



# Children, Young People and Families Scrutiny Panel

## 5 October 2016

**Time** 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny  
**Venue** Committee Room 3 - 3rd Floor - Civic Centre

### Membership

**Chair** Cllr Peter O'Neill (Lab)  
**Vice-chair** Cllr Udey Singh (Con)

#### Labour

Cllr Harbans Bagri  
Cllr Greg Brackenridge  
Cllr Julie Hodgkiss  
Cllr Rupinderjit Kaur  
Cllr Welcome Koussoukama  
Cllr Louise Miles  
Cllr Lynne Moran  
Cllr Mak Singh  
Cllr Daniel Warren

#### Conservative

Cllr Christopher Haynes

### Co-opted Members

Leanne Dack- Parent Governor Representative  
Portia Tsvangirai – Parent Governor Representative  
Mrs R Watkins – Representing the Church of England  
Mr C Randles - Representing the Roman Catholic Church  
Kashmire Hawker – Representing Wolverhampton Youth Council

Quorum for this meeting is three Councillors.

### Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Earl Piggott-Smith  
**Tel/Email** Tel: 01902 551251 or [earl.piggott-smith@wolverhampton.gov.uk](mailto:earl.piggott-smith@wolverhampton.gov.uk)  
**Address** Democratic Support, Civic Centre, 1st floor, St Peter's Square,  
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

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# Agenda

## Part 1 – items open to the press and public

*Item No.*     *Title*

### MEETING BUSINESS ITEMS

- 1            **Apologies**
- 2            **Declarations of interest**
- 3            **Minutes of the previous meeting (6 July 2016)** (Pages 5 - 10)  
[To approve the minutes of the previous meeting as a correct record]
- 4            **Matters arising**  
[To consider any matters arising from the minutes]

### DISCUSSION ITEMS

- 5            **Pupil Referral Unit Briefing paper** (Pages 11 - 14)  
[Alex Jones, Assistant Director (Schools Standards), to present briefing paper on the performance of local Pupil Referral Units (PRU).]
- 6            **Children Safeguarding Board Annual Report - report to follow**  
[Alan Coe, Independent Chair of the Wolverhampton Safeguarding Children Board, to present annual report]
- 7            **Children's Services Self-Assessment - 'Our Story' and Improvement Plan**  
(Pages 15 - 170)  
[Emma Bennett, Service Director - Children and Young People, to present report]
- 8            **Update on Youth Offending Team Inspection Action Plan** (Pages 171 - 182)  
[Sally Nash, Head of Service -Youth Offending Team, to present update report on the progress of the Inspection Action Plan]
- 9            **Healthy Child Programme** (Pages 183 - 260)  
[Neeraj Malhotra, Consultant in Public Health, to present report]

### PRE-DECISION SCRUTINY

- [To give pre-decision scrutiny to the report]
- 10          **Transformation Plan Child and Adolescent Mental Health Services (CAMHS) - report to follow**  
[Mai Gibbons, Senior Commissioning Officer, to present report for pre-decision scrutiny]

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# Children, Young People and Families Scrutiny Panel

## Minutes - 6 July 2016

Agenda Item No: 3

### Attendance

#### Members of the Children, Young People and Families Scrutiny Panel

Cllr Harbans Bagri  
Cllr Greg Brackenridge  
Cllr Julie Hodgkiss  
Cllr Welcome Koussoukama  
Cllr Louise Miles  
Cllr Lynne Moran  
Cllr Peter O'Neill (Chair)  
Cllr Mak Singh  
Cllr Udey Singh (Vice-Chair)

#### Employees

Alexandra Jones	Assistant Director - School Standards
Earl Piggott-Smith	Scrutiny Officer

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## Part 1 – items open to the press and public

*Item No.*      *Title*

- 1      **Apologies**  
Apologies were received from the following member(s) of the panel:  
  
Councillor Daniel Warren  
Councillor Rupinderjit Kaur  
Cyril Randles  
Rosalie Watkins
- 2      **Declarations of interest**  
No declarations of interest were made relative to the matters under consideration at the meeting.
- 3      **Minutes of the previous meeting (13 April 2016 )**  
That the minutes of the meeting held on 13 April 2016 be approved as a correct record and signed by the Chair.

4 **Matters arising**

Minute 5 – Brighter Futures: Improving Our Schools' Annual Report 2016

The panel queried the schedule for presenting reports on the performance of pupil referral units in Wolverhampton. Chair advised that a briefing paper would be sent to the panel in September and a more detailed report to the meeting on 29 March 2017.

5 **Parental Ambassadors Programme**

Alex Jones, Assistant Director – School Standards, introduced the report and gave an overview of the programme to engage with new community groups in Wolverhampton.

The Assistant Director commented that the programme has been successful in engaging parents, the majority of whom have been employed as ambassadors in the schools. The programme is funded and supported by a number of different organisations. The Assistant Director commented that five women from the first wave, who were previously unemployed, are now working part time. In the second wave, 10 parents have been successful in getting part-time employment in schools as community ambassadors.

The panel queried the areas where the scheme is operating. The Assistant Director agreed to send the panel details.

The Assistant Director explained the process for allocating parents to a school. The panel discussed the role of school teaching assistants and the potential for them to do a similar role as the parent ambassador, in view of the language skills that some may already have. The Assistant Director explained that the parent ambassadors have a different role and the need has been identified by the school. The scheme is also partly funded by Big Lottery which has specific criteria about how the money should be used.

The panel queried the time-limited nature of the programme and concern about its long term future. The Assistant Director explained that the programme is managed by the local authority but supported by schools and different local agencies such as Adult Education Service and the Refugee and Migrant Centre.

The panel queried the support given to parents of white British boys who are not performing well, compared to other groups. The Assistant Director accepted that this was an issue but explained that there are already a number of existing programmes aimed at engaging parents in this group to support schools to improve educational performance.

The panel queried the source of the reference in the report that 70% of community parents were unaware of their rights and responsibilities of parents in a UK setting. The Assistant Director agreed to provide more detailed breakdown of the background to this statement and share it with the panel.

The panel commented on the financial implications section of the report which does not make reference to the programme being funded by the Big Lottery.

The Assistant Director explained that Council support for the programme is provided by funding from the Dedicated Schools Grant. The Assistant Director explained that the programme is being delivered at no cost to the Council.

The panel welcomed the report and thanked employees and parents involved in the programme for their achievements.

The panel requested details of any future celebration events of the ambassador programme. The Assistant Director agreed to advise the panel.

The panel recommended that the report be presented to the Equalities Advisory Group. The Assistant Director agreed to share a copy of the report with the group.

The panel requested a progress report on the programme in July 2017.

Resolved

1. The panel to receive a progress report on the ambassadors programme to a meeting in July 2017.
2. A copy of the report to be shared with Equalities Advisory Group.
3. The Assistant Director agreed to provide a briefing paper about the background to this statement that 70% of community parents were not aware of their rights and responsibilities in a UK setting.
4. The Assistant Director agreed to provide details of where the ambassador programme is be offered to parents.

6

### **School Improvement and Governance Strategy (revised version) 2016**

Alex Jones, Assistant Director – School Standards, introduced the report and gave an overview of those parts of the strategy which had been updated since the previous draft was published in September 2014.

The Assistant Director commented on the positive impact of the strategy in improving school performance. The number of schools in the City judged to be good or better by Ofsted have increased from 63% (September 2013) to 79% (April 2016). The Assistant Director is hopeful that this figure will increase to 81% when the next Ofsted results are published.

The panel queried the difference in the process described in paragraph 3.4. and 2.2 in the School Improvement and Governance Strategy when a school has concerns about the performance of an academy. The Assistant Director confirmed that the reference in 2.2 is incorrect and will be changed to state that the local authority can raise concerns with the Regional Schools Commissioner

The Assistant Director commented that unvalidated key stage 2 data results will be published in September 2016 and the validated results in January 2017.

The Assistant Director commented on the current structure of team providing support to primary and secondary schools in Wolverhampton. The size of the team has been reduced significantly over time. The Assistant Director explained that academies can buy in support services needed from the school improvement team

The panel discussed the powers of a local authority to intervene where there are concerns about the performance of a school. The Assistant Director commented that a number of schools have been issued with warning notices about their performance in the last two years, in addition the local authority has used its powers to replace six school governing bodies. The Assistant Director reassured the panel that the service is willing to take robust action where there are concerns of the educational performance of a school. The strategic responsibilities of the local authority to improve schools are detailed in the Educational and Inspections Act 2006.

The panel discussed the local authority's relationship with academies. The Assistant Director explained the progress made to improve working relationships with academies and an acceptance of importance to engaging with them. Academies are responsible for teaching 40,000 Wolverhampton children and the local authority has responsibility for child and is held accountable for the results.

The Assistant Director commented that the local authority has a good relationship with the Regional Schools Commissioner. The Assistant Director briefed the panel on work done to support schools considering setting up multi-agency trust and proactive work done with other academies, such as the British Sikh School.

The Assistant Director commented on current vacancies for school governors. Academies do not have to appoint school governors and are registered company. The details of the board should be published on records at Companies House.

The panel discussed the opportunity for young people to get involved in the governance of their school. The Assistant Director explained that pupils have the option of joining the school council and the local authority encourages schools to listen to their voice when making decisions.

The panel welcomed the report and supported the recommendations.

Resolved

The panel support the revised School Improvement and Governance Strategy document.

- 7 **Local Authority School Improvement Inspection - Self Evaluation Document.**  
Alex Jones, Assistant Director – School Standards, introduced the report. The Assistant Director commented that Wolverhampton is not scheduled to be inspected but that it was important to make proper preparations for an inspection.

The Assistant Director commented that Wolverhampton was now the highest performing local authority compared to other authorities in the Black Country, and is second to Solihull in the West Midlands.

The panel commented that the report highlights the local authority is going in the right direction and they were very pleased with the results. The panel wanted to pass on their congratulations to staff in the education service about the progress made and the professionalism shown which has delivered the improved performance.

The panel queried the reason for there not being a reference to pupil premium in the report.



The panel commented that had tried in the past to get details about how schools were using pupil premium funding and the outcomes but only made limited progress. The Assistant Director commented that the report makes reference to disadvantaged pupils. As a result of reduced staff resources it would be difficult to do the necessary research across 115 schools in Wolverhampton to collate the information.

The panel welcomed the report.

Resolved

The panel welcomed the progress made and support the plans for a possible Local Authority School Improvement inspection of the service.

The meeting closed at 18:49

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**Title:** Pupil Referral Units

**Prepared by:** Alex Jones (Assistant Director - School Standards)

**Date:** 26 September 2016

**Intended audience:** Internal ☐ Partner organisations ☐ Public ☒ Confidential ☐

## Purpose or recommendation

The report is to inform Children and Young People's Scrutiny Panel: what PRU's are, why we have them and outline the current context and performance of the PRU's in Wolverhampton.

## Background and context

Children and young people educated in alternative provision (AP) or a Pupil Referral Unit (PRU) are among the most vulnerable. They include pupils who have been excluded from school or who cannot attend mainstream school for other reasons: for example, children with behaviour issues, those who have short- or long-term illness, school phobics, teenage mothers, pregnant teenagers, or pupils without a school place.

Each LA has a duty under Section 19 of the Education Act 1996 to provide suitable education for children of compulsory school age who cannot attend school for a variety of reasons.

### Pupil referral units (PRUs):

PRUs are one type of AP. They are local authority establishments which provide education for children unable to attend a mainstream school. There were around 400 PRUs in operation across the country on at present.

All PRUs have a teacher in charge, similar to a mainstream school's headteacher. They also have a management committee, which acts like a mainstream school's governing body. Since April 2013, PRUs have been given greater control over their budgets and staffing. They have similar freedoms to mainstream schools, AP academies and AP free schools.

### PRU's In Wolverhampton:

There are currently four PRU's in Wolverhampton:

**Kingston Centre** (Primary PRU) which is based on the Northern House Academy (New Park School) site – the centre was placed in special measures in January 2015 and became a sponsored Academy with Northern House on 1<sup>st</sup> September 2016.

The school is therefore currently "unclassified" with regards to Ofsted judgments.

**The Braybrook Centre** (Key Stage 3) - based on the Parkfields Site. Braybrook Centre is a Key Stage 3 Pupil Referral Unit (PRU) with up to 42 places for young people who have behavioural, emotional and social difficulties (BESD).

- ✓ The Centre is currently judged to be Good by Ofsted.

**Midpoint Centre** (Key Stage 4) - based on the Parkfields site. The Midpoint Centre is a Key Stage 4 Pupil Referral Unit for young people who have behavioural, emotional and social difficulties.

Alongside classrooms and laboratories for Math's, English, Science, ICT and Personal, Social and Health Education, the Centre has specialist facilities for brickwork, hair and beauty, motor vehicle, technology and small animal care. Students are supported in their learning by classroom assistants and the Centre has two behaviour mentors and a behaviour manager to address behaviour issues.

- ✓ The Centre is currently judged to be Good by Ofsted.

**The Orchard Centre** (Home and Hospital PRU) - based on the Parkfields site. The Orchard Centre provides education for pupils experiencing medical, social, emotional or psychological ill-health or trauma which makes it difficult for them to attend school regularly or, in some cases, at all.

The PRU is in three parts:

- Hospital provision is available for up to twenty full time pupils ranging from Reception to post-16. This takes place in the hospital school room at New Cross Hospital or at the bedside if required. Two full time staff are allocated to this provision with support from other staff as necessary.
- Home tuition is available for pupils from Reception to Year 11 and referrals come from physical and mental health professionals

These two areas of provision are known as External Services. Teachers and Teaching Assistants are employed in this provision. In addition, Moms to Be are supported through this area and the Orchard Centre. The number of pupils varies on a weekly basis but potentially up to 50 pupils can be supported through this service.

- The third part of the provision is The Orchard Centre with a capacity to take 90 full-time pupils from Years 7 to 11. All pupils admitted have emotional, medical or psychological needs and receive SEN support or have an Education, Health and Care Plan. (EHC)

Most pupils, except a few who have never had a secondary school place or who are new to the City, are dual registered with a mainstream school. This means that they remain on the roll of their school as well as being placed on the roll of the Centre and the mainstream school will continue to be responsible for their education.

- ✓ The Centre is currently judged to be Good by Ofsted.

## **Financial implications**

The cost of implementation and monitoring of the Council's actions to challenge and support schools to improve their end Ofsted outcomes has been included in the approved revenue budget for the Schools Standards service.

The cost of educational failure is however significant for the school, for the community and for the City in economic terms - It is therefore evident that the role of the LA in supporting raising standards in schools has financially significant implications for the Council and for the City.

## **Legal implications**

Under Section 13 of the Education Act 1996 the Council has a duty to contribute to the development of the community by securing efficient primary and secondary education and promote high standards in the city.

Recent improvements in attainment and in the performance of schools suggest that the Council's duties are being discharged.

## **Equalities implications**

Some pupils and some schools face greater challenges in achieving educational success; there are therefore profound Equalities implications to the LA and to schools in ensuring that every child and young person achieves their full potential and every school provides good educational outcomes.

A coherent and effective strategy to support schools is in place and Ofsted regularly audit all of this work.

## **Environmental and Corporate landlord implications**

There are no direct environmental implications arising from this report

## **Human resources implications**

Where the Headteacher, staff or governors require support or training there can be significant HR implications.

The wider social costs of educational underachievement or failure have been previously referred to.

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## Children, Young People and Families Scrutiny Panel

5 October 2016

<b>Report title</b>	Children's Services Self Assessment - 'Our Story' and Improvement Plan	
<b>Cabinet member with lead responsibility</b>	Councillor Val Gibson Children & Young People	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Emma Bennett, Children and Young People	
<b>Originating service</b>	Children and Young People	
<b>Accountable employee(s)</b>	Name	Sara Roach
	Tel	07809 739584
	Email	sara.roach@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	People Leadership Team – 5 Sept 2016 Strategic Executive Board – 13 Sept 2016 Strategic Executive Board – 27 Sept 2016	

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. Note the updated Children's Services Self Assessment - 'Our Story' (Appendix One).
2. Review and scrutinise progress made in delivering improvements across Children's Services as outlined in the Improvement Plan and Performance Update (Appendices Two and Three).

## **1.0 Purpose**

- 1.1 The purpose of this report is to provide the Children and Young People Scrutiny Panel the updated self-assessment of services for children in need of help and protection, children looked after and care leavers; and progress on the delivery of the associated Children's Services Improvement Plan.

## **2.0 Background**

- 2.1 Ofsted's Single Inspection Framework for inspecting services for children in need of help and protection and reviewing Local Safeguarding Children Boards was published in March 2015. The document sets out the framework for the inspection of services for children in need of help and protection, children looked after and care leavers. All Local Authorities will be inspected under this framework within a three-year period. Wolverhampton's last Inspection took place in June 2011 when the Local Authority was judged to be good for looked after children and adequate in relation to safeguarding. This Single Inspection Framework will be completed by December 2017. Ofsted are currently consulting on a new inspection framework for Children's social care.
- 2.2 The inspections are conducted under section 136 of the Education and Inspections Act 2006. They focus on the effectiveness of Local Authority services and arrangements to help and protect children, the experiences and progress of children looked after, including adoption, fostering, the use of residential care and children who return home. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers. In addition, there is a judgement on leadership, management and governance which addresses the effectiveness of leaders and managers and the impact they have on the lives of children and young people and the quality of professional practice.
- 2.3 To support the Ofsted process, a range of information is requested, at short notice, which includes local context and geography; delivery/organisational structures/ performance information including complaints; assessment and threshold criteria; supervision policies; training and development strategy; local strategic needs analysis; and feedback from any peer review type activity. The "Our Story" self-assessment seeks to bring this information together at a high level with a range of links to more detailed documents and action plans.
- 2.4 The self-assessment includes information against each of the five Ofsted Judgements on strengths and areas which require further development/improvement. A high level Improvement Plan has been developed which clearly outlines the actions that are in place to improve services and outcomes for children and young people.
- 2.5 A Transforming Children's Services Programme Board, chaired by the Strategic Director for People, was set up in December 2015. The Board meets monthly and has been set up to manage, co-ordinate and oversee the implementation of a range of projects across Children's Services. Progress on the implementation of the improvement plan is regularly reviewed by the Board.



### 3.0 Progress

- 3.1 The Children's Services Improvement Plan and Our Story have recently been updated to reflect the position as at the end of June 2016 in terms of performance, improvement activity and local strengths and areas for development against the five Ofsted Judgements. Local determination of progress against the judgements includes:
- The experiences and progress of children in need of help and protection  
**Requires Improvement**
  - The experiences and progress of children looked after and achieving permanence  
**Good**
  - Adoption Performance  
**Good**
  - The experiences and progress of care leavers  
**Requires Improvement**
  - Leadership, Management and Governance  
**Good**
- 3.2 In April 2016, the Wolverhampton Safeguarding Children Board conducted a self-assessment to establish the effectiveness of the Board using the Ofsted Framework and the statutory guidance Working Together (2015). The overall assessment, against the Ofsted Framework, is '**Good**'.
- 3.3 During May and June 2016, six half day workshops were held with staff from Social Care, Early Intervention and Specialist Support Services. The sessions were primarily aimed at raising awareness of progress that has been made across Children's Services over the last two years; providing detail on the children's transformation programme and key priorities going forward; and sharing the Self-Assessment, providing the opportunity for individuals to confirm and/or challenge the local position. The sessions were positively received and feedback generally supported the identified strengths and areas for development.
- 3.4 The following information summarises key areas of progress against the themes set out in the Improvement Plan:
- 3.4.1 **Quality & Effectiveness of Practice:**
- Revised audit process, supporting guidance and tools agreed by Children & Young People's Management Team - due to be launched in September 2016.
  - Quality Assurance Framework currently being refreshed to include neglect, the use of service user forums and senior management observation of practice – completion date October 2016.
  - Bi-monthly case file audits – audit tool updated to focus on quality of practice and outcomes for children that are aligned to Ofsted descriptors. Further review of the tool to ensure that it captures the voice of those present during observations – completion date October 2016.

- Self-evaluation process takes place on a quarterly basis – 20 cases audited by a range of professionals from Social Care, Early Intervention and partner agencies. Includes focus groups with frontline practitioners. August process has focused on domestic violence.
- Improvements in achieving statutory 45 day timescales for assessments. Quality assurance processes are showing an improving picture in quality of assessments, plans, analysis and management oversight. More focus required on recording rationale.
- Ingson independent file audit and internal quality assurance activity evidences improvements in the voice of the child throughout assessment. Further focus required in relation to child being seen alone as part of Child Protection/Looked After Children visits. Dip sample undertaken in June and July – outcome available in September 2016.
- Revised CareFirst forms and practice processes implemented 3 May 2016 – Ingson undertaking a review of impact in September 2016.
- Six Advanced Practitioners recruited but not yet in post due to backfill process, to work across teams to improve the quality of management and practice.
- Competence based supervision model - policy approved by the People Workforce Development Board, 2 August 2016.
- Wolverhampton Safeguarding Children Board (WSCB) Neglect Training to be rolled out along with further elements around whole family approach and working with large sibling groups in October 2016.
- Ingson have been commissioned to undertake case file audits relating to neglect cases with a particular focus on sibling groups in August – will further inform planned training of staff.
- Established People ICT Steering Group. Thirty professionals from across Children's Services currently piloting mobile devices. Early indications are that they are supporting individuals to work more efficiently and effectively. Roll-out planned by the end of September 2016.

#### 3.4.2 **Workforce:**

- Children's Services Workforce Development Plan 2016/17 agreed by Children's Workforce Development Group on 10 May 2016.
- Social Work Career Development Pathway currently being reviewed and re-launched.
- Principal Social Worker leading on implementation of restorative practice across Children's Services workforce – to be fully implemented by October 2017.
- Children & Family training in assessment, risk analysis/outcome based planning and permanency delivered to Social Workers and Early Intervention Staff. Eight cohorts commissioned (160 places); six cohorts have been delivered; cohort seven is in progress and will be completed end of September; cohort eight will be completed by the end of October 2016.
- Ingson have delivered three workshops to social care managers in May 2016. They have now been commissioned to deliver a further six action learning sets in September 2016 with grade eight workers in Social Care, Early Help and Specialist Support focusing on dealing with poor performance; defensible decision making; ensuring good management oversight; management styles; and what does good look like. Work will also take place with grade nine social work managers on how to work together in a more integrated way.

#### 3.4.3 **Early Help:**

- Early Intervention 0-18 and Specialist Support Services fully implemented and operational from August 2016.
- Remaining vacancies being advertised – all staff to be in post by end of September 2016.
- Eight Strengthening Families Hubs to be fully operational by October 2016.
- Review of operational and strategic multi-agency working arrangements within localities to be completed and implemented by October 2016.
- Locality Conferences to take place during September and October 2016.
- Two Year Old Offer – 71% take up against a target of 70%.
- Continuing to work with Royal Wolverhampton NHS Trust to develop single child record to improve universal contact with families.
- Early Years Strategy Group established; Early Years Strategy to be developed by October 2016.
- All staff in Early Intervention trained in the use of Outcome Star. Early indications are that the tool is being used effectively, demonstrating a change in the workers' challenge of families and more effective management oversight.

#### 3.4.4 **Children in Need of Help and Protection:**

- Multi-Agency Safeguarding Hub (MASH) established and being extended to include adults by the end of August 2016.
- Adult MASH staff recruited and co-locating on 22 August 2016.
- Review of the Children's MASH leading to consolidation of Early Intervention and Social Care staff to improve first point of contact into the MASH.
- MASH Improvement Plan produced and due to be presented to MASH Strategic Board on 6 September 2016.
- Fortnightly dip sampling, leading to continuous review and improvement of practice.
- Social Worker from Children's Disability Team is now co-located in the MASH, ensuring all referrals come through a single front door.
- Interim MASH Service Manager in place, interviews for permanent post mid-September 2016.
- Specialist Support Service fully implemented in August 2016.
- Improvement in adhering to the 26 week timescales for care proceedings – 80% concluded within 26 weeks in June 2016. Earlier use of Public Law Outline (PLO) pre-proceedings process being tracked.
- Monthly meetings with Legal Services to review all current court cases including those at risk of exceeding statutory timescales – this will be extended to include reviewing all cases subject to PLO.
- Progress on development of Black Country Emergency Duty Service. Agreement has been reached that this will be a tripartite system between Sandwell, Dudley and Wolverhampton. Walsall has opted out of the arrangement. The new service will be implemented by April 2017.

#### 3.4.5 **Looked After Children:**

- Framework for therapeutic services has been developed and a local policy to support the process to access services has been agreed.

- Intensive Family Support providing out of hours support to the Emergency Duty Team leading to crisis work and preventing family breakdown.
- Upper Pendeford Farm providing an effective short break centre to young people on the edge of care aged 10 and over – actions in place to increase occupancy rate and encourage use for ‘planned’ short breaks.
- Numbers of Looked After Children reduced from 778 2014/15 to 638 as of 8 August 2016. Target for 2016/17 is between 550 and 580.
- Process in place to ensure that Strengths and Difficulties Questionnaire will always be completed in advance of all Review Health Assessments which will be considered as part of the assessment.
- Good education results for looked after children in Key Stage One and Two.
- 82% of looked after children in year 2012/13 have an up to date Personal Education Plan (PEP) at the end of June 2016.
- Early Years Foundation Stage PEP in place with 43% completion rate at July 2016.
- Key Stage Four performance in 2015 well above national average. Key Stage Four results for Looked After Children have been above national average for three years.
- Eligible Looked After Children currently in Employment, Education or Training (EET) – 90%; excluding those Not Available to the Labour Market (NALM); 89% including NALM.
- Persistent absence is improving for looked after children – 3.7% in 2014/15; 5% in 2013/14; 5.6% in 2012/13. 2016 average attendance of Out of City Looked After Children was 96% in January 2016.
- Significant progress in delivery of the Sufficiency Strategy: end of March 2016, the number of looked after children in residential placements reduced by 35% compared to the end of March 2014; regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed; new services commissioned to support both prevention and admission to care i.e. Safe Haven.
- Work is underway to refresh the Sufficiency Strategy for the next three years.
- 242 children in Local Authority and Connected Persons placements (57 Connected Persons and 185 mainstream fostering placements)
- 252 children in Independent Fostering Agency (IFA) placements compared to 264 in April 2016.
- Family and Friends and In-House Foster Care Placements – monthly permanency clinics in place to consider the options of permanency planning.
- Target for 2016/17 – 30 newly approved foster carers.
- Working with iMPower to explore opportunities for further improvement and transformation within fostering.
- Action plan in place to increase private fostering – this has not yet had an impact on numbers reported. Marketing Plan to be reviewed to ensure a targeted approach.
- Strategic Corporate Parenting Group meeting quarterly with membership from across the Council and partners.
- Care leavers and looked after children feature in the council delivery of work experience; traineeships; apprenticeships; and internships. Packages of support are being developed for manager and educators to support young people.
- Business case progressing to exempt all care leavers from paying Council Tax.
- Web page developed and launched specifically for looked after children and care leavers.

- Mandatory e-learning module has been developed for all council employees, including Councillors, to understand the support they can offer to looked after children and care leavers as corporate parents. This will be launched in September 2016.
- Action plan to increase the use of Special Guardianship Orders (SGOs) approved by Children & Young People Management Team on 23 June 2016. 2015/16 – 24 SGOs – 12 of those were looked after children. Target for 2016/17 – 25 Connected Persons/SGO Carers.
- SGO Workshops with Social Care staff took place in July 2016; SGO Module to be delivered as part of Assessed and Supported Year in Employment (ASYE) Programme; monthly surgeries to discuss practice and specific cases held by SGO Worker at Priory Green and Beldray; SGO leaflets and written information updated and SGO to be discussed in all viability assessments.
- Significantly reduced the number of placements with parents – 53 discharged in 2015/16 and eight discharged to date in 2016/17. As of July 2016, there are 46 children placed at home, including eight since April 2016 that have moved from foster care to being placed back at home and four that are placed with parents on Individual Care Orders (ICOs). Seventeen planned revocations by September 2016. All placements with parents are subject to revocation plans from the outset.

#### 3.4.6 **Adoption:**

- Phase one of the development of the Regional Adoption Agency (RAA) has been completed. Transition plan and financial plan submitted. DfE are assessing submissions for phase two and outcome of this is pending. A preferred delivery vehicle has been agreed by Directors of Children's Services. Work continues on the financial modelling and service design. Report going to Cabinet in November 2016 seeking approval for the delivery model and financial commitment.
- Action plan in place which is driving improvement in timeliness and assessment of adopters. 18 adopters recruited during 2015/16. Target for 2016/17 is 30. As of August 2016, 12 adopters have been approved.
- April 2016 – August 2016: 16 Adoption Support Assessments; 10 applications to the Adoption Support Fund; no Adoption breakdowns.

#### 3.4.7 **Care Leavers:**

- Twelve Looked After Children/Care Leavers are currently in higher education. A further five are expected to enter in September 2016, totalling 17 Looked After Children/Care Leavers in higher education and maintaining positive previous performance.
- 67% of Care Leavers in year 2012/13 are currently in Employment, Education or Training (excluding those Not Available to the Labour Market). This is in line with national averages.
- In 2015, 74% of the year 13 cohort (both Looked After Children and Care Leavers) achieved qualifications and 25% achieved A-level or equivalent. Only 13% of this cohort were Not in Employment, Education or Training at December 2015.
- Second annual care leavers survey has been undertaken and outcomes show there is an increase in the amount of young people who felt:
  - they have a good relationship with their worker;
  - they were making decisions for themselves;
  - they were better prepared and supported to leave care;

- safe in their accommodation and that it meets their needs;
- they were adequately supported with budgeting;
- they were supported with health and well being
- Care Leavers Charter approved by Cabinet and will be distributed in Care Leavers Packs.
- Looked After Children Transitions Team will be piloting MOMO, a mobile app whereby young people can communicate with their Independent Reviewing Officer, Social Worker and Young Person Advisor.
- Three bespoke traineeships have been offered with support through the council with Wolverhampton College Course and Work Placements secured.
- An EET Worker has been recruited through the Youth Employment Initiative Grant – the post will be shared across the Youth Offending Team and the Transitions Team.
- Rolling training programme for Foster Carers to support them in enabling young people to establish independent living skills during their time in foster care.
- Expansion of service to 30 LAC Transition Flats including one training flat and two crash pads.
- Twelve Housing Support Workers approved – service provision extended to 8am-8pm Monday to Friday and 10am-5pm at the weekend.
- Pathway Plan dip sample completed in April 2016, which showed that the workers have a good relationship with the young people, however the Pathway Plans must have a greater focus on the tasks needed, who by and by when.
- Recent dip sampling for statutory visits has improved from Requires Improvement to Good overall in the last three months.
- Introduction of revised Staying Put Policy leading to an additional 15 young people remaining with their Foster Carers by March 2017.
- Improvement in percentage of children missing from education as a result of the admission process: 2013/14 – 71%; 2014/15 – 65%; 2015/16 – 63%; as of 6 June 2016 – 43.6%.
- LAC being given top priority in Wolverhampton schools; primary/secondary transition closely supported by Corporate Parenting and Education (COPE).
- Agency Joint Working Attendance Protocol currently being reviewed.
- Home Education – Elective Home Education (EHE) Policy has been updated to ensure multi-agency meetings are held where there are safeguarding/welfare concerns about a young person; implementing a more robust recording EHE monitoring visits and reasons for parents opting to EHE.
- Significant improvement in educational outcomes for looked after children and a reducing gap between LAC and their peers.
- Draft Special Educational Needs & Disability (SEND) Strategy and Implementation Plan approved and will form the basis of the Self Assessment Document for the Care Quality Commission/Ofsted SEND Joint Area Review.
- Head of SEND appointed to commence in post 22 August 2016 to work closely with all relevant internal and external partners to ensure that the SEND agenda is progressed in line with legislative and local expectations.

#### 3.4.8 ***Child Sexual Exploitation/Missing, Domestic Violence and Female Genital Mutilation:***

- The Multi-Agency Referral Form (MARF) is being revised to ensure that agencies making a referral are sufficiently considering risks relating to Child Sexual Exploitation.
- A Child Sexual Exploitation Training Plan for staff is currently being developed to support the revised pathways/reporting processes.
- The Child Sexual Exploitation Strategy has been reviewed and reflects the expectations of all professionals. A review of electronic recording processes is currently underway.
- Interim Child Sexual Exploitation Co-ordinator in place and recruitment for permanent post taking place in November 2016.
- Increase in May and June 2016 of missing notifications – work is underway with the police to ensure that the new police procedure for reporting absent and missing episodes is capturing all cases that should be notified as missing.
- Overall percentage of missing return interviews completed within 72 hours in July 2016 is 46%. Figure low due to several of the same young people going missing a number of times in close succession.
- Vulnerable Young Persons Team now completing the majority of missing return interviews.
- Looked After Children Service developed an action plan to address issues with Looked After Children who go missing frequently from care. Missing Return Officer to take up post imminently which will enable further development of the pathway to include communication with caseworkers when young people do not engage in the return interview process.
- Intelligence and data obtained from Multi-Agency Sexual Exploitation (MASE) meetings is now shared with the Child Sexual Exploitation Co-ordinator to inform the dataset and the developing Wolverhampton Problem Profile.
- A review of MASE documentation has been completed and is being implemented in August 2016.
- Review of multi-agency domestic violence screening process and revised policy/procedure and improvement plan to be presented to the Wolverhampton Safeguarding Children Board in September 2016.
- Female Genital Mutilation (FGM) Policy and Procedure now published on Wolverhampton Safeguarding Children Board website. Policy formed part of inter-agency briefings which took place in June 2016. Wolverhampton had the first prosecution for FGM in the country.

#### 3.4.9 ***Participation and Feedback:***

- Stakeholder Group established to oversee the implementation of MOMO App – designed to increase feedback from children and young people and input into reviews. App due to go live in October 2016.
- Leaflet developed for children attending conferences which include a form for them to share their views at conference.
- WSCB agreed that the Child Protection Conference Pilot will be rolled out across Wolverhampton in September 2016.
- Participation Strategy approved by Strategic Executive Board on 28 June 2016 and going to Cabinet in September 2016.

- All reports for Corporate Parenting Board are viewed by Children in Care Council to ensure their views are noted and reflected in the reports.
- The Youth Council is now representative of the population and includes schools, children in care, care leavers, vulnerable young people, B-Safe and the voluntary sector.
- A campaign for new members of the Children In Care Council took place during April 2016 increasing the membership from seven to 13 young people.
- A Wolverhampton Youth Voice Conference took place in August 2016 at Condover.
- The next Youth Council Elections in Schools and Community Groups are planned for November 2016.

#### **3.4.10 Youth Offending Team:**

- Exceeded target for young offenders in education, employment and training – 2015/16: 58% against a target of 55%.
- Virtual School Head has incorporated YOT needs into the Model Schools Policy and is progressing an integrated approach to the needs of YOT and LAC young people.
- Inspection action plan reviewed at YOT Management Board on 27 July – RAG ratings remained the same, three actions are completed and the rest remain on track.
- Work required to progress a joint protocol and standards between Youth Offending Team and Social Care detailing good practice in relation to partnership working, sharing information, communication and attendance at meetings to deliver joint planning that improves outcomes for children and young people.

#### **3.4.11 Wolverhampton Safeguarding Children Board**

- Developed 12 month CSE specific work plan, monitored through Sexual Exploitation, Missing and Trafficked Committee.
- Independent Chair meeting front line practitioners to understand impact of training in relation to improving practice.
- SCR Committee utilising a number of different models to ensure learning is achieved from situations where SCR threshold is met.
- Actively involved in development of regional policies and procedures, ensuring that they are underpinned by a local pathway.
- Approved Neglect Strategy and agreed rollout of training across agencies.
- Developing a Directory of Voluntary, Community and Faith Groups to ensure that safeguarding messages can be widely communicated.
- Increased multi-agency indicators which will capture practice arrangements across the wider Board partners.
- Child Death Overview Panel have reviewed the cross border processes to ensure accuracy of information and aligned approaches to oversight of child deaths.

### **3.5 Conclusion**

Children's Services are on a positive improvement journey. The transformation of Early Intervention, introduction of the Specialist Support Service and implementation of the Multi-Agency Safeguarding Hub has provided a robust foundation for ensuring sustained improvement. Educational outcomes for LAC continue to improve and performance within children's social care is generally stable or improving. The political, corporate and managerial leadership that is in place, together with the excellent partnership working relationships in Wolverhampton, puts us in an excellent position to continue to drive and



deliver the service transformation required to improve the experiences and outcomes for our children, young people and families.

#### **4.0 Financial implications**

- 4.1 The approved total budget for Children and Young People for 2016/17 is £47.0 million.
- 4.2 There are no direct financial implications as a result of this report.  
[NM/21092016/F]

#### **5.0 Legal implications**

- 5.1 There are no legal implications associated with this report.  
[TS/20092016/E]

#### **6.0 Equalities implications**

- 6.1 There are no equality implications associated with this report.

#### **7.0 Environmental implications**

- 7.1 There are no environmental implications associated with this report.

#### **8.0 Human resources implications**

- 8.1 There are no human resource implications associated with this report.

#### **9.0 Corporate landlord implications**

- 9.1 There are no corporate landlord implications associated with this report.

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# City of Wolverhampton Council Wolverhampton Children's Services

Self-Assessment of services for  
children in need of help and  
protection, children looked after  
and care leavers.

## 'Our Story'



<b>Document Reference</b>	'Our Story' – SIF Self-Assessment
<b>Author</b>	Sara Roach
<b>Version</b>	7.0
<b>Date Created</b>	13.6.16
<b>Last Revision Date</b>	14.9.16

### Document Controls

Version History, Quality Reviews and Document Locations are provided in the following tables:

Version	Version Date	Author	Reason for Change
1.0	20.02.2015	Louise Bath	Template circulated for population
1.1	23.02.2015	Louise Bath	Template circulated for evidence to be embedded
1.2	24.02.2015	Louise Bath	Template circulated for HoS approval
1.3	25.02.2015	Louise Bath	Update unemployment data
1.4	27.02.2015	Louise Bath	Update Child Level Data
1.5	28.04.2015	Louise Bath	Addition of EDT information
2.0	13.05.2015	Louise Bath	Addition of DCYPT information
2.1	15.05.2015	Louise Bath	Amendments following consultation with CYP Service Director
3.0	01.06.2015	Louise Bath	Update data and add evidence of progress against 2015/16 priorities.
4.0	15.06.2015	Louise Bath	Monthly Refresh – June 2015
4.1	26.06.2015	Louise Bath	Monthly Refresh – June 2015 – updated Fostering and Adoption section
4.2	03.07.2015	Louise Bath	Update demographic data
5.0	18.08.2015	Louise Bath	Monthly Refresh – August 2015
6.0	13.09.2015	Sara Roach	Update and restructure of document
6.1	30.09.2015	Sara Roach	Update following consultation to be used for Heads of Service meeting on 9 <sup>th</sup> October 2015
6.2	12.10.2015	Sara Roach	Update following Heads of Service meeting on 9 <sup>th</sup> October 2015
6.3	16.11.15	Sean Segal	Update following meeting with Heads of Service and Peer Review Feedback
6.4	11.12.15	Sean Segal	Update following meeting with Service Director / Heads of Service on the 10 <sup>th</sup> October 2015
6.5	08.03.16	Sara Roach	Update against Improvement Plan
6.6	7.6.16	Sean Segal	Update following meeting with Service Director
6.7	10.8.16	Sara Roach	Update following HoS meeting – 10 <sup>th</sup> August '16
6.8	15.8.16	Sara Roach	Update following updates received
6.9	22.8.16	Sara Roach	Update following review by Service Director
7.0	31.8.16	Sara Roach	Update following receipt of performance info
7.1	8.9.16	Sara Roach	Updated links and document index
7.2	14.9.16	Sara Roach	Update following SEB

### Approvals

Version	Name	Role	Date of issue
6.4	Emma Bennett	Service Director	11.12.15
6.4	Linda Sanders/PLT	Strategic Director	14.12.15
7.0	Emma Bennett	Service Director	31.8.16
7.2	SEB		13.9.16



## **INTRODUCTION FROM THE STRATEGIC DIRECTOR**

Wolverhampton Children's Services has made good progress over the past 2 years which has been driven through strong political and managerial leadership. There is a clear political and corporate commitment to improving services and outcomes for children, young people and families.

The Council is facing significant financial challenges over the next 5 years. Despite this there has been continued investment in Children's Services, demonstrating our corporate commitment to supporting the most vulnerable. In order to support the corporate financial position, we will continue to develop more effective and efficient ways of delivering services. The introduction of the People Directorate has put us in a good position to work across children and adult services, focusing on all ages and ensuring smooth transitions and a whole family approach.

During 2014/15, a number of changes were successfully implemented which has safely reduced the numbers of Looked After Children (LAC). These included the implementation of a new operating model; the development and implementation of the Families r First Programme; and the successful completion of Phase One of the Troubled Families Programme.

In 2015/16 work moved from improvement to transformation and a Transforming Children's Board was established to manage the delivery of key projects within Children's Services. The programme is driven by a number of key financial, legislative and Government-led initiatives, strategies and plans. The Board oversees a range of projects including the implementation of the new early intervention and prevention model; the implementation of the Multi-Agency Safeguarding Hub; the continued focused analysis and work on existing Looked After Children to ensure only the right children come into the system and when they do that permanency is secured for them in a timely manner; the review and transformation of child and adolescent mental health and emotional wellbeing services including Headstart; and the development of a 16+ Strategy in order to improve the support and options available to increase the engagement of young people in education, employment and training.

Work to date has been successful in reducing Looked After Children from 778 in 2014/15 to 638 in August 2016, whilst Children's Services budget outturn for 2015/16 had a £3.6m underspend in addition to £3m savings already having been achieved.

The current stage of the change process will ensure whole system transformation to deliver accelerated and sustainable improvements from Early Help through to Child Protection and Looked After Children and ensure a whole family approach.

Early Intervention and Specialist Support Services have recently been transformed, strongly aligned to the delivery of the Corporate Plan, helping to deliver the objective of 'Strengthening Families where Children are at Risk'. The service aims to work with families to achieve positive and sustainable outcomes; facilitate close working with partners; and to build employees' confidence and skills and empower them to work creatively and innovatively with families. This will enable robust early identification of children and families,

ensuring that all children receive contact with universal provision and the development of joint ante/post natal pathways which include Mental Health.

The Multi-Agency Safeguarding Hub (MASH) for children and young people was established on 5<sup>th</sup> January 2016. Fortnightly multi-agency dip sampling informs the development of practice and provides robust quality assurance of the referral process and response to safeguarding enquiries. The MASH will be extended to respond to safeguarding referrals for adults with care and support needs from August 2016 and will ultimately facilitate a whole family approach. The multi-agency domestic violence screening process has recently been reviewed and an action plan is in place to ensure that it provides a timely and effective response to Police reports of domestic violence where children are associated with the household which is firmly aligned with the MASH.

Wolverhampton has a proactive approach to permanency and where appropriate, continues to seek to increase the number of Adoption Orders and to improve timeliness. Significant progress has been made placing those aged five years or older and Black and Minority Ethnic (BAME) children.

There are a number of key local thematic priorities including Child Sexual Exploitation (CSE), Domestic Violence (DV), Radicalisation, Female Genital Mutilation (FGM) and Forced Marriage. The Safer Wolverhampton Partnership (SWP) has made an increased investment in both Violence Against Women and Girls and gangs/youth violence commissioned services. SWP has funded an Independent Domestic Violence Advisor (IDVA) to work directly with Children's Social Care, providing case management support to victims of DV at an earlier point via Child Protection Teams and increase confidence across teams in identifying and responding to it.

CSE is a key local priority and pathways for reporting and recording are currently being reviewed in order to ensure that they are robust and there is a good understanding across professionals of how to identify and respond. We are also working to ensure that we make best use of a range of council services including Regulatory Services and Taxi Licensing. The CSE and Missing Operational Group provides a well-structured approach to identification of risk; and risk management across the entire CSE landscape. This is supported by an effective Multi-Agency Sexual Exploitation (MASE) Meeting process.

The Local Authority has a strong vision for school improvement. The City of Wolverhampton Education Board meets regularly bringing together the Strategic Directors for People and Place and the Director of Education to oversee and drive a joint approach to improving education, training and skills across the City.

The importance of a stable and skilled work force is clearly recognised and a concerted and focused effort on recruitment and retention has seen a significant reduction in the use of agency staff. We are working hard to retain a competent workforce at all levels and are working with neighbouring authorities to try and address some of the broader, regional recruitment issues. The People Social Work Development Board has been established and puts us in a good position to retain and attract experienced staff; continue to provide training and development opportunities; and integrate the standards of social work development and practice within the common goals of the wider Adults and Children's workforce.

There is a strong commitment to sector led improvement and continuous learning. Findings from Serious Case Reviews, Domestic Homicide Reviews and complaints are used to improve services. We have made progress in improving the quality of assessments, encouraging reflective practice and in tackling care planning drift and this continues to be a key area for focus. The improvement work is underpinned by a comprehensive approach to case file audit and self-evaluation which is invaluable in identifying where further work is required. There is a continued focus on casework and making sure that case recording clearly reflects and records the voice of the child. In order to support this, improvements have been made to the CareFirst System.

There is local commitment from all partners for the collective ambition to secure sustainable improvements across Children's Services and to improve outcomes for children and young people. The Wolverhampton Safeguarding Children's Board provides a challenging and supportive role in ensuring that the children's safeguarding system is robust and effective. They do this by challenging agencies both individually and collectively and holding them to account for delivering actions.

We are confident that with the political, corporate and managerial leadership that is in place, together with the excellent partnership working relationships in Wolverhampton, we will deliver the service transformation and quality of practice which is required to improve the experiences and outcomes for children, young people and families.



## 1. THE WOLVERHAMPTON CONTEXT

- 1.1 Wolverhampton has a population of 254,406 (mid-year 2015 estimate) and is proud of the diversity that this encompasses, with 35.5% of its residents from BME communities. Population projections show that the balance of the population is likely to change significantly over the next couple of decades, with an increase in the number of children and older people; and fewer working age people.
- 1.2 The population is predicted to grow by 8.9% by 2037, to 273,300, with the aged 19 or below cohort expected to increase by 7%. Decreasing mortality rates and longer life expectancies point to a steadily aging population. There is expected to be a 44.7% increase in the number of older people (aged 65+), to 59,900 residents. In 2011 the population density of Wolverhampton had increased to 36 people per hectare (PPH), compared to 34 PPH in 2001<sup>1</sup>.
- 1.3 Life expectancy is lower than the England average and Wolverhampton ranks 20 out of 326 Local Authority areas in the Indices of Deprivation 2010.
- 1.4 As of January 2016, the local unemployment rate (Job Seekers Allowance (JSA) Claimants) is significantly higher than that for the wider West Midlands region. It is also higher than the local Black Country average (Dudley, Sandwell, Walsall and Wolverhampton) and more than double the national unemployment rate<sup>2</sup>. Wolverhampton has the fifth highest JSA claimant rate, at 4.0%, of all 326 English Local Authorities and the fifth highest youth unemployment claimant rate at 5.9%, of all 326 Local Authorities.
- 1.5 The median annual income of Wolverhampton residents is £23,908; and despite being the second highest in the Black Country; it is 12.6% less than the national average income.

## 2.0 *Outcome from Former Ofsted Inspections*

- 2.1 Inspection of Wolverhampton's safeguarding arrangements for the protection of children took place in June 2011. The local authority was judged to be '**Adequate**'.
- 2.2 Inspection of Wolverhampton's services for Looked After Children, took place in June 2011. The overall effectiveness of services for looked after children, was judged to be '**Good**'.
- 2.3 Inspection of Wolverhampton's Fostering Services took place in March 2012. The overall effectiveness of the service was judged to be '**Good**'.
- 2.4 Inspection of Wolverhampton's Adoption Services took place in October 2012. The overall quality of the adoption service was judged to be '**Good**'.
- 2.5 **Upper Pendeford Farm (SC378153):** The purpose of Upper Pendeford has now changed to become a short break provision as such the home was subject to variation on the 12th April by Ofsted and received registration on the 18th April 2016. The home has been operational since this date. Prior to this variation, the last full inspection was undertaken in May 2015 and followed up by an interim inspection on

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<sup>1</sup> [2001 & 2011 Census](#)

<sup>2</sup> [Unemployment Briefing](#)

<sup>3</sup> Mid-year population estimates 2014



the 28th January 2016 when the overall effectiveness of the establishment was judged to be '**Good**'.

- 2.6 **Private/Independent Children's Homes:** In addition to the Homes operated by the local authority there are 9 children's homes operated by private/independent providers; where overall effectiveness at the last full inspection (as shown in the Ofsted update for May 2016) was judged to be:

Good	Requires Improvement
5	4

- 2.7 Since the last Ofsted Inspection in June 2011, 5 Serious Incident Notifications have been submitted to Ofsted and 3 Serious Case Reviews have been completed and a further 2 have been commissioned.

### 3. Management

- 3.1 The Strategic Director People joined Wolverhampton on 16th January 2015. Whilst the Strategic Director People has the overall DCS/DASS and Public Health responsibility, the Director of Education has direct accountability for schools and educational attainment. This structure has been introduced by the Council to improve the supportive but challenging school improvement required for Wolverhampton, whilst continuing to build on the wider Council skills and regeneration agenda. An Education Board has been established as part of the Assurance Process in terms of Education within the wider Children's Services.
- 3.2 The People Directorate is currently comprised of four service delivery areas:
- Children and Young People
  - Mental Health and Disability (includes the 0 – 25 All Age Disability Team and EDT)
  - Older People; and
  - Public Health and Well-Being (includes Community Safety and Community Cohesion)
- 3.3 Each service area is led by a Service Director who in turn, manages a number of Heads of Service. The Head of Safeguarding, Quality and Performance is directly line managed by the Strategic Director, People. This structure has recently been reviewed and a revised structure will be in place by October 2016 replacing the current Mental Health and Disability and Older People service areas with one Adults Service area.

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- Independent Living Services
- Libraries and Community Recreation
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- Mental Health Assessment and Care Management
- Emergency Duty Team
- Special Educational Needs
- Commissioning - All Age Disability and Mental Health
- Provision - All Age Disability and Mental Health
- Headstart Programme

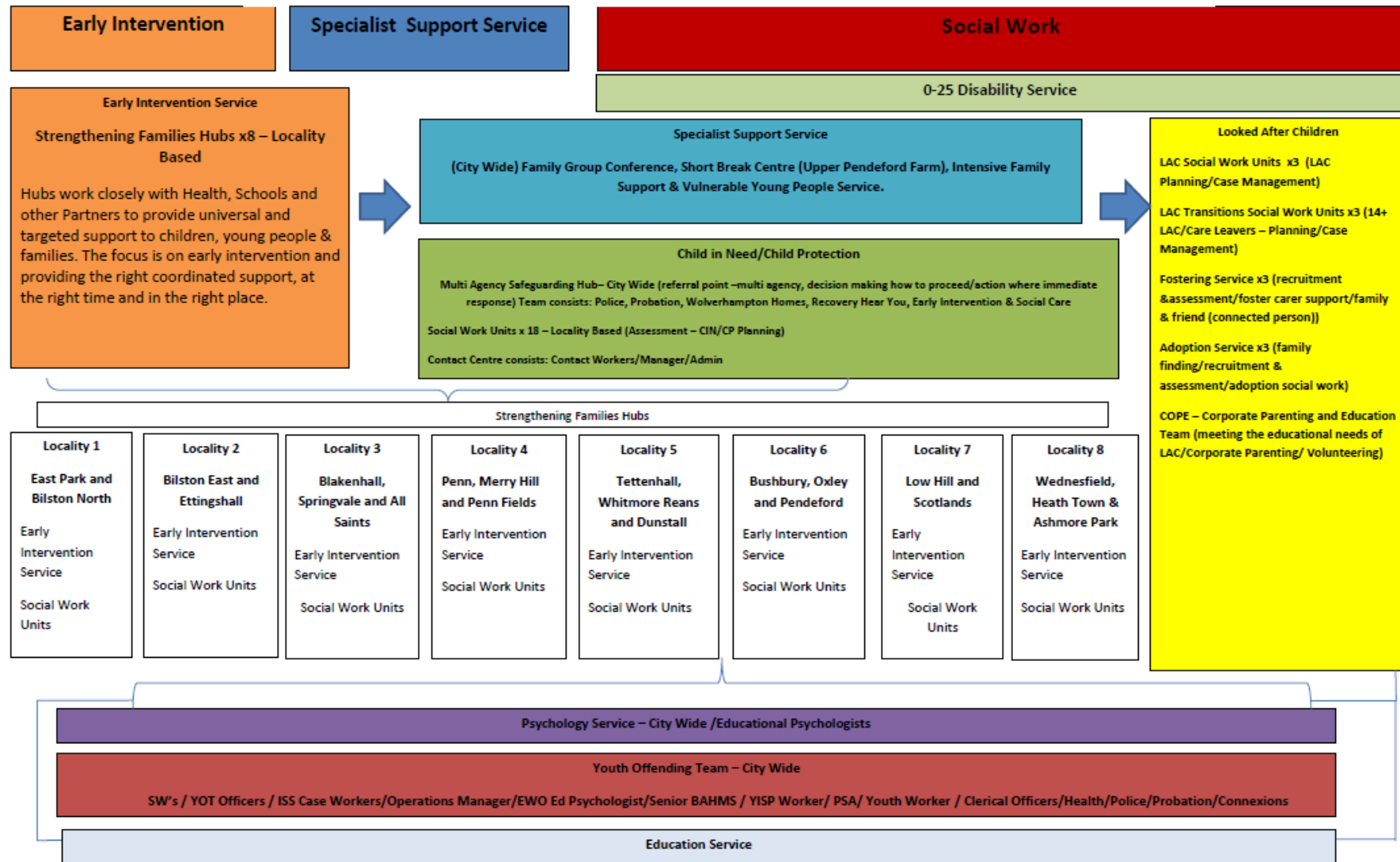
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- Public Health
- Transformation and Health Protection
- Healthier Places
- Community Safety
- Resilience

Dawn Williams  
**Head of Safeguarding  
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- Safeguarding advice
- People who pose a Risk to Children
- Management of allegations in respect of People in Positions of Trust
- Looked after Children reviews
- Child Protection Conferences
- Foster home Reviews
- Missing Children
- Child sexual Exploitation
- Trafficked Children
- Child Employment
- Deprivation of Liberty Safeguards
- Funerals and Property
- Court of Protection
- Quality Assurance
- Practice Improvement
- Children and Adults Safeguarding Boards

## WOLVERHAMPTON CHILDREN & YOUNG PEOPLE SERVICE MODEL



## 4. CHILDREN AND YOUNG PEOPLE

- 4.1 A total of 58,167<sup>3</sup> children and young people under the age of 18 years live in Wolverhampton. This is approximately 22.9% of the total population in the area.
- 4.2 Approximately 31.5% of the local authority's children and young people (aged 0 – 17) are living in poverty<sup>4</sup>; this rises to 50% in 10 Lower Super Output Areas. This is higher than the national average.
- 4.3 The proportion of children entitled to free school meals:
- Primary schools (including reception) - 20.5% (the national average is 14.5%)
  - Secondary schools (including Academies) -19.7% (the national average is 13.2%)
- 4.4 Children and young people from minority ethnic groups account for 41.6% of all children living in the area compared with 21.5% in England<sup>5</sup>. Approximately 42.7% of children aged 5-17 are from a minority ethnic group compared with 24% in England. The largest minority ethnic group of children and young people in the area are Asian Indian (born in the UK).
- 4.5 The proportion of children and young people with English as an additional language:
- Primary schools - 27.2% (the national average is 20.1%)
  - Secondary schools - 22.5% (the national average is 15.7%)

## 5. *Health*

- 5.1 The health and wellbeing of children in Wolverhampton is generally worse than the England average.
- Wolverhampton currently has an Infant Mortality rate of 6.4 per 1,000 (2012-14) compared to 4.0 per 1,000 for England and Wales. Over the past 20 years there has been a 30% reduction in the average infant mortality rate for England and Wales, whereas in Wolverhampton the local infant mortality rate has largely remained static over this period. Despite a slight fall in the rate in 2012-14 Wolverhampton remains one of the Local Authorities with highest rates of infant mortality in England and Wales.
  - Analysis by Wolverhampton Public Health found that smoking during pregnancy was a key risk factor for infant deaths within the city with the risk of infant death increasing by 54% for those mothers who smoked. A multi-agency working group convened in May 2014 to address this area of major concern. This group involves Health and Children's Services and an action plan has been developed in order to carry out focused work to address this issue. A key early success of this group is the increased use of Carbon Monoxide testing kits for pregnant women enabling more women to be referred to stop smoking services.
- 5.2 The Child Mortality<sup>6</sup> rate (1 – 17 years) is 15.8 per 100,000 (the national average is 12.0). This is similar to the national average and equates to the death of 26 children between 2012 and 2014.

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<sup>3</sup> Mid-year population estimates 2014

<sup>4</sup> [Wolverhampton's Child Strategy 2013-2018](#)

<sup>5</sup> [Census 2011](#)

<sup>6</sup> [Wolverhampton Child Health Profile, March 2016](#)

- 5.3 Children in Wolverhampton have statistically significant worse than average levels of obesity<sup>7</sup>:
- In 2015/2016 the rate of Obesity for children aged 4-5 years is 12.2% (the national average in 2014/15 was 12.3%);
  - In 2015/2016 the rate of Obesity for children aged 10–11 years is 26.8% (the national average in 2014/15 was 19.1%);
- 5.4 By Year 6, 40% of young people in Wolverhampton are overweight or obese and in response we are taking a whole systems approach across a range of partners to respond to this. We are mid-way through the implementation of a three year action plan which takes a life-course approach. Activity includes:
- The development of a coherent weight management pathway for children aged 2-18 with referral mechanisms into a range of age appropriate services and interventions providing healthy lifestyle advice such as:
    - One Family (a programme targeting parents aged 2 to 4 as identified by Health visitors and other professionals).
    - Hearty Lives (a programme providing one to one intensive family support in the home for 2-18 year olds identified by Social Care which includes cooking on a budget, food labelling and healthy eating).
    - Five Star Families (a family based programme held within community settings teaching physical activity, healthy lifestyle principles and practical opportunities to cook).
    - Weight Watcher Programme referrals for children aged 16+
  - Food labelling in schools enabling pupils to make informed choices within the dining- hall.
  - Review of the National Child Measurement Programme (NCMP) in schools providing better communication to parents regarding their children's weights and appropriate signposting and support and purchase of new measuring systems for all schools across the City.
- 5.5 The current rate of under 18 conceptions age 15 to 17 years (2014) in Wolverhampton is 29.6 per 1,000 which is a 6% reduction in the previously reported rate of 31.5 per 1,000 (2013). Although the rate of under 18 conceptions has remained significantly higher than the England average (currently 22.8 per 1,000), there has been a consistent reduction in the rate of under 18 conceptions in Wolverhampton since 2007. Overall, there has been a 52% reduction in the under 18 conception rate from 61.1 per 1,000 reported in 2007 which equates to a decrease in the number of conceptions from 301 to 137 over the past 7 years.
- 6. Education**
- 6.1 The City of Wolverhampton Council's vision is to create an education system that promotes the very highest standards for all children and young people, closes the attainment gap and allows every pupil to reach their full potential. The Council celebrates school autonomy and supports school leaders and teachers in leading city-wide collaboration and school improvement. Educational standards across the city are improving rapidly. The sustainability of this upward trend is a key priority in order to ensure that children and young people have the skills and confidence they

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<sup>7</sup> [Wolverhampton Child Health Profile, March 2016](#)

need to reach their aspirational potential to support the longer term development and prosperity of the city.

- 6.2 There are 40,798 pupils on roll in 110 schools. 84 of these schools are maintained by the local authority, the rest are made up of academies or free schools. 58 (59%) of the Primary and Secondary schools in Wolverhampton are in the most deprived quintile nationally as defined by Ofsted. There are no Wolverhampton schools classed as being in the least deprived category. 22% of pupils are eligible for free school meals and 24% have English as an additional language, this is against national figures of 15.2% and 15% respectively. 18% of pupils have Special Educational Needs against a national average of 15%.
- 6.3 The City's schools have been on a rapid improvement journey over the last two years. Primary School Ofsted outcomes in December 2013 were the worst in the country when the Local Authority was rated 152<sup>nd</sup> out of 152 – the current rating is 135<sup>th</sup> and we are rapidly rising up the table – with 81% of Primary schools currently rated as good or better (July 2016). Secondary Schools have been on a similar journey with the Local Authority being rated as 108<sup>th</sup> in the country in December 2014 and this year being rated joint 81<sup>st</sup> and receiving the accolade of being in the top 20% of most improved authorities in the country, with only Solihull above Wolverhampton in the West Midlands.
- 6.4 The City has 83% of all schools currently rated as good or better (July 2016) and the ambition is that by September 2018, 95% of schools in the city will be rated good or better when inspected.
- 6.5 The Education Directorate encompasses the School Standards Service which provides challenge and support to all schools across the City in order to ensure that all schools are judged to be good or better by Ofsted. The School Planning and Resources Service leads on strategic planning to ensure that there are sufficient school places to meet demand in the city and that there is fair access for all, a co-ordinated admissions scheme across the City, a fair access protocol and the provision and commissioning of home to school transport.
- 6.6 The School Planning and Resources Service also works with a wide range of partners to maximise available funding and resources to support school improvement activity, maintain quality learning environments, including monitoring of the deployment and usage of Dedicated Schools Grant. The Service promotes wider opportunities for children and young people and co-ordinates the marketing of a wide range of directly delivered early help and school improvement services focused on improving educational and other outcomes.

## **6.7 *Education Performance of Looked After Children***

- 6.7.1 The educational attainment of Wolverhampton's Looked after Children shows significant improvement in recent years and in both 2014 and 2015 it was generally above national averages at all Key Stages.
- 6.7.2 In 2015, for example, over 20% of eligible LAC achieved 5+ GCSEs at grades A\*-C including English and Maths, an improvement on 16% in 2014. These outcomes were above the national average by 4% and 6% respectively. Comparisons between LAC attending Wolverhampton schools and all pupils in the city in both 2014 and 2015 revealed that the LAC cohort were making significantly better progress than their peers, these and other outcomes are captured in the VSH Annual Reports for 2013/14 and 2014/15.

- 12 LAC/care leavers are currently in higher education (HE). A further 5 are expected to enter HE in September 2016, totalling 17 LAC/care leavers in HE and maintaining positive previous performance
- 90% of eligible LAC in year 12/13 are in EET excluding those not available to the labour market (NALM), 89% including NALM
- 67% of care leavers in year 12/13 are currently in EET (excluding NALM). This is in line with national averages
- In 2015, 74% of the year 13 cohort (both LAC and care leavers) achieved qualifications and 25% achieved A-level or equivalent. Only 13% of this cohort were NEET at December 2015

6.7.3 Academic outcomes for LAC in 2016 are currently being collated however the following outcomes are currently available, presenting a very positive picture:

6.7.4 **Key Stage 4:** In 2015, 20% of eligible LAC achieved 5 or more good GCSEs including Maths and English. This was well above the national average of 16% for the third consecutive year. 52% of all pupils in Wolverhampton schools achieved this GCSE benchmark in 2015.

6.7.5 **Key Stage 2:** Wolverhampton schools only - % achieving the age-related expected level in teacher assessments:

- 63% in reading – the same % as for all pupils in Wolverhampton
- 81% in writing – 7% higher than all pupils in Wolverhampton
- 69% in maths – the same % as for all pupils in Wolverhampton
- 63% in reading, writing & maths – 11% higher than all Wolverhampton pupils and 10% higher than the national figure for all pupils (science was also 69% for Wolverhampton LAC)

6.7.6 **Key Stage 1** – Wolverhampton schools only - % achieving the age-related expected level in teacher assessments:

- 46% in reading, 46% in writing
- 77% in maths – 6% higher than all pupils in Wolverhampton
- 38% in reading, writing and maths (77% in science)
- 67% in the year 1 phonics check (79% of all pupils achieved the expected level)

6.7.7 **Early Years Foundation Stage (EYFS)** – Wolverhampton settings only:

- 50% were assessed as at a 'good stage of development' in reading, writing and number (our highest ever % for LAC at EYFS and 17% higher than 2015)
- 42% were assessed as at a 'good stage of development' across all areas

6.7.8 The out of city results are not available until the National Pupil Database has been populated which will be some point in the Autumn Term. This will be reported in the Virtual School Head Annual Report 2015/16.

6.7.9 EYFS, whilst showing signs of improvement, is still a priority and reading and writing at Key Stage 1 will also be prioritised for additional support in the 2016/17 LAC Attainment Improvement Plan. Further outcomes will be collated and captured in the 2016 Virtual School Head (VSH) Annual Report in Autumn 2016.

## 7. Post-16

7.1 A review of post 16 priorities was recently undertaken which included the need to address issues around the quality and breadth of alternative provision for vulnerable learners, including Young Offenders, Looked After Children and SEND learners. This has led to the development of a quality assurance framework which will be trialled during 2016/17 across all Wolverhampton commissioners of 14-25 alternative provision. A new strategic plan has also been produced: *City of Wolverhampton's Commitment to Young People* which has significant outcomes including:

- A coherent, sufficient and high quality local learning offer and learning opportunities
- Clear and flexible learning pathways for young people provided through schools, colleges, work-based learning providers and in other settings
- Effective transition for all learners, including SEND, which provides quality CEIAG to identify appropriate pathways and signposting and guidance to access additional support; ensures provision is in place; ensures access to the provision and identifies potential progression from the offer
- High quality, coordinated and impartial information, advice and guidance that builds on prior attainment and provide access to appropriate progression routes;
- Effective individual support provided to ensure the retention or re-engagement of disaffected and vulnerable young people in education and training; enables progression into sustainable employment or to ensure a positive contribution to local economic communities (eg SEND learners\*)
- Effective individual support for all young people at points of transition, particularly LDD and the most vulnerable young people to enable them to secure progression to further learning and employment
- High levels of satisfaction from young people with the provision, support and information, advice and guidance

### 7.2 Post 16 Participation rates for Wolverhampton April – July 2016

	April	May	June	July
NEET adjusted	4.1	4.1	3.9	3.9
Not Known	11.0	10.6	9.0	7.4
In learning	83.1	83.4	84.9	86.5

7.3 A significant improvement has been achieved in tracking not knowns since April.

**September Offer - To meet the requirements of the Offer** - the September Offer is a commitment to offer, by the end of September, a suitable place in post-16 education or training to all young people in the year they reach compulsory education age.  
Achievement 2015:

- 99.9% of the Year 11 received an offer. This was higher than the Black Country, the West Midlands and the England average
- 98.5% of Year 12 received an offer. This was higher than the Black Country, the West Midlands and the England average.
- Youth Employment Initiative: Black Country Impact Project

7.4 Black Country partners successfully bid for European Social Fund (ESF) and Youth Employment Initiative Funding from the Department for Work and Pensions. £51m has been allocated to support the sustainable integration into the labour market of young people (aged 16-29), not in education, employment or training (NEET). This



will be done by supporting them into the “Journey to Employment” so that those furthest from the job market can gain the skills that will bring them closer to the job market. Programme delivery will run from June 2016 to December 2018. This supports a shared designated worker across the Looked after Children Transitions Team and the Youth Offending Team who engages with young people who are NEET. They will provide intensive person centred support with a solutions focused approach, sourcing bespoke individualised user led provision to address barriers to education, employment and training throughout their journey to a positive outcome and supporting them once an outcome has been achieved. The designated Key Worker began working with both services on 8<sup>th</sup> August 2016.

## **7.5 *Improving Education, Employment and Training for Vulnerable Groups***

- 7.5.1 The Connexions Service provides early intervention and targeted services for young people aged 16-19 years. For those young people with learning difficulties and/or disabilities the service provides specialist information advice and guidance for young people from 13-25 years.
- 7.5.2 The Connexions service directly supports the work in the City to enable young people to develop the skills to get and keep work. Progress and impact is monitored and measured by the number of young people supported to gain education employment or training and a reduction in the number in the City who are Not in Education, Employment or Training.

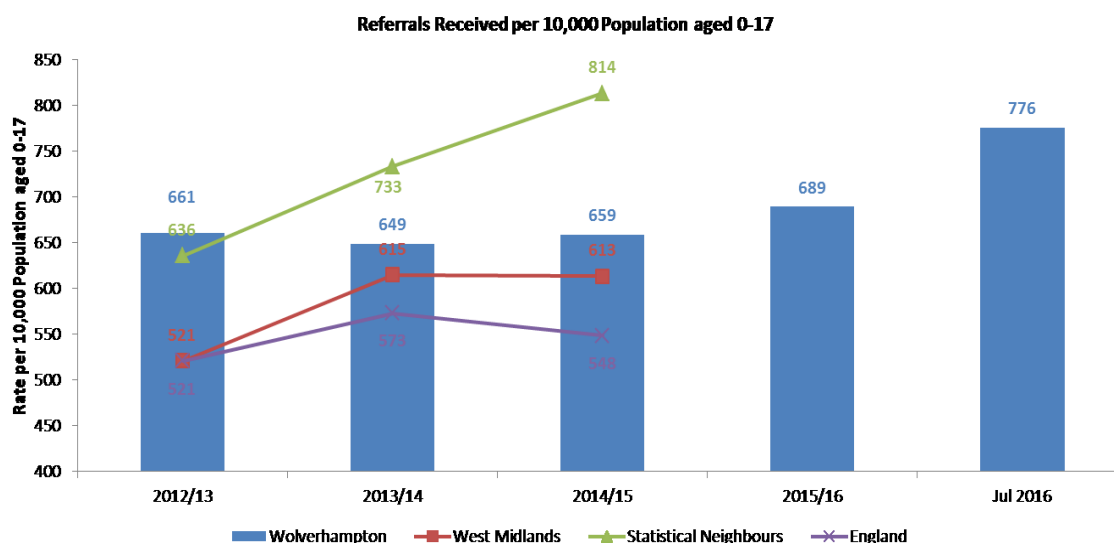
## **7.6 *Not in Education, Employment or Training (NEET)***

- 7.6.1 Connexions have been particularly successful in ensuring that the percentage of young people who are NEET has continued to fall year on year. Personal Advisers have worked across the City to provide intensive support for those vulnerable within the labour market. Current performance is good - 2.8% against a target of 3.9%. Nationally, NEET figures have been reducing however, this needs to be set against the increase in Not Known that is occurring across England. This is a current focus for the service locally. The service is delivered as close as possible to the localities across the City whilst still preserving service delivery through a city centre shop.
- 7.6.2 A team of multi-skilled Personal Advisers focus on discrete areas of the City which are coterminous with the Strengthening Families Hubs. The team includes Personal Advisers working through drop in sessions at the City Centre and in the local community through community and youth centres where available, and home visiting where whole family issues can be identified in relation to the young person. Personal Advisers work intensively with the most vulnerable such as teenage mums, SEN/LDD, young offenders, substance misuse, care leavers and new arrivals.

## **8. *Social Care - Performance***

- 8.1 4010 referrals were received in the 12 months up to March 2016 – a 5.5% increase on the number received in 2014/15. Prior to 2015/16 the number of referrals had remained relatively static over the past four years fluctuating by just 4.5%, the increase in referrals co-incides with the introduction of the Multi-Agency Safeguarding Hub and will continue to be monitored.
- 8.2 Referrals per 10,000 population have not seen the dramatic rise that has been evidenced among statistical neighbours. Repeat referral rates are lower than comparator groups whereas the percentage of referrals leading to assessment is higher than comparator groups. This indicates that thresholds are being applied

appropriately and referrals dealt with effectively the first time leading to Children and Young People receiving help that is proportionate to the identified risk.



**Repeat Referrals**

**July 2016 – 22.9%**  
**Mar 2016 – 21.2%**

**2014/15 (2013/14)**  
**Wolverhampton – 21.2% (26.9%)**  
**West Midlands – 23.0% (20.7%)**  
**Statistical Neighbours – 24.0% (21.8%)**  
**England – 24.0% (23.4%)**

**Referrals Leading to Assessment**

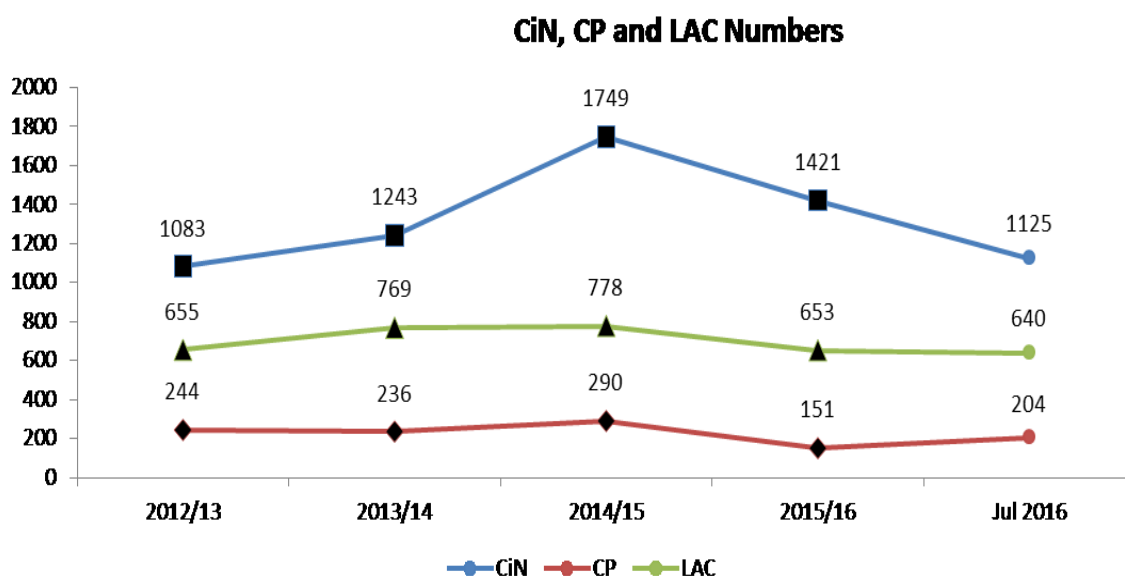
**July 2016 – 90.8%**  
**Mar 2016 – 95.6%**

**2014/15 (2013/14)**  
**Wolverhampton – 92.4% (87.1%)**  
**West Midlands – 89.3% (85.5%)**  
**Statistical Neighbours – 88.7% (92.2%)**  
**England – 86.2% (85.9%)**

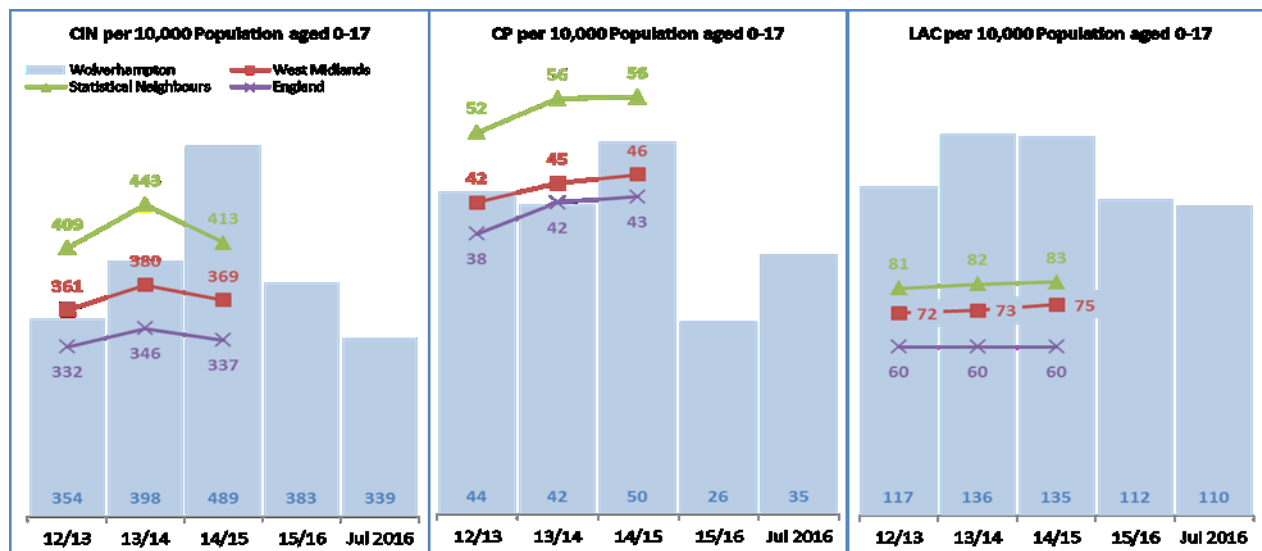
8.3 It should be noted that there was an error in the officially reported referrals figure for 2013/14 due to new recording processes. The figure shown here is the locally corrected figure and is what should have been reported. This reporting error has also had an impact on the percentage of re-referrals. The figure shown here is the adjusted local figure rather than the published figure.

8.4 **Numbers of children in need of specialist social care services** - Between March 2012 and March 2014 there was a 35% increase in the number of Looked After Children (LAC) and by the end of 2013/14 Wolverhampton had the second highest rate of LAC in the country. Throughout 2014/15 numbers stabilised and throughout 2015/16, the number of LAC has fallen steadily. Following the initial reduction in LAC numbers, there was a spike in both Children in Need (CiN) and Child Protection (CP) numbers. However, this was not a continuing trend and both numbers fell in 2015/16.

- 8.5 CiN numbers shown here are those children open to social care excluding LAC and CP

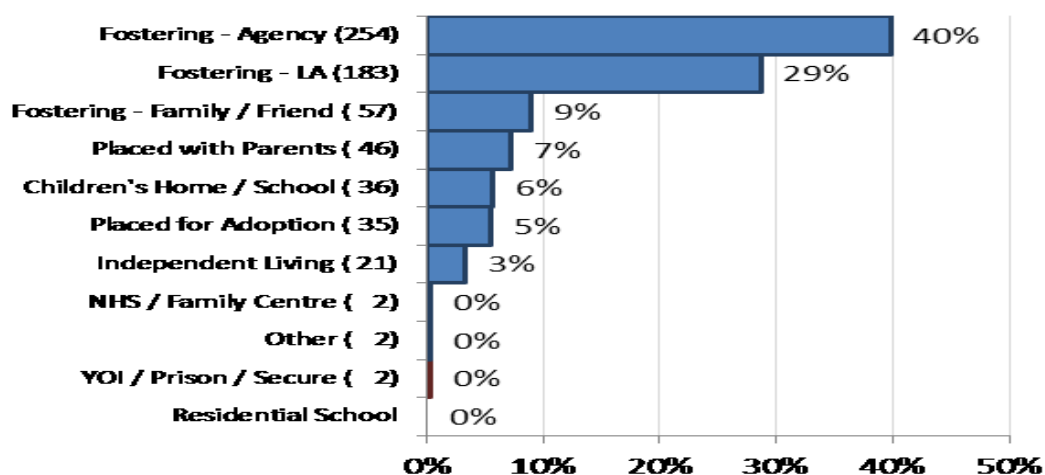


- 8.6 At the end of March the overall CiN rate (including LAC and CP) had reduced to lower than the Wolverhampton 2013/14 out-turn and lower than statistical neighbours, and the CP rate is the lowest it has been for 4 years and is significantly lower than comparators. Whilst the LAC rate remains higher than comparators, it is the lowest it has been for three years.
- 8.7 Due to the historical high LAC numbers there is an imbalance between the numbers of CiN, CP and LAC when compared with statistical neighbours, West Midlands and England. The average split between CP and LAC amongst comparators is 40% CP and 60% LAC. In Wolverhampton it is currently 24% CP vs 76% LAC. This trend continues as work is ongoing to safely de-escalate children from LAC, CP and CiN.
- 8.8 Wolverhampton Children's Services has and continues to be on a journey of improvement which is strongly led by managers at all levels in order to bring about effective and sustainable change at an appropriate pace. The reduction in the number of Children and Young People subject to LAC planning has been brought about by concerted management action to challenge the threshold for admission to care and address drift and delay across CIN/CP and LAC leading to more children and young people receiving the right service at the right time, resulting in improved outcomes.
- 8.9 Overall, the number of children with social care intervention continues to reduce, evidencing children, young people and families are offered help when needs or concerns are first identified. This has been achieved through early intervention and statutory child protection work being clearly and effectively differentiated. The work to prevent children coming into Social Care is continuing with the reconfigured Early Intervention Service, the introduction of the Multi-Agency Safeguarding Hub and the continued focus on ensuring that only the right children and young people are in the social care system.



- 8.10 **LAC Placements** - In March 2014, Wolverhampton had 78% of LAC placed in foster care compared with 75% amongst statistical neighbours and England as a whole (2015 comparator figures are not yet available). This had fallen slightly to 74% at the end of March 2015 and again to 71% at the end of February 2016. However, this is offset by an increase in the percentage of children placed for adoption and a slight increase in the percentage in independent living. The Fostering Service is developing a specialist Fostering Team to offer local fostering placements for children and young people with complex needs. This sits alongside the action plans to recruit local foster carers to provide stable placements for children and young people to access local opportunities and maintain links with their local community and family.

#### LAC Placements - July 2016



- 8.11 **LAC Placement Stability** - At the end of March 2016, 69.8% of children who had been in care for more than two and a half years had been in the same placement for two years or more, maintaining and improving slightly on the 2015 result of 69.0%. This was slightly better than regional and national performance in 2014/15 of 68% and considerably better than the performance of statistical neighbours which was 66.8%.
- 8.12 At the end of July 2016, 77% of children who had been looked after for more than two years and 70% of children who had been looked after for less than two years have had fewer than three placements in the last two years. Overall, 45% of all

children have had fewer than three placements since they became looked after. This shows that children are more likely to experience placement moves in the first two years.

- 8.13 There has been some fall in local placement stability over the past 12 months however this is likely to be linked to the reducing LAC numbers as many of the revocations have been around stable 'placed with parents' placements, which will have had a direct impact on local stability measures. Despite this, the data continues to show that LAC in Wolverhampton generally experience stable placements ensuring children and young people only experience placement moves in accordance with their care plans or when they are at risk of harm or are being harmed.

## **9. Adoption**

- 9.1 Wolverhampton Adoption Team continues to achieve good outcomes for children requiring adoption and is demonstrating good adoption outcomes for children who would be regarded as harder to place. Wolverhampton's success in placing older children, and children of BME background is above the average for England.

- 9.2 Despite a significant improvement in performance for 2012-2015 Wolverhampton remain rated 'double red' for the A1 and A2 indicators:

- **A1 Indicator** - 734 days (decrease of 138 days from 2011-2014) against a target of 487 days (247 days over target)
- **A2 Indicator** – 263 days (decrease of 31 days from 2011-2014) against a target of 121 days (142 days over target)

- 9.3 Initial, unvalidated results for 2016:

- **A1 Indicator** - 671 days (decrease of 63 days from 2012-2015) against a target of 426 days (245 days over target)
- **A2 Indicator** – 293 days (increase of 30 days from 2011-2015) against a target of 121 days (172 days over target)

- 9.4 Despite Wolverhampton's results for 2012-2015 remaining 'double red' and 2013-2016 likely to also be double red in the two key indicators, performance in other areas remains good and Wolverhampton continues to make improvements in adoption outcomes for looked after children. Results for 2013-2016 and 2015/16 are currently being analysed, however, for 2012-2015 the following key performance indicators demonstrate this improved performance by the service despite the 'double red' rating:

- Adoptions have increased by almost 30% in 2012-2015 to 137 in comparison to 106 in 2011-2014. This is also an increase of 80% from 2010-2013 where just 76 adoptions occurred.
- In 2012-2015 the timeliness of adopted children who are placed with their adoptive families (Indicator A1) improved substantially from 872 days to 734 days. 2014/15 as a single year saw a significant improvement with the average number of days decreasing to 616 days from 747 days in 2013/14.
- Wolverhampton's performance against the A10 indicator is 489 days which is the same as the England average and an improvement of 34 days.
- In the year 2014/15 alone 51 children were adopted in Wolverhampton, this was a slight increase on 2013/14 which itself was a record performance.
- 22% of children who left care in the period 2012-2015 were adopted compared with 19% in 2011-2014. This is against a national average of 16%.

- Wolverhampton has continued good performance for A6 Indicator. In 2012-2015 15% of black and minority ethnic children leaving care were adopted, significantly higher than the England average of 9%.
- Wolverhampton continues to pursue adoption for what would be regarded as harder to place children including those aged five years or older (Indicator A7). In 2012-15, 8% of children aged over 5 leaving care were adopted compared the national average of 5% in the same period.

## 10. Complaints

- 10.1 The overall number of children social care complaints received for 2015/16 was 128, compared to 152 in 2014/15; this is a reduction of 24 over the year.
- 10.2 The Complaint Regulations provides an opportunity for children/young people to raise issues of concern without those matters being treated as formal complaints, as long as they are speedily and effectively addressed. These are referred to as Informal complaints: 39 were received during 2015/16. No particular service area received a disproportionate number of complaints during 2015/16.
- 10.3 During 2015/16 Children Services received 128 complaints, 58 were responded to and concluded satisfactorily within the initial ten day statutory timescale. A further 39 were responded to within 20 days, with 23 falling outside of 20 days. The average number of days to respond and close all complaints over the year 2015/16 was 13 days. This is a positive position and a clear indication of the importance placed on responding speedily and effectively to complaints. The 'main issues' of complaint include communication and information (47 complaints); quality of service (36 complaints); and disagreement with policy and procedures (17 complaints).
- 10.4 Although 128 complaints were registered in 2015/16; 120 of those were concluded by 31 March 2016; of which 39 were upheld; 48 complaints were partially upheld; and 33 complaints were not upheld.
- 10.5 Young people have been directly involved in the design and development of complaint publicity material ensuring that they are easily understood. We will continue to work with young people to ensure increased access to the complaint process through emerging technical means including social network sights, safely and securely. All young people wishing to discuss making a complaint or seeking to make a complaint are offered the support of Advocacy, provided by the Black Country Advocacy Service. A quarterly meeting takes place involving the Manager of the Wolverhampton Black Country Advocacy Service, with Children Services Senior Managers, Managers, and Complaints Manager to discuss complaint activity and matters arising.
- 10.6 Children and Young People Services are committed to learning from customer feedback and require the completion of a learning log/implementation plan from each complaint investigated. Where complaints highlight that things have gone wrong, managers are required to identify any remedial and improvement action.

**Case Example:** *A recent complaint was made via an advocate that the Council and the Clinical Commissioning Group had delayed a referral to the Child Adolescent Mental Health Service (CAMHS). As a result, there has been changes to local policies and practices around referring Looked After Children to CAHMS. The referral process has been reviewed and amended to ensure the process is robust. Staff have been briefed on the new process. In addition, this has also led to a review of the Policy relating to Health Assessments for Looked After Children to ensure a robust process for reviewing and considering referrals to other services.*

## 11. Safeguarding and Performance and Quality

- 11.1 The Safeguarding Service is managed by the Strategic Director, People. The Service plays a key role in ensuring the provision of an effective Independent Reviewing/Chair Service which oversees care and safeguarding planning for children. An Electronic Quality Assurance Tool is used and sits within Care First. The tool has ensured operational managers are aware of issues identified, have the opportunity to address them with their staff and feedback to the IRO. Work is on-going to continue to improve Child Protection Conferences, ensuring they are child centred and outcome focused.
- 11.2 There has been a key focus on ensuring that children's records contain accurate, relevant and up to date information to support effective care planning. This has led to LAC decisions being included on Statutory Records which has improved the quality of children's records. Ensuring the voice of the child is evident in assessments and reports to LAC reviews and ensuring that children and young people are supported to participate in reviews is a priority. Independent Reviewing Officers speak with children and young people in advance of LAC reviews to agree who should attend, when and where the review will be held and what will be discussed. Children and young people are actively encouraged to take the lead in their review and a number of children have chaired their own review. Where a young person requires the support of an advocate to ensure their views, wishes and feelings are heard, one is provided.

**Case Example:** *A 14 year old girl (Child A) who has been in care for 5 years is considered to be a potential witness to alleged historical abuse of her now 18 year old sister which is being investigated. Child A may also be a potential victim in her own right. The Police commissioned an eminent psychologist to assist them with their enquiries and to evaluate Child A's competence as a witness and the psychologist observed that Child A has a learning disability and a mental disorder.*

*The Independent Reviewing Officer has been Child A's allocated IRO for 5 years and has a good knowledge of her circumstances and her needs. The IRO was recently informed that LAC Transitions Team, based on Child A's presentation, were seeking to obtain a worker for Child A from the Disabled Children & Young People's Team, so that she could be better supported now and later, at transition into adulthood. The IRO was copied into correspondence suggesting that Child A did not meet the criteria for allocation to the Disabled Children & Young People's Team.*

*The IRO was of the view that support from this service would be vital for Child A and felt it appropriate to advocate for her on her behalf. The IRO recalled the psychologist's findings (which were linked to the criminal proceedings) and furnished the Disabled Children & Young People's Team with a copy of the report, together with an observation that it was clear that Child A did have a Learning Disability as highlighted in the report. The Disabled Children & Young People's Team responded by agreeing to send a worker to Child A's next Review. This demonstrates how the IRO was effective in advocating on the child's behalf.*

- 11.3 The management of allegations processes are clear and consistent across Wolverhampton and the Designated Officer (DO) role has been promoted effectively. The DO has been actively involved in the delivery of multi-agency and single agency training / awareness raising to promote the role and extend professionals' understanding in terms of management of allegations. This has led to an improved working knowledge from partner agencies which in turn promotes more timely responses to safeguarding concerns.

## 12. Quality Assurance

12.1 Wolverhampton has a Quality Assurance Framework that supports the development and improvement of services that strengthen families and improve outcomes for vulnerable children. The Quality Assurance Framework set outs all of the activity that relates to quality assurance across children's services. This includes the role of supervision and appraisal, complaints and compliments, performance management information, participation and feedback from children, young people, parents and carers, serious case reviews, table top reviews, staff feedback, statutory inspections and case file audits. The Quality Assurance framework is led by the work of the Principal Social Worker.

12.2 Wolverhampton operates an on-going case file audit schedule. The purpose of audit is to retrospectively examine practice against service standards, policy and regulation and take remedial action where required. Audits have taken place on a monthly basis and the tool has been updated in the last 12 months to focus on quality of practice and outcomes for children that are aligned with Ofsted descriptors. Between March 2016 and end of August 2016, 82 cases were audited. The following judgements were made;

Outstanding	1
Good	31
Requires improvement	41
Inadequate	9

12.3 In October 2015, a self-evaluation process was implemented and now takes place every quarter. This process mirrors elements of an Ofsted inspection. 20 cases are audited, selected in line with the Ofsted criteria, and the case file audit process set up ahead of the inspection is tested including involvement of early intervention services and partner agencies. Alongside this, focus groups are held with frontline practitioners to provide support and preparation ahead of the inspection. The findings of the self-evaluation is summarised in a report which is presented to senior managers and the Transforming Children's Services Board.

12.4 In addition to this monthly audit schedule, Heads of Service undertake local 'dip sampling' audits on a regular basis on specific areas of practice including management oversight, case supervision, LAC or CP visits, quality of Strategy meetings, pathway plans for care leavers, to name a few. These are local to the service area and are undertaken in order to drive the quality of practice and ensure compliance with local procedures and legislation.

12.5 Wolverhampton's commitment to understanding our strengths and areas of development is evidenced in our recent commissioning of Ingson (independent company recognised by DfE as Improvement Partners) to independently audit 210 case files throughout Social Care to provide further rigour and challenge in helping to understand the 'so what' question and where further improvements are required. In response to both audits, action plans were produced to ensure that swift and effective action is taken in response to the findings.

12.6 Through this audit process we have identified some key areas of strength including:

- Good application of threshold and taking historical issues into account in decision making
- Working in partnership with parents, carers and partners
- Voice of the child

12.7 The areas of development, which are being addressed through action plans, include:



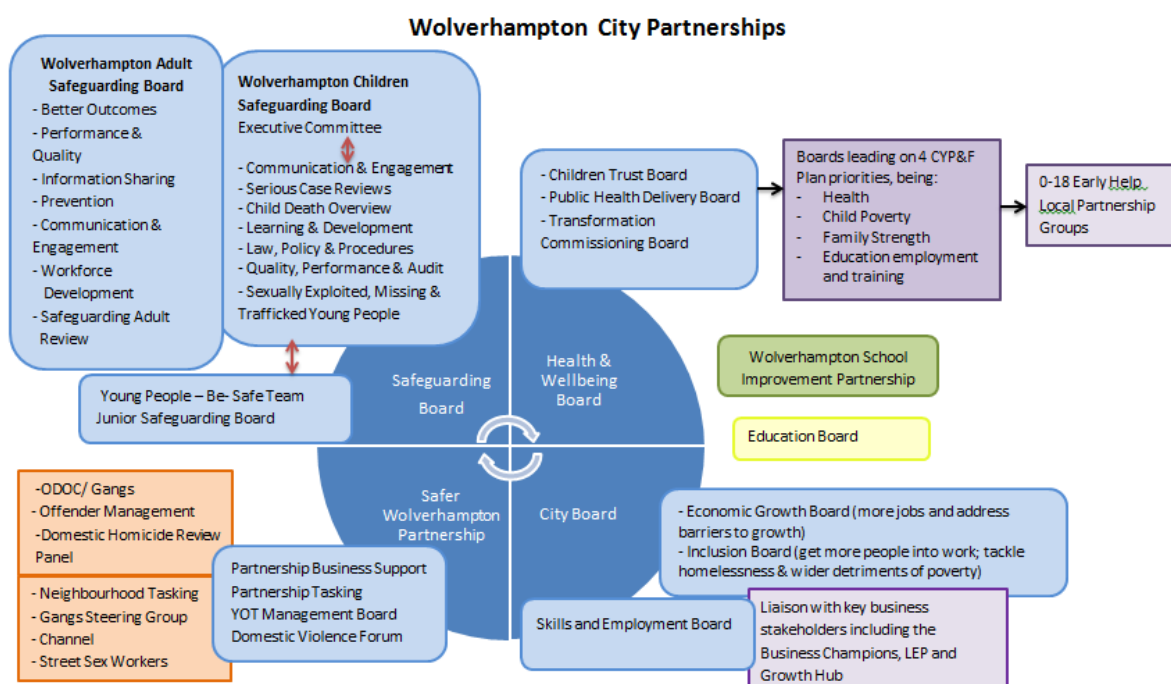
- Management oversight and rationale for decision making
  - Timeliness and analysis of assessments
- 12.8 In April 2016, Wolverhampton participated in the West Midlands Sector Led Improvement 'Auditing the Audit' Peer Challenge. This involved 3 Peer Auditors from other West Midlands Local Authorities, who followed a peer challenge process based on the LGA methodology in order to review Wolverhampton's auditing process. 10 audits were reviewed alongside 2 focus groups of managers and practitioners over the 2.5 day process. Feedback has led to the development of an action plan to review and make changes to the audit processes and tools. This includes:
- Strengthening the audit process via improved feedback loop processes
  - Ensuring the audit process includes practice self-evaluation
  - Improving the quality of auditing via training briefings in June and embedding this through service led audit champions
  - Ensuring greater service user voice in the Audit process
- 12.9 The auditing process has been revised in line with the Essex Model. This model takes a three tiered approach in which the social worker completes a short feedback form capturing what they feel the strengths and weaknesses are within the case; the first line manager then audits the file and makes contact with the family or young person to obtain feedback. The initial audit, the service users and social work feedback is then passed to another manager who audits the file independently. In Wolverhampton it is expected that the second audit would be undertaken by senior members of the auditing team and senior social work managers.
- 12.10 This process will add a layer of depth to the auditing process and provide a wealth of qualitative information around the lived experience of the child or young person and their family or carers. This model will be implemented in September 2016 following a pilot in August 2016.

### **13. Workforce**

- 13.1 The Joint Adults and Children's Social Work Development Board and the Children and Young People Workforce Development Group signed off their 2015/16 workforce development strategies and delivery plans as completed or on track for continuation where there are identified key priority areas for further development. These have been included in their 2016/17 strategies and delivery plans which are designed to support business priorities for 2016/17 in line with Corporate Plan requirements.
- 13.2 The Transformation of Children's Services has paved the way for the redesign of services and a review of the capacity and capability requirements of the children's workforce which has included the introduction of priority training across Social Care, Early Help and going forward YOT. This includes a bespoke 'foundation' training course facilitated by Child and Family Foundation Training designed to support and enhance practice in assessment, analysis including risk and outcome based care planning. There is a third day specifically for Social Workers that focuses on permanency planning. Currently 77 Social Workers and 73 Early Help professionals have been trained in the programme and early indications observed by the Principal Social Worker and through case file audits is that there is clear evidence that practice is improving. Further cohorts are being procured to ensure that the whole children's workforce are trained in this model of practice to ensure consistency and a quality and sustainable development programme will be included in the probation period for new employees in the future.

- 13.3 This programme will be complimented by a Restorative Practice Model which is currently in procurement. It is a high support, high challenge evidence based relationship model designed to support practitioners in achieving the best outcomes for children and young people. This model will also be rolled out across the whole children and young people workforce, beginning in October with senior managers and will use a range of methodologies. An impact assessment will be undertaken and monitored as the model is rolled out.
- 13.4 The Principal Social Worker is pivotal to ensuring that there is good joined up practice across the Children and Young People's Workforce. She is a member of both Boards and works closely with the Workforce Development Lead, managers and practitioners to shape the workforce strategies and develop and monitor the delivery plans. She leads on the delivery of quarterly social work briefings for practitioners and IRO's and is very involved in promoting the development of all Newly Qualified Social Workers through the ASYE programme and practitioners and managers through the planned activities in the Social Work Development Strategy.
- 13.5 In addition, as the Principal Social Worker role spans Children's and Adults, the post has a significant role in embedding a whole family approach across the social care workforce. Wolverhampton held its first joint social work conference with Adult Services for all social work practitioners and managers in March 2016 which was very successful and it is intended as part of the plan that this will be an annual conference with guest speakers.

## 14. Partnership Working



- 14.1 In Wolverhampton, there is a well-established culture of effective partnership working at both an operational and strategic level. This is reflected in the extensive strategic partnership framework which has recently been signed off by Partnership Board chairs during summer 2016.
- 14.2 The Children's Trust and Wolverhampton Safeguarding Children Board (WSCB) promote effective partnership working to ensure that effective systems are in place to

protect and safeguard children, young people and families. The Board actively challenges agencies individually and collectively and promotes continuous learning and improvement across the partnerships. A performance framework is in place to monitor progress against the City's Children, Young People and Families 10 year plan which supports appropriate identification and challenge around areas that require improvement.

- 14.3 Evidence of this can be seen in the recent development of the Multi-Agency Safeguarding Hub (MASH) which went live in January 2016 and the joint working with Health partners in the delivery of Early Help Services. There is also a strong partnership commitment to identifying and responding to child sexual exploitation, female genital mutilation and working together to respond to domestic violence.
- 14.4 Work is well underway in the production of a new model for the provision of emotional health and wellbeing services. The new model aligns CAMHS Specialist Services more closely with the Strengthening Families Hubs, meaning that children, young people and their families will be able to receive support closer to home and that providers are able to work in a more joined up way. Specialist Teams will continue to deliver to some of the most vulnerable groups of children and young people including Looked After Children, Children in Need, Youth Offending Service and crisis and home treatment. CAMHS Link Workers will be employed to work closely with the HeadStart Programme and ensure that children and young people who need specialist services can access these quickly. These Link Workers will also assist children and young people transition into community based services as specialist support is no longer required.

## **KEY JUDGEMENT 1 - The experiences and progress of children in need of help and protection**

*Children & young people who are, or who are likely to be, at risk of harm or who are the subject of concern are identified and protected. Help is provided early in the emergence of a problem and is well co-ordinated and recorded through multi-agency arrangements. Thresholds between early help and statutory child protection work are appropriate, understood and operate effectively. Records of action and decision are clear and up to date. Children and young people are listened to and heard. Social workers build effective relationships with them and their families in order to assess the likelihood of and capacity for change. Risk is well understood, managed and regularly reviewed. Children and young people experience timely and effective multi-agency help and protection through risk-based assessment, authoritative practice, planning and review that secures change.*

THE COUNCIL'S SELF EVALUATION OF THIS JUDGEMENT IS "Requires Improvement"

### **Strengths:**

- Implementation of a targeted early intervention model in order to reduce the escalation of children and families into specialist services
- Increased use of Early Help Assessments, ensuring that the right support is provided at the earliest opportunity
- Introduction of the use of Outcomes Star to facilitate outcome focused assessments leading to improved service delivery based on evidenced need
- Increasing resources to support and mentor managers and to ensure caseloads are manageable
- Implementation of the Multi Agency Safeguarding Hub, to facilitate timely and appropriate safeguarding responses
- Interventions for young people on the cusp of the Youth Justice system to prevent their escalation into the system and signpost their needs
- Robust pathway for YOT stepdown into Strengthening Families Hubs where there are unmet needs to prevent further re-offending and ensure whole family needs are addressed
- Well established 0-25 Disability Service which facilitates early and effective transition and provides a range of support for carers, to enable them to continue caring
- Developed and implemented the role out of new CareFirst exemplars to support accurate recording and effective practice
- Competency Based Supervision Framework in place which when fully implemented will clearly set the standards and expectations for effective management and supervision across Social Care
- Robust quality assurance framework underpinning continuous improvements in practice.
- A strong local offer, co-produced with parents and carers, which provides clear information and advice on services and support available for children with disabilities.

### **Development Areas:**

- Redefine the targeted Early Help offer and strengthen knowledge & understanding of local needs to assist in identifying families who require targeted EH
- Implement Eclipse (new ICT system) to ensure effective oversight, co-ordination and management of Early Help Assessment to be used across agencies
- Continued focus on management and supervision arrangements ensuring Social Workers are well supported and individual cases are effectively managed and supported through reflective practice, ensuring the right decisions at the right time
- Extend case file audit process in order to regularly monitor and improve practice within Early Intervention Services

- Improve universal contact with families through integration of health professionals and the development of a single record
- To effectively extend the Multi-Agency Safeguarding Hub (MASH) to include vulnerable adults as part of a whole family approach
- To increase the participation of children and young people in Child Protection Case Conferences where appropriate
- Embed the effective management of step up and step down pathways to ensure that cases are supported at the right level of need
- Roll out training
- Embed the Neglect Strategy and Toolkit across the children's workforce in order to ensure early identification of neglect and its impact on children and young people
- Continue to review Social Work configuration in order to improve responsiveness and ensure manageable caseloads and continuous review and management oversight of referral and re-referral data to ensure cases are being closed appropriately and effectively
- Implement the Public Law Improvement Plan to improve performance and improve the quality and timeliness of pre-proceedings work
- Improve the offer for carers in response to both Children and Families Act 2014 and Care Act 2014 ensuring where appropriate they receive proportionate and timely assessments of their needs
- Embedding the use of practice tools in relation to addressing and reducing risks associated with DV, Substance Misuse, CSE, FGM and Neglect
- Embed the pathways to identify, record and safeguard children at risk of CSE
- To ensure MASE action plans are SMART and outcome focused and embedded within the overarching care planning process
- To improve case work to reduce the number of frequent missing
- Review and revise the domestic violence multi-agency screening process to ensure effective information sharing and assessment where children are living in households with domestic violence
- To strengthen safeguarding procedures to ensure children who are home educated are safeguarded appropriately
- To implement the SEND Strategy to ensure that disabled children and young people and children with additional needs also get the same life chances as children who do not have a disability

## **15. Early Intervention**

- 15.1 Early identification and intervention are key priorities for Wolverhampton and safeguarding partners. The services have recently undergone fundamental transformation in order to ensure that there is a focus on children and families with the greatest need; to improve the effectiveness of interventions and to provide a robust approach to evidencing outcomes. A new 0-18 Strengthening Families Model, based on 8 locality hubs, has been developed working with whole families and an emphasis on outreach.
- 15.2 There are strong working relationships between Health and Social Care which has led to the co-location of Social Workers and Health Visitors. Further integration is planned with Health for December 2016 via the implementation of a single 0-5 Case Record which will avoid duplication and support better information sharing. There are also plans in place for a Police Officer to be co-located in each Hub which is currently being rolled out.

**Case Example:** *B is a 10 year old male previously a Looked After Child who has recently been returned home. There was a history of neglect, poor parenting and physical abuse, resulting in a criminal charge for father. B was frequently absconding from the family home and being picked up by police, he was found in various locations across the city. B was reporting he did not want to be home and wanted to be returned to his foster placement. He was a vulnerable young person who was subject to a Child Protection plan. A Joint visit was conducted with Social worker/Police whereby Police led discussion with mother and B about managing missing episodes safely which included: returning mobile phone so B can make contact and be traced. Police and Social worker have had a discussion with B regarding the consequences of false reporting as he has been known to contact the Police with the purpose of seeking attention. Following this intervention between Social Care and Police there have been no subsequent reports of J missing.*

- 15.3 An Early Intervention team has been developed as part of the Multi-Agency Safeguarding Hub which supports social care in making threshold decisions to ensure families receive the right support at the right level at the right time. This has led to an increase in the number of referrals being work flowed to Early Help for follow up. From 1<sup>st</sup> January 2016 – 11<sup>th</sup> August 2016, there were 1427 MASH referrals to Early Help.
- 15.4 All Strengthening Families Workers in the Early Intervention locality teams have been trained in the use of Outcome Star and following a recent review, further training has been delivered and early indications are that the tool is being used more effectively, demonstrating a change in the workers challenge of families and more effective management oversight.
- 15.5 In the period April 2015 to March 2016, 1828 cases were closed due to the required outcomes being secured or as a result of an Early Help Assessment being completed with no identified need (inclusive of Ante-natal and New Birth Assessments). 1200 families (1883 Inc. New Birth and Ante-Natal allocations) are currently in receipt of support from Early Intervention. This is an increase compared to the same period in 2014/15 showing that families are being identified earlier and worked with at the right time and right level.

**Case Example:** *Young male 'J' age 15 years - a referral came directly from the MASH to Early Intervention requesting support for mother who was struggling to manage J's behaviour; J was not in education and is reported to be a regular cannabis user. Integrated assessment and response between Strengthening Family Worker (SFW) and Police identified various risks attached to J including violence, involvement in gang culture within the locality and drug dealing. Mother struggles to fully safeguard J as he often goes missing which she does not report to the Police. As a result of integrated working and following a Joint visit between SFW and Police to initiate the Early Help Assessment, two days after the initial visit mother reported an assault on older sibling by J, and J who had gone missing. This was the first time mother has reported any incidents to Police. A Professionals meeting convened to identify and respond to the immediate risks to J which could lead to potential family breakdown and J has been identified as meeting troubled family criteria and continues to be managed through a Team Around the Family.*

- 15.6 The Early Intervention Protocol<sup>8</sup> supports regular meetings between Health and staff from Early Intervention and ensures that all children receive contact with universal provision, enabling identification of issues at the earliest opportunity. There have been 720 notifications from Health in the period April 2015 – March 16. As a result of early intervention protocols and assessment 647 of these have closed with no requirement for support. 73 cases have converted into Early Intervention open cases, demonstrating that early help assessments supported by Early Intervention practices, lead to the earliest identification of need.

**Case Example:** *The Pathway to Support project is a one off government funded initiative (LGA grant of £789,000). It assists agencies providing services to adults in relation to domestic violence, mental health, learning disabilities and substance misuse, where there are children in the family that would benefit from low level support. The project will map the process from service provision to support, train key staff in the new process and provide funding for agencies to access a community support worker to provide low level, buddy support to the family. The project will interface with the Early Help Assessment. The outcome of the project is to enable families to stay together preventing the need for alternative care, to enable families to thrive and work together to manage difficulty and crisis and to enable children and young people to receive support at the earliest possible time. The success of the outcomes will provide evidence to support future investment in the scheme. The project has provided resources to enable mothers who repeatedly have babies removed from their care to access a befriending and counselling service as well as long acting reversible contraception in partnership with health.*

- 15.7 Representation of Early Intervention at Barnardo's Domestic Violence Joint Screening meetings has resulted in an increased number of referrals to the service. Between April and July 2016, 72 cases (21% of total) were directed to Early Intervention for support. In addition, 13 cases were directed to Early Intervention to work jointly with partners including Haven Refuge, Health and Recovery Near You. In comparison, 36 (10% of Total) cases required MASH assessment. This demonstrates that Early Intervention are responding early to incidents of reported domestic violence with the intention of preventing escalation or the need for social care assessment.
- 15.8 The use of Early Help Assessments is embedding with a key focus on extending the range of agencies who act as the Lead Professional particularly in the voluntary sector. The majority of schools have had staff trained in the use of Early Help Assessments (EHAs) and work is continuing to ensure that all schools have benefited from training.
- 15.9 Tackling disadvantage is a key target of Early Intervention and supported through the roll out of the free nursery entitlement for 2 year olds. Improvement in take up continues to be underpinned by an improvement plan. This has led to take up as of Summer 2016 of 71% against a 70% target.
- 15.10 In addition to this, Phase 1 of the Troubled Families Programme has been successfully completed with 810 families being turned around. Phase 2 commenced on 1st April 2015 and an Outcome Plan has been produced<sup>9</sup>. To date 603 families have been identified and are being worked with and 12 payment by results have been claimed. It is estimated that when the next payment by result window opens in September 2016 that a further 60 families will have been turned around. The Troubled Families whole family approach has been embedded into the Children's

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<sup>8</sup> [Early Intervention Protocol](#)

<sup>9</sup> Troubled Families Outcome Plan Sept 2015

Services redesign. Multi-agency governance for the programme is provided via the Strengthening Families Board to ensure there is support across the partnership to drive the programme forward and influence transformation across public services.

## **16. Neglect**

- 16.1 The Neglect Strategy was endorsed by the WSCB on 16<sup>th</sup> January 2016. Training will be rolled out along with further elements around whole family approach and working with larger sibling groups together in October 2016. Workers will then attend Train the Trainer in order to ensure there is the capacity to continue with the training as part of the WSCB training programme.
- 16.2 The Child Neglect Tool will be used by professionals locally to assist in identifying and assessing children who are at risk of neglect. It is to be used when there is concern that the quality of care of a child suggests that their needs are being neglected. It will enable professionals to reflect on the child's circumstances and place the concerns into context, identifying strengths and resources within the family. The Tool will be used to inform decision-making, assessments and planning. It will also be used in one to one's with managers or in supervision.

## **17. Specialist Support Service**

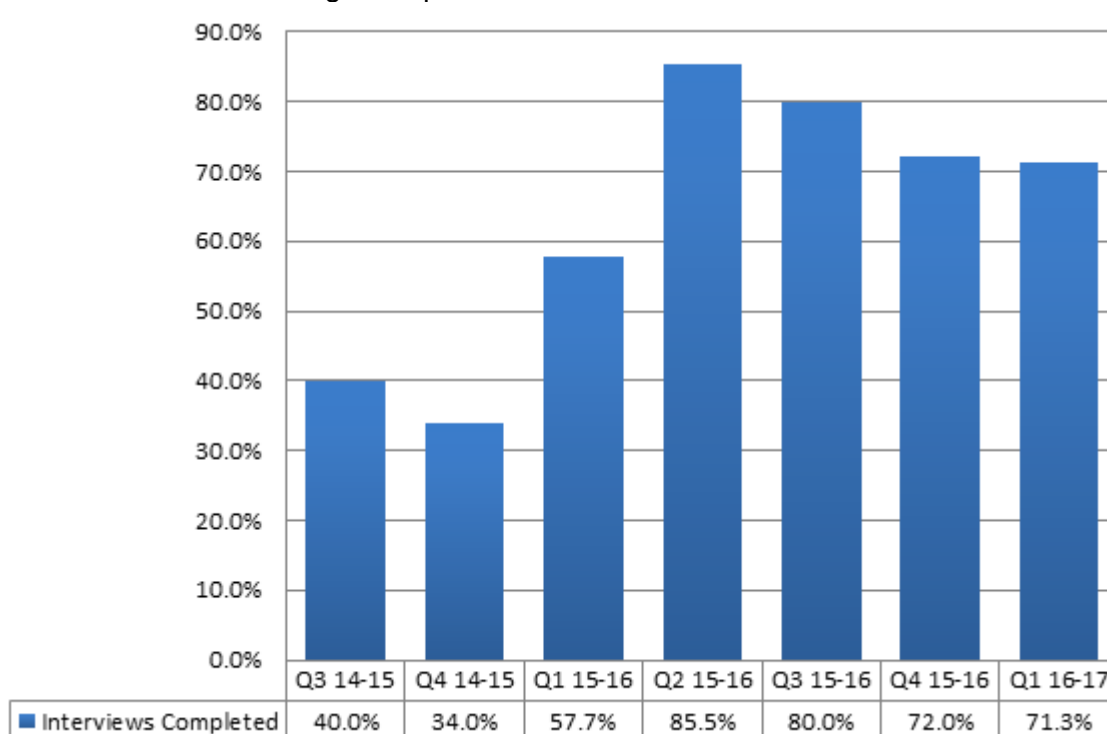
- 17.1 In August 2016, the Specialist Support Service was established which is designed to target children and young people who are on a trajectory towards care by providing new and innovative services which will give them improved chances of growing up safely at home and within their communities. The service is providing intensive wrap around support and where required, respite and task focused, time limited crisis intervention designed to build resilience and strengthen families. Significant evidence has been gathered through file audits and data analysis in order to understand the current LAC population. This is being used to inform the type and level of interventions that are developed and commissioned. A framework for therapeutic services is now in place and local policy to support the process to access services has been agreed.
- 17.2 Since April 2016, the Intensive Family Support Team have had referrals for 60 families (84 children) Additional out of hours support is provided to the Emergency Duty Team by Family Support Workers from across the city with the aim of supporting crisis intervention and reducing the likelihood of family breakdown.
- 17.3 Upper Pendeford Farm is providing a short-breaks facility for young people on the edge of care age 10 and over. Work is ongoing with professionals to increase the occupancy rate and to increase the use for planned short breaks. The short break plan paperwork is currently being amended to bring it in line with care planning. Since Upper Pendeford Farm opened in April 2016, they have provided 28 short breaks and supported 21 young people.
- 17.4 A performance framework for the new Specialist Support Service is currently being developed in order to fully understand and monitor impact.

## **18. Child Sexual Exploitation (CSE)/Missing from Home or Care**

- 18.1 The Vulnerable Young Person Risk Co-ordinator is a new role which has been introduced as part of the development of the Specialist Support Service. The role Chairs all Multi-Agency Sexual Exploitation (MASE) meetings and works closely with the WSCB CSE Co-ordinator to develop an accurate picture of CSE issues across the City.



- 18.2 The CSE Co-ordinator is responsible for the development of the city-wide CSE Strategy and ensuring that agencies across the Safeguarding Partnership are sufficiently equipped to identify and respond to CSE. The role has oversight of all investigations, cross border issues, partnership working and leads on the Wolverhampton CSE profile.
- 18.3 There is a clear policy and process embedded around ensuring the safety and wellbeing of all children and young people in the city (and LAC placed out of city) who return from a missing episode. All return interviews are conducted by the Vulnerable Young Person's Team within 72 hours of the child and young person returning. Social Workers will undertake the return interview for out of city placements over 20 miles. As part of the return interview, the CSE screening tool will always be completed to ensure consideration is given to missing young people being at risk of CSE<sup>101112</sup>
- 18.4 The chart below shows the improvement since the process for completing Return Interviews was changed in quarter 1 2015:



**Case Example:** *During an arranged missing return interview a disclosure from a young person regarding an incident involving an older male gave call for concern. A CSE tool was completed as per the established process followed by a discussion with the case holder in Strengthening Families to gain more insight into any other concerns. After all information had been compiled, the Missing Return Officer was able to further discuss with the Public Protection Unit (PPU) the issues which warranted a request to MASH for a Social Worker to complete a National Working Group (NWG) Assessment. This culminated in a Strategy discussion with the Social Work Unit Manager and Sergeant from the PPU which deemed a Multi-Agency Sexual Exploitation (MASE) meeting needed to take place to assess needs and develop the necessary disruption and support plan.'*

<sup>10</sup> Return Missing Policy

<sup>11</sup> CSE Screening Tool

<sup>12</sup> NWG CSE RA

- 18.5 The CSE screening tool will also be used for those persistently absent from school or excluded and all LAC over 10 years. All copies of the CSE screening tool will be sent to the CSE Co-ordinator in order to ensure build a comprehensive picture of risk around victims, offenders and locations. Where the screening tool indicates a serious or significant risk, there will be a referral to the Multi-Agency Safeguarding Hub.
- 18.6 The Child Sexual Exploitation and Missing Operational Group (CMOG) is well established and attracts good representation and input from a range of partnership agencies. In addition, there are robust Multi-Agency Sexual Exploitation (MASE) meetings in place which ensure that high risk individuals are closely case managed and supported by the right professionals and appropriate interventions are put in place.
- 18.7 Work is ongoing to ensure that the CSE Strategy and local pathways are embedded in local practice and findings from regular dip sampling and case file audits are used to ensure CSE is consistently being identified and responded to.

## **19. Domestic Violence and Female Genital Mutilation (FGM)**

- 19.1 Violence Against Women and Girls (VAWG) is a strategic priority for the city. A new VAWG strategy 2016-19 was approved in 2016. This covers domestic and sexual violence, honour based violence (HBV), forced marriage (FM) and female genital mutilation (FGM). From these, it is widely acknowledged that a key focus for future delivery is needed on the more hidden and significantly under-reported crimes of Honour Based Violence and Female Genital Mutilation from general awareness raising, multi-agency training for front-line practitioners, coordination of city-wide responses and targeted engagement of communities where there is a heightened risk. This approach is being supported regionally, with efforts to raise awareness through Operation Sentinel, a communications campaign driven by West Midlands Police over the last 2 years.
- 19.2 In relation to FGM specifically, guidance was issued to schools before the start of the summer holidays in 2015 on being alert to the signs that young girls might be at risk of FGM and following the publication of the West Midlands Police and Crime Panel report "Tackling Female Genital Mutilation in the West Midlands, a FGM taskforce has been formed to take forward the recommendations from this report which will provide a steer on best practice and shared learning across the West Midlands.
- 19.3 Domestic Abuse Services in Wolverhampton are currently being reviewed and re-commissioned. The main focus of current services is on providing specialist support and there is very little universal provision/early help available at present. The contracts for housing support services have recently been extended until the end of June 2017. There are big gaps in provision for children, male victims and perpetrators. The review has looked at: accommodation based support; floating support; perpetrator services; target hardening; and counselling therapeutic support.
- 19.4 The domestic violence multi-agency screening process takes place twice a week and focuses on police reports of domestic violence crimes and non crimes where there are children associated with the household. This process has recently been reviewed and an action plan and revised operating framework has been developed to ensure that there are robust governance and monitoring arrangements in place.
- 19.5 The self-evaluation peer audit process which took place on 1<sup>st</sup> and 2<sup>nd</sup> August 2016 focused on the theme of domestic violence, reviewing case files from Social Care

and Early Intervention. The effectiveness of the audit was affected by the initial sampling as approximately a fifth of the case files were not sufficiently DV focused however, irrespective of this, the audit identified a need for practice, in DV situations, to be better understood across the work force. The process identified a number of areas of training that the workforce would benefit from including:

- Using the safer Lives assessment
- Understanding the DV pathway
- Understanding MARAC and how to refer
- The Role of the IDVA
- Working with Perpetrators of DV
- Managing the DV risk
- DV in same sex relationships
- The impact of Culture/Race on DV
- Recording DV as a risk factor

19.6 An operational action has been developed which focuses on improving practice in response to domestic violence.

## **20. Supported Accommodation Services for Vulnerable Young People**

20.1 Wolverhampton has a comprehensive model of supported accommodation services for vulnerable young people, including young people on the edge of care and care leavers. There are at least 132 places of supported accommodation available at any one time, including 35 places specifically for care leavers. The services provided include supported accommodation for young people with high, medium and low levels of need, supported lodgings, Nightstop and Daystop. Referrals and allocations to services are co-ordinated by Wolverhampton Young Person's Accommodation Forum to ensure that young people receive the service that is most appropriate for them and move on in a timely manner. In addition, City of Wolverhampton Council is part of a sub-regional supported accommodation framework, enabling access to a wide range of supported accommodation services for 16 and 17 year olds on a spot purchase basis. A strategic review of supported accommodation has recently been undertaken. The review led to a series of recommendations that aims to ensure that the model of housing support services for this group remains comprehensive, co-ordinated and effective and that mechanisms for addressing any challenges that arise in the future remain in place.

20.2 An expression of interest has been submitted to the Department for Education Innovation Fund. The proposal is designed to address transition issues for the most vulnerable 16/17 year olds who often have multiple placement breakdowns and make poor decisions that have lifelong implications. It involves working with a range of partners to deliver bespoke, holistic packages of services to four of the most vulnerable 16/17 year olds at any one time while living in a cluster of supported accommodation. Services and opportunities would include ASDAN accreditation; apprenticeships; counselling and therapeutic support; telecare; and innovative uses of technology such as on-line GP consultations, video diaries and specialist apps for supporting young people with their individual support needs. Wolverhampton will know if they have got through to the next stage of the bid process in September 2016.

**Case Example:** *Young people aged 16 and 17 who present to the council as homeless are subject to the Wolverhampton Joint Working Protocol. The protocol ensures that the young person is assessed appropriately and that their accommodation and support needs are identified and met. A joint homeless 16/17 year old protocol officer works within the Multi-Agency Safeguarding Hub to ensure that homeless 16/17 year olds who present as homeless are assessed and any identified needs are addressed.*

## 21. Children in Need / Child Protection

- 21.1 Within the Child Protection Service there are 17 social work units, managed by nine Social Work Unit Managers, geographically co located across 8 locality areas. The Social Work Unit Managers are accountable to four Senior Social Work Managers.
- 21.2 The Service is integrated with professional staff from Early Help and community health services based within 8 Strengthening Families Hubs. This enables joined up working opportunities and greater seamlessness in the escalation and de-escalation of individual cases.
- 21.3 The Multi-Agency Safeguarding Hub provides the first point of contact and referral for agencies and professionals to Children's Social Care and Early Help Services. The Social Care Referral Policy<sup>13</sup> ensures that all children and young people referred to Children's Social Care receive a timely and appropriate initial response. Where threshold for Social Care support is not met a referral is passed immediately to Early Help, in accordance with the Joint Working Protocol and the Wolverhampton Safeguarding Children's Board Thresholds to Support Policy<sup>14</sup>.
- 21.4 The introduction of the Multi-Agency Safeguarding Hub in January 2016 has further strengthened the screening and assessment process. The Multi-Agency Safeguarding Hub consists of the Police, Social Care, Early Help, Wolverhampton Homes, Recovery Near You, Probation, Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust. It is already enabling agencies to improve the timeliness and effectiveness of responses to safeguarding referrals by providing access to real time partnership information and facilitating speedier understanding of levels of risk. This has been achieved through a significant piece of joint partnership working. The MASH was extended to include safeguarding adults at the end of August 2016 and further work is ongoing to ensure a whole family approach.

### **MASH Case Examples:**

*Referral concerning drug dealing in a house – Police information quickly identified that there was a sex offender living in the property who was Father to an unborn and Uncle to 3 children living in the house. Action was swiftly taken to safeguard the children.*

*Referral outlining some low level/low risk concerns. Additional information from the Police indicated that the father had 217 Intelligence Logs against him predominantly around drug dealing and drug use. Action was taken to support/safeguard the children.*

*Referral concerning mum's mental health – Social Care had no information on the system regarding the family. Police information identified that they were missing from another Local Authority where they were on the Child Protection Register. This enabled the family to be located and action to be taken.*

- 21.5 The Emergency Duty Team provides a single point of contact to access Children's and Adult's Social Care Services out of hours. This service is managed within the Disability and Mental Health Service area. They work closely with day time services in order to ensure a joined up approach. In addition, there is always a Manager from Children's Services on call out of hours to provide advice and support. Discussions are currently taking place with other Local Authorities in the Black Country to explore

<sup>13</sup> [Social Care Referral Policy](#)

<sup>14</sup> [WSCB Thresholds of Support Policy](#)

the development of a Black Country-wide Service which will enable a more resilient workforce and service and will facilitate better multi-agency relationships particularly in relation to partner agencies.

- 21.6 Significant work has taken place over the last 12 months in order to reduce the number of Looked After Children, Child Protection and Children in Need in Wolverhampton. Historically, there has been risk aversion in the system and a lack of scrutiny and challenge. This has improved since the introduction of the Admission to Care Panel alongside regular, good quality supervision and management of staff. Early Help is now an integral part of the Multi-Agency Safeguarding Hub and has led to more appropriate and robust step up and step down processes. It has also allowed for interventions to be put in place at a much earlier stage, providing support at the right time and reducing the risk of escalation. The social work structure has been additionally resourced to reduce caseloads of front line managers and equalise allocation across the social work teams. In addition, 6 Advanced Practitioners have been appointed to work across teams to improve the quality of management and practice. A competency based supervision model/policy was approved by the People Workforce Development Board on 2<sup>nd</sup> August 2016 which clearly sets out the standards and expectations in terms of management and supervision.
- 21.7 There is ongoing work supported by the Social Work development and training and the Quality Assurance Framework including auditing and self-evaluation processes. The review of CareFirst exemplars has amended the plan template to support more outcome focused care plans.
- 21.8 Ingson, a DfE Improvement Partner, have been commissioned to undertake a review of CiN cases where neglect features at the end of August 2016. This will focus on accuracy of recording; voice of the child; management of sibling groups and whether they are appropriately managed by a Care Plan.

**Case Example:** *There is on-going work with Legal Services in order to improve understanding of the Public Law outline process, improve the timeliness of court applications and timeliness and quality of pre-proceedings work. An electronic ledger has been introduced which has improved the timeliness of court proceedings performance which stood at 80% in June 2016 within the 26 week timescales and monthly scrutiny meetings also take place to discuss cases that have been in the system for 15 weeks or more to prevent delay. All Children's Social Workers were provided mandatory training in court skills. The DCS is a member of the Regional Inner Board and the Service Director is co-chair of the Family Justice Board.*

- 21.9 Social work visits to children subject of CP/CiN plans fulfil a range of critical roles and functions to enable the child's circumstances to be observed and monitored particularly if the visits are unannounced. Visits are carried out at least once a month but social worker visits may well be set at a higher frequency as set out in the Child Protection Plan. Performance for visiting children subject of CP plan as of 10<sup>th</sup> August 2016 is 91% and for CiN, as of 17<sup>th</sup> July, 74%.

## **22. All Age Disability Service**

- 22.1 The Disabled Children and Young People's Team (0-25yrs) comprises a Service Manager, Advanced Social Work Practitioners with operational responsibility for experienced social workers, social care workers and a Carer's Support Officer. A Social Worker from the team is now co-located in the MASH to ensure that all enquiries and referrals where children have additional or special needs are dealt with effectively in one place. The service, which comprises two teams working with

disabled children, young adults and families from 0-25 and 25+, provides the infrastructure to facilitate new ways of working. The Local Authority, together with partner agencies, works to encourage and support families to build resilience, adopting a solution-focused approach to resolving difficulties as they arise. Following a recent directorate level review, services for 0-25 will be transferring to Children and Young People Services from September 2016 however, a family based approach will still be at the core of how services operate.

- 22.2 An extensive Transition Project has facilitated key stakeholders including Connexions, Health, Education, post-16 Education providers, Social Care (Children and Adults) and finance to work in partnership to deliver a more robust framework to support a seamless experience of transition. There is an emphasis on working with both housing and care providers to look at supported and independent living to ensure that residential options are only considered when every alternative has been exhausted. Bringing together all of the social workers engaged in working with young people is key as they prepare for 'transition' into adulthood to ensuring a consistent, skilled and timely social work response. Improving the experience of transition for young people with additional needs is key to improving outcomes. Robust planning from age 14 years, Year 9, is essential to ensure effective transition. Transition workers attend Year 9 reviews in both mainstream schools and special schools to identify early those young people that may require social care support into adulthood. Social Workers with specialist knowledge and experience of the impact of physical/learning disability and mental health are co-located with Safeguarding and Children's Social Work colleagues. This promotes closer working links with colleagues across Children's Services to the benefit of disabled children, young people and their families and provides continuity into adulthood<sup>15</sup>.
- 22.3 A Local Offer has been co-produced with partners to implement a single Education, Health and Care Plan (EHC). A review and audit of the EHC processes has been undertaken with stakeholders which has resulted in a refresh of the document to ensure its primary focus addresses the identified and specific needs of the individual child and young person, in line with the principle of the SEND reforms.
- 22.4 Pathways are being developed to support tripartite decision making involving Social Care, Health and Education. These include joint meetings to agree Education, Health and Care Plans and College placements (residential/day). The Transitional Funding Panel discusses the physical and mental health needs of young people (aged 14+ years), to ensure that appropriately skilled and experienced professionals are working together with the young person to identify goals, aspirations and agree appropriate funding streams.

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<sup>15</sup> All Age Disability Strategy

## **KEY JUDGEMENT 2 - The experiences and progress of children looked after and achieving permanence**

*Decisions about children and young people becoming looked after are made using high quality assessments about the risk of harm or actual harm to them and the likelihood of change in their family. Thresholds are clear and applied appropriately. Children and young people are listened to by social workers who know them well. Adults working with children and young people help them to understand and manage their early childhood experiences, to progress well and achieve educationally and to influence decisions about their future. They return home with the support they need and when it is safe for them. If this is not possible, they live in stable placements where they are helped to build positive relationships and maintain contact with their family and friends where this remains in their best interests. Care plans are regularly reviewed to ensure that the child or young person's current and developing needs continue to be met. Permanent homes and families are found for children and young people without unnecessary delay. Their needs are met and they live with their brothers and sisters if that is assessed as being in their best interests. They do not experience placement moves unless they are part of a planned return home or in accordance with plans for their future. Their education is not disrupted unless it is in their best interests and plans for their schooling provide any extra help they need to make up time and learning that has been missed. They develop safe and secure relationships with adults that persist over time. When support is needed, children, young people and families are able to access it for as long as it is needed, throughout their childhood and beyond.*

THE COUNCIL'S SELF EVALUATION OF THIS JUDGEMENT IS "Good"

### **Strengths:**

- Successfully and safely reduced LAC numbers by 124 during 2015/16
- Effective partnership arrangements and an improved understanding of thresholds for children and young people becoming/remaining Looked After
- Established robust processes to prevent drift in care planning
- Effective oversight of individual care plans through timely reviews
- Involvement of children and young people in reviews to ensure they understand and are actively involved in their care planning
- Successfully reduced the number of placements with parent arrangements enabling children and young people a right to a private family life
- Role of IRO increasingly contributing to managing quality of Social Work
- Redesign of the PEP proforma including Early Years and 16+ to ensure educational plans are specific to the child's age and development – 87% of LAC in Years 1-11 had an up to date PEP, 53% of LAC in Early Years and 80% of LAC in years 12 and 13.
- Effective use of Pupil Premium to improve attendance and attainment
- Implementation of LAC Attainment Improvement Plan leading to an increase in attainment levels
- Robust Foster Carer Support leading to good placement stability
- Dedicated and committed Foster Carers who act as Champions for the Service
- Dedicated LAC CAMHS Team
- Strong Children in Care Council which has a direct impact on local policy development and recruitment
- Corporate Parenting Strategy fully supported by the Local Authority and partner agencies
- Virtual school working with LAC and Young Offenders to raise aspirations that has led to an increase in the number of Care Leavers in higher education

## Development Areas:

- Ensure targeted, intensive and evidence based support is available to ensure children and young people remain safely at home
- Continue to safely reduce numbers of LAC to ensure the right children are in care at the right time
- Ensure the child's voice is heard and understood and informs individual care planning
- Improve the quality of life journey work for all LAC which enables children to understand their past and use this to help them make sense of their future and successfully transition into adulthood
- Challenging and supporting schools to provide the best education for children and young people and improve school attendance
- Targeted support to raise attainment in key stage 4 and training for carers to support children reaching their academic potential
- Ensure that young people get swift access to appropriate education provision and reduce delay between school place allocation and the date of admission
- Increase internal Foster Carers including specialist, emergency, remand and short break to increase placement numbers and stability leading to improved outcomes for children and young people
- Increase the number of applications for Special Guardianship Orders to improve stability and outcomes through permanency
- Increase awareness and reporting of Private Fostering to ensure children and young people are safeguarded
- Improve case work to reduce the number of children and young people missing from care
- Deliver the Corporate Parenting Strategy & Action Plan
- Increase the use of the Strengths and Difficulties Questionnaire in order to ensure the emotional health and wellbeing needs of LAC are met
- Work with health colleagues to ensure that LAC Health Plans are SMART and effectively address identified needs.

### 23. Looked After Children (LAC)

- 23.1 There is a clear vision that is shared across the LAC Units which is focused on achieving permanence and stability for children. There has been a reduction in LAC from 778 in 2014/15 to 638 as at 8<sup>th</sup> August 2016. The target for 2016/17 is between 550-580. Care Planning is tightly monitored to prevent drift and ensure actions identified are undertaken within agreed timescales. 6 weekly meetings are held across the 3 LAC Units which involve all staff to ensure that there are consistent approaches to supporting children and young people. Weekly dip sampling audits to ensure consistent practice have had a direct impact on care planning.

**Case Example:** *Progress has been made revoking Care Orders of children placed home under the Placement with Parents' Regulations, where the support and monitoring via a Care Order is no longer required. As of July 2016, there are 46 children placed at home, this includes 8 since April 2016 that have moved from foster care to being placed back at home and 4 that are placed with parents on ICO's. There are 17 planned revocations by September 2016.*

- 23.2 All placements with parents are subject to revocation plans from the outset. Where children have been matched with foster carers, viable Care Orders will be revoked in favour of Special Guardianship Orders.
- 23.3 Work has taken place to ensure that all LAC have a comprehensive annual assessment of their needs which supports child centred outcome focused planning. As at end of July 2016, 98% of LAC had an updated assessment that



supports the current care plan. Positive feedback has been received from IRO's in terms of the quality of assessments ensuring changing needs are identified.

- 23.4 Social work visits to children subject of LAC plans fulfil a range of critical roles and functions to enable the child's circumstances to be observed and monitored. Visits are carried out at least once every 6 weeks or once every 12 weeks in a stable placement, but social worker visits may well be set at a higher frequency as set out within the Looked After Plan. Performance for visiting children subject of LAC plan is as at end of July 2016 - 79%.
- 23.5 The health needs of LAC are regularly monitored via Review Health Assessments with 85% of LAC having up to date medicals, and 86% having up to date dentals, at the end of July 2016. Close working relationships with partners at the Royal Wolverhampton Trust and the CCG, and refined processes continue to contribute to improved performance in this area.

## **24. Sufficiency Strategy**

- 24.1 The current Sufficiency Strategy is now in its final year of implementation and has to date made significant progress in meeting a number of its objectives. At the end March 2016, the number of LAC in residential placements had reduced by 32% compared to the end of March 2014. This has contributed to an increased proportion of looked after children being placed in family settings. In addition, as of August 2016 there are 252 children in Independent Fostering Arrangements compared to 264 in April 2016.
- 24.2 Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed and the Sufficiency Strategy Implementation Plan has recently been extended to include Specialist Support Services.
- 24.3 New services have been commissioned to support both prevention of admission to care e.g. the establishment of a short break residential service and to promote placement stability e.g. the introduction Safe Haven which is a specialist intensive support service to work with young people who have complex needs in order to avoid placement breakdown, achieve permanence and help them in transition to adulthood.
- 24.4 Work is currently underway to develop a new Sufficiency Strategy for the next three years. A programme of work, which has an increased emphasis on engaging service users is currently being implemented with the aim of having the new strategy signed off and in place by April 2017.

## **25. Education of LAC**

- 25.1 The Corporate Parenting & Education Team (COPE) is committed to improving educational outcomes for Looked after Children, in the model of the "virtual school". Under the management of the Virtual School Head (VSH), COPE's priorities include ensuring that appropriate education is arranged for all LAC and young people known to the Youth Offending Team in a timely manner, monitoring and improving attainment and attendance, delivering learning and behavioural support, auditing and improving Personal Education Plans (PEPs), providing training and advice, challenging exclusions and strengthening transition arrangements.
- 25.2 The roles in COPE are designed to facilitate flexible and responsive support at strategic, advisory and operational levels. The Virtual School Head is the strategic lead, a Teacher Advisor provides support and challenge to schools and partners and Education Support Officers (2.5 FTE) deliver a combination of direct pupil support

and advisory work with schools. Data support is provided by a dedicated Data Officer (.5 FTE). Timely access to expert consultations, advice and interventions for LAC with complex needs is provided by 3 Educational / Counselling Psychologists (1.5 FTE). Several team members contribute to a programme of training for schools, carers and social workers, as well as supporting the PEP process and auditing the quality of PEPs.

- 25.3 To support the permanent education-related posts in COPE, Pupil Premium Grant (PPG) has been utilised to fund 2 Assistant Educational Psychologists (.8 FTE). These focus specifically on raising attainment at Key Stage 4 by supporting pupils in year 11 who are at risk of underachieving. Monitoring and improving the achievement of LAC and Care Leavers at 16+ is also a key priority for the Virtual School Head, and to this end a full-time Education, Employment & Training (EET) Co-ordinator has been recruited in partnership with the Transitions Team.
- 25.4 The VSH manages the Pupil Premium Grant for LAC, allocating most of the funding directly to schools and monitoring its use via the PEP process and other methods. An element of PPG funding is retained to support special projects and additional support, including training in attachment awareness for Designated Teachers, “Beanstalk” - Volunteer Reading Help for pupils at Key stage 1 and 2 – and “Aspire2Uni” or “A2U”. This is an innovative partnership project with the University of Wolverhampton, the Creating Chances Trust and virtual school teams in Sandwell and Walsall which aims to raise aspirations for LAC and increase the numbers of Care Leavers in higher education. A2U provides workshops, visits and special events at the University for LAC and their carers, high-quality work experience opportunities and a mentoring programme for year 7/8 pupils with the potential to eventually access FE/HE.

**Case Example:** *A LAC in his first year at 6<sup>th</sup> form needed to find a work placement relevant to his course, and was unable to find a quality placement. The VSH liaised with ‘Creating Chances’, a partner in the Aspire2Uni programme, and a high-quality placement was arranged with the Knowledge Transfer Partnership at the University of Wolverhampton Science Park. The student had a fantastic experience and the organisation were very impressed with the student, offering an excellent reference if needed in the future.*

- 25.5 PPG has also supported additional training and resourcing for COPE’s Education Support Workers and Educational Psychologists. “Catch-up Literacy” and the “Turnabout” programme, for example, are intervention programmes designed to address identified learning needs at KS1, KS2 and KS3, while a range of assessment tools are supporting the work of COPE psychologists.

**Case Example:** *COPE delivered ‘Turnabout’ to pupil A in school for one half-term; social worker reported that “his foster carer is amazed by the difference she has seen in his understanding and concentration. She states that [the Education worker] has built a really positive rapport with pupil A and he enjoys the sessions with her.”*

- 25.6 The LAC Attainment Improvement Plan outlines how these improved outcomes are supported by COPE and its partners. This has included a number of developments in policy and procedure including:

- redesign of the Personal Education Plan (PEP) proforma to enable closer scrutiny of progress and provision and clearer accountability. This has supported the improvements in attainment for LAC as outlined above. An electronic PEP is currently in development and is expected to be in place in the Autumn 2016

- introduction of the 16+ and Early Years PEPs, enabling far greater scrutiny of education and support for these cohorts. As a result, 90% of eligible children in Years 12 and 13 were in Education, Employment or Training (EET) at July 2016 and EYFS outcomes are improving steadily as outlined above
- introduction of a post-16 Learners Support Agreement, which to date has been signed by two major stakeholders (Wolverhampton College and NOVA)
- updates to the PEP and Pupil Premium policies to reflect and support higher expectations on schools and the local authority, to raise the attainment of LAC
- a new policy on the use of boarding schools for vulnerable children
- a new framework for the work of COPE which has raised the standard that we expect of ourselves and outlines how we challenge and support schools. COPE's delivery of the "Turnabout" intervention has supported clear improvements in attainment for LAC at KS2 in particular, as outlined above.
- extension of the VSH role to include YOT and young people in the Criminal Justice system. A Model School Policy for LAC has been extended to include both cohorts and shared with senior leaders in schools, prior to launch in Autumn 2016. The Virtual School Head is putting a series of additional measures in place to support stronger partnership arrangements between YOT, schools and other stakeholders to promote improved educational outcomes for young offenders as well as LAC.

25.7 COPE work closely with schools and specifically their Designated Teachers. This includes training and advice to schools and schools governing bodies to enable them to understand, prioritise and meet the needs of LAC in school.

**Case Example:** *Training conference on Attachment and Trauma for Designated Teachers in January 2015. This was followed up with four locality-based workshops for Designated Teachers in "Emotion Coaching", a practical strategy for managing negative behaviour within schools which is firmly rooted in an understanding of attachment and promoting resilience. Further INSET and on-going support was then delivered for specific schools which had either requested this input or had been identified by COPE (in partnership with School Standards) as a priority for this training. The Educational Psychology Service were also trained to deliver "Emotion Coaching" training, helping to promote a common approach toward supporting vulnerable pupils in Wolverhampton schools.*

## 26. Fostering

- 26.1 The Fostering Service consists of a motivated, committed and stable workforce made up of qualified staff experienced in fostering. There are good working relationships with Children's Social Workers and a real focus on the needs of both the child/young person and the Foster Carer.
- 26.2 Wolverhampton has a well-established, dedicated group of Foster Carers who are very supportive and committed to providing a supportive and caring environment for children. There are 15 Fostering Champions who support the recruitment and training of new Foster Carers. The Foster Carers benefit from excellent support which includes 24 hour support, buddy support from experienced foster carers, training, newsletters, and regular meetings. All Foster Carers are members of Foster Talk which provides additional opportunity for independent advice and support. The support offered enhances the positive working relationships Foster Carers have with the City of Wolverhampton Council. Foster carers also benefit from on going access to special offers and discounts from retail providers and leisure facilities.

**Case Example:** *A well-established programme of support is delivered to foster carers by trained and accredited facilitators within the Fostering Team. All carers are encouraged to attend KEEP training, and more recently the service is now offering KEEP SAFE for carers who are caring for, or wish to care for older children (12-17 years old). There are 89 foster carers who have completed the KEEP training (including, 8 Connected Carers who have attended KEEP Safe and KEEP Standard training, with 2 Connected Carers nominated as KEEP Champions). The feedback from carers attending the courses is extremely positive, and the learning and support is contributing to placement stability.*

- 26.3 Whilst there have been recent increases in the numbers of approvals of internal Foster Carers, with 20 fostering households approved in 2015/16, there has been a renewed drive to further increase the number of approvals, enabling more LAC children to live with local foster families approved by Wolverhampton. These include carers providing a foster placement for sibling groups. It is anticipated that 30 fostering households will be approved in 2016/17. In addition, following Cabinet Approval in October 2015, revised fees and allowances were introduced in January 2016. The revised fee structure recognises foster carer skill and experience and it is anticipated this will support the recruitment of new carers, together with assisting in retaining existing foster carers. Wolverhampton are also working with ImPower in order to explore opportunities for further improvement and transformation.
- 26.4 The assessment process has been streamlined which has enabled assessments to be completed in a timely fashion providing a better service to those applying to foster. In April 2016 there were 26 Foster care applicants in stage 1 assessment. The average number of days taken to approve foster carers is 174 which is below the target of 244 days.
- 26.5 Stage 2 of the assessment process is provided by an external agency. During this time, foster carers in assessment remain allocated to a social worker within the Fostering Team to ensure they remain connected to Wolverhampton.
- 26.6 There is an action plan in place to increase awareness and reporting of private fostering arrangements. Extensive marketing and awareness has been rolled out within the local authority and across the city, using revised/re-branded materials. This has not yet led to an increase. There will also be a refreshed focus from the WSCB as agreed at their Board away day in April 2016.
- 26.7 The Family and Friends Unit are working closely with children's allocated social workers to support early initial viability assessment of potential Family and Friends (Connected persons) Carers, enhancing opportunities for children to be placed within their own network of family or friends where appropriate. All full Connected Person assessments are completed by the Family and Friends Team in line with court timescales. The progression of well supported Special Guardianship Orders is a priority for this unit offering legal stability for children within their placements. SGO assessment and support plans are completed by the social workers within the Connected Persons Team. At the end of 2016, there were 59 LAC (9%) placed with friends and family compared with 57 (7%) in March 2015.
- 26.7 The Connected Person's team train prospective connected carers with Skills to Foster Training and have developed a training module for Special Guardians. Post SGO and Connected Person training is also delivered by the Connected Person's Team. The Connected Person's Team support and supervise a caseload of complex Connected Person placements with the view to support and stabilise towards permanency via a Special Guardianship Order. The Connected Person's Team also

provide support groups and regular Training Support and Development Standards (TSDS) workshops for Connected Persons in order to support the completion of their post-approval training programme.

- 26.8 During 2015/16, 24 SGOs were granted, 12 of these were for looked after children. The target for 2016/17 is 25 Connected/SGO carers. An action plan was approved by the Children's Services Management Team on 23<sup>rd</sup> June 2016 which focuses on increasing numbers and a working group has been established to drive this forward. In addition, a family meetings policy has been agreed which will mean a family meeting will take place within 10 days of a referral to Early Help and/or Social Care. SGO workshops took place on 12<sup>th</sup> and 15<sup>th</sup> July 2016 with Social Care staff. Monthly surgeries to discuss practice and specific cases are being held by the SGO Worker. SGO leaflets and written information have been updated and SGO will be considered in all viability assessments.

## **27. Corporate Parenting**

- 27.1 The Corporate Parenting Board is chaired by the Cabinet Member for Children and Young People and amongst other things is responsible for overseeing the delivery and impact of the Corporate Parenting Strategy<sup>16</sup>. The Strategy has been produced to ensure all services are focused on improving the outcomes for Looked After Children. It seeks to narrow the gap between LAC and their peers by providing effective support which enables them to reach their full potential. The Strategy reinforces the corporate responsibility of the whole Council and its partner agencies and focuses on a range of areas. Care leavers and LAC now feature in the council delivery of work experience, traineeships, apprenticeships and internships. Packages of support are being developed for managers and educators to support young people. Supporting the implementation of the Corporate Parenting Strategy is a Corporate Parenting Officers group – this is made up of senior officers from across the Council and its partners in order to ensure the plan is progressed in a timely manner.

**Case Example:** *A mandatory e-learning module has been developed for all council employees including Councillors, to understand the support they can offer LAC and care leavers as Corporate Parents.*

## **28. Participation**

- 28.1 Participation of children and young people across the City is an essential contributory factor to the development of services delivered to children. This is underpinned by the Participation Strategy, which will be presented for approval by Cabinet on 14<sup>th</sup> September 2016. The Strategy sets out clear standards of participation for children and young people to ensure that it is not tokenistic and remains relevant. Once the Strategy has been formally approved, information leaflets will be disseminated to internal and external partners for professionals to be clear of their role in ensuring the voice of children and young people is represented in their service developments. In addition, there will be a programme of awareness raising for children and young people in understanding their role and the opportunities available to them in engaging in formal participation and consultative groups.
- 28.2 The City of Wolverhampton has a strong Children in Care Council (CiCC) who meet monthly. They represent the views of LAC and influence the Corporate Parenting

<sup>16</sup> [Corporate Parenting Strategy 2015-16](#)

strategic priorities each year. These priorities are incorporated in the Corporate Parenting Action Plan, which is monitored and progressed not only by the CiCC, but also by the Corporate Parenting Senior Officers Group and Corporate Parenting Board.

- 28.3 Two members of the CiCC are members of the Youth Council. This ensures the needs of LAC are considered across the City. Two members of the Youth Council are members of the Children's Scrutiny Panel, ensuring children's voices are a key part of decision making.
- 28.4 The youth council has 31 members. There are 2 members of the Youth Council who have been elected by the Youth Police Council Commissioners (YPCC) and 2 Youth MPs. The YPCC's work with, the Police and Crime Commissioner, Police Officers and key decision makers. Their role is to be the voice of young people, through actively engaging and consulting with other young people in their local communities and ensuring that their concerns and priorities are used to influence and inform the planning and priority setting of the PCC. They carry out their duties on a voluntary basis.
- 28.5 The Care Leavers Forum (CLF) meets on a monthly basis. This is a re-established group who contribute their views to the development of the Transitions Service and areas of support for Care Leavers in Wolverhampton. The Care Leavers Forum is setting up as a charity to be able to fund raise for further opportunities to support other Care Leavers. An allotment has been secured and young people are being encouraged to participate in activities associated with this project as an example.
- 28.6 Both the CLF and the CiCC attend the Corporate Parenting Board twice a year. The Lead Member for Children in Wolverhampton along with senior managers also attends CiCC meetings periodically throughout the year. This creates a synergy in the sharing of ideas and it ensures, for all parties, that children's voices influence the delivery of services. All reports presented to the Corporate Parenting Board are scrutinised by the CiCC in advance of presentation, and the CiCC's views are incorporated into all reports.
- 28.7 Both the CiCC and the CLF have been heavily involved in the development of the website [www.wolverhamptonlac.co.uk](http://www.wolverhamptonlac.co.uk) and Facebook page [www.facebook.com/lacey.childs.7](https://www.facebook.com/lacey.childs.7) to promote the use of social media to increase opportunities for communicating with children and young people and ensuring they feel connected and informed.
- 28.8 The City of Wolverhampton is in the process of implementing the MOMO App designed to provide young people with an easy to use tool to communicate their thoughts and feelings on their care. This was directly a result of a request from a number of looked after children who saw it being used in another Local Authority during a regional Corporate Parenting event. Wolverhampton are looking to offer this resource not only to LAC, but in the longer term, to include CIN/CP and YOT.

**Case Example:** *Young people are trained in delivering Total Respect training with the aim of delivering this to all staff employed who work with children and those in partner agencies. There are currently a team of 7 young people trained. In 2015/2016 these young people trained over 43 council staff, 9 councillors and 70 professionals from partner organisations (including YMCA and Wolverhampton University). Additionally young people from the CiCC and CLF support the recruitment of staff through young people panels and form an important part of the selection process and have 50% of the scoring.*

## KEY JUDGEMENT 3 - Adoption Performance

*Suitable adoptive families are identified without delay for all children for whom adoption is in their best interests. The recruitment and assessment arrangements are aligned with national systems and enable potential adopters to consider and to be considered for a wide range of children for whom they may provide a home. Children are able to develop safe and secure relationships with their adoptive family that persist over time. When support is needed, children, young people, families and carers are able to access it for as long as it is needed, throughout their childhood and beyond.*

THE COUNCIL'S SELF EVALUATION OF THIS JUDGEMENT IS "Good"

### Strengths:

- Strong adopter recruitment through the Adoption in the Black Country Consortium
- Proactive family finding process leading to an increase in adoptions for those harder to place
- Family finders are allocated early in order to identify families for children at the earliest opportunity
- Family finders feature children at activity days, national and local exchange days as well as utilising all traditional family finding activities
- Children are placed within 4 months of a Placement Order being granted (other than those where Foster Carers want to adopt)
- Positive and effective use of Adoption Reform Grant leading to an increase in approvals and a reduction in time taken to place children for adoption
- Comprehensive and effective pre and post support adoption packages contributing to low break down rates
- Consistent and effective preparation work with all older children to ensure low breakdown rates
- Adoption support consultations provided for adopters of all older children and larger sibling groups
- Adoption support plans are robust and Wolverhampton is committed to providing specialist therapeutic support where an adoption support assessment identifies this as a need
- Life story work is completed to an improving standard utilising the Joy Rees approach which allows children to understand their past so they can make sense of their future forever family

### Development Areas:

- Leading the development of the Regional Adoption Agency across the Black Country, Shropshire, Telford and Wrekin in response to the National Adoption Reform Agenda
- Continuing to improve timeliness of placing children for adoption and focusing on those harder to adopt enabling an ambition of permanency across the LAC population
- Improving the timeliness of prospective adopter assessments in order to ensure sufficiency and meet the needs of the LAC population
- Continue to have close links with CIN/CP/LAC/IRO services to promote opportunity for early permanence where there is no other option
- To regularly review adoption support packages to provide a responsive service to children pre and post adoption order
- To consistently use feedback to improve services leading to sustainable permanency
- Improve adopter's connectedness to the agency throughout their assessment process to enhance adopter support, improve matching and lead to a stable placement

## **29. Adoption**

29.1 The Adoption Service consists of three specialist social work units:

- Recruitment and Assessment Unit - Recruiting, Assessing and Supporting adopters to the point of Adoption Order
- Family Finding and Adoption Support Unit - Early Matching, Family Finding, Moving On / Transition Work, training and post adoption support
- Children's Unit - Looked After Children cases from the point of Placement Order to progress the plan of adoption

29.2 The service structure places all of the professionals involved in placing children for adoption in a co-located team. As a result, there has been improved efficiency and collaborative work and we are able to place children more quickly and effectively.

29.3 Wolverhampton Adoption Service is also part of a consortium Adoption in the Black Country (ABC). ABC is a collaborative approach to the delivery of adoption services across Wolverhampton, Walsall, Dudley and Sandwell. The partnership has developed over a number of years and has expanded to incorporate a 5th partner, Adoption Focus, a Voluntary Adoption Agency. This collaborative approach and pooled resources has enabled ABC to recruit and train adoptive parents collectively.

29.4 ABC supports joint family finding activities including: activity days meet the children events; and more recently has seen the appointment of a Permanency Co-ordinator to support placing children with ABC families. It enables children to be placed locally without the risk of being placed in the local authority in which they were born. There are significant advantages for children and families as adoption support can be delivered locally by teams that know the children and families.

29.5 We have continued to embed the Stage One and Stage Two adoption process. Wolverhampton is actively progressing more timely processing in Stage 1. Prospective adopters complete Stage One on-line training provided by ABC consortium. Three day Adoption Preparation training takes place monthly and is also co-ordinated within the consortium. Wolverhampton commissions Prospective Adopter Reports from an Independent Agency. This has facilitated more timely assessments within Stage two of the process where a worker is able to dedicate time and flexibility to complete the assessment swiftly. An allocated Wolverhampton social worker maintains contact via visiting throughout the assessment process. There is a focus on early matching if an assessment is progressing positively.

29.6 For those approved in 2015/16, the average time in Stage one was 80 days against a target of 61 days. The average time in Stage two was 254 days against a target of 122, meaning the average time to be approved was 254 days against a target of 197 days.

29.7 The Adoption team ensure that the provision of support services reflects the Adoption Support Regulations 2005. The Adoption Support Fund is being used locally to pay for therapeutic services such as complex assessment i.e. Child & Adolescent Mental Health Service Assessment; multi-disciplinary assessment including education and health; cognitive and neuropsychological assessment; other mental health assessments; therapeutic parenting courses; dyadic developmental psychotherapy; non-violent resistance; theraplay; filial therapy; art therapy; dance therapy; and drama therapy.

29.8 It is anticipated that 30 adopters will be approved in 2016/17 compared to 18 in 2015/16. As at August 2016, the Adoption Team had approved 12 adopters. Two



approved Inter Country Adoptions last year and there are six cases in the process of approval/placement. There are 7 Step-Parent adoptions outstanding and there were 8 Foster Carers who adopted children in their care and 4 Foster 2 Adopt/concurrency placements compared to 18 in 2015/16.

- 29.9 In Wolverhampton adoption is regarded a positive permanence option. In 2014/15 Wolverhampton placed 67 children for adoption, many of whom would be regarded as harder to place. Bi-monthly family finding meetings with individual family finders take place to monitor and action family finding activity. Social Care Workers complete profiles, photographs and DVDs as soon as the local authority has a possible plan of adoption. Social Care workers also follow up potential links from the Consortium, the Adoption Register or Adoption Links to enable a prompt exchange of paperwork. All these activities promote opportunities for children to be placed with in their adoptive families as soon as is possible.

**Case Example:** *Wolverhampton has increased the number of Adoption Orders granted year on year over the last 4 years, with 62 children adopted in 2015/16. Improvements are being made with regard to timeliness. Wolverhampton continues to pursue adoption for children who would be considered as harder to place. In 15/16 Wolverhampton children were successfully adopted; 14 children of BME ethnicity, 17 children over 5 years of age and 14 sibling groups.*

- 29.10 Wolverhampton remains committed to supporting foster carers to adopt children who have been in their care for a significant amount of time and where this is in the child's best interests. Wolverhampton is ensuring using the fast-track route in order to ensure that the foster carers are suitably prepared, assessed and supported throughout the child's life.
- 29.11 Early permanence options including fostering to adoption and concurrency placements are considered as part of permanency planning, with these options being utilised where appropriate. Approval of prospective adopters who are willing to consider early permanence options is a priority for ABC and Adoption Focus, with targeted marketing campaigns being utilised. During 2015-2016, there was only 1 adoption disruption and there has been none to date during 2016/17.
- 29.12 The development of the Regional Adoption Agency (RAA) which incorporates ABC, Adoption Focus, Shropshire and Telford and Wrekin is currently being progressed as an early adopter.. Following a successful submission of an Expression of Interest to the Department of Education (DfE), this development is being financially supported by the DfE. Led by Wolverhampton, Phase 1 of the project has included the development of the scope of the RAA, agreement about activities that will fall under the RAA and an initial options appraisal of the potential delivery vehicle for the RAA. Phase 2 is now underway and although the project has been slowed down on DfE's request the project remains committed and on target for implementation by April 2018.

## KEY JUDGEMENT 4 - The experiences and progress of care leavers

***Young people leaving care and preparing to leave care receive support and help to assist them in making a successful transition to adulthood. Plans for them to leave care are effective and address their individual needs. They are safe and feel safe, particularly where they live. Young people acquire the necessary level of skill and emotional resilience to successfully move towards independence. They are able to successfully access education, employment, training and safe housing. They enjoy stable and enduring relationships with staff and carers who meet their needs.***

THE COUNCIL'S SELF EVALUATION OF THIS JUDGEMENT IS "Requires Improvement"

### Strengths:

- Co-location of Social Workers, Family Support Workers, Personal Advisors, Housing Support Workers and Education, Employment and Training Officers to facilitate effective multi-agency responses
- Mainstreaming the principles of the New Belongings Project leading to improved outcomes for care leavers
- Extra supported housing provision and hours leading to increased placement stability and choice of suitable accommodation
- Training Flat to evidentially assess need and match this with the right level of support leading to improved stability and effective outcomes for young people
- Early planning between Social Care and Housing in order to ensure appropriate move-on provision for young people leaving care
- Effectively implemented the revised Staying Put Policy, ensuring where appropriate young people can remain in their chosen placement
- Strong Care Leaver Forum which consults with care leavers regarding service delivery and change
- Increasing the number of vulnerable 16+ engaged in education, employment and training
- Good range of mechanisms for regular communication with care leavers including the use of social media and newsletters
- Robust and regular support offer for care leavers including weekly drop-in sessions
- Strong collaboration with The Way Youth Zone in order to ensure the health and wellbeing of care leavers is prioritised
- Corporate commitment to prioritising improved outcomes for care leavers underpinned by the Care Leavers' Charter
- We know the location of all of our care leavers, for non-engaging young people we allocate a family support worker who proactively tries to re-engage them back into the service

### Development Areas:

- Improving the quality and timeliness of pathway plans and statutory visits
- Improving the quality and timeliness of transition for young people transferring into adult services in order to ensure needs are identified and effectively met, including safeguarding
- Further developing multi-agency working to reduce numbers of LAC who offend
- Continuing to work with housing providers to ensure suitable accommodation is available in accordance with needs of the young person
- Working with Health Partners in order to improve the health offer for care leavers including the development of a Health Passport
- Providing training and support for professionals, carers and young people on preparation into adulthood ensuring that young people have appropriate life skills to successfully live independently

- Ensuring young people have the opportunity to contribute to and participate in community activities in order to build resilience, a sense of belonging and reduce isolation.

### **30. Care Leavers**

- 30.1 Co-location of Social Workers, Young People's Advisors, Family support Workers, Housing Team and an Education, Employment and Training co-ordinator facilitates excellent joint working arrangements to support young people through transition. All young people are allocated a Personal Adviser prior to transition, to support transition planning and the development of a needs led Pathway Plan. There are good transition arrangements in place for young people accessing post-18 services. Young people are aware of their entitlements. Updated information leaflets and booklets are incorporated into a post 16 Transition Pack, and the information is on the Care Leavers' Facebook page and LAC website. The team are committed to increasing partnership working with young people and empowering them to develop confidence and achieve their aspirations.
- 30.2 Wolverhampton was an active participant of the New Belongings Project 2015/2016 and the principles of this continue to be embedded within mainstream service delivery. Care leavers are now more prepared for independence; they have an increased choice of accommodation provision, increased support from partner agencies and increased opportunities for EET. The service has worked hard to increase the participation levels with care leavers by seeking their views annually via a survey and setting up a Care Leavers' Forum. The service will be piloting the Momo app from October 2016 which will further support young people in contacting their workers more readily to provide feedback regarding the service which they receive.
- 30.3 The young people involved in the forum are in the process of setting up their own charity with the aim of fund raising to enable further opportunities for positive activities and care leaver engagement. Additional feedback in relation to the service is gathered from post 21 interviews with all care Leavers who wish to engage with this offer. Care Leavers' views continue to influence the development of the service.
- 30.4 A weekly drop in service, held at The Way (youth zone), offers opportunity for support and advice from a housing worker, EET worker, health worker and family support worker to ensure that young people's holistic needs are being met. The membership charge, for Care Leavers who wish to join The Way, has been funded by the Transitions team. This enables young people to participate in positive activities, increase their social circle, reducing feelings of isolation. In addition we have a LAC transition allotment plot which supports young people with self sustainable skills and promotes a healthy lifestyle. We celebrate Care Leaver week and put together a full programme of activities.
- 30.5 Initiatives such as increasing the capacity of the education, employment and training co-ordinator, and the recruitment of a key worker and young person's advisor to support the hard to reach NEET young people, has increased the number of young people accessing education, employment and training. This has resulted in a reduction of NEET young people from 40% to 21%. To support the increase in the number of 16+ year olds who are actively engaged in education, employment and training a Personal Education Plan (PEP) for non-eligible young people has also been introduced. The number of young people accessing higher education and university provision has increased. There are now 12 young people attending university with further six young people planning to attend in 2016. Young people are supported whilst at university and the support will be monitored with the introduction

of a post-18 higher education PEP. The Corporate Parenting Strategy is supporting the development of opportunities for work experience, traineeships and apprenticeships within the Council and with partners. We will be introducing a multi-agency NEET panel in October 2016 which will further target and support young people without an EET provision.

- 30.6 In recognition of the positive outcomes for young people aged 16-18 who live in accommodation provided by Wolverhampton Homes, supported by housing support workers within the LAC Transitions Team, further opportunities have been developed including an increase in provision to 27 flats. The overall outcomes for young people who enter these properties are good with the majority of young people going on to maintain their own tenancies post 18 which we continue to track to ensure adequate support is in place. At the end of May 2016, 83% of care leavers were in suitable accommodation compared with 81% in March 2015. This is in line with the national average and higher than the regional figure of 75%.
- 30.7 One of the properties is utilised as a training flat predominantly to support young people in their preparation for independent living. It offers young people an opportunity, for a short time, to experience independent living with support. Thirty young people have been referred to the scheme which has been beneficial in assessing the independence level of care leavers, allowing a more accurate assessment of their need. In addition, two of the properties are used as “crash pads” to ensure that, when required, we can accommodate our young people appropriately in a crisis situation. These are a short term provision of one or two evenings whilst the team support the young people to find alternative accommodation that appropriately meets their needs. We will be having a dedicated housing support worker providing daily support to these provisions and completing daily living assessments underpinned by the getting ready for adult life pack.
- 30.8 There is a plan to further expand this housing provision to 33 flats by the end of 2016 with the support services operating from 8am – 8pm weekdays and 10am - 5pm at the weekends. Bespoke packages of support will be provided ranging from 8 to 30 hours per week, outside of core hours where required, will be offered to young people.

**Case Example:** *There is a key focus on improving the quality and timeliness of Pathway Plans and Statutory Visits for Care Leavers, this is audited by regular dip sampling to ensure quality of statutory interventions, including statutory visits, care plans, pathway plans and personal education plans are of a high standard. The LAC Transitions Team is piloting the Outcome Star in line with pathway plan reviews from May 2016, with the aim of being able to measure progress identify areas of strength and development when working with Care Leavers. Implementation of this tool will support young people to analyse their current circumstances and reflect upon the improvement they are making, raising their self-esteem and supporting future aspirations.*

### 31. Youth Offending Team

- 31.1 Wolverhampton Youth Offending Team (YOT) plays an integrated role in Children's Services. The HMIP Full Joint Inspection Report which was published in February 2016 outlines an excellent level of performance achieving the maximum four stars in respect of 'Reducing Reoffending', 'Protecting the Public', 'Ensuring the sentence is served' and 'Interventions to Reduce Reoffending'. The YOT achieved three stars for 'Protecting Children and Young People' and 'Governance and

Partnerships'. Overall, this is the highest achieving Full Joint Inspection in the last three years within England and Wales.

- 31.2 Notwithstanding this level of performance, there is a YOT Inspection Improvement Action Plan that is regularly reviewed and RAG rated at the partnership YOT Management Board. A significant area of development relates to improvement in the engagement levels of YOT young people in Education, Training and Employment and as a result the responsibility of the Virtual School has been extended to include young offenders. A dedicated CAMHS worker is being appointed to join the multiagency team. Both these improvement drives will assist achieving better outcomes for children and young people.
- 31.3 The 2015 National Standards Audit in respect of preventative services demonstrated high quality services in respect of early crime prevention work. The YOT strives to maintain a positive and constructive context of activity for young people including the use of 'The Way' Youth Zone and a Bikeability Project. There is a pilot intervention being developed to address social media and internet grooming. June 2016 saw the commencement of a workshop afternoon for young people on the cusp of the Youth Justice system made the subject of a Community Resolution, the intention being to stop their escalation into the Youth Justice system and address the increase in First time Entrants to the Youth Justice system.
- 31.4 17% of the YOT caseload is LAC and there is strong joint working to improve outcomes. LAC and YOT work closely together and there are established step up and step down policies with Children's Services and key partner organisations. During 2015/16, Wolverhampton YOT worked with 300 young offenders which is a 5% increase on 2014/15. In addition, the YOT completed 412 'Out of Court Disposals' which is an 8% increase on 2014/15. Key priorities for 2016/17 can be found in the Youth Justice Plan 2015-17<sup>17</sup> and the accompanying Action Plan which includes the post Inspection targets.

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<sup>17</sup> Youth Justice Plan 2015 - 2017

## KEY JUDGEMENT 5 - Leadership, Management and Governance

*Leadership, management and governance arrangements comply with statutory guidance and together establish an effective strategy and good quality services for children, young people and their families. There is a clear and up to date strategy for commissioning and developing services delivered by a suitably qualified and experienced workforce that meets the needs of local children, young people and families. The Director of Children's Services (DCS), the lead Elected Member and the Senior Management Team have a comprehensive knowledge about what is happening at the 'front line' to enable them to discharge their responsibilities effectively. They know and understand the difference that help, care and protection are making. They oversee systematic performance management and monitoring that demonstrate rigorous and timely action in response to service deficiencies or new demands. The local authority works with partners to deliver early help, protection children and young people, improve educational attainment and narrow the gap for the children looked after and care leavers. It acts as a strong and effective corporate parent for children looked after and those leaving or who have left care. Leaders, both professional and political, drive continuous improvement so that the local authority is consistently effective as the lead agency for the protection and care of children and young people and as a corporate parent. Partnerships are supported by transparent and rigorous governance between the local authority and key statutory, private and voluntary organisations. Shared priorities are clear and resourced. There is effective engagement with the relevant local partnerships including the Health and Wellbeing Board. The DCS works closely with the LSCB Chair and the Chief Executive holds the LSCB Chair to account for the effectiveness of the LSCB.*

THE COUNCIL'S SELF EVALUATION OF THIS JUDGEMENT IS "Good"

### Strengths:

- Strong Corporate and Political commitment to supporting services to achieve positive outcomes for children and young people
- Strong and positive relationships with Councillors that has led to additional resources being put into Children's social care
- Strong, stable and permanent Children's Services Management Team that has driven significant improvement over the past 2 years
- Managerial grip on identifying and driving forward transformation, enabling improved outcomes for children and young people
- Service improvement underpinned by performance information
- Established and effective partnership working including a well-established Safeguarding Children's Board and Children's Trust Board
- Good corporate ownership and understanding of safeguarding and corporate parenting across the whole of the Council
- Robust Quality Assurance team that measures practice and improves outcomes
- Three stars awarded by HMIP in February 2016 to recognise the developments in the YOT Management Board
- A consistent culture of CYP participation and feedback that ensures their views are heard and understood, leading to improved service delivery

### Development Areas:

- Moving from improvement to transformation, whilst operating in an environment of reduced resources
- Further realising the potential of the People Directorate in promoting a whole family approach

- Developing and implementing a single Quality Assurance Framework which meets the needs of adults and children in order to improve practice standards across Adults and Children Services
- Embedding a culture of self-evaluation across Adults and Children Services and regular dip sampling to ensure practice is meeting statutory requirements
- Ensuring that the corporate transformation programme supports the delivery of the Transforming Children's Services Programme
- Establishing a stable workforce and reduce reliance on agency staff
- Ensuring that all staff in Children's Services have access to appropriate training and development opportunities to ensure they are skilled to fulfil their statutory duties and responsibilities
- Implementation of an Integrated Partnership Protocol ensuring all strategic partnership boards work together to safeguard and promote the wellbeing of people living in Wolverhampton

## **32. The Council**

- 32.1 The City Strategy outlines a shared partnership vision for Wolverhampton and its goal of 'prosperity for all' will be achieved through the close collaboration of partners in: encouraging enterprise; empowering people and communities and re-invigorating the city. A shared commitment to undertake early intervention is one of the five priorities within its 'empowering people and communities' theme.
- 32.2 Wolverhampton's Corporate Plan<sup>18</sup> confirms the Council's commitment to vulnerable families; and sets out the way in which the Council intends to develop and improve its services. It focuses on a combination of those issues that matter the most to local people, the national priorities set by Central Government and the unique challenges arising from the changing social, economic and environmental contexts within Wolverhampton.
- 32.3 The City of Wolverhampton Council has identified significant budget reductions in excess of £175 million over the last six financial years. The extent of the financial challenge over the medium term continues to represent the most significant that the Council has ever faced. The projected budget deficit over the medium term to 2019/20 is £54.6 million, with £22.2 million in 2017/18. It is important to note that this projected budget deficit assumes the achievement of budget reduction proposals amounting to £37.4 million over the four year period to 2019/20. Despite this, there is a strong commitment to invest in evidence based, effective early intervention and prevention services for children, young people and families.
- 32.4 The Council has a strong commitment to and good understanding of its safeguarding and corporate parenting responsibilities. The guidance to support<sup>19</sup> this has recently been updated whilst a recent eLearning tool has been developed regarding Corporate Parenting and will become mandatory for relevant frontline employees, including managers and Councillors. The Cabinet Member for Children and Young People meets weekly with the Strategic Director (People) and Service Director (Children and Young People) which promotes robust scrutiny and challenge. There is a strong CYP scrutiny panel that has oversight and scrutiny of key developments and decisions relating to Children & Young People. Over the last 12 months this has included fostering fees and allowances, school improvement and the Early Intervention Redesign. The Youth Council are active members of the scrutiny panel. Regular safeguarding update meetings take place with the Lead Member, Managing

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<sup>18</sup> [Corporate Plan 2015-16](#)

<sup>19</sup> [Councillors' Guide for Safeguarding CYP](#)

Director and Leader of the Council which focuses on performance and the effectiveness of service provision.

32.5 The People Directorate was created in 2014 and is led by a Strategic Director, a role that incorporates the statutory responsibilities for, and is designated as, the Director of Children's Services (DCS) and the Director of Adult Services (DASS). The Strategic Director also has responsibility for Public Health. The Directorate works to ensure that services are developed in a way that focuses on supporting and enabling the most vulnerable and having a person/family centre approach to everything that we do.

32.6 The People Directorate Leadership Team is committed to innovation and striving to better target resources ensuring that they have a direct impact on improving outcomes across Children, Young People and Adult Services. The Corporate Plan has recently been refreshed to reflect 2016/19 priorities and includes the following outcomes for People:

- **People live longer, healthier lives**
  - Promoting and enabling healthy lifestyles – *Tackling lifestyle issues will improve quality of life, reduce the time spent with illness and have a positive effect on life expectancy in the city*
  - Promoting independence for older people – *Older people in the city are able to live full and active lives, with support where necessary to promote independence and choice*
  - Promoting independence for people with disabilities – *Vulnerable people are able to live independently and have choice and control over their lives*
- **Adults and children are supported in times of need**
  - Safeguarding people in vulnerable situations – *vulnerable people in the city will have the support and protection they need to improve their life chances and ensure they feel safe in the community*
  - Strengthening families where children are at risk – *targeting effective early help and support will strengthen families, keep children and young people safe and improve their life chances*
- **People and Communities achieve their full potential**
  - Challenging and supporting schools to provide the best education for children and young people – *Raising expectations, securing swift school improvement and ensuring there are sufficient school places and resources to support children's learning are essential to providing the best education for our young people*
  - Enabling communities to support themselves – *Supporting communities to develop local support will build resilience in the city*
  - Keeping the city safe – *A safe city creates a stable economic climate and a vibrant night-time economy which in turn improves the experience of residents, workers and visitors*

### 33. Children's Transformation

33.1 During 2014/15 a range of improvements were implemented including the co-location of early help and social care; the development and implementation of the Families r First Programme; and the successful completion of Phase One of the Troubled Families Programme.

33.2 In 2015/16 the change process was widened to ensure whole system transformation to deliver accelerated and sustainable improvements from Early Help through to



Child Protection and Looked After Children, whilst ensuring a whole family approach. The re-design of Early Intervention, introduction of the Specialist Support Service, implementation of the Multi-Agency Safeguarding Hub (MASH) and continued scrutiny of the LAC population has significantly contributed to a safe reduction in looked after children and in addition, a £3.6m underspend on top of savings of £3m.

33.3 Due to the range of projects currently underway within the People Directorate and the need to ensure that there is a system-wide approach to transformation, a Children's Transformation Programme has been developed which is managed and overseen by the Transforming Children's Services Board. The Programme has been developed in order to ensure accelerated and sustainable improvements across the system ensuring that children and families receive the right services at the right time and outcomes are improved. The projects overseen by the Transforming Children's Services Board include:

- The implementation of the new Early Intervention and prevention model.
- Additional resourcing of a new targeted and flexible Intensive Specialist Support service in order to enhance further support to prevent children becoming looked after.
- The implementation of a Multi-Agency Safeguarding Hub (MASH) in order to ensure child protection and vulnerable adults referrals are managed by a multi-agency team that shares information at the earliest point and support multi-agency decision making.
- The continued focussed analysis and work on existing LAC in order to ensure only the right children come into the system and when they do that permanency is secured for them in a timely manner.
- The review and transformation of child and adolescent mental health and emotional wellbeing services including Headstart.
- The development of a 16+ strategy in order to improve the support and options available to increase the engagement of young people in education, employment and training.
- The continued delivery of the SEND reform agenda.
- The delivery of the Children's Services strategic improvement plan.

#### **34. Resources and Commissioning**

34.1 In Wolverhampton we are very focused on delivering the right outcomes at the right cost to ensure that we provide good value for money with our commissioning and contracting arrangements.

34.2 Balancing Cost and Quality - "paying for what we need and getting what we pay for" is a project that is looking at the placements (both residential and fostering) that our Looked After Children are in. The project is making sure that we know what we need in terms of service provision both at a collective and an individual level, and who can provide for that need. This will give us a better understanding of both need and the market and will provide fit for purpose business intelligence. Improved matching and scrutiny of placements will result in a reduction in unnecessary placement spend. This together with robust scrutiny and monitoring of external placements has led to a successful reduction in the use of external placements and consequently financial savings. In April 2015, there were 772 Looked After Children. Of those, as of 20th June 2016, 213 have exited care, 234 are in cheaper placements, 84 are in more expensive placements and 241 are in placements which cost the same as on 1st April 2015.

- 34.3 This work is strongly linked to the Sufficiency Strategy which has an outcomes based action plan covering the main themes of residential, fostering, edge of care etc. Progress on the action plan is on track and the 2015-2016 report is providing valuable business intelligence for the refresh of the Strategy due next year.
- 34.4 Work is on-going developing the new Regional Adoption Agency in partnership with our Black Country authority colleagues and Telford and Shropshire. This will deliver a consistent and locally responsive service across the geographic footprint of the 6 LAs. Wolverhampton is the lead for DfE funded early adopter project.
- 34.5 We have submitted a bid to the innovation fund established by the DfE linked to their focus area of 'rethinking transitions to adulthood for young people in the social care system'. The proposal involves setting up a 24 hour supported accommodation based service that enables young people to gain ASDAN accreditation and which makes innovative use of telecare.
- 34.6 We are currently consulting on the outcome of a strategic review of services for people at risk of violence and abuse which is proposing the redesign of accommodation based services, floating support and advocacy services, perpetrator services and target hardening (safer homes) services.
- 34.7 We have identified that our specialist services need access to therapeutic support for families earlier and at a lower tier. The current commissioned CAMHS service is not able to offer the intensity of support we are looking to procure. Our commissioning intention is for an Early Intervention Framework which will be used primarily by the Strengthening Families Hubs, in addition we are also looking to procure a single provider for our specialist support service. A key element for the externally commissioned service is to respond to support requests within 5 working days and to be proactive in accessing families, rather than expecting families to attend. Market warming is currently underway and spot purchasing of specialist support will start shortly with the tender going out in the Autumn.

### **35. CAMHS Transformation**

- 35.1 The CAMHS Transformation is a jointly led programme between the CCG and the Local Authority to review and develop a tier less whole system of support for children and young people in relation to addressing emotional wellbeing and mental wellbeing. The programme is well underway with the establishment of an appropriate governance process through a specifically established partnership Board. This Board has 5 Task and Finish Groups to manage the activities associated with the planning and implementation of change. Stakeholder events have been held to inform the design of the new service provision. The Board has also examined and is looking to apply the learning obtained from the consultations and programme implementation of the HeadStart programme. Through the CAMHS Transformation Partnership Board, a model and vision has been approved, and a comprehensive mapping exercise is almost complete. The next step will be to develop a specification describing the new services.

### **36. Wolverhampton Children's Trust**

- 36.1 The Children's Trust Board is the key body responsible for the strategic planning of services and providing the direction and vision for improving outcomes and protecting children and young people in the city. This is set out in the Children, Young People & Families Plan (2015-25).

36.2 The purpose of the Children, Young People & Families Plan (2015 – 25)<sup>20</sup> is to clearly identify what agencies will do to enable children, young people and families in Wolverhampton to live healthy, safe and happy lives. An essential component of the plan is tracking progress and measuring success; and when the plan was developed a number of overarching outcomes and measures were identified including:

- Reducing the harm caused by child poverty
- Increasing achievement and involvement in education, training and employment
- Making families stronger
- Improving the health of children, young people and families

### **37. Wolverhampton Safeguarding Children's Board (WSCB)**

37.1 The Chair of the WSCB has been in post since February 2013, he is also Chair of the Safeguarding Adult Board.

37.2 The Board has approved and published the Annual Report<sup>21</sup>. This clearly identifies the current position, future direction and priorities for the Board.

37.3 During the last 12 months there has been increased financial commitment from agencies on the Board which will enable the Board to increase its staffing capacity in relation to SCR and CDOP functions, as well as training, quality assurance and performance management to ensure that the Board can effectively discharge its key statutory functions.

37.4 Agencies on the Board work well together and there is robust challenge and individuals/organisations are held to account on delivering actions. The Executive Group brings together Sub-Committee Chairs and Chairs of other key strategic partnerships in order to ensure that work to safeguard and protect children and young people in Wolverhampton is clear, consistent and joined up. A Joint Protocol has been produced and approved by the Chairs which outlines how the various Partnership Boards will work together.

37.5 In Wolverhampton, Section 11 Audits are undertaken on a bi-annual basis with one being underway currently. In line with the Education Act 2002, Schools are responsible for completing the Section 175 self-assessment audit which they utilise to monitor and improve their safeguarding arrangements against the national guidance 'Keeping Children Safe in Education'. In September 2015 the WSCB received a report confirming schools' completion of the audit and it is envisaged that assurance will be sought from schools on a bi-annual basis via survey monkey. Under revised arrangements, the next survey planned for December 2016 and will be extended to all educational establishments, including free schools, academies independent schools and FE establishment under the section 157 arrangements for non-maintained educational providers. .

37.6 The Board has a themed schedule of quarterly multi-agency case file audits. There is a robust process which outlines expectations from partners, how audits are concluded and what will happen with the findings. In line with Working Together 2015, the WSCB has a quality assurance framework in place this is implemented by the Quality & Performance Committee.

37.7 2016 has seen the publication of one Serious Case Review (SCRs) with a second SCR completed and awaiting a decision from the National Panel to publish a

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<sup>20</sup> [Children, Young People and Families Plan 2015-25](#)

<sup>21</sup> [WSCB Annual Report 2014-15](#)

redacted report in order to protect the identity of the children concerned. It is envisaged that this report will be released for publication towards the end of September 2016. WSCB has commissioned a further SCR which commenced in May 2016 and is now well underway. We are expecting to be in a position to conclude to publication by the end of December 2016.

- 37.8 The Serious Case Review Sub-Committee ensures that the learning from all regional and local SCRs is considered and where appropriate, actions are included in single agency and multi-agency action plans which are monitored at each Sub-Committee meeting.
- 37.9 There are a number of key thematic priorities including Child Sexual Exploitation (CSE), domestic violence, radicalisation, Female Genital Mutilation (FGM) and Forced Marriage. The Board works closely with other strategic partnership boards in order to ensure that there is a focus on offenders, victims and vulnerable locations and links are in place with other thematic areas of development and service provision such as tackling gangs and youth violence and anti-social behaviour. Joint working protocols are in the process of being devised to formalise these relationships which have been strengthened in recent years.
- 37.10 Where provision relates to children and young people, approaches are jointly developed across partnerships and teams. Work is continuing to fully integrated systems to improve access to Safer Wolverhampton Partnership (SWP) specialist commissioned services. In addition, the SWP has made an increased investment in both Violence Against Women and Girls and gangs/youth violence commissioned services. SWP has funded a new Independent Domestic Violence Advisor (IDVA) to work directly with Children's Social Care, providing case management support to victims of DV at an earlier point via Early Help and CIN/CP Teams and increase confidence across teams in identifying and responding to DV.
- 37.11 Whilst Domestic Homicide Reviews (DHRs) by definition relate to adult victims, these are undertaken in line with the SCR process and include safeguarding representation to identify improved practice across Children's Services where there are children or young people within the family. A successful joint SCR/DHR and Safeguarding Adults Review joint learning event took place in March 2016 to increase the awareness and understanding of these shared processes and disseminate learning across partners.
- 37.12 SWP has been working with both Adult and Children Safeguarding Boards to embed Prevent as an extension of safeguarding practice. This work has been further underpinned by the introduction of the new Prevent duty under the Counter Terrorism and Security Act 2015. A bank of multi-agency trainers has been established to deliver training to partners and provide targeted support for roll out in schools. This includes a programme of training which is being rolled out across Children's Social Care and Early Help teams and there is well established involvement of Children's Social Care and Children's Safeguarding on the Channel Panel.
- 37.13 Board Partners have increased their funding to establish a CSE Co-ordinator who has responsibility for developing and implementing the CSE Strategy. Robust systems are now in place and the regional CSE Framework<sup>22</sup> is being robustly applied in Wolverhampton. The CSE Strategy<sup>23</sup> clearly outlines how we will work together to prevent, identify and respond to both victims and perpetrators.

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<sup>22</sup> [CSE Regional Framework 2015](#)

<sup>23</sup> [CSE Strategy](#)

Implementation of the Strategy is monitored by the Sexual Exploitation, Missing and Trafficked Sub-Committee.

- 37.14 The Board undertook a self-assessment of its effectiveness in April 2016 as part of its annual development day programme. The purpose of this exercise was to establish the effectiveness of the Board using the Ofsted Framework and the statutory guidance Working Together (2015), this resulted in a self assessed judgement of 'good'. The outcome and findings from this exercise have informed the development of the Board Improvement Action Plan.

Self-Assessment Document Index			
Page	Footnote	Title	Summary
6	1	2001 and 2011 census	Website with information, statistics, and research about the city and its areas.
6	2	Unemployment briefing	Monthly briefing providing details of unemployment statistics for Wolverhampton.
10	3	Mid-year population estimate 2014	Website illustrating dataset of the estimated population by broad age each year since 2001 for smaller areas in Wolverhampton.
10	4	Wolverhampton's Child Poverty Strategy 2013-2018	Reducing Child Poverty is a key priority for Wolverhampton Partnerships' City Strategy 2011-26 whose overall goal is to ensure prosperity for all by creating opportunities that encourage enterprise, empower people and re-invigorate our city. Its planned result is to reduce poverty to no more than 10% of families living in poverty by 2026.
10	5	Census 2011	Census data.
10	6 & 7	Wolverhampton Child Health Profile	This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.
28	8	Early Intervention Protocol	This protocol should be seen as an integral part of ensuring that Early Intervention Meetings facilitate effective lines of communication between agencies to identify and support vulnerable families.
29	9	Troubled Families Outcomes Plan Sept 2015	Wolverhampton Expanded Programme Outcome Plan detailing strategic goals and strategic outcomes.
31	10	Return Missing Policy	The purpose of this Policy is to outline the responsibilities of Children & Young People's Services when children and young people in the City go missing to ensure their safety and wellbeing.
31	11	CSE Screening Tool	This Tool has been developed to enable the identification of children and young people at risk of sexual exploitation.
31	12	NWG CSE RA	This form allows exploration of some of the vulnerabilities and indicators present in a child or young person that might be at risk of or experiencing sexual exploitation. It is intended to assist in the consideration of what the risk might be to the young person and about what to do with the information.
31	13	Social Care Referral Policy	The purpose of this Policy is to ensure that all children and young people referred to a Social Care receive a timely and appropriate Service dependent on their assessed and identified need.
35	14	WSCB Thresholds of Support Policy	Its purpose is to assist everyone involved in making decisions about the most appropriate support to provide to children, young people and their families in relation to different levels of need. It also clarifies how different levels of support can be accessed as a new threshold of need is reached.
37	15	All Age Disability	The aim of the All Age Disability Strategy is to

		Strategy 2013-16	recognise the diversity of disabled people and their aspirations, and to ensure that all disabled children, young people and adults are able to live active and fulfilling lives.
44	16	Corporate Parenting Strategy 2015-16	This Corporate Parenting Strategy forms both our statement of intent and vision for the next three years and includes our Pledge to all Looked after Children.
52	17	Youth Justice Plan 2015-2017	This plan sets out how Youth Justice Services are provided and resourced in Wolverhampton which has a strong track record of delivery and improvement against government targets.
54	18	Corporate Plan 2015-16	City of Wolverhampton Council Corporate Plan.
54	19	Councillors' Guide for Safeguarding CYP	This guidance note has been developed for Councillors to enable them to raise awareness of safeguarding, hold council executives and their partners to account, provide account to constituents for what has been done and ask questions about the outcomes of safeguarding.
57	20	Children, Young People and Families Plan 2015-25	The purpose of this plan is to set out what Children's Trust Partners will do so that Children, Young People and Families in Wolverhampton can live happy, healthy lives.
60	21	WSCB Annual Report 2014-15	This report provides an insight in to the work of Wolverhampton Safeguarding Children Board (WSCB). It highlights the main achievements in safeguarding Wolverhampton's children and young people, and identifies the priority areas for improvement.
59	22	CSE Regional Framework 2015	This document sets out the regional framework for safeguarding and protecting the welfare of children and young people from Child Sexual Exploitation (CSE) across the West Midlands Metropolitan Area.
59	23	CSE Strategy	This document sets out the strategy for Safeguarding and protecting the welfare of children from Child Sexual Exploitation (CSE) in Wolverhampton. It sets out how through our partnerships we should assess, challenge and provide an enhanced, effective service to reduce the harm and threats posed to children and young people from CSE.

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City of Wolverhampton Council  
**Wolverhampton Children's  
Services**

**Improvement Plan  
2016/17**

Author of Document: **Sara Roach**  
Version: **12**  
Updated by: **Sara Roach**  
Date: **22nd August 2016**  
Authorised by: **Emma Bennett**  
Date Authorised: **31st August 2016**  
Review Date:

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### **Introduction from the Strategic Director – Linda Sanders**

Wolverhampton Children's Services has made good progress over the past 2 years which has been driven through strong political and managerial leadership. There is a clear commitment to improving services and outcomes for children, young people and families. Despite significant financial challenges, there has been continued investment in Children's Services, demonstrating our corporate commitment to supporting the most vulnerable. The introduction of the People Directorate has put us in a good position to work across children and adult services, focusing on all ages and ensuring smooth transitions and a whole family approach.

During 2014/15 a number of improvements were made including the co-location of early help and social care; the development and implementation of the Families r First Programme; and the successful completion of Phase One of the Troubled Families Programme. In 2015/16 work moved from improvement to transformation and a Transforming Children's Board was established to manage the delivery of key transformation projects within Children's Services. The programme is driven by a number of key financial, legislative and Government-led initiatives, strategies and plans. The Board oversees a range of projects including the implementation of the new early intervention and prevention model, ensuring families that need help are identified early and receive the right support at the right time; the implementation and further development of the Multi-Agency Safeguarding Hub to include vulnerable adults; the continued focused analysis and work on existing Looked After Children to ensure only the right children come into the system and when they do that permanency is secured for them in a timely manner; the review and transformation of child and adolescent mental health and emotional wellbeing services including Headstart; and the development of a 16+ Strategy in order to improve the support and options available to increase the engagement of young people in education, employment and training. The work has been successful in reducing Looked After Children from 778 in 2014/15 to 638 in August 2016, whilst Children's Services budget outturn for 2015/16 had a £3.6m underspend in addition to £3m savings already been achieved.

The range of work clearly evidences the step change in the pace and ambition that we have for children, young people and families in Wolverhampton. We have a proactive approach to permanency and have seen significant improvements in the number of children being adopted, particularly those harder to place including aged five years or older and BAME children.

Child Sexual Exploitation (CSE), Domestic Violence (DV) and Female Genital Mutilation (FGM) are key corporate and partnership priorities and a range of work is ongoing to ensure that we are in a good position across the city to prevent, identify and respond effectively to these issues.

The Local Authority has a strong vision for school improvement. The City of Wolverhampton Education Board meets regularly bringing together the Strategic Directors for People, Place and the Director of Education to oversee and drive a joint approach to improving education, training and skills across the City.

The importance of a stable and skilled work force is clearly recognised and a concerted and focused effort on recruitment has seen a significant reduction in the use of agency staff. We are working hard to retain a competent workforce at all levels and are working with neighbouring authorities to try and address some of the broader, regional recruitment issues. There is a strong commitment to sector led improvement and continuous learning. Findings from Serious Case Reviews, Domestic Homicide Reviews and complaints are actively used to understand and inform service improvement.

The Wolverhampton Safeguarding Children's Board provides a challenging and supportive role in ensuring that the children's safeguarding system is robust and effective. They do this by challenging agencies both individually and collectively and holding them to account for delivering actions. We are confident that with the political, corporate and managerial leadership that is in place, together with the excellent partnership working relationships in Wolverhampton, we will deliver the service transformation required to improve the experiences and outcomes for children, young people and families.

## Section 1: Governance and Context

The People Directorate is led by a Strategic Director, a role that incorporates the statutory responsibilities for, and is designated as, the Director of Children's Services (DCS) and the Director of Adult Services (DASS). The Directorate provides an opportunity to work across all ages, develop a coherent and consistent approach to social work quality and practice and ensure a person/family centred approach. It also facilitates efficient and effective working relationships with partner agencies.

Wolverhampton has a Labour led Cabinet. Politically there is a strong commitment to Children's Services with the Leader, Cabinet Member for Resources and Cabinet Member for Children and Young People all having oversight of the Children's Service priorities and supporting areas for improvement. The Cabinet Member for Children and Young People is committed to improving outcomes for children and families in Wolverhampton. She Chairs both the Children's Trust Board and Corporate Parenting Board and plays a key role in driving forward the transformation agenda. Over the past few years additional resources have been approved in order to improve the quality of practice and reduce caseloads.

There are well-established multi-agency meetings at both strategic and operational levels. There is a single Chair of both the Adult and Children's Safeguarding Boards who has been in role since January 2013. A Corporate Transforming Children's Services Board has been established which is responsible for driving the Children's Services Improvement Programme forward and delivering the outcomes and benefits in line with operational plans and priorities.

The last Ofsted Inspection of Wolverhampton's Safeguarding and Looked After Children Services was in June 2011 which resulted in a judgement of 'Adequate' for Safeguarding Services and 'Good' for Looked After Children Services.

## Section 2: Performance Management

### How will we know?

The table below outlines what success would look like. This will be measured through a range of qualitative and quantitative measures.

	What does making a difference look like?
Child	Children are safer and will be helped earlier. Children will have their voice heard. We will carry out audits to ensure that this is happening. We will ask children and young people for their direct feedback and engage them in shaping services. We will monitor engagement of children and young people in their assessments, their participation in reviews and the timeliness in which we see them.
Parents and carers	We will work to build parents' capacity in order to enable change where needed. Parents and carers will have their views taken into account. They will see a coherent early help offer and be able to work with a range of agencies to access support at an early stage to avoid issues escalating.
Our Partners	Agencies work in partnership to support families to resolve issues and achieve improvements in outcomes that safely prevent family breakdown. The Wolverhampton Safeguarding Children's Board (WSCB) will be recognised as being effective.
Children's Workforce	All professionals working with children will be well trained and supported to achieve the best possible outcomes for children and young people. They will receive regular and effective supervision and will be supported to work effectively with children and young people and families.
Front Line managers	Front Line Managers will actively use performance information to drive change to improve services. They will provide effective management oversight and opportunities for reflective practice which contribute to better outcomes for children and young people.
Senior Management	Senior Managers will actively use performance information to drive change to improve services. They will ensure performance is regularly monitored and that improvements are having a positive impact. They will develop effective relationships with partners to ensure the system works effectively for children and young people.
Councillors	Councillors will fully understand their role and responsibilities and hold Senior Managers to account.

## What will we measure?

Quality & Effectiveness of Practice	Workforce
<p><b>Quality Assurance and Audit Processes</b></p> <ul style="list-style-type: none"> <li>• Number of thematic case audits undertaken</li> <li>• Number of cases 'dip sampled'</li> <li>• Outcome of quarterly self-evaluation</li> <li>• Outcome of dip sampling and quality assurance processes</li> </ul> <p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Initial Child Protection conferences held within 15 days of the Section 47</li> <li>• % visits carried out on time, in line with the child protection plan</li> <li>• % of children seen alone as part of their visit (<i>not currently reported as standard but is captured in forms</i>)</li> <li>• Single Assessments completed within 45 working days</li> <li>• Participation of children in LAC reviews</li> <li>• Indicators taken from the parent questionnaires completed following CP conferences.</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>• % children seen as part of their assessment</li> <li>• % children seen alone as part of their assessment</li> </ul>	<p><b>Staff profiles</b> for all of children's services:</p> <ul style="list-style-type: none"> <li>• Established Posts</li> <li>• Permanent Social Workers</li> <li>• Other Permanent Staff</li> <li>• Vacancies and vacancy rate</li> <li>• Number of agency staff</li> <li>• Agency rate as a percentage of established posts</li> <li>• Leavers, Starters and Turnover</li> <li>• Average Sick Days</li> <li>• Average Caseloads (in development)</li> <li>• Comparison with other Local Authorities as per the Children's Social Care Workforce Return.</li> </ul> <p><b>Qualitative and Supporting Measures:</b></p> <ul style="list-style-type: none"> <li>• Percentage of Looked After Children with 3 or more social workers in the past 12 months is currently reported in the Corporate Parenting Report.</li> <li>• Outcome of Social Work Health Survey</li> </ul>
Early Help	Children in Need of Help & Protection
<p><b>Early Help Measures:</b></p> <ul style="list-style-type: none"> <li>• Number of Early Help assessments per 10,000 population</li> <li>• Proportion of Early Help Assessments opened by agency</li> <li>• Number of children taking up Terrific for Two's funding</li> <li>• The percentage of families with an improved outcome following early help intervention (Outcome Star)</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>• Proportion of cases that have stepped up to Social Care from Early Help</li> <li>• Proportion of cases that have stepped down from Social Care to Early Help</li> </ul>	<p><b>MASH Quality Assurance and Audit Processes:</b></p> <ul style="list-style-type: none"> <li>• Proportion of MASH enquiries that are correctly RAG rated initially</li> <li>• Proportion of MASH enquiries that are correctly RAG rated on outcome</li> <li>• Proportion of MASH cases that have the correct outcome recorded</li> <li>• Proportion of MASH cases that have the correct Risks recorded initially</li> </ul> <p><b>MASH Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Number of enquiries</li> <li>• Repeat enquiries</li> <li>• Initial RAG ratings, Final RAG ratings and outcomes</li> <li>• Risks and Toxicity (inc toxic trio)</li> <li>• Timeliness of response</li> </ul> <p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Number and rate of referrals per 10,000 population</li> </ul>

	<ul style="list-style-type: none"> <li>• Proportion of re-referrals within 12 months</li> <li>• Number and rate of Children in Need per 10,000 population</li> <li>• Number of Strategy discussions / section 47 enquiries and the proportion that led to an ICPC</li> <li>• Number and rate of children subject of a child protection per 10,000 population</li> <li>• Proportion of children that are the subject of a child protection plan for a second or subsequent time</li> <li>• Percentage of children subject of a child protection plan for 2 years or more</li> </ul>
<b>Looked After Children</b>	<b>Adoption</b>
<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Number and rate of LAC per 10,000 child population</li> <li>• % of LAC visits carried out within timescales</li> <li>• Proportion of LAC who have been reviewed on time</li> <li>• Placement stability – the proportion of LAC with fewer than 3 placements in the last 2 years.</li> <li>• Number and proportion of in-house foster placements</li> <li>• Number and proportion of children placed with parents who have a care order</li> <li>• Number of SGOs granted</li> <li>• Number of privately fostered children known to the Council</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>• Placement stability – the proportion of LAC in foster care for 2.5 years who have been in the same placement for 2 years or more</li> <li>• Foster Carers Pipeline</li> <li>• Virtual School Report</li> </ul>	<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• A1 – Average time between a child entering care and moving in with its adoptive family</li> <li>• A10 – As above but where the child is adopted by their foster carer, time between entering care and moving in with their foster carer</li> <li>• A2 – Average time between receiving a placement order and a match to an adoptive family being decided</li> <li>• A3 - % of children who wait less than 16 months between entering care and moving in with their adoptive family.</li> <li>• Number of children waiting to be adopted (BI date) – adoption pipeline</li> <li>• Number of potential adoptive families currently being assessed</li> <li>• Number of approved adoptive families waiting for a match</li> <li>• Number of children who are subject of an SGO</li> </ul>
<b>Care Leavers</b>	<b>All Age Disability</b>
<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Proportion of Care Leavers that are in Education, Employment or Training</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>• Proportion of Care Leavers in Suitable Accommodation</li> <li>• Proportion of Care Leavers with a Pathway Plan</li> <li>• Proportion of Care Leavers who are Staying Put</li> </ul>	<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>• Proportion of Disabled children that are the subject of CiN, CP or who are LAC</li> <li>• Number of Short Breaks</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>• Number of children who have an EHCP / Statement</li> <li>• Number of children with a Statement that have had a EHCP review</li> <li>• Proportion of 14 year olds with a Transition Plan</li> </ul>
<b>Education</b>	<b>CSE &amp; Missing, Domestic Violence, FGM</b>






<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>Percentage of schools that are rated as good or outstanding</li> <li>Attendance</li> <li>Number of permanent and temporary exclusions of Wolverhampton Students</li> <li>Proportion of children and young people found alternative placements by the 6<sup>th</sup> day following exclusion</li> <li>Average number of days taken to find alternative placements</li> <li>Number of children who are on Special Personalised Learning Plans</li> <li>Average number of hours offered as part of Special Personalised Learning Plans</li> <li>Number of CME Investigations and proportion of children found to be missing from education</li> </ul>	<p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>The number of children who are reported missing and the proportion that are subject of CP Plan or LAC</li> <li>The proportion of children reported missing who have a Return Home interview within 72 hours of their return</li> <li>The number of children and young people who are currently at risk of CSE</li> <li>The number of MASE meetings conducted</li> <li>The proportion of children and young people at risk of CSE for whom the level of risk has reduced</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>Domestic Violence measures to be identified</li> <li>FGM measures to be identified</li> </ul>
<p><b>Participation and Feedback</b></p> <p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>LAC participation in reviews</li> <li>Proportion of parents involved with CP procedures who strongly agree or agree that: <ul style="list-style-type: none"> <li>The quality of work with their family was satisfactory</li> <li>The social worker shared their report at least three days prior to the conference</li> <li>They understand why there are concerns about their child(ren)</li> <li>The chair of the conference explained what was going to happen</li> <li>They were given the opportunity to give their views at the conference</li> <li>They are clear about what needs to change / happen for the plan to be ended</li> </ul> </li> <li>Partner agency participation at CP conferences.</li> </ul>	<p><b>Youth Offending Team</b></p> <p><b>Quantitative Measures:</b> <i>A range of indicators are reported in the quarterly YOT report.</i></p> <ul style="list-style-type: none"> <li>Number of YOT interventions starting</li> <li>Number of Community Resolutions</li> <li>Number of Youth Cautions</li> <li>Number of Youth Conditional Cautions</li> <li>Number of Remand episode decisions</li> <li>Number of Remand episode decisions recorded as court ordered Secure Remand or Remand in Custody</li> <li>Percentage of Young Offenders in Employment, Training or Education</li> </ul>
<p><b>Wolverhampton Safeguarding Children Board</b></p> <p><b>Quantitative Measures:</b></p> <ul style="list-style-type: none"> <li>Partner attendance at WSCB and associated sub-committees</li> </ul> <p><b>Future Measures</b> (when data becomes available):</p> <ul style="list-style-type: none"> <li>Measures to be developed around the Board's work programme and progress around it.</li> </ul>	




## Section 3: Behaviours and Guiding Principles


Core Behaviour	Guiding Principle	What this means for managers	What this means front line employees
Inspire trust and confidence – <i>Be open</i>	Work creatively and innovatively with families, listening and responding to new ideas and information	I listen and respond to new ideas and information and am innovative, creative and resourceful in overcoming challenges	I respond well to new ideas and am creative in my approach to supporting the families I work with
	The Workforce are reflective and open-minded in their approach with a self-awareness that supports improvement	I am flexible and open-minded and value the contribution of those I work with. I role model a reflective approach to improvement and value a workforce that is self-aware and open to change.	I have a high level of emotional resilience and intelligence. I am open, self-aware and value the support of my colleagues. I am committed to being an effective practitioner
Demonstrate a can-do and tenacious attitude- <i>Be a change agent</i>	Interventions draw on evidence based practice and makes use of local knowledge to understand need	I promote the use of evidence based practice across the workforce whilst understanding how best to recognise and respond to the changing needs of families. I understand how best to use limited resources to achieve the best possible outcomes for families	I am solution focused and resourceful in my approach, with strong understanding of the evidence based practice that can best support families. I am pragmatic about what families can achieve and how I can best support them to make changes
	Focused on achieving improved outcomes for families, children and young people with shared outcomes and performance management ensure that we know that our work is safely preventing family breakdown	I am committed to improving outcomes for families. I support teams in my locality to consistently record progress and value feedback from users to help understand what works. I use this learning to improve interventions for families	I am passionate about supporting families to make changes, especially those that build resilience. I understand the importance of recording the progress made by families to evidence outcomes achieved
Encourage Teamwork – be a team player	Services work together to support families to achieve positive and sustainable outcomes to often complex problems	My team is motivated to support families to be more resilient. We work with others to build resilience and reduce demand on services.	I want the family to achieve their goals and to be able to do this without my ongoing support
	Teams and agencies work in partnership to support families to resolve issues and achieve improvements in outcomes that safely prevent family breakdown	I work with strategic partners to ensure we collaborate to support families. I have a strong relationship with other locality managers to share best practice	I work collaboratively with other agencies, supporting professionals to engage with families and take on a shared responsibility for improving family outcomes



## Section 4: Action Plan

1. Quality and Effectiveness of Practice					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
1.0  Review and refresh Wolverhampton Children's Quality Assurance Framework (QAF) in order to improve practice standards across Children Services	On 21 <sup>st</sup> July, Children & Young People Management Team approved a proposed audit process and supporting guidance and tools. The revised audit process will be piloted in August 2016 and launched September 2016.  The wider Quality Assurance Framework will be refreshed to include the use of service user forums and senior management observation of practice. The completion date for this is October 2016.	Improved interventions in Children Social Care which are informed by audit, good practice and service user voice	Louise Haughton	October 2016	
1.1  To review audit processes and the associated tools	Following an 'Auditing the Auditor' peer review in April 2016, the case file audit tool has been updated to focus on quality of practice and outcomes for children that are aligned with Ofsted descriptors. This needs further review to ensure that the tool captures the voice of those present during observations – this will be completed by October 2016 with a pilot of the new process being undertaken in August and September 2016. In addition, standard practice has been introduced to ensure follow up on all inadequate or requires improvement audits.  A self-evaluation process takes place on a quarterly basis - 20 cases are audited and	Improved quality and consistency of auditing Ensure auditing processes has an impact on case work and practice	Louise Haughton	October 2016	

	auditors include professionals from Social Care, Early Intervention and partner agencies. Includes focus groups with frontline practitioners. The findings of the self-evaluation is summarised in a report which is presented to Senior Managers and the Transforming Children's Services Board. The August process will focus on Domestic Violence.				
1.2  To ensure assessments across CYP are timely and of a good standard	<p><b>Refer to performance update report</b></p> <p>Improvements in achieving statutory 45 day timescales for assessments monitored monthly through supervision.</p> <p>Action plans developed in response to Ingson Independent File Audit – progress presented to Transforming Children's Services Board in June 2016.</p> <p>Ongoing quality assurance processes are showing an improving picture in quality of assessments, plans, analysis and management oversight.</p> <p>Revised CareFirst forms and practice processes implemented on 3<sup>rd</sup> May 2016. Ingson undertaking a review of impact in September.</p>	<p>Robust application of consent processes</p> <p>Statutory timescales for assessment and visits met</p> <p>Improved quality and timeliness of assessments, plans &amp; outcomes including analysis of information</p> <p>Clearer recording and accountability within Strategy discussions, in particular who is in attendance</p> <p>Improvement in quality and detail of child protection plans owned by core groups</p> <p>Regular/monthly supervision of all child protection cases evidenced and recorded on CareFirst</p> <p>CareFirst effectively supports consistent practice</p>	<p>Julian Cunningham Suzanne Smith Alison Hinds</p>	<p>March 2017</p>	
		Assessments and	Julian	September 2016	



1.3	<p>Ensure the voice of the child and the child's needs are clearly identified and recorded throughout the assessment process.</p>	<p><b>Refer to performance update report</b></p> <p>Ingson independent file audit and internal QA activity evidences improvements in the voice of the child throughout assessments.</p> <p>Further work required in relation to child being seen alone as part of CP/LAC visits Dip sample undertaken in June and July, outcome available in September.</p>	<p>interventions clearly recording the voice of the child.</p> <p>Increase in the percentage of children recorded as being seen alone as part of their assessment.</p>	<p>Cunningham Alison Hinds Rachel King Andrew Wolverson Suzanne Smith</p>		
1.4	<p>To embed management oversight/supervision processes and ensure reflective practice is in place</p> <p>Develop a competency based supervision model across both Adults and Children including effective reflective supervision</p>	<p>QA processes are showing an improving picture in quality of management oversight, more focus required on recording rationale</p> <p>6 x Consultant Practitioners recruited but not yet in post due to backfill process, to work across teams to improve the quality of management and practice</p> <p>Competency based supervision model policy was approved by the People Workforce Development Board on 2<sup>nd</sup> August 2016.</p>	<p>Front line managers provide effective management oversight and opportunities for reflective practice which contribute to better outcomes for children and young people.</p>	<p>Julian Cunningham Alison Hinds Rachel King Andrew Wolverson Suzanne Smith</p>	December 2016	
1.5	<p>Embed the Neglect Strategy and toolkit across the Children's Workforce</p>	<p>WSCB training re. Neglect to be rolled out along with further elements around whole family approach and working with large sibling groups in October 2016.</p> <p>As part of the Social Work Development Strategy, training is being commissioned</p>	<p>Early identification and response to neglect within families</p> <p>Frontline practitioners utilising a variety of tools to identify and respond to neglect and to</p>	<p>Louise Haughton</p>	March 2017	



	<p>in relation to neglect and large sibling groups to be delivered by December 2016 to all frontline practitioners.</p> <p>Ingson have been commissioned to undertake a case file audit relating specifically to neglect cases with a particular focus on sibling groups. This will take place in August 2016 and will further inform planned training of staff.</p>	<p>adopt a whole family approach</p> <p>Improved response to neglect across large sibling groups</p> <p>Understanding the importance of a whole family approach</p> <p>Frontline workers will be able to analyse the impact of adult behaviours on children and ensure that the needs of all individual children/young people are addressed</p> <p>Increased understanding of child development theory and the factors that may inhibit Children's development</p> <p>Frontline workers will be able to address parental non-compliance or disguised non-compliance</p>			
<p>1.6</p> <p>Ensure that the corporate transformation programme supports the delivery of improvements in Children's Services.</p>	<p>Established People ICT Steering Group to ensure corporate leadership and ownership of People Transformation Programme.</p> <p>31 Champions across CYP Services piloting mobile devices to support agile working. Early indications are that they are supporting individuals to work more efficiently and effectively. Roll-out across CYP Services planned by the end of September 2016.</p>	<p>The C3 objectives underpin and support the transformation of Children's Services</p>	<p>Emma Bennett</p>	<p>Ongoing</p>	


	<p>Working closely with the Customer Transformation Programme to ensure that where appropriate, services are migrated to City Direct in line with children's transformation programme.</p> <p>Risks associated with the pace of the Corporate Transformation Programme and how it can support the CYP Transformation Programme are identified in risk register.</p>				
<b>2. Workforce</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
2.0 Establish a stable workforce and reduce reliance on agency staff	<p><b><i>Refer to performance update report</i></b></p> <p>Children's Services Workforce Development Plan 2016/17 agreed by Children's Workforce Development Group on 10<sup>th</sup> May 2016.</p> <p>Reduction by £0.5m in agency overspend 2015/16 as a result of successful permanent recruitment</p> <p>Work required to review the recruitment and retention strategy in order to ensure that CWC is seen as an attractive employer for staff across children's services.</p>	<p>Reduced vacancies</p> <p>Reduced turnover</p> <p>Reduced changes in social worker</p> <p>Reduced spend on Agency Workers</p>	Jo Farley Louise Haughton	March 2017	          
2.1	Children's Social Work and wider workforce Development Strategy in place.	A trained and effective workforce	Louise Haughton Susan	Ongoing	


<p>To improve practice and service delivery through continuous professional development</p> <p>All staff in Children's Services have access to appropriate training and development to ensure they are skilled to fulfil their statutory duties and responsibilities</p>	<p>Principal Social Worker leading on the implementation of Restorative Practice across children's services workforce to be fully implemented by October 2017.</p> <p>Social Work Career Development Pathway currently being reviewed and re-launched.</p> <p>Children and Family training in assessment, risk analysis/outcome based planning and permanency delivered to Social Workers and Early Intervention Staff: 8 cohorts were commissioned (160 places); 6 cohorts have been delivered; cohort 7 is in progress and will be completed end September; Cohort 8 completion date is end of October All assessment elements of the training will be completed by 10<sup>th</sup> October</p> <p>Ingson have delivered 3 workshops to social care managers in May 2016. They have now been commissioned to deliver a further 6 Action Learning Sets in September 2016 with Grade 8 workers in Social Care, Early Help and Specialist Support to focus on: dealing with poor performance; defensible decision making; ensuring good management oversight; management styles; and what does good look like. Work also taking place with Grade 9's on how to work together in a more integrated way.</p>	<p>Staff feel valued and supported to progress</p> <p>Reduced staff turnover</p> <p>All professionals working with children will be well trained and supported to achieve the best possible outcomes for children and young people.</p> <p>All professionals will receive regular and effective supervision and this will be monitored through surveys and audit.</p> <p>All workers in Children's Services will be supported to work effectively with children, young people and families.</p>	Serventi		
<b>3. Early Help</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating





3.0  To implement the redesign of early intervention	<p>Early Intervention 0-18 and Specialist Support Services fully implemented and operational from August 2016</p> <p>Monthly Steering Group overseeing progress and impact</p> <p>Remaining vacancies being advertised – aim for all staff in post by September 2016</p>	<p>Children are receiving the right support at the right time through the most appropriate planning process.</p> <p>Social Care, Health and other agencies working effectively together across universal and targeted services.</p> <p>Specialist support available for families with the greatest need</p> <p>Resources allocated according to need</p>	Andrew Wolverson Rachel King	September 2016	
3.1  Redefine the targeted Early Help offer and strengthen knowledge & understanding of local needs to assist in identifying families who require targeted Early Help	<p>Clear internal pathways to access targeted support developed and approved by CYP Management Team on 26<sup>th</sup> May 2016</p> <p>Communication plan to be developed to ensure that all staff understand the revised pathways.</p> <p>Performance and Quality Framework being developed, in order to ensure a targeted approach to reduce demand and to monitor/measure service impact</p> <p>8 Strengthening Families hubs due to be fully operational by October 2016.</p> <p>Review of strategic and operational multi-agency working arrangements within localities – to be completed and implemented by the end of September</p>	<p>Effective range of early help services available, informed by and responding to the needs of children and families</p> <p>All agencies have a good understanding of the early help offer and how to access it</p> <p>Robust arrangements in place for multi-agency strategic planning and operational case management</p>	Andrew Wolverson	October 2016	



	<p>2016</p> <p>Dates set for locality conferences to take place during September and October 2016</p>				
<p>3.2</p> <p>To embed the 2 year old offer to improve outcomes for children and their families</p>	<p>Action plan in place to increase take-up rate.</p> <p>% of eligible children starting has increased significantly after implementing new processes of following up on applications. Strengthening Families workers follow up parents as well as Universal Services Practitioners.</p> <p>Currently at 71% take up against a target of 70%. The application process has been evaluated, tested and developed according to feedback, discussions with regional consultant from DfE and robust intelligence gathering developed through the online form.</p> <p>Increase in take-up supported by targeted outreach; marketing tailored to the needs of individual communities; and an understanding of the needs of the community being developed within the service.</p>	<p>Schools aware of the offer and working to actively promote to eligible families</p> <p>A minimum of 70% take up of the 2 year offer</p> <p>Increased access to early education, improving school readiness</p> <p>Better outcomes for disadvantaged children and families</p>	Andrew Wolverson	July 2016	
<p>3.3</p> <p>Improve universal contact with families</p>	<p>Agreement reached with Royal Wolverhampton Trust (RWT) to progress a plan for a single record. RWT currently</p>	<p>Children and families who need help and support are identified at the earliest</p>	Andrew Wolverson	December 2016	




through integration of health professionals and the development of a single record	<p>leading on identifying ICT to support this.</p> <p>Healthy School Programme - recommissioning of Health Visitors and School Nurses. 2 Stakeholder Engagement Workshops held 15<sup>th</sup> and 16<sup>th</sup> June 2016 to inform the model. Formal consultation on the proposed model in July. £5m contract out to tender in November, contract to be awarded in March 2017 and new service implemented in August 2017.</p> <p>Early Years Strategy Group established and specifically focusing on: parental engagement; workforce development; good maternal mental health; and high quality education. Early Years Strategy and Action Plans to be developed by the end of October 2016.</p>	<p>opportunity</p> <p>Children and families receive the right support at the right time</p> <p>Increase in children ready for school by the age of 5 leading to improved educational outcome and overall outcomes</p>			
<p>3.4</p> <p>To embed the use of the outcome star assessment in order to evidence distance travelled and outcomes for families.</p>	<p><b><i>Refer to performance update report</i></b></p> <p>All staff within the Early Intervention Service are trained in the use of outcome star.</p> <p>In response to evaluation of data a number of support sessions were held for all Strengthening Families workers/managers in May/June covering aspects of effective challenge and case management processes to enable baseline score to be accurately reflected.</p>	<p>All open cases will have an outcome star</p> <p>Demonstrating distance travelled</p> <p>Average starting point is at the expected level of 4</p> <p>Ensure support is targeted at the right families</p>	Andrew Wolverson	Ongoing	

	<p>Since the training, early indications are that the tool is being used more effectively, demonstrating a change in the workers challenge of families and more effective management oversight.</p> <p>Outcomes star continues to be a priority when auditing files to ensure assessment of family needs are accurately reflected in the scaling and early help assessment.</p>				
<b>4. Children in Need of Help and Protection</b>					
Action	Progress	Success measure	Lead	Timescales	RAG Rating
<p>4.0</p> <p>To ensure that the Multi-Agency Safeguarding Hub (MASH) is providing an efficient and effective front door for early help and safeguarding and to further develop the MASH to include vulnerable adults</p>	<p>All agencies other than one professional from Black Country Partnership Foundation Trust now co-located – due to be in post by September. Positive feedback from CQC regarding health input into MASH.</p> <p>Introduction of Multi-Agency Enquiry Team leading to improved timeliness of Child Protection Enquiries. Recent dip sampling has identified some areas for improvement in terms of Section 47.</p> <p>Continued review of how the MASH operates and the development of an Improvement Plan to be approved by the MASH Board in September 2016.</p> <p>Fortnightly dip sampling continues to demonstrate general improvements in practice. More work required on the recording of risks within Guardian and the quality of referrals.</p>	<p>Timely and effective response to safeguarding referrals.</p> <p>Reduction in repeat referrals.</p> <p>Children, young people and vulnerable adults are effectively safeguarded.</p> <p>Improved multi-agency working on safeguarding referrals and following the introduction of adults, improved family approach to safeguarding</p>	<p>Julian Cunningham Jayne McNulty</p>	<p>September 2016</p>	


	<p>Social Worker from Children Disability Team is now co-located in the MASH to provide advice on disability issues and to respond to referrals.</p> <p>Adult Social Care Team due to be co-located 22<sup>nd</sup> August with a go live date 29<sup>th</sup> August. Discussions continue with Health and Police regarding their role in the Adult MASH.</p> <p>Interim MASH Service Manager in place, interviews for permanent post mid-Sept.</p>				
<p>4.1</p> <p>Ensure CIN plans are SMART, outcome focused and are regularly reviewed.</p>	<p>Ongoing work supported by Social Worker Development Training and the Quality Assurance Framework, including auditing and self-evaluation processes</p> <p>Review of CareFirst exemplars has amended the plan template to support more outcome focused care plans, this was implemented on 3rd May 2016 and impact will be reviewed by Ingson in September 2016.</p> <p>Ingson commissioned to undertake a review of CiN plans as part of Neglect audit – to take place end of August 2016. This will be a continuation of an in-house dip sample process that is currently taking place to ensure CiN cases are at the correct threshold. Focus will be on accuracy of recording; voice of the child; and whether they are appropriately managed by a Care Plan, prioritising the case management of sibling groups.</p>	<p>CiN Plans support the safety and improved outcomes for children and young people</p>	<p>Julian Cunningham</p>	<p>September 2016</p>	


	Audit currently taking place of families that are being referred for Intensive Family Support to ensure cases are at the correct threshold.				
4.2 Implement the 'Improving Public Law Performance' action plan.	<p>Action plan embedded which is monitored through senior Management oversight.</p> <p>Improvement in adhering to the 26 week timescale for care proceedings. 80% concluded within 26 weeks as of June 2016. Earlier use of PLO pre-proceedings process being tracked.</p> <p>Monthly meetings take place with Legal Services to review all current court cases including those at risk of exceeding statutory timescales. This will be extended to include reviewing all cases subject to PLO.</p> <p>IROs and SWUMs to monitor early consideration of PLO at quarterly meetings.</p> <p>Electronic ledger in place to track all cases in public law proceedings. This has now been extended to include pre-proceedings work and adoptions and Special Guardianship Orders.</p> <p>DCS sits on Regional Inner Board and Service Director is co-chair of Family Justice Board.</p> <p>Senior Managers attend quarterly meetings with Judge Hughes and CAFCASS to progress improvement in</p>	<p>Improved quality and timeliness of pre-proceedings work in accordance with the 26 week timescale.</p> <p>More effective and timely use of PLOs</p>	Julian Cunningham	Ongoing	


	this area. Next meeting is on 23 <sup>rd</sup> August 2016.				
4.3  To work with other authorities in the region to consider delivering a joined up emergency duty system.	Progress has been made regarding the decision to combine services that will deliver an Emergency Duty Service across the Black Country. A decision was made within the Association of Black Country Authorities that a shared Emergency Duty system across the Black Country would be progressed. The agreement has been reached that this will be a tripartite system between Sandwell, Dudley and Wolverhampton. Walsall has opted out of the arrangement. It is proposed that the new service will be implemented between now and 1st April 2017 which will be the go live date.	Effective and resilient Emergency Duty Service across the Black Country  Robust out of hours response to safeguarding/CP concerns  Children and young people are effectively safeguarded at all times	June Pickersgill	April 2017	
4.4  Ensure targeted, intensive and evidence based support is available to ensure children and young people remain safely at home.	Specialist Support Service fully implemented August 2016.  Framework for therapeutic services has been developed and a local policy to support the process to access services has been agreed.  Intensive Family Support providing out of hours support to Emergency Duty Team leading to crisis work reducing the likelihood of family breakdown.  Upper Pendeford Farm providing an effective short breaks centre to YP on the edge of care age 10 and over – since	Reduction in LAC  Children and families are supported to stay safely together  Improved outcomes for children and young people	Rachel King	December 2016	


	<p>April 2016, they have provided 28 short breaks and supported 21 young people - actions in place to increase occupancy rate and use for 'planned' short breaks.</p> <p>Revising the short break plan paperwork in order to align with care planning.</p>				
<b>5. Looked After Children</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
<p>5.0</p> <p>Continue to safely reduce numbers of LAC to ensure the right children are in care at the right time</p>	<p>LAC reduced from 778 2014/15 to 638 as at 8<sup>th</sup> August 2016. The target for 2016/17 is between 550 and 580</p> <p>Robust tracking process in place</p> <p>Effective admission to care panel in operation</p>	<p>Reduction in LAC</p> <p>Improved outcomes for vulnerable children &amp; young people</p>	Alison Hinds	April 2017	
<p>5.1</p> <p>Increase response rate and participation in the Strengths and Difficulties Questionnaires.</p>	<p>Process in place to ensure that SDQ will always be completed in advance of all Review Health Assessments which will be considered as part of the assessment.</p> <p>In response to older young people, work will take place with the LAC Nurse regarding attending LAC transition weekly drop in sessions</p>	<p>Increased response rate</p> <p>Comprehensive understanding of LAC emotional health and wellbeing needs to assist in the transition process</p>	Alison Hinds	September 2016	
<p>5.2</p> <p>Challenging and supporting schools to provide the best</p>	<p>2016 end of Key Stage 1 &amp; 2 results - LAC in Wolverhampton schools have outperformed all pupils in several areas - % of eligible LAC (in care for 1 year+) in Wolverhampton schools who achieved</p>	<p>Wolverhampton Schools will outperform national averages across key stages</p> <p>Looked After Children achieve</p>	Darren Martindale	Ongoing	






education for children and young people	<p>the age-related expected level in teacher assessments in summer 2016:</p> <p><b>Key Stage 2</b>  63% in reading – the same % as for all pupils in Wolverhampton  81% in writing – <u>7% higher than all pupils in Wolverhampton</u>  69% in maths – the same as all pupils in Wolverhampton  63% in reading, writing &amp; maths – <u>11% higher than all Wolverhampton pupils and 10% higher than the national figure for all pupils</u>  (science was also 69%, science % for all pupils are not available)</p> <p><b>Key Stage 1:</b>  46% in reading  46% in writing  77% in maths – <u>6% higher than all pupil in Wolverhampton</u>  38% in reading, writing and maths  (77% in science, science % for all pupils not available)</p> <p>2015/16 outturn for PEP completion – 90%. Early Years Foundation Stage PEP in place with 43% completion rate at July 2016.</p>	their full potential			
5.3  Targeted support to raise attainment in key stage 4 and training for	<p>KS4 performance in 2015 well above national average – 20% achieving 5+ good GCSEs including Maths &amp; English – compared to 14% regionally and nationally. KS4 results for LAC have been</p>	<p>Improved Educational Attainment</p> <p>Parents and Carers equipped to support their child/young person in their learning</p>	Alison Hinds	Ongoing	

carers to support children reaching their academic potential	<p>above national average for 3 years. 2016 KS4 results not yet available.</p> <p>Year 12/13 cohort have been more closely tracked and supported in 2015/16, with the following outcomes:</p> <p>Eligible LAC currently in employment, education or training (EET) – 90% excluding Not Available to the Labour Market (NALM) (89% including NALM).</p> <p>Year 12/13 Care Leavers currently in EET – 67% excluding NALM.</p> <p>National data for eligible LAC not yet known but EET retention has been very good.</p> <p>Closer monitoring of progress is leading to a greater understanding of the needs and challenges facing young people who are NEET and identification of more flexible &amp; creative EET pathways for them, such as traineeships.</p> <p>82% of LAC in year 12/13 have an up-to-date PEP, at end of June 2016.</p>				
5.4 Improve school attendance	Persistent absence (the outcome reported to DfE) is improving for LAC – 3.7% in 2014/15, 5% in 2013/14, 5.6% in 2012/13. This figure was also above national and regional average in 2015 (national was 4.9%).	<p>Improved school attendance</p> <p>Improved Educational Attainment</p>	Alison Hinds	Ongoing	



	2016 – average attendance of Out of City LAC was 96% in January 2016. Updated figures and in-city attendance % currently being collated.				
5.5  To review and refresh the sufficiency strategy in order to ensure sufficient placements for LAC and care leavers	<p>The current sufficiency strategy is now in its final year of implementation and has to date made significant progress in meeting a number of its objectives:</p> <p>At the end March 2016, the number of LAC in residential placements has reduced by 35% compared to the end of March 2014. This has contributed to an increased proportion of looked after children being placed in family settings. Also there has been an increase in the number of internal foster carers available to provide placements</p> <p>Regional and sub-regional framework agreements for residential and foster care have been reviewed and renewed.</p> <p>The Sufficiency Strategy Implementation Plan has recently been extended to include Edge of Care services.</p> <p>New services have been commissioned to support both prevention of admission to care e.g. the establishment of a short break residential service and to promote placement stability e.g. the introduction Safe Haven which is a specialist intensive support service to work with young people who have complex needs in order to avoid placement breakdown, achieve</p>	<p>Increased proportion of LAC being placed in family settings</p> <p>Improved outcomes for LAC</p> <p>More cost effective approach to providing placements</p>	Alison Hinds	March 2017	

	<p>permanence and help them in transition to adulthood.</p> <p>Work is currently underway to refresh the Sufficiency Strategy for the next three years. A programme of work, which has an increased emphasis on engaging service users is currently being implemented with the aim of having the new strategy signed off and in place by April 2017.</p>				
<p>5.6</p> <p>Increasing internal foster carers and specialist foster carers to increase placement numbers and stability</p>	<p>242 children in Local Authority and Connected Persons placements (57 Connected Persons and 185 mainstream fostering placements).</p> <p>To date there are 252 children in IFA placements compared to 264 in April 2016 with a reduction of 12 children.</p> <p>Family and Friends and in-house foster care placements - monthly permanency clinics in place to consider the options of permanency planning (Connected Person/SGO/Adoption)</p> <p>Target for 2016/17 – 30 newly approved foster carers.</p> <p>Jointly with Coram/BAAF a pilot Fostering Activity Day will be held on 3 December 2016.</p> <p>Working with iMPower to explore opportunities for further improvement and</p>	<p>Increased placement numbers and stability for children leading to improved outcomes</p> <p>Reduced spend on external foster placements</p>	Alison Hinds	April 2017	


	transformation within fostering.  Recruitment of specialist fostering under review.				
5.7  Increase awareness and reporting of private fostering	Extensive marketing and awareness raising campaign/programme has been rolled out both internally across the council and externally with partners and the public, with rebranding of materials. Monitoring of enquiries is taking place to evaluate effectiveness. This has not yet led to an increase  Marketing Plan to be reviewed to ensure a targeted approach  Refreshed focus through the WSCB as agreed at their Board Away Day at the end of April 2016	Children and young people are safeguarded	Alison Hinds	Ongoing	
5.8  To ensure CWC and partners engage effectively in their corporate parenting responsibilities	Strategic Corporate Parenting Group meeting quarterly with membership from across the Council and partners  Care leavers and Looked After children now feature in the council delivery of work experience, traineeships, apprenticeships and internships. Packages of support are being developed for manager and educators to support young people.  A web page has been developed and launched specifically for Looked after Children and Care leavers. This enables children and young people in care to	Improved and focused services for looked after children	Alison Hinds	April 2016	



	<p>access information about targeted services and universal services. It is being used as a helpful medium of communication for looked after children and contains hyper links to other useful sites.</p> <p>A mandatory e-learning module will be launched in September 2017 for all council employees, including Councillors, to understand the support they can offer to Looked after Children and Care Leavers as Corporate Parents. Access to this module will also form part of the induction for new employees and can be accessed by partner agencies. Completion of the module will be monitored.</p> <p>All Council employees are actively encouraged to attend the Total Respect Training delivered by Wolverhampton LAC population.</p> <p>Business case progressing to exempt all care leavers from paying Council Tax. Going to Cabinet Resources Panel for approval in October 2016.</p>				
<p>5.9</p> <p>To increase the number of applications for Special Guardianship</p>	<p>2015/16 – 24 SGOs - 12 of those were LAC .</p> <p>Target - 2016/2017 - 25 Connected/SGO carers</p>	Improved stability and outcomes through permanency	Alison Hinds	March 2017	


(SGO)	<p>Action plan approved by CYP Management Team 23<sup>rd</sup> June 2016 focusing on increasing numbers and working group has been established to drive activity.</p> <p>Family meetings policy agreed - will take place within 10 days of a referral to Early Intervention and/or Social Care. Facilitated by the Allocated Worker to bring the family and their extended family together to provide an early understanding of the assets and resilience that the family has.</p> <p>SGO workshops took place on 12<sup>th</sup> and 15th July 2016 aimed at Social Care staff.</p> <p>SGO module to be delivered as part of ASYE programme.</p> <p>Monthly surgeries to discuss practice and specific cases to be held by SGO worker at Priory Green and Beldray.</p> <p>Attendance at all team meetings in CIN/CP and LAC and IRO service by Family and Friends team.</p> <p>SGO leaflets and written information updated and SGO to be discussed in all viability assessments.</p> <p>Improvements in practice and timeliness to be monitored via Fostering Panel.</p>				
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5.10 To reduce the number of placements with parent arrangements	<p>LAC progress plan actively being delivered:</p> <p>53 discharged in 2015/16 8 discharged so far in 2016/17</p> <p>As of July 2016, there are 46 currently placed at home, this includes 8 since April 2016 that have moved from foster care to being placed back at home and 4 that are placed with parents on ICO's</p> <p>17 planned revocations by September 2016.</p> <p>All placements with parents are subject to revocation plans from the outset</p>	Reduced number of placements with parents	Alison Hinds	September 2016	
<b>6. Adoption</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
6.0 To actively support the development of the Regional Adoption Agency (RAA)	<p>Phase one of RAA development completed. Transition plan and financial plan submitted</p> <p>DfE are assessing submissions for phase two and outcome of this is pending. A preferred delivery vehicle has been agreed by DCS's. Communication Strategy has been developed. Work is ongoing on the financial modelling and service design. Meeting to update DCS's will take place on 23 September 2016.</p> <p>Report going to Cabinet in November seeking approval for the delivery model</p>	<p>RAA established</p> <p>Increase in pool of adopters and greater choice</p> <p>Increase in children adopted in line with DfE targets</p> <p>Enhanced offer of adoption support</p>	Emma Bennett	Soft Launch July 2017	






	and financial commitment.				
<p>6.1</p> <p>Continue to improve timeliness of placing children for adoption and focusing on those harder to adopt</p>	<p><b>Refer to performance update report</b></p> <p>Action plan in place which is driving improvement in timeliness and assessment of adopters.</p> <p>Last year the adoption recruitment team approved 18 adopters.</p> <p>Recent scorecard supports improvement including:</p> <p>12 adoptions YTD 2016/17 62 adoptions 2015/16 increase from 52 2014/15</p> <p><b>A1 Indicator –</b> 630 days YTD 2016/17 for period 01/04/2014-31/03/2017 734 days (decrease of 138 days from 2011-2014) against a target of 487 days (247 days over target)</p> <p><b>A2 Indicator –</b> 243 days YTD 2016/17 for period 01/04/2014-31/03/2017 263 days (decrease of 31 days from 2011-2014) against a target of 121 days (142 days over target)</p> <p>The proportion of children adopted or waiting to be adopted that have passed the A3 indicator has increased, despite the target number of days for the indicator reducing year on year Target Recruitment of adopters for</p>	<p>Increase in adopters/adoptions</p> <p>Pro-active approach to permanency</p>	Alison Hinds	Ongoing	



	<p>2016/2017 = 30.</p> <p>To date by August 2016 there are 12 approved adopters.</p> <p>2 approved Inter Country Adoption last year and there are 6 cases in the process of approval/placement.</p> <p>There are 7 Step-Parent adoptions outstanding.</p> <p>There were 8 Foster carers who adopted children in their care and 4 Foster 2 Adopt/concurrency placements.</p>				
<p>6.2</p> <p>To review and develop adoption support packages to continue to provide a responsive service to children pre and post adoption order.</p>	<p>16 Adoption Support Assessments – as at August 2016</p> <p>10 Applications to the Adoption Support Fund – as at August 2016</p> <p>1 adoption breakdown in 2015/16 at introduction stage. No breakdowns to date (August) in 2016/17</p>	<p>Children who are being/have been adopted have a positive experience</p> <p>Adopters receive the support they need to successfully care for their children/young people</p> <p>Low adoption breakdown rates</p>	Alison Hinds	Ongoing	
<b>7. Care Leavers</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
<p>7.0</p> <p>To implement and embed New Belongings</p>	<p>Second annual Care Leavers' Survey has been completed. Feedback has contributed to the development of the service which is underpinned by the New</p>	<p>Young people actively inform/influence service delivery/development</p>	Alison Hinds	March 2017	



National Initiative in order to understand the young person's views to inform service delivery.	<p>Belongings action plan 2016/2017.</p> <p>The Care Leavers' Charter has been approved by Cabinet. Leaflets have been produced and will be distributed in the care leavers packs.</p> <p>LAC Transition will be the first service to pilot MOMO, a mobile app whereby young people can communicate with their IRO, Social Worker and YPA.</p> <p>A draft care leaver pack has been created these will be sent out in September 2016 once all leaflets have been reprinted.</p> <p>LAC Transitions have been piloting the Outcome Star tool as a support mechanism, this is still work in progress and work on going to understand use and impact.</p> <p>Getting Ready for Adult Life Training is now mandatory for all foster carers, training to also focus on staying put.</p> <p>Three bespoke traineeships have been offered with support through the council with Wolverhampton College course and work placements secured.</p> <p>An EET key worker post has been recruited through the Youth Employment Initiative grant, this post will be shared between LAC Transitions and YOT.</p>				
7.1	A rolling programme of training for foster	Young people have access to appropriate housing and	Alison Hinds	September 2016	

Ensure suitable accommodation is available in accordance with needs of the young person	<p>carers has been developed to support them in enabling young people to establish independent living skills during their time in foster care. This has improved readiness for independence which will be measured via the outcome star and monitored via young people's pathway plans</p> <p>Expansion of service to 30 LAC Transition flats including one training flat and two crash pads.</p> <p>12 housing support workers approved including 1 senior housing worker.</p> <p>Service provision extended to 8am – 8pm Monday to Friday and 10am – 5pm on Saturday and Sunday.</p>	<p>sustain successful tenancies</p> <p>Increase in Foster Carer knowledge in terms of supporting YP for independence and increase in staying put provision</p>			
<p>7.2</p> <p>Improve the quality and timeliness of pathway plans and statutory visits.</p>	<p>Pathway Plan dip sample completed in April 2016,</p> <p>Assessing and managing risk in adolescence training is planned.</p> <p>Dip sampling and file audits continue within the service.</p> <p>Recent dip sampling for statutory visits has improved from Requires Improvement to Good overall in the last 3 months.</p>	<p>Statutory timescales met.</p> <p>Clear, SMART, outcome focused pathway plans clearly informed by the needs of the young person</p>	Alison Hinds	September 2016	
7.3	Since the introduction of the revised	Increased stability leading to improved outcomes for young	Alison Hinds	April 2017	



Effective Implementation of the Staying Put Policy.	<p>Staying Put Policy, there will be an additional 15 young people remaining with their foster carers by March 2017.</p> <p>Accommodation manager is delivering training to IRO and fostering teams.</p>	people.			
<p>7.4</p> <p>Increase the number of vulnerable 16+ engaged in education employment and training.</p>	<p>EET Co-ordinator attends PEP's for NEET young people. EET key worker to start in post on 8<sup>th</sup> August 2016 whose role will be to proactively target hard to engage NEET young people.</p> <p>NEET panel to be implemented by October 2016.</p> <p>12 LAC / care leavers are currently in higher education (HE). A further 5 are expected to enter HE in September 2016, totalling 17 LAC/care leavers in HE and maintaining positive previous performance.</p> <p>90% of eligible LAC in year 12/13 are in EET (excluding NALM – 89% including NALM).</p> <p>67% of care leavers in year 12/13 are currently in EET (excluding NALM). This is in line with national averages.</p> <p>In 2015, 74% of the year 13 cohort (both LAC and care leavers) achieved qualifications and 25% achieved A-level or equivalent. Only 13% of this cohort were NEET at December 2015.</p>	<p>Reduction in NEET</p> <p>Improved outcomes for young people</p>	Alison Hinds	Ongoing	
<b>8. All Age Disability</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG


					Rating
<p>8.0</p> <p>To develop, implement and embed a joint protocol to ensure that disabled children who are subject to child protection concerns or plans are appropriately transitioned into adult safeguarding.</p>	<p>The CP Plans for children with disabilities do consider transition and future need. Further work is required to improve transfer from children's into adult services. This will be aligned with work currently underway in relation to CSE.</p>	<p>Effective safeguarding of children with disabilities</p>	<p>Suzanne Smith</p> <p>Dawn Williams</p>	<p>December 2016</p>	  
<p>8.1</p> <p>Improve the offer for carers in response to both Children and Families Act 2014 and Care Act 2014 ensuring where appropriate they receive proportionate and timely assessments of their needs</p>	<p>An initial dashboard has been created. Work is being undertaken to develop it further. A recent audit of the records of disabled children has been undertaken. Ingson confirmed that within a 3-month period (Dec-March 2016) a significant improvement in the timeliness of assessments had been made.</p> <p>Work continues to further develop the dashboard and there is robust scrutiny of performance via supervision and individual desk tops. Timeliness continues to improve.</p> <p>A small task and finish group was established and has met twice to consider the use of the Carers Grant and to further develop the role of the Carer Support Worker. Proposed consultation sessions with parents and carers were</p>	<p>Parent/carers are supported in an outcome focused and person centred way.</p> <p>Assessments completed within statutory timescales</p>	<p>Suzanne Smith</p>	<p>December 2016</p>	



	postposed and will now be reconvened in September 2016.				
<b>9. Education</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
<p>9.0</p> <p>To ensure that young people get swift access to appropriate education provision and reduce delay between school place allocation and the date of admission</p>	<p>Monitored through the 6 weekly Children Missing Education Panel, chaired by the Strategic Director and attended by the Director of Education.</p> <p>Percentage of CME investigations that are a result of YP delayed by the admission process:</p> <p>2013/14 – 71% 2014/15 – 65% 2015/16 – 63%</p> <p>Figure as at 6<sup>th</sup> June 2016 – 43.6% A system is being developed where school admissions record the date schools are told about the admission and produce a report showing the date they go on to roll – work in progress</p>	<p>Children and young people have timely access to Education and spend minimal time outside of the education system.</p>	<p>Rachel King Bill Hague</p>	<p>Ongoing</p>	
<p>9.1</p> <p>Strengthen the expectation that LAC will be given top priority in School Admission, reduce delay in allocation of school/PRU places and alternative provision</p>	<p>Model School Policy agreed and launched at Designated Teachers Forum and School Standards Leadership Briefings in June 2016</p> <p>LAC being given top priority in Wolverhampton schools, primary-secondary transition closely supported by COPE</p> <p>Agency Joint Working Attendance</p>	<p>All LAC in an appropriate school place without drift or delay, in a school rated as good/outstanding unless there is a suitable reason to attend a school rated otherwise</p>	<p>Alison Hind</p>	<p>Ongoing</p>	



	Protocol currently being reviewed				
9.2  To strengthen safeguarding procedures to ensure children who are home educated are safeguarded appropriately	<p>Improvement Plan embedded which is monitored through senior Management oversight.</p> <p>Good progress being made. Literature for parents has been reviewed. EHE policy has been updated to ensure multi-agency meetings are held where there are safeguarding/ welfare concerns about a young person. More robust recording of EHE monitoring visits and reasons for parents opting to EHE. 262 families are in the process</p>	<p>LA has systems in place to assist with the identification of EHE pupils.</p> <p>LA has clear oversight and involvement with families who have elected for home education.</p> <p>Families welcome and engage the support of the EHE.</p> <p>Effective safeguarding of children and young people who are home educated.</p>	Rachel King	April 2017	
9.3  To reduce educational gap between LAC and their peers	<p><b>Between 2013-2015:</b></p> <ul style="list-style-type: none"> <li>• % of LAC at EYFS who were assessed as at a “good level of development” in reading, writing and numbers increased from 13% to 33%. For all Wolverhampton pupils the improvement was from 52% to 61%</li> </ul> <p><b>Between 2012 &amp; 2015:</b></p> <ul style="list-style-type: none"> <li>• At KS1, average Point Score in all core subjects improved by 1.4 points for LAC and 0.7 points for all pupils.</li> </ul> <p><b>Key Stage 2</b></p> <ul style="list-style-type: none"> <li>• At KS2, Average Point Score in all core subjects has increased by 2.4 points for LAC and by 0.6 points for all pupils.</li> </ul> <ul style="list-style-type: none"> <li>• % of LAC achieving the expected level in each core subject has increased by 9% in reading, 19% in writing and decreased</li> </ul>	<p>Improved outcomes for LAC</p> <p>Improved educational attainment of LAC</p>	Alison Hinds	Ongoing	








	<p>by 3% in maths. The improvement for all pupils was 3%, 6% and 4% respectively.</p> <ul style="list-style-type: none"> <li>• At KS4, % of LAC achieving 5+ GCSEs at grades A*-C, including English and maths, improved by 7%. The equivalent % for all pupils dropped by 5% over the same period (decrease is broadly in line with the national picture and attributable to changes in arrangements for assessment and reporting in 2014)</li> </ul>				
<p>9.4</p> <p>To sign off and embed the SEND Strategy</p>	<p>The draft SEND Strategy and implementation plan was shared with the People Leadership Team on 27<sup>th</sup> June 2016. The implementation plan was approved and a decision made that the plan would form the basis of the Self-Assessment document for the CQC/Ofsted SEND Joint Area Review.</p> <p>The Education Directorate have appointed a Head of SEND who will commence in post on 22<sup>nd</sup> August. Specific responsibilities in relation to SEND will transfer to the post holder thereafter. Governance arrangements are strengthened by this dedicated post within the Directorate. It will be expected that the post holder will work closely with all relevant internal and external partners to ensure that the SEND agenda is progressed in line with legislative and local expectations.</p>	<p>Disabled children and young people and children with additional needs get the same life chances as children who do not have a disability</p> <p>Effective local implementation of the SEND Code of Practice</p> <p>Every child and young person with special educational needs and disabilities should, where ever possible, have their needs met locally, and they should expect to receive high quality provision which promotes good health, care and educational progress and achievement.</p>	<p>Suzanne Smith</p> <p>Julian Craner</p>	<p>June 2016</p>	
<p>9.5</p>	<p>Since September 2014 we have initiated</p>	<p>All children and young people with statements of special educational or learning</p>	<p>Paul Senior</p> <p>Sandy Lisle</p>	<p>All statements converted to EHCPs by end</p>	


Implementation of the Children and Families Act (2014) requirement for development of statutory education, health and care plans (EHCP) for children and young people with high needs.	933 transfer reviews for children and young people with a Statement and 101 for young people with an LDA.  2016/17 target 444 transfer reviews for those with a statement	disability assessments (LDA) will have a transfer review to convert to an education, health and care plan (EHCP)		of March 2018.  All LDAs converted to EHCPs by end of August 2016	
<b>10. Child Sexual Exploitation/Missing, Domestic Violence and Abuse, Female Genital Mutilation</b>					
Action	Progress	Success Measure	Lead	Timescales	RAG Rating
10.0  Embedding the use of practice tools in relation to CSE	<p>The Multi-Agency Referral Form is currently being reviewed in order to ensure that agencies making a referral are sufficiently considering CSE risks for those aged 10 and over</p> <p>Training Plan for staff currently being developed to support the revised pathways/reporting processes.</p> <p>A training plan for staff has been developed and will be delivered across Children's Services in September 2016.</p> <p>CSE pathway and recording processes have been reviewed and WSCB training has been updated to reflect this review.</p> <p>The CSE Strategy has been reviewed and reflects the expectations of all professionals. A review of electronic recording processes is currently underway.</p>	Staff can identify and effectively respond to issues CSE	<p>Julian Cunningham</p> <p>Alison Hinds</p> <p>Rachel King</p> <p>Andrew Wolverson</p> <p>Suzanne Smith</p> <p>Dawn Williams</p>	December 2016	





10.1	Local Strategy has been revised, aligned against the Regional Framework and local practice/priorities	Increased referrals into MASH	Dawn Williams	November 2016	
Review the local CSE policy in line with the Regional Framework.	Interim CSE Co-ordinator in place and recruitment for permanent post taking place in November 2016	Professionals are confident in identifying and responding to CSE  Effective multi-agency support provided to children and families experiencing CSE			
10.2	COMPACT notifications are received by the Missing Co-ordinator directly from the Police. May and June saw large numbers of missing episodes however, there were fewer in July. Work is underway with the police to ensure that the new police procedure for reporting absent and missing episodes is capturing all cases that should be notified as missing.	Effective strategic and operational arrangements in place to prevent, identify and respond to CSE	Rachel King	Ongoing	
To reduce the number of children who go missing and improve responses	Carefirst system is also set up to record missing episodes for YP known to Social Care. The overall percentage of missing return interviews completed within 72 hours in July is 46%. This performance has been affected by several of the same YP going missing a number of times in close succession making it difficult to meet the statutory requirement.  Vulnerable YP team now complete the majority of missing return interviews, social workers are still doing Out of City LAC interviews over 20 miles.  Engaging LAC YP continues to be an	All missing return interviews, where possible, completed within 72 hours  Intelligence from return interviews used to inform action on identifying, preventing and responding to CSE			

	<p>issue. The LAC service has developed an action plan to address issues with LAC who go missing frequently from care. A missing pathway is being developed. When the Missing Return Officer takes up post, this will enable further development of the pathway to include communication with caseworkers when YP do not engage in the return interview process.</p>				
<p>10.3</p> <p>Improve recording and progression of actions from MASE meetings</p>	<p>Intelligence and data obtained from MASE meetings is now shared with the CSE Co-ordinator to inform the dataset and the developing Wolverhampton Problem profile.</p> <p>A review of MASE documentation has been completed and is being implemented in August 2016.</p> <p>The MASE planning process has been revised and now aligns with Care Planning processes.</p>	<p>Improved performance data</p> <p>Comprehensive picture of risk</p> <p>Evidence the reduction in risk</p> <p>Improve outcomes for CYP</p>	<p>Dawn Williams</p> <p>Rachel King</p>	<p>September 2016</p>	
<p>10.4</p> <p>Review and revise the domestic violence multi-agency screening process.</p>	<p>Review undertaken and revised governance/operating policy has been developed. An action plan has been produced in order to ensure that revised working arrangements are applied consistently and effectively.</p> <p>Revised policy and improvement plan to be presented to MASH Strategic Board on 6<sup>th</sup> September and September meeting of WSCB.</p>	<p>Improved information sharing and safeguarding of children/young people who may be subject to/living with domestic violence</p>	<p>Sara Roach</p> <p>Dawn Williams</p>	<p>September 2016</p>	



10.5	FGM Policy & Procedure now published on WSCB website. Policy formed part of inter-agency briefing sessions which took place in June 2016	Professionals are equipped and confident to identify and respond to FGM			
	Wolverhampton had the first prosecution for FGM in the country	The impact of FGM is well understood across communities and agencies	Dawn Williams	Ongoing	
<b>11. Participation and Feedback</b>					
Action	Progress	Success measure	Lead	Timescales	RAG rating
11.0	Stakeholder Group established to oversee the implementation of 'MOMO App' which is designed to increase CYP feedback and input into reviews. App is due to go live in October 2016, phased approach will be taken, starting with the Transitions Team.	Service user experience informs service development and delivery	Alison Hinds	October 2016	
11.1	Leaflet developed for children attending conferences which includes a form for them to share their views at conference.	Parents, children and professionals in Wolverhampton have greater confidence in their knowledge of safeguarding and are clearer regarding expected outcomes from professional intervention		March 2017	
	The WSCB has agreed that in September 2016 the CP Conference pilot will be rolled out across Wolverhampton, it is anticipated that this approach will increase YP participation.	Children, parents/carers and professionals are clear about the plan for children	Mandy Lee		
	Liaison currently underway with OLAs regarding the use of advocacy in Child Protection Conferences – this will inform				



	future participation strategies.	CP planning for children is informed by families and young people  Engagement in reviews will be monitored and the timeliness in which they were seen			
11.2  To embed the culture of CYP participation and feedback in order that views are heard, understood leading to improved service delivery	Feedback tools developed and distributed to CYP – information analysed and used to inform service improvement.  A participation tool was initially piloted in August 2015 and subsequently embedded. This is RAG rated to assist service users express their opinions in an accessible format that suits the individual needs of each child/young person.  The Participation Strategy was approved by SEB on 28 <sup>th</sup> June and is going to Cabinet for approval on 14 <sup>th</sup> September.  All reports for the Corporate Parenting Board are viewed by the CiCC before the board meeting to ensure the views of young people are noted and reflected in the reports.	Children and young people will be asked for their direct feedback and engaged in shaping services.  Children and young people feel valued and are actively involved in the review, improvement and development of services	Alison Hinds	March 2017	
11.3  To increase the membership and impact of the Youth Council /	The Youth Council has developed and grown since September 2015 following a successful publicity campaign. The Council is now representative of the population and includes schools, Children	There will be an effective and representative forum through which children can have an		March 2017	



Children in Care Council	<p>in Care, Care Leavers, vulnerable young people – B-safe and voluntary sector.</p> <p>A Wolverhampton Youth Voice Conference is taking place in August 2016 at Condoover.</p> <p>The next Youth Council Elections in Schools and community groups are planned for November 2016.</p> <p>A campaign for new members of the CiCC took place during April 2016 raising the membership from 7 to 13 young people, however more work is being developed to attract and recruit more female members as there are only 2 currently on the group</p>	individual and collective voice which will ensure children and young people feel valued and are actively involved in the review, improvement and development of services	Alison Hinds		
<b>12. Youth Offending Team</b>					
Action	Progress	Success measure	Lead	Timescales	RAG rating
<p>12.0</p> <p>To improve the Education, employment and training of young offenders</p>	<p>Target – 55% achieved 58% for 2015/16 Target for 2016/17 – 63%</p> <p>ETE is two of the six recommendations linked to the inspection action plan</p> <p>Virtual School Head has incorporated YOT needs into Model Schools policy and is progressing an integrated approach to the needs of YOT and LAC young people.</p>	<p>Statutory targets met for number of young offenders in EET</p> <p>Improved outcomes for young offenders</p>	Sally Nash	March 2017	


	Inspection action plan reviewed at YOT Management Board on 27 <sup>th</sup> July, RAG ratings remained the same, actions on target to deliver.				
12.1  To implement the action plan arising from the joint inspection.  YJactionplan.docx	Inspection action plan reviewed at YOT Management Board on 27 <sup>th</sup> July – RAG ratings remained the same, 3 actions are completed and the rest remain on track.	Reduction in reoffending  Reduction in offending  Improved outcomes for young offenders	Sally Nash	March 2017	
12.2  To strengthen the shared ownership of case responsibility between YOT and Social Care Staff	To develop a joint protocol and standards detailing good practice in relation to partnership working, sharing information, communication and attendance at meetings to deliver joint planning that improves outcomes for CYP	Effective case management across professionals ensuring improved outcomes for children and young people	Julian Cunningham Alison Hinds Sally Nash	March 2017	
<b>13. Wolverhampton Safeguarding Children Board</b>					
Action	Progress	Success measure	Lead	Timescales	RAG rating
13.0  To develop a robust seamless process for increasing awareness of CSE and capturing the 'impact' and 'outcome' for the child as a consequence of partnership activity.	12 month CSE specific workplan is monitored through SEMT Committee.  Monthly reporting to the CSE and Missing Operational Group (CMOG) & SEMT summarising CSE activity across the City serves to inform identification of gaps in service and quality of practice.  Wolverhampton CSE Profile is being	Increase number of front line professionals who have received training re CSE, raising awareness and leading to increased referrals re CSE and number / attendance at MACE meetings  Increased number of YP identified as at risk of CSE	SEMT Chair – Dawn Williams	December 2016	







	developed using partnership information and intelligence regarding victims, offenders and locations (including missing, trafficked and gang information).	Increased use of risk assessment tool  Wolverhampton CSE profile in place informing strategic and operational responses			
13.1 <b>Learning &amp; Development Committee</b> Ensure that WSCB understands the impact of training on practice in all partner agencies and the link with improved outcomes	A full review of the existing WSCB audit materials has been undertaken to ensure impact/outcomes are clearly evident across the partnership.  Bi-monthly reviews of the effectiveness of current multi agency evaluation processes are reported to the Committee to ensure they are as robust as possible.  Independent Chair contact with front line practitioners to include question regarding impact of training on their practice.	Reports to WSCB to provide assurance that training has a direct impact upon practice which ultimately links to improved outcomes for children, young people and families  Positive feedback relating to enhanced knowledge to inform practice is evident from course evaluation at the end of initial training and quarterly post course evaluation reviews from 25% random samples  The introduction of 'Trainer Feedback' report adds additional assurance of the quality and impact of WSCB training. This is now a standing agenda item tabled at the L&DC bi-monthly meetings	L&D Board Chair/Board Manager	March 2017	
13.2 <b>Serious Case Reviews</b> Ensure that lessons from Serious Case Reviews are effectively	Briefings relating to local, regional and national messages are planned at timely intervals throughout the year.  SCR committee is utilising a number of	The impact of training/workshops has a direct correlation to messages received from learning from SCRs to improved practice  Multi-agency learning event	Chair of SCR Committee/ Board Manager	Ongoing	




shared across the partnership	different models to ensure learning is achieved from situations where SCR threshold is met.	including lessons from DHR, SAR and SCRs undertaken in March 2016 in partnership with SWP WSAB and WSCB			
<p>13.3</p> <p><b>Law, Policy and Procedures</b></p> <p>Ensure that multi-agency policies and procedures are kept up to date, aligned with current expectations, learning from reviews, SCRs, audits and performance analysis. Ensure that learning and changes are implemented swiftly</p>	<p>WSCB has adopted a regional wide approach to policies and procedures and will be withdrawing from Tri-X policies in March 2017.</p> <p>The LPP committee ensures that the regional policies are underpinned by a Wolverhampton pathway to ensure staff are clear regarding roles, responsibilities and practice.</p> <p>The WSCB Neglect Strategy has been ratified by the WSCB and agreed rollout across individual agencies.</p>	<p>All policies and procedures should emphasise the need to evidence the impact and outcomes of interventions for children.</p> <p>Procedures are compliant with Working Together 2015</p>	Chair of LPP Committee/ Board Manager	Ongoing	
<p>13.4</p> <p><b>Communication and Engagement</b></p> <p>To ensure all learning derived from SCR, Child Deaths and Audits is effectively shared across the wider partnership, voluntary and community groups and services</p> <p>Ensure that learning from engagement with children, young people</p>	<p>Communication Directory of voluntary, community and faith groups is being established to ensure safeguarding messages can be widely communicated - Directory includes contact details of over 200 community and faith based groups – this is an ongoing piece of work.</p> <p>A Quarterly WSCB newsletter is being produced and will be disseminated across the wider partnership groups.</p> <p>Themed events scheduled to communicate safeguarding messages to the wider voluntary, community and faith groups.</p>	<p>The dissemination of regular safeguarding news across the wider partnership, voluntary, community, faith groups and adult services</p> <p>Increased awareness of safeguarding risk amongst children and young people in the city through communication with young people as advocates for safeguarding</p>	Chair of C&E Committee/ Board Manager	Ongoing	


and their families is effectively shared across the partnership	Through the Be-Safe Team, themed events have been arranged at quarterly intervals to cascade safeguarding messages to young people across the city.				
<p>13.5</p> <p><b>Quality &amp; Performance</b></p> <p>Review and revise the existing systems and processes used for the monitoring of the quality and performance of safeguarding arrangements (Section 11 Audit Tool/MACFA) to capture impact/outcomes for children accessing services irrespective of the level of need</p>	<p>Multi-agency indicators agreed and increased to capture practice arrangements across the wider Board partners, and performance interrogation commenced.</p> <p>Delivery of Q&amp;P committee activity has been reviewed and WSCB have agreed that the committee will be split to reflect both areas of focus and enable a better partnership response.</p>	Through the performance reporting and quality analysis, the experiences of the most vulnerable children can be captured through aligned performance data from all partners	ML HK	Chair of Quality Committee/ Chair of Performance Committee/ Board Manager	
<p>13.6</p> <p><b>Child Death Overview Panel</b></p> <p>To build upon the review of the CDOP process and to ensure learning from this area of the work of the Board is widely disseminated and public awareness campaigns are implemented</p>	<p>CDOP have reviewed the cross border processes to ensure accuracy of information and aligned approaches to oversight of child deaths.</p> <p>In 2016/17, the Walsall and Wolverhampton CDOP will lead on a joint public awareness campaign 'smoking during pregnancy'</p>	Lessons learnt from child deaths are communicated effectively across the partnership and where appropriate, to the community of Wolverhampton	CDOP Chair/ Board Manager	March 2017	

<p>13.7</p> <p>To consolidate the work undertaken to engage with GPs and Schools; and to establish links within the faith communities of Wolverhampton.</p>	<p>WSCB continues to receive regular updates from responsible committees and partners to ensure work does not overlap and outcomes improve.</p> <p>Improvement report from each challenged agency to be presented to Board.</p>	<p>Through the Executive Committee, hold these partnership members to account and to challenge in areas of non-compliance with Working Together 2015.</p> <p>Improved partnership working</p> <p>Good working/community relations with faith communities</p>	<p>WSCB Chair/Board Manager</p>	<p>Ongoing</p>	
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## COMPLETED ACTIONS

Action	Progress	Success Measure	Lead	Timescales	RAG Rating
Develop and Implement a single Quality Assurance Framework (QAF) which meets the needs of children in order to improve practice standards across Children Services.	<p>The Children's QAF has been updated and was circulated to all CYP staff on 29<sup>th</sup> January 2016 to share with their teams and is actively being implemented</p> <p>Outcome of regular dip sampling processes disseminated to staff and used to inform management and practice</p>	Improved interventions in Children Social Care which are informed by audit, good practice and service user voice	Dawn Williams	March 2016	
Embed a culture of self-evaluation across Children Services	Scheduled 3 monthly self-assessments with outcome being reported to Transforming Children's Services Board	Robust suite of audit tools developed and systematically used	Sean Segal	Quarterly	
To improve and develop CareFirst exemplars in order to ensure alignment to statutory guidance and good practice	<p>Practice process improvement workshops all completed</p> <p>New CareFirst exemplars went live on 3<sup>rd</sup> May 2016 - to be reviewed in September 2016</p>	CareFirst supports accurate recording and effective practice	Alison Hinds Julian Cunningham FC	May 2016	
Embed the effective management of step up and step down processes.	Revised policy circulated to all relevant staff in April 2016	<p>Children and young people are receiving the right level of support to support their safety and improve their outcomes</p> <p>Professionals are working effectively together to ensure children and young people are being supported in the most appropriate area of service and are not in the Social Care</p>	Julian Cunningham Rachel King Andrew Wolverson	May 2016	

		System for longer than necessary			
Continue to have close links with CIN/CP/ LAC/IRO services to promote opportunity for early permanence where there is no other option	Adoption SSWM attends admission to care panel and tracks children with a potential plan of adoption. Permanency oversight panel monitors progress of permanency panel from A to C panel. Early allocation family finder and family finding activities	Pro-active approach to permanency	Alison Hinds	Ongoing	
To sign off and embed the Autism Strategy	The strategy has now been written and compiled and has been presented to Cabinet and approved. A consultation session is planned for late April 2016.	<p>Children and young people with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them.</p> <p>Children and young people with autism can get a diagnosis and access support if they need it</p> <p>Children and young people with autism can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.</p>	Suzanne Smith	March 2016	
<b>Learning and Development Committee</b> Ensure that WSCB understands the impact of training on practice in all partner	<p>A full review of the existing WSCB audit materials undertaken to ensure impact/outcomes are clearly evident across the partnership.</p> <p>Bi-monthly reviews of the effectiveness of current multi agency</p>	Reports to WSCB to provide assurance that training has a direct impact upon practice which ultimately links to improved outcome for children, young people and families.	LM GM	April 2016	

agencies and the link with improved outcomes	evaluation processes are reported to the Committee to ensure they are as robust as possible. This is now embedded and is a standing item of the L&D agenda	Positive feedback relating enhanced knowledge to inform practice is evident from course evaluation at the end of initial training and post course evaluation review.			
<b>Serious Case Reviews</b> Ensure that lessons from SCR are effectively shared across the partnership	Briefings relating to local, regional and national messages are planned at timely intervals throughout the year. Conference re findings from SCR/DHR/SAR took place March 2016. Over 200 multi-agency representatives attended.	The impact of training/workshops has a direct correlation to messages received from learning from SCR's to improved practice.	CT DW GM	March 2016	

**RAG Rating:**

Significant Risk that it will not be achieved



Some risk that it may not be achieved although this may be corrected by remedial action



On target to complete on or before its target date



Completed



## Glossary

Acronym	Full Title
ASYE	Assessed and Supported Year in Employment
BAME	Black, Asian & Minority Ethnic
CAFCASS	Children and Family Court Advisory and Support Service
CDOP	Child Death Overview Panel
CiN	Children in Need
CME	Continuing Medical Education
CMOG	Children Missing Operational Group
COPE	Corporate Parenting and Education
CP	Child Protection
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CWC	City of Wolverhampton Council
CYP	Children and Young People
DASS	Director of Adult Services
DCS	Director of Children's Services
DV	Domestic Violence
EET	Education, Employment and Training
EH	Early Help
EHCP	Education, Health and Care Plan
EHE	Elective Home Education
EYFS	Early Years Foundation Stage
FGM	Female Genital Mutilation
ICT	Information and Communications Technology
IFA	Independent Fostering Agency
IRO	Independent Reviewing Office
KS	Key Stage
L&D	Learning & Development
LAC	Looked After Children
MACFA	Multi Agency Case File Audit
MASH	Multi Agency Safeguarding Hub



MOMO	Mind of my Own app
NALM	Not available to the labour market
NEET	Not in Education, Employment and Training
PEP	Personal Education Plan
PPO	Preferred Provider Organisation
QA	Quality Assurance
QAF	Quality Assurance Framework
RAA	Regional Adoption Agency
RAG	Red Amber Green
SDQ	Strengths and Difficulties Questionnaire
SEMT	Sexual Exploitation, Missing and Trafficked
SEND	Special Educational Needs and Disabilities
SGO	Special Guardianship Order
SWUM	Social Work Unit Managers
VSH	Virtual School Headteacher
WSCB	Wolverhampton Safeguarding Children Board
YOT	Youth Offending Team
YP	Young People
YPA	Young People Adviser

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# **Wolverhampton Children's Services Improvement Plan 2016**

## **Performance Framework**

Update - September 2016  
(data is July 2016)

Page 14

Report produced by:

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Business Intelligence Manager  
Insight and Performance Team  
City of Wolverhampton Council

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## Background and Purpose

The purpose of this report is to support and provide evidence for the improvement plan which has been developed and is being implemented in Children's Services at the City of Wolverhampton Council.

The indicators have been identified as those which will provide evidence for the areas of improvement outlined in the plan and will evidence whether performance is improving. While this report can be used as a standalone document it is not a comprehensive report of all children's services activity and performance, as it is only in relation to the areas highlighted in the improvement plan.

To fully understand where improvements are being made in the service the report should be used alongside the improvement plan which outlines the projects and activities that are being undertaken to improve performance in more detail.

Some areas of this report remain under development and the report will continue to be developed in an iterative way to ensure that it fully continues to reflect and evidence the required improvements outlined in the main plan.

In this iteration of the report, the majority of the data is as at the end of July 2016 unless otherwise stated.

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**Quality Assurance and Audit Processes**

The intention is to include the following information in this section:

**Number of thematic case audits undertaken**

**Number of cases dip sampled**

**Outcome of quarterly self evaluation**

**Outcome of dip sampling and quarterly evaluation process**

Some work needs to be done to work out the best way of reporting this and to link the auditing process with the quantitative reporting process. Separate analysis of the outcome of dip sampling reports is available via the audit reports.

Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
<b>Initial Child Protection conferences held within 15 days of the Section 47</b>	WM - 71.1% Stat N - 74.7% Eng - 74.7%	90.1%	97.8%	97.9%	91%		↘ High is better
<b>% Visits carried out on time, in line with the child protection plan</b> <i>** Latest result is calculated as children with a current CP plan who has had all of their visits on time in the year. Previous years results and comparators are all children subject to CP during the year who have had visits done on time - the two will be aligned.</i>	Stat N - 76.5% Eng - 63.7%	33.5%	17.7%	25%	38%		↗ High is better
<b>% of children seen alone as part of their visit</b> - this is not currently measured as standard in performance reporting but will be set up in future. This is not measured nationally but is part of stat returns	N/A	N/A	N/A	56.7% (from Annex A lists)	52.8% (from Annex A lists)		↘ High is better
<b>Single Assessments completed within 45 working days</b>	WM - 74.9% Stat N - 81.5% Eng - 81.5%	83.1%	67.0%	71.2%	89.40%		↗ High is better
<b>Participation of children in LAC reviews</b>	N/A	N/A	98%	93%	93%		→ High is better
<b>% children seen as part of their assessment</b> - this is not currently measured as standard in performance reporting but will be set up in future. This is not measured nationally but is part of stat returns	N/A	N/A	N/A	72.3% (from Annex A lists)	Not Yet Available		High is better

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<b>% children seen alone as part of their assessment</b> - <i>this is not currently measured as standard but will be set up in future. This is not measured nationally but is part of stat returns</i>	N/A	N/A	N/A	N/A	Not Yet Available		High is better
<b>Analysis</b>							
<p>The majority of ICPC's that have not been held within 15 days of the section 47 are due to section 47 assessments or strategy discussions not being recorded on CareFirst. The list of these have been sent to teams for checking and correction.</p> <p>Although the proportion of visits carried out on time, in line with the child protection plan is lower than expected, the proportion of current children subject to a CP Plan who have all of their visits up to date is 97% with 77% of visits being carried out on time in the past 12 months. If a child has just one visit in the year that is out of time, then it will class as a fail for this indicator.</p> <p>Proportion of assessments completed within 45 working days is improving, however, needs to improve further. With the introduction of the new forms, this indicator will be measured using different time scales - this is in development.</p>							

## Workforce

Workforce statistics are produced separately - currently this is focussed on social workers as part of the Ofsted preparation, however, this will be expanded to include the whole of the children's services workforce. There is statistical comparator data for some of this area which will be included.

Work is ongoing in this area.

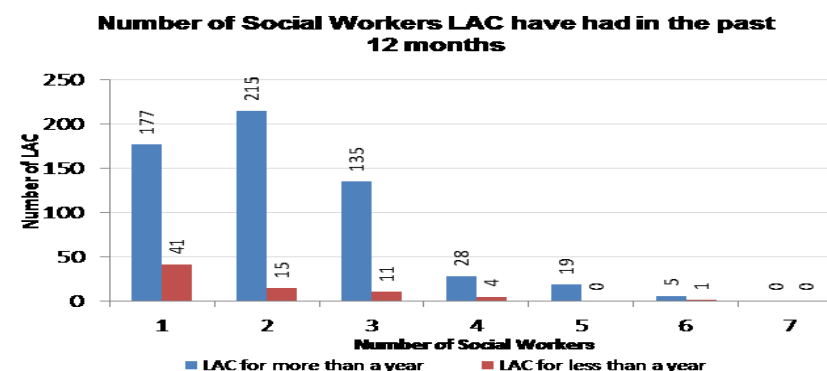
The outcome and analysis of the social work health survey will also be linked to here.

## Supporting Measures

### Percentage of Looked After Children with three or more social workers in the past 12 months

32% of young people who have been looked after for more than a year and 22% who have been looked after for less than a year have had 3 or more social workers in the past 12 months

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Early Help																																																																													
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory																																																																						
Number of Early Help Assessments per 10,000 population - this is not measured nationally. It is in the regional data set, but not enough councils report data to make comparator information reliable.	N/A	N/A	187 per 10,000 (1110)	416 per 10,000 (2401)	423 per 10,000 (2462)		⬆️ High is better																																																																						
<div><div>Proportion of Early Help Assessments opened by agency</div><div><p>Number of EHA's Opened</p><table><thead><tr><th>Quarter</th><th>Early Help 0-5</th><th>Early Help 5-18</th><th>Schools</th><th>MASH</th><th>Other</th><th>Total</th></tr></thead><tbody><tr><td>Q1 2014/15</td><td>5</td><td>8</td><td>45</td><td>2</td><td>3</td><td>15</td></tr><tr><td>Q1 2014/15</td><td>147</td><td>34</td><td>76</td><td>2</td><td>3</td><td>228</td></tr><tr><td>Q1 2014/15</td><td>328</td><td>44</td><td>107</td><td>2</td><td>3</td><td>438</td></tr><tr><td>Q1 2014/15</td><td>288</td><td>44</td><td>107</td><td>2</td><td>3</td><td>443</td></tr><tr><td>Q1 2015/16</td><td>253</td><td>62</td><td>189</td><td>2</td><td>3</td><td>514</td></tr><tr><td>Q2 2015/16</td><td>389</td><td>69</td><td>274</td><td>2</td><td>3</td><td>734</td></tr><tr><td>Q3 2015/16</td><td>370</td><td>67</td><td>278</td><td>2</td><td>3</td><td>735</td></tr><tr><td>Q4 2015/16</td><td>334</td><td>60</td><td>289</td><td>2</td><td>3</td><td>687</td></tr><tr><td>Q1 2016/17</td><td>277</td><td>49</td><td>244</td><td>2</td><td>3</td><td>575</td></tr></tbody></table></div></div>								Quarter	Early Help 0-5	Early Help 5-18	Schools	MASH	Other	Total	Q1 2014/15	5	8	45	2	3	15	Q1 2014/15	147	34	76	2	3	228	Q1 2014/15	328	44	107	2	3	438	Q1 2014/15	288	44	107	2	3	443	Q1 2015/16	253	62	189	2	3	514	Q2 2015/16	389	69	274	2	3	734	Q3 2015/16	370	67	278	2	3	735	Q4 2015/16	334	60	289	2	3	687	Q1 2016/17	277	49	244	2	3	575
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Number of children taking up Terrific for Two's funding	N/A	N/A	1109 (58.4%)	1161 (61.2%)	1242 (69.5%)		⬆️ High is better																																																																						
The percentage of families with an improved outcome following early help intervention (Outcome Star)	N/A	N/A	N/A	TBC	77% (May)		⬆️ High is better																																																																						
Proportion of cases that have stepped up to Social Care from Early Help	Not yet available - this will become available when the new Early Help system is implemented at the end of September																																																																												
Proportion of cases that have stepped down from Social Care to Early Help	Not yet available - this will become available when the new Early Help system is implemented at the end of September																																																																												
Analysis																																																																													
Additional early help data can be found in the summary report prepared for the Early Help implementation group. More detailed information relating to Early Help will be available following implementation on the new Eclipse system for recording early help assessments.																																																																													
Performance for Early Help is generally improving - the number of open Early Help Assessments continues to increase, as does the number of children who are taking up Terrific for Two's funding.																																																																													

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Children in Need of Help & Protection							
MASH Qualitative Audit Processes							
MASH dip sampling takes place on a fortnightly basis and involves looking at a series of cases dealt with by the MASH in the previous 2 weeks and checking for accuracy against a number of measures. It is intended that a summary of issues will be reported here in future, however for the time being, details of the qualitative audit process and it's findings can be found in the relevant reports. Quantitative indicators regarding the MASH can also be found in the MASH reports e.g.							
• Number of enquiries • Repeat enquiries • Initial RAG ratings, Final RAG ratings and outcomes • Risks and Toxicity (inc toxic trio) • Timeliness of response							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
Number and rate of referrals per 10,000 population	WM - 613.4 Stat N - 813.8 Eng - 548.3	648.7 (3641)	639.6 (3636)	689.4 (4010)	776.9 (4519)		↗
Number and rate of Children in Need per 10,000 population - exc LAC and CP (no comparator data available)	N/A	220.5 (1243)	303.0 (1749)	244.3 (1421)	193.4 (1125)		↘ Low is better
Number and rate of Children in Need per 10,000 population - inc LAC and CP	WM - 368.6 Stat N - 413.3 Eng - 337.3	398.3 (2248)	488.6 (2817)	382.7 (2226)	338.5 (1969)		↘ Low is better
Number of Strategy discussions / section 47 enquiries per 10,000 population	WM - 157.7 Stat N - 207.7 Eng - 138.2	140.8 (795)	177.8 (1025)	186.7 (1086)	233.2 (1217)		↗
Proportion of section 47 enquiries that led to an ICPC - this is not a national indicator - it is reported as part of the regional data set	WM Q4 - 36.7%	N/A	N/A	33.2%	27.4%		↘
Number and rate of children subject of a child protection per 10,000 population	WM - 45.9 Stat N - 56.4 Eng - 42.9	41.8 (236)	50.3 (290)	26.1 (152)	35.1 (204)		↘ Low is better
Proportion of children that are the subject of a child protection plan for a second or subsequent time - Latest result only looks at children currently subject to a CP Plan - year end and comparator data is all starts during the year	WM - 17.3% Stat N - 12.9% Eng - 16.6%	12.5% (46)	12.6% (53)	17.9% (50)	29.9% (61)		↗ Low is better
Percentage of children subject of a child protection plan for 2 years or more	WM - 1.3% Stat N - 3.0% Eng - 2.3%	N/A	0.0%	7.0%	4.0% (9)		↘ Low is better

## Analysis

The number of section 47 enquiries is increasing and in the 12 months up to the end of July was significantly higher than the number carried out in 2015/16. In addition, the proportion of Section 47 enquiries that lead to an ICPC is falling.

Following a fall in the number of children who are subject of a child protection in 2015/16, numbers have now begun to increase but remain lower than comparators. However, the number and proportion of children who are subject of a child protection plan for a second or subsequent time is increasing and this is being investigated.

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Looked After Children							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
Number and rate of LAC per 10,000 child population	WM - 75.0 Stat N - 83.1 Eng - 60.0	136.0 (769)	135.0 (778)	112.3 (653)	110.0 (640)		↓ Low is better
% of LAC visits carried out within timescales	10% of LAC have had all of their visits carried out on time			63%	69%		↑ High is better
<b>Proportion of LAC who have been reviewed on time</b> - <i>this indicator measures the number of reviews conducted on time since 01st April so reduces throughout the year. It is based on '1 strike and out'. This means no matter how many reviews a child has, if only one is late it is a fail. Therefore this indicator is expected to fall throughout the year.</i>	N/A	N/A	91%	90%	95%		↑ High is better
<b>Placement stability – the proportion of LAC with fewer than 3 placements in the last 2 years.</b>	N/A	N/A	80% >2years 75% <2years	75% >2years 70% <2years	77% >2years 70% <2years		↑ High is better
<b>Placement stability – the proportion of LAC in foster care for 2.5 years who have been in the same placement for 2 years or more</b>	WM - 68.0% Stat N - 66.8% Eng - 68.0%	64%	69%	69.8%	64%		↓ High is better
Number and proportion of in-house foster placements	N/A	N/A	171 (21%)	183 (28%)	190 (29%)		↑ High is better
Number and proportion of children placed with parents who have a care order	N/A	N/A	88	47	46		↓ Low is better
Number of privately fostered children known to the Council	WM - 130 Eng - 1560	N/A	N/A	1	4		↑ High is better
<b>Foster Carers Pipeline</b> - A regular foster carers pipeline report is produced twice a month. The latest iteration of this shows that: There are 19 foster carers currently in the pipeline (Referral, stage 1 or stage 2). So far in 2016/17 five foster carers have been approved.  The average number of days to approve in 2016/17 was 254 against a target of 244							
<b>Virtual School Report</b> - Initial work on Virtual School has been completed with a new system due to implemented for the start of the school year. A meeting to finalise this is due to take place week commencing 19th September							

## Analysis

The indicators relating to Looked After Children are showing a generally improving picture. The number of LAC continue to fall, however, still remains significantly higher than comparators. The low numbers of recorded privately fostered children remains a concern, however, this is being addressed through the Safeguarding Children's Board through advertising and awareness campaigns

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Adoption							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
<b>A1 – Average time between a child entering care and moving in with its adoptive family (3 year)</b>	Stat N - 624 Eng - 593	873 days	734 days	671 days	630 days	426 days	↓ Low is better
<b>A10 – As above but where the child is adopted by their foster carer, time between entering care and moving in with their foster carer (3 year)</b>	Stat N - 494 Eng - 490	522 days	489 days	509 days	477 days	426 days	↓ Low is better
<b>A2 – Average time between receiving a placement order and a match to an adoptive family being decided (3 year)</b>	Stat N - 254 Eng - 223	294 days	263 days	293 days	243 days	121 days	↓ Low is better
<b>A3 - % of children who wait less than 14 months between entering care and moving in with their adoptive family.</b>	WM - 48.0% Stat N - 44.6% Eng - 47.0%	38%	39%	54%	48%		↓ High is better
<b>Number of children waiting to be adopted (BI date) – adoption pipeline</b>	Stat N - 65	105	60	75	76		↑
<b>Number of potential adoptive families currently being assessed</b>	N/A	N/A	N/A	27	18		↓ High is better
<b>Number of approved adoptive families waiting for a match</b>	N/A	N/A	N/A	26	35		↑
<b>Number of children who are subject of an SGO</b>	N/A	25	15	24 (12 to fc)	Not Yet Available		↑ High is better
Analysis							
<p>Adoption indicators are showing a generally improving picture. The average time indicators are improving but remain higher than targets. This is not expected to improve greatly in the next year as of the 79 children currently waiting to be adopted 49 (62%) are already over target for the A1 indicator (21 of the 35 currently placed but not yet adopted, 9 of the 15 who have a placement order and 19 of the 29 with a best interest date).</p> <p>The data related to the number of children who are the subject of an SGO is currently being reviewed as some potential data quality errors around information recorded on the system has come to light. This indicator will updated when these issues have been resolved.</p>							

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Care Leavers							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
Proportion of Care Leavers that are in Education, Employment or Training	WM - 41.0% Stat N - 45.7% Eng - 48.0%	31.0%	42.0%	60%	55%		↘ High is better
Proportion of Care Leavers in Suitable Accommodation	WM - 75.0% Stat N - 80.4% Eng - 81.0%	76.4%	81.0%	TBC	91%		↗ High is better
Proportion of Care Leavers with a Pathway Plan - <i>to be calculated</i>	N/A	N/A	N/A	TBC	73%		High is better
Proportion of Care Leavers who are Staying Put - <i>to be calculated</i>	N/A	N/A	N/A	TBC	Not Yet Available		High is better
Analysis							
<p>The percentage of Care Leavers who are in Education, Employment and Training has fallen slightly in September. 96 of 176 of this years eligible cohort are EET at the time of reporting. Of the 80 that are NEET, 35 are not available for the labour market (NALM) - 16 due to illness and disability, 16 due to pregnancy or because they are young mothers and 3 because they are in custody. When those who are NALM are removed from the indicator, performance is 69%.</p> <p>The percentage of Care Leavers who are in suitable accommodation is also improving.</p>							

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All Age Disability							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
<b>% (and number) of Children in Need with a disability</b> - <i>the plan is to rework this indicator so that it shows proportion of children with a disability that are CiN, CP and LAC, however this indicator has been included until that calculation can be done as it is currently reported elsewhere.</i>	WM - 12.3% Eng - 13.0%	N/A	13.3% (355)	15.2% (339)	16.0% (341)		
<b>Number of Short Breaks</b>	This indicator cannot currently be reported due to issues with data not being recorded consistently on systems. Work is ongoing to improve this						
<b>Number of children who have an EHCP / Statement</b>	N/A	N/A	N/A	1055 - statements 229 - EHCP	998 - statements 330 - EHCP		
<b>Number of children with a Statement that have had a EHCP review or have a review in progress</b>	N/A	N/A	N/A	37.8% (398)	Not Yet Available		
<b>Proportion of EHC Plans issued within 20 weeks - a) exc excpetions, b) inc exceptions</b>	a) WM - 50.7% Stat N - 44.6% Eng - 47.0% b) WM - 51.8% Stat N - 40.1% Eng - 59.2%	N/A	a) 64.3% b) 50.0%	TBC	Not Yet Available		
<b>Proportion of 14 year olds with a Transition Plan</b>	N/A	N/A	N/A	44% (52)	Not Yet Available		



## Analysis

The percentage of children in need who have a disability has increased slightly, although overall numbers are declining, The increase in percentage however demonstrates that the number of disabled children who are CiN, CP or LAC is not falling as quickly as the number of non-disabled children known to social care. In future reports the proportion of disabled children who are known to social work will be included but is not available at present.

Work is ongoing to improve the recording of short breaks for disabled young children on systems so that it can be accurately reported. This data will be included in future reports.

The number of children with statements continues to fall while the number with EHCP is increasing. The number of children with statements is falling at a faster rate as many children are not qualifying for an EHCP when they are reviewed.

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Education							
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory
Percentage of schools that are rated as good or outstanding	WM - 81% England - 84% (August 15)	73%	77%	August 16 will be updated when available	82% (July)		↗ High is better
Total School Absence - authorised and unauthorised	WM - 4.6% Stat N - 4.9% Eng - 4.6%	4.9%	4.7%	Not Yet Available	Not Yet Available		↘ Low is better
Persistent Absence	WM - 3.7% Stat N - 4.2% Eng - 4.7%	4.1%	3.6%	Not Yet Available	Not Yet Available		↘ Low is better
Number of permanent exclusions of Wolverhampton Students (and the percentage of the total school population)	WM - 0.11% Stat N - 0.10% Eng - 0.07%	16 (0.02%)	62 (0.07%)	Not Yet Available	104		↗ Low is better
Number of temporary exclusions of Wolverhampton Students (and the percentage of the total school population)	WM - 4.0% Stat N - 4.7% Eng - 3.9%	1270 (3.2%)	1170 (2.9%)	Not Yet Available	1928		↗ Low is better
Proportion of children and young people found alternative placements by the 6th day following exclusion	N/A	13%	72%	Not Yet Available	81%		↗ High is better
Average number of days taken to find alternative placements	N/A	14	8	Not Yet Available	5	<6 days	↘ Low is better
Number of children who are on Special Personalised Learning Plans - a) LA arranged provision, b) School arranged provision	N/A	N/A	N/A	a) 26 b) 49	a) 15 b) 55		↘
Average number of hours offered as part of Special Personalised Learning Plans - a) LA arranged provision, b) School arranged provision	N/A	N/A	N/A	a) 21.5 b) 17.2	a) 15 b) 15		↘
Number of a) CME Investigations b) number and proportion of children found to be missing from education	N/A	a) 531 b) 21 (3.3%)	a) 687 b) 10 (1.5%)	Not Yet Available	a) 517 b) 4 (0.8%)		↘ Low is better

## Analysis

The data that is reported in the 'Latest' column is the provisional July data. When confirmed this will be the likely out-turn for the 2015/16 school year. Performance against education indicators is generally positive with fewer children being found to be missing from education and where students needs alternative provision, this is being provided in a timely manner.

The number of children who are being excluded either on a permanent or temporary basis is increasing, however, data published in July for the 14/15 school year by DFE suggests that this increase is happening across the board and shows that Wolverhampton continues to outperform regional and statistical comparators in this area.

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CSE & Missing, Domestic Violence, FGM								
Supporting Measures	Comparators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajectory	
The number of children who are reported missing and the proportion that are subject of CP Plan or LAC - This is currently reported in the monthly reports on a month by month basis. Work is ongoing to be able to report this data on a cumulative basis. The figures shown below were reported in the last Children's Services Balanced Scorecard								
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Number of Incidents missing (and number of young people);	21(17)	39(18)	31(20)	22(13)	37(23)	40(18)	38(28)	28(21)
a) Not known to social care	4(4)	3(3)	4(4)	6(6)	11(8)	5(2)	7(6)	2(2)
b) CIN/CP	5(5)	8(5)	4(4)	4(3)	6(5)	13(7)	14(14)	12(10)
c) LAC	12(9)	28(11)	23(13)	12(4)	20(11)	22(10)	16(7)	15(10)
The proportion of children reported missing who have a Return Home interview within 72 hours of their return - this is	N/A	N/A	33% episodes 22% interviews (Q4 only)	67% episodes 49% interviews (Q4 only)	70% episodes 39% interviews (Q1)			↗ High is better
The number of children and young people who are currently at risk of CSE	N/A	N/A	N/A	TBC	Not Yet Available			
The number of MASE meetings conducted	N/A	N/A	N/A	TBC	Not Yet Available			
The proportion of children and young people at risk of CSE for whom the level of risk has reduced 2015/16 figures are those cases that were subject of MASE	N/A	N/A	N/A	90% (63)	Not Yet Available			
Number of cases using the Barandos Joint Screening Tool	N/A	N/A	2796	3368	Not Yet Available			↗ High is better
The number of referrals to MARAC	N/A	N/A	598	620	156 (Q1)			↗ High is better
The number and proportion of repeat cases referred to MARAC	N/A	N/A	228 (38%)	210 (35%)	46 (29%)			↘ Low is better
FGM measures to be identified								

## Analysis

This area of the report needs some continued development. While some missing data is currently included this is reported on a month by month basis and work is being undertaken to enable reporting to demonstrate cumulative totals. There are a number of common reasons that a return interview may not be conducted at all or not conducted within 72 hours. The main reasons interviews were not conducted continued to be the young person could not be contacted, the young person went missing again before an interview could be conducted and the young person declined an interview.

The number of referrals to MARAC are increasing, however, the number of repeat referrals are decreasing - this is incredibly positive and indicates that domestic violence is being both identified and addressed.

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**Participation**

**Feedback and Attendance**

Participation of professional at Initial Child Protection Conferences and Review Child Protection Conferences

ICPC Q1 2016/17	Parents / Family	GP	Health Visitor	Mid-Wife	Pae'tn	School Nurse	School	Police	Mental Health	Probation	Addiction Service	Allocated Social Worker	Duty Social Worker	Manager	CC	*Other
Attended	94	1	32	15	0	28	28	51	2	2	8	51	5	6	20	58
Not Att/ Report sent	0	16	0	0	0	0	2	3	0	1	0	3	0	0	2	0
Not Att / No Report	0	29	1	0	0	1	2	0	0	0	2	0	0	0	3	0
	Parents / Family	GP	Health Visitor	Mid-Wife	Pae'tn	School Nurse	School	Police	Mental Health	Probation	Addiction Service	Allocated Social Worker	Duty Social Worker	Manager	CC	*Other
Att-ended	100%	2%	97%	100%	-	97%	88%	94%	100%	67%	80%	94%	100%	100%	80%	100%
Not Att/ Report sent	0%	35%	0%	0%	-	0%	6%	6%	0%	33%	0%	6%	0%	0%	8%	0%
Not Att / No Report	0%	63%	3%	0%	-	3%	6%	0%	0%	0%	20%	0%	0%	0%	12%	0%

RCPC Q1 2016/17	Parents / Family	GP	Health Vis Itor	Mid-Wife	Pae'tn	School Nurse	School	Police	Mental Health	Probation	Addiction Service	Allocated Social Worker	Duty Social Worker	Manager	CC	*Other
Attended	74	0	25	6	0	30	34	1	2	1	9	51	6	4	8	46
Not Att/ Report sent	0	6	2	0	1	0	1	38	0	1	0	5	0	0	1	1
Not Att / No Report	0	50	2	1	0	0	1	4	0	1	0	1	0	0	2	0
	Parents / Family	GP	Health Vis Itor	Mid-Wife	Pae'tn	School Nurse	School	Police	Mental Health	Probation	Addiction Service	Allocated Social Worker	Duty Social Worker	Manager	CC	*Other
Att-ended	100%	0%	86%	86%	0%	100%	94%	2%	100%	33%	100%	89%	100%	100%	73%	98%
Not Att/ Report sent	0%	11%	7%	0%	100%	0%	3%	88%	0%	33%	0%	9%	0%	0%	9%	2%
Not Att / No Report	0%	89%	7%	14%	0%	0%	3%	9%	0%	33%	0%	2%	0%	0%	18%	0%

Supporting Measures	Compar- ators (SY 14/15)	2013/14	2014/15	2015/16	Latest	Target	RAG / Trajec- tory
Participation of children in LAC reviews	N/A	N/A	98%	92%	93%		⬆ High is better

## Analysis

The proportion of LAC that participate in their reviews is increasing slightly which is positive. The fall between 2014/15 and 2015/16 has been investigated and it has been determined that this is due to improved recording.

Attendance at child protection conferences amongst most invitees is generally good. GPs are the main exception and, whilst attendance by GPs is not expected, reports were only provided in 35% of ICPCs and 11% of RCPCs although it should be noted that this remains improvement on earlier results. This issue is being addressed via the Safeguarding Board

Feedback from parental questionnaires following conferences will be added to future reports.

Wolverhampton Children's Services Improvement Plan 2016  
Performance Framework

Youth Offending Team								
Supporting Measures		2015/16	Q1	Q2	Q3	Q4	Target	RAG / Trajectory
Number of YOT interventions starting	2015/16	198	51	50	42	55		↗
	2016/17		58					
Number of Community Resolutions	2015/16	282	83	70	71	58		↘ High is better
	2016/17		58					
Number of Youth Cautions	2015/16	114	26	31	35	22		↘ Low is better
	2016/17		18					
Number of Youth Conditional Cautions	2015/16	16	3	3	5	5		↗
	2016/17		6					
Number of Remand episode decisions and the number and percentage that are Youth Detention Accommodation orders - <small>2015/16 figures have not included unconditional bail due to YOIS Wizard. Moving forward unconditional bail figures should be included as a remand outcome.</small>	2015/16	4/124 (3%)	1/25 (4%)	1/34 (3%)	1/31 (3%)	1/34 (3%)		↗
	2016/17		4/51 (8%)					
Percentage of Young Offenders in Employment, Training or Education	2015/16	59%	61%	60%	60%	53%		↘ High is better
	2016/17		Not Yet Available					



## Analysis

Whilst the number of Out of Court Disposals (community resolutions and cautions) have reduced against the same quarter last year, this is still a significant body of work. The increasingly joined up approach between YOT and the Police in respect of Community Resolutions may in part explain the changes in the numbers as cases and outcomes are considered together.

Quarter 1 resulted in 4 new YDA's for 4 young men. This is compared to only 1 YDA in the same period last year. These young people were remanded as a result of the seriousness of their offending and included robbery; abduction and arson. 2 of the 4 young people were Looked After Children on full care orders prior to their detention.

Due to system changes the percentage of YOT in Employment, Training or Education was not available at the time of writing the report but will be updated in due course.

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## Children, Young People and Families Scrutiny Panel

5 October 2016

<b>Report title</b>	Update on Youth Offending Team Inspection Action Plan	
<b>Cabinet member with lead responsibility</b>	Councillor Val Gibson	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Emma Bennett, Children and Young People	
<b>Originating service</b>	Youth Offending Team (YOT)	
<b>Accountable employee(s)</b>	Sally Nash	Head of Service YOT
	Tel	01902 553722
	Email	Sally.nash@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>	People Leadership Team	19.9.2016
	SEB	27.9.2016

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### Recommendation(s) for action or decision:

The Panel is recommended to:

1. Review the progress in respect of the Youth Offending Team (YOT) Inspection Action Plan.

## **1.0 Purpose**

- 1.1 The purpose of this report is to invite Scrutiny Panel to review the progress in respect of the YOT Inspection Action Plan.

## **2.0 Background**

- 2.1 A Full Joint Inspection of the Wolverhampton Youth Offending Team occurred in November/December 2015 with very positive outcomes. The achievements out of a maximum of four stars were as follows:

- Reducing Reoffending – four stars
- Ensuring the sentence is served – four stars
- Protecting Children and Young People – three stars
- Protecting the Public – four stars
- Interventions – four stars
- Governance and partnerships – three stars

This was a very high standard of performance and placed the local YOT as one of the highest performing units in the country.

- 2.2 Notwithstanding the level of performance any YOT subject to a Full Joint Inspection is required to produce an Improvement Action plan. This action plan had to be submitted to the Youth Justice Board and Her Majesty's Inspector of Probation (lead inspector) for approval. This action plan is monitored via the YOT Management Board where the Youth Justice Board local performance manager is ultimately responsible for tracking progress and performance. This plan is RAG rated and regularly reviewed at quarterly meetings for progress and update within the partnership.

- 2.3 The Inspectorate itemised six key areas for improvement which are cited in a left hand of the action plan and these are:

- Education Training and Employment for children and young people should be improved to ensure they are equipped with skills that contribute towards maximising their chances of employability
- Leaders and managers should exercise their influence at all levels to secure an improved education and training offer that meets the behavioural and vocational needs of YOT young people
- Ensure the YOT Management Board has Children and Adolescent Mental Health Services (CAMHS) representation
- Ensure child sexual exploitation is a feature on the YOT Management Board agenda
- Evaluation of intervention outcomes to understand impact
- Work to eliminate barriers to engagement and further evidence of consideration of diversity

- 2.4 It can be seen that the first two recommendations relate to the educational engagement level of YOT young people which has been a local area of underperformance for a number of years. The third recommendation relates to a gap in representation relating to the restructure of health provision in the City. The Inspectorate were particularly exercised and concerned to be assured about the City wide response to child sexual exploitation and therefore suggested that this receive priority attention at our Strategic Board. The Inspectorate considered our interventions with young people to be very effective but suggested that we should look to evaluate what was effective. The final recommendation in respect of diversity, reflects the national trend that young people from ethnic backgrounds tend to be overrepresented in the Youth Justice system and that there should be constant efforts to improve our engagement.

### **3.0 Progress on the Action Plan**

- 3.1 It can be seen from the attached action plan that all actions are rated amber or green and there has been significant progress in each area.
- 3.2 The first two recommendations relate to the concerns in respect of educational engagement by YOT young people in Wolverhampton. Following the Inspection report, the City of Wolverhampton Directors of People and Education commissioned a review into provision for those aged 14 – 19 years. The detail cited in the action plan relates to this work. Notable progress to date includes the development and now pilot Quality Assurance Framework standards for all alternative provision. In addition, there has been the development of the 'Work Box' virtual careers prospectus which will enhance existing information and guidance provision. The YOT has also been successful in achieving a part time placement from the European Funded Youth Employment Initiative scheme which should improve the intensive mentoring and support for our hard to engage young people. It is also of note that the Virtual Head for Looked After Children also now includes the needs of YOT young people within his portfolio of responsibility. This is assisting communication with schools.
- 3.3 The YOT Management Board now has representation from our local CAMHS provider – Black Country Partnership Foundation Trust (BCPFT) and as such this recommendation is flagged green. In the September Management Board there is to be a presentation on the CAMHS transformation agenda jointly by the Clinical Commissioning Group and BCPFT.
- 3.4 The July Management Board received a comprehensive presentation on the City wide response to child sexual exploitation (CSE) from the Head of Safeguarding who is now to take a seat on the Board and provide regular updates on our CSE work. As such this recommendation is now flagged as green.
- 3.5 The Principal Educational Psychologist and the YOT Head of Service are ensuring that an in house Masters student undertakes her dissertation study exploring the effectiveness of YOT evaluations. This research is expected to take place in autumn of 2016 through to spring 2017. The current work with pre court interventions is also under evaluation by Loughborough University as organised by West Midlands Police.

- 3.6 The national Youth Justice Board has developed a toolkit to address diversity and further analyse YOT data to understand key areas where intervention and attention is needed to address the particular needs of our community. The YOT is working with our local performance manager to ensure we progress the use of this toolkit. In addition, the YOT utilises local voluntary sector organisations that have particular engagement skills with hard to reach groups e.g. BASE25 and CATCH22. This recommendation is currently rated as amber.

#### **4.0 Financial implications**

- 4.1 There are no financial implications, work in relation to this action plan is being undertaken from within existing resources.  
[NM/21092016/1]

#### **5.0 Legal implications**

- 5.1 There are no legal implications in respect of this report.  
[TS/20092016/H]

#### **6.0 Equalities implications**

- 6.1 An equalities analysis is being undertaken.

#### **7.0 Environmental implications**

- 7.1 There are no environmental implications in respect of this report.

#### **8.0 Human resources implications**

- 8.1 There are no human resources implications in respect of this report.

#### **9.0 Corporate Landlord implications**

- 9.1 There are no corporate landlord implications in respect of this report.




#### **10.0 Schedule of background papers**





- 10.1 The YOT Inspection report was previously considered by Cabinet on 24 February 2016.

# YOT Full Joint Inspection Action Plan - September 2016






Aligned with recommendations and sections in report as follows:





RR Reducing Reoffending  
 PP Protecting the public  
 PCYPC Protecting children and young people  
 ESS Ensuring the sentence is served  
 G&P Governance and partnerships  
 Int Interventions




Report page/ Recommendation/ Reference	Key Recommend- Action / Issue	Action	Lead	Timescale	How will we know when this is achieved	Progress to date Sept 2016	RAG Rating
<b>Education Training and Employment (ETE)</b>							
<b>Recommendation 25</b> Also ESS 2 Also G&P 1.7, 1.8	Education Training and Employment (ETE) for Children and Young People (CYP) should be improved to ensure they are equipped with skills that contribute towards maximising their chances of employability.	1. Introduce a new quality assurance (QA) framework across all providers and schools informed by entitlement and including: referrals, information sharing / risk assessment/ health and safety protocols with a view to improving the amount of appropriate provision.	Youth Offending Team (YOT) Management Board (YMB)	Oct 2016  Sept 2016- August 2017	<ul style="list-style-type: none"> <li>City wide documentation meets minimum QA Framework standards.</li> <li>Provision map and case studies in place and shared with all stakeholders.</li> </ul>	Review commis- signed by YMB  QA framework approved and now being trialled with LA/schools and providers  Meetings with providers to discuss offer underway	  





					<ul style="list-style-type: none"> <li>Evidence of bespoke provision and targeted funding for those without an EHCP but who have SEN support needs and are at risk of being 'Not in Education Employment or Training' (NEET)</li> </ul>	Those at risk of becoming NEET have been identified in schools, using the RONI tool. Establishing YEI support and commissioned provision in progress.	
		Improve the delivery of careers education, information, advice and guidance, (CEIAG) for young offenders.	YMB	March 2017	Increase in the number of schools who hold the Quality award in CEIAG.	Workshops for schools delivered 12 institutions signed up for the award.	
				Sept 2016 – Dec 2016		Roll out Work Box virtual careers prospectus to schools and college	
		2. Review procurement and commissioning process informed by Quality Assurance review (part of post 16 provision review).	Director of Education	Nov 2016	See above Protocols and commissioning plan informed by QA framework will be in place.	Commissioned model for Sept 2017 delivery.	





			YOT and LAC HOS		Financial modelling of KS4 provision under review by LA/Wolv College and other providers		
		3. Consider feasibility of tracking closed cases to monitor achievement and to support desistance process.	YOT Head of Service (HOS)	Sept 2016	Tracking mechanisms in place and progression outcomes for all young people monitored pre & post order, and post order at YOT quarterly case closure panel.	New YOT and Cnxs databases currently in process of migrating data	
Page 177		4. Progress funding for increased ETE adviser time in YOT. Improved systems in place to manage pre 16 to post 16 handover.	YOT HOS	Sept 2016	YEI Worker in post.	Work in progress	
		5. Ensure Connexions adviser has access to full referral information.	YOT Ops Mgr	May 2016	Evidence that information in place.	In place	
		6. Ensure synergy between Young Offenders (YO)/ and Looked After Children (LAC) ETE plans.	Virtual Head	Nov 2016	Joint YO/ LAC/Cnxs ETE priorities agreed as part of an integrated vulnerable learners plan.	Work in progress	

		7. Identify how to achieve synergy between EHCP process and LAC Personal Education Plan/ YO and custody plans.	Virtual Head	Nov 2016	Improve synergy and evidence of joint up planning.		
		8. Increase work experience placements by 10% (Social Value Act 2013).	YOT HOS	Dec 2016	5 young people achieve work experience placements by Dec 16.		
		9. Streamlined protocols and monitor and evaluate where appropriate.	Virtual Head	Nov 2016	Revised protocols in place.		
Page 178 Recommendation	Leaders & managers should exercise their influence at all levels to secure an improved education and training offer that meets the behavioural and vocational needs of YO CYP.	1. Corporate review of post 16 and alternative provision to inform an improved entitlement.	YMB	Mar 2017	<ul style="list-style-type: none"> <li>An entitlement in place for YO (and LAC) which reflects new offer and support needs</li> <li>Progression into sustainable education / employment with training e.g. supported internships, traineeships and apprenticeships</li> </ul>	Work in progress	

		2. Improve outcomes for post 16 'Special Educational Needs' (SEN) who are non- EHCP supported YP.	Director of Education	Mar 2017	Corporate review of post 16 and alternative provision to inform an improved learner entitlement.  Discussions with providers in place to improve learner offer	Work in progress	
Page 179		3. Utilise Youth European Initiative funding to secure pastoral mentoring support and bespoke provision to improve engagement.	YOT HOS	Funding confirmation expected by May 2016 Procurement completed June 2016	Post under negotiation.	Work in progress	
		1. Improve breadth and flexibility of offer against learner need.	YMB	Work on-going for review Nov 16 and Dec 16	Increased participation in provision / learning. Interim Report to YMB Sept 2016. Target to be raised to 65%.		

		2. Ensure YO's & LAC have priority for school places.	Virtual Head	Sept 2016	Model school policy for LAC integrates YOT expectations.	Meeting with education admissions team	
		3. Identify funding which maximises opportunities for YOT SEND learners to engage and stay in education or employment with training.	YOT HOS	Mar 2017	Improved offer for learners. Improved progression into education, employment or training.  Improved distribution of high needs funding.	Review of alternative provision incorporating specific provision for SEND learners	
<b>Recommendation 3</b> (also G&P 1.3)	Ensure YMB has Children & Adolescent Mental Health Services (CAMHS) representation.	Black Country Partnership Foundation Trust identified nominated attendee and deputy.	Chair YMB	February 2016 and on-going	Consistent attendance and engagement over 12 months.	Representative already engaged and deputy identified	
<b>Recommendation 4</b> (also G&P 2.2)	Ensure Child Sexual Exploitation (CSE) is a feature on YMB agenda.	Agenda setting to include CSE and wider Safeguarding focus as standing item.	Chair YMB	February 2016 and on-going	<ul style="list-style-type: none"> <li>Evidence from agenda and minutes.</li> <li>Raise profile of safeguarding issues in YOT.</li> <li>Escalate specific concerns/ risks including case patterns.</li> </ul>	Completed	

<b>Recommendation 5</b>  Also Int7	Evaluation of intervention outcomes to understand impact.	Commission an evaluation of existing interventions to inform future planning.	YOT HOS  Senior Ed Psych	To be commissioned by November 2016.	<ul style="list-style-type: none"> <li>• Report presented to YMB.</li> <li>• Support evidence based approach to.</li> <li>• Highlight interventions with most impact/ value for money.</li> </ul>	Proposal from Educational Psychology that a Masters student undertakes this work as part of their academic study	
<b>Recommendation 6</b>  Also ESS 2,9,10  Page 181	Work to eliminate barriers to engagement and further evidence consideration of diversity.	Utilise ASSET plus training and development to refresh diversity training and also other barriers to engagement e.g. learning disability.	YOT Mgt Team	Oct 16	<ul style="list-style-type: none"> <li>• Improved compliance</li> <li>• Needs of service users better met according to need.</li> <li>• Recording better addresses diversity assessment.</li> <li>• File audits evidence diversity.</li> </ul>	YJB performance adviser rolling out YJB toolkit to YOT  ASSET plus training mandatory for all staff ensuring that all diversity training is refreshed – Oct.Nov 16	

#### RAG Rating:



Significant risk that it will not be achieved



Some risk that it may not be achieved although this may be corrected by remedial action



On Track to complete on or before its target date



Completed

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## Children, Young People and Families Scrutiny Panel 5 October 2016

<b>Report title</b>	Summary of findings from engagement and consultation on proposed 0-19 Healthy Child Programme service model (Health Visiting, Family Nurse Partnership and School Nursing services).	
<b>Cabinet member with lead responsibility</b>	Councillor Paul Sweet Public Health and Wellbeing	Councillor Val Gibson Children and Young People
<b>Wards affected</b>	All	
<b>Accountable director</b>	Ros Jervis, Public Health and Wellbeing	
<b>Originating service</b>	People – Public Health and Wellbeing	
<b>Accountable employee(s)</b>	Neeraj Malhotra Consultant Public Health Tel 01902 558667 <a href="mailto:Neeraj.Malhotra@wolverhampton.gov.uk">Neeraj.Malhotra@wolverhampton.gov.uk</a>	Sarah New Healthy Child Programme Manager Tel 01902 558667 <a href="mailto:sarah.new@wolverhampton.gov.uk">sarah.new@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	People Leadership Team 0-19 Healthy Child Programme Commissioning & Governance Steering Group Public Health Senior Management Team Cllr Sweeney Cllr Gibson	01/08/16  30/08/16  01/09/16 05/09/16 06/09/16

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### Recommendation(s) for action or decision:

#### The Panel is recommended to:

1. To consider the findings from the recent engagement that has informed the development of the proposed new service model for delivery of the Healthy Child Programme.
2. To consider the findings of the six week formal consultation on the proposed service model and comment on these.

#### The Panel is asked to note:

1. The findings of the engagement with stakeholders as detailed in the report attached in Appendix One.

2. The proposed new service model for the Healthy Child Programme as attached in Appendix Two.
3. This report has also been submitted to Health Scrutiny Panel for comments.



## **1.0 Purpose**

- 1.1 This report aims to update the Children, Young Peoples and Families Scrutiny Panel on the findings of the engagement and consultation with stakeholders for the re-commissioning of the city's 0-19 Healthy Child Programme (HCP) by Public Health.
- 1.2 The report provides panel members with an opportunity to consider some of the key findings of the engagement and emerging feedback regarding the proposed service model for the Healthy Child Programme.
- 1.3 The report provides an opportunity for panel members to be engaged and comment upon the proposed service model.
- 1.4 The paper describes how the engagement and consultation were conducted and summarises some of the key findings.
- 1.5 The paper also provides information about the proposed future service model for the Healthy Child Programme. The service model has been developed following the formal engagement process and takes into account wherever possible the views of key stakeholders. The emerging findings from the current formal consultation are described.

## **2.0 Background**

- 2.1 The '0-19 The Healthy Child Programme' (HCP) sets out a recommended framework for services for children and young people to promote health and wellbeing, prevent ill health and provide early intervention when required. The HCP delivers universal services to all children and families including routine screening and development checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce inequalities.
- 2.2 This report presents the key findings from the engagement and consultation processes.
- 2.3 Engagement with stakeholders commenced in 2015 and this was followed by a formal eight week engagement process undertaken between May and July 2016.
- 2.4 The engagement process sought to obtain the views of key stakeholders on current services and to identify the best future service model to improve outcomes for children and families. This specifically relates to health visiting, family nurse partnership and school nursing services. Over 450 professionals, parents, carers and young people were engaged and wherever possible the views of stakeholders were considered in the development of the proposed service model framework for the 0-19 Healthy Child Programme.
- 2.5 A formal six week consultation commenced on 8 August 2016 and will end on 19 September 2016. The purpose of the consultation is to obtain stakeholders views on the proposed new service model prior to development of the final service model. We are inviting all key stakeholders to give their views which include health, social care, education and the voluntary sector.

We are also asking parents and young people to give us their views on how they want services to be delivered via an on-line survey. The findings of the consultation will be considered prior to commencing a tender process in November 2016 to enable a new 0-19 Healthy Child Programme service to be in place from 1 August 2017.

- 2.6 Early in the commissioning process we established a Healthy Child Programme (HCP) steering group. The steering group was responsible for overseeing the commissioning and tender process. Children's services and the Clinical Commissioning Group are represented on the group along with a GP representative and key council employees, including the head of service for early intervention and safeguarding representatives. The HCP steering group has provided advice and support on plans for engaging and consulting with different stakeholder groups.
- 2.7 A member of staff from Wolverhampton Health Watch supported the early engagement work with parents and young people and advised on development of the surveys as did wider colleagues in public health and children's services.

### **3.0 How we engaged with stakeholders**

- 3.1 A variety of methods were used to obtain feedback from key stakeholders. This included attending stakeholder meetings and holding engagement events for professionals. In addition, five separate on-line surveys for prospective bidders, professionals, head teachers, parents and young people were undertaken. A number of focus discussion groups with service users were also held. Samples of the materials used to engage with parents and young people and publicise the on-line surveys and engagement to parents and young people are attached in **Appendix One**. The Council Communications team used Facebook and Twitter to publicise the engagement process. The members of the public health and wellbeing team shall continue to conduct focus discussion groups throughout the formal consultation period to help inform the development of the new service model and service specification.
- 3.2 The members of the public health and wellbeing team attended key meetings with professional stakeholders to inform them of the proposed commissioning process and obtain their views on current services and priorities for the new service model. This included attendance at GP locality and primary care meetings, meetings with Head teachers and Personal and Social Health Education (PSHE) leads in schools.
- 3.3 The public health and wellbeing team were fortunate to work with some young people from Wolverhampton Youth Council, care leavers forum and care leavers board. The young people advised the team over a number of weekly meetings on the development of the young people's survey and shared their views on the school nursing service.
- 3.4 The public health and wellbeing team met with parents and carers of children with additional needs via the Voice for Parents Forum, who shared their views on current services. In addition, some of the parents kindly advised on the development of the parent's survey questionnaire. The team also engaged with members of the Foster Carer's forum to obtain their views on services.

- 3.5 The public health and wellbeing team held two multi-agency workshop events for professionals. The events were used to share initial findings from the engagement and to discuss key issues arising from the new service model. The overall aim of the workshops was to identify how the future service model could support children, young people and families to achieve good outcomes and to enable a wide range of stakeholders to express their views. The workshop events also provided an opportunity to consider the emerging themes from the engagement with stakeholders and to explore some key issues that had been identified. In total, 75 stakeholders attended the various workshops, representing a wide range of backgrounds including health, social care, primary care, voluntary sector and potential service providers/bidders.
- 3.6 The public health and wellbeing team engaged with Councillors for Public Health and Wellbeing and Children, Young people and Families and senior management within the Council by attending Councillor Briefing meetings and attendance at People Leadership Team and Public Health senior management team meetings. The public health and wellbeing team have produced and sent briefings to key stakeholders via the Wolverhampton Voluntary Sector Council, Council Due North Procurement website, and GP, Councillor and Schools bulletins.
- 3.7 A summary of the main stakeholders we have engaged with is detailed in the table below. Over 450 stakeholders have expressed their views to date.

How we engaged with stakeholders	Who we engaged
Market engagement survey	A range of potential bidders including NHS trusts and the voluntary sector.
Stakeholder workshop	Managers and staff in current services and their key partners.
Two professional stakeholders engagement events	75 professionals from partner agencies including health, social care, education, early years and voluntary sector.
Young people's discussion and survey planning group	8 young volunteers from youth council, care leavers forum and care leavers board.
Young people's discussion planning group	3 young volunteers from The Way.
Parents forum discussion group	9 parents
Foster carers forum discussion group	24 foster carers
Parents on-line survey	136 parents
Young people's on-line survey	49 young people
Briefing to youth council members	13 young people
Two focus groups at Orchard Centre	14 young people
Teachers attending PSHE network	12 staff
Head teachers forum	40 staff
GPs and primary care via GP locality meetings, Team W, Practice nurses and practice managers forums and Local Medical Committee (LMC).	75 Staff

3.8 The characteristics of the 136 parents who completed our on-line survey were as follows:

- 7% were aged between 16 and 24 years of age, 38% were aged 25-34 years, 36% were aged 35-44 years of age with 19% over the age of 44.
- 15% told us that they had a child with a disability.
- 12% identified that they themselves had a disability.
- 88% of people who completed the survey were mothers with the remainder being fathers, grandparents or guardians.
- The majority of parents and carers were female (93%) with 6 males and 1 person who preferred not to say their gender completing the survey.
- 92% of parents described themselves as heterosexual with the remainder describing themselves as lesbian, bisexual or preferring not to say.
- The ethnicity of parents were:
  - 78% classified themselves as White British.
  - 10 % were Asian British Indian.
  - 3% were Black British Caribbean.
  - The survey was also completed by 1 Chinese parent, 1 White and Black Caribbean, 1 Black African and 2 White Other Europeans.
- 49% of parents described themselves as Christian, 32% were of no religion, 8% were Sikh, 2% Hindu, 2% Muslim and the remainder stating other religion or preferring not to say.
- 48% of parents had a child aged 0-4 years of age.
- 50% of parents had a child aged 5-11 years.
- 28% of parents had a child aged 12-19 years.

3.9 The characteristics of the 76 young people completing our survey were as follows:

- Only 40 young people completed the equality questions on the survey. The majority were aged between 12 and 18. One young person under the age of 12 completed the survey. 5% were aged 12, 2.5% were 13 years old, 17.5% were aged 14, 47% were aged 15 years, 5% were 16 years old, 12.5% were aged 17 and 7.5% were aged 18.
- The young people were from 13 different schools and pupil referral units including one college student.
- 56% described themselves as female, 37% as male. 2 young people described themselves as gender neutral. The remainder preferred not to say.
- 92% had the same gender identity as assigned at birth. 2 young people did not have the same gender identity as assigned at birth and the remainder preferred not to say.
- 75% of young people identified as heterosexual, 11% were unsure of their sexuality, 2% identifying as a gay man, 7% identifying as bisexual and the remainder preferring not to say.
- 14% of young people identified themselves as being young person who is looked after by the local authority (in care or looked after by a foster carer).

- 60% described themselves as White British, 9% White and Black Caribbean, 7 % Asian British Indian, 7% Black British Caribbean, 5% Other White European, 2% Chinese, 2% White and Asian, 2% Black British African and the remainder other or preferred not to say.
- 49% described themselves as having no religion, 34% Christian, 2% Hindu, 2% Sikh, and 7 % other religion and the remainder preferred not to say.
- 21% of young people stated that they had a disability.

#### **4.0 Overview of key findings from the engagement with stakeholders**

- 4.1 A full report detailing the findings of the engagement is attached in Appendix One. (<http://www.wolverhampton.gov.uk/CHttpHandler.ashx?id=10431&p=0>).

The key messages identified for the new service model that came out of the engagement with parents, carers, young people and professionals are:

#### **4.2 Consistency**

A key theme was that whilst many stakeholders gave positive feedback about working with or receiving services from an individual health visitor or school nurse there was an inconsistent approach to service delivery as a whole.

#### **4.3 Continuity**

This was of particular importance for parents and foster carers. They would like to be able to develop a relationship with a named member of staff who has knowledge of the family and child. Parents don't want to have to repeat information to different staff.

#### **4.4 Make better use of technology to support service delivery**

Technology needs to be used much more effectively to support service delivery. Staff should be supplied with appropriate devices i.e. smart phones or I pads. Improve information sharing and record keeping through instigation of electronic record keeping that enables staff to readily access and input data into electronic records during visits. Better use of social media to engage with young people. Better use of websites, apps and Skype to communicate with and provide information to parents and young people.

#### **4.5 Communication**

All stakeholders including parents and young people identified that communication needs to be improved particularly communication between health visitors and GPs.

#### **4.6 Accessibility**

Many parents stated difficulty in contact their health visitor or booking an appointment; need for drop-in without appointment or telephone contact. Young people also wanted to be able to access their school nurse more often in their school.

#### **4.7 Early help and prevention**

Stakeholders want the new service model to intervene earlier, making greater use of 'early help' assessments. To provide joined up working to support families including working closely with strengthening family's teams to provide a multi-agency model. Also a strengthened role in supporting emotional health and mental wellbeing.

#### **4.8 Family Nurse Partnership (FNP) and supporting vulnerable families**

The public health and wellbeing team received positive feedback regarding the Family Nurse Partnership nurses and the individual support they provide for young parents. However, there was an overall concern expressed regarding the current limited capacity of FNP to meet the needs of all young first time mothers who meet the criteria. A consistent theme was the need to expand the current criteria of FNP to include wider vulnerable families. The current criteria means that services are provided only to first time young mums, aged 19 years or under until their child is two. Many stakeholders felt that the criteria was too narrow and that there were other vulnerable families who could benefit from an intensive home visiting programme as offered by FNP. Stakeholders suggested broadening the current criteria to allow other families to benefit thereby providing a more equitable service to families. Stakeholders also suggested building capacity within the health visiting service itself to be able to address their needs ideally freeing up health visitors/reducing caseloads to enable them to increase visibility and regular contact with vulnerable families.

#### **4.9 Principles, mandated health development reviews and proposal for 0-19 Service Model**

Overwhelmingly stakeholders agreed with the principles we proposed for the new service model. The public health and wellbeing team found support for delivering an integrated 0-19 Healthy Child Programme service as a cost effective solution and offering a better quality service via a seamless pathway for children and young people. Stakeholders support the continuation of the mandated development reviews and some suggested consideration of additional developmental checks e.g. at 3 years.

#### **5.0 Development of the proposed service model**

The public health and wellbeing team have considered the findings of the engagement process and in partnership with members of the Healthy Child Programme Steering Group have developed a proposed future service model framework. Wherever possible the views of stakeholders have been taken into account in the development of the new service model.

##### **5.1 The proposed service model takes account of information received from a variety of methods, namely:**

- An 8 week engagement process including surveys and workshops with parents, young people and professional stakeholders.
- Workshops held with frontline workers, health visitors and early year's workers, in June 2015.

- Data from various sources on needs within the city.
- Learning from serious case reviews from across the country.
- On-going monitoring of existing services.

- 5.2 It is proposed that there is one 'healthy child programme' for 0-19 year olds that brings together health visiting, school nursing and family nurse partnership services, underpinned by an electronic case management system, so that each child's contact with services can be tracked over time. This will enable a focus on good outcomes for individual children and families. The proposed change will also enable aggregate reports to inform priorities at a locality level. Practitioners within the Healthy Child Programme will be supported to take a population-based view of their locality i.e. looking at the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population and includes working with key partners at a locality level for example Schools, to identify needs, develop local profiles and work together to address underlying social determinants of health such as poverty.
- 5.3 It is proposed that the Healthy Child Programme and its underpinning case management system works as one team with Strengthening Families Hubs. There are 8 Strengthening Families Hubs across the city and these hubs form the key components of a transformed Children's Services landscape which has been happening over the last few years.
- 5.4 A framework document providing more detail on the proposed service model is attached in **Appendix Two**.

## **6.0 Consultation with stakeholders**

- 6.1 A formal six week consultation process commenced on 8 August 2016 and will run until 19 September 2016.
- 6.2 To support the consultation process two key documents have been produced that provide detailed information about the proposed service model (**Appendix Two**) and report on findings of the engagement (**Appendix One**).
- 6.3 An on-line survey for professional stakeholders has been launched and the parents and young people's surveys remain open to enable as many stakeholders to comment as possible. The Healthy Child Programme website has been updated and key documents are available on the site. [City of Wolverhampton Council - Healthy Child Programme service model consultation](#)
- 6.4 The consultation has been widely communicated to key stakeholders including briefings via councillor, GPs, voluntary sector and schools bulletin.
- 6.5 We are seeking assistance from our partners to undertake additional discussion groups with groups of parents and young people and to continue to publicise the on-line surveys.

## **7.0 Findings from the formal consultation**

Please note that the formal consultation ends on 19 September 2016. At time of writing this report it is too early to provide detailed feedback from the consultation. More detailed verbal feedback on the findings will be provided at the scrutiny meeting.

- 7.1 To date (5 September 2016) 50 professional stakeholders have expressed their views via the on-line survey as regards the proposed new service model.
- 7.2 Early results indicate broad agreement from stakeholders for the proposed service model and agree that the proposed 0-19 integrated way of working is the best approach to improving outcomes for children and families locally.

## **8.0 Next steps**

### **8.1 Next steps are to:**

- Consider the views and comments of the Health and Children, Families and Young People's scrutiny panels before finalising the final Healthy Child Programme Service Model.
- Consider any further consultation feedback provided by stakeholders up until 19 September and wherever possible take this into account when finalising the final Healthy Child Programme Service Model.
- Report to Cabinet Resource Panel for their approval and request delegated authority to go out to tender and award contract.
- Produce service specification based on approved service model and commence tender process in November 2016.
- Deadline for final submission of bids from prospective providers will be by 9 January 2017.
- A tender assessment panel will be established to evaluate bids and inform bidders of outcome by end January 2017.
- Intent to commence contract negotiations and mobilisation with successful bidder in February 2017.
- New service will commence on 1 August 2017.

## **9.0 Financial implications**

The cost of the consultation will be met from existing budgets held within Public Health. The Health Visiting, Family Nurse Partnership and School Nursing services contract will be met from the Public Health ring fenced grant. The allocation for Wolverhampton in 2016/17 is £21.9 million.

[GS/02092016/H]

## **10.0 Legal implications**

There are no direct legal implications arising for the report.

TC/01092016/G



## **11.0 Equalities implications - Initial Equality Impact Screen**

- 11.1 An initial equality analysis was undertaken prior to the commencement of the engagement and findings shared with the 0-19 Healthy Child Programme Steering Group and local authority Equalities Officer. At this stage there was no evidence that the proposed engagement and consultation processes are discriminatory across the equality strands and therefore a full equality impact assessment on the consultation process was not conducted. We have collected equality data from respondents to the online survey and from participants taking part in focus discussion groups. The surveys have been proactively promoted to organisations working across the equality strands for e.g. disability forums, Lesbian, Gay, Bisexual, Transgender and Black and minority ethnic communities. Please note that the formal consultation finishes on the 19th September and the findings will be then be analysed fully. A full equality analysis will be determined upon the outcome of the feedback from the consultation.

## **12.0 Environmental implications**

No environmental implications have been identified relating to the consultation process.

## **13.0 Human resources implications**

No human resource implications have been identified relating to the consultation process.

## **14.0 Corporate landlord implications**

There are no corporate landlord implications relating to the consultation and engagement process, however moving forward with the proposals there will be asset implications in relation to the co-location of the staff. There is representation from Asset Management, Corporate Landlord on the HCP Steering Group.

It has been highlighted that Health Visitors are currently based in Strengthening Families Hubs and it is proposed that school nurses join them there as a base, but will still work mostly out in schools and other education settings. The tender and service specification will need to consider this proposal.

The service model proposes close working and potential co-location with the 0-19 Strengthening Families Hubs.

## **15.0 Schedule of background papers**

Department of Health Commissioning guidance for 0-19 Healthy Child Programme  
<https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/493617/Service\\_specification\\_0\\_to\\_19\\_CG1\\_19Jan2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493617/Service_specification_0_to_19_CG1_19Jan2016.pdf)

Rapid Review to Update Evidence for the Healthy Child Programme 0–5 (Public Health England, 2015)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/429740/150520RapidReviewHealthyChildProg\\_UPDATE\\_poisons\\_final.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429740/150520RapidReviewHealthyChildProg_UPDATE_poisons_final.pdf)

Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)

<https://www.gov.uk/government/publications/healthy-child-Programme-pregnancy-and-the-first-5-years-of-life>

Department of Health (2009) Healthy Child Programme – 5-19 years (amended August 2010)

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_108866.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_108866.pdf)

Public Health Outcomes Framework 2013 to 2016 (DH, 2014)

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

## **APPENDIX ONE**

Engagement Report.

## **APPENDIX TWO**

Service Model Framework Consultation document.

# Wolverhampton Healthy Child Programme – Findings from Stakeholder Engagement

Public Health and Well-being  
August 2016

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## 1. Introduction

The City of Wolverhampton Council's public health team, as part of the commissioning process, engaged with key stakeholders regarding the future 0-19 Healthy Child Programme service model.

Engagement with stakeholders commenced in 2015 and this was followed by a formal 8 week engagement process undertaken between May and July 2016. This document details the findings from the engagement.

The engagement process sought to obtain the views of key stakeholders on current services and to identify the best future service model to improve outcomes for children and families. This specifically relates to health visiting, family nurse partnership and school nursing services. To date we have engaged with over 450 professionals, parents, carers and young people to inform the development of our proposed service model.

Wherever possible the views of our stakeholders have been considered and incorporated into a new service model framework for the 0-19 Healthy Child Programme. We will consult on this new service model during August and September 2016 prior to commencing a tender process to enable a new 0-19 Healthy Child Programme service to be in place from 1 August 2017. Further background information about details of how you can provide feedback on the proposed new service model is available on our website at [City of Wolverhampton Council - The Healthy Child Programme](#).

## 2. How we engaged with stakeholders

We employed a variety of methods to obtain feedback from our key stakeholders. This included attending stakeholder meetings and holding engagement events for professionals. We conducted five separate on-line surveys for prospective bidders, professionals, head teachers, parents and young people. We also conducted a number of focus discussion groups with service users. Samples of the materials used to engage with parents and young people and publicise the on-line surveys and engagement to parents and young people are attached in Appendix One. With the assistance of the Council Communications team Facebook and twitter were used to publicise the engagement process. We shall continue to conduct focus discussion groups throughout the formal consultation period to help inform the development of our new service model and service specification.

We attended key meetings with professional stakeholders to inform them of the proposed commissioning process and obtain their views on current services and priorities for the new service model. This included attendance at GP locality and primary care meetings, meetings with Head teachers and Personal and Social Health Education (PSHE) leads in schools.

We were fortunate to work with some young people from the youth council, care leavers forum and care leavers board who advised us over a number of weekly

meetings on the development of the young people's survey and shared their views on school nursing services.

We were fortunate to meet parents and carers of children with additional needs via the Voice for Parents Forum who shared their views on current services. Some parents kindly advised on the development of the parent's survey questionnaire. We also engaged with the Foster carer's forum to obtain their views on the services. A member of staff from Health Watch supported the early engagement work advising on the surveys as did colleagues in public health.

We held two multi-agency events for professionals where we shared initial findings from the engagement and discussed key issues that had arisen and implications for the new service model.

In addition we have engaged with Health Scrutiny and the Scrutiny board who further advised on the engagement and consultation process. We continue to engage with the Councillor for Public Health and Wellbeing, the Councillor for Children, Young people and Families and senior management within the Council. We have produced and sent briefings to key stakeholders via the Wolverhampton Voluntary Sector Council, The Council's Due North Procurement website, as well as GP, Councillor and School bulletins.

Early in the commissioning process we established a Healthy Child Programme (HCP) steering group with responsibility for overseeing the development of commissioning options and any subsequent tender process. This has included advising on and supporting the engagement process. Children's services and the Clinical Commissioning Group are represented on the group along with a GP representative and key council officers including the head of service for early intervention and safeguarding representatives. Steering group members have advised on the development and implementation of the engagement and consultation plans.

A summary of the main stakeholders we have engaged with is detailed in the table below. Over 450 stakeholders have expressed their views to date.

How we engaged with stakeholders	Who we engaged
Market engagement survey	A range of potential bidders including NHS trusts and the voluntary sector.
Stakeholder workshop	Managers and staff in current services and their key partners.
Two professional stakeholders	75 professionals from partner agencies

engagement events	including health, social care, education, early years and voluntary sector.
Young people's discussion and survey planning group	8 young volunteers from youth council, care leavers forum and care leavers board.
Young people's discussion planning group	3 young volunteers from The Way.
Parents forum discussion group	9 parents
Foster carers forum discussion group	24 foster carers
Parents on-line survey	136 parents
Young people's on-line survey	49 young people
Briefing to youth council members	13 young people
Two focus groups at Orchard Centre	14 young people
Teachers attending PSHE network	12 staff
Head teachers forum	40 staff
GPs and primary care via GP locality meetings, Team W, Practice nurses and practice managers forums and Local Medical Committee (LMC).	70 staff

### 3. Overview of key themes identified from engagement with stake holders

The key messages identified for the new service model that came out of the engagement with parents, carers, young people and professionals are:

#### Consistency

A key theme was that whilst many stakeholders gave positive feedback about working with or receiving services from an individual health visitor or school nurse there was an inconsistent approach to service delivery as a whole.

#### Continuity

This was of particular importance for parents and foster carers. They would like to be able to develop a relationship with a named member of staff who has knowledge of



the family and child. Parents don't want to have to repeat information to different staff.

### **Make better use of technology to support service delivery**

Technology needs to be used much more effectively to support service delivery. Staff should be supplied with appropriate devices i.e. smart phones or l pads. Improve information sharing and record keeping through instigation of electronic record keeping that enables staff to readily access and input data into electronic records during visits. Better use of social media to engage with young people. Better use of websites, apps and Skype to communicate with and provide information to parents and young people.

### **Communication**

All stakeholders including parents and young people identified that communication needs to be improved particularly communication between health visitors and GPs.

### **Accessibility**

Many parents stated difficulty in contacting their health visitor or booking an appointment; they expressed a need for drop-in without appointment or telephone contact. Young people also wanted to be able to access their school nurse more often in their school.

### **Early help and prevention**

Stakeholders want the new service model to intervene earlier, making greater use of 'early help' assessments. To provide joined up working to support families including working closely with strengthening family's teams to provide a multi-agency model. Also a strengthened role in supporting emotional health and mental wellbeing.

### **Family Nurse Partnership and supporting vulnerable families**

We received positive feedback regarding the Family Nurse Partnership nurses and the individual support they provide for young parents. However there was an overall concern expressed regarding the current limited capacity of FNP to meet the needs of all young first time mothers who meet the criteria. A consistent theme was the need to expand the current criteria of FNP. Additionally, there were requests to build capacity within the health visiting service itself to be more able to address the needs of vulnerable and/or complex families.

### **The new service model**

Overwhelmingly stakeholders agreed with the principles we proposed for the new service model. We found support for delivering an integrated 0-19 Healthy Child Programme service as a cost effective solution and offering a better quality service

via a seamless pathway for children and young people. Stakeholders support the continuation of the mandated development reviews and suggested consideration of additional checks e.g. at 3 years.

#### **4. What professionals and partners told us in the on-line survey**

##### **Characteristics of respondents**

70 professionals from a variety of backgrounds including health, primary care, education, early years, social care and the voluntary sector responded individually to our on-line survey. All of the respondents stated that they worked in Wolverhampton. Most of the respondents to our survey had some experience of working with at least one of the three services and many had experience of all three. There were also a small number of health visitors and school nurses who completed the survey. The findings and the emerging themes from this survey and the Head teachers' survey were considered at our subsequent engagement events for professionals.

#### **5. Views regarding current health visiting services**

We asked stakeholders to consider what in their opinion does the current health visiting service do well. Respondents to the survey highlighted that they appreciate the following about current services:

- Recognition of the value of health visitors' universal access to families without stigma and engagement with families.
- Acknowledgement that many health visitors are very skilled practitioners who liaise and communicate well and adapt their approach as needed.
- The potential that delivery of the Healthy Child Programme has to offer a standardised level of support to all families based on their needs and provide active support for vulnerable families.
- Many stakeholders described the current service as good, that services generally provided by health visitors are professional and efficient, .however acknowledged there are sometimes issues due to capacity.
- Health visitors have excellent knowledge of families and will follow up quickly any safeguarding concern.
- Health visitors are proactive about identifying developmental or medical concerns with children and referring them appropriately and promptly.
- Some examples of innovative work were shared e.g. well attended Saturday morning development clinic.
- Health visitors work collaboratively with social work teams.
- Provide additional support to struggling parents.
- Good liaison with the school nursing service.
- Responding to GP safeguarding concerns.

One stakeholder commented:

*“On the whole the service provided is professional and efficient but caring.”*

## 6. We asked stakeholders how the health visiting service be improved in the new service model.

There were a number of key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from stakeholders on how health visiting services can be improved in the new service model.
<b>Expand the current mandated development reviews/checks.</b>	Include an additional check at 3-4 months to support maternal mental health, child safety and healthy eating habits. Provide an additional check at age 3 years. Some GPs would like the measuring and weighing of babies at 6-8 weeks reinstated.
<b>Intervene earlier with families to address needs, provide early help and strengthen multi-agency working.</b>	Requires greater use of and lead on 'early help' assessments. More joined up working to support families including working within strengthening families teams to provide a multi-agency model. A move to electronic record keeping is key to supporting above. Intervene early to provide support to parents via clinics e.g. for children with sleep problems or finicky eaters to prevent problems escalating and later referrals to specialist services.
<b>Better integration with the Violence Against Women and Girls (VAWG) agenda.</b>	This includes addressing domestic violence and abuse, sexual violence, female genital mutilation, forced marriage and honour based violence. Need to identifying victims and potential victims, accessing pathways and providing education to families.
<b>Better engagement and integration with GP practices.</b>	Improve the communication between health visitors and primary care as a matter of priority as a number of GPs and practice nurses have stated that this has worsened since health visitors no longer located within GP practices. Consider a named health visitor for each GP practice. Health visitors to proactively chase and encourage children who fail to attend for immunisations. Feedback to surgeries regarding domestic incidents as currently not routinely reported.
<b>Partnership working.</b>	Improve the liaison and communication between health visitors and schools. Closer partnership working with nurseries and better work around school readiness including undertaking the two year old assessments at the nursery and ensuring that the two year check information is shared with the nursery. Clarify roles and responsibilities to avoid duplication especially in relation to safeguarding.

<b>Improve communication with parents.</b>	Make better use of technology e.g. a website for parents to enable access to sound evidence based information and to include a mechanism to ask health visitors questions.
<b>Improve parents access to services.</b>	Some GPs described receiving complaints from parents who find booking an appointment a barrier to seeking help from the health visitors at the time of need which could be resolved by provision of drop-in clinic appointments. Have a named health visitor allocated to each family.
<b>Ensure adequate levels of staffing to deliver the new service model.</b>	A number of respondents commented on issues relating to perceived lack of capacity and highlighted the need to ensure that there are adequate staffing levels to deliver the new service model and address the deprivation and high level of needs of families in the City.

## **7. What professional stakeholders told us about the family nurse partnership (FNP) service and how services for vulnerable families could be improved in the new service model**

Most stakeholders commented on how well the family nurse partnership service provided support to vulnerable young families and there was an acknowledgement of the high standard and quality of the services provided. It was noted that this was made possible as FNP staff have the time to support vulnerable parents with smaller caseloads unlike health visitors in the universal service. It was also acknowledged that family nurses are well supported in their role as they have access to high quality resources, training and supervision.

We received positive feedback regarding the Family nurses themselves and the individual support they provided to young families. Their motivation and how they go above and beyond their roles to help the families was noted.

Despite the positive feedback about FNP there were a number of concerns expressed by many of the respondents about the programme as a whole. The first concern respondents highlighted was regarding the current lack of capacity of the FNP programme to enable all young families who meet the FNP criteria to access the service. A number highlighted their experience of young women having been offered FNP services but later declined due to lack of FNP capacity which they saw as disappointing and a missed opportunity for their clients to have benefitted from the service.

The second concern raised was as regards how equitable the FNP service is in terms of families who may be eligible for the service but are unable to receive due to limited capacity and for wider vulnerable families who don't meet the FNP criteria. It was suggested that additional investment in FNP was required to increase the capacity of family nurses so that more eligible young people could receive the service. It was also suggested that the current FNP service should be reviewed and

widening of the current criteria be explored to make the service more equitable and enable more vulnerable families to access intensive support when they require it. Stakeholders also made clear that there is a need to build the capacity within the health visiting service itself to be able to address the needs of vulnerable families and enable them to have more regular contact with vulnerable families.

Key themes	Suggestions from stakeholders on how services for vulnerable families can be improved in the new service model
<b>Need to address the current unmet needs of young parents who meet FNP criteria but are unable to avail of the service due to FNP capacity.</b>	Expand the number of FNP staff to enable more vulnerable families to be supported. FNP consider offering less intensive support to families so that FNP could be offered to more families. . Consider role of universal health visitors and integration of FNP into the health visiting service.
<b>Need to broaden the FNP criteria to enable more vulnerable families to be supported.</b>	Widen the criteria of FNP and expand the number of staff to enable more vulnerable families to be supported The need to expand the numbers of families being supported should not be at the cost of diluting the input as this would make the FNP programme less effective.
<b>Grow the FNP model by integrating into the universal health visiting service.</b>	Integrate and share the learning from FNP across the universal health visiting service which could include rotation of health visiting staff to enable development of skills and knowledge.
<b>Improve partnership working to address needs of vulnerable families.</b>	Allocate a named social worker and health visitor to each vulnerable family. Better use of technology could support health visitors i.e. enable quicker and safer use of information and promote greater awareness of shared services. Increase capacity within universal health visiting to enable health visitors to spend more time with vulnerable families. Better engagement with 'troubled families' and Violence Against Women and Girls (VAWG) agenda. Improve working relationships and communication between GPs and health visitors to enable concerns re families to be readily and easily discussed.

#### **8. What professional stakeholders told us about the school nursing service and how services could be improved in the new service model**

We asked stakeholders what in their opinion the current school nursing service does well. Stakeholders clearly value the role of school nurses and contribution they make in schools in a number of ways. These include:

- The skills of the school nurse in terms of excellent communication skills, knowledge of the school population and their ability to work with young people at their level.
- Health promotion delivered by school nurses and provision of sexual health including the c-card scheme and delivery of the national child measurement programme.
- The support provided for children with additional needs to families, children and schools including health plans and advice re medicines management.
- The input into safeguarding including attendance at meetings and liaising with schools on Child Protection and Children in Need cases and providing advice when requested.
- Excellent source of knowledge about health and how to refer to specialist services.
- Appreciation of the health input into all schools, including presence in schools and the links to wider school initiatives.

Some of our stakeholders comments about school nursing:

*“Having a named school nurse provides an excellent opportunity for face to face communication where any concerns regarding students may be discussed and acted upon if necessary. Our school nurse responds quickly to any emails and deals with matters speedily and efficiently. She is an excellent source of knowledge regarding health care and is able to add 'background' knowledge regarding the care/conditions of some of our pupils.”*

*“They manage many demands. They work across all agencies. They have multiple qualifications and experience. They are flexible and responsive to need. Schools value their input and support. Working relationships are excellent.”*

*“We are very lucky at present, we have a regular service with two nurses, one does the drop in for the C card and is there for sexual health and advice and the other one is our support with individual cases, working with self-harmers, dealing with mental health and seeing students who are on CIN, CP, LAC etc.”*

*“From my point of view I feel the school nurses are paramount to our working day. We need the on-going advice, teacher training on particular subject areas which are necessary to enable staff to relate to students well with particular problems. Education is key and the school nurses are paramount to this learning process.”*



## 9. How school nursing services can be improved in the new service model

We asked stakeholders to tell us how school nursing services might be improved in the new service model. There were a number of key areas identified by respondents that could be improved in the new service model. These are summarised in the table below.

Key themes	Suggestions from stakeholders on how school nursing services can be improved in the new service model.
<b>Improve the access to a school nurse in the school setting.</b>	Increase visibility of the school nurse and increase the number of days that school nurses are available in schools. School nurses currently do not spend enough time in school to be able to see the children. Take a more active role in some schools. Increased contact with parents and children. Provide a clear service offer to all schools. Allocate more time to secondary schools. More delivery of health promotion especially sexual health. More preventative work e.g. asthma management.
<b>Expand the role of the school nurse to enable wider work to be undertaken with families.</b>	School Nurses should go out to work with the families as a whole. Work with vulnerable children needs to be done at home with their families as well as in the school. Teachers and families should be directing children with behavioural problems directly to the school nurse as a first point of contact. Utilise their skills to offer more targeted support with all families.
<b>Improve partnership working.</b>	Work more collaboratively and avoid repetition. Provide a more integrated approach with other agencies - not in a silo with education. Explore links with other organisations as well as schools for e.g. Third Sector. Publicise their role to other organisations more. Locate in the city strengthening families' hubs. More integration with the Violence Against Women and Girls agenda.
<b>Increase capacity of the school nurses.</b>	School Nursing is stretched to its capacity and offers a more reactive service than a preventive service. Increasing staff numbers and allowing school nursing to work with families with early intervention which then reduces the pressures on other services. Increase capacity of nurses in line with increasing school population due to more children moving in to the City and increasing birth rate. Address need to provide services to more schools Consider impact on school nursing due to the increase in statutory school age and due to new schools opening. Increase capacity to enable school nurses to contribute to Education, Health and Care plans as currently do not have the capacity to do this. Need to increase number of school nurses in specialist roles such as home education. Address increasing demands due to the statutory

	safeguarding, Looked After Children and Children in Need work.
<b>Make better use of the skills and expertise of school nurses.</b>	Maximise opportunities for more proactive work i.e. health promotion, parents groups. To become more public health focused and not do everybody else's jobs. Increase skills in behaviour management. Provide opportunities for staff to shadow strengthening family's hub staff and increase understanding of thresholds.
<b>Strengthen role in emotional wellbeing and mental health.</b>	More engagement with CAMHS; beyond just making referrals. Much more emphasis on prevention and early intervention on emotional, behavioural and mental health issues. Be more proactive and better linked up with, for example, HeadStart.
<b>Improve communication and better use of technology.</b>	Make better use of technology to share information and to communicate with pupils and parents.

## 10. What stakeholders think about Health development reviews

Evidence shows us that there are key times for health checks or development reviews to be undertaken to ensure that parents are supported to give their baby or child the best start in life, and to identify early those families who need extra help. These are universal checks meaning that they are offered to every parent.

It is currently recommended nationally that health visitors provide reviews at:

- Antenatal Health Promoting Review from 28 weeks of pregnancy
- New baby review within 10-14 days of birthdate
- 6-8 week assessment (Maternal Mental health)
- 1 year review
- 2-2.5 year review

In addition Schools nurses provide reviews at:

- School entry
- In Year 6/7 (transition to secondary school)

Some Local Authorities have chosen to deliver additional checks at different stages based on their local families' needs. We asked our stakeholders if beyond the development reviews listed above, were there any additional times or stages in a child's life when an additional health review may be beneficial.

The majority of stakeholders support the continuation of the mandated checks as detailed above. 73.4% of respondents recommended additional times or stages in a child's life when a health review may be beneficial. Suggestions for additional reviews were:



- When a child is three years old.
- At some point during primary school years between the school entry and Year 6 transition reviews.
- Additional reviews during the secondary school years including mid-teens and school leaving check in year 11.
- It was also highlighted that there is a long time between the 6-8 week check and the one year check where parents may be in need of additional support.
- Some GPs would like health visitors to undertake the measuring and weighing of babies at 6-8 weeks which is currently a GP responsibility.

### **11. What professional stakeholders think are the most important issues affecting children, young people and families in the city today**

The new service model will need to address the findings of the public health needs assessment and the key priorities of the Wolverhampton Children & Young People's Plan. This plan seeks to ensure that:

- Fewer children are obese
- The rate of infant mortality is reduced
- Fewer parents, children and young people suffer from mental ill-health
- More parents, children and young people who misuse substances are supported through treatment

We asked our professional stakeholders what in their opinion are the most important issues affecting children, young people and families today that should be addressed by the new service model. A wide range of issues were identified. The main three issues were that were consistently highlighted as priorities that the service model needs to address are:

- Obesity (including prevention and including lack of physical activity).
- Mental health and wellbeing.
- Prevention and early identification of problems and help for parents.

The table below provides more detail on issues raised by stakeholders that they would like the new service model to address.

#### **Summary of priorities identified by stakeholders for the new service model to address:**

##### **Obesity**

- Lack of physical activity in all age groups.
- Healthy eating including provision of cooking classes and addressing lack of cooking skills.
- Education of parents to reduce the risk of childhood obesity.
- Address maternal obesity.

**Mental health and wellbeing**

- More preventative work to address mental health problems including building resilience and promoting emotional wellbeing.
- Supporting mental health of parents as parental emotional well-being and mental health issues affecting ability to parent consistently. Address parental alcohol and substance misuse.
- Collaborative work between school nurses champions of mental health prevention in schools. Address body image and self-harming in schools.
- More resources available for parenting programmes e.g. triple P. More knowledgeable and supported parents will result in lower chances of mental health disorders emerging.

**Early identification of problems, prevention and early help**

- Early identification of problems so that children, young people and parents are supported and increased early intervention capacity to support early help.
- Early intervention remains key, with antenatal and new birth contacts establishing a relationship between professionals and families that will endure to support them throughout the early years. Health visitors are best placed to deliver this support and develop the family/ professional relationship.
- A multi-disciplinary approach is required and better communication about the care, notes sharing and concern about the children.
- Supporting parents of children with additional needs to allow them to access services and enable their children to reach their full potential and ensuring children have healthy lifestyles to allow them to become healthy adults.

**Neglect and safeguarding issues**

- Working with vulnerable families
- Coping with substance misuse (especially alcohol) in parents.
- Domestic violence and violence against women & girls.

**Parenting and parenting programmes**

- Address lack of parenting skills, lack of parental engagement and lack of parental attention.
- A lack of structure and discipline in the home.
- Promote positive parenting
- Parenting support
- Many children falling through the cracks that could be addressed with more resources available for parenting programmes e.g. triple P More knowledgeable and supported parents will result in lower chances of mental health disorders emerging.

**Promotion of healthier lifestyles**

- Health promotion/healthier lifestyles for children and their parents and

<p>promotion of lifestyle services.</p> <ul style="list-style-type: none"> <li>• Address teenage pregnancy, sexual health and attitudes to sex and body image due to social media and internet</li> <li>• Substance misuse, alcohol, smoking, maternal smoking.</li> <li>• Ensuring children with a medical condition to be well controlled to allow them to become healthy adults, includes both physical and emotional health with early identification of issues to allow them to be managed promptly.</li> <li>• 'hands-on' learning to show children through living a healthier lifestyle is beneficial, not just showing them through a talk or a presentation but through doing, such as cooking classes or exercise groups that are interesting.</li> </ul>
<p><b>Poverty, child poverty and issues associated with deprivation</b></p> <ul style="list-style-type: none"> <li>• Recognition that poverty and poor education lead to poor health so consider needs of children and young people living in poverty.</li> <li>• In particular areas of the city breaking the cycle of unemployment/ lack of educational achievement and aspiration and deprivation is a primary challenge and one with which interagency working is key.</li> <li>• Address poverty, unemployment, lack of social mobility and aspiration, less ability to access facilities.</li> </ul>
<p><b>Relating to how future services should be delivered including better access to services, communication and sharing of information</b></p> <ul style="list-style-type: none"> <li>• Provide access to more support and services.</li> <li>• Improve communication.</li> <li>• Monitoring of non- attendance of hospital appointments</li> <li>• Ensuring that children from all ethnic and socio-economic backgrounds can equally access support and services.</li> <li>• Address language barriers and mobile families.</li> <li>• Health services to be able to share information in a better way.</li> <li>• Everyone is working in silo and greater awareness of what and who and where is required</li> <li>• To be proactive in the health of the child, providing the support required and go that extra mile to undertake this.</li> <li>• That every child is known to a health service professional or have access to a named professional</li> </ul>

## 12. Principles of the new service model

The new service model will largely be drawn from the evidence based national service specifications for health visiting, family nurse partnership and school nursing as detailed in the 0-19 Healthy Child Programme Commissioning Guidance which can be found on [City of Wolverhampton Council - Further information](#)

However we have developed with the Healthy Child Programme steering group a number of key principles for the new service model. The new service model will:

- Ensure that all children and young people are supported to achieve good outcomes.
- Be underpinned by an evidence base.
- Share a holistic view of a child's health, well-being and development with partners as much as possible.
- Build on current service components that are working well.
- Address service areas identified as needing improvement.
- Have a clear and strong commitment to addressing inequalities and evidencing this commitment.
- Identify those at risk of poor outcomes early, is part of joint working arrangements to address these, and reports on outcomes achieved.
- Continually learn and apply lessons from serious case reviews.
- Demonstrably adhere to new national guidance as it emerges for e.g. new guidance on child sexual exploitation.
- Encourage a culture of self-help within the community.
- Contribute to and support robust systems between health, social care and education.
- Seek opportunities for innovative service delivery through involvement of the voluntary sector in delivery of the Healthy Child Programme.

We asked our professional stakeholders to consider these principles and consider whether they agreed with them. The vast majority agreed with predominantly all the principles i.e. over 90%. The only principle that had less response was the principle to seek opportunities for innovative service delivery through involvement of the voluntary sector in delivery of the Healthy Child Programme. Only 78% supported this principle.

We asked if there was anything missing from our key principles. 70% said that there was nothing to be added to our principles. We were asked to consider the following comments and gaps in relation to the principles:

- There is no reference to the fact that Wolverhampton is a multicultural city and there are areas which are unique within its population. Some of these need targeted intervention.
- Evidence base can sometimes lead to an over rigid criteria for engagement e.g. Family Nurse Partnership might work with others too.
- Encourages a culture of self-help in the community but don't do this as an alternative to providing services but as building on assets.
- Inter-agency education/learning of knowledge and skills (inter-agency CPD for improving care to CYP).
- Identify who is the lead in the delivery of the healthy child programme.

- Early identification and referral for SEN e.g. Speech, language and communication disorder and delay, sensory needs etc.
- Explicit principle re prevention and early intervention of mental health issues.
- Addressing emotional wellbeing through working with appropriate agencies within schools.
- Encourages awareness of the very many excellent (often free or cheap) services available in the City.
- That the service is developed and monitored through co-production with young people and parents.
- Ensures that children and parents/families take responsibility for their own health. Too much emphasis on helping families actually dis empowers them and we can easily create a culture of dependency. GP services are flooded by users who do not take any responsibility for their health and feels that it is everyone else's duty to help them. Self-reliance and self-care and empowering families to take care of themselves should be a main part of the strategy otherwise we are setting up a generation of families to be forever dependant on others.
- Ensure staffing is adequate and fulfil expectations. Short staffing is not conducive to good practice.
- Ensure learning from Domestic Homicide Reviews (DHRs), Suspicious Activity Reporting (SARs) as well as Serious Case Reviews (SCRs) - there are implications for children.
- More advice and support during pregnancy about being good parents.
- Information governance.

### 13. Future role of the voluntary sector in delivering the Healthy Child Programme

We asked a specific question regarding the future potential role for the voluntary sector to support delivery of some aspects of the Healthy Child Programme in the new service model. Responses to this question were divided with 56% agreeing that there was a role for the voluntary sector and 43% stating that there was not. Respondents made additional comments in support of their choice of answer. We found that some respondents urged a little caution before delivering services via the voluntary sector and should only be considered if staff have the appropriate training, support and supervision in order for them to adhere to guidelines and understand how best to support the children and families. Some stakeholders expressed the following reservations:

***“I would worry that this may mean essential skills, key role elements being farmed out to services because they are cheaper but not of a similar standard.”***

***“To support and complement - not to be used instead of funding long term changes though”***

However many respondents acknowledged and supported the possibility of the voluntary sector working in partnership with health services to deliver elements of the HCP and suggested that potential benefits would include:

- The reach and ability to engage with some communities that mainstream public sectors struggle to engage with
- Providing non-statutory point of connection with health services - more accessible and approachable.
- Voluntary sector can provide community based services that are targeted at particular at risk groups and can adapt to meet needs more easily than statutory services or schools.
- Delivering non-clinical programmes of support for e.g. parenting
- Other respondents highlighted other areas of good practice including breast feeding peer support, healthy lifestyles, relateen etc.
- Providing buddying support alongside families along lines of Home Start.
- Building on community assets and encouraging communities to become more self-reliant.
- Providing accessible and acceptable venues at a neighbourhood level.
- Providing a whole family holistic approach.
- An example was given of HeadStart driving the development of a mental wellbeing consortium of quality assured VCOs.
- It was suggested that the voluntary sector could support delivery of parenting programmes, breastfeeding support and support national child measurement programme.

#### **14. Future service model options**

Prior to commencing the formal engagement process commissioning options were discussed and developed by the Healthy Child Programme Commissioning and Governance Steering Group. Two possible future commissioning options were identified and we asked our stakeholders for their views on these during the engagement process:

Option 1 - delivering the Healthy Child Programme via three distinct services; health visiting, school nursing and the family nurse partnership

OR

Option 2 - delivering the Healthy Child Programme via an integrated 0-19 Healthy Child Programme service.

Overall the feedback we obtained from our stakeholders suggests that a single integrated 0-19 Healthy Child Programme service model would be the most preferable option with the best potential locally for improving children's outcomes.

We undertook a market survey to obtain the views of our potential bidders. Several potential future service providers with experience of delivering Healthy Child Programme responded to our survey. We found that the majority of potential bidders would prefer to bid for a 0-19 Healthy Child Programme in its entirety as opposed to bidding separately for health visiting, family nurse partnership and school nursing services. It was suggested that this model has potential to be the most cost effective solution especially given current financial pressures and that the model had potential to offer a better quality service via a seamless pathway for children and young people.

We had more mixed views from the professionals who completed the on-line survey. We found that a third of respondents supported delivery via an integrated 0-19 model and a third supported continuing to deliver the Healthy Child Programme via three distinct services; health visiting, school nursing and the family nurse partnership. The remainder of on-line respondents felt either model would be acceptable or had no preference at all.

We specifically ran a workshop to explore this further in our professionals engagement workshop attended by 75 professionals.

We found that there was support from participants attending for a 0-19 model. Participants thought that a 0-19 model best represented the child's journey. Participants identified a wide range of potential benefits from delivering services in this way which included:

- Potential for better communication and clearer service offer to families and professionals.
- Having a holistic view of families across the age range.
- Better dialogue on families if school nurses and health visitors based together.
- Potential for improved data sharing supported by a single 0-19 information system as opposed to separate IT systems.
- Potential for stopping children slip through the net e.g. health visitors could continue to support a child and their family at school entry or school nurses could offer support prior to children prior to school entry.
- Could offer seamless transition at key life stages e.g. school entry.
- Opportunity to have better links and communication by having a named link health visitor or school nurse from the 0-19 service for GPs and social workers.



However some participants also highlighted a number of concerns and issues that would require consideration in delivery of a 0-19 model:

- It's important to have the right support and infrastructure in place to support delivery of a 0-19 model i.e. data systems.
- Need to have clearly defined roles and the skill mix to deliver.
- Budgets were raised as a potential issue i.e. who gets the biggest slice of the pie. Need to ensure that all key elements of the 0-19 service are adequately resourced.
- Staff working within the current services were concerned that a move to a 0-19 service might mean a move to being a 0-19 worker and felt that there were particular skills and strengths that health visitors and school nurses had that should not be lost. A plea was made to not lose the specialisms of health visitor or school nurse.
- The 0-19 programme provides an opportunity to consider a different approach to delivery in schools for example breaking down service delivery into 5-12 years banding/stage and 12-19 years acknowledging the different skills and expertise required to address the needs of children and teenagers.

## **15. Young People's feedback**

76 young people have to date provided their views via group discussion or on-line survey. We also held a number of discussion groups with young people from the youth council, care leavers and looked after children's forum, The Way and the Orchard school. Further views were obtained by including specific questions about school nurses in the Behaviour school survey of around 1000 pupils.

The characteristics of the young people completing our survey were as follows:

Only 40 young people completed the equality questions on the survey. The majority were aged between 12 and 18. One young person under the age of 12 completed the survey. 5% were aged 12, 2.5% were 13 years old, 17.5% were aged 14, 47% were aged 15 years, 5% were 16 years old, 12.5% were aged 17 and 7.5% were aged 18.

The young people were from 13 different schools and pupil referral units including one college student.

56% described themselves as female, 37% as male. 2 young people described themselves as gender neutral. The remainder preferred not to say

92% had the same gender identity as assigned at birth. 2 young people did not have the same gender identity as assigned at birth and the remainder preferred not to say.



75% of young people identified as heterosexual, 11% were unsure of their sexuality, 2% identifying as a gay man, 7% identifying as bisexual and the remainder preferring not to say.

14% of young people identified themselves as being young person who is looked after by the local authority (in care or looked after by a foster carer).

60% described themselves as White British, 9% White and Black Caribbean, 7 % Asian British Indian, 7% Black British Caribbean, 5% Other White European, 2% Chinese, 2% White and Asian, 2% Black British African and the remainder other or preferred not to say.

49% described themselves as having no religion, 34% Christian, 2% Hindu, 2% Sikh, and 7 % other religion and the remainder preferred not to say.

21% of young people stated that they had a disability.

## **16. What do young people think school nurses are doing well?**

We asked young people their views on current services provided by their school nurse. Young people overwhelmingly mentioned how approachable, friendly and kind their school nurse was.

The majority of young people responding to the on-line survey said they know how to access their school nurse and rate the service as good and would recommend the service to their friends. This was contrary to the findings of the larger Health Related Behaviour Survey 2016 as detailed below.

Young people value the confidentiality offered by the school nurse making the school nurse very approachable.

Some of the individual responses received to the question about what young people like about the support and services provided by school nurses in their school are detailed below.

***“That she is always there to help”***

***“Easy to find her and know she is here every week at drop in to talk to”***

***“I could tell my nurse everything and she would listen to everything”***

***“Non-judgmental, confidential, trustworthy, supportive”***

***“We are like a family here – we are all different – but she treats us equally” - Orchard School pupil.***

***“Understands me – doesn’t speak down to me – doesn’t speak***

*like we are children”*

## **17. What needs to be considered in the new service model?**

### **Increase access to the school nurse within the school setting**

The majority of young people said that access to the school nurse and drop-ins should be increased in their school. On the whole young people would like to be able to see the school nurse during the school day or immediately before and after the school day. Some young people would also like to be able to access the school nurse during the holidays. Most preferred to be able to meet the school nurse within their school as opposed to another venue. Young people would like choices on how they access the nurse including being able to book an appointment, attend a drop-in without appointment and to be able to access advice from the nurse via telephone, confidential email and Skype.

### **Improve communication**

Improving communication was a key theme. Young people would like to be able to contact the school nurse in a variety of different ways including phone, text, email and Skype.

Young people have a number of suggestions as to how school nurses could promote themselves more and improve communication including:

- having specific school nursing notice boards with a photograph of the nurse in schools and classrooms detailing how to access the nurse and providing health information
- promoting the service in school assemblies
- school nurse to provide an annual reminder to pupils about the service and introduce herself to new pupils
- Some suggested that the school nurse could attend school council meetings to discuss issues

## **18. Services young people would like in their school in future**

The majority of young people valued the services provided by school nurses and wanted more provided in their school. A large number of young people felt that school nurses could provide more support to young people in relation to mental health including providing advice and support and helping to reduce the stigma attached by talking about mental health issues more and advising for e.g. on exam stress. Other areas highlighted as important were continuing the drop-in's especially in relation to provision of sexual health and pregnancy advice. Young people suggested that school nurses could do more in relation to personal, social and health

education (PSHE) by teaching more lessons particularly relating to mental health, sexual health, sexuality, teenage pregnancy, drugs and smoking.

Young people in the groups highlighted that they liked the C card free condoms scheme and this should be provided by the new service.

Other areas highlighted were body image, sex education for LGBT young people, advice for transgender and non-binary people, gaming advice, blood checks and treatment of minor injuries.

One of the group discussions also highlighted a potential role in advising and encouraging young people who wished to pursue a career in health including access to modern apprenticeships and jobs in health settings.

### **19. Most important issues for young people in Wolverhampton today**

The top four issues facing young people today raised by the majority of young people were obesity (including diet, exercise and not eating), sexual health, mental health and alcohol. Other issues raised by smaller numbers of young people were smoking, drugs and keeping young people safe.

### **20. Findings from the Health Related Behaviour Survey**

Wolverhampton schools have been using the Health Related Behaviour Survey every two years since 2006 as a way of collecting robust information about young people. We included specific questions about school nursing in the 2016 survey. 2283 year 8, 9 and 10 pupils responded to specific questions about school nurses as detailed below. The data demonstrates a need to promote the school nurse services to young people and how they can access as many young people did not know how to access the school nurse. Only 42% of children sampled knew who their school nurse was. Only 38% knew when the school nurse was available in school. Very few pupils knew how to access the school nurse when not in school.

### **21. Views of Parents and carers**

136 parents completed our on-line survey. In addition we spoke to 9 parents at a meeting of the Voice for Parents Forum where they gave us their views on services and advised on the development of the parents' survey.

The characteristics of the 136 parents who completed our on-line survey were as follows:

- 7% were aged between 16 and 24 years of age, 38% were aged 25-34 years, 36% were aged 35-44 years of age with 19% over the age of 44.
- 15% told us that they had a child with a disability.

- 12% identified that they themselves had a disability.
- 88% of people who completed the survey were mothers with the remainder being fathers, grandparents or guardians.
- The majority of parents and carers were female (93%) with 6 males and 1 person who preferred not to say their gender completing the survey.
- 92% of parents described themselves as heterosexual with the remainder describing themselves as lesbian, bisexual or preferring not to say.
- The ethnicity of parents was:
  - 78% classified themselves as White British.
  - 10 % were Asian British Indian.
  - 3% were Black British Caribbean.
  - The survey was also completed by 1 Chinese parent, 1 White and Black Caribbean, 1 Black African and 2 White Other Europeans.
- 49% of parents described themselves as Christian, 32% were of no religion, 8% were Sikh, 2% Hindu, 2% Muslim and the remainder stating other religion or preferring not to say.
- 48% of parents had a child aged 0-4 years of age.
- 50% of parents had a child aged 5-11 years.
- 28% of parents had a child aged 12-19 years.

## 22. Contact with the health visitor and health reviews

We asked parents to consider the contact they had with their health visitor. 40% of parents felt that the number of visits they received from their health visitor was enough. Only 5% of parents felt they had too much contact. However 24% of parents felt they would have liked more support from their health visitor. They told us that they would have liked:

- Being able to have the same health visitor so that they get to know their children and can also develop a relationship with the parents.
- Being able to have the health visitor visit the home to carry out checks and provide support.
- Being able to access extra support from the health visiting service when experiencing postnatal depression, when a single parent, or as parents of twins/triplets.
- Parents whose children have additional needs being able to access extra help and support for example those with life limiting illnesses or long term conditions.
- Extra advice and support at key development stages e.g. weaning.

Some of the individual comments we received from parents about contact with their health visitor included:

*“I would like to have seen the same one so the health visitor knew my children”*

*“As a first time parent who was also single I felt I was just left with no information or help”*

*“I had lots of support but I always went to them.”*

*“As a new mom the service was fine I had good support from allocated health visitor”*

Some parents compared the health visiting support they had received for an earlier child and felt that they had not received the same level of support with a later child and that it was difficult to access health visitors for support. Some other parents told us that they had received their health checks late and some believed that they hadn't received all the relevant checks.

A number of parents felt that it was important for the health visitors to provide more support in the first year and suggested that the health visitor could telephone the parents more often in the first year to check that they were ok. Some suggested:

*“For first year the health visitor should come to your home to check on you more often and that you're not just left to it.”*

*“6 months checks by phone to make sure mum or dad or both are OK with their child's development at school”*

### **23. Schools nursing health development reviews**

We received mixed responses from parents when we asked if they remembered their child receiving a health review from the school nurse at school entry or transition from primary to secondary school and how useful it was for them and their child.

Of the 117 who responded only 50% of parents remembered receiving a review at school entry. 25% found the review useful but equally 25% did not find useful.

Even smaller numbers of parents remembering their child having a review at transition to secondary school with around 10% remembering this and finding this review helpful and 10% remembered but did not find this review helpful.

### **24. Additional comments about health development reviews**

We asked parents if they had ever been offered a review and declined this and reasons for this. Only 12 parents told us that they had been offered and declined a visit/review from the health visitor or school nurse. A variety of reasons were given

from thinking that they didn't need the service to a minority reporting that they didn't like how the health visitors interacted with them feeling judged.

We asked parents if there any other times or stages in their child's life that would be helpful to be offered a health review/visit from the health visitor or school nurse and found that the majority of parents were happy with the current development checks on offer.

28% of parents suggested the following as additional times when checks may be useful:

- Before and when starting school.
- More frequently during primary – rather than just offered at school entry and transition to secondary school. Some parents commented on puberty being a key time and reflected that this is occurring earlier and information available for parents was limited.
- More frequently during secondary school and when leaving school at Year 11.
- Some parents felt more support was required on an individual basis e.g. when a child becomes diagnosed with a long term condition or has other additional needs identified e.g. mental health.
- A small number of parents felt the need for even more contact suggesting six monthly or annual reviews.

## **25. What parents like about the support and services that they or their child received from the health visitor, family nurse or school nurse**

Only half of respondents answered this question and the responses were mixed with a small minority of parents stating that they had received very little support from the services and therefore had nothing to recommend them. It would appear that there is inconsistency in the services currently provided to parents. Some parents praised the level of support they received but some said they only received a basic service and faced difficulties in accessing staff for help.

***“I don't even know who our school nurse is and my 14 year old son has a long term medical condition. I have never met the school nurse and as far as I know, neither has he.”***

However it's clear that those parents who recalled having received services clearly do value the support and advice they received. They described staff in the services as being helpful, kind, accessible and friendly. This is a sample of some of the individual comments that we received from parents regarding their positive experience of the services.

***“School nurse is helpful as they pick up any underlying issues your child might have, especially if you don't need to visit the doctor***

*because your child isn't ill often"*

*"Our school nurse became our keyworker for CAF meetings that I self-referred for. She was our rock, and became a huge part of our lives. She was our support when school wasn't listening."*

*"The service from the health visitor is good but it is really hard to get in touch with them and appointments at clinic fill up really fast."*

*"I felt the visits for my newborn baby and 6-8 week checks were positive. The health visitor was clearly experienced and I felt reassured when my questions were answered."*

*"The School Nursing support is great, hope with disabled young people they and their families can have similar support post 19 years."*

*"The school including nurse become a second family for our children with complex and additional needs."*

*"My child's school nurses are excellent, supportive with a great can do attitude!"*

*"I suffered from post natal depression and if it wasn't for my health visitor I'm not sure I would have got through those early years"*

*"My Family nurse knows more about me than any other professional. She is always there for me. I hope this service is around to help other young people like me"*

*"I like that my family nurse has been there consistently throughout my pregnancy and now that my baby is born"*

*"Love my Family nurse she has helped me so much to be a much better mom"*

*"I think the FNP service has been excellent and I wouldn't have managed without their support"*

## **26. Parents views on how services can be improved in future**

We asked parents their views on how services provided by health visitors, family nurses and school nurses could be improved in future.

Lack of continuity of staff was a major theme identified by parents. Ideally parents would like to have contact with the same member of staff so that they can develop a relationship with them and that staff know their children. Failing this some suggested limiting to two named health visitors for the family. Some of the individual comments we received from parents regarding this include:



*“Continuity of care. I don't even know who my health visitor is. The few times I have taken my daughter, I see a different person each time. When I was struggling they failed to signpost me to the services I needed”*

*“Being able to build a relationship with someone you trust is very important when you have young children or have just given birth, continuity of care therefore is very important.”*

*“When the health visitor comes out antenatally, ensure it's the same lady that comes out at all other key contact visits.”*

Inconsistency of service delivery appears to be another major theme. The majority of parents asked for a more consistent approach from the services. The parents we spoke to and surveyed had mixed experiences of the services. Some spoke highly of the staff and services that they received whilst others were less than complimentary due to their experiences of health visiting and school nursing services. Comments included:

*“Go back to a named health visitor rather than the team. You end up spending most of your time explaining what the other health visitors have said previously”*

*“Timing – every development review was late.”*

*“Communication has to be improved. I shouldn't have to call 3 or 4 times to get an appointment with the health visitor. I know people who've given up trying to get through and taken baby to the gp instead which is not their job and clogging up our gp surgery”*

*“The removal of drop in clinics was a detriment to the service. The change of geographic areas has also had an impact. The service also needs to reflect that many parents work and so having appointments between 9 and 3 are no longer suitable and the times should be more in keeping with GP hours with access to the service outside of working hours.”*

*“Feels as if after the 2 year review you don't see them or have any contact. No presence. Baby clinics need improving too busy not enough health visitors. Don't even know who to approach for concerns or help. Need more communication from them.”*

Parents also highlighted how difficult they felt it was to get appointments when they needed help. Some parents also asked for more flexible opening times that take into account the needs of working parents.

Communication was also identified as an area that needs improving in the new service model. Parents would like to be able to email staff. Parents would like to see



better use of technology and for sharing information with parents. Some parents commented:

*“Being able to email your own health visitor for advice would also be great instead of having to phone a generic office phone number and having to wait for someone to call back if the duty health visitor isn't available at that time.”*

*“Contact feels old school - I'd like emails, apps etc.”*

*“Weight and measure in schools is a waste of time. No follow up if your child is overweight. What is the point of upsetting a child by letting them know they are overweight and then doing nothing about it”*

*“It would be good if the school nurse introduced herself to families at the very least at transition stages so that you knew who she was and could have a point of contact if needed. I have asked school several times over the last few years who the school nurse is. My son is going into Y 10 in September and I still have no idea who the school nurse is”*

We asked parents how they would like to be able to contact their health visitor, family nurse or school nurse in future. Parents would like choice in how they contact the services. The most popular way parents want to contact the service is to be able to telephone and speak directly with a member of staff. 75% of parents requested this. However almost as important is the ability to be able to text, email, book an appointment and drop-in to see staff without an appointment. Skype or face time was a less popular method of communication with only 8% of parents advocating this as an option.

We asked parents what the most important health and wellbeing issues are for families, children and young people in Wolverhampton today. These can be grouped into six main issues which are obesity, mental health and wellbeing, poverty, health promotion and healthy lifestyles for whole family, child safety and support for children with additional needs and access to information and support.

The top issue mentioned by parents was around obesity. Parents described this in various ways including weight, healthy eating, diet, nutrition. Parents highlighted the need for a family approach to exercise. It was not just the need for better education about healthy eating but helping families to support this for example by providing free breakfast for children, advising on maintaining a healthy family diet with continuing rising costs of food and guidance on how to budget for nutritious meals rather than convenience foods. Advice too on helping children to stay fit in the age of video games was also mentioned.

The next most mentioned issue was around mental health and wellbeing including promoting healthy minds, addressing poor self and body image in children and addressing the wellbeing of the whole family.

Poverty was cited as the next key issue and parents referred to lack of family income, isolation of families, housing issues, lack of access to social activities outside of school that don't cost a fortune and lack of community spaces for children and play provision for under 5's.

Health promotion and healthy lifestyles was mentioned and parents specifically highlighted mental health, sexual health, smoking and drugs and dental hygiene.

Child safety and safeguarding were also highlighted as important issues with reference to sexual exploitation, gangs, domestic abuse and one parent mentioned an increase in racism 'post-brexit' as of concern.

Parents would like advice about growth and child development and knowing when their child should meet development milestones.

Many parents highlighted difficulty in accessing information, support and services and said that more information and support should be available for parents. Parents highlighted that being able to access help when it's needed as important and that this should be non-judgemental. One parent described this as:

***"Catching problems early".***

Another parent asked for:

***"Just for someone to listen and not to judge".***

A wide range of issues were identified by parents that they felt were important for staff to address with either their children or to provide additional support to parents on. These included:

- Obesity, diet, exercise and healthy eating
- Underweight children
- Long term conditions
- Puberty
- Contraception and sexual health
- Head lice
- Mental health
- Vaccinations
- Smoking
- Childhood illnesses
- Migraine

## 27. Views of parents from the Voice for Parents Forum

We spoke to 9 parents whose children had a long term condition or disability via the Parents Forum. The parents described similar issues and concerns as highlighted by the parents via the on-line survey.

The parents were unclear on what services were on offer to them or how to access their health visitor or school nurse. None of the parents recalled having received a letter or other publicity from the services.

The parents identified a gap in service in relation to emotional wellbeing and links to pastoral support in school and would like the services to have more focus on this. Other gaps identified were that some parents did not know who to contact if a child attends a school out of borough. It was suggested that it would be good if the school nurse could be a link for parents and continue to provide advice to parents and coordinate and communicate on behalf of the family with other services i.e. paediatrician. Some parents expressed a number of frustrations with current services:

- Lack of feedback from services when their child has been referred.
- Lack of communication between GP and paediatricians and services.
- Problems with access to equipment that their child needs.

To note that some of the issues raised by parents relate to wider children's and primary care services.

The parents also expressed frustration about having to tell their child's story every time they go to a different service or GP. The parents suggested how lovely it would be for them to have a school nurse that was consistent throughout their child's life and that parents would know that the school nurse would be meeting with the school pastoral staff and had an understanding of their child.

Some parents provided positive feedback about the annual health assessments conducted with their child on an annual basis and were very appreciative of these.

There appeared to be some confusion amongst the parents as to the different roles of the school nurses and special school nurses.

## 28. Views from the Foster Carers Forum

We facilitated a workshop with 24 foster carers. Generally feedback was very positive about the services they received. Foster carers said that the annual health checks for looked after children were working well.

Foster carers suggested that the services could be improved by better feedback and sharing of information between the health visitors/schools nurses and foster carers especially in relation to sharing about child's previous illnesses.

Foster carers highlighted that sometimes health policy can be different between local authority areas and gave an example of different breastfeeding policies which caused them some confusion.

A suggestion was made that any new or changes in policy which may impact on foster carers could be brought to the forum by the service provider so that foster carers could seek advice and raise any concerns.

Foster carers think that communication and sharing of information could be improved. They said that very often the 'red books' took months to arrive leaving foster carers without vital information about the child. In addition they identified that whilst the annual reviews went well, they did not receive any feedback from the health staff as regards these reviews which would be helpful.

Similar to the parents' feedback, foster carers highlighted how important it is to have a consistent health visitor and to be able to develop a relationship with them.

The foster carers praised some of the health visitors and school nurses for the support that had been given and were keen to share good practice.

***"She (health visitor) was fantastic with filling me in on observations whilst visiting (child's name) who has alcohol fetal syndrome. She was an excellent support to me during those first few weeks of coping with this three year old who had severe, complex problems. She attended his LAC and school PEP meetings."***

***"The school nurse deals very well with his condition and keeps me up to date with any episodes that happen at school. I have not got any suggestions for improvement in my personal experience."***

Attendance at future Foster Carer meetings by service managers would be welcomed by the members of the Forum and would provide an opportunity for foster carers to share any concerns or issues and to highlight to the service the impact of proposed changes in practice in relation to looked after children and foster care.

## **29. Views from schools**

Some school staff and head teachers completed our professionals' on-line survey. However given that they are a key stakeholder especially in relation to school nursing we conducted a separate Head teacher's on-line survey, held discussions with the Personal Social Health Education (PSHE) Forum and attended the Head teacher's forum to brief and obtain their views.

### 30. Findings from the Head teacher's survey

36 school staff responded to our Head teachers' on-line survey in December 2015. We received responses from staff working across primary, secondary and special schools and pupil referral units.

90% of those who responded rated their school's access to a School Nurse as good or excellent which appears to conflict with the subsequent stakeholder survey which identified a need to improve access to and capacity of school nurses.

We asked for views as regards the contact time between the school and the School Nursing Service and 60% of respondents said that the contact time with the School Nursing service was about right.

75% of respondents said that the School Nursing service did communicate a clear service offer to school. Again this conflicts the findings from the later survey.

90% of respondents said that staff in their school felt supported by the School Nurse Service.

90% said that staff needed more support from the School Nurse Service on health issues that impact on pupil wellbeing.

The most important issues identified by school staff that they would like additional support to address are:

- mental health/emotional wellbeing
- physical health
- healthy lifestyles

### 31. Views from the Personal and Social Health Education leads meeting

A group discussion was facilitated with 12 teachers with lead responsibility for Personal and Social Health Education (PSHE) in schools.

### 32. What support schools would like to receive from school nurses

Schools would like school nurses to support consistent delivery of sex and relationships (SRE) in schools. Currently there is an inconsistent offer and the quality varies. School nurses don't appear to have the capacity to provide a consistent delivery of SRE to all schools. Schools would like timely and consistent offer of support to deliver SRE. It was acknowledged that the delivery of SRE by individual school nurses is of good quality but the issue is an inconsistent offer to schools and the quantity and consistency of delivery across all schools. Acknowledge that some targeted delivery of SRE to 'at risk' pupils is delivered which is good however does

not appear to be part of a standard offer to all schools across the City. The drop-in's provided are valued by schools.

Schools value delivery of the National Child Measurement Programme (NCMP) however it was highlighted that there is a considerable amount of time between reception and year 6 and suggest further intervention before year 6 would be beneficial. Staff saw a wider role for school nurses to support families who are overweight.

Schools would like training provided by school nurses on asthma and epi pen to continue as well as support to teachers and families on this issue.

A key message was that the school nursing service needs to develop a standard service offer for all schools that is communicated well to all staff and gives clear information on how schools can contact a school nurse. The view is that the schools 'offer' depends on the relationship with the individual school nurse. Another theme was that whilst the quality of what some school nurses are delivering is good, not enough time is given to enable consistent delivery. School nurses could also have a role in capacity building in schools for example working with mentors.

#### Priorities that PSHE leads would like school nurses to support in school:

<ul style="list-style-type: none"> <li>Obesity (includes diet, weight management)</li> </ul>	<ul style="list-style-type: none"> <li>Sex and relationships education, sexual health promotion (secondary school)</li> </ul>
<ul style="list-style-type: none"> <li>National Child Measurement Programme</li> </ul>	<ul style="list-style-type: none"> <li>Emotional health and wellbeing including body image</li> </ul>
<ul style="list-style-type: none"> <li>Education Health Care Plans</li> </ul>	<ul style="list-style-type: none"> <li>Support for children with medical needs i.e. asthma, diabetes</li> </ul>
<ul style="list-style-type: none"> <li>Early Help</li> </ul>	<ul style="list-style-type: none"> <li>Safeguarding</li> </ul>
<ul style="list-style-type: none"> <li>Substance misuse</li> </ul>	<ul style="list-style-type: none"> <li>Drop-in's for young people in secondary schools and parents in primary schools</li> </ul>
<ul style="list-style-type: none"> <li>Smoking</li> </ul>	<ul style="list-style-type: none"> <li>Provision of general health advice including hygiene</li> </ul>

### 33. PSHE leads views on what works well and what could be improved

The key theme was that many felt that individual school nurses offered a quality service but that this was far from a standard service offer. PSHE leads would like to see a standard menu or service offer for all schools. It was highlighted that the delivery of the NCMP programme was very good but that this could also benefit by being delivered across wider school years than reception and year 6.

Key themes identified by PSHE leads.	How services can be improved
Improve the delivery of sex and relationships education (SRE) in secondary schools and pupil referral units (age appropriate).	<ul style="list-style-type: none"> <li>• Provide a clear and consistent service offer for all schools/PRUs.</li> <li>• Expand current delivery from year 11 to include earlier school years as appropriate.</li> <li>• Provide regular contact with those that are identified as 'at risk' in terms of sexual health/sexually active.</li> <li>• Consider whether school nurses are best placed to deliver SRE or could alternative service providers be identified to support delivery.</li> </ul>
Expand the national child measurement programme.	<ul style="list-style-type: none"> <li>• Consider expanding delivery to additional school years as too long between reception and year 6 and misses opportunities for early intervention.</li> </ul>
Inclusion support/ English as an Additional Language (EAL).	<ul style="list-style-type: none"> <li>• To clarify what extra support is provided to these pupils and their families as part of the core service offer to schools.</li> </ul>
Communication.	<ul style="list-style-type: none"> <li>• Communication with schools, children and parents needs to be improved.</li> <li>• A clear service offer/menu needs to be developed and communicated with schools.</li> </ul>
Improve accessibility.	<ul style="list-style-type: none"> <li>• School nurses to spend more time in each school.</li> <li>• A 'compulsory' visit for all pupils could de-stigmatise use of drop-in/access to the nurse.</li> <li>• All pupils to have a 'health check' with the school nurse – beneficial to all and would also help to de-stigmatise.</li> </ul>
Extend support offered to families.	<ul style="list-style-type: none"> <li>• School nurse drop-ins in primary schools for parents would be beneficial.</li> </ul>
Supporting healthy lifestyles and PSHE.	<ul style="list-style-type: none"> <li>• Ideally school nurses could deliver health promotion and education to every school year.</li> </ul>
Promoting emotional wellbeing and supporting mental health.	<ul style="list-style-type: none"> <li>• More support to be provided to children in schools and support</li> </ul>



	schools to address.
Capacity building in schools.	<ul style="list-style-type: none"> <li>• More pastoral team/mentors could be trained in C-card.</li> <li>• Opportunity for school nurses to supervise and oversee what school staff could delivery in relation to health and wellbeing.</li> </ul>

### 34. Engagement workshops

We held two half day engagement workshops and invited professionals, partner agencies and potential service providers to attend. The overall aim of the workshops was to identify how the future service model can support children, young people and families to achieve good outcomes and to enable a wide range of stakeholders to express their views. It also provided an opportunity to consider the emerging themes from the engagement with stakeholders and to explore some key issues that had been identified. 75 stakeholders attended the workshops from a wide range of backgrounds including health, social care, primary care, voluntary sector and potential service providers/bidders.

The first workshop enabled participants to explore the child's journey from pregnancy, birth through to 19 years and to identify key issues and gaps. A considerable amount of information was generated via this workshop; some of the key issues identified by stakeholders is summarised in the table below.

The Child's Journey Workshop	Priorities and issues identified
Antenatal.	Expand antenatal classes from 'labour preparation' to include more on parenting and attachment. Address language barriers and consider cultural perspective in delivery of antenatal classes i.e. reflect 34 languages spoken. Better communication between midwives, GPs and health visitors and information sharing e.g. children born outside country. Be proactive re flu immunisation. Improve communication & information for parents. Need to address parental substance misuse and domestic abuse during pregnancy. Review antenatal pathway and clarify roles and responsibilities. Gaps: not enough work pre-conception, with fathers, with mothers not attending antenatally. Lack of support for maternal mental health. Explore voluntary sector role.
Birth to one year.	Difficulty keeping track of mobile families. Parents don't see health visitors (HV) as an important contact. HV's have skills in maternal mental health but don't have opportunity to use. Eliminate duplication of services. Diverse population but not enough capacity in the services to be able to address. Need targeted services for new communities. Need seamless



	communication between GPs and HVs. Need to clarify roles and responsibilities. Need clear service offer. Importance of parents as first educators.
Two to five years.	Need for better information sharing between GPs, HVs, early years, housing, hospitals. Develop parenting programmes/peer support. Special needs/medical needs are not identified before starting school. Children not ready for school – poor toileting, poor communication skills. Overall development delays – lack of stimulation, low parental expectations. Speech and language Need an assessment review around 3 years of age. Address dental decay.
School age.	Children not ready for school. Professionals and parents need better understanding of school readiness. Behaviour issues due to lack of bonding and attachment at infancy. Children commencing school with Speech and Language delays. Need for more services/interventions for teenagers re mental health, wellbeing, low level anxiety, coping with stress, self-harming. Need consistent health education delivery. Consider impact of domestic abuse on children. Support children of parents in substance misuse services. Other issues to address: bullying, child sexual exploitation & grooming. Excessive time spent by children on screens. Address obesity, increase in sedentary behaviour. Consider educating parents on cooking and budgeting. More consideration of transition from children's to adult services.
0-19 years.	Not enough school nurses and health visitors to deliver the core HCP. Universal workforce is an asset; accepted by families, non-stigmatising. Safeguarding requirements across both services limits prevention work with current amount of staff, need to increase capacity. Language barrier issues – need for more interpreting services. Need clear service offers. Need for better integrated working with adult services i.e. mental health and substance misuse. More on emotional health and wellbeing for parents and children.

We considered the feedback received from all our stakeholders and identified 7 key issues which were considered in small groups. These were:

1. 0-19 integrated service model versus three distinct services; health visiting, family nurse partnership and school nursing services.
2. The potential role of the voluntary sector in supporting delivery of the Healthy Child Programme.
3. The Family Nurse Partnership Programme and how to support vulnerable families in future.
4. How communication can be improved in the new service model.
5. How technology can support delivery of the Healthy Child Programme.

6. Evidencing quality and outcomes.
7. Safeguarding versus prevention.

Main findings from workshops to address key issues arising from the engagement	Sample of key findings and recommendations
<p><b>Workshop 1</b></p> <p>0-19 integrated service model versus three distinct services; health visiting, FNP and school nursing services.</p>	<p>Support for 0-19 but requires clarity of health visitor (HV) and school nurse (SN) roles – not to lose specialisms. Provides flexibility, Better transition/seamless pathways e.g. into school. One service could enable HVs to continue support to child if required i.e. extra 6 months or SNs to pick up families earlier e.g. age 3 if to do so supports school readiness and early help. Don't support if 0-19 worker to replace HV and SNs. Need to keep specialism and skills in early years/adolescents. Also consider developing primary age skills (aged 5-12). Could mean holistic care for families. Whole view of family. Better use workforce e.g. links a HV or SN to GPs/social care to represent HCP. Provides opportunity to have multi-disciplinary public health teams consisting of HVs and SNs. Easier record keeping 0-19. Support for co-location of HVs and SNs as were in 1990s and communication was better. Be great to have midwives co-located too. Need to ensure infrastructure in place to support 0-19 i.e. IT, management, skill mix, location. Current IT systems don't talk to each other. Potential for confusing service users by having a 0-19 service as opposed to clearly defined HV or SN services.</p>
<p><b>Workshop 2</b></p> <p>The potential role of the voluntary sector in supporting delivery of the Healthy Child Programme.</p>	<p>Support for voluntary (Vol) sector to complement services in delivery of HCP. Could support parenting, low level emotional wellbeing, school readiness, befriending, obesity prevention, peer support, health education, formalise role models/peer support e.g. supporting the Travelling community. Questions of morality of using volunteers in statutory services. Volunteers not to be used as cheaper option. To be integrated not just an add on. Good practice examples e.g. Home start where volunteers properly trained supervised and supported. Clarify what is statutory and what voluntary sector could deliver. Voluntary sector bring wealth or expertise and experience working with communities. Could bring additional funds. Further engage with Vol sector to explore. Require clear contracts, not short term funded.</p>

	Clear roles and responsibilities. One central referral point for all services.
<b>Workshop 3</b>  The Family Nurse Partnership Programme and how to support vulnerable families in future.	Acknowledge quality of FNP. Not enough capacity in FNP to meet demand. Concern re support for those who meet criteria but can't be offered the service (100 young parents). Clarify what good practice/tools from FNP can be replicated in HV without licence. Need to change criteria of FNP to widen access i.e. Need more investment in HV targeted work with vulnerable families - Specialist HVs have case loads of 350 versus FNP 25 cases. Potential gap when graduate from FNP to HV service – no mandate for HV to go into home – perhaps role for specialist HVs. Future FNP could have HV staff rotating so shared learning and all can deliver. Plus build capacity so all HVs can have the time and tools to support vulnerable families i.e. weekly visits. Concern that FNP is not equitable service and future model should offer support to all vulnerable families. Could Voluntary sector support FNP. Need to do more re DV education in schools. Address poor uptake of antenatal services and review antenatal pathway. Primary care/GPs and midwives need to be part of the locality/hubs to improve communication/support vulnerable families. Develop universal parenting programmes.
<b>Workshop 4</b>  How communication can be improved in the new service model.	Need to improve communication between HVs, SNs, GPs and social care. Staff based in children centres to improve communication. Develop information centre to signpost. One IT system. Better use of texts and electronic referrals. Shared training events for health, social care and education staff. Co-location of staff in strengthening families' hubs. Standard data/consent forms for whole HCP. Handovers for children moving in/cross borders. Staff access to I pads/smart phones so can access info when needed. Standard service offer to all service users that is understood by all. Interpretation/translation services to make services more accessible.

	Address poor communication between HVs and GPs.
<b>Workshop 5</b>  How technology can support delivery of HCP.	<p>Technology needs to be used much more effectively. All staff to be supplied with appropriate devices, agile working, access to records during visits, remote working between visits.</p> <p>Make use of Apps, Skype, and social media to provide support and information to young people and parents</p> <p>Urgent need to move towards integrated e-record system which brings together different record systems currently used. E-referral's. Alert systems for missed appointments. Use Skype for contact with families that may not require physical visit.</p>
<b>Workshop 6</b>  Evidencing quality and outcomes.	<p>Establish electronic data systems to enable more efficient data collection and analysis and the ability to report on outcomes for individual families as well as localities. Integrate the services and share information systems. Integrate community profiling and show services are needs led –requires staff training. Need to track interventions – consider Outcome Star to show journey of family travelled and impact of service on the journey. Develop collective partnership targets and collective reward for improved outcomes. Need to have clear idea of outcome measures but acknowledge challenges i.e. in attributing impact directly to the service, in demonstrating improvements in health and education inequalities. Need quantitative and qualitative targets and exception reporting with reasons why targets not met. Evidence quality through audit. If two year old child assessment results are poor what intervention/referrals are then made across the city/workforce.</p>
<b>Workshop 6</b>  Safeguarding versus prevention.	<p>Need for refocus on prevention as workloads have been too focussed onto the latter end of safeguarding as opposed to prevention and 'early help'. HV and SN capacity impacts on ability to deliver more preventative work. Could attendance at safeguarding meetings be case by case basis i.e. initial meeting attended but if no health issues further if information fed in by email or phone to free staff up. However meeting is non- quorate if health does not attend. Health visitor focus on safeguarding is very beneficial for social services as they are only profession that go into homes. Need better technology to free up HV and SNs so can undertake mobile working, electronic data entry and have instant</p>

	<p>access to information e.g. apps to educate parents. Need better links between GPs and HVs e.g. HV link to meet with primary care every 6 weeks to enable timely flagging of concerns. Transition between services often an issue e.g. HV don't receive timely new birth notification especially when out of area – cross border working and issues. School nurses could do more preventative work re mental health. Consider skill mix i.e. nursery nurses can undertake assessments to support the school nursing/health visiting service if overseen/quality assurance by health visitor/school nurse.</p>
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### 35. Next steps

The new service model framework has been produced. Wherever possible the views from our stakeholders during this engagement period have been considered and taken into account. We are undertaking a formal 6 week consultation on the new service model framework. Feedback that we receive during the consultation will inform the final service model that will be submitted for final approval in November.

The young people's and parents' surveys will remain open over summer 2016 to enable as many people as possible to respond. The views will be considered in the development of the final service model and service specification. Further focus discussion groups may be undertaken to take a 'deeper dive' into particular issues or concerns expressed via the on-line surveys.

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Further background information is available on our Healthy Child Programme website here: City of Wolverhampton Council - Further information

### 36. Acknowledgements

**We would like to thank all those professionals, parents and young people who shared their views during the engagement process. Thanks also to all the staff and partner agencies that supported our engagement process including:**

Young people from the youth council, care leavers and looked after children's forums who volunteered over six weeks to share their views and assist the engagement process with young people including advising on the development of the on-line survey.

Special thanks to the Children's Services engagement staff were incredibly helpful and supportive throughout the whole process. Alice Vickers - Corporate Parenting officer and Andrew Scragg - Participation Officer.

Parents from the Voice4Parents Forum (The forum that gives a voice to parents and carers of children with additional needs) who shared their views and advised on the development of the on-line parents' survey.

Alison Baggs, Parent Participation Assistant and Chair of Voice4Parents Wolverhampton.

Tracy Cresswell – Healthwatch - Community Engagement / Volunteer Co-ordinator.

Esther Douglas, Fostering Social Worker.

All the foster carers at the Foster Carers Forum who shared their views and advised on the parents' survey.

Young people at The Way who participated in focus groups.

Darren Burrell - Senior Youth Work Lead - The Way - Wolverhampton Youth Zone.

Pupils at the Orchard centre who participated in focus discussion groups.

Julie Blake - Head of The Orchard Centre.

Mary Evans - Assistant Head of the Orchard Centre.

Louise Sharrod - Children & Young People's Health Improvement Manager – Public health.

PSHE Forum and teachers who participated in discussion group.

Health Visiting and School Nursing staff – Royal Wolverhampton NHS Trust.

Sharon Nanan-Sen - Wolverhampton Voluntary Sector Council.

Baljit Hague - Events and Marketing Officer.

Jenni Crawford-Brown -Management Support & Office Administrator.

Lydia Epangue - Digital Development Officer.

Laura Gilyead - Graduate Management - Trainee – Communications.

Aaron Toussaint - Policy Officer, Transformation Corporate Directorate.

Julie Round - Business Support Assistant – Public health.

Marie Jones – Boho Creative.

Public health staff who advised on the engagement process and surveys:

Mursheda Nessa - Advanced Health Improvement Specialist - Commissioning

Sandra Squires - Health Improvement Principal.

Margaret Liburd - Advanced Health Improvement Specialist.

Sue McKie - Health Improvement Principal.

Ravi Seehra - Public Health Commissioning Officer.

Members of the Healthy Child Programme Steering Group.

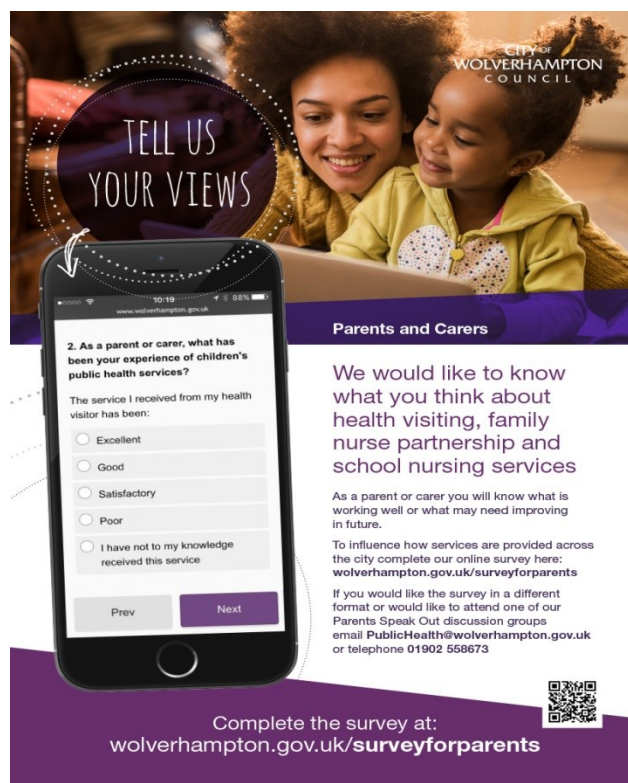
Members of Health Scrutiny and Scrutiny Board who advised on engagement process.



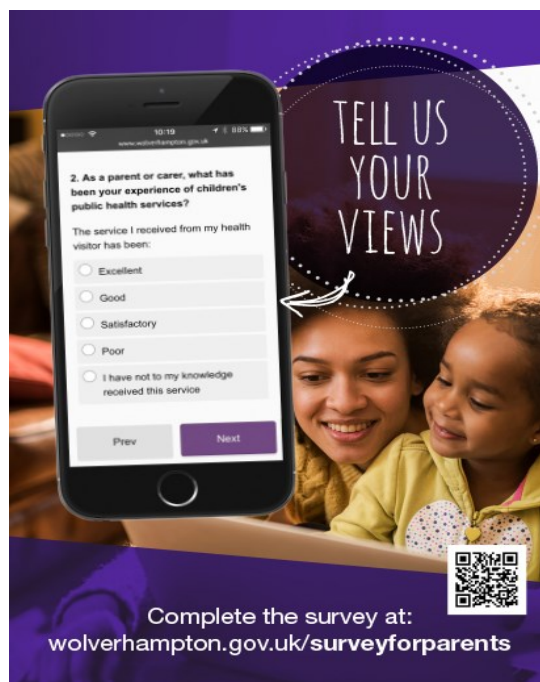
### 37. Appendix One

Publicity materials used to promote public engagement with parents, carers and young people.

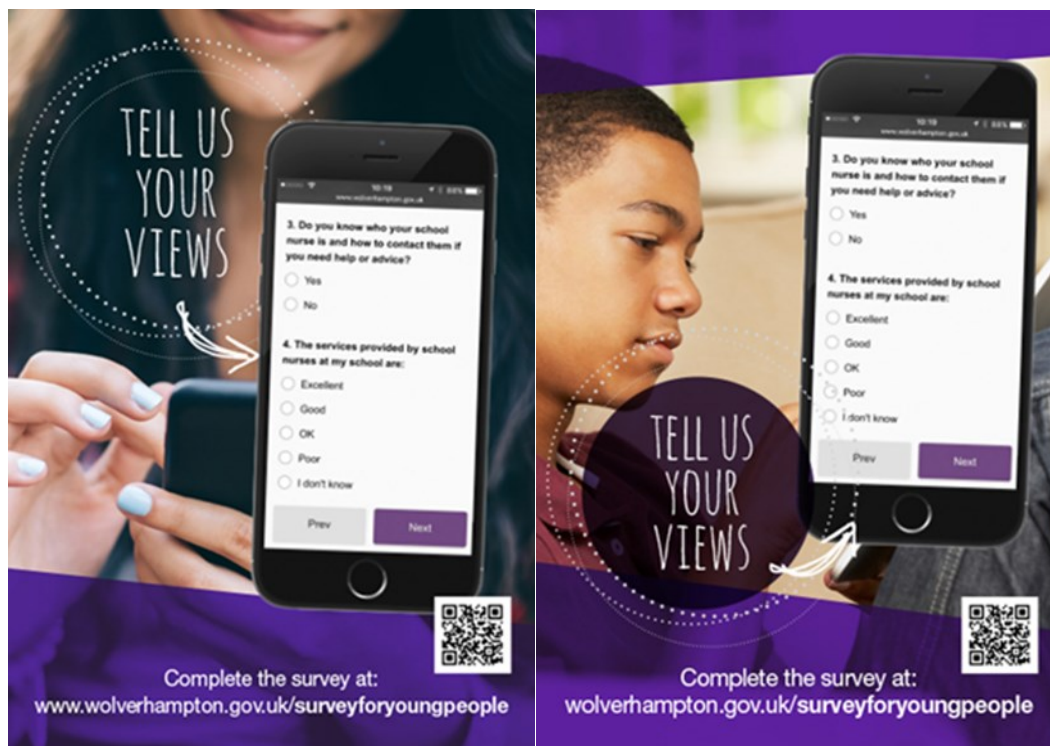
Parents Engagement Poster.



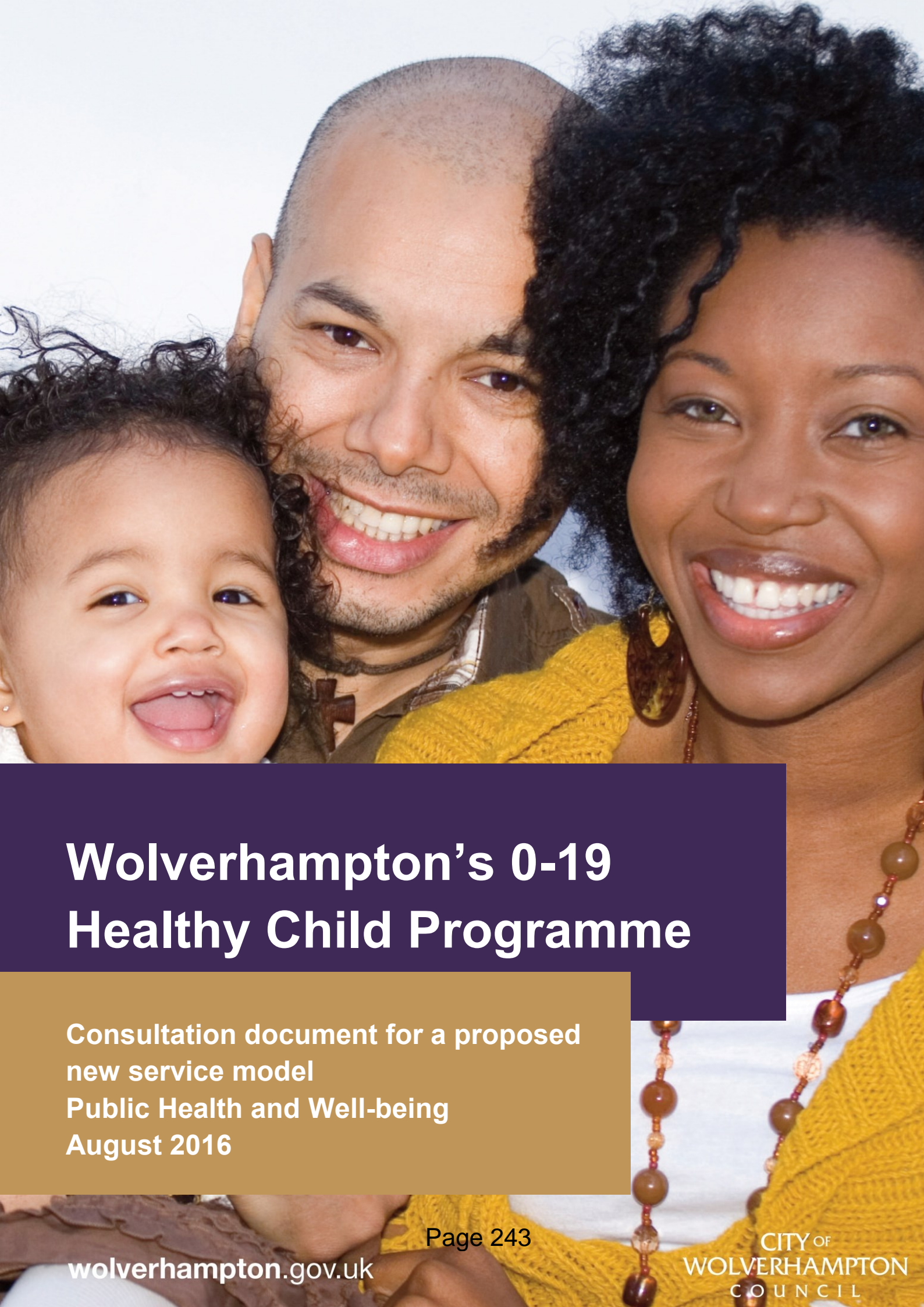


**Parent's publicity postcard.****Young person's publicity poster.**

## Young people's publicity postcards.







# Wolverhampton's 0-19 Healthy Child Programme

Consultation document for a proposed  
new service model  
Public Health and Well-being  
August 2016

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## 1. Why are we going out to tender for the Healthy Child Programme?

The transfer of commissioning responsibilities for Health Visiting, School Nursing and Family Nurse Partnership from the NHS to local authorities provides an opportunity to take a fresh look at these services. The process of going out to tender enables us to:

- Listen to the voices of parents, young people and professionals from a very wide range of services, teams and organisations about what is going well and where there is room for improvement
- Specify a new service model that supports what is working well and addresses areas that need improvement
- Work with bidders to refine our proposals and get the best possible service model that will improve outcomes for the children, young people and families across the city
- Award a contract to a bidder that will improve outcomes for the best possible value.

## 2. Purpose of this document

This document does not detail the full service specification. This document:

- Sets out a framework for a new service model
- Describes the rationale for the new model
- Identifies some key expectations of the service provider and
- Stipulates some essential service requirements but this list is not exhaustive
- Provides details of how you can give us your views on the proposed service model.

It is envisaged that, at the time of going out to tender, potential bidders will specify in more detail how they would achieve the aims of the new service model.

## 3. How can you give us your views?

We are keen to hear all views on the proposed Healthy Child Programme service model. Wherever possible your views will be taken into account. You can give us your views in the following ways:

- By completing our consultation survey here [Healthy Child Programme service model consultation survey](#)
- Telephone 01902 558673 or email [PublicHealth@wolverhampton.gov.uk](mailto:PublicHealth@wolverhampton.gov.uk) to request the survey in a different format.
- Alternatively you can email your views to: [PublicHealth@wolverhampton.gov.uk](mailto:PublicHealth@wolverhampton.gov.uk) or write to Public Health, Wolverhampton City Council, Civic Centre, St Peter's Square, Wolverhampton, WV1 1RT



#### 4. A new way of working

The new Healthy Child Programme (HCP) does not fit into the traditional 'commissioner-provider split' arrangements that have previously been in place. This tendering exercise is looking not just for a new model of service delivery but a new way of working with commissioners and Children's Services, the Clinical Commissioning Group (CCG) and education. For example, although the Public Health team is the commissioner of these services, it is expected that the new provider will make best use of intelligence on the population available from this team. Co-production will be the cornerstone of this new way of working. The new service model will include a shared view of:

- Need within the population – at city level and smaller geographical levels
- Outcomes to be achieved or improved upon at locality levels
- Priorities as identified either from intelligence such as service reviews, or from engagement with professional stakeholders and service users
- Flexibility of approach as changes occur across population needs / priorities/national guidance, with strategies and action plans developed jointly
- Flexibility as commissioning arrangements change e.g. with the CCG, or with education
- Creative ways of working in partnership with the voluntary sector to support aspects of delivery of the healthy child programme.

All of this has to happen against a backdrop of scarce resource in a climate of continued austerity: it is imperative that service delivery is as smart and efficient as possible without a negative impact on quality.

#### 5. The new service model – informed by service users and professional stakeholders

This service model takes account of information received from a variety of methods, namely:

- An 8 week Engagement process (May-August 2016) including surveys and workshops with parents, young people and professional stakeholders
- Workshops held with frontline workers, health visitors and early years workers, in June 2015
- Data from various sources on needs within the city
- GP locality meetings, city wide GP meetings and discussions with the Local Medical Council (LMC)
- Learning from serious case reviews from across the country
- On-going monitoring of existing services.

#### 6. What is staying the same?

Five developmental reviews undertaken by health visitors (antenatal, new birth visit, 6-8 weeks, 9-12 months and 2-2.5 year check) will remain as is currently mandated.

How these reviews continue beyond March 2017 is out to national consultation and these may change depending on the results of this consultation. Two developmental reviews by school nursing services (reception and year 6) will also remain but the National Child Measurement Programme (NCMP), a key part of these reviews, needs to become part of a healthy weight management plan across the life course developed by the Healthy Child Programme. In line with national guidance, these reviews would ask questions about vision and screening (and other health conditions) and refer on the appropriate specialists. The reason for keeping these reviews is because for both of these services, these models are very familiar with the public and they are still mandated (for example, most parents in the engagement exercise thought the frequency of Health Visiting reviews was about right). These reviews also enable the services to remain benchmarkable with other areas.

## 7. So what is changing? One integrated Healthy Child Programme

It is proposed that there is one 'Healthy Child Programme' for 0-19 year olds that brings together Health Visiting, School Nursing and Family Nurse Partnership services, underpinned by an electronic case management system, so that each child's contact with services can be tracked over time. This will enable a focus on good outcomes for individual children and families. It will also enable aggregate reports which inform priorities at a locality level. Practitioners within the Healthy Child Programme will be supported to take a population-based view of their locality.

It is proposed that the Healthy Child Programme and its underpinning case management system works as one team the recently established Early Intervention Service. This is a new 0-18 family-centred model, working with whole families, located across 8 Strengthening Families Hubs, integrated with Health Visiting and School Nursing and a range of other services. More information on the Children's Services delivery model can be found [here](#).

As soon as additional needs are identified by a practitioner, unless the needs meet safeguarding thresholds, (which should be referred to the Multi-Agency Safeguarding Hub (MASH)), an Early Help Assessment should be initiated. A collective, multi-agency decision is made about the pathway that the family needs. The pathways are:

- Universal Plus : additional needs met by more contact with the healthy child programme
- Universal Partnership Plus: additional needs met by more than one service
- Universal Partnership Plus +: additional needs met by an intensive nursing support programme

A pictorial representation can be found on page 10 (figure 1).

The 'Universal Partnership Plus +' delivery arm is considered to be a key component of the Healthy Child Programme. This could potentially remain as Family Nurse Partnership (FNP). What is required is local determination of both eligibility criteria and the length of time on the programme. The National FNP unit is looking to

become more flexible in these areas and so it may be possible for 'Universal Partnership Plus+' to remain as FNP. Requirements of this part of the team include:

- Highly trained workforce to deliver intensive, therapeutic support to the whole family
- Criteria for which families receive this service to be determined in a multi-agency way, i.e. with local flexibility, including maternity services, primary care, children's services and healthy child programme practitioners
- Between 60 and 70% of cases to have social work involvement
- For these cases, initial assessments to be discussed with social workers and plans to be developed alongside social workers
- The service would aim to achieve a 40% de-escalation of need (e.g. child protection status or child in need status reduced to early help or universal provision)
- The service would also expect to escalate need in 8 – 10% of cases because of the early identification of vulnerability
- Flexibility required in the length of time that intensive support is offered so that the families benefit from continuity with a particular practitioner for a good length of time (e.g. 1 year to 18 months) but in a way that builds capacity and resilience and where necessary, brings in support from other, less intensive agencies as soon as possible
- Learning from cases requiring intensive support to be shared with other staff within the Healthy Child Programme and Strengthening Families Hubs on a regular basis: annual schedule to be developed. This would support other members of staff in their work with complex cases and also support the prevention agenda e.g. identifying young women at risk of becoming pregnant and intervening to reduce risk.

N.B It is appreciated that particular groups within the city, such as young offenders, new arrivals, homeless families, travelling communities may need a different service model. What is required is a service that meets the needs of these communities, and delivers good outcomes for these communities, whilst supporting and developing skills across the workforce as broadly as possible. The delivery model for certain key groups needs to be developed in partnership with Early Intervention Services and other key teams such as the Youth Offending Team.

## **8. Benefits of an integrated programme**

- A 'think family' approach and a life course approach supporting a child and their family to achieve good outcomes. The service will demonstrate how contacts contribute towards good outcomes for children (historically the focus has been more about numbers of contacts in a given time period and commissioners have not asked enough about the quality of these contacts and the difference they have made).

For example, this model will more easily enable the development and implementation of plans for good mental health across the life course, good



oral health across the life course, healthy weight across the life course – produced in a way which acknowledges the challenges at different stages for children and their families and draws on the expertise of the different workforces. It is envisaged that these plans and associated pathways will be developed in partnership with other services such as the Healthy Lifestyle Service (now based within Public Health), Healthy Minds and Recovery Near You.

- Smoother and more fluid transition between health visitors and school nurses. For example, a school nurse could support the family from when a child enters nursery rather than waiting until reception year and improve the chances of the child being 'school ready'
- More efficient partnership working with key services such as primary care and the MASH (Multi Agency Safeguarding Hub)  
For example, the Healthy Child Programme could be represented at meetings with key services by one practitioner (either a health visitor or a school nurse)
- A more resilient service for example, improving accessibility throughout the working day and during school holidays as well as when staff are on sick leave
- An ability to work as part of an integrated, multi-agency team within Strengthening Families Hubs, jointly assessing levels of vulnerability, using common tools for assessment and planning and common methods for charting progress against a plan and reporting on outcomes achieved
- A strengthened strategic leadership role of the health visitor in holistically assessing a child's/family's needs and collaborating with other services to meet those needs and improve outcomes for the child/family. Historically, Health visitors have always undertaken family assessments but the information gained has not been asked for by commissioners
- Joint development and implementation of pathways and procedures which ensure a multi-agency adherence to city wide protocols and national guidance e.g. local safeguarding thresholds, Wolverhampton domestic violence standards, national guidance on Child Sexual Exploitation and Female genital mutilation
- Jointly developed training schedule
- Jointly developed audit schedule
- A shared understanding of needs and priorities and outcomes at a locality level (see appendix 1 as an example of a local profile informing local outcomes)
- More efficient use of administrative resources across the Healthy Child Programme and Strengthening Families teams.

## 9. Expectations of new service providers

To enable the above benefits to be achieved, the new service requires:

- A serious and unwavering commitment to a digital transformation programme underpinning delivery of the healthy child programme which comprises:
  - Electronic case management

- Agile working : remote access to systems whilst on the go
  - Development of web resources, optimised for smart phones, to support practitioners and parents and young people (see appendix 2 as an example of an app to promote health enhancing activities from Kent)
  - Development of resources for people for whom English is not their first language
  - Use of skype, facetime, texting, auto-reminders
  - Live 'web chat' for example with young people and with parents (see appendix 3 for an example of web chat supporting customer services in the private sector).
- Demonstrable commitment to workforce development with high quality on-going training which ensures the service is always attractive to potential applicants and establishes a reputation of having a workforce of the highest calibre
  - The expertise of the workforce in the development of resources to support parents with challenges that they can face on a daily basis – to be done in a way that encourages self-help and resilience. This requirement seeks to address a recurring issue that emerged from the engagement process; namely that current service specifications and delivery models and reporting requirements do not use practitioners' expertise to best effect
  - Greater mix of skills where qualified health visitors and school nurses appropriately delegate work to other staff whilst assuring themselves of the quality of the work with robust clinical governance and supervision arrangements. Delegation always to be done in accordance with national guidance, local safeguarding protocols and Care Quality Commission (CQC) recommendations
  - Development of resources, both physical and electronic, to support the parents' journey from antenatal to school and beyond of what can be expected of services as well as child development (see appendix 4 as a small example from Cheshire)
  - Delivery of a culturally sensitive and non-discriminatory service
  - Development of resources, both physical and electronic, to support the reduction of risk-taking behaviour amongst adolescents
  - Implementation of a comprehensive marketing strategy to service users and professional stakeholders. Lessons from the recent engagement process and other activities have shown that messages need to be repeated with regularity for them to 'land'
  - On-going demonstrable commitment to addressing the lessons learned from serious case reviews and domestic homicide reviews. For example, communication with primary care is a recurring theme in these reviews. A collated document of serious case review recommendations is available [here](#).
  - Demonstrable continuous quality improvement informed by the views of service users.
  - The support to and the facilitation of parents' groups which maximise the opportunity to impart high quality information to parents on: (N.B this list is not exhaustive)

- Breaking the myth that parents just know what to do 'naturally' when a child is born
- The importance of asking for help
- Building confidence and resilience
- Secure attachment: what it looks like and why it is important
- Child development: what to expect
- the challenges of parenting and some solutions/handy hints and tips e.g introducing solids, oral health, physical activity talking and reading to your child, managing behaviour
- Encouraging self-help
- Where and how to ask for help
- Content that is specific for Dads
- Supporting parents to become 'work ready'.

#### **10. Other key requirements of the new service model (N.B this list is not exhaustive)**

As much as possible in the preceding pages, this document sets out to provide an overarching framework for a new service model without getting into too much detail. However, there remain some aspects of delivery that do need to be stipulated. The following describes some key requirements of the new service model but this list is not exhaustive.

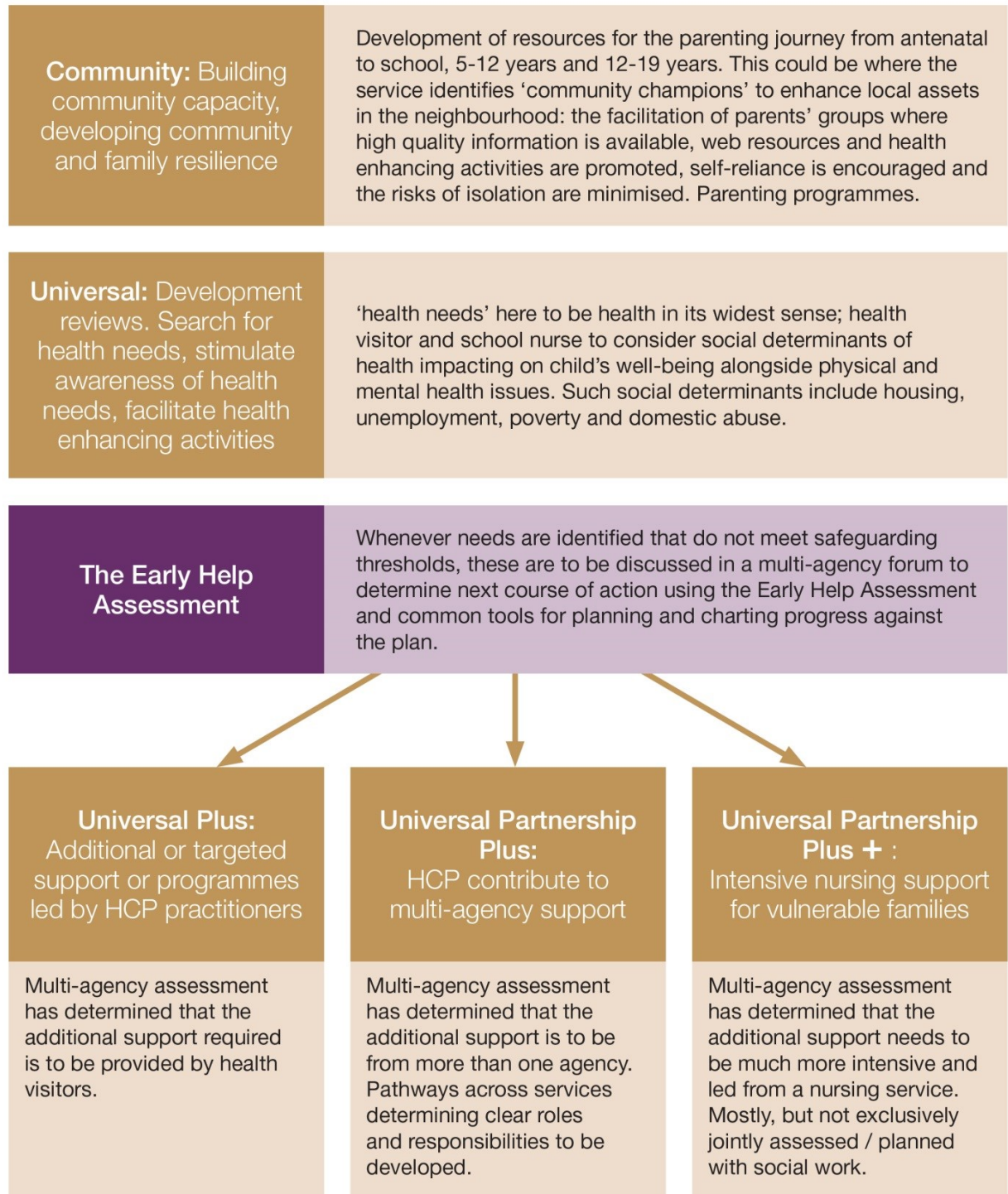
- Safeguarding and proactive co-operation with the MASH  
Safeguarding and child protection will be embedded across all levels and will be prioritised as a protected element of the integrated HCP workforce's role. The workforce will address safeguarding issues and ensure adherence with the safeguarding policies of the city and national standards including the 2015 publication 'Working Together'. Any changes to ways of working will be subject to agreement with the Wolverhampton Safeguarding Children's Board.
- Violence Against Women and Girls which includes domestic violence and abuse, sexual violence, Female Genital Mutilation, forced marriage and honour based violence: there is an expectation that the service will adhere to the Wolverhampton domestic violence standards including use of Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessment, agreed pathways and procedures to respond to domestic violence and abuse. Training, supervision and support of staff in domestic violence and abuse will be commensurate with their role.
- Child Sexual Exploitation: there is an expectation that the service will be fully trained and active in identifying and responding to CSE and completing the CSE Screening Tool where appropriate.
- Addressing infant mortality  
The Healthy Child Programme workforce to be part of a multi-agency group which seeks to reduce infant mortality and plays a key role in implementing the action plan. The latest version can be found [here](#).

- Contribute to Looked After Children (LAC) health reviews – this activity to be jointly commissioned with the Clinical Commissioning Group (CCG).
- Additional health reviews by school nursing: Although it has been stated that the existing mandated reviews should remain, there has been a strong recommendation from the engagement process that school nurses undertake additional reviews, for example at year 3 and year 10 and post 16, especially done in a way that improves educational attendance and engagement.
- Robust interface with maternity services  
There is an expectation that improvements achieved under the most recent NHS contract (2015/16) which strengthens the maternity – health visitor notification pathway will be built on and improved further. Given that maternity services are often the first service to identify vulnerability with a pregnant woman, the input they can offer to a multi-agency assessment of need and support is invaluable. In particular they have a key part to play in identifying which women should be offered 'Universal Partnership Plus +'.
- Mental wellbeing  
The Healthy Child Programme practitioners have a strong focus on prevention, early intervention and this focus needs to include resilience and mental wellbeing, such as the '5 ways to wellbeing'. School nurses have a specific responsibility to support good mental health whilst addressing other health needs of pupils and their families and especially those issues which form barriers to education. The role of the school nurse – health professionals in an educational setting – provides them with a unique place in children's services. Specifically this includes:
  - Working in an advisory capacity with school staff on health matters
  - Developing strong partnership arrangements with CAMHS
  - Strong partnership working with HeadStart, which has just received funding from the Big Lottery for a further 5 years, including being an integral part of the 'HeadStart Hubs' in four geographical areas but also taking universal messages out to other schools (see appendix 5 for more information on HeadStart).
- Personal Health, Social and Economic Education (PHSE) including Relationship and Sex Education (RSE)  
School nurses to work in partnership with schools and the wider education to plan and deliver components of the PSHE Education curriculum and support the delivery of other components to improve educational attendance. It is envisaged that this includes a minimum equitable PSHE education entitlement for each school that focuses on current Public Health and school priorities. It would require a good knowledge of school provision to signpost parents/young people in to school based interventions.

- School nurses to discuss health priorities with key members of school staff and SLT and provide guidance to schools in the design of health and wellbeing provision and appropriate referral to secondary services.
- NCMP and child weight management – planning, delivery and administration of the NCMP in line with Department of Health guidance and local evaluation and as part of an overarching weight management plan developed by the Healthy Child Programme. Referral of children and young people in to local child weight management provision as available/appropriate to ensure clear and seamless pathways (not limited to NCMP mandated years).
- Special Educational Needs and Disability (SEND)  
There are increasing numbers of children with SEND in mainstream schools, and it is important that school nurses are aware of their needs and where appropriate, participate in Education, Health and Social Care Plans (EHCP).
- Oral Health  
There is an expectation that oral health plans across the life course will be developed and implemented in partnership with Public Health England and public health to reduce levels of tooth decay.
- Drop-ins and sexual health  
It is envisaged that drop in clinics at school and community venues are implemented in such a way as to best address the needs of children and young people whilst also being as smart and efficient as possible with the staffing resource, using the digital transformation to help achieve this. It is expected that the school nursing service will have strong working relationships with sexual health services.



**Figure 1:** The proposed new Healthy Child Programme service model and pathway



### **Appendix 1: Example of a local profile informing achievement of local outcomes**

Working with Strengthening Families Workers as one team will enable the development of local profiles, one for each Strengthening Family Hub. A local profile could include indicators such as:

- Numbers of births in a year, broken down by Universal, Universal Plus, Universal Partnership Plus and by country of origin
- Prevalence of deficits in children's development at 2 – 2.5 year check
- Early years foundation stage results
- Prevalence of overweight/obese children at reception and year 6
- Hospital admissions for tooth decay in the under 5s
- A&E attendances, aged 0-4 and 5-19
- Vaccination levels
- Numbers of Children in Need, Child Protection, Looked After Children
- Numbers of teenage pregnancies
- Employment levels amongst parents
- Health related behaviour survey results
- Educational attainment
- Educational attendance

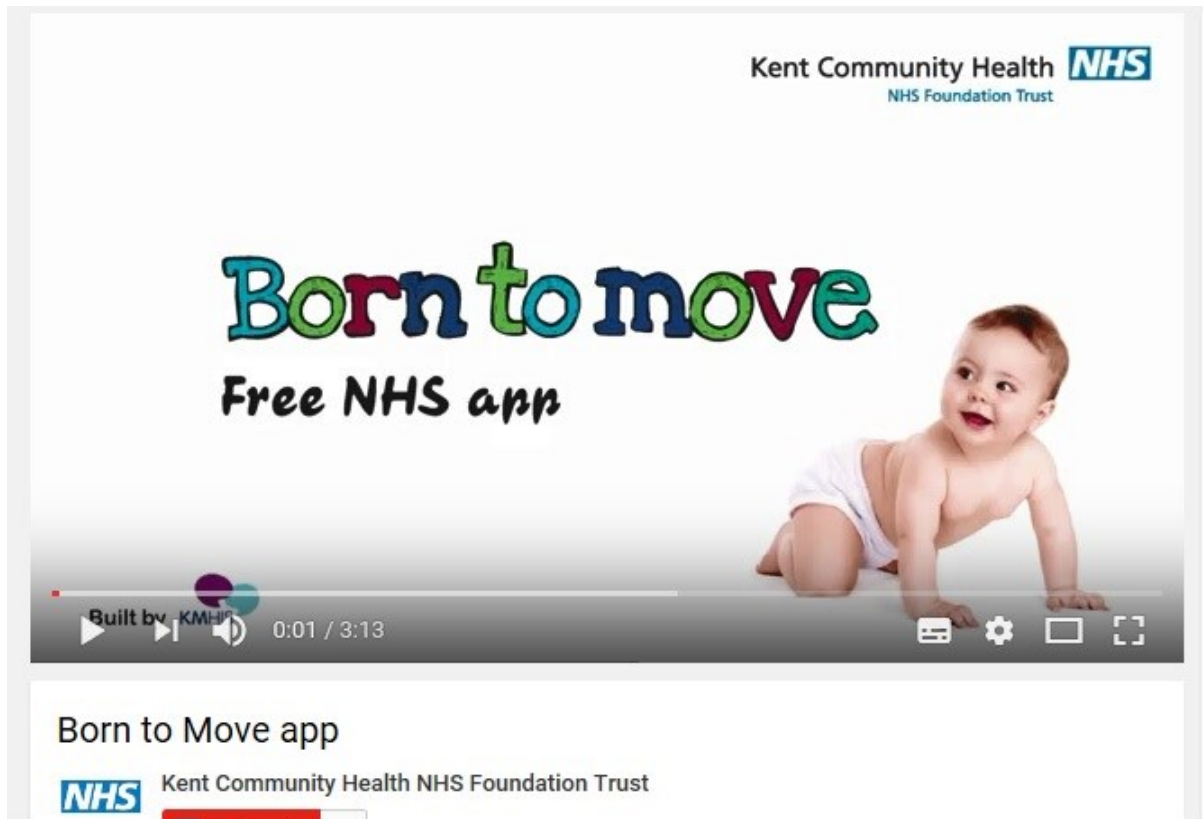
Development of such a profile would then inform collective decisions on the allocation of resources such as do more staff need to be brought to a particular area of higher need

Repeating these profiles, for example on a bi-annual cycle, will indicate where progress is being made at a locality level on these indicators, not just at an individual child level. For example:

- Reduced prevalence of deficits in children's development at the 2 – 2.5 year check
- Improved Early years foundation stage results
- Reduced prevalence of overweight/obese children at reception and year 6
- Reduced numbers of admissions for tooth decay in the under 5s
- Reduced A&E attendances, aged 0-4 and 5-19
- Improved child health including vaccination levels
- Reduced numbers of Children in Need, Child Protection, Looked After Children
- Reduced numbers of teenage pregnancies
- Reduced inequalities in school attendance and attainment
- Improved employment levels for parents

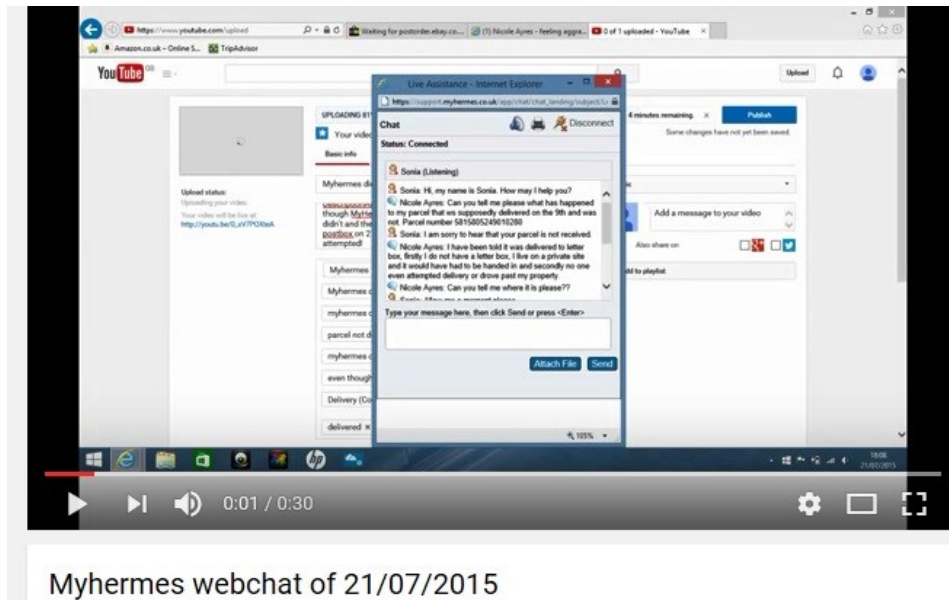
It is assumed that achieving improvements on each of these areas will require partnership working with relevant agencies and services and that they are not the sole responsibility of any one service or team.

## Appendix 2: Example of use of web resources to help inform parents about health enhancing activities



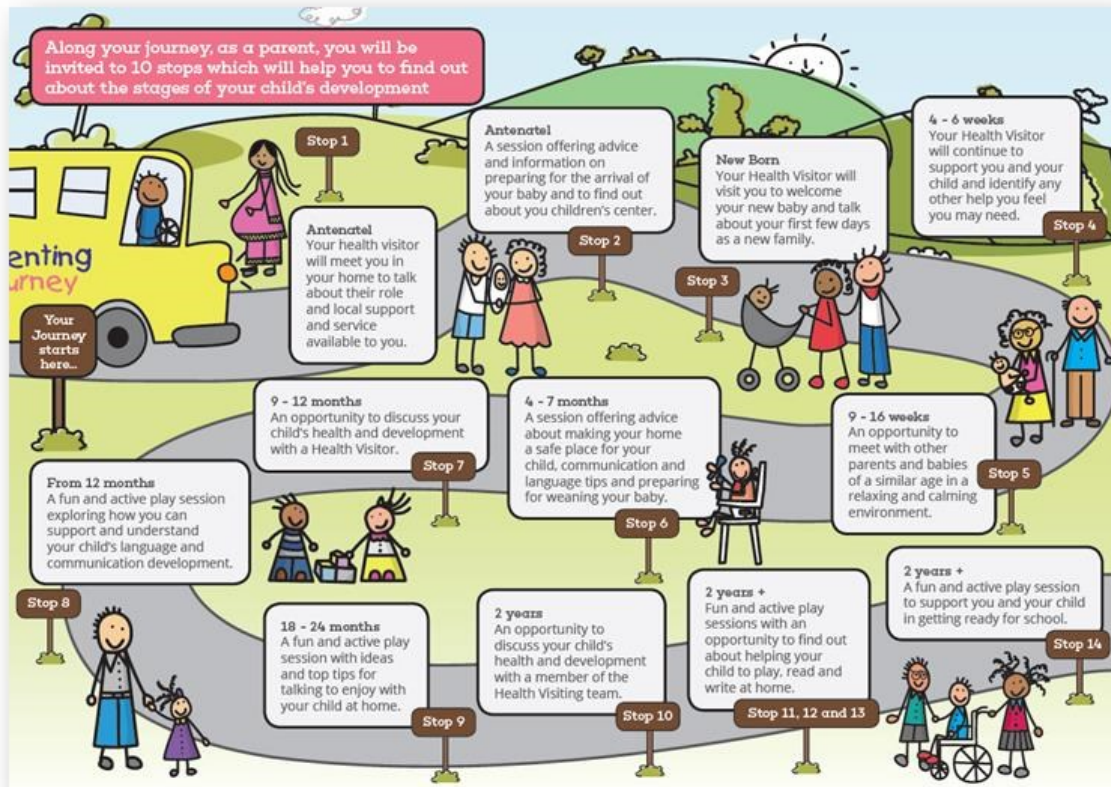


### Appendix 3: Example of a private sector company using live web chat to offer support



Myhermes webchat of 21/07/2015

**Appendix 4: Example of a resource developed in Cheshire to support the parent's journey – which services interact with you and when; what you can expect; where to go for help outside of these bus stops**



**Appendix 5: Information on HeadStart**

Headstart schools will be those who commit to a whole system change agenda with staff who are knowledgeable about mental health and the challenges young people face. Staff will be equipped to be able to not only teach resilience and coping strategies within the curriculum but also to support young people, thus making every contact count. A common language, driven through a SUMO (Stop Understand Move On) approach, will be developed across schools, families and communities, and school nurses can play a critical role as Headstart champions, providing additional support and contributing to the whole school initiative. All this will be supported by a major workforce development strategy for all staff working with young people and all layers within a school.

The school model has a reliance on school to school support in order to drive the coverage of resilience and mental wellbeing approaches and again, the network of school nurses can support this. There will be four Headstart hubs where the Headstart staff assigned will work from (alongside police community officers and CAMHS link workers) and based in the heart of each of the four geographical areas and utilising existing community based assets. Opportunities to link the school nurses based in the schools within each hub into this network and multi-agency approach seem too good to be missed. For further information see <http://www.headstart.fm/bidsuccess>

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