013 the Early Help Hub has taken over 3,500 calls. Now co-located with the Access Centre, more effective decision making and a better understanding of the thresholds for passing cases through to Children's Social Care have been facilitated. This involves all partners and needs full engagement to ensure appropriate and timely help is offered. Although implementation of the Early Help Strategy is in its relatively early stages there are already some early indicators of its effectiveness including:

The introduction of the Early Help Notifications has enabled families to be referred to relevant service providers with minimum delay

The use of the Framework I data systems to record Early Help case work has allowed a 'single view of the child' by a variety of professionals

Case studies submitted by providers to date are demonstrating a significant improvement in joint working, faster access to services and therefore shorter intervention period for families

4.4.5 Children in need

Data relating to Children In Need (CIN) indicates a pattern of increasing numbers of children being defined as 'in need'. However, the number of CIN plans started in Worcestershire reduced, so there were more referrals but fewer plans being made. Data is not available about the timeliness of decision making. There is a heavy reliance on the findings from audits in respect of CIN cases, and the themed report on the Quality of Plans presented to WSCB in October 2013 raised some concerns about the quality or robustness of CIN Plans in particular. The educational characteristics of the CIN population indicated that the educational

outcomes for this cohort as not as good as their peers. More assurance is therefore required about evidenced improvements

4.4.6 Children subject to Child Protection Plans

361 Worcestershire children had a Child Protection Plan in December 2013 which was a reduction of 15.6% from March. There was a steady downward trend over 12 months, bringing the rate in line with statistical neighbours. A particular focus is the increasing percentage of children with repeat plans that by December had reached 21%. The analysis of reasons for this indicates such factors as over-optimistic assessments by practitioners of parents' capacity to sustain change and a lack of robustness of Child in Need planning. Some children clearly did need a repeat plan, however, due to changes in the family's circumstances.

4.4.7 Privately fostered children

During 2013/14, 59 notifications were received in respect of new private fostering arrangements with 49 requiring action. Timeliness of visits remains problematic particularly for those in placements of less than 12 months. This has been an ongoing concern for WSCB, and the Children's Social Care Performance Board will closely monitor this in 2014/15 with a view to driving improvements. Many of the notifications continue to be complex with several children being "on the edge" of care and where the standard of care offered by the carer is barely "good enough". There has been a 50% increase in the number of young people staying with host families whilst accessing education in Worcestershire. Although the numbers are still low (10 this year), there is a strong possibility that this will continue to increase.

4.4.8 Looked After Children (LAC)

Figures show that at the end of March 2014 there were 644 Looked After Children in Worcestershire. Although not as high as the national LAC rate per 10,000 children under 18 years (60), in March 2014 Worcestershire's rate per 10,000 was 56.2, which was significantly higher than for statistical neighbours (44.2 in 2013), although early indications are that this has reduced into 2014. In terms of age, the largest groups are 10-15 years and 16+ years, and in respect of placement type, 57.1 children were placed in foster care and 14.3 with a relative or friend. As at December 2013 61% had previous child protection concerns and 27% had previously been subject to a CIN Plan. WSCB received assurance in October 2013 that performance in respect of LAC Care Plans had been found to be generally robust with clear oversight provided by the Safeguarding and Quality Assurance Service. Identified performance issues include:

- A downward trend in the timeliness of LAC reviews
- Recorded pathway planning for the 16+ age group is slow, and this is being proactively monitored by the Children's Services Performance Board
- A steady downward trend in the percentage of timely LAC health assessments – this has been systematically exception reported to WSCB over the last few months as an identified area of concern
- A high percentage of statutory LAC visits that are outside timescale

4.4.9 Children placed outside of county

The percentage of Looked After Children placed more than 20 miles from their homes outside of county is 18.6% which is a reduction from 23% on the previous year. Most children placed out of county are living in agency foster placements or agency residential placements, or with friends or relatives. Additional in-county residential space is being sought to keep out of county placements to a minimum.

4.4.10 Permanence option

Timeliness of care proceedings has been a key issue for the Local Authority with the new legal requirement of 26 weeks to completion. A reduction from an average of 71 weeks in December 2011 down to 32 weeks by March 2014 is a significant achievement with proceedings in Magistrates Courts already having reached 26 weeks. The Local Family Justice Board monitors the changes through its performance group and their target of an average of 26-30 weeks during 2013/14 is well on course to be achieved. Figures relating to adoption,

length of time in care and the number of moves are monitored by the CSC Performance Group and indicate a rise in adoption numbers. There are plans to create one West Mercia Adoption Service across the four Local Authority areas in order to maximise resources and secure further improvement.

4.4.11 Missing children

The number of missing children has continued to fall year on year, as have the number of missing incidents. Accurate information for the Board has not always been available in 2013/14 and this was highlighted as a concern for the Board which has since been addressed. Performance in respect of missing children return interviews is of concern and monitored by the Board.

4.4.12 Child Sexual Exploitation

The new pathway was implemented in August 2013 and up to March 2014, 51 children were subject to CSE Strategy Meetings due to concerns about possible sexual exploitation. 13 of these required no further action and 28 were either referred through to Children's Social Care, were subject to an Initial Child Protection Conference or subject to a further CSE Strategy Meeting. Further discussions are taking place about the threshold for organising a CSE Strategy Meeting to ensure a consistent response to all children; especially where the risk is low/medium and practitioners are being encouraged to use the screening tool.

4.4.13 Home educated children

The number of registered elective home educated children in 2013/14 was 319, representing a significant increase from the previous year, with 129 new referrals. This has increased over a period of several years as indicated by the following table:

New and Existing Elective Home Education registrations (excluding Year 11 leavers)

	Academic year							
	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
Total no. of new referrals	101	136	125	132	144	115	190	191
Total of currently registered children	136	168	188	188	218	219	166	221

The Board has expressed concern nationally about the lack of legal authority to adequately safeguard elective home educated children as issues have arisen locally. WSCB has is undertaking a case review where this is an issue of concern to see if any lessons can be learnt.

4.4.14 Vulnerable groups

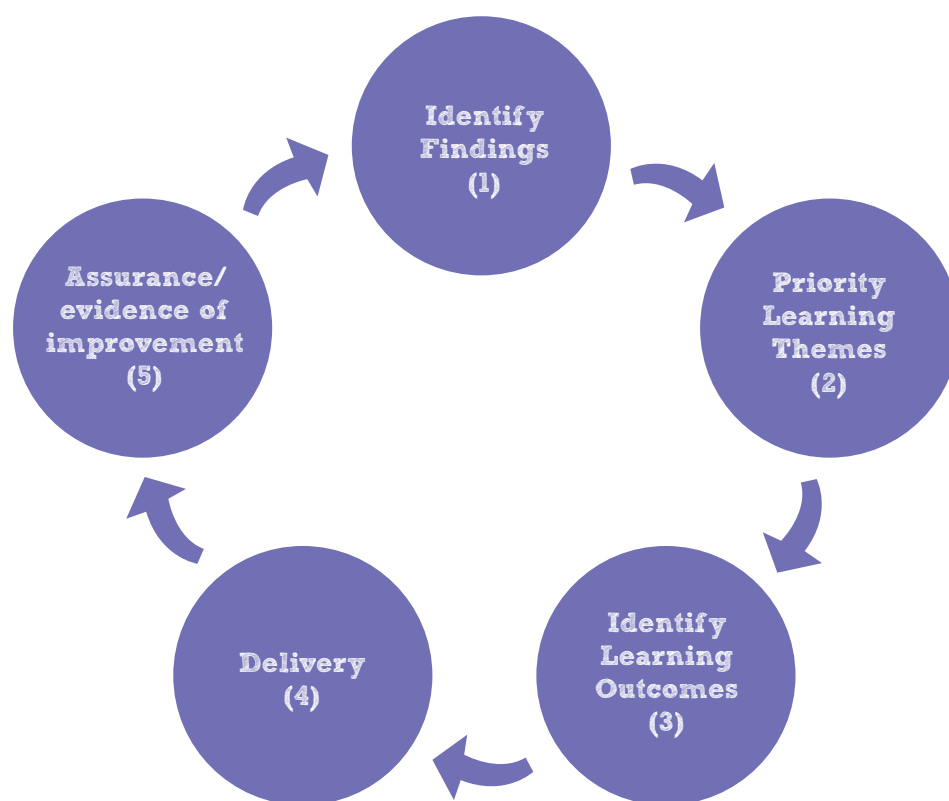
Through analysis of performance data and themed reports the Board has identified the following vulnerable groups in Worcestershire:

- Children in Need
- Children with repeat Child Protection Plans
- LAC children; pathway planning and health assessments
- Missing children – return interviews

4.5 Learning and Improvement Framework

- 4.5.1** As required in Working Together to Safeguard Children 2013, WSCB has developed a local Learning and Improvement Framework which encompasses the learning from Serious Case Reviews and Case Reviews, Multi- Agency Case File Audits, the Child Death Overview Panel (CDOP) and the Safeguarding Conversations. The learning from these activities is embedded in a number of ways, at both a single agency and multi-agency level. Policies and procedures are developed or revised, core training is updated, targeted training events are held and briefings are circulated to agencies. Safeguarding Leads in partner agencies disseminate learning through, for example, team briefings or the intra-net
- 4.5.2** Multi-Agency Case File Auditing is focused on areas identified through the Framework to establish whether learning has been embedded and is making a difference to front-line practice. Individual agencies also audit the impact of new policies and procedures.

WSCB 's Learning and Improvement Framework:



4.6 Changes made as a result of previous learning/priorities and new developments

- 4.6.1** 2013/14 has seen a number of changes based on previous learning. The introduction of the Learning and Improvement Framework will ensure that all past and future findings from SCRs, Case Reviews, MACFAs, CDOP and Safeguarding Conversations will be routinely collated and included in multi-agency training. They will be used to identify priority learning themes on which WSCB will focus its resources to support embedding of the learning across the workforce.

4.6.2 Examples of changes during the year include:

- **Suicide Prevention Guidance:** Following a Serious Case Review a multi-agency guide to Suicide Prevention was developed and cascaded through the workforce. This is still in the early stages of implementation and in 2014/15 a Task and Finish Group is to be established to ensure that implementation is effective.
- **Safer-sleeping strategy:** In response to the learning from the child death review process and a Serious Case Review guidance has been developed and training implemented throughout the Health and Care Trust and Acute Hospitals Trust. In 2014/15 this learning will be cascaded to the wider workforce via e-learning.
- **Child Sexual Exploitation:** In line with Government guidance a multi-agency CSE pathway was developed and implemented, accompanied by a number of multi-agency training events. Evidence to date shows that training has been effective. Also established is the CSE Panel to oversee and review the implementation of the guidance in respect of individual children and young people.
- **Supervision in Schools:** The supervision audit and MACFAs highlighted the known absence of safeguarding supervision in schools. In addition to working on Supervision Principles for the wider workforce, WSCB has been involved in initial discussions with schools to implement guidance for Headteachers, Governors and Designated Senior Persons to support schools to implement this.
- **Sharing information between schools:** Following a number of MACFAs which identified that school records may not be shared appropriately, the Senior Advisor for Safeguarding in Education has implemented a policy outlining the procedure that schools should follow when a child leaves or joins a school.
- **Engagement with GPs:** Gaining the full engagement of GPs in safeguarding remains a challenge for WSCB, as it is nationally. The named GP and Designated Nurse have been working to raise the awareness of GPs of their safeguarding responsibilities. WSCB has worked hard to engage GPs in the MACFA process (with some limited success).
- **Changes in the Children's Services Access Centre:** The Access Centre has undergone a major re-design including the co-location of the Early Help Hub, Access Centre and Stronger Families. The recent Access and Referral Audit showed that this was proving to be extremely successful.
- **Safeguarding in Colleges and Independent Schools:** A Task and Finish Group, chaired by Health and supported by WSCB, is seeking to establish good practice, as well as identify gaps in safeguarding arrangements where there is no school nursing service in place. The report will be available early in 2014/2015.
- **CAMHS has established a single point of access (SPA);** waiting times have decreased and out of hours access for all ages has improved. CAMHS has trained and developed a dialectical Behaviour Therapy Team, which targets young people with emotion dysregulation and self-harming behaviours.

4.7 Integrating performance and quality assurance data and information

4.7.1 WSCB's approach to quality assurance and performance monitoring include the following elements:

- Performance data (dashboard)
- Exception reports prepared following scrutiny of the data
- Multi Agency Case File Audits (MACFAs)
- Themed multi agency audits
- Themed reports on specific aspects of safeguarding practice
- Assurance reports from partner agencies

- Safeguarding Conversations

- 4.7.2** The Quality Assurance Group leads on the MACFAs and the themed audits, prepares reports for the Board and monitors the implementation of actions in the Integrated MACFA Action Plan. The Performance Group leads on development and scrutiny of the performance data contained within the dashboard, prepares the exception reports for the Board and produces the themed reports, which pull together both quantitative and qualitative performance information in accordance with the reporting schedule.
- 4.7.3** During 2013/14 assurance reports have been provided by the Head of Children's Social Care for each Board meeting regarding workforce issues, the implementation and impact of the Service Redesign and specific performance issues as appropriate.
- 4.7.4** These elements combine to make up the WSCB's Performance Framework. Feedback from the peer review undertaken in March 2014 was that the Performance Framework is robust.

4.8 Child Death Overview Panel (CDOP)

- 4.8.1** The Child Death Overview Panel (CDOP) has a statutory responsibility to collect and analyse information about the deaths of all children who live in Worcestershire; to identify any safety and welfare matters along with wider public health or safety concerns. The Panel analyses the collated information to classify each death, identify any 'modifiable factors' that may have contributed to the death of the child and make recommendations regarding interventions to reduce the risk of similar deaths. Although there may only be a small number of deaths from a particular cause in a given year, cumulative data and liaison with other CDOPs in the West Midlands may reveal trends and common factors.
- 4.8.2** During 2013 -2014 CDOP reviewed 38 deaths and noted that modifiable factors were present in 15 of the deaths. Data collected over the past 6 years indicates that parental cigarette smoking and bed sharing in combination with bottle feeding are identified factors present in the majority of cases classified by CDOP as Sudden Infant Death Syndrome. Other factors identified include prematurity, deprivation, parental substance and alcohol misuse and domestic abuse. As a direct result of the Panel's analysis of child deaths, the Worcestershire-wide Safer Sleeping Initiative has been introduced and is now part of an important public health programme delivered to new parents by midwives and health visitors both before, and immediately after, the birth of each child.
- 4.8.3** Another innovative development of CDOP has been the development of a Perinatal Sub-Group. This derivative of CDOP has been established to review the deaths of all children who die within 5 weeks of birth, without leaving hospital and includes very premature births. The Group has identified that often many of these child deaths have in combination a range of modifiable factors, including parental smoking, obesity, very young mothers, substance misuse along with environmental stresses including overcrowded dwellings and domestic abuse. These findings are of great importance from a public health position; providing further insight into the social and behavioural characteristics underpinning problematic pregnancies and premature birth. This data is used by the Worcestershire Acute Hospitals Trust to advise, inform and improve the management of pregnancy services, including pregnancy education. The safeguarding and public health issues identified through CDOP emphasise the importance of the CDOP data set as a key information source for the WSCB.
- 4.8.4** CDOP gave extensive consideration to cases of suicide in the West Midlands in light of the draft Worcestershire Mental Well Being Strategy and WSCB Suicide Prevention guidance.

4.9 Serious Case Reviews and the implementation of recommendations

- 4.9.1** One Serious Case Review (SCR) was published in 2013/14 (FW) and two further SCRs are awaiting completion and will be published in due course. Each SCR has an Action Plan that incorporates WSCB's and individual agencies' recommended actions. The implementation of Plans is monitored by the SCR Sub Group and progress reported to WSCB.
- 4.9.2** Key learning points in respect of the FW SCR were the importance of listening to the VOICE of the child, the dangers of babies co-sleeping with parents, particularly when alcohol and drugs had been consumed, the importance of the recognition of the impact of parental substance misuse and of the needs of Young Carers. The Safer Sleeping Programme, training in working with parents where substance misuse is an issue and work with the Young Carers organisation on an awareness raising event in May 2014 have all resulted from this SCR's learning. Ensuring the voice of the child is known and listened to has been a particular focus for the Board and it is anticipated that this will feature more strongly next year as this information is routinely collected and used to inform practice.
- 4.9.3** Other SCR learning has resulted in a focus on safeguarding adolescents particularly those with identified mental health needs, the development and implementation of Suicide Prevention Guidance, including a multi-agency Risk Assessment and Management Tool, and the re-design of CAMHS. WSCB has been monitoring the impact of the changes on services for children and young people and their families.
- 4.9.4** WSCB also undertook three Case Reviews that focused on improving multi-agency working. A key element in all three was the importance of timely and effective communication between agencies and practitioners, with the need for clarity and 'checking back' any information being shared and actions agreed. The Board's Development Day in December focused on how to improve the effectiveness of communication at all levels. There also is recognition that WSCB's Escalation Process needs to be used consistently by staff.
- 4.9.5** Reviews have also highlighted the need for all agencies, including Adult Services and GPs, to 'Think Family' in all their interactions with adults. This has led to a strengthening of the engagement of the Directorate of Adult Services and Health (DASH) with WSCB. The Designated Nurse and Named GP have vigorously promoted GPs' awareness of their safeguarding responsibilities and the learning from Case Reviews through training and the GPs' Safeguarding Newsletter. WSCB's revised Threshold Guidance conveys a clear message to agencies to 'Think Family'.

4.10 Engagement with children, families and front-line workers

- 4.10.1** WSCB approved a Service User Feedback Strategy in February 2014 that will be fully implemented in the coming year. It incorporates a dual track approach to collecting feedback with the collation of feedback collected by partner agencies as well as a commitment by WSCB to engage with children, parents and carers directly on specific issues.
- 4.10.2** The Section 11 Audit undertaken early 2014 found that the majority of agencies actively involved children and their families in the design, development and delivery of services through stakeholder meetings and consultations. A few systematically collect direct feedback from service users on the services delivered.
- 4.10.3** Appendix 4 contains examples of user feedback being used to improve services by the Youth Offending Service, The Glade Sexual Assault Referral Centre, the Early Help Hub, Pods, CAMHS and findings from the "Big Questionnaire" completed by young people. Feedback collected by the Safeguarding and Quality Assurance Service has assisted with the development of both Child Protection Conference and LAC Review processes. There are also examples of the direct engagement with children, parents and practitioners by WSCB, and of feedback from practitioners to WSCB.

- 4.10.4** Obtaining routine relevant feedback from children/young people and parents/carers continues to be a challenge but some progress has been made this year. WSCB will strive to ensure that it continues to obtain meaningful service user feedback to inform the Board's operational work. It will also continue to challenge partner agencies to put mechanisms in place to systematically collect service user feedback on the services directly delivered by them and to evidence what difference this has made to services.
- 4.10.5** WSCB undertook a bullying survey which was completed by 8,766 young people aged 10 – 17 years that will now be actioned by the Children's Trust Executive Board. The University of Worcester analysed the results and the key points were:
- Most frequent form of bullying is face to face verbal, less with cyberbullying
 - Females are more likely to be bullied than males
 - As age increases bullying decreases
 - Incident rates of bullying varied, with Bromsgrove young people reporting the lowest and Redditch the highest.

4.11 Equality and diversity

4.11.1 Children with Disabilities Task and Finish Group

WSCB commissioned a short life multi-agency group led by the Operational Manager for Children with Disabilities to ensure that the recommendations from a MACFA and a Case Review were implemented and to identify any gaps in respect of the supplementary government guidance Safeguarding Children with Disabilities. The recommendations were that:

Parent representative felt very strongly that communication should be free of jargon and should not contain acronyms. She felt this was an on-going issue and wider than the issue of use of interpreters, signing etc. WSCB should ensure that all services have policies and procedures in place for engaging effectively with parents.

The issue of children with disabilities needs to be embedded in all training. The TDG considered this recommendation and a representative now attends the review of all core training, which is part of the Framework for Evaluation to ensure their voice is heard

4.11.2 Working with Faith Groups

Building on work started during 2012/13 when WSCB engaged with a number of Muslim faith groups across Worcestershire, further work has been undertaken this year on supporting a Muslim extended school in developing its safeguarding children policy as part of the response to a Management of Allegations process.

A significant amount of work was undertaken on last year's priorities and progress can be evidenced. The Board assesses that there is clarity about priorities and that there is a mechanism to take forward learning, mainly through multi and single agency training, awareness raising and developments in policy and procedures. There has been some improvement in performance but there is still inconsistency and patterns of concern that emerge from audits and case reviews which do not appear to improve despite efforts to change practice. These include poor recording, management and supervision practice, insufficient sharing of information and lack of multi-agency chronologies. There has been evidence that progress declined during the Children's Social Care change programme which was hampered by recruitment problems. Resource constraints and major changes in other agencies are also impacting on safeguarding activity e.g. health services and police. Local data shows that the introduction of Early Help is starting to make a difference but the number of looked after children remains high. User feedback is now being collected and used to inform improvements but has yet to be embedded by all agencies

Section 5.

Formal summary statement about the sufficiency of arrangements to ensure children are safe in Worcestershire

5.1 Agencies' Response to concerns raised in the 2012/13 Annual Report

5.1.1 This report has reviewed the Board's activities during 2013/14 and has identified some patterns of concern. In keeping with its scrutiny and independent role the Board challenged itself as well as a number of agencies and partnerships to improve safeguarding arrangements and practice in particular ways. The responses to these challenges are outlined in Appendix 5, but are summarised below:

Who was challenged...

What was their Challenge...

How did they Respond...

All agencies...

Provide data to get a composite picture.

Data for the WSCB dashboard provided by a number of agencies

Gap between strategic intent and practice and a culture shift required.

Evidence of work with GPs, multi-agency training and dissemination of safeguarding guidance across all agencies having had a positive effect

Inconsistent practice.

Agencies have worked hard to improve consistency ,including use of SCR sheets to disseminate learning, challenging practitioners' thinking, learning workshops, delivery of reflective supervision training, and appointment of a Principal Social Worker/Advanced Social Work Practitioners to help embed consistent good practice

Sharing of information.

Their response was: Prioritised by some agencies and work on this includes training GPs, newsletters produced, feedback by Board reps. to their own agencies and dedicated specialists appointed to support practice changes

**WCC
Children's Services...**

Recruitment and retention of trained suitable social workers.

Continuous recruitment campaign, with a transitions plan to employ temporary staff in the interim including use of the escalation process to address partners' concerns

Range of practice improvements, linked to the above/effective management and supervision required.

Service Redesign implemented and investments made to address the barriers to change. Evidence showed gradual practice improvement but inconsistent on key indicators.

Electronic multi-agency chronology.

Ongoing multi-agency initiative

Assurance of sound commissioning practice around safeguarding.

Effective commissioning arrangements now in place to ensure safeguarding standards and outcomes built into tenders and contract monitoring of Early Help services and services for children in need, including looked after children

**Children's Trust
Executive Board...**

CAF improvements required (volume and quality).

CAFs replaced by Early Help Assessments and signs these being increasingly used

Early help roll-out slow and as yet, little evidence of effective outcomes.

4 of the 6 Early Help district services now in place and indications of a positive impact. The EH Hub now co-located with the Access Centre, resulting in more effective decision-making

**Worcestershire
Safeguarding Adults
Board...**

Closer working on transitional issues e.g. adolescents.

No progress made on moving this forward during 2013/14 due to the Adult Safeguarding Board restructuring

**Health and
Well-being Board...**

Evidence of attention to safeguarding issues in respect of its priorities.

Request for data on parental drug/alcohol use to be considered during the commissioning process; links made between the Worcestershire Suicide Prevention Plan and the WSCB's Suicide Prevention Guidance

Health...	Communication between Health workers.	Communication protocol across the health economy agreed and to be launched summer 2014 with an implementation plan
	GP input to child protection processes e.g. conference attendance and reports.	Much work undertaken with GPs to raise awareness and understanding of “Think Family” approach. Alternative means for GPs to input to Child Protection Conferences through teleconferencing being explored
Education...	Consistency of practice across all schools.	Safeguarding is a key part of everyday work in all schools and forms part of any Local Authority review and intervention, and is a key element of all Ofsted inspections
	Communication to all schools.	Electronic communication from Local Authority to all schools, series of network meetings and safeguarding is a standing item on every meeting between Heads and the LA Senior Leadership Team
Police...	Impact of resource cuts and working partnership with Warwickshire.	West Mercia and Warwickshire Police formed a strategic alliance and share the same vision of ‘protecting people from harm’, whilst retaining their own identity, leadership and governance. Need to deliver a reduced budget of £30m by 2016 and probably by a similar amount thereafter. The Protecting Vulnerable People (PVP) Department sits within the Protective Services Directorate and has responsibility for 13 strands of public protection. New design agreed and will be implemented by the end of June 2014. PVP operates across 7 geographic policing areas and supports 5 separate Local Children and Adult Safeguarding Boards, as well as strategic MAPPA Boards in both Forces

Continuity of safeguarding staffing and linkages with operational staff

Inevitable loss of key staff, the recruitment and induction of many others and the introduction of new locations and ways of working, but through this period of uncertainty officers/staff have worked with partners to ensure risk is appropriately identified and vulnerable people are safeguarded.

District Councils...

Attendance and engagement at meetings

Board and SEE representatives now in place, with good engagement, and a county-wide District Council Safeguarding Officers Group established with support from WSCB to share good practice and consider DC specific issues

Engagement with housing issues

District Council responsibilities were raised during the Section 11 Audit. A Registered Social Landlord (RSL) representative is now on the Board, who also chairs the Strategic Housing Partnership, so links are in place

Probation...

Impact of pending national changes on safeguarding arrangements

Briefing papers have been presented to WSCB on the safeguarding risks that need to be addressed during implementation of the new structure for delivery of Probation services; new Board and SEE representatives are to be identified

Worcestershire Safeguarding Children Board...

Strategic oversight of whole system.

Work in progress, supported by the Performance Framework and production of multi-agency performance information

More constructive challenge and less defensiveness.

Increasing evidence of challenge as confidence grows. A focus of the Board's Development Day.

Take responsibility for minimising impact of resource cuts, including attendance and engagement at Sub-Groups.

Sub-Group representation by some agencies has been affected by funding cuts. The Board is to review this as part of the Peer Review recommendations

Ensure focus on quality outcomes and obtaining user feedback.

Board receives qualitative data and is working to improve the availability and use of user feedback. A Service User Feedback Strategy in place and being implemented

- 5.1.2 There has clearly been a great deal of activity and progress made with some ongoing issues that are being carried forward for further work in 2014/15

5.2 Areas for development identified in the 2013/14 Annual Report

- 5.2.1 The particular areas for development identified in this Annual Report are as follows:

All Agencies...

- All agencies provide timely and relevant data to enable Board to establish composite picture
- Ensure all front line staff 'Think Family'
- Evidence of more consistent practice
- Evidence of improved inter- and intra-agency communication
- Evidence of professional challenge and escalation
- Evidence of effective feedback by Board representatives

WCC...

- Provision of timely data through the development of new data reports to fill gaps in information
- Provide assurance of sound commissioning practice around safeguarding
- Develop Adult Services representation, engagement and Think Family approaches
- Recruitment and retention of suitably qualified and experienced social workers
- Further evidence of consistent practice, management oversight and supervision
- Safeguarding concerns over elected home educated children
- Review Early Years provider regulation
- Assurance of consistency of safeguarding practice across schools encouraging exchanges of best practice

Children's Trust Board Executive...

- Assurance that Local Children's Trusts take responsibility for effective multi-agency safeguarding
- Revised Protocol with WSCB required, particularly around Early Help
- Need assurance re effectiveness of Early Help and use of Early Help Assessments

Worcestershire Safeguarding Adults Board

- Continue to engage on cross-cutting issues eg forced marriage, FGM
- Commitment to work jointly on transition issues particularly adolescents
- Better use of dual members on both WSCB and ASB

Health and Well-being Board...

- Working to the newly agreed protocol
- Engagement with safeguarding issues in wider health matters
- Evidence of attention to safeguarding issues in respect of its priorities and to a focus on children

Health commissioners...

- Assurance to be provided about the Worcestershire response to the national issue of lack of Tier 4 Beds for YP with mental health needs
- Evidence of improved GP input to child protection processes eg case conference attendance and reports

Health Providers...

- Assurance re capacity and effectiveness of Health Visitors, School Nurses and Midwives as providers of universal services which contribute to EH offering
- Assurance re communication between Health workers, training provision and understanding of safeguarding by all staff at a level according to their role and responsibilities as defined in the Intercollegiate Document 2014

Education Schools & Colleges

- Full representation and active engagement on the Board by types of Schools particularly High Schools, Middle Schools and Further Education Colleges
- Improved communication/feedback system to all schools via Board member representatives
- Assurance about safeguarding in Independent Schools, Specialist Schools and Free schools

Police...

- Changes in safeguarding personnel/lack of continuity
- Linkages with operational staff
- Assurance re impact of resource cuts on safeguarding activity
- Level of strategic engagement and communication

District Councils...

- Assurance of consistency of ownership of safeguarding responsibilities across all District Councils
- Engagement by all housing providers/commissioners/contractors with safeguarding issues

Probation...

- Managing risks to safeguarding under the new arrangements
- Managing the transition period
- Level of meaningful and appropriate Board membership by both the NPS and CRC
- Sharing of information and communicating between agencies
- Review adherence to/use of the People Posing a Risk to Children policy
- Increase compliance of flagging and review systems for CP and Risk to Children

Worcestershire Safeguarding Children Board...

- Improve strategic oversight of whole system
- Develop constructive challenge and collective responsibility
- Secure attendance and engagement by all members including sub groups
- Need to assess cumulative impact of agency cuts on safeguarding
- Ensure focus on quality outcomes and using user feedback to make improvements
- Develop analytical skills when receiving data
- Implement recommendations from Peer Review

5.2.2 Actions being taken forward next year to address these issues either by individual agencies or incorporated into the Board's 3 year Strategic Plan including:

- Continuing development of WSCB's Performance Framework and promoting the importance of timely and relevant multi-agency data
- Ongoing scrutiny of performance information to monitor practice improvements
- WCC Children's Services Performance Board closely overseeing Children's Social Care issues such as staff recruitment and retention, and practice improvements, with exception reports provided to the Board
- Ongoing discussions about developing a Multi-Agency Safeguarding Hub (MASH) and the viability of a multi-agency chronology
- Board updates about Early Help implementation, assessments and monitoring information
- Discussions with the Worcestershire Safeguarding Adults Board about closer working and the potential for setting up a joint Adolescent Group
- Protocol with the Children's Trust Executive Board to be revised to include local arrangements and Early Help monitoring
- Ongoing health work to improve communications and GP input to child protection processes
- Meetings taken place with probation to establish safeguarding risks attached to the changes, and to agree Board membership
- Discussions have taken place to establish appropriate Directorate of Adult Services and Health (DASH) representation on the Board, a named Safeguarding Children Lead, and a commitment given for staff to receive safeguarding training
- Ongoing discussions with schools to develop better communication with all schools
- Ongoing discussions with the police about resource levels and continuity
- Engagement with the Health and Well-being Board, and the CYP Overview and Scrutiny Panel through the presentation of WSCB's Annual Report
- Ongoing Board development and self-assessment to ensure continuous improvement
- Follow up to Peer Review which will inform effectiveness of the Board structure
- User feedback and focus on quality outcomes have been prioritised
- Strategic Inquiry has been triggered to explore the position regarding the regulation of early years provision, following the closure of a group of nurseries related to safeguarding matters

5.3 Overall judgement

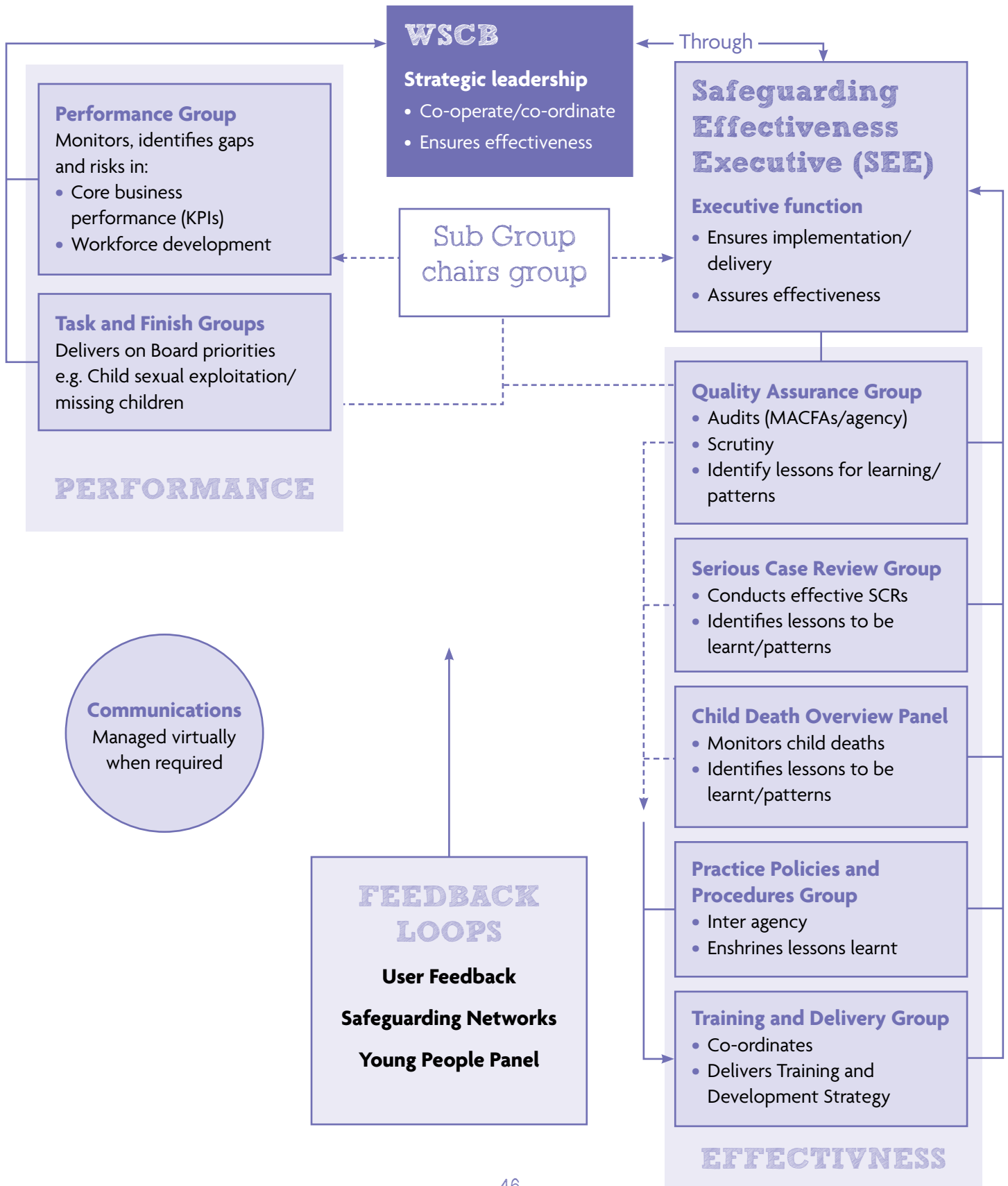
In conclusion, the Board has formed an overall judgement of safeguarding arrangements and their effectiveness based on its activity and learning during the year. There has been a sharper focus on outcomes and assessing the quality of services delivered, and a commitment to knowing whether the Board and agency activity are making a difference to safeguarding children and young people. In a rapidly changing environment it has been essential to keep pace with expectations and to ensure that the Board's focus remained on key safeguarding issues. Learning and required improvements from 2013/14 have been incorporated into next year's plan and key messages have been identified in this Annual Report. From the available information, the Board makes the following formal summary statement in respect of 2013/14:

The Board assesses that Early Help arrangements are starting to have a positive effect, and an audit of the access and referral arrangements concluded that the “front door” to Children’s Services is robust and effective. Organisational change in some agencies and the cumulative impact of financial cuts on safeguarding caused concern during the year, including in the Police and health agencies. The transition period of implementing Children’s Social Care’s Service Redesign in particular affected performance and there were serious concerns about recruitment problems and the impact of continued social worker and manager changes, gaps in statutory visits, lack of supervision and management oversight and delays in implementing plans. Performance had improved by year end, the Board was kept informed of progress and supported the longer term aim of improving safeguarding through the Redesign. Multi-agency data is starting to become available and a fuller picture gained. There are identified areas for improvement. The Board remains committed to achieving effective safeguarding for children and young people in Worcestershire

Summary statement of overall judgement by WSCB

The Board concluded that there is a good body of evidence from data, audits, reports and learning during 2013/14 to demonstrate that safeguarding arrangements are in place and that children are generally safe in Worcestershire. Good progress has been made from last year and performance has improved although organisational changes in a number of agencies did contribute to this declining for a period. Outcomes and measuring effectiveness are still challenging, and there continue to be multi-agency areas for improvement around consistent practice, communication/sharing information and “Think Family”

Appendix 1: Structure for Worcestershire Safeguarding Children Board



Appendix 2: Worcestershire Safeguarding Children Board Meetings Attendance Table

(based on 5 meetings in 2013/14)

Attendance Rate				
Agency	Board Member/ Representative	2013/14	Representative	Agency
Independent Chair	Diana Fulbrook	5/5	100%	N/A
Health				
Worcestershire Acute NHS Trust	Helen Blanchard (left post September 2013)	1/2	50%	80%
	Anne Crohill (deputising)	2/2	100%	
	Celine Eves (interim)	1/3	33%	
	Lindsey Webb (in post November 2013)	0/3	0%	
West Midlands Ambulance Trust	Julie Ashby-Ellis /Rob Cole	1/5	20%	20%
Clinical Commissioning Groups (CCGs)				
NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG	Jo Galloway	4/5	80%	100%
	(Ellen Footman deputising)	3/5	60%	
South Worcestershire CCG	Mari Gay	4/5	80%	100%
	(Ellen Footman deputising)	3/5	60%	
Designated Nurse/Designated Doctor	Ellen Footman	3/5	60%	100%
	Andy Mills	4/5	80%	
Worcestershire Health and Care Trust	Sandra Brennan (Vice Chair)	2/5	40%	100%
	Karen Rees (deputising)	1/5	20%	
	Alison Wills (deputising)	2/5	40%	
NHS England	Helen Hipkiss/Sue Doheny/ Vicki Twedde	5/5	100%	100%
Named General Practitioner	Dr Jonathan Leach	2/5	40%	40%

Worcestershire County Council

Lead Member (Safeguarding)	Liz Eyre	3/5	60%	60%
Director of Children's Services	Gail Quinton	4/5	80%	80%
Safeguarding/Quality Assurance Service	Adrienne Plunkett	4/5	80%	80%
Head of Service - Children's Social Care	Siobhan Williams	5/5	100%	100%
Adult Services	Richard Keble	3/5	60%	60%
Head of Learning & Achievement	John Edwards	4/5	80%	80%
Early Help	Hannah Needham	2/5	40%	40%

Education

Further Education Colleges	Carol Duncan	3/5	60%	60%
Secondary Schools	Alun Williams	3/5	60%	60%
First Schools	Carol Newton	5/5	100%	100%
Middle Schools	Hilary Dowding (from September 2014)	2/4	50%	50%

District Councils

Kevin Dicks	3/4	75%	75%
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West Mercia Police

Amanda Blakeman	2/5	40%	100%
Steve Cullen	2/5	40%	
Damian Pettitt (deputising)	1/5	20%	

West Mercia Probation Trust

Manjinder Purewal/George Branch	5/5	100%	100%
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Youth Offending Service

Keith Barham	4/5	80%	80%
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Voluntary & Community Sector

Michael Hunter	5/5	100%	100%
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Children and Family Court Advisory and Support Service (CAFCASS)

Vera Boyes/ Julie Shaw/ Tammy Conn	1/5	20%	20%
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WSCB Manager

Sue Haddon	5/5	100%	100%
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Lay Member

Annie Bushby	1/5	20%	N/A
Sylvia Dyke	4/5	80%	N/A

Festival Housing

Claire Huyton	1/1	100%	100%
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Healthwatch observer

Carol Thompson	4/5	80%	80%
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Safeguarding Effectiveness Executive (SEE) Meetings (based on 6 meetings in 2013/14)

Agency	Board Member/Representative	2013/14	Attendance %
Chair - Police	Amanda Blakeman/Steve Cullen/Adrienne Plunkett	6/6	100%
Health			
Worcestershire NHS Acute Trust	Anne Crohill/Doug Castling	6/6	100%
Worcestershire Health and Care Trust	Karen Rees/Alison Wills	6/6	100%
Designated Doctor (rep CDOP)	Andy Mills (from October 2013)	2/3	67%
SPACE (YP's substance misuse)	Alan Ford	4/6	67%
Education			
Schools	Carol Newton	5/6	83%
Further Education Colleges	Viv McLaughlin/Cathryn Draper	2/6	33%
West Mercia Police	Stacey Williamson	5/6	83%
District Councils	Judith Willis	4/6	67%
Chairs of Networks	Katy Stock (South)	1/2	50%
	John Hunt (North)	1/2	50%
	Peter Unwin/Sarah Melville (Joint Chairs from September 2013)	2/4	50%
Youth Offending Service	John Hunt	4/6	67%
Chair of Training Sub Group	Gilean Small/Jane Piggott-Smith	6/6	100%
WSCB Business Team	Angela Eason	6/6	100%
	John Dickinson	3/6	50%
	Martine McFadden	5/6	83%
	Sue Haddon	6/6	100%
Worcestershire County Council			
Learning and Achievement	Jan Nelson/Alison Newman	3/6	50%
Specialist & Transitions Service (Representing Children's Social Care)	Iona Payne	6/6	100%
Adult Services (Representing Adult Services)	Sue Lawrence	1/4	25%
Worcestershire Strategic Forum Against Domestic Abuse (WSFADA)	Martin Lakeman	3/6	50%
Safeguarding and Quality Assurance/Chair of SCR Sub Group	Adrienne Plunkett	5/6	83%
Support Guidance & Skills /Early Help	Gail O'Malley	6/6	100%
Community Voluntary Sector	Phil Street	4/6	67%
Probation	Les King	5/6	83%

Appendix 3: Performance Data

This report is structured according to the journey of the child and considers key areas of performance, particularly where agencies are currently working to improve performance. The majority of the annual data contained in this appendix relates to 2012/13. At the time of writing (June 2014), validated local, national and statistical neighbour data for 2013/14 was not available.

Early Help, Stronger Families and Referral to Children's Social Care

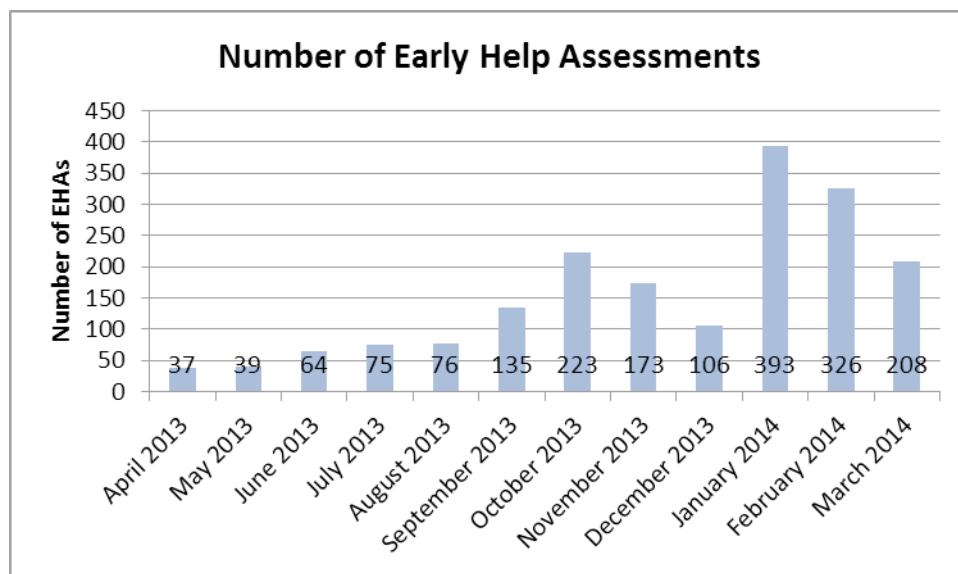
Early Help

Worcestershire's Early Help Strategy is child and family centred and focused on prevention and recovery, aiming to make the journey of the child and their family as seamless as possible through referral, assessment and intervention. The Early Help Hub was launched in April 2013 as a single point of contact for families and professionals (including those from universal services) to raise and notify any concerns about a child, young person or family who may have needs that cannot be met by universal provision and where there is thought to be no risk of significant harm. The Early Help Hub is co-located with the Children's Social Care Access Centre to facilitate more effective decision making, consistent application of thresholds and more efficient transfer of cases between Early Help and Social Care.

Between 1st April 2013 and 31st March 2014, 1433 Early Help Notifications (EHN) were received by the Early Help Hub from a range of universal services, including schools, GPs and Health Visitors. In addition, it is estimated that approximately 15 "No Further Action" (NFAs) were referred from the Access Centre to the Early Help Hub each week, which are not included in the table below.

Source of the Early Help Notifications for 2013-14			
Referrer	No.	Referrer	No.
Parent/Carer	345	Childcare Provider	21
Schools	278	Grandparent	8
Health Visitors	186	Other Health professionals	8
GP	140	Speech & Language Therapist	7
Intermediary	94	Psychologist	6
Social Worker	65	Early Help Provider	5
Paediatrician	50	Youth Offending Service	5
Family Support Workers	42	Education Investigation Officer	4
Not recorded	41	School nurse	4
Midwife	38	Housing	3
CAMHS	36	Lead Provider	3
Access Centre Children's Team	30	Other	14

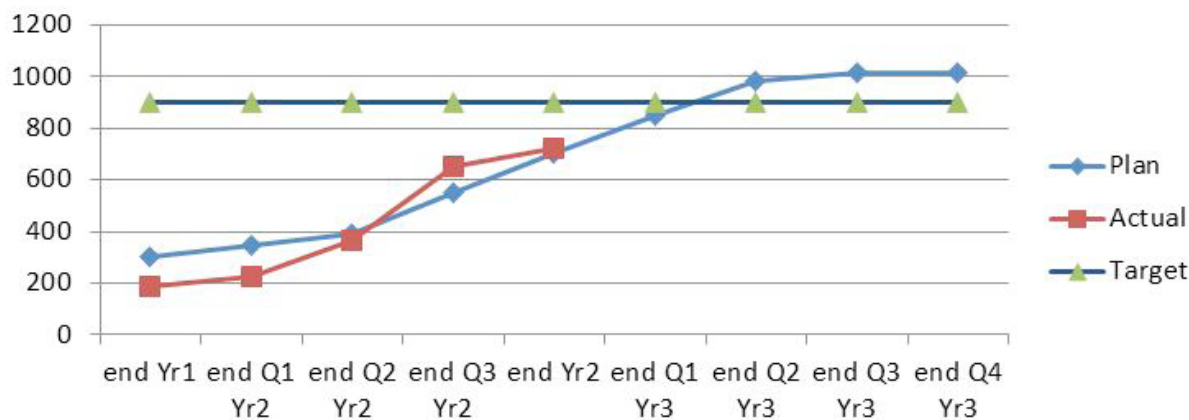
Early Help services are provided by six commissioned Early Help providers (one for each district). Early Help Assessments (EHAS) have replaced the previous Common Assessment Framework. There were 1,855 EHAs initiated between 1st April 2013 and 31 March 2014. The graphs below demonstrate the rise in EHAs over the last twelve months.



Stronger families

The Stronger Families Programme is working with the most challenging families in high priority areas to reduce pressures and demands on high cost specialist services such as Social Care. The Stronger Families Programme in Worcestershire supported 719 families between April 2012 and March 2014, and is on track to have worked with at least 900 families by the end of the three year programme:

The number of Stronger Families receiving support.



What does this mean?

- The rise in Early Help Notifications means that more families with additional needs, but which do not meet the threshold for Social Care, are being referred for appropriate support in line with Thresholds Guidance.
- Closer working between the Early Help Hub and the Access Centre with the transfer of cases between them (step up and step down), means that children are referred to the most appropriate service, thus reducing delay and meaning that, having told their story only once, families receive the right support.
- The rise in EHAs and increase in number of Stronger Families receiving support suggests that more families' needs are being assessed (and met) in a timely way by the most appropriate services, possibly diverting those families from Social Care.

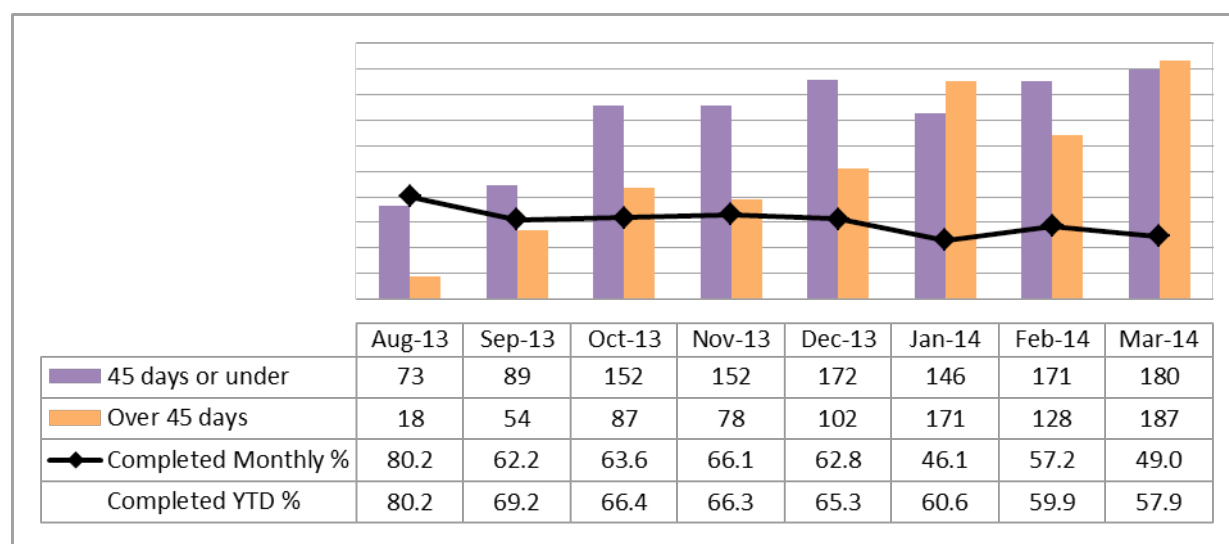
Referral rates and Single Assessment

Referral rate

Referral rates have risen from 246/10,000 in 2010/11 to 311/10,000 in 2012/13 (3,163 referrals) and 312/10,000 (3,526 referrals) in 2013/14. These rates are lower than the national and statistical neighbours averages. 14.1% of the referrals in 2013/14 were within 12 months of a previous referral. The increase in the referral rate during the last twelve months may have been a result of the Access Centre ensuring that cases for siblings were opened when an individual child had been referred, rather than opening one case for all siblings. The impact of Early Help on referral rates is currently being analysed along with the impact of social workers (rather than call operators) taking the phone calls in the Access Centre which ensures that referrals are entirely appropriate. Those calls that do not meet thresholds receive social care advice or are referred to Early Help. In the same time period, re-referrals have decreased from 17.8% (2010/11) to 15.5% (2012/13) and to 14% (2014/14).

Children and Young Person’s Assessment

In August 2013, the Child and Young Person’s Assessment replaced initial and core assessments. There has been a decline from 80% of assessments being completed within the target of 45 working days to 59.9% between August 2013 and March 2014.



What does this mean?

- Whilst referral rates have continued to rise, there are a complex range of factors which affect the referral rate and it is not yet possible to determine the impact of Early Help on referrals.
- The changes in practice at the Access Centre mean that referrals to both Social Care and Early Help are more likely to be appropriate.
- The decline in timeliness of assessments indicates that there is drift and delay for families meaning that children may not be receiving the services they require in a timely way.

Children in Need (CIN)

Children in Need rate

CIN Rate per 10,000 children 0-17 years					
	2008/09	2009/10	2010/11	2011/12	2012/13
Worcestershire	246.0	262.7	233.7	259.7	274.9
Statistical Neighbours	207.6	276.9	308.1	264.2	252.2
England	276.0	341.3	346.2	325.7	332.2

The CIN rate for Worcestershire (equating to 3,148 children) has been rising since 2010/11. The rate in 2012/13 was the highest for the last five years and was also above statistical neighbours for the first time since 2009. However, it remained lower than the England average. The rise in CIN has contributed to higher caseloads for social workers and approximately 50% social workers with caseloads above 20 and some have a case load of 28-30 children, particularly in Bromsgrove, Wychavon, Malvern and Worcester City.

In 2012/13, the highest proportion of primary need for CIN was Abuse/Neglect 54% which is higher than the national average of 47%. The next highest need was Family Dysfunction at 16% (national average: 18%) followed by Child's Disability or Illness at 13% (national average: 11.5%). The length of time children were subject to a CIN plan at 31 March 2013 is below national averages (Worcestershire: 18.4%; National: 22.9%) for plans lasting 3 months or less and for plans lasting between three and six months (Worcestershire: 11%; national: 12.1%) and for plans lasting between six and 12 months (Worcestershire 14.6%; National 14.9%). However, the percentage of children which have a plan for 12 to 24 months and for over two years is above the national average, being 18.2% (National: 15.9%) and 37.7% (National: 34.2%).

CIN: education

- In 2012/13 65% (57.9%) of school-aged CIN in Worcestershire had a special educational need with most on the register as School Action Plus (25% compared to 18% nationally) or with a Statement (28% compared to 24% nationally).
- 54.4% of school-aged CIN were eligible for free school meals which was slightly lower than national at 55.6% but above the statistical neighbour average of 48.6%.
- Only 29.6% of school-aged CIN attained a level 4 or above in reading, writing and maths in 2012/13 compared to 42.3% of CIN nationally.
- 15.8% of CIN attained 5+ A*-C including English and maths which was in-line with the national average for CIN of 16.1%. The proportion of children who made expected progress in both English (31.8% compared to a national average of 27%) and in maths (27.5% compared to a national average of 25.5%) at GCSE were higher than the national cohort.
- 16.5% of CIN were persistent absentees which is higher than the national figure of 15.4%.
- In 2011/12 (the most current data available), 9.4% of CIN had at least one fixed term exclusion which was higher than the national of 7.8%. 0.9% of CIN had at least one permanent exclusion which was higher again than the national figure of 0.5%.

What does this mean?

- CIN rates have continued to rise suggesting that increasing numbers of families require support from Social Care.
- This has contributed to high caseloads for social workers.
- The educational characteristics of the CIN population indicate that the educational outcomes for this cohort are not as good as their peers.

Child Protection

Children subject to a Child Protection Plan (CPP)

Children subject to a Child Protection Plan per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	28.0	31.6	36.7	39.8	37.4	33.3
Statistical neighbours	24.2	31.9	33.4	31.5	31.4	No Data available
England	31.0	35.5	38.7	37.8	37.9	No Data available

The proportion of children subject to a Child Protection Plans per 10,000 has declined in Worcestershire since 2011/12. Statistical neighbour and national averages are not yet available for 2013/14, but in previous years Worcestershire's CPP rate has been lower than both. It is anticipated that the CPP rate will decrease further as Early Help is embedded. There continues to be pro-active and effective work undertaken to protect children when required and also to ensure that there is 'recovery' of families to care for their own children safely where this is possible. There is robust oversight of children with Child Protection Plans (e.g. recent work through Worcestershire Safeguarding Children's Board to raise the understanding of all partners of the thresholds for a child needing a Child Protection Plan) to try and ensure that the right children are on right plans and that interventions are proportionate to need. The introduction of the new integrated risk assessment is already leading to more robust practice and increased confidence and engagement from other agencies as reflected in case file audits and complements received from partner agencies. Conference Chairs are ensuring that conferences address the question of whether the child is at risk of significant harm.

The most frequent reasons for Child Protection Plans in 2013/14 were neglect (53%) and emotional abuse (35%). These percentages are similar to 2012/13 when Worcestershire was in line with statistical neighbours and the national average.

At 31 March 2013 CP plans lasting three months or less is below national averages (Worcestershire: 22%; National: 28.7%). For plans lasting between three and six months in Worcestershire also lower than the national average (Worcestershire: 22.7%; national: 25.0%). However, the percentage of children which have a plan for six to twelve months, twelve to twenty four months and for more than two years is above the national average, being 28% (National: 26.9%); 22% (National:16.2%) and 5.4% (National: 3.2%) respectively.

What does this mean?

- The low number of plans lasting less than three months could be contributing to the higher number of repeat CP Plans if plans are ceasing too quickly before there is real evidence of change.
- The contrast between Worcestershire and its statistical neighbours with a higher percentage of children with CP Plans for a longer period could indicate some drift and delay in progressing plans for children and young people. Children with plans over 15months are routinely reviewed by the Safeguarding and Quality Assurance Service.

Child Protection Conferences

The percentage of Initial Child Protection Conferences held within 15 days of the Strategy Meeting has continued to improve year on year from 88.7% in 2012/13 to 90.1% in 2013/14. In 2012/13, Worcestershire's performance was better than both statistical neighbours (70.6%) and the national average (70%). In 2013/14, 94.4% of Review Child Protection Conferences had been held within time scale, which is a slight deterioration in performance from 2012/13 (97.3%), although this does not necessarily put children any additional risk as a CPP is already in place.

Repeat Child Protection Plans

Children with repeat Child Protection Plans per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	13.8	9.4	15.0	16.2	19.8	20.5
Statistical Neighbours Average	14.6	13.5	14.6	15.3	15.6	Not available
England Average	13.5	26.2	13.3	13.8	14.9	Not available

There has been a progressive increase in the repeat Child Protection Plan Rate per 10,000 since 2009/10, alongside a progressive (but smaller) increase in the rate for statistical neighbours and the national average. In 2013/14, 20.5% of children were subject to a Child Protection Plan for a second or subsequent time. This compares to a statistical neighbour average of 14.9% and the national average of 15.8% in 2012/13.

In Worcestershire, 5.4% of children became subject to a second CPP within 12 months of the previous plan ceasing in 2013/14 and in 2012/13. The percentage of CIN cases being closed within 6 months of a CP Plan ending was higher in Worcestershire (52.6%) than for statistical neighbours (41.9%) and nationally (42.7%). This has been analysed by the Safeguarding and Quality Assurance Service leading to questions being raised about the robustness of CIN Plans after the CP Plan has been stepped down or whether the CIN plan was closed too early. This could indicate over-optimism by agencies of a family's capacity to sustain the changes that have been made to improve the care and safety of children and there may be a correlation with the increase in children with a CP Plan for a second or subsequent time. However, there will always be a certain number of repeat CPPs due to changes in the circumstances of families.

What does this mean?

- The decrease in CP Plan rate and increase in the CIN rate may suggest that the needs of an increasing proportion of children are being met as CIN, rather than via a CPP.
- Neglect is the main category of abuse for both CIN and children with a CPP and is a higher percentage than the national average
- Initial and repeat Child Protection Conferences are held in a timely way suggesting that the needs of children identified at being at risk of significant harm are addressed quickly.
- The increase in Repeat CPPs suggests that children are removed from CP Plans too soon, that CIN Plans are not robust enough or that CIN Plans are closed too quickly.

Looked After Children

Looked After Children rate

Rate of Looked After Children per 10,000						
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Worcestershire	45.0	50.0	51.0	52.0	55.0	56.2 provisional
Statistical neighbours	38.3	40.6	42.4	42.6	44.2	Not available
England	54.0	57.0	58.0	59.0	60.0	Not available

The LAC rate per 10,000 has increased in Worcestershire since 2008/09. Whilst the rate for statistical neighbours and the national average have also increased over the same time period, Worcestershire is higher than the statistical neighbour average for 2012/13, but lower than the national average. The Looked After Children Strategy and Action Plan focusses on ensuring 'Right Child, Right Plan, Right Time, Right Place, Right Cost'. The focus is on ensuring Care Plans for LAC are progressed in a timely way, especially those with a plan for adoption or placement with relatives.

Over recent years there has been a downward trend in respect of timeliness of LAC reviews. Previously high performance (100%) in this area had fallen to bring it more in line with statistical neighbours and the England average of just over 90% in 2012/13.

Characteristics of LAC

LAC Gender and Age								
AGE	AT 31 MARCH 2013				AT 31 MARCH 2014			
	No. of male children	No. of female children	Total	%	No. of male children	No. of female children	Total	%
Under 1	14	15	29	4.6%	26	15	41	6.4%
1 - 4:	62	43	105	16.5%	45	43	88	13.7%
5 - 9:	69	58	127	20.0%	77	60	137	21.3%
10 - 15:	141	92	233	36.7%	144	94	238	37.0%
16 - 17:	89	52	141	22.2%	84	56	140	21.7%
Total	375	260	635	100%	376	268	644	100%
%	59.1%	40.9%	100%		58.4%	41.6%	100%	

As of 31st March 2014, 58.4% of LAC were male, which is a similar figure to 2013. The greatest percentage of LAC (37%) as of 31st March 2014 were aged 10-15 which is similar to the previous year. There has been a rise in the percentage of LAC who are aged under one year between March 2013 (4.6%) and March 2014 (6.4%), with a corresponding decrease in the percentage of LAC aged 1-4 years from 16.5% to 13.7%.

LAC Ethnicity					
		AT 31 MARCH 2013		AT 31 MARCH 2014	
		Number of children	%	Number of children	%
WHITE	White British	537	84.6%	562	87.3%
BME	Non-White British	98	15.4%	82	12.7%
UNKNOWN/NOT YET OBTAINED		0	0.0%	0	0.0%
REFUSED	Permission to record	0	0.0%	0	0.0%
TOTAL		635	100%	644	100%

The percentage of BME for LAC had decreased from 15.4% at 31 March 2013 to 12.7% at 31 March 2014. The number of LAC who are Unaccompanied Asylum Seeking Children decreased from 30 (31st March 2012) to 20 (31st March 2013). This equates to 3.1% of all LAC (March 2013).

36.2% of LAC had a statement of SEN in 2013, which was higher than the national figure of 28.5%. Those with SEN but without a statement was in-line with the national figure, comparing 39.7% to 39.3%.

LAC Placements

Looked after Children Placements					
		At 31 March 2013		At 31 March 2014	
		Number of Children	%	Number of Children	%
In County		465	73.2%	486	74.5%
Out of County		144	22.7%	120	18.6%
Placed for adoption		23	3.6%	38	5.9%
Missing		3	0.5%	0	0.0%
Total		635	100%	644	100%

74.5% (provisional) of LAC were placed inside county on 31st March 2014, which is an increase from 73.2% on 31 March 2013. There has been a corresponding decline in the percentage placed out of county from 22.7% to 18.6% over the same time period.

On 31 March 2014, 57.1% of LAC were placed in foster care and 14.3% were placed with a relative or friend – these being the two largest groups by placement type. 5.9% of LAC were placed for adoption and a further 4.8% were placed with a parent. The remaining looked after children were either in independent living placements, secure accommodation, residential homes, residential schools, other residential settings or hostel/supported residential settings.

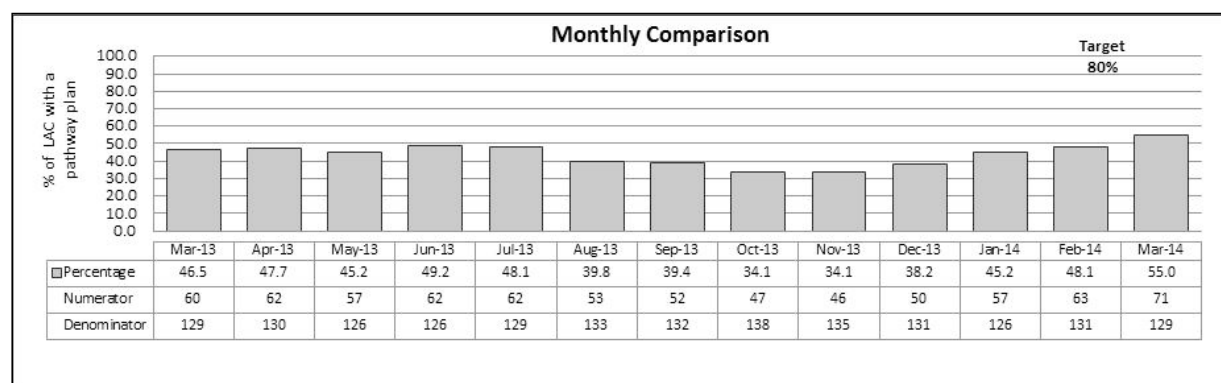
What does this tell us?

- There is a slight decrease in the number of children being placed out of county and also an increase in the number of children being placed for adoption both of which are positive developments in line with the LAC action plan.

The following are areas where agencies are currently working to improve performance:

Pathway Plans

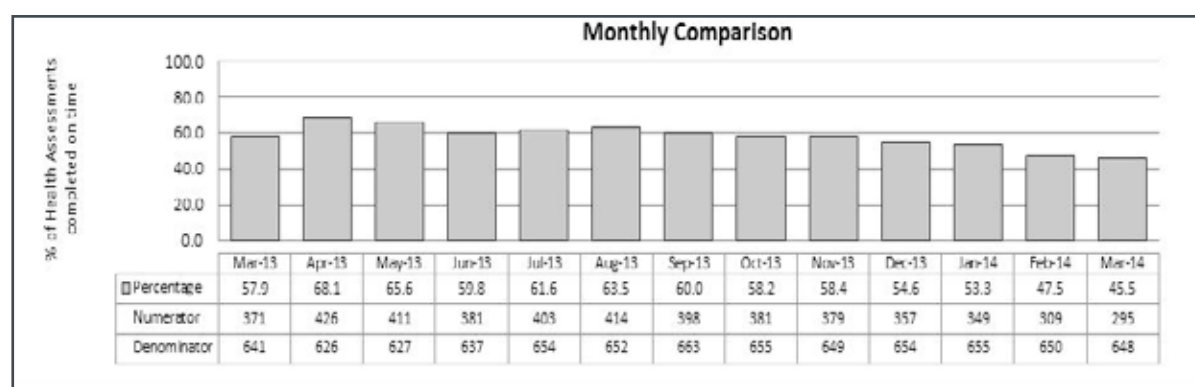
The percentage of LAC with a pathway plan



Although performance had increased since 2012/13 when 46.5% of LAC had a pathway plan, the outturn for 2013/14 (55%) is 25.0% below the target of 80%. Pathway planning for Looked After Children has been identified as an area of concern and is being proactively monitored by the CSC Performance Board. If performance is low in this area, it can be assumed that timely decisions are not being made about young people’s transition arrangements.

Health Assessments

The percentage of LAC with health assessments completed on time



There has been a steady downward trend in the percentage of LAC health assessments completed within time scale since August 2013 and this has been systematically reported to WSCB over the last few months as an identified area of concern. In March 2014 performance had dropped to 45.5% which is well below the target of 85% and the lowest level during the last 12 months. This decline has been due to the backlog of Health Assessments requests coming through from Children’s Social Care. In order to address this, Worcestershire County Council employed two temporary Administration Assistants to deal with the backlog so that health can be notified of pending assessments in a timely manner. School Nurse and Health Visitor Leads have been notified so that the Health Assessments can be prioritised whilst the information is current. The backlog will impact on School Nurse workload in particular and the Joint Commissioning Unit are looking at ways to fund this and developing future plans to meet the needs of LAC. There is a working group which is monitoring progress with Integrated Service for Looked After Children and WCC and this meets every three weeks to continue to monitor progress and drive improvements

Permanence

In December 2011 care proceedings in Worcestershire were taking an average of 71 weeks to complete, whereas by March 2014 this had reduced to 32 weeks, compared with 35.7 weeks for the Midlands average. Whilst this is a considerable improvement, timeliness of care proceedings is a key issue since the introduction of the new legal requirement of 26 weeks for completion. Children's Social Care and WCC Legal Services have developed a process for live tracking of cases to record the week a case is in and supports managers in monitoring progress. In addition, the courts have introduced a care proceedings monitoring system which they now regularly report on monthly and which triggers scrutiny of amber or failed cases.

What does this mean?

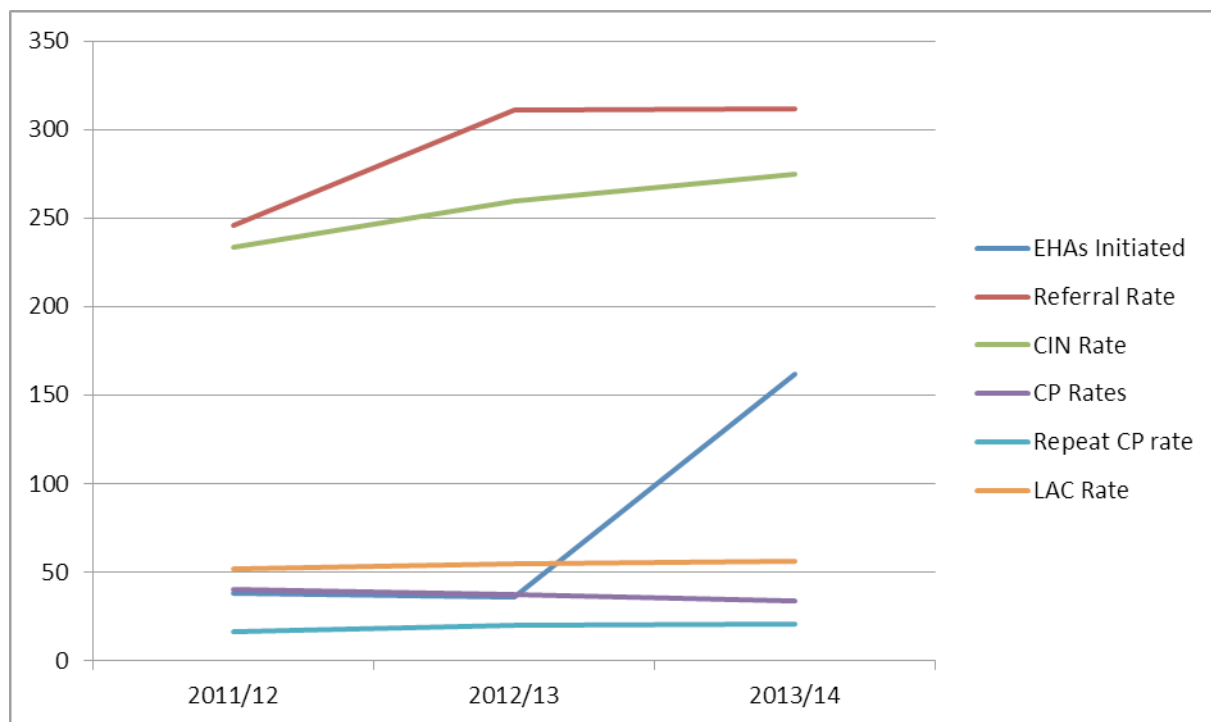
- Evidence indicates that legal proceedings are being progressed in a more timely way which means that permanency plans for children are expedited.

Inter-relationships

Previous involvement with Children's Services of Looked After Children				
	Mar-13	Jun-13	Sep-13	Dec-13
CIN	168	171	178	171
CP	379	379	393	394
None	93	83	87	77
Grand Total	640	633	658	642

At December 2013, 27% of LAC had previously been subject to a CIN Plan as opposed to 61% of LAC who had been subject to a CPP. 12% of LAC had not previously has a CIN or CP Plan.

Comparison of EHA, Referral and CIN rates per 10,000			
April to March	2011/12	2012/13	2013/14
	Per 10,000	Per 10,000	Per 10,000
EHAs Initiated	38	36	162
Referral Rate	246	311	312
CIN Rate	233.7	259.7	274.9
CP Rates	39.8	37.4	33.3
Repeat CP rate	16.2	19.8	20.5
LAC Rate	52.0	55	56.2



What does this mean?

- There has been a sharp increase in EHA in 2013/4 but as yet this has not impacted on the referral rate for Children’s Social Care. During 2013/14 the commissioning of Early Help Services has been taking place and 2014/5 should see this having more impact.

Vulnerable groups

Through analysis of the available performance data and themed reports the Board has identified the following vulnerable groups in Worcestershire:

- Children in Need
- Children with repeat Child Protection Plans
- LAC children; pathway planning and health assessments
- Missing children – return interviews

Appendix 4: User Feedback

Feedback collected by Agencies

Examples of user feedback are as follows:

- The Youth Offending Service routinely collects parent/carer feedback to inform their work and ensure ongoing improvements to their service. They found that the majority of parents/carers were satisfied with the service they received and 92% felt that all the relevant agencies were involved in supporting their children. The following was highlighted as a particular positive:

“Understanding the consequences of further offending; having to address issues surrounding substance misuse and taking responsibility for their own actions.”

- The Glade Sexual Assault Referral Centre (SARC) introduced a postcard system of qualitative feedback and are currently using pictures to give younger children a voice. They have used the feedback to improve services, for example the enhancement of the waiting area at the Telford SARC. Comments include:

“Everyone has been really sweet and understanding. You have made a horrible experience pleasant. Thank you so much. You gave me the choice to decide and I haven’t had that in a long time. Today has really changed my view on people, but for the better. I can start to think, that people are there to help.”

“They are really supportive, made me feel safe. They are really nice people. They have looked after me.”

- The Early Help Hub consulted with parents and carers about the website via Parents Voice. Feedback included re-wording specific phrases e.g. ensuring the phrase ‘children with disabilities’ was used as opposed to ‘disabled children’
- Findings from the ‘Big Questionnaire’ (a survey distributed to all Looked After Children) will inform Worcestershire’s Corporate Parenting Strategy, The Children and Young People’s Plan and a review of the current pledge. The majority of the children who replied felt that they had a positive relationship with their social worker and 90% said they trusted their carer/social worker and could talk to them if they were worried.
- The newly formed Pods in Batchley and Birchen Coppice are collating the views of practitioners to find out what is working well and what could be done better. Responses from a small number indicate that working in a Pod has positively changed the way people work, enabling better communication and collaborative working. Practitioners report that they feel the impact on the families will mean involvement at an earlier stage resulting in less escalation and improved multi-agency working.
- CAMHS findings indicate that 78% of Worcestershire children and young people reported feeling their difficulties were ‘much better’ or ‘a bit better’ after receiving a service from CAMHS.

Feedback collected by the Safeguarding and Quality Assurance Service

In October 2013 a system was introduced for obtaining feedback from parents and carers of their experiences of attending Child Protection Conferences. Of 50 responses received, 87% stated that the Conference Chair had spoken to them before the Conference and explained the process, 90% felt that they had been treated with respect during the Conference, and 85% considered that the Chairs had explained to them why decisions were made. However, 30% said that they did not know/were unsure about who would be attending the Conference, 30% would have liked the opportunity to contribute more, and 20% left the Conference unsure about the part they would take in the Child Protection Plan or Child in Need Plan. Since February 2014 a system has been in place for obtaining feedback from looked after children and young people following their Reviews. 92% said they had had the opportunity to speak to their IRO prior to the Review, 96% understood/just about understood why they were looked after by the Local Authority, and 96% were clear/just about clear about the plans made at the Review. This feedback clearly provides valuable information to assist with the development of both the Child Protection Conference and LAC Review processes.

Direct Engagement with Children and Parents/Carers by WSCB

Examples include:

- Consultation with a group of Young Carers who provided feedback on the WSCB website page for young people. As a result, the wording was revised and additional information added
- WSCB undertook a bullying survey completed by 8766 young people age 10 – 17 that will now be actioned by the Children's Trust Executive Board. The University of Worcester analysed the results and the key points were:
 - The most frequent form of bullying is face to face verbal, less with cyberbullying
 - Females are more likely to be bullied than males
 - As age increases bullying decreases
 - Incident rates varied with Bromsgrove young people reporting the lowest and Redditch the highest.
- A small group of Looked After children were asked a number of questions about how they felt they were treated by Agencies:
 - 86% of the LAC said it was true that they were happy with the way they were treated by professional people
 - The majority felt that their views were heard by those involved in their care
 - There was a range of feelings towards their relationship with their social worker, with the majority feeling they had a good relationship
 - There was a range of answers as to whether they felt involved in decision making about them. All felt that they had at least some involvement
 - The majority felt that the people involved in their care were getting better at their job
- There is now a CSE course available for parents that can be accessed from the WSCB website. The Training Delivery Group has been assured of the benefits of promoting this particular resource with parents as a result of the comments from parents such as:

"I would recommend this course due to the fact that it has opened my eyes to the different ways people will attempt to sexually exploit a child and the different things to look for in a change of a child's behaviour, therefore I will now know what to look out for"

Feedback to WSCB from practitioners

Examples include:

- The Supervision audit asked practitioners and managers about their views on supervision and found that both supervisees and supervisors felt they were either receiving or giving supervision in a challenging way, albeit supervisors felt that they were giving it more than practitioners felt they were receiving it. It would appear that supervision was giving confidence to practitioners and allowing time for reflection in the majority of cases. 59% of managers have had training in supervision. The feedback from practitioners enabled the Quality Assurance Group to make recommendations based on these and other findings
- The Referral and Access Audit included the recording of the views of all callers to the Access Centre over the time period of one week to establish their views on the Thresholds Guidance document. This information was used to inform the review of the Thresholds Guidance undertaken during 2013/14
- Training courses continue to be a source of engagement with front line practitioners and managers, and WSCB evaluates every course that they deliver in line with the framework for evaluation. This enables practitioner feedback to be used to review all courses delivered by WSCB to ensure that they continue to be of the high quality expected. A full report is available on the WSCB website

- Through the Network the views of practitioners were gained about workforce issues and their impact on frontline services for children and families. These were included in the themed report prepared by the Performance Group on Workforce and are used to triangulate other aspects of performance information
- The quarterly meetings of the Safeguarding Network serve as a mechanism for frontline practitioners to raise specific safeguarding issues with Board members. These are reported to the Safeguarding Effectiveness Executive (SEE) meetings and fed up to Board members as appropriate. During 2013/14 the following issues were referred in this way:
 - The issue of Early Years providers (nurseries) being graded as inadequate by Ofsted and re-opening under a new name without reference to the previous concerns
 - Concerns about the vulnerability of home educated children to abuse or neglect

Appendix 5: Agencies' Response to concerns raised in the 2012/13 Annual Report

Agency/ Partnership Areas for Improvement	Agency/ Partnership Response
<p>All agencies</p> <p>Provide data to get composite picture</p> <p>Gap between strategic intent and practice - culture shift required</p> <p>Inconsistent practice</p> <p>Sharing of information</p>	<p>All agencies, aside from Adult Services and one DC, replied to the request for training information.</p> <p>Provision of data for WSCB dashboard (WHCT, CSC, SPACE, YOS, CAMHS)</p> <p>Work with GPs to embed learning from SCRs, MACFAs and CRs and promote information sharing. Think Family and raise awareness of 'toxic trio' (CCGs and NHS England) through training and communications.</p> <p>Named GP role used to support practice improvements (CCGs/NHS England)</p> <p>Participation in SCRs and CRs as required (all agencies)</p> <p>Bromsgrove DC/Redditch BC has prioritised information sharing and its internal Safeguarding Group has an Action Plan in place to address this.</p> <p>WHCT now producing SCR briefing sheets to disseminate learning. Themes and strategies are incorporated to challenge practitioner thinking. Reflective supervision provided by Integrated Safeguarding Team used to reflect on culture and practice. Learning workshops also used to embed learning from SCRs, CRs and MACFAs.</p> <p>FE college safeguarding leads now all receiving relevant information via WSCB rep and all colleges have safeguarding policy and procedures in place</p> <p>Training programme has been delivered to GPs which addresses the importance of information sharing and learning from SCRs. Regular newsletters are produced for GPs which contain information on safeguarding issues. Safeguarding is monitored as part of clinical quality review processes. Dedicated time within Named GP's contract is to be increased.</p> <p>Improvements in educational progress in all areas</p> <p>Good and outstanding Children's Centres, Children's Homes and Short Break Units (CSC)</p> <p>Sufficient Early Years provision</p> <p>WMAS provides yearly data and any data on request to help build a composite picture. Individual and organisational accountability is supported by an effective Safeguarding team which works to ensure consistent practice, including information sharing. During 2013/2014 WMAS made 2138 Child Safeguarding Referrals. This represents 0.23% of 999 calls received over that period</p>

<p>WCC/Children's Social Care</p>	<p>The CSC service redesigned in 2013/14 with the following aims:</p>
<p>Recruitment and retention of trained suitable social workers</p>	<p>Increase social work posts to ensure manageable caseloads increase direct time with children.</p>
<p>Range of practice improvements, linked to the above - effective management and supervision required</p>	<p>Reduced layers of management to increase accountability and swifter decision making Right Child, Right Plan, Right Time, Right Place Skilled business support staff Locality based working Reduction in changes of social worker Access to services at the point of need</p>
<p>Electronic multi-agency chronology</p>	<p>A difficult year in terms of managing the changes and initial difficulty in the recruitment of qualified and experienced social workers and managers. A Transitions Plan has been in place with actions to employ temporary agency staff, ensure oversight by senior managers and the S&QA Service, use of a support team of Advanced Social Work Practitioners and the escalation process by partner agencies. Cultural change has been slow and there continued to be inconsistency in practice. Monthly reports to WSCB provided assurance that no child was in need of immediate safeguarding through these changes and to track key indicators to demonstrate that all managers were providing effective supervision and to track the recruitment of permanent staff.</p>
<p>Assurance of sound commissioning practice around safeguarding</p>	<p>Investment to address the barriers to change:</p> <p>Additional £3.5m to resource looked after children</p> <p>Additional £0.5m for Market Forces increment to attract experienced social workers</p> <p>Investment in EH services across districts</p> <p>Creation of Principal Social Worker and Advanced Social Work Practitioners to help embed consistent good practice</p> <p>By end March 2014 there were indications of gradual improvement in teams that had recruited permanent managers and social workers. The inconsistent practice is concentrated in areas with higher turnover of social work staff due to reliance on agency workers.</p> <p>There has been inconsistent improvement on key indicators:</p> <p>Seeing children and recording activity within statutory timescales</p> <p>Ensuring assessments and plans are progressed within timescales</p> <p>Ensuring effective team manager oversight of all children's assessments and plans</p> <p>New practice tools and systems have been introduced in 2013/14 to support improved performance:</p> <p>Recording guidance</p>

Police

Impact of resource cuts and working partnership with Warwickshire

West Mercia and Warwickshire Police have formed a strategic alliance. Whilst each Force has its own identity, leadership and governance they share the same vision of 'protecting people from harm'

Both Forces required to deliver policing with reduced budget of around £30 million by 2016 and likely to have to reduce by similar amount in the medium to longer term

Continuity of safeguarding staffing and linkages with operational staff

The Protecting Vulnerable People (PVP) Department sits within the Protective Services Directorate with responsibility for 13 strands of public protection. As with every other area, the PVP policing model was fundamentally reviewed and a new design agreed. In June 2012 a 'Blueprint' was approved by the Police and Crime Commissioner, due to be implemented by end of June 2014

The Department operates across 7 geographic policing areas and supports 5 separate Local Safeguarding Children Boards and Adult Safeguarding Boards, as well as strategic MAPPA Boards in both Forces. It seeks to:

Strengthen the Strategic Alliance

Place resources in areas of highest risk and protect the most vulnerable from harm

Protect frontline resources within the new financial reality

Promote flexible mixed economy workforce with the appropriate training, experience, skills and knowledge to safeguard our most vulnerable from harm

Build on/develop partnership working with other key agencies/ third sector

Together with partners, explore opportunities that add value (e.g. MASH)

Identify and appropriately manage emerging risk (e.g. Honour Based Violence and Modern Slavery)

Last 2 years a transitional period for both Forces and PVP

Whilst significant amount of experience/expertise has been retained, inevitably there has been a loss of key staff, the recruitment and induction of many others and the introduction of new locations and ways of working, such as the implementation of the Harm Assessment Units

Through a period of a great deal of uncertainty Officers and staff have worked tirelessly with partners to ensure risk is appropriately identified and vulnerable people are safeguarded.

**Children's Trust
Executive Board**

CAF improvements required - volume and quality

Early help roll-out slow and as yet,

little evidence of effective outcomes

Early Help Assessment (EHA) and Support Plan process has replaced the previous Common Assessment Framework. A streamlined approach whereby an early help practitioner creates an Early Help Action Plan and works with the family to decide how the outcomes are to be achieved. If other agencies and support services need to be involved, the Integrated Working Co-ordinators advise what other agencies are available and provide support in contacting them. If the outcomes are not met, alternative ways of working considered, including escalating the family to the District Access Panel (DAP) which helps identify why the outcomes were not met, and discuss new ways in which the family can be supported

Early Help Assessments and Support Plans logged on the same recording system as Social Care and all relevant Early Help professionals, including those in commissioned providers, have access to relevant parts

of the system

Early help assessment audit tool in place and being used, resulting in 3799 Early Help Notifications being generated and 1789 EHAs being initiated since 1 April 2013

Four of the six 0-19 Early Help district services now in place with the remaining two currently negotiating contracts with the preferred provider. District service arrangements, which include the provision of Children's Centres, have been phased in, district by district, in order to balance the speed of implementation whilst ensuring quality and effectiveness of provision

Early Help Hub and Social Care Access Centre co-located from beginning of September 2013. This facilitated more effective decision making by EHH advisors and better understanding of thresholds and when a case should be passed to Social Care. Referrals for Early Help are made through the Early Help Notification, an online referral form for professionals to request support for a family. Since April 2013, EHH advisors completed over 2500 EHN+ forms from various referrers

Worcestershire's Stronger Families programme forms part of the Early Help Strategy and between March 2012 -2 014, 727 families have been supported. Worcestershire remains on track to work with the expected 900 families by March 2015.

Health

Communication between Health workers

Worcestershire CCGs have worked with Safeguarding Leads across the health economy to develop a Communication Protocol, with the aim of improving information sharing within health and with partner agencies. The protocol will be launched in summer 2014 at the Communication Event planned by WSCB. An implementation plan will ensure it is cascaded across health and embedded within practice through training and supervision

GP input to child protection processes egg case conference attendance and reports

Worcestershire CCGs in collaboration with NHS England have worked to drive improvements and engagement across GP Practice. This included training to GP Practices to embed learning from SCRs/CRs/MACFAs specifically to promote information sharing, a ‘think family’ approach and to highlight the ‘toxic trio’ and the importance of engagement in child protection processes

When a GP Practice has had direct involvement in a SCR or CR specific workshops delivered in the Practice to cascade learning

Continued awareness raising promoted via the CCG webpages, Bulletins, GP Newsletter and other briefings to GPs of the learning from such reviews, as well as national findings or guidance

Named GP Safeguarding Children role developed to contribute to supporting GP Practice

All GP Practices have a Safeguarding Lead

A review of Child Protection Conference notifications and submission of reports for conference process is underway to improve timeliness of response and engagement of GPs in the process. In addition there has been work to find alternative means for GPs to input to Child Protection Conferences through teleconferencing.

Worcestershire Safeguarding Children Board

Strategic oversight of whole system

WSCB’s Performance Framework is beginning to provide a more comprehensive overview of the whole system and serves to triangulate performance information provided to WSCB by partner agencies

More constructive challenge/ less defensiveness

Board members have started to develop more confidence in exercising constructive challenge and defensiveness has started to reduce. A Challenge Log is to be introduced next year.

Take responsibility for minimising impact of resource cuts including attendance and engagement at sub committees

WSCB needs to fully understand the full impact of resource cuts on the delivery of frontline services. Restructuring of some partner agencies has impacted on their ability to continue to provide representation at sub groups, e.g. YOS and Police.

Ensure focus on quality outcomes and obtaining user feedback

WSCB approved its Service User Feedback Strategy, which will be fully implement during the next year to ensure the voice of the child informs the operational work of the Board and also its assessment of effectiveness of services delivered by partners. Only a small number of partner agencies systematically collect service user feedback about the services delivered and WSCB will continue to challenge those partners who do not do so

Appendix 6: Glossary of Terms

BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIN	Child in Need
CP	Child Protection
CPP	Child Protection Plan
CSC	Children's Social Care
EHA	Early Help Assessment
GP	General Practitioner
HWB	Health and Well-being Board
LAC	Looked After Child
LSCB	Local Safeguarding Children Board
MACFA	Multi Agency Case File Audit
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conference
SCR	Serious Case Review
SEE	Safeguarding Effectiveness Executive
SPACE	Young Person's Substance Use Service
SUDIC	Sudden Unexpected Death in Children
TDG	Training and Delivery Group
UASC	Unaccompanied Asylum Seeking Children
WCC	Worcestershire County Council
WHCT	Worcestershire Health and Care Trust
WSCB	Worcestershire Safeguarding Children Board
YOS	Youth Offending Service

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