Wolverhampton Safeguarding Children Board

ANNUAL REPORT 2012-2013
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Chairs Introduction

Most young people in Wolverhampton can and do rely on a partnership of dedicated professionals who they can turn to when they are at risk of or subject to abuse, neglect or exploitation. They have a right to receive the best possible help from teachers, nurses, doctors, police officers, probation officers or social workers. This report describes how they all those people and the agencies who employ them work together and individually to do just that.

A whole range of agencies and organisations are represented at the Board. But also we have representatives of the community. We all have a responsibility to ensure we keep children safe by both our own individual actions but more importantly by making sure that the services we represent are always focussed on listening to children and protecting them. I joined the Board in March 2013. As I arrived an external peer challenge to the Board, which we had requested, was underway. It told us that we work well together but needed to feel more confident in constructively challenging one another where we thought children were not being as well protected as they could be. I think we are getting better at that but will be able to say so with greater confidence by the time of our next Annual Report.

This year’s report describes what all agencies have been doing individually and together to help young people to be safer. As importantly it says what we are doing in the next 12 months and beyond to further improve outcomes for them. As the independent chair of the Wolverhampton Safeguarding Children’s Board, as a resident of the City and as a parent and grandparent I am committed to helping young people feel and be safe. It is a massive responsibility and none of us undertake it lightly. I know my colleagues on the Board and every professional who works with young people here shares that ambition.

Alan Coe
1.1 Overview Report on 2012-2013 from the Board Manager. Communities Directorate: Health and Wellbeing.

This report reflects the work undertaken in 2012/13 by organisations and agencies in Wolverhampton to safeguard and promote the welfare of children and young people and sets out how this will be developed and strengthened in 2013/14.

Wolverhampton Safeguarding Children Board (WSCB) is the statutory mechanism for agreeing how the relevant organisations work together to safeguard and promote the welfare of children and for ensuring the effectiveness of that work. It is required to produce and publish an Annual Report on the effectiveness of safeguarding in the local area. It covers these activities from April 2012 to March 2013 and is the fifth Annual Report of WSCB.

There are contributions from Board members and the chairs of all sub-groups as well as from other partnerships. It also draws on the numerous monitoring reports that are reported to WSCB on a statutory basis e.g. allegations against professionals working with children; private fostering. However, it does not seek to repeat these in full, rather to use them to inform this assessment of the effectiveness of WSCB.

All WSCB members have provided the key achievements and challenges were for their individual agency during 2012-13. These have been collated, and give a good description of what we do and give an idea of the current position in relation to safeguarding in the City.

The Board was established in April 2006. In March 2011 the Board appointed its first Independent Chair, William Anderson, for a period of two years. In March 2013 a new independent chair was appointed, Alan Coe.

The period of this report has seen significant change in personnel, The Head of Safeguarding, Janet Toplis, retired in November of 2012, the Deputy Head of Safeguarding, Liz Norris, who also retired shortly afterwards, in January 2013. The named Doctor for Safeguarding, Deepak Kalra, also retired at the end of March 2013. The Board thanks them for their valuable contribution to the safeguarding agenda within the City of Wolverhampton.

There is now a new Head of Service for Safeguarding Children, Dawn Williams, who has joined Wolverhampton and brings with her a wealth of experience and knowledge in regard to safeguarding both adults and children, including the functioning of Safeguarding Boards. A separate Business Manager, supports the Board’s operational activity and to ensure it works effectively. Under these new arrangements 2013/14 will see a review of Governance, membership, and structure in order to strengthen and improve outcomes for the children and young people of Wolverhampton.

WSCB’s primary purpose is to improve outcomes for children and young people and has a collective statutory responsibility to monitor and hold all partners to account for their safeguarding arrangements. Throughout the year, we produce evidence to demonstrate that the partnership works well together. We want to be sure that there is early identification of emerging safeguarding needs and that
they are addressed effectively and responded to swiftly. We also strive to learn from situations where children or young people need protection; we are constantly improving ways to identify what works well, what needs to change and what we could do differently together.

In statutory guidance these functions are referred to as:

- Ensuring the effectiveness of local services safeguarding and child protection practice.
- Co-ordinating services to promote the welfare of children and families.

That includes a broad range of responsibilities, from raising awareness of child safeguarding and protection with professionals, volunteers, children, young people and the communities they live in; through to reviewing child deaths and conducting Serious Case Reviews.

**WSCB's approved strategic priorities for 2012-2013 included:**

**Priority 1**

To contribute to the consultation about new statutory guidance - Working Together to Safeguard Children 2013,

**Performance against this activity:** WSCB formed a small task and finish group that undertook a wide consultation exercise in line with the following consultation guidance received. Feedback from the sessions were collated and forwarded to the Department for Education (DFE) within the required timeframe of 4th September 2012.

**Priority 2**

To strengthen the local activities for children at risk and those subject to sexual exploitation (CSE); and to ensure provide associated training to raise the awareness of CSE for professionals across the city.

**Performance against this activity:** in response to the 'Department for Education Tackling Child Sexual Exploitation Action Plan, Wolverhampton has created an operational panel as a 2nd tier reporting directly to the Missing and Compromised Strategic Group to monitor on-going prevalence and response to child sexual exploitation. In addition, a number of awareness raising materials has been devised in respect of child sexual exploitation that can be used by whole workforce and with children and young people, parents and wider community.

**Priority 3 Performance Management Framework**

To continue develop a robust Performance Management framework and dataset to monitor and improve safeguarding of children and young people across the city. **Performance against this activity:** development and monitoring of the dataset throughout the year has strengthened how information is collated from both
strategic and agency partners, asking the right questions, with sufficient challenge and rigour, and having a robust system that encourages scrutiny of information intelligently which is vital to enable local areas to focus on the impact they make to children and young people’s lives.

**Priority 4  
Risk Management and Early Intervention**

To scrutinise the effectiveness of safeguarding arrangements of partner agencies in managing risks to keep children safe, **Performance against this priority:** was monitored under section 11 of Children Act 2004 by way of an -line survey distributed to members measure and monitor compliance and to assure WSCB that across the partnership, there is evidence the required common features that ALL provider of services for children and young people or work with children and young people need to have in place at a strategic and organisational level.

**Priority 5**

Develop the joint working protocol for assessment, support and case management of children with additional needs in response to the ‘Aiming High for Disabled Children’ guidance. **Performance against this priority:** The Safeguarding Disabled Children Practice Guidance 2009 outlines a number of areas where Local Safeguarding Children Boards should consider action, a Task and Finish group was set up to look at the implications of the guidance for Wolverhampton. A number of areas have been identified for development, and work is underway to address the following:

- Same treatment and assessment of a disabled child as of a non-disabled child, when Child Protection concerns arise (but with additional considerations according to need).
- Using interpreters more effectively
- Working together more effectively – all agencies.
- Staff development (ensure communication is effective).
- Equality – enabled to assess children properly.
- Advocacy.
- Involvement of CPS – knowledge of what there is available to assist investigation.
- Training
- Clear joint working protocols for investigation – Disabled Children’s Team and Duty and Assessment, clear roles and responsibilities of different services
- Learning disability (child or parent) – communication/ways of working
- Information sharing.

**Priority 6**
Strengthen the relationships and protocols for engagement between respective Boards: Children’s Trust, Health and Wellbeing, Early Intervention, School Improvement Boards and the Wolverhampton Safer Partnership. **Progress against this priority:** Until the time of agreeing this priority, the relationship between CTB, HWB and WSCB exist on an informal basis. However, the government guidance ‘Working together to Safeguard Children’ published in 2010, describes a more formal approach to the relationships through the publication of a brief set of protocols based on current guidance. A joint protocol was devised and endorsed at each of the respective strategic Boards during 2012.
Structure Chart

- Wolverhampton Safeguarding Children Board
  - Children and Young People Consultation
  - Domestic Violence (Managed by the Domestic Violence Forum)
  - Missing and Compromised Children
    - Intervention Group
    - Strategic Group
  - Policy, Procedure and Best Practice
  - Quality, Performance and Audit
  - Serious Case Review
  - Training and Development
- Wolverhampton & Walsall Child Death Overview Panel
- Children’s Trust
3 Make up of the Board

3.1 The Board’s membership is in line with statutory guidance. There are also a number of professional advisors to ensure the Board has the relevant advice and guidance to deliver its duties to the full. Advisors are from key agencies and/or have lead responsibilities within their respective agencies for safeguarding, and child protection in the city.

3.2 There have been changes in representatives during the year. Despite this, the Board maintains a clear focus on safeguarding and improving outcomes for children in the city. Throughout the year, representation has been as follows:

- Independent Chair – William Anderson for the period 1st March 2011 to 28th February 2013
- Independent Chair – Alan Coe – from March 2013

3.3 Core Members and Funding Partners

- Vice Chair: Head of Probation, Staffordshire & West Midlands Probation Trust, Wolverhampton LDU: Neil Appleby
- Assistant Director of Nursing, NHS Walsall/BCC Lead for Quality and Effectiveness: Sally Roberts
- Cabinet Lead Member: Councillor Sue Constable
- Deputy Chief Nurse – Transformation and Workforce – RWHT : Mari Gay
- Designated Doctor, Safeguarding WCPCT/ RWHT: Dr Deepak Kalra
- Designated Senior Nurse, Safeguarding Children: Mandy Viggers, WCCCG/RWHT
- Director for Children and Young People Services – Black Country Partnership Foundation Trust (BCPFT): Sue Marshall
- Executive Lead Nurse- Wolverhampton city CCG; Manjeet Garcha (from Jan 2013)
- Head of Nursing, Education and Development-NHS –Lynn Fieldhouse (from Nov 2012)
- Named Doctor, Safeguarding, RWHT: Dr Deepak Kalra , Consultant Paediatrician
- Operations Manager, Prospects Connexions: Rosemary Robbins
- Senior Police Officer, Wolverhampton : Jane Parry, Det. Chief Inspector for Public Protection Unit for West Midlands Police
- Senior Police Officer- Superintendent for local policing, Wolverhampton: Jan Thomas-West
- Service Manager for Early Intervention, CAFCASS: Jonathan Leadbeater

Other Partners

- Assistant Director - Children and Family Support : John Welsby
- Assistant Director – Health and Wellbeing; Vivienne Griffin (March 2011)
- Base 25: Janet Meredith, Project Co-ordinator (Rosemary Robbins)
- Chief Children’s Service Officer -Trust, Partnership Development Safeguarding and Youth: Rob Willoughby
- City of Wolverhampton College: Lesley Cross, Student Support Manager
- Early Years, Wolverhampton Head of Service: Julia Spencer
- Head of Service, Safeguarding: Janet Toplis (upto Sept 2012)
- Head of Service, Safeguarding: Dawn Williams (from Dec 2012)
- Head of Youth Offending Team (YOT), Wolverhampton: Sally Nash
- Independent Schools Representative: Vincent Darby, Headteacher, Wolverhampton Grammar School
- Local Education Authority, Primary Schools Representative: Sarah Hay, Headteacher, Eastfield Primary School.
- Local Education Authority, Senior Schools Representative: Ann Brown, Headteacher, Westcroft Sport and Vocational College.
- Principal Inspector – Schools Skills and Learning (formerly Quality & Improvement Directorate): Keith Martin
- Strategic Director, Community: Sarah Norman
- Strategic Health Authority West Midlands: Helen Hipkiss, Programme Consultant - Children Services
- West Midlands Ambulance Service: Julie Ashby-Ellis, Head of Safeguarding
- West Midlands Fire Service: Mike McKee, Station Commander
- Wolverhampton Domestic Violence Forum: Kathy Cole-Evans, Strategy Co-ordinator
- Youth Organisation Wolverhampton: Stephen Dodd, Co-ordinator

Professional Representatives/ Advisors to the Board

- Deputy Head of Service, Safeguarding: Elizabeth Norris
- Head of Children in Need and Child Protection, Wolverhampton: Andy Campbell
- Legal Department, Wolverhampton City Council: Tracey Christie, Assistant Solicitor
- Training Co-Ordinator, Wolverhampton: Gillian Ming

Lay Advisor

- Rimpi Bhagat
- Anne Marie Salmon

### 3.4 Attendance at WSCB Meetings

<table>
<thead>
<tr>
<th>Agency</th>
<th>% Attendance over the year Apr12 - Mar13</th>
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<tbody>
<tr>
<td>Chair WSCB</td>
<td>100</td>
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<tr>
<td>Assistant Director – Children and Family Support</td>
<td>86</td>
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<tr>
<td>Assistant Director - Health and Well Being</td>
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<tr>
<td>Assistant Director of Nursing Quality and Safety - NHS</td>
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<tr>
<td>Assistant Director – Safeguarding, Business Support and Community Services</td>
<td>100</td>
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<tr>
<td>Role</td>
<td>Organisation</td>
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<tr>
<td>Cabinet Member for Children and Young People</td>
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<td>CAFCASS</td>
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<td>Children’s Safeguarding Service- (HOS)</td>
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<td>City of Wolverhampton College</td>
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<td>Designated Senior Nurse for Safeguarding Children WCPT/RWHT</td>
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<td>Director of Children &amp; Young People’s Services – BCPFT- NHS</td>
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<td>Domestic Violence Forum</td>
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<td>Early Years</td>
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<td>Executive Lead Nurse - WCCG</td>
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<td>Head of Community Safety - WCC</td>
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<td>Head of Nursing &amp; Midwifery Education and development</td>
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<td>Independent Schools</td>
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<td>Named Doctor, Child Protection RWHT</td>
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<td>Principal Inspector –Education WCC</td>
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<td>West Midlands Fire Service</td>
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<td>Children Safeguarding Service – (Deputy head)</td>
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<td>WSCB Business and Training Manager</td>
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<td><strong>Lay Advisors</strong></td>
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<td>R Bhagat</td>
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<td>A Salmon</td>
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WSCB = 6
Development Day = 1
ACTIVITIES DURING THE REPORTING YEAR

4.1 The period between April 2012 and March 2013 has been a busy one. The following emphasises the activities undertaken with some indicating towards developmental potential moving forward:

4.2 Promoting Safeguarding Week took place during the October half-term and was attended by a number of agencies engaging with members of the public. Included during the week were representatives from the following agencies:
Base 25
Youth Service

4.2 The Child Sexual Exploitation (CSE) Protocol was launched in January 2013, in response to the guidance issued by Department for Education in November 2012. The event was attended by 68 delegates from a range of services across the city receiving presentations from, West Midlands Police, Base25, Empower Project, the Transition and Safeguarding Service

4.3 A Forced Marriage Conference, Jointly organised by both Adult and Children safeguarding Board, West Midlands Police, the Forced Marriage national charity, Karma Navana, Birmingham Legal Services and Judge Cardinal took place in February 2013. The event was attended by 150 delegates and attracted attention from the National & local press and television stations and raised the profile of issues relating to Forced Marriage. Javinder Sanghera and ‘Yasmin’ from Karma Nirvana spoke movingly about their experiences of forced marriage. Other speakers included His Honour Judge Cardinal, Detective Sergeant Trudy Runham from West Midlands Police and Chaz Akoshile from the Forced Marriage Unit. Solicitor Monika Bindal from Birmingham City Council and Kathy Cole-Evans from Wolverhampton Domestic Violence Forum also contributed to the day.

Javinder Sanghera (Karma Nirvana) is pictured here
With Judge Cardinal, Kathy Cole-Evans (Wolverhampton Domestic Violence Forum)
Monika Bindal (Solicitor)
Dawn Williams (Head of Children’s Safeguarding),
Penny Darlington (Head of Adults Safeguarding)

4.4 A ‘Cross Border Safeguarding in Faith’ Event, organised and hosted by Dudley Safeguarding Children Board, was jointly facilitated by the WSCB training coordinator and the Youth Opportunities Wolverhampton (YOW) manager. This event was attended by faith groups from both Wolverhampton and Dudley.

4.5 WSCB was instrumental in the organisation of the Anti-Bullying Conference that took place in January 2013 for young people from primary, secondary and Pupil Referral Units. A total of 156 young people attended. The day
included a number of workshops, two of which covered safeguarding matters, both these workshops were oversubscribed, and the feedback from young people suggested that they wanted more involvement and a voice in safeguarding matters, this will be picked up and explored further within the development of the Junior Safeguarding Board.

4.6 The WSCB were actively involved in the development of early intervention work within the city and the threshold policy was refreshed by the Policy and procedures sub-group. In turn, the WSCB led on a number of threshold training sessions across Wolverhampton.

4.7 The Cry Peace annual community event, organised by the youth service was this year attended by members of WSCB to raise the profile of safeguarding and to engage with some of the ‘hard to reach’ groups in the City.

4.8 The work to develop a Junior Safeguarding Board has continued and alongside devising ‘postcards’ that have been distributed to all schools, a number of other events has been attended and young people are now putting themselves forward to become members of a junior board.

4.9 Reviews

In March 2013 the Local Government Association (LGA) were commissioned to conduct a peer review of safeguarding services for children and young people in the city. The review team was made up of members from other local authorities who acted as, "critical friends". The team spent a week in Wolverhampton assessing how well we performed against a set criterion.

Although the Peer Review was not an inspection, the process provided the Council and our partners with an in-depth overview of the safeguarding arrangements, whilst highlighting a number of strengths, there were also areas for improvements. It was a supportive but challenging process which helped us to recognise what we were doing well, and also where change is needed.

During 2012, the Board agreed to undertake a significant incident review by way of testing out an alternative ‘systems’ model that was developed and piloted by SCIE (Social Care Institute for Excellence). The approach taken was favoured by Professor Eileen Munro, for testing out alternative models for carrying out systematic reviews.

During this annual report period the WSCB progressed with a SCR in respect of a child who died in 2011 and In January 2013 a new SCR was commissioned following the death of a child in the summer of 2012.

4.10 Audit Activity

4.10.1 Section 11 Audit
The Board issued Government’s response to the Laming Inquiry placed a duty on all agencies to ensure that they safeguard children and young people and have appropriate measures in place and that responsibilities are clearly set (Section 11 Children Act 2004). In response to this, the section 11 audit disseminated to partners in July 2012 to form part of the evaluation to measure the effectiveness of safeguarding arrangements of agencies represented on the Board. It used a web based questionnaire and asked Board members to complete on behalf of their individual agency. Responses received were clear and relatively easy to correlate, however, there were areas of information that was lost and some aspect was said to be too time consuming.

The actions in the 2011/12 Business Plan are now complete and were signed off at the WSCB Development Day in April 2012.

5 Reports outlining the activities from WSCB Sub-groups

5.1 Policy, Procedure and Good Practice

Terms of Reference

- To review, amend and update all policy and procedures on a regular basis as necessary
- To support partner agencies in developing their own protocols and ensure that they comply with policies and procedures of Wolverhampton’s Safeguarding Children’s Board.
- To ensure multi-agency procedures comply with “working together” and review procedures in light of any changes to this working document.
- To review as necessary thresholds for working with Children in Need.
- To review as necessary the procedure for conducting Section 47 enquiries and associated Police investigations including circumstances where joint enquiries are necessary and or appropriate.
- To review policy and procedures in respect of children who move between local authorities.
- To seek the views of children and ensure these are considered and clearly promoted in policies and procedures.
- To develop and support good practice across agencies.

Objectives for 2012/13

1. Sub group members wrote the city’s threshold policy and on its publication organised and delivered multi-agency training to launch the policy (first half of 2012).
2. In response to the sub group’s on-going review of the WSCB procedures manual, Sub group members wrote the Strategy Discussion/Meeting policy update which was accepted by the board in February 2013.
3. The sub group oversaw the development of the following multi-agency guidance
5.2 Hidden Harm – Parental Substance Misuse and the effects on children. (12.03 2013).

Impact for Children and Young People

1. The publication of the Threshold policy and subsequent city wide multi-agency training of staff has seen an increase in not only the number of Common Assessment Framework (CAF) assessments being completed but also the number of agencies completing them. More multi-agency teams around children are therefore being established closer to the point of additional needs arising so allowing for earlier offers of help to children and their families.

2. The strategy discussion/meeting policy update sets out clearly the multi-agency approach required when considering whether or not a child is suffering significant harm. Since this update it has become routine to involve the Duty Paediatrician in Strategy discussions which hitherto had not been the case.

3. Children need their parents to understand how their capacity to parent is undermined by substance misuse. This guidance supports staff to assist parents towards that aim and in turn supports children of substance misusing parents. In addition the guidance highlights the importance of improved collaboration between adult agency staff and children agency staff.

5.3 Quality & Performance

Brief Terms of Reference

- To enable Wolverhampton Safeguarding Children Board to scrutinise performance across agencies in terms of child safeguarding activity.
- To assist constituent agencies to assure their child safeguarding activity.
- To develop and sustain a multi-agency approach to audit.

Objectives for 2012/13

- Ongoing development of multi-agency child safeguarding dataset and pursuit of lines of enquiry based on the data presented.
- Embedding of multi-agency case file audit process.
- Oversight of section 11 of review for all constituent agencies, designed to audit and then improve their safeguarding capabilities.

5.4 Serious Case Review Subgroup

Brief Terms of Reference

The Serious Case Review Sub Group was established as a standing group to advise the Chair as and when a Serious Case Review or Independent Management Review should be undertaken, to review outcomes from Serious Case Reviews, to monitor Action Plans, to design briefing training for
Serious Case Reviews. It is also to undertake review of case which do not meet the criteria for a serious case review and identify areas for improvement and to consolidate areas of good practice and disseminate the learning from these.

**Objectives for 2012/13**

To maintain a watching brief on case management and to establish where and when Serious Case Reviews or Management reviews should be undertaken.

Maintain an overview of recommendations from recent SCR and Management Reviews and ensure Action Plans are completed with evidence base of actions.

5.5 **WSCB Strategic Sexually Exploited Missing and Trafficked (SEMT)- Formally Missing & Compromised Sub-group**

**Brief Terms of Reference**

- Assure the WSCB that service provision is co-ordinated effectively to identify, protect and safeguard victims and potential victims of CSE and compliant with child protection procedures.
- Ensure WSCB have an overview of the scale and profile of CSE victims and those frequently missing from home or care.
- Ensure WSCB have oversight of a CSE offending profile, vulnerable locations and disruption/enforcement plans.
- Deliver and embed the CSE Strategy in Wolverhampton including a cohesive offender disruption/enforcement plan.
- Recognise emerging themes repeat locations, individuals, communities and co-ordinate a multi agency response

**Objectives for 2012/13**

The aim was to reinvigorate the strategic SEMT meeting which had lapsed due to changes in some key personnel. The Group reconvened on the 7th of March when the current chair was elected, and have met in total three times to date. (23rd August 2013).

The objective was to drive the CSE Strategy that was launched in February 2013 and ensure that this was in synergy with the Regional CSE Strategy. To oversee the Operational SEMT Panel work and ensure that those frequently missing from home were also subject of safeguarding intervention through the SEMT panel.

**Overview:**

The CSE Strategy has been revisited to ensure that it is fit for purpose. There is a short life Task and Finish group reviewing the TOR and operating model of the Operational SEMT.
A CSE Performance Framework, Risk Assessment; Information sharing Protocol; Workforce Induction Pack and Data Collection tool have been agreed for implementation once ratified by the WSCB. Governance has been established with the strategic group overseeing the operational work and reporting to the WSCB on a six monthly basis commencing in November.

There was agreement to devise a Service Level Agreement between the WSCB and Base 25 regarding current services provided to support victims of CSE.

During the fiscal year of 2012/2013, 450 Wolverhampton children and young people were reported missing to West Midlands Police; 96 of those were missing for more than 24 hours. Future reporting to WSCB will provide a breakdown of the number of repeat missing episodes, and identify whether the child or young person was missing from home or residential care.

5.6 Training and Development - Encompassing Single and Inter-Agency Training

Brief Terms of Reference

In addition to the common WSCB sub-committee terms of reference the sub-committee operates:

- To support the identification, planning, delivery and effectiveness of local Safeguarding Children inter-agency training programmes via the guidance of existing training and workforce strategies, the findings of research and enquiry and lessons learnt from case review.
- To ensure that the delivery of training is relevant to and representative of the needs of the local community and encompasses issues of equality and diversity.
- To ensure that where possible training is informed by the views and experiences of service-users.
- To work within the budgetary requirements of the Board and to submit business reports to the Board in accordance with need.

Objectives

- To identify areas of work needing to be undertaken and make recommendations to the WSCB through the Chairs Executive Committee.
- To facilitate prioritisation of the work in line with the work programme and inform WSCB of any identified gaps and new areas for development.
- To maintain links with existing sub-committees and working groups in order to ensure collaborative attention is paid to Safeguarding Children matters.
- To develop and monitor effective consultation mechanisms with service members and users.
To complete reports, monitor and make recommendations to WSCB on learning opportunities and activities.

Achievements 2012 / 2013

Throughout the defined year a programme of multi-agency learning and development was delivered on behalf of WSCB and for member agencies who engage in local service provision to children, young people and their families across the city.

The programme covered a broad range of subject areas which incorporated eighteen face to face themed topics and resulted in the delivery of sixty-five events.

The total number of courses and places made available within the annual programme was in excess of the previous year’s activity, and a level of oversubscription for certain courses occurred.

The multi-agency programme is well-established and has a good reputation as has been reflected in the feedback and findings from course evaluation to date. Consultation events, including feedback from the Peer Review which took place in March 2013 also supported the understanding that the training opportunities provided by WSCB to the workforce have been appropriate and valued.

Courses available were in line with local priorities and up-dated during the year to both respond and reflect issues raised via media spotlight, outside-of-area case reviews, findings of research and the directives of overarching policy and guidance.

The WSCB website does not just offer information, but is now the host for booking on to all WSCB courses, receiving post course feedback, and populating certificates.

‘Promoting Safeguarding Week’ took place during the week of October half-term in partnership with other key agencies whose sphere of work contributes to keeping children and young people safe from harm and abuse. In addition, other agencies, including Health, youth service and children centres celebrated the week by having a stand placed in prominent areas ie, reception areas, and foyers to advertise and promote services and raise the profile of safeguarding work of there were a number in order to continue to build upon the existing works.

Impact for Children and Young People

The overall programme of work as undertaken by the Training and Development Sub-Committee, has served to support and enhance the knowledge, skill and competency of a multi-agency workforce in the context of both operational and strategic activities and across a broad topic area. The overall aim of such work has been to serve the needs of
children and young people, to build the trust confidence in having a workforce in who they can rely in terms of their individual and collective safety and well-being.

- As effected during the preceding years, attention has been paid to raising the level of public awareness and understanding that ‘Safeguarding Children from Harm and Abuse is Everyone’s Business’, and with the aim of enhancing local communities’ contribution that enables children and young people to be safe from harm and abuse.

**Looking forward brief overview of work anticipated for 2013 /2014**

The focus of the work of the Training Sub-Committee for the forthcoming year is as follows:

- To support WSCB with the overall business priorities and to pay attention to the specific elements of the programme of work that relate to the learning and development of the local multi-agency workforce.
- To continue to contribute to the learning, development and education of the multi-agency workforce on Safeguarding Children matters via a streamline programme of training activities that reflects the identified priorities.
- To liaise and communicate with the community and representative groups on their engagement in the business of safeguarding children and young people.
- To ensure there is a clear communication route between the training sub, and other sub-groups to furnish the programme of activities.
- To ensure the learning from the findings of local and outside-of-area case reviews are disseminated to the workforce to enhance city-wide practices.
- To develop a robust relationship with Adults Safeguarding in terms of aligning courses which cross over and to both areas of work.
- To continue to monitor the impact of multi-agency training through a series of pre and post course evaluation process to ensure both value for money and there is an identifiable impact on practice.

### 5.7 Violence against Women and Girls

Wolverhampton Domestic Violence Forum (WDVF) launched the City’s multi-agency Violence against Women and Girls 3-year strategy and detailed action plan during the year. Despite its name, which mirrors the name of the Government’s strategy, the strategy covers women and girls, men and boys, as victims and perpetrators. Its key strands of work are around domestic violence, sexual violence, forced marriage, female genital mutilation, and so-called honour crime.

Violence against women and girls and particularly domestic violence (DV) remains a high volume community safety and safeguarding children issue for Wolverhampton. In line with the general economic downturn there has been a rise in reported domestic violence to specialist agencies, with the number of DV incidents reported to Wolverhampton Police in continuing to be around 5000 during 2012/13.
In 2013/14 there were 360 domestic violence victims identified at very high risk of serious harm or homicide, with 405 associated children. Fortnightly multi-agency risk assessment conference (MARAC) arrangements took place to jointly assess and develop integrated action plans to reduce the level of risk to these victims and their children. Twice weekly meetings continue to take place at Wolverhampton Domestic Violence Forum’s co-located multi-agency team to undertake crisis intervention and safety planning for very high risk victims that come to the attention of agencies between the fortnightly MARAC meetings.

There were 1882 domestic violence cases involving children and pregnant children referred to WDVF’s co-located multi-agency team during the year. These cases were jointly risk assessed and screened by a Children’s Social Worker, Safeguarding Nurse, Child Protection Police Officer, and Independent DV Adviser. Alcohol continues to be a significant factor in domestic violence cases, acting as both a dis-inhibitor for violence, and an inappropriate coping mechanism for both victims and perpetrators. Nationally the cross-over of these two issues is known to be between 50-75%. There were 376 cases involving children or pregnant women where alcohol was already recorded on the files as a significant factor in the violence (20% of the total number of jointly screened cases where there are children and pregnant women).

Wolverhampton Domestic Violence Forum worked alongside the Safeguarding Children Board and the Safeguarding Vulnerable Adult Board to host a highly successful conference on Forced Marriage and Honour Based Violence. The conference raised awareness of these issues, and identified a number of themes to be driven forward through WDVF and the Safeguarding Boards. These include raising awareness in schools, and developing joint children and adult protocols for dealing with forced marriage and honour crime.

SWP’s Domestic Homicide Review (DHR) Panel completed and submitted to the Home Office one domestic homicide review during the year. The Home Office DHR Quality Assurance Panel commended the partnership on a thorough report. There were 24 strategic recommendations arising from the review, in addition to individual agency recommendations from Internal Management Reviews.

Wolverhampton Domestic Violence Forum and Women’s Aid successfully attracted Home Office funding for two shared resources between Wolverhampton and Sandwell to work with girls and young women around the Ending Gang and Youth Violence agenda. Work has continued with the Safeguarding Children Board to develop care pathways for public sector and third sector organisations to work with this group of young women and girls around the child sexual exploitation agenda.

The quality of services for victims of sexual assaults has been improved by the new Sexual Assault Referral Centre (SARC) service provider contract. There has been a significant rise in demand for the services of Wolverhampton Domestic Violence Forum’s newly re-established Independent Sexual Violence Advisory (ISVA) Service during the year. The ISVA forms a critical element of the care pathway for victims of sexual
violence above the age of 13 years accessing the SARC’s services, and/or criminal justice proceedings.
Priorities for 2013/14 include:

- Driving and monitoring delivery of the 24 strategic recommendations arising from Wolverhampton’s Domestic Homicide Review.
- Delivering the City’s Violence Against Women and Girls Strategy action plan.
- Strengthen existing arrangements by putting in place a MARAC Operating Protocol and Overarching Domestic Violence Protocol for Wolverhampton.
- Building on the 2012/13 work to develop systems and criteria to better integrate very high risk MARAC domestic violence cases into existing priority and prolific Integrated Offender Management arrangements.
- The Partnership has invested in piloting and evaluating the use of video badge cameras for domestic violence cases in order to capture better evidence, drive up the early guilty plea rate, bring more offenders to justice, and safeguard victims.
- Reducing the attrition rate of domestic violence cases.
6. LAC & CP Statistics for the year 2012-2013

The chart above shows the number of CAF completed for each month in 2012-2013. The figures fluctuations across the financial year but show a peak in October, November and March. The year to date average number of CAF’s (79) is above 2011/12 out-turn (67) and marginally above the current target of 77 hence there has been an improvement.

The chart above shows the number of new referrals received in a month has remained relatively constant over the period except a marginal increased in October and Dec.
The Chart above shows the number of initial Assessment completed in each month of the year. The figures shown similar patterns to that of the referrals which makes statistical sense since the figures show 83% of referrals in the year went on to have an Initial Assessment completed.

The chart above shows the number of Core Assessments carried out in each month of the year. The figures as shown above fluctuate around relatively small margins over certain months but the increase is significant in 3 successive months from January to March. Also, year to date average is slightly higher than last year’s out-turn average.
The Number of Children with a CP plan at month end has remained relatively constant at the start of the year till November when it gradually increased, declined in December and again increased but at a declining rate for 3 months from January.

The Number of families with children with CP plans has gradually increased over the financial year from a minimum of 90 families in July to a maximum of 130 in November which is approximately 31% increased. However considering the figures at year start and end the increase is approx. 22% which is still significant.
The year to date average (3) is equal to the last year’s average of 3. However there is a significant rise of CP re-registrations in May, August and November. However it is worth noting that the number of sibling group can have a significant bearing to the figures and the highest figures in those 3 months could be attributed to such issue.

According to the chart above there are relatively fewer Child Protection Plans that ends under a month or over two years. The highest proportion in one single month is 3 to less than 10 months category which ascended to 62% in November but dropped to 31% in March. The most frequent highest category is 10 months to less than 2 years.
Majority of CP Plans last between 3 months to under 10 months which gradually increased over the year as illustrated in the chart above. The second most consistent higher category across the financial year is (1 month to less than 3 months) duration category. Fewer than 3% CP plans last more than 2 years and relatively smaller percentage of CP plans last less than a month.

The proportion of children aged less than 10 years with a CP Plan has gradually increased over the year whiles those 10 and over years declined at the beginning of the years but slightly increased in January and February. The under 2’s and less than 5 categories according to the chart are diametrically opposed - when under 5’s is going up the under 2’s is going down.
As clearly illustrated above, the highest numbers and with a significant margin of CP cases are from a white ethnicity background followed by mixed ethnicity. The number of “Not Recorded/Refused” ethnicity category has decreased over the course of the year.

The figures above show that there are consistently more Males than Females who have had CP plan during the course of the year except for January and February where there are slightly fewer males than females. The number of Unborn gender has gradually increased over the months but decreased at the same time that the Male/Female numbers have gone up which could be attributed to the fact that some children are born and the gender recorded.
The number of children with both CP and LAC has remained flat lining either at nought or 2 except towards the end of the financial year and in Feb/Mar where the numbers climb to 5 and 4 respectively.

The chart above shows that LAC numbers have fluctuated around insignificant margins at the start and during the course of the year up till December when the numbers consistently increased over the rest of the financial year.
7.1 Agency: Base 25 - Empower

Objectives for 2012/13

Empower Programme – Overall aim is: To reduce the number of young people in Wolverhampton aged 11 – 16 that are being/or are at risk of being sexually exploited

Specific aims are to:

- Increase referral rate of male clients.
- Increase overall referral rate.
- Implement new comprehensive holistic assessment.
- To improve the early identification of young people at risk.
- To increase self-esteem of young people.
- To increase confidence of young people.
- To improve young people’s ability to make informed decisions

Additional aims for young people are to:
- Increase knowledge around healthy relationships.
- Increase knowledge around staying safe.
- Increase knowledge around the grooming process.
- Improve knowledge of sexual health.
- Improve knowledge around protective behaviours.

Achievements against the Objectives :-

- Increased overall referral rate
  o Over 2012/2013 the referral rate increased from an average of 2 per calendar month to 5 per calendar month.

- To improve the early identification of young people at risk.
  o Increased number of referrals made to Empower
  o Increased number of agencies referring to The Empower Project

- To increase self-esteem of young people
  o Young person’s self assessment Richter score of self esteem has improved.
  o Workers assessment of young person’s self esteem has improved.
  o Overall Identity and social relationships vulnerability score improvement in Empower young people.
  o Parents and/or professionals perspective positive feedback of young people’s improved self esteem.

- To increase confidence of young people
  o Willingness to attend sessions.
- Ability to participate in sessions.
- Willingness to explore new ways of thinking.
- Parent and/or professional perspective.

**To improve young people’s ability to make informed decisions.**
- Reduced vulnerability scores have been evidenced in all young people that engaged in the project.
- Parent and/or professional perspective has shown an improvement in the decisions made by young people.
- Changes that the young person has made in their choice and relationships have been evidenced in the clients engaged with Empower.

Regarding additional aims:
- Increased knowledge around healthy relationships.
- Increased knowledge around staying safe.
- Increased knowledge around the grooming process.
- Improved knowledge of sexual health.
- Improved knowledge around protective behaviours.

The following progress has been achieved:
- Young person’s understanding in relation to the sessions has improved.
- Workers perception of the young person’s knowledge has also increased.
- The young person’s vulnerability score has reduced in all clients.

**Improvement Plans where barriers have existed.**

Increasing male referral rates has been a difficult area to improve on, so from September we will be working in conjunction with BLAST to analysis our service and increase referral rates with male clients. Most of our referrals are for white British clients, Empower would like to increase the referral rate within other ethnicities, so plans are in place to approach faith groups to attempt to make links, and continue to raise all professionals’ awareness around CSE as it is still widely a hidden harm.

**Objectives for 2012/13**

**Inspire Programme –** Overall aim is to: To reduce the involvement of Young people aged 10 – 18 from participating in gang related activity

Specific aims are to:

- To increase self esteem
- To increase self confidence and emotional resilience
- To improve young people’s ability to make informed decisions
- To increase self awareness and sense of identity
• To minimise harm to self and others.

The majority of the girls/young women involved in inspire have had 1 to 1 structured programmes of work developed with them around: relationships, exploitation, learning about gangs, grooming, local area gangs, sexual health, confidence and self-esteem, staying safe, protective behaviours, self-presentation and communication skills

Achievements against the Objectives :-

The project is measuring outcomes in a variety of ways; this process includes feedback from young people, those affected by their behaviour and professionals. At various stages during the individual programme the worker will review and evaluate progress with the young person, this is captured through various assessment tools, case notes and evaluation forms. A summary of these outcomes are included below against the specific aims.

• To increase self esteem (aim to increase)
  o Most of the young women completed the Warwick and Edinburgh Mental Well-being scale and saw an increase of between 12% and 19% in their well-being score.
  o Indicators of change for the older girls were identified in what they said, changes in their behaviour and through the perceptions of the workers regarding their observations. These changes included them being more positive about who they were, an increase in the regularity regarding their appointments, a more positive attitude to sticking to curfew times, a positive change in their personal presentation, a more accountable attitude towards their responsibilities (their accommodation, conditions relating to being on Tag, child care responsibilities) with more optimism shared about the future.
  o The girls in school also demonstrated an increase in self-esteem, this was demonstrated more around their attitude towards the relationships that they were in and what was going on with their relationships at home. They also spoke about a change in the way that they thought about themselves and in their approach to relationships with the boys that they were attracted to. They spoke more about respecting themselves and changes in their attitudes towards engaging in sexual relationships.

• To increase self-confidence and emotional resilience
  o All girls showed an increased enthusiasm in talking about themselves to the workers and through the process, demonstrated an ability to take on board alternative perspectives and explore new ways of thinking. The older more chaotic girls demonstrated increased confidence in the way that they thought about their individual situations, making more positive decisions to change the difficult and complex situations that they were faced with.
The younger girls on the programme also demonstrated an increase in confidence. This in particular was demonstrated in their ability to take responsibility for themselves and in their willingness to explore new ways of thinking. Most of the girls had strong entrenched views about what they wanted and this was very much focused around being associated with a gang and being ‘protected’ by a male that had a ‘reputation’. These ‘views’ have changed and the young women have spoken openly with workers about these issues.

The workers have both been effective in engaging with the girls regarding their emotional well-being and emotional resilience. They have enabled the girls to express themselves in a number of creative ways. One of the older girls in particular used a process of developing a ‘comic strip’ to relay what was going on in her life. By utilising a number of creative approaches and enabling the girls to have an opportunity to talk about their anxieties or concerns has enabled the girls to develop trusting relationships. These relationships have been important in building a foundation of trust for the girls in both professionals and more concisely, with adults; something that has previously been missing at home due to the negative impact of parents. This means that the young women are now able to utilise positive support to improve their social conditions because of the positive ‘role modelling’ provided by the workers.

Through this process, the girls have been able to talk about their feelings and have demonstrated ability in managing upsets and disappointments. Both workers involved in delivering the Inspire project are experienced at delivering work around anger management and these skills have been utilised in the work delivered with these girls. In particular, work around attitudes, values and beliefs using ‘icebergs’ (commonly used in CBT) has enabled some of the girls to explore some of their learnt behaviour (from home, often about the use of violence, anger, control, patriarchy and gender roles) in order for them to develop some useful strategies around managing their anger and expressing themselves in a more positive way.

- To improve young people’s ability to make informed decisions
  - There has been considerable impact regarding the decision making processes of the girls engaged in the programme. All of the girls to some degree have demonstrated an ability to make better informed decisions. The programmes of work developed for the girls have enabled them to increase their knowledge on topics that are relevant to them and have provided them with the opportunity to test out their decision making in relation to these topics through conversations and simulation type exercises. This has impacted positively in the girl’s attitude and decision making around the use of social networking and meeting/forming relationships with boys/men where there are indicators that they might be being groomed. The choices that the girls are making about relationships and their attitude towards having sex have changed. The girls have shown more motivation towards school and in engaging in positive activities.
• To increase self-awareness and sense of identity
  o Through the programmes developed for the girls, concepts of self and identity have been explored at all stages across all of the thematic areas. The girls have been able to locate themselves within the context of their own lives and have demonstrated an awareness of those that have influence on them and how they influence and impact on others. This has also impacted on their confidence, self-esteem and their ability to make decisions. The girls have shown ability to empathise with others and an understanding around their own emotional literacy with regards to how others make them feel.
  o Most of the girls were desperately trying to fit in and feel part of a group. Gangs represented to them a sense of ‘belonging’ offering protection and stimulation. A lot of work developed with the girls was around deconstructing these concepts. The girls have demonstrated an understanding of the realities of the gang lifestyle and have identified alternative perspectives on ‘belonging’ and ‘being a part of something’.

• To minimise harm to self and others. (aim to decrease)
  o A lot of the thematic work has been delivered around sexual health, exploitation, grooming, drugs and alcohol misuse, crime, violence and engaging in gang related activity. This has positively impacted on the behaviour of the girls involved in the programme. Most have demonstrated a change in attitude towards relationships, with all of the younger girls demonstrating a more confident approach and positive attitude towards staying safe. In particular there was a greater awareness around grooming and the process of being exploited.

Improvement Plans where barriers have existed.

To develop closer links with partner organisations delivering around the EGYV agenda.

Impact for Children and Young People

  o *At the start of the programme, one girl aspired to be pregnant with a male that belonged to a gang, this attitude changed by the end of the programme with her showing motivation to wanting to do better at school’*

  o ‘*At the start of the programme, one girl demonstrated a negative attitude, she wouldn’t think twice about physically assaulting and taking from others, justifying her actions. This changed towards the end of the programme. She started to show some empathy towards others and started to take responsibility for her own actions. This was demonstrated by her commitment to stay away from the negative influences that were impacting on her previous behaviour and by abiding to the conditions of her Tag’*
o ‘One girl that was in a relationship at the start of the programme ended the relationship towards the end of the programme when she realised that the relationship that she was in was an abusive relationship’

o ‘One girl recognised that she had anger issues and was motivated to want to address these issues in a constructive way. She was happy to be referred on to the anger management programme for additional support’

o ‘Three of the girls involved in the Inspire programme have made decisions to be more responsible about their sexual health; this has resulted in them being supported to attend the GUM clinic and seek contraceptive advice’

o ‘One of the girls was asked to look after a weapon, she chose to bring the matter to the attention of the worker; it was then reported to the police’

o ‘One of the girls that openly gave out personal information on a popular social networking site has since changed her settings so that her personal information is now restricted’

o ‘One girl on the programme justified her use of violence as being a reflection of how she had previously been treated. She later acknowledged that her experiences where her ‘own’ and they made her feel a certain way. She understood that her use of violence was a negative way for her to channel her emotions’

o ‘One girl that was involved with a negative group of boys that engaged in smoking cannabis and low level crime had an epiphany moment towards the end of the programme. Through dialogue with the worker she realised that the validation that she was getting from these boys only served to make her feel bad about herself after she’d been with them; she realised that they were using her. She later chose to join a group at school that offered her a different and more positive sense of belonging.

o ‘One of the girls was being encouraged to move down South to work in a bar belonging to a friend of a friend that was also offering to accommodate her. The risks regarding the move were explored with the worker and the girl herself reached the conclusion that the move might be unsafe’.

Objectives for 2013/14

- To continue delivering against the key aims of the project.

- Without early intervention, there was enough indication that these girls were at greater risk of being vulnerable to be exploited and groomed in to gangs and becoming teenage parents. To continue at a stage of early intervention

- The individual tailored programmes of 10 sessions worked better with the younger girls. To continue developing this process of engagement.

- The individual tailored programme of 10 sessions was less effective with the older more chaotic girls; a more reactive approach appeared to be most effective although this impacted on more time being needed to deliver the
high intensity work. To explore different methods of sustaining the work with older teens.

- The glamorisation of gangs in popular culture has been identified as a motivator for girls wanting to be involved in a gang. In particular, the focus was around being in a relationship with a gang member. There is a clear need for educative work to deconstruct the discourse around the glamorisation of gangs and the gender role of gang members. To develop further.
- Girls from family backgrounds where there was violence or severe dysfunction were identified as being more at risk of being attracted to gangs. To explore further.
- School was identified as a key partner in the work being effective. To continue developing the relationship with the pastoral staff in schools.
- More research on female involvement in gangs is clearly needed to identify any significant trends. To continue monitoring.

Objectives for 2012/13

SAFE Programme – Overall aim is to: To reduce the number of young people aged 11 - 17 from using domestic violence

Specific aims are to:

- To increase self esteem
- To increase self confidence and emotional resilience
- To improve young people’s ability to make informed decisions
- To increase knowledge on topics of relevance
- To minimise harm to self and others.

Achievements against the Objectives :-

The project is measuring outcomes in a variety of ways; this process includes feedback from young people, those affected by their behaviour and professionals. At various stages during the individual programme the worker will review and evaluate progress with the young person, this is captured through various assessment tools, case notes and evaluation forms. A summary of these outcomes are included below against the specific aims.

- To increase self esteem (aim to increase)
  - Mean average increase of 12.2% in well being score for those engaged through 1 to 1 programmes
  - Mean average increase of 11.8% with those worked with through a group work programme
  - Young people commented on an increase in positive friendships

- To increase self confidence and emotional resilience
  - Emerging themes from professionals, parents and young people involved in SAFE have included: Improved confidence and self-esteem:
Improved communication; Increased involvement in positive activities and ability to manage anger better.

- **To improve young people’s ability to make informed decisions**
  
  Emerging themes from professionals, parents and young people involved in SAFE
  
  o have included: Making better decisions demonstrated by improved attendance and punctuality at school; improved behaviour in school; choices being made around their negative behaviour and friendship groups

- **To increase knowledge on topics of relevance**
  
  o Emerging themes from professionals, parents and young people involved in SAFE have included: Improved knowledge in topics of relevance

- **To minimise harm to self and others. (aim to decrease)**
  
  o Mean average decrease of **17.7%** in risk factor score for those engaged through 1 to 1 programmes
  
  o Mean average decrease of **5.6%** with those worked with through a group work programme
  
  o Emerging themes from professionals, parents and young people involved in SAFE have included: Less violent; Managing anger better; Using less abusive behaviours

**Improvement Plans where barriers have existed.**

As there has been a low turn out for group work programmes, they will now be delivered in the localities nearer to the client group to enable better attendance

**Impact for Children and Young People**

**Feedback demonstrating impact**

Young people involved in the individual programmes have provided written feedback regarding their progress on the SAFE programme:

- “More confident talking to more people” “Less angry”
- “I have become more aware of how I react to things”
- “Started to accept mom’s boundaries” “Less fall outs with mom and step-dad”
- “Less controlling with brother and sister” “Learnt how to put a time out in place”
- “Happier, less worked up” “More confident and less angry” “react better towards others”
“Don’t shout at mom” “Not as jealous of sister” “don’t use physical violence”

“Don’t get angry as much” “Don’t shout and have stopped throwing things when angry”

“More relaxed” “Do more for myself and stopped being violent to others”

“Caring more about school and what to do in future life”

“Great experience talking to a professional”

“Worker helped me to be more calm with mom and have fun with sister”

“I could talk to the worker about how I feel”

Feedback from professionals, parents, careers and extended family

“I strongly feel that if ***** had not received support from the worker, then his controlling behaviour would of got out of control and it would have been a down ward spiral for both him and his mother – potentially leading to very bad situation”

Feedback taken from a letter from auntie

“I have noticed a huge improvement in his behaviour; he now walks away from potential volatile situations with his mother. He tries to diffuse it using techniques the worker has introduced to him in order to control his anger/temper”

Feedback taken from a letter from family member

“I feel he has been abducted by aliens and someone has given me a different son”

Mother talking about the SAFE work at a CAF meeting with other professionals

“Hats off to Base 25 as teachers have noticed improvements in his behaviour and he is excelling in lessons and attendance has improved and is above 85%,” “This preventing legal action being taken and reducing addition pressure on the family”

Feedback from educational welfare officer in a CAF meeting

“ ******* has informed me that he is learning a lot from the worker and feels that he has someone that he can talk to”

Feedback from Dep. Head at a Child in Need meeting (CIN)

“The support given to the family regarding the ***** boys has been of real help, the on-going support is of real benefit to the boys and is enabling them to focus at school”

E-mail from head of year
Objectives for 2013/14

- To continue delivering against the key aims of the project.

- Education (Schools and MAST) have continued to be most instrumental in referrals (50% in total). To explore a broader range of referral sources.

- MAST area’s 1, 2, 7 and 8 have represented the largest number of young people accessing the programme. To monitor and explore trends.

- Moms have featured for the first time as a source of referral utilising the internet to find out about the service. The project will monitor this new trend.

- Learnt behaviour around domestic abuse continues to be the main indicator for those referred into the programme. The project has however identified new indicators that are focused around obsessive behaviours and parents that are unable to exercise legitimate parental role authority. To monitor and develop responses to these new indicators

- The project has consistently worked with an average of 19 new young people over each 6 month period totalling 57 young people worked with to date. To maintain this output

- The main target group engaging in the programme continues to be from the Bushbury, Lowhill and Scotlands area although Bilston is emerging as an area producing an increased amount of referrals (although this can be explained by group work being delivered in this locality). To monitor

- The target group continues to be 13 and 14 year old white British boys although there has been a considerable increase in the number of 11 and 12 year olds and 13 year old girls accessing the programme. To monitor and explore further the trend in girls accessing the programme

- The project will have an increased focus on working with the younger age group as an early intervention appears to enable better outcomes.

- Individual interventions are proving to be more effective than group work interventions. This is demonstrated through a higher decrease in the mean average risk factor score being achieved through the individual work.

7.2 Black Country Partnership NHS Foundation Trust
Objectives for 2012/13

1. To continue to raise awareness of safeguarding children responsibilities within both Child and Adult Mental Health (AMH) Services

2. To promote early help and the identification of children who may be acting as carers through the CAF process.

3. To ensure that all staff are confident in the safeguarding process and are aware of who to contact for support

4. To develop systems whereby safeguarding professionals can easily access data that identify:
   - whether our mental health (adult) clients are parents/carers
   - how many of them have children who are receiving support due to the impact of their mental health difficulties on parenting capacity.
   - when children are acting as carers for the adult or other family members due to parent’s incapacity

5. Ensure that all recording systems and assessments are set out clearly and in sufficient detail to establish children’s needs and risks.

6. Improve the working relationship and understanding of roles between child/adult mental health services and children’s social care.

7. To monitor and sustain recommendations made within adult and child mental health services resulting from IMR’s and SCR’s

8. To continue to utilise the identified ‘Safeguarding Links’ within the teams for feedback and dissemination of information.

Achievements against the Objectives :-

1. Staff have attended Level 3 training where responsibilities are clearly outlined. Training passports have been handed out to support staff in monitoring their training needs and outline what is expected of them. The BCPFT Child Protection Policy (CP) has been amended and is awaiting ratification. Safeguarding Supervision is offered by the Named Nurse, and a data base is being set up to ensure this is carried out in line with the Supervision Policy (BCPFT). The Named Nurse receives copies of invites to Child Protection conferences, so is able to monitor attendance. Feedback from practitioners, suggest that involvement of adult mental health practitioners within child focused meetings, (from CAF to CP conferences) has increased.

2. The Named Nurse has worked with the CAF lead to deliver overview sessions as there has continued to be some confusion/lack of confidence in the process. These are based on staff being able to come to the sessions with questions that are then worked through, rather than a structured session. It also focuses on not simply identifying early
signs that may indicate the child’s welfare may be affected by parents’ mental health difficulties, but to then reflect and act appropriately.

3. A safeguarding information sheet has been added to both the Needs and Risk Assessment for all AMH staff to access should they want to contact the Safeguarding professionals in Wolverhampton or other relevant agencies. A link to the CAF website has also been added to ensure staff can gain easy access at the time assessments are being completed. The Named Nurse attends the weekly Crisis Meetings at CAMHS to ensure there is consistent support from a safeguarding perspective.

4. Work has commenced to add documents to the electronic system (Care Notes) in order to try to capture current safeguarding activity. This has initially been set up to identify children on a child protection plan, and will include an element of monitoring and reporting. It includes questions that will identify if children and young people are acting as carers for parent(s) or siblings.

5. A significant amount of work has been done to include questions about children in assessments, care plans across both child and adult services. We are incorporating safeguarding into internal supervision templates as a basis to monitor compliance and ensure children focus in discussions. Compliance is also being monitored through a current audit of both electronic and paper documentation. This work is ongoing.

6. All referrals to Children Services are faxed to the Named Nurse who will monitor as required. Staff have been encouraged to chase social care for feedback as generally no contact is made, particularly when it is deemed that no further action will be taken. They are also encouraged to inform the Named Nurse should they be unhappy with the outcome, or if they have consistent difficulty in gaining information. Named Nurse liaises with social care if required, and they generally welcome discussion that offers a more in-depth insight into parental mental health issues, and the impact on children (BCPFT Escalation Policy). The Safeguarding Links have met with the Chair of WSCB to discuss relationships with social care, and have requested that one of their staff attend our next meeting - Named Nurse will send an invite.

7. Significant changes have been implemented following recommendations made from recent and current IMR’s / SCR’s, including the amended Deliberate Self Harm policy to ensure a multi-agency approach is taken for high risk children and young people who are admitted into hospital. Specific training needs have been identified and completed by staff, and policies amended. All Action Plans are monitored via the BCPFT Internal Safeguarding Children Forum which is chaired by the Executive Director for CYP.

8. The Link forum has proved very positive in ensuring that we maintain a high level of focus, particularly within AMH (including Early Intervention, Eating Disorders and Learning Disabilities). It enables front line staff to
bring concerns to the table for multi agency discussion and advice from Named professionals. This has been instrumental in understanding the real operational barriers staff face, and exploring ways in how we overcome them. The Links ensure that safeguarding children now holds a place on agenda’s at team meetings.

**Improvement Plans where barriers have existed.**

1. Maintaining a focus on children!

2. Continue to monitor assurance against agreed SCR Action Plans *(NB In relation to point 7 in the previous section a particular challenge for the BCPFT has been ensuring that the identified SCR Action Plan following the Internal Management Review relating to Child A have been implemented with the new Substance Misuse Provider in Wolverhampton. The Named Nurse has met with the provider’s safeguarding lead in order to share the actions). How these have been implemented is yet to be tested by WSCB SCR Sub-group.

3. Continue to increase awareness and confidence in the role of AMH professionals in safeguarding children of adult service users through training, supervision and audit.

4. Training sessions / meetings around thresholds to ideally include Children’s Social Care.

5. Lack of reliable data particularly for AMH. Currently there is no single system that is accessed by all mental health services in Wolverhampton so that we can easily obtain data around the children of service users to assess whether there is a need for early support. We also need to develop a system whereby we can access information on children who are receiving any form of additional support, and ensure this is monitored and reported on (both within adult and child mental health).

6. Ensuring that the Acute Services are more involved in safeguarding children activity, including a representative at Link meetings and ensuring there is senior management sign up to these (this is being addressed via the focus of the BCPFT Internal Safeguarding Children Forum)

7. Improve the quality of assessments of the impact of mental health difficulties on children, ensuring children’s social care workers and child and adult mental health practitioner’s work together to assess and agree effective action plans. This can be supported through joint training sessions around thresholds / toxic trio to ensure a mutual understanding from both sides. Plan to include a children’s social care representative at Link Meetings on a 6 monthly basis to discuss concerns raised by the frontline practitioner’s and enable social care to offer their perspective regarding thresholds, demands and responsibilities in an open forum.
8. Increasing confidence when it comes to early help and identifying impact on children when it is an ‘obvious’ safeguarding issue. This often relates to when children are perceived as the ‘protective’ factors in their parents lives when there are adult issues. A need to recognise the impact on that young person, how the young person is coping within the family environment and consideration of what the child’s ‘protective’ factors may be.

9. Ensure all staff receives appropriate internal and external safeguarding children supervision as required.

Objectives for 2013/14

1. More reliable data collection regarding children living in a household where there are adult mental health issues
2. Monitor numbers of CYP where adult mental health issues have resulted in a CP Plan/CIN/CAF
3. Continue to offer joint training/supervision opportunities for children and adult mental health services to enable them to understand each others roles and the impact of adult mental health issues may have on CYP
4. Increased involvement in early intervention and identification of CYP who are affected by adult mental health issues or living within a household where they become the carer’s for adults or siblings due to these issues. To identify the impact before it hits crisis point (continue to embed CAF within service areas)
5. To raise the Toxic Trio and Hidden Harm Agenda across multi-agency partners
6. Ensure there is sufficient resource within CAMHS to meet the increasing number of self harm referrals and impact this has on service delivery
7. Monitor compliance with the jointly agreed Deliberate Self Harm Policy (RWT/BCPFT)

Impact for Children and Young People

- Improved social and emotional outcomes for CYP
- CYP more able to make a positive contribution in both their social and personal lives
- Earlier identification and support for children and families resulting in more proactive management (Improved ‘Think Family ’approach)

7.3 CAFCASS

Objectives for 2012/13

- Improving the quality of reports in both Public and Private Law cases. Using effective quality assurance and bespoke quality assurance tools to do this. The result being that children and families are provided with a good quality service.
• Ensuring that new report templates are rolled out to demonstrate the importance of evidence based analysis to a case.
• To support the rollout of the PLO and to reduce delay for children and young people
• To continue to promote the views of children and young people throughout the organisation.
• To develop our relationship with courts, local authorities and other partners.
• To continue to learn from complaints and capture compliments.
• To continue to build FCA morale.
• To recognise diversity and to increase diversity awareness amongst FCAs.

Achievements against the Objectives :-

• We have made progress in improving the quality of our reports. We have an internal quality assurance service called the ‘National Improvement Service (NIS)’; National Improvement Service Managers carry out regular audits of service areas – they use the most up to date Ofsted methodology to complete these audits and learning points are incorporated into action plans for individual teams; the ultimate aim is that we have an all round good quality service for children and families.
• Our NIS have developed and rolled out this year a suite of quality assurance tools that cover all areas of our work: public law reports; private law reports; safeguarding reports; court observations; practice observations.
• We have already rolled out the PLO template for public law reports.
• We have developed our Children and Young People’s Board over the last year. Young people from the board have sat on FCA interview panels and have attended team meetings. Young people have also helped develop the factsheets/literature that we provide on different aspects of the work (‘putting your children first’, ‘working with teenagers’). We have had a number of young people from the board carry out office inspections over the last year. These inspections are geared towards ensuring that our office space and family rooms are child-friendly and welcoming – the report from the Birmingham Citadel Office was very positive.
• Our Customer Services Team are meeting deadlines for responding to complaints and the learning from these complaints is being cascaded to FCAs through team meetings.
• Human Resources have introduced the Health and Wellbeing Plan – FCAs are now able to claim back money on dentist/opticians appointments and other services; this has helped develop staff morale.
• On 10/07/2013 we had a Development Day for FCAs across Sussex and Suffolk – the theme was LGBT awareness and included a presentation by a local group called ‘Transformers’ that work with young people who identify as Trans. The day also looked at the language we use when describing diversity in family arrangements.
• Our Senior Service Manager chairs a Local Family Justice Board.

Improvement Plans where barriers have existed.
• We have been impacted by the changes in Legal Aid Funding and are developing our Early Intervention Teams to ensure a good service to Litigants in Person at Private Law first hearings; we are also developing our relationships with support services such as the Public Support Units at local courts.

Impact for Children and Young People

• A PLO timescale and template that reduces delay for children and young people in public and private law cases.
• Better quality reports that are evidence based and that ensure good outcomes for children and young people.
• More emphasis on the views of young people in how we recruit FCAs and in the recruitment process in general.
• The views of children and young people are taken into account in the way our offices and family rooms are presented and how we develop these.
• Improving the awareness of diversity across our FCA team so that they in turn can appreciate the diversity of families with which we work.
• Improving our relationship with Local Authorities to ensure that information is shared appropriately and children are safe in public and private law proceedings.

Objectives for 2013/14

• To develop further the quality of our reports.
• To continue to develop the role of the Children and Young People’s board.
• To drive forward the PLO and any amendments to the Private Law Programme.
• To continue to work with our Local Family Justice Boards to improve practice and reduce delay.

7.4 Wolverhampton City Council

Objectives for 2012/13

1. Development of early intervention and family support services including completion of Children’s Centre and MAST related reviews.
2. Redevelopment of FAST to make it more effective in LAC prevention/rehabilitation.
3. The development of a more coherent operating model enabling families to access a fuller range of support earlier.
4. Ensure that Local Authority procurement, commissioning and contracting is sound and robust in reference to the safety and protection of children.
5. Continue to monitor children who are Privately Fostered.
6. To ensure the recommendations made by Ofsted are incorporated into practice and to monitor the outcomes and actions.

7. Ensure that Scrutiny Panel of the Local Authority is updated regularly on the performance of the Safeguarding Children Board.

8. Maintain a focus on ensuring that Case Conferences, Statutory Reviews and Foster Home Reviews are completed to legal requirements and that they are timely and effective.

9. Ensure that all children in the city who apply for part time working are registered and protected from harm.

10. To support schools and colleges in their delivery of safe service for children and young people.

**Achievements against the Objectives :-**

1. In the light of extremely demanding financial times, our review of MAST and Children’s Centres has been more positive than we could have anticipated. While resources available have reduced by around £2M, we are emerging with a clearly co-ordinated picture of Early Years and School Age services being delivered through 8 locality areas. We have also worked closely with RWHNHS Trust to develop closer working relationships in the field of under 5’s work in particular.

2. FAST has been reduced in size but become better focused on its prime areas of enabling young people to live at home where family breakdown is possible through the establishment of a shift system operating across and outside of normal working hours.

3. Children, Young People & Families have developed a New Operating Model geared up to the development of local integrated services based on making “help” easier to access from a wider range of professionals with fewer “threshold” based barriers. The Model has been developed by service managers in conjunction with operational groups and has been welcomed by various Children’s Partnership bodies and agencies as we move towards implementation.

4. The Community Directorate has reorganised its commissioning function bringing commissioning services for the first time into the same management team as operational services under Assistant Directors. The value of this has been seen in the greater rigour applied to in-house and external service developments and in the development of new responses to challenges as commissioners and operational managers have grown to understand each others perspectives.

5. The new arrangements for monitoring private fostering arrangements within Children, Young People & Families have been implemented.
We continue to publicise private fostering requirements and the support available, but numbers reported remain low.

6. A multi-agency inspection preparation group has been established to monitor response to last inspection and to ensure we maintain focus on emerging inspection framework. Progress against previous inspection action plan has been good.

7. CYP Scrutiny Panel received regular reports on the work of the LSCB prepared by the Head of Safeguarding.

8. While there have been some periods when Case Reviews etc. have been subject to cancellations at unacceptable frequency, overall efforts in this respect have been maintained and the responsibilities of managers made clear in the absence of social workers. Even when cancellations have been problematic though, performance against required timescales has been good (with meetings being rearranged within required periods).

9. The Local Authority’s Child Employment Officer, who is based within the Safeguarding Children Service, makes regular visits to all known employers of children, to ensure that all the children they employ are registered and have been given appropriate and effective safety advice. In addition to this, twice yearly written reminders are sent to all known employers, and press releases are put in the local press as a means of raising awareness of the rules concerning employment of children. Any reports of children working without a permit or in a prohibited occupation are investigated without delay.

10. Through the Safeguarding service, schools and colleges received support in their delivery of their responsibilities for keeping children and young people safe. This level of interaction has included; devising a ‘Model’ Safeguarding policy, developing and contributing to the ‘single agency training programme, and providing on-going advice and guidance in relation to safeguarding. Two half-day sessions has been organised for the Designated Child Protection Leads (DCPL) in this sector to ensure they are kept abreast with local and national information around safeguarding. This work was also extended to Governors’ on the receipt of information from the Children’s Commissioner Following the Somerset Serious Case Review. In Wolverhampton, an action plan was devised and cascaded to schools and colleges.

**Improvement Plans where barriers have existed.**

The main challenge to improving services in the context of intense pressure on Local Authority finance. As above, we have I believe continued to achieve improvements despite this, largely through more effective
targeting of resources – an approach that has a limited life-span in the face of future savings targets.

Enormous pressure on CiN/CP services has also meant improvements here have been subject to high caseload pressures. The indications are that early intervention is successful in identifying need, but I remain concerned that we have not yet fully turned around as culture of “referral onto social scare” to one of more proactive intervention by some universal and targeted services.

**Impact for Children and Young People**

There has been some reduction of universally available services but the focusing of resources leads to a greater focus on outcomes and across a number of services from early intervention through to child protection we have seen the development of imaginative and effective responses to need. Early signs are that the reconfiguration of commissioning should pay benefits in the longer term through the review of services and redesign of future provision.

**Objectives for 2013/14**

1. Piloting and roll-out of New Operating Model.
2. Effective establishment of new Children & Family Support areas with Early Years and School Age leads.
4. Continued improvement in social work practice especially working with children and families in the community through on-going provision of professional development opportunities.
5. Continued focus on developing closure working relationships with partners in children’s and adults through protocols, shared briefings and practice to enhance the welfare of children and families.

7.5 **Prospects Services delivering Connexions/PAYP/Youth Contract in Wolverhampton**

**Objectives for 2012/13**

The objectives are part of an overall Prospects Safeguarding Action Plan that defines a commitment to the welfare of all young people and vulnerable adults within Wolverhampton. It ensures that safeguarding underpins the way Connexions organise, deliver and manage services, including the deployment of staff. It also identifies on-going actions for the coming year to support the delivery of safe outcomes for the young people and vulnerable adults Connexions works with. The objectives are as follows –
• Ensure safeguarding continues to be a priority focus in all work with young people and respond effectively to any disclosures and concerns.

• Ensure all cases and concerns are regularly reviewed with staff members in supervision and good practice disseminated.

• Maintain appropriate referral and information sharing links with local partner organisations, including MASTs.

• Further embed an awareness of safeguarding thresholds in conjunction with CAF processes.

• Respond to local safeguarding issues and concerns, in particular those arising from any Serious Case Reviews and SCIE investigations.

• Continue the schedule of level 2 training for all PAs and any additional targeted training for staff in specific thematic roles.

• Implement more robust and systematic client database recording processes.

• Implement the City’s new referral process for Child Sexual Exploitation (CSE) concerns.

Achievements against the Objectives:-

• All safeguarding concerns continue to be recorded on the company’s central log and secure Profile database and are discussed in managers’ meetings and supervisions as appropriate.

• Reflective practice training sessions held to review safeguarding reporting linked to the continued embedding of CAF into all PA practice.

• PA delivery embedded within MASTs and TYS panels and PSISAs established with a range of partners e.g. TYS/Guns and Gangs partnership.

• All PAs have attended the latest Thresholds training run centrally by LCSB training unit.

• Operations Manager attended a SCIE workshop relating to a LAC young person who died in 2011. Lessons learnt were noted and shared with the management team.

• Internal safeguarding training in place and PAs have accessed City wide training for the homeless, drugs issues, neglect , alcohol, Hidden harm and Adolescents and assessment.

• Profile database development including the risk of poor outcomes tool [RONI].

• Team manager attended the CSE protocol launch and internal training sessions were delivered to staff on both the protocol with a referral process in place for PAs to raise concerns.
• Operations Manager attended LCSB meetings [75% attendance]

**Improvement Plans where barriers have existed.**

Individual targets set for all PAs linked to early intervention through the CAF process. Targets overachieved.

**Impact for Children and Young People**

• A robust framework and processes are in place to enable staff to identify, respond and report on concerns raised by young people and vulnerable others.

Personal Advisers and their managers are trained and are able to respond appropriately to young people’s needs and concerns.

**Objectives for 2013/14**

• Ensure safeguarding continues to be a priority focus in all work with young people and respond effectively to any disclosures and concerns.

• Ensure all cases and concerns are regularly reviewed with staff members in supervision and that good practice is disseminated.

• Ensure that appropriate links are established with the new Social Care Operating Model in particular for young adolescents.

• Ensure that the delivery of the Connexions early intervention service delivery model, using the RONI tool, embraces safeguarding as a central theme.

• Ensure that safeguarding is central to our developing work with Families in Focus and to address issues/concerns through supervision and internal training as appropriate.

• Ensure that our PAs, working with young people in Transition who have learning difficulties and/or disabilities, are clear about their safeguarding responsibilities and the role they play in ensuring the best interests of their clients.

• Revision of all corporate documentation to reflect latest guidance on vetting and barring requirement and update service from the DBS – September 2013

• Development of corporate risk management processes to manage high risk clients/customers – always in conjunction with local partners – by Spring 2014
7.6 Safer Wolverhampton Partnership

Objectives for 2012/13

Information Sharing- There is an increasing need for information across agencies to be shared to identify and support those at risk of harm (adults, children, families); the development of an overarching Information Sharing Protocol demonstrates willingness for this to happen. Safer Wolverhampton Partnership will work with partners to develop the vehicles for information exchange to take place to direct targeted early intervention as part of programmes such as Troubled Families and Ending Gang and Youth Violence.

Women and Girls- We will continue to develop our targeted work to reduce vulnerability of women and girls through early identification and intervention, and to move towards the development of a city-wide strategy.

Gangs and Youth Violence- we will integrate our approach to gangs and youth violence into mainstream practice including established safeguarding processes for children and young people.

Hidden Harm- To support the development of a co-ordinated approach across the workforce to effectively manage Hidden Harm issues, given the local prevalence.

Achievements against the Objectives :-

Information Sharing- A number of purpose specific information sharing agreements have been produced to aid information exchange across agencies working to address issues around gangs, neighbourhood safety and Families in Focus and hidden harm of children for problematic drug and alcohol users. The Partnership Analyst will have access to the new Illy data system being introduced to enable relevant information to be shared across partners delivering against this programme. Membership of Channel panel has increased considerably over the last 12 months to provide more effective identification and coordinated support for individuals vulnerable to extremist ideology providing safe exchange of relevant individual data within a pre-criminal setting.

Women and Girls- WDVF has led the development of the Violence Against Women and Girls Strategy, which also addresses issues affecting boys and men. The strategy has been innovative by addressing the wider issues of forced marriage, honour based violence, female genital mutilation, sexual
violence and child sexual exploitation. The strategy was positively received and fully endorsed by SWP who will be taking a keen interest in its progression.

**Gangs and Youth Violence** - 2012/13 saw an extremely busy period of activity to reduce gang-harm in the city with marked results. The Home Office Ending Gang and Youth Violence programme was successfully delivered, providing newly commissioned services in the city, strong community buy-in and awareness of how partners are working together, outlined within the successful Citizens for change Conference in March 2013, and prepared a range of agencies to deliver gangs responses as part of their mainstream business. Consequently, Wolverhampton Probation Service now have a specialist team in place responding to gang linked offenders, a dedicated Police Gangs Tasking team has been established to provide focused enforcement, YOT have trained their staff and developed a toolkit for use within their teams, Connexions were funded to provide a package of information support for use by parents and Gangs has been included as one of the local criteria within the city’s Families in Focus programme. Underpinning all of this is a new information sharing agreement to aid information exchange between key partners.

**Hidden Harm** - 2012/13 supported the role of a designated officer assigned to develop and co-ordinate multi – agency Hidden Harm guidance and training to support and improve communication and overall co-ordination between services for children, young people, families and adult services. This would encourage services working together in the assessment and care planning stages for families with substance misuse.

**Improvement Plans where barriers have existed.**

Despite the progress made on information exchange, further work is needed to refine the processes for this to happen swiftly and effectively in dealing with gang issues and tying this to existing structures, e.g MAST TYS Panels, Families in Focus.

**Impact for Children and Young People**

The approaches for providing targeted interventions have moved away from either children or adult delivery, towards a holistic family focussed intervention. The commitment to address hidden harm as part of the new drug and alcohol service launched in the city, and key working approach to address the needs of families within the FiF programme or as part of Channel Panel means that interventions are for the benefit of the whole family rather than just any one individual within it.

The Forced Marriage conference in March 2013 organised through WDVF highlighted clearly the vulnerability of young people who may be forced into marriage against their will and the potential harm directed at them if they object; sometimes taken against their will to other countries, the
conference aimed to alert practitioners to the risks and look out for the signs to identify and protect young people affected. This will provide a platform for more targeted work in the coming year.

Gangs and youth violence crime figures for 2012-13 have seen a marked reduction in offences against young victims of violent crime; youth violence involving knives has reduced by 42% in 2012/13, with Most Serious Violence Offences reducing by 17%. Exit pathways are now available for young people wanting to exit the gang lifestyle with the support of organisations such as Catch 22, EYES, YOT and Base 25 and through the launch of a new resource for use in all secondary schools within the city.

**Objectives for 2013/14**

**Domestic Homicides – Shared Learning**
There have been 25 domestic violence related deaths across the West Midlands since legislation was introduced for Domestic Homicide Reviews (DHRs) to be undertaken in April 2011 for each DV related death. Wolverhampton will be working with colleagues across the West Midlands to commission a piece of work to identify improved practice and organisational change with a view to reducing the number of deaths occurring and introducing better safeguarding arrangements for victims and children.

**Channel and Prevent**
To work with partners to sustain and mainstream Prevent activity and raise awareness of Channel as a safeguarding forum for case managing individuals vulnerable to extremist ideology. To deliver a targeted training programme to front line staff across agencies so they are alert and able to identify individuals at risk.

**Violence Against Women and Girls**
To progress delivery of the VAWG Strategy, and improve practice across all strands of the strategy to better safeguard vulnerable individuals.

**Hidden Harm**
Following the launch of Hidden Harm guidance, a coordinated workforce development programme will be delivered to front line practitioners during 2013-14.

7.7 **Wolverhampton CCG**

**Objectives for 2012/13**

1) Ensure that, on establishment, the local Clinical Commissioning Group is engaged in the business of WSCB and the Safeguarding Children responsibilities of this future commissioning organisation are explicitly understood and in operation during 2013.
2) Attend to the Safeguarding Children training and support needs of General Practitioners and primary Care services.

3) Continue to strengthen the local working arrangements and practice between the health provider sites via the functioning of the Joint Health Safeguarding Children Committee

4) Ensure that health care services attend to the local needs in light of the Munro review and the publication (pending) of the revised statutory ‘Working Together’ document and in the context of multiagency partnership working

5) Ensure that the existing work programme across the health care provider services maintains momentum and continues to reflect the ongoing business priorities of the WSCB and the needs of the local service – users.

Achievements against the Objectives :-

1) Ensure that, on establishment, the local Clinical Commissioning Group is engaged in the business of WSCB and the Safeguarding Children responsibilities of this future commissioning organisation are explicitly understood and in operation during 2013.

   Wolverhampton Clinical Commissioning Group was established in Sept 2013 and assumed responsibility for commissioning health services on April 1st 2013 (previously the responsibility of Wolverhampton PCT).
   The Executive Lead nurse, Designated Doctor for Safeguarding Children and Designated Senior Nurse for Safeguarding Children are member of the WSCB.
   There is a safeguarding children policy in place across the organisation Safeguarding Children is a standing agenda item on the Quality and Safety Committee of the WCCG and this is reported quarterly. A paper detailing the implications of the ‘Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework’ published by the NHS Commissioning Board in 2013 was presented to the Committee and this is revisited to ensure compliance with the recommendations.

2) Attend to the Safeguarding Children training and support needs of General Practitioners and Primary Care services

   A series of Safeguarding Children Level 2 and 3 training sessions were undertaken in early 2013 to ensure that all staff were up to date with their training. A new Named Doctor for Safeguarding Children for Primary Care was appointed in 2012 whose remit is advice, training and support in safeguarding children for those working in primary care.

3) Continue to strengthen the local working arrangements and practice between the health provider sites via the functioning of the Joint Health Safeguarding Children Committee

   The Joint Health Safeguarding Committee is held bimonthly and is chaired by the Designated Doctor for Safeguarding Children and vice chair is the Designated Senior Nurse for Safeguarding Children. This committee is the
A forum by which members attend to corporate Safeguarding Children business on behalf of local health care service providers and allows the monitoring or incidents, action plans and training by the CCG of the provider sites. It also acts as a means of disseminating information around Safeguarding Children and also enables health care providers to undertake pieces of work together.

4) Ensure that health care services attend to the local needs in light of the Munro review and the publication (pending) of the revised statutory ‘Working Together’ document and in the context of multiagency partnership working.

The information and recommendations within the Munro Review and ‘Working Together’ have been disseminated to all health providers and have been incorporated into the Safeguarding Children training programmes with an emphasis on strong partnership working.

5) Ensure that the existing work programme across the health care provider services maintains momentum and continues to reflect the on-going business priorities of the WSCB and the needs of the local service–users.

The WSCB work programme and its on-going business priorities are shared and embedded within the work programmes of the different health providers. A Section 11 audit was undertaken by health in 2012 and the finding are reflected on the individual action plans.

Improvement Plans where barriers have existed.

The changes in the NHS over the year meant that clarity was needed during the transition phase, with business as usual during the transfer of commissioning of health services from Wolverhampton City PCT to Wolverhampton CCG despite some disruption. Now the CCG is fully established it will be easier to implement processes, investigate and monitor action plans.

Impact for Children and Young People

Local Health Care services are committed to safeguarding children and young people and to their fulfilment of statutory responsibilities with regards to strategic and operational business. The work which has been undertaken over the last year has served to strengthen local Safeguarding Children arrangements in the interests of children, young people and carers.

Objectives for 2013/14

- To continue to embed the NHS accountability framework and the recently published “Working Together” across all health providers and strengthen the systems and processes across local services.
➢ To attend to and monitor the relevant action plans and Safeguarding Children work programmes of the health care providers and the WCCG with regards to Safeguarding Children.

➢ For the CCG to request that health providers undertake and complete an annual Section 11 audit of the Children Act 2004 and monitor the subsequent action plans through the JHSCC.

➢ To maintain and enhance health care services’ engagement in inter-agency safeguarding activity both from an operational and strategic perspective.

7.8 West Midlands Ambulance Service

Objectives for 2012/13

1. Develop robust auditing system of safeguarding referrals.
2. Maintain effective partnership working through attendance at boards and sub groups
3. Develop early notification of child deaths
4. Identify and deliver training to all staff re child protection

Achievements against the Objectives :-

1.

The safeguarding team carried out audits on the quality of the safeguarding calls which was designed to audit the following:

   1. To assess the quality of the information recorded by the call takers
   2. To assess the quality of the referral information passed to social care.
   3. To assess the appropriateness of the referral from crews

The results of the audits were fed back to appropriate managers and actions taken as required.

2.

The safeguarding team has attended 17 Adult and/or Children’s Boards meetings and sub groups during 2012/2013. Where possible, and when invited, WMASFT aim to attend each Board at least once during each year. WMASFT have contacted ALL Boards to ensure that for those that they do not attend the possibility of being a link member is requested so information and communication channels flow regularly. Whilst it is acknowledged that WMASFT attendance at Boards may not be as frequent as desired, this must be balanced against the demand placed upon a regional organization with limited resource. WMASFT welcome communication with ALL Boards and enhanced attendance is provided when and where necessary.

A system of early notification has been implemented so that the safeguarding team are alerted by text to the CAD number (incident
number) of every child under the age of 18 that dies or is in a life threatening condition.

In partnership with the Clinical Practice Governance Managers a “child death pack” has been developed with all the information that is required to be collected and ensure staff received support after such tragic events. This information is given to the safeguarding team so that the file is complete to ensure the quality of the information supplied to CDOP is of a high standard.

This has been a period of transition and following the recommendations of the Intercollegiate Document (2010) flexible learning opportunities have been offered via virtual learning (VLE) and a Work Book. Safeguarding topics have been included in both the Weekly Briefings (internal staff bulletin) and Clinical Times internal publications. At the time of publication 74.63% for E&U and 55% for PTS had completed formal Educare safeguarding training. It is to be noted that Educare is only one form of formal safeguarding training with WMASFT and ALL staff have completed safeguarding training by a variety of mediums, including mandatory education, workbook, corporate induction and articles within staff magazines and clinical publications.

Audits planned for 2013/14 will identify the effectiveness of the training and the learning opportunities.

Impact for Children and Young People

There has been a slight decrease for child referrals from 1239 to 1152.

The overall number of referrals for children has dropped slightly to an average of 98 referrals per month in the year 2012/13. Birmingham and the Black Country continue to have the highest number of referrals. This correlates to Birmingham and the Black Country having the highest numbers of children with child protection plans in the West Midlands. Early indications show that the numbers of referrals are rising in Birmingham and the Black country areas for the coming year.

<table>
<thead>
<tr>
<th>Action Plan – 2013/14 - WMASFT Action</th>
<th>Responsible</th>
<th>Timescales</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>Safeguarding team</td>
<td>Quarterly</td>
<td>Selecting 20 calls - listening and mark against audit template Attendance at station and using pre-determined questions to spot</td>
</tr>
<tr>
<td>Call audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spot Check</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct referral</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Objectives for 2012/13

- Promote ‘Safeside’ programmes to Children’s Centres and MAST teams and Health & Wellbeing Board.
- Increase home safety check referrals from children’s services providers (eg. Children’s Services, MAST teams etc)
- Train all WMFS Vulnerable Persons Officers in CAF and Threshold awareness and cascade this training to watches.

Achievements against the Objectives :-

- All primary schools sent written invite to attend Safeside
Community Advocate visited all Children’s Centres to promote Safeside programmes and to raise awareness regarding home safety check referrals
WMFS operational crews attended Children’s Centres events to promote home safety checks
Between 01/08/12 – 01/08/13 = 2,679 home safety checks carried out in Wolverhampton
Home safety checks now allocated points relating to vulnerability and risk of fire.
Wolverhampton points score 01/08/12 – 01/08/13 = 9,059 with each home safety check averaging 3.38 points. This is the 2nd highest points score in the brigade (covering 7 local authorities) meaning that our home safety checks in Wolverhampton have been targeted more efficiently at those more vulnerable or at risk of fire.
Training in CAF and threshold awareness has been requested for Vulnerable Persons Officers – awaiting feedback.

Impact for Children and Young People

- Children and young people able to identify hazards in the home, on the roads etc.
- Children and young people are safer in the home, on the roads, in cars etc.
- Children and young people and their families who are identified as at greater risk of fire or having more complex needs receive a tailored service and signposting to other relevant service providers and are safer in their homes.
- WMFS is more ‘service-user’ focussed and hence children and young people receive an improved service.
- Children and young people receive more ‘joined up’ service due to WMFS working in partnership with more service providers.

Objectives for 2013/14

- Increase number of fire setter tutors (for children & young people) covering Wolverhampton area
- WMFS to broaden Home Safety Checks to include a ‘child safety’ element
- CAF & threshold document awareness training to be delivered to fire setter tutors and Vulnerable Persons Officers
- Paper to go to WMFS Corporate Board raising awareness of ‘PIPOT’ document & WMFS Human Resources Department to sign up to document

7.10 West Midlands Police

Objectives for 2012/13

Police Objectives as per the Local Policing Plan for Wolverhampton 2012/13
Achievement against objectives:

Child abuse investigations fall within the crime categories for the purposes of performance indicators within most serious violence and serious sexual offences. Not all child abuse is detailed within those categories but falls within the crime continuum. Overall, there were 558 non-crime referral incidents received; 283 crimes of child abuse were recorded of which 110 were detected and the offender was brought to justice or subject of community resolution. Equivalent to 38.8% detection rate.

Overview of activities:

Throughout 2012 there was a focus on the political change from having elected members of the Police Authority hold the Chief Constable to account for operational policing matters; to the election of a Police and Crime Commissioner. PCC Bob Jones was duly elected and commenced office on the 22nd of November. The PCC had political responsibility, ownership of community safety budgets and authority to improve commissioning for community safety matters. Local Police and Crime panels were identified to support the PCC and were to include greater representation from local elected members.

West Midlands Police Public Protection sought methods to improve the corporacy, management and response to referrals of child abuse allegations from partners.

This was the one area of business and demand that had previously been routed directly through to a Child Abuse Investigation Team, whereas all other calls for service to West Midlands Police were routed through to a Contact Centre. This had led to a varied response provided across the ten Child Abuse Investigation Teams. The Senior Leadership Team of Public Protection commenced a Central Referral Unit program that would provide a centralised response to all allegations of child abuse, raise standards across the region; ensure there
was a clear mechanism to manage invitation and attendance to Child Protection Conferences and capture previously hidden demand on police resources. The CRU consisted of initially two Sergeants and four experienced Detective Constables who would provide greater consistency of decision making and ensure compliance with statutory guidelines. This was a change for key partners in the way that agencies had previously worked with West Midlands Police. This was initially of some concern to senior officers within local authorities, who asked for greater engagement and consultation. A multi-agency workshop event was held in March 2013 to update senior partners on progress, and engage all in lessons learnt and the wider rollout of the CRU to include all seven local authorities.

On the 12th of November 2012 the Central Referral Unit went live with Wolverhampton and Walsall Local Authorities the first two of seven local authorities’ referrals being managed in this way. Partners in Children’s Services at Wolverhampton were well engaged and positive about the changes introduced. There were monthly Strategic Interface meetings between the Head of Service, Head of Safeguarding and Detective Inspector to identify any operational issues and themes. Then followed the commencement of a bi-monthly Regional Interface meeting involving the Black Country and the CRU staff, which allowed healthy discussion and debate regarding standards and thresholds.

An early evaluation of the CRU was presented to the Board in June 2013. The overall feedback and response articulated by John Welsby for Wolverhampton partnership was very positive.

There were two critical and complex child abuse investigations that commenced in Wolverhampton during 2012 that attracted significant media coverage. The first occurred on the 29th of May, twenty three month old child Daniel Jones died as a result of ingesting heroin. Both parents were subsequently arrested and charged with his death. The case was heard at Nottingham Crown Court on the 3rd of July 2013, Daniel’s mother pleaded guilty to allowing or causing the death of a child and father admitted manslaughter. Both were sentenced to four and six years imprisonment respectively.

The second critical incident was Operation Partial, in September 2012 a five day old child received life changing serious head injuries as a result of her mother throwing her down a rubbish Shute from five floors up in a block of flats at Whitmore Reans. The child’s mother was subsequently charged with attempted murder. The case was heard at Wolverhampton Crown Court on the 6th June 2013, the child’s mother was found guilty of inflicting grievous bodily harm and sentenced to four years imprisonment.

As a result of changes in February 2011 to the policy in West Midlands Police regarding Domestic Abuse, it was identified during 2012 that there were fewer cases of domestic abuse being taken to partners for joint screening. The changes meant that instead of officers completing a Domestic Abuse Stalking and Harassment Risk Indicator (DASH) at every domestic abuse incident, accountability was given to officers to use their professional
judgement based upon set criteria to complete a DASH risk assessment and associated reports.

This was recognised by local partners and raised for discussion at the Board. At the same time this issue was raised by the force lead for Domestic Abuse Detective Superintendent Clare Cowley, who responded and initiated a force wide Task and Finish group to look at the issue. Superintendent Jan Thomas-West, a Board member representing Wolverhampton Local Policing was the representative for Wolverhampton. A training program commenced in the autumn of 2012 and was delivered to all Local Policing Response officers in addition to daily monitoring in place to review domestic abuse. There has since been auditing of domestic abuse in Wolverhampton which has shown a significant rise in domestic abuse incidents being recorded effectively and shared with key partners for discussion at Joint Screening. This work continues.

In February 2013 approval was given by the Chief Constable to review all areas of the work of Public Protection to identify continuous improvement and potentially redesign service delivery through Service Transformation. This was a six month planned project designed to continuously improve services to the public, and commenced in May 2013. A partnership secondee had been requested to represent all seven local authority Chief Executives for the duration of the program which concludes in November 2013. Key partners have been engaged in a series of workshops exploring service provision.

Regular updates are forwarded from the Program Team.

**Improvement Plans where barriers have existed.**

Domestic Abuse as per the above which remains work in progress with Local Policing colleagues.

**Impact for Children and Young People**

- Improved decision making regarding children at risk of significant harm because of child abuse.
- Improved joint working with Social Care and partners to safeguard and protect children vulnerable to child abuse.
- 110 offenders brought to justice or subject of a community resolution for abusing children.

**Objectives for 2013/14**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public have confidence in Police</td>
<td>85%</td>
</tr>
<tr>
<td>Customer Satisfaction with service - Crime</td>
<td>88%</td>
</tr>
<tr>
<td>Customer satisfaction with Service - ASB</td>
<td>80%</td>
</tr>
<tr>
<td>Reduce Total Recorded Crime</td>
<td>-5%</td>
</tr>
<tr>
<td>Reduce Violence with Injury</td>
<td>-6%</td>
</tr>
<tr>
<td>Reduce Burglary Dwelling House</td>
<td>-7%</td>
</tr>
<tr>
<td>Reduce Business Crime</td>
<td>-6%</td>
</tr>
</tbody>
</table>
I have attached a copy of the Local Policing Plan for 2013/14 for the information of the Board.

7.11 Voluntary & Community Sector

Objectives for 2012/13

1. Develop links with faith groups to better support them with safeguarding needs

2. Promote Safe Network Standards and support VCS groups to work towards standards

3. Secure wider VCS representation on sub groups

4. Explore other avenues for supporting VCOs around safer recruitment inc. exploring other possibilities for continuation / resurrection of VCS Safer Recruitment Service

Inform VCS of developing safeguarding environment – including changes to Disclosure and Barring scheme, developments resulting from Munro

Achievements against the Objectives:-

1. Develop links with faith groups to better support them with safeguarding needs
   - YOW co-ordinated a ‘Safeguarding In Faith’ event 20-04-13 to re-invigorate engagement with Faith Groups with collaborative support from Adults and Children’s Safeguarding services and Inter-Faith and Regeneration Network. 22 participants from 13 Faith groups (the vast majority were Christian) took part. This engagement was welcomed by participants with interest being shown in further opportunities to meet together, the Safe Network Standards and the support available locally to add to their faith based support (on the decrease for mainstream denominations).

2. Promote Safe Network Standards and support VCS groups to work towards standards
   (a) Promotion
      - YOW co-ordinated an event to promote Safe Network Standards 28-01-13 attended by 20 participants. 5 groups indicated they would definitely, and 5 that they were very likely, to sign up to the Standards. No requests for support forthcoming
      - SNS page developed on YOW website in 2013
      - SNS incorporated in to new small groups toolkit being developed to support VCOs to be contract ready, which will be used as basis for
membership of new VCS prime Contractor consortium–People In Partnership (Wolverhampton) CIC.

- SNS promoted at Safeguarding In Faith event Apr 2013 (see above)

(b) Support

- One-to-one support to groups with safeguarding policy
- Supporting safeguarding training provision by
  - Funding and organising an ‘introduction to safeguarding’ course for voluntary and community organisations;
  - supported volunteer mentor safeguarding training for Improving Futures;
- Secured funding to improve ‘Preventing and Responding to Bullying’ Standard in 2013-14

3. Secure wider VCS representation on sub groups

Limited success to date but steps in place to improve on this:

- Agreement of need for, and interest in, a VCS safeguarding forum
- Invitation for a range of VCS reps (inc. safeguarding sub groups) advertised in Jan. Some interest in Safeguarding committees to be followed up.
- Additionally, YOW has co-ordinated VCO involvement in Safeguarding Peer Review, Multi-agency case file audit, and CAF reporting for EIB

4. Explore other avenues for supporting VCOs around safer recruitment inc. exploring other possibilities for continuation / resurrection of VCS Safer Recruitment Service

No funding available to support continuation of VCS Safer Recruitment Service.

VCOs now being directed to DBS umbrella body in Wolverhampton that has dropped its admin fee in response to findings of SRS that finance created a barrier to use!

More information on YOW website.

5. Inform VCS of developing safeguarding environment – including changes to Disclosure and Barring scheme, developments resulting from Munro

Regular Safeguarding updates by email distilling essential information and giving access to full, detailed documents and original sources.

Safe Network event and DBS update on 28-01-13

Also part of Safeguarding in Faith event in April.

Working Together circulated
New content and pages develop for YOW website since Sept 2012 to take account of changes.

**Improvement Plans where barriers have existed.**

Generally capacity is an issue. So we will continue to identify opportunities for one-to-one support (in addition to profile-raising events), and have a continued focus in Safe Network Standards including them in wider capacity building activity including the small groups toolkit and work of other capacity building workers in the sector.

YOW will seek to increase its focus on safeguarding still further e.g. in contract negotiations with WCC.

1. **Supporting Faith Groups**
   Clearly more work to be done to engage with Faith Groups to (a) build links with a wider range of faith groups and (b) provide further opportunities to support safeguarding leads in Faith groups.

   Connecting to wider range of Faith groups
   - will be part of Communication and Engagement committee work plan
   - Make use of existing opportunities
   - Strengthen links with and expectations of Inter-Faith and Regeneration Network

2. **Safe Network Standards**
   Barriers re. working towards Safe Network Standards - Create / take advantage of opportunities one-to-one interaction to support groups in prioritising working towards the Standards. e.g. preventing and responding to bullying work for 2013-14
   Obtain figures of SNS progress by VCOs in Wolverhampton from Safe Network to enable ore focussed follow up work.

3. **Wider representation of VCOs**
   Capacity as an issue – look for opportunities for wider representation on Task & Finish groups

4. **Safer Recruitment**
   Ways round no additional funding - Approach local DBS provider to see if they are willing to signpost organisations to YOW for further support on safer recruitment / safeguarding.

5. **DBS changes and safeguarding landscape updates**
   No barriers just further activity

**Impact for Children and Young People**

No direct impact on children and young people from YOW’s WSCB representative work however:
- VCOs are better informed about safeguarding landscape
- VCOs are clearer about where they can obtain support around safeguarding from
- Safeguarding has a higher profile amongst VCOs

There is potential for
- VCOs to be more confident in their safeguarding policy and practice
- VCOs to create safer environments for their work with children and young people.

**Objectives for 2013/14**

The next step is look at developing a joint, children and adult’s forced marriage and honour based violence protocol. Consideration is being given to this being developed regionally with neighbouring local authorities and West Midlands Police.

1. Lead on communication and engagement for WSCB
   a) Make links with, and provide support to, a wider range of faith groups
   b) Develop VCS safeguarding forum
   c) Develop broader involvement of VCOs in safeguarding

2. Continue to promote Safe Network Standards and support VCOs to work towards them

3. Provide safeguarding information across the VCS
   a) DBS briefing events
   b) Regular safeguarding updates
   c) VCO responsibilities under Working Together 2013

**Allegation Management: Progress 2012- 2013**

- Permanent full time LADO appointed in February 2013
- Implementation of “Guidance for dealing with Allegations”; DfE October 2012
- Contacts and Introductions established with Partner Agencies
- Procedures updated within Safeguarding Children Service
- Existing training programme for “Managing Allegations” has been updated and delivered to a multi-agency audience
- Dates made available to WSCB for “Managing Allegations” training to be delivered throughout the year
- Wolverhampton is represented at Regional Meeting for LADO’s
- Self-introduction and presentation to all Head teachers at their Development Day outlining current changes to guidance and our expectations
- Database for recording and monitoring allegations further progressed, improving confidentiality and security of personal information
Priorities for 2013/14

- Working Together 2013 sets out expectations to resolve cases as quickly as possible and within certain timescales:
  80% of cases should be resolved in one month; 90% of cases within three months and all but the exceptional cases should be completed within twelve months.
- Further development is necessary to establish WCC effectiveness to meet these timescales
- Update WSCB website to incorporate recent changes in guidance
- A leaflet should be available for persons who are subject of an allegation explaining the process involved. This is in the process of being updated
- To continue to review, update and deliver Managing Allegations training to a multi-agency audience.
- Implementation of learning from National Serious Case Reviews: i.e. North Somerset; Birmingham
- Raise awareness and remain updated on changes regarding Disclosure and Barring Service
- Consider Implications from ISA publication: “Safeguarding in Workplace: What are the lessons to be learned from cases referred to the Independent Safeguarding Authority” March 2012
- To promote the role and responsibilities of the LADO to wider organisations
- Designated Safeguarding Officer for Health to be represented at Position of Trust meetings
- To improve recordings and monitoring of outcomes of cases referred to Disclosure & Barring Service and other Regulatory Body
- To identify Emerging Themes from established data
- To ensure categorisation is consistent

Impact:

- Actions undertaken as a result of the process should impact on a more proactive use of Safe Working Practice; Specific training for staff and improved recruitment
- It is envisaged in future, this Annual Report will clearly identify Outcomes and Key Themes

Data:

Full report including Data for the period April 2012 and March 2013 as detailed in appendix 1

7.12 Child Death Overview Panel
The Child Death Overview Panel (CDOP) process commenced 1st April 2008. CDOP works in partnership across Walsall and Wolverhampton Safeguarding Children Boards and its function is to establish procedures to ensure a coordinated response to all child deaths.

Copies of all Child Death Review processes and procedural documentation are available on the Wolverhampton Safeguarding Children Board website (www.wolvesscb.org.uk).

Networking

Good links have been established with the following.

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

CDOP Briefing Sessions

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

Future Developments

- Guidance notes have been received from the DfE for the completion of child death preventable data collection for the year 2012-2013 and LSCBs are required to submit relevant data by 31st May 2013. The data for Wolverhampton was submitted on 8th May 2012.
- Further CDOP briefing sessions to be held 2012.
- Continued attendance at CDOP Regional quarterly meetings throughout 2012\13.
- SIDS reduce the risks campaign was launched in October 2012 following a three year trend analysis of SUDI deaths recorded across both Wolverhampton and Walsall. Of the 34 SUDI deaths, 30 deaths reviewed identified co-sleeping and smoking as contributory factors. Awareness training has been introduced for all children’s services professionals, supported by a public health poster campaign to highlight the risks of co-sleeping with babies under the age of 6 months.

Child Death Data & Wolverhampton Child Death Data and Trend Analysis
A summary of Wolverhampton child death statistics covering the period 1st April 2012 to 31st March 2013 is detailed in appendix 2.

7.13 Private Fostering

Objectives for 2012/13

Overview of the Year’s Activities 2011/13

Team/Staff Structure

On the 4th April 2012 a permanent social worker joined the Fostering team as the specialist worker for private fostering. The worker has worked in conjunction with the Duty and Assessment team once the notification has been received. The initial Assessments continue to be undertaken in the Duty and Assessment team and then cases are transferred onto the relevant Locality team for allocation. There has been better co-ordination in carrying out joint initial visits between the specialist private fostering worker and the Duty and Assessment team. Communication on the whole between the two teams has much improved and this has been evident when joint visits have not been possible.

A Private Fostering service improvement plan has been drafted and is awaiting finalisation for the coming year. This will however have to be amended to take into consideration recent changes in respect to the Fostering Team reconfiguration.

From December 2012 the Fostering Team embarked on a reconfiguration of the service. All social work staff will undertake the full range of specialism within the team. Staff will no longer specialise in specific areas. All staff will undertake 20 supervisory cases of mainstream, family and friends carers and private foster carers and 5 pieces of work. The specialist private fostering worker will carry 10 mainstream fostering supervision cases, 10 private fostering cases and 5 additional pieces of work. It is expected that the developmental aspect of the private fostering role will remain with the private fostering social worker.

Publicity and Marketing

The leaflets and some of the posters produced in May 2011 are still of good quality and have been re-ordered and distributed on request and proactively targeting relevant agencies in the community. However, a more generalised information leaflet for the public has been ordered to be placed in places of prominence.
In October 2012, we placed an information leaflet in the pay packet of all city council employees. At the same time the same leaflets were enlarged and used in a display in the Central Library in conjunction with the Parenting Institutes ‘Parents’ week. Library staff were most instrumental in affording us time to network with some of the parenting groups in operation at the time, whilst sharing information on private fostering. A lot of information was given, but it is very difficult to measure the impact of this.

Health

Following the campaign with Signal Radio in March the last presentation at the safeguarding board, the private fostering social worker has outlined and undertaken a series of activities with support and direction specifically from Amanda Viggers, Designated Senior Nurse for Safeguarding. Through this link, Information sessions have been delivered to Health Visitors, Midwives and Community mental Health Teams in the city. As a consequence, the private fostering social worker has been alerted to number of potential private fostering arrangements which had not been picked up. The Health sector has been most proactive as Champions for private fostering and disseminating information. There is still a lot more work required in this area.

Wolverhampton Football Club

The talks with Wolverhampton Football Club developed into looking at the processes involved with them caring for children and young people under their intensive training programme. A referral was placed with Duty and Assessment following the placement of two young people in the same host family home. There is an understanding that the Private fostering regulations will have to be adhered to at all times and we are developing the service to look at the policies and procedures that Wolverhampton Football Club have in place and the channels used to inform parents of our involvement.

There are plans for the football club to take on more children under the age of 16 into their Trialists and Apprenticeship schemes. It is projected that there may be up to 20 children as young as 12 years old being placed with host families. Rachel Warrender will be working closely with the private fostering social worker to ensure that policies and procedures are adhered to and reviewed accordingly.

City Council Teams

The private fostering social worker has taken information out to the various teams in the city; 2 MAST teams, Children’s Centres, Children’s disability Team and 3 Locality team via their team meetings.

Education

In September 2012 the internal mail shot sent ‘Champion’ request letters and leaflets to all the schools in Wolverhampton. Only two schools responded to the email. Moreton school in Low Hill, which had historically
high numbers of children in private fostering arrangements invited the private fostering social worker to talk to teachers at one of their training sessions following attendance at a Child in Need meeting. Full details of the Private fostering Power Point presentation and other private fostering literature were sent to that school for them to deliver the information in future training events.

Engage Website – A dedicated and interactive site for private fostering in the education sector, managed by the private fostering social worker. All information leaflets, links to specific Private Fostering website’s e.g. the BAAF ‘Somebody else’s child’ are included in this site. There are also sections for adding notifications to inform the education sector of events and additional information that are planned or currently taking place to promote awareness of the subject. During the time that the Engage site has been in operation, the private foster carers and a young person have contributed their stories to the notifications section. A second mailshot to all schools in the area will be made at the end of June 2013.

Attempts to engage with the Schools Admission panel has not been successful. The admissions forms clearly asks the question about private fostering arrangement, I have not secured the intelligence to find out what happens to the information after the panel/team manager have researched the information.

Information has been placed in a number of local agencies newsletters - Parent Partnership: Children and Families information newsletter, Mainstream Foster carer Support Group and the National Childbirth Trust.

Tettenhall Language College

The head of Pastoral Care of the College made a referral in respect to a student from Hong Kong who was placed with one of their ‘Host’ families.

Training/Briefing

The Power Point presentation ‘Private Fostering Arrangements in Wolverhampton’ has been updated and the private fostering social worker has worked well with Policy and Procedures writer Rachel Warrender to deliver Multi-agency Briefings to the Workforce of the council. The first Briefing scheduled for January 2013 had to be cancelled due to lack of take up. Flyers for the training had been sent out globally in November 2012. The second Briefing session in February 2013 yielded 8 applicants, and was well received. A Third briefing session is set for May 21st at the Beldray Centre.

Workforce Development

Plans are in place to include private fostering information/presentation as part of the Induction training for new workers to the city. There has been good co-ordination with this section in disseminating information on the
briefing sessions; one worker has attended the Private Fostering Support Group on an information giving session.

**Systems and Processes**

The mapping process for the delivery of private fostering arrangement has been drafted and is currently being amended. It is apparent that there are social workers who are still unsure what steps to take, firstly, in identifying a Private fostering arrangement and secondly, the process to follow once identified.

There has been an overhaul all of the forms and letters used for processing the arrangements, including an information pack for private foster carers and the young people concerned and evaluation forms for parents, carers and young people to complete during after the arrangement has taken place or ended.

A written Agreement format has been successfully utilised and the meetings have included parents, carers and young people. Appropriate permissions for medical matters and educational requests have therefore been obtained at an early stage to enable the private foster carers to ensure that the welfare of their charge is secured.

Several private fostering arrangements have ended for a number of reasons:

- Young people reaching the age of 16 years.
- Carers taking out Special Guardianship Orders
- Children returning to their parents
- Disqualification of the arrangement due to the criteria for Private Fostering being compromised.

Care First is now more accommodating to private fostering arrangements, but is not yet able to accommodate the assessment format for the Suitability Assessment Report. The suitability assessment form has now been amalgamated to one form and has been successfully used over the last 6 months.

Statutory visits are adequately reported in respect to the child on Care First. Supervision of the private foster carer is recorded in a similar format as mainstream carers but is not yet aligned to Care First.

A Support Group initiated by a private foster carer of long standing, ran from October 2012 to January 2013. Unfortunately not all private foster carers attended the meetings and as placements ended so did the support group membership. However the founder remains optimistic that the group will be resurrected. Her enthusiasm is utilised with her assisting the private fostering social worker with some of the information sessions for schools.
Private fostering arrangements have used some of the existing processes in supporting their care of the young people. Family Group conferencing has been accessed to resolve issues within the extended family of a young child and training for mainstream carers has been extended to and taken up by private foster carers.

The private fostering social worker has been attending the Profession Interest group for private fostering co-ordinated by British Agency for Adoption and Fostering. The group is made up of other specialist private fostering social workers from around the West Midlands. The PFSIG looks at the development of services, Offers support to specialist workers, relates practice to legislation and currently advise on Ofsted inspection with relevant information packs.

Private Fostering Arrangements details as at March 9th 2013

- 14 cases of Private fostering arrangements
- 11 cases have been closed during the year.
- 11 assessments have been started with 2 declined as unsuitable. Both recorded as disqualifications
- 2 assessments started with children being returned to their parents within a week of the arrangement
- 1 assessment with the child returning home after 9 weeks with the carer.
- 2 assessments in process.

Achievements against the Objectives :

Ofsted Inspection of Private fostering Arrangements

The fostering services was inspected in February 2012. The next inspection will see the Private Fostering Services incorporate in the general inspection of Children’s Services. It is expected that all work undertaken to raise awareness will be inspected. An E folder outlining activities has been set up with a hard backed copy. A spread sheet detailing all enquiries and advice on private fostering is also available for viewing.

Strengths and Weakness of the current service

Strengths

- There are two social workers involved with private Fostering arrangements. The Child has a social worker based in the locality team. The private foster carer is supported by the specialist fostering social worker.
- Policies and procedures are set in placed and is supported by a good website with appropriate and accurate information on Private fostering. This also links into the BAAF ‘Somebody else’s child’s website.
There is good working relationship between the professionals and the private foster Carers.
All private fostering referrals are directed to the Duty and Assessment Team.
Private Fostering social worker is available for general advice and support.
Awareness raising through Marketing and Publicity Activities is on-going.
Notifications are being made by professionals.
Support Group for the private foster carers established.
Private Fostering Special Interest Group to support the specialist worker and their organisation is utilise by Wolverhampton Fostering Services.
The Health Service have strongly supported the awareness raising of the Private Fostering Regulations.
Some organisations who have historically arranged for children and young people to be cared for by Host families have been made aware of the regulations and have given appropriate notifications.

Weakness

- Notifications are not being received before the children and young people are in the arrangement.
- The timescale for completing the suitability assessment is hindered by the delay in obtaining all the required statutory checks within the 42 days deadline.
- Not all professionals are fully aware of their roles and responsibility in respect to Private fostering, and take up of briefing sessions have been slow with few take up of training places.
- There are still untapped numbers of Private Fostering arrangements that have not been identified, for example unaccompanied children, and Asylum Seeking situations.
- Public interest and co-operation has been difficult to engage.
- A developmental plan for private fostering has been drafted, but not activated.

Objectives for 2013/14

Future Developments

The targeting of professionals to assist in identifying children who may be in a private fostering arrangement continues to be the focus of the Fostering service. Therefore it our recommendation that the following should be followed:

- The continuation of Briefing sessions throughout the year to a multi-agency audience. This could involve linking in with nearby authorities and the PFSIG.
Utilising the links forged with Health and Education, to involve managers on a higher level to ensure that information on private fostering is integral to their general information system and acted on. E.g. The admissions forms.

Further developments with areas in Health and Education. Housing and the Police that are yet to be approached. E.g. Utilising hospital and General Practices electronic information boards.

To actively recruit or involve individuals to become ‘Champions’ for Private fostering within their specific service areas and with partner agencies.

Continued involvement with the Professional Interest Group, sharing experience, resolving difficulties and exchanging good practice.

Greater interaction with the Voluntary Sector. Although some information has been given out to agencies through postal system or hand posting of information it would be beneficial if some of these agencies received a follow up face to face visit.

Greater research of past private fostering arrangements to be able to target specific areas of the city, for information sharing and specific public briefing sessions.

Conclusion

Throughout the last year there has been a lot of co-operation from colleagues in enabling the Fostering team to raise the profile and requirements of the Children (Private arrangements for Fostering) regulations 2005. Thank you to all those individuals/agencies concerned.

A lot of progress has been made and a good measure has been obtained in terms of the depth of the assessments and the length of time taken to approve these placements. The foster carers and young people have been proactive in setting up the support group and also in becoming involved in the publicity materials and offering feedback on the new forms used.
## 8 Budget

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<td>Community Safety</td>
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## 9 Summary

### Key Priorities for 2012 – 2013

The key priorities for 2012 – 2013 were determined and shaped largely by the Business Plane coupled with emerging local and national events and safeguarding matters, including the Board’s evaluations of the effectiveness of local safeguarding arrangements based upon the Section 11 audits completed by member agencies: progress with the Board’s Business Plan and Work Programme 2011-2013: its review of the national and local safeguarding context within the annual Development Day in March 2012: and, in particular, the findings and recommendations of the Peer Review process of Safeguarding in the City.

Having done so, the Board concluded that whilst maintaining its overall commitment to the broader areas of safeguarding, it would continue in the coming year to give priority to its core business of child protection including reviewing its Governance and membership arrangements, strengthening frontline practice, protecting the most vulnerable young people from violence, maltreatment, neglect and sexual exploitation; and widening its engagement and communication work within the wider community.

In going forward, WSCB faces a new era and will need to produce a new business plan and update its work programme for 2013/14. At this stage, WSCB will have a particular emphasis to its strategic and performance management roles, whilst also focusing upon key areas for development and ensuring the continuing provision of front line services. As a result, the
Business Plan and Work Programme for 2013-14 will make arrangements for achieving the following priorities:-

The priorities for 2013/14 will include:

- Reviewing the governance arrangements for WSCB to ensure robust challenge to and evidenced accountability of all member agencies in delivering the safeguarding agenda.
- Continuous workforce development and training to ensure that staff have the requisite skills and experience to intervene effectively to safeguard children, and are managed and supported to do so.
- Improved provision of the range of services for particular young people: 11 – 18 year olds to safeguard and promote the welfare of young people.
- Improved practice and service delivery at the interface between Adult Services and Children's Social Care to ensure that effective support services are provided to parents and to children in need, with a clear focus on safeguarding children at all times.
- Further improve the quality, and achieve consistency, in interventions, assessment, planning and interagency working to safeguard children and young people.
- Ensure a focus upon the child’s journey through safeguarding services and the provision of help and support at the right time.
- Progress workforce development and training to ensure that staff have the requisite skills and experience to intervene effectively to safeguard children and promote their safe and appropriate care.
- Engage the wider community in safeguarding children.
- Utilise the combined resources of WSCB member agencies to underpin preventative strategies and services in challenging budgetary conditions.
- Establish a transparent line of communication with schools and GPs in safeguarding children – including Academies.
- Raise the profile of WSCB and its safeguarding agenda through effective communication and media strategies.
- Ensure that the potential impact on safeguarding and outcomes for children arising from service changes due to challenging budgetary conditions are overviewed by WSCB, and that agencies share information and cooperate to minimise the short and long term impact of changes in safeguarding children.
- Ensuring that there is a clear focus upon safeguarding children during times of significant organisational change for many constituent members of WSCB
- Further improve practice and service delivery at the interface between Children’s Social Care and Adult Mental Health Services to ensure that effective support services are being provided to parents and to children in need – and ensuring that there is a clear and sharp focus on safeguarding children at all times.

- Ensure that messages from the Child Death Review process informs local practice and service development.
- Review the impact of the re-design of Children’s Social Care Services upon safeguarding arrangements and outcomes.

These will be incorporated into the Work Programme for 2013 – 14. During the course of the year, the Board will also give attention to national and local developments as directed.