

# Annual Report 2018/19



	Page number
Foreword	2
Introduction	4
Part1 – Context and Key Facts about Birmingham	5
Part 2 – The Effectiveness of Safeguarding Arrangements	6
Part 3 – Governance, Accountability and Transitional Arrangements	9
Part 4 - Spotlight on each Agency's Contribution to Safeguarding	18
Part 5 - Conclusions and Looking Forward	45
Glossary	46

## Foreword

This is my third Annual Report as Independent Chair of the Birmingham Safeguarding Children Board (BSCB). Given the move to the new multi-agency safeguarding arrangements (MASA) and the April launch of the Birmingham Safeguarding Children Partnership (BSCP), it will be my final report under the current arrangements.

As in previous years I have already shared my Chair's Accountability Report with the Chief Executive of the Council, with the Executive Board Members and indeed with the wider Safeguarding Leaders Assembly when we met on the 10th April 2019.

<http://www.lscbbirmingham.org.uk/recent-publications/accountability-reports>

This year's Annual Report is coming earlier than previously and I hope it will provide clear testimony to the improving quality of partnership working and practice in Birmingham. Our ambition is that we make Birmingham a place where children flourish.

The purpose of the BSCB has been to ensure and assure the effectiveness of arrangements for Working Together in practice; to have a programme of learning and development; an agreed thresholds document (Right Help, Right Time); an effective Board Assurance Framework overseen by the Quality, Impact and Outcomes Sub-Group, and finally, capability and capacity to learn from events and from serious cases.



During this year we have continued to publish Learning Lessons bulletins to make accessible the learning from case reviews, audits and safeguarding events. The Board's priorities of strong partnership and leadership; improving practice, and ensuring a comprehensive Early Help offer have informed the work of all of the groups within the Safeguarding Board. From now on, the Early Help Partnership will become accountable to the new Birmingham Children's Partnership (BCP), the overarching strategic leadership body for inter-agency Children's Services arrangements. The development of this body fills a vacuum that too often in the past the BSCB had stepped in to fill. I very much welcome the Birmingham Children's Partnership and I am pleased to attend in my role as Independent Convenor of the Children's Safeguarding Partnership.

The 2018/19 year was significant for a number of reasons. As well as seeing the launch of the Birmingham Children's Trust (BCT) and the welcome addition of a number of key permanent leaders into the firmament of partners, this year also saw the move out of the "inadequate" category for Children's Services. Though "Requires Improvement" is not an ambition most of us would want to own up to, in the Birmingham context it is both a laudable aim and a significant achievement. It is a milestone which is now being built upon by BCT and partners with the aim of getting to 'Good' before the Commonwealth Games gets to the City of Birmingham in 2022.

We continue to move our Safeguarding Partnership Board meetings around the city, hosted by partners, and learning about their approach to safeguarding and hearing the voices of children and young people. Our quarterly Practitioner's Forum continues to be well attended and gives the opportunity to hear from those working on the front line. The annual Practitioners Conference has become a popular fixture in the calendar and in June we will have a full agenda focusing on Neglect. Last year's conference on Exploitation was very well received.

The importance of leadership cannot be underestimated and so I will finish this introduction by paying tribute to the leadership provided by Chief Superintendent Claire Bell who has just completed her third year as Vice Chair of the BSCB and is now moving onto new challenges in the West Midlands Police. She leaves behind big shoes to fill by Pete Henrick, whom we warmly welcome as the role of Head of the Public Protection Unit. Claire's commitment and her open and reflective style have been terrific qualities to support the development of genuine progress in partnership leadership. I know she will remain committed to

safeguarding and partnership in her future work, and we must continue to build on progress to do her proud.

Finally, I must thank Simon Cross, Business Manager and the whole of his support and programme manager team for their support of me in my role. This role is one of convening agencies to come together, giving them an equal measure of support and challenge. To be able to do this effectively I rely on the whole team to back me up with admin support, intelligence, effective communications and good humour; this they provide and I thank them.

I hope you enjoy reading this Annual Report and continue to work with us as we become the Birmingham Safeguarding Children Partnership.

Best wishes

A handwritten signature in black ink, appearing to be 'Penny Thompson', with a long horizontal stroke extending to the right.

**Penny Thompson CBE**  
**Independent Chair**  
**Birmingham Safeguarding Children Board**

# Introduction

This annual report focuses on the financial year, 1 April 2018 until 31 March 2019, it provides a rigorous and transparent assessment of how effectively partners have worked together to safeguard and promote the welfare of children and young people in Birmingham.

The Local Safeguarding Children Board has a statutory responsible for delivery of two key objectives:

- Co-ordinate local work to safeguard and promote the welfare of children and young people;
- To ensure the effectiveness of that work.

As independent convenor Penny Thompson CBE works with the city's strategic safeguarding leads to discharge the statutory role and functions as defined in the national guidance, 'Working Together to Safeguard Children (2018)' and to assist in the smooth transition to the new Multi-Agency Safeguarding Arrangements, which replaces the existing BSCB on 1st April 2019.

There is a statutory requirement for LSCBs to publish an annual report which is presented to Birmingham City Council's Chief Executive; the Leader of Birmingham City Council; the Local Police and Crime Commissioner; the Chair of the Health and Wellbeing Board and the Children's Social Care Overview and Scrutiny Committee. The report comprises five sections:

## **Part 1 - Context and Key Facts about Birmingham**

This section sets provides background information and statistical data to provide a local context to protecting and safeguarding children and young people in the second largest Local Authority in Europe.

## **Part 2 – The Effectiveness of Safeguarding Arrangements**

This part of the report focuses on the second year of Business Improvement Plan 2017-19 evaluating progress made on the three key priorities:

1. Strong Leadership and Strong Partnership;
2. Continuous Improvement of Child Protection Practice;
3. Embedding Early Help and Early Intervention into mainstream partnership activity.

## **Part 3 - Governance, Accountability and Transitional Arrangements**

This section examines resource utilisation, the work of the Executive Board and Sub-Groups together with the transitional arrangements for the new Multi-Agency Safeguarding Arrangements brought about by the Children and Social Work Act 2017.

## **Part 4 - Spotlight on Agency's Contribution to Safeguarding**

This section provides a summary of each statutory role in the safeguarding of children, together with an overview of key safeguarding activity undertaken during the year against each of the three key safeguarding priorities.

## **Part 5 - Conclusion and Priorities for the Year Ahead**

This section looks ahead at the new statutory arrangements and the changing leadership role of the three 'Safeguarding Partners', together with a reflection on the legacy of the Local Safeguarding Children Board in shaping the new arrangements in Birmingham going forward

### **Authors:**

Penny Thompson CBE, BSCP Independent Chair & Simon Cross, BSCP Business Manager.

This Report can be downloaded from the BSCP website: [www.lscpbirmingham.org.uk](http://www.lscpbirmingham.org.uk)

Alternatively you can email us: [BSCP.contactus@birminghamchildrenstrust.co.uk](mailto:BSCP.contactus@birminghamchildrenstrust.co.uk)  
Call us on 0121 464 2612

or write to us at:  
Birmingham Safeguarding Children Partnership  
PO Box 17340  
Birmingham  
B2 2DR

## Part 1 – Context and Key Facts about Birmingham



Birmingham is the second largest city in the UK, with an estimated population of over 1,141,000 residents. The vibrant heart of the city is home to iconic buildings such as Grand Central, the Library of Birmingham and Selfridges. The city stretches from Sutton Park in the North, to Longbridge Technology Park in the South and is home to the famous Bull Ring Shopping Centre. With accessibility to air and rail transport links to the rest of the UK and beyond, living in Birmingham can be both exciting and challenging.

Birmingham is a super-diverse city. Around 42% of residents come from a minority ethnic group (national average 14%), with about 50 languages spoken in the city [ONS Census 2011].

The population is expected to grow by 14.9% over the next twenty years. This growth will have an impact on public services, such as Education, Housing and Health.

Birmingham is one of the youngest cities in Europe, with an average age of 35 and 84,000 children under the age of 5.



658 disabled children receive a specialist Social Care Service.  
1319 Children have a Child Protection Plan.  
3005 families have worked with Family Support / Think Family.  
There are 1817 children in care.



35.6% of Birmingham's children live in poverty. There is considerable deprivation in Birmingham; the most deprived wards are predominantly in the inner-city areas [Local Indicators of Child Poverty 2017-18].



12% of Birmingham residents have no qualifications - higher than the national average of 8%. 7.4% of families have an unemployed adult. 10.2% of young people are not in education, employment or training [England 6%]. 6.3% of the population claim JSA, compared with a national figure of 2.8%.



84,000 children are under the age of 5. 78% of our under 5s live in 40% of the most deprived areas.

6.9 children per 1,000 are homeless. 12.4% of households in Birmingham are overcrowded [2016-17, National average: 2.3%].



40.3% of children at age 11 are obese and overweight, higher than the national average.  
23.5% of children are obese and overweight at age 5.



The majority of Schools in the city have been rated 'Good' or 'Outstanding' by Ofsted.

35,982 Children have Special Educational Needs, higher than the national average. This includes 6,873 who have Statements or EHCPs. [DfE, Statistics: SEN: January 2019].



Birmingham has a 36.5% Youth re-offending rate. Lower than the national average of 40.1% [Ministry of Justice, July 2016-June 2017].

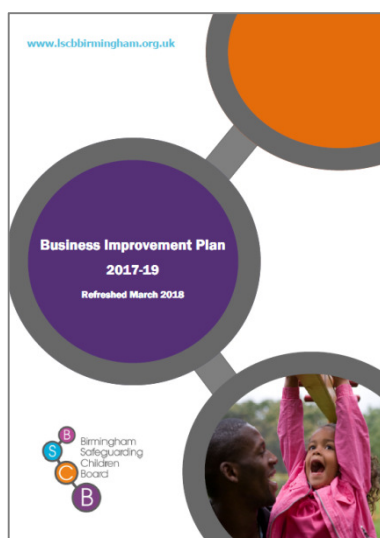
## Part 2 - The Effectiveness of Safeguarding Arrangements

The Business Improvement Plan 2017-19 sets out the City's strategic ambition, purpose and principles, underpinned by three key safeguarding priorities.

Last year's BSCB Annual Report 2017/18 reflected on the outcome of the first year of the Business Improvement Plan (Figure 1). This section focuses on overall progress made during the second and final year of the plan.

**Figure 1**

**Business Improvement Plan 2017-19**



The Business Improvement Plan 2017-19, sets out 'Our Ambition' for Birmingham to be a family friendly city where children flourish; feel safe; listened to; learn and grow up, able to actively contribute to society. Our Ambition is supported by three key priorities.

### **Priority 1: Strong Leadership and Strong Partnership**

BSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by the voice and experience of children, young people and their families.

### **Priority 2: Continuous Improvement of Child Protection Practice**

BSCB and partner agencies focus on what really matters in local areas – context is key: Children and young people at risk of specific vulnerabilities in Birmingham are seen, heard and helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support.

### **Priority 3: Embedding Early Help and Early Intervention into mainstream partnership activity.**

Children and young people receive effective Early Help and appropriate interventions when needs are identified and/or problems arise. Partners support each other in providing Early Help, by sharing information and planning together for best outcomes.

During a period of unprecedented change during the transition to the new Multi-Agency Safeguarding Arrangements the Executive Board have not been distracted from focusing on the continuous improvement of safeguarding practice and the development of Early Help provision for children and families in Birmingham. The development of the Birmingham Children's Partnership with responsibility for all tiers of service will be better placed to both develop and fund, as well as champion early help services in universal and voluntary sector services.







Figure 2 provides an overview of progress against the twenty one key workstreams set out in the Business Improvement Plan 2017/19. The first column highlights 'What we set out to achieve' and the second column provides a summary of 'Second year progress'. The final column provides a RAG rating: Green indicates action completed; amber shows that the action is progressing and on schedule for completion within the agreed timescale. Red indicates significant slippage, requiring corrective action. 81% (17 out 21) of the workstreams have been completed. The four areas outstanding actions will be progressed through the Birmingham Children's Partnership and will be subject of consultation at the Safeguarding leaders Assembly scheduled for the 16th October 2019.





**Figure 2**

**Overview of progress against the twenty one key workstreams**



**Priority 1: Strong Leadership and Strong Partnership**

What we set out to achieve	End of year progress	
1. Continue to strengthen the governance interface between the BSCB, Strategic Leaders Forum and other key strategic forums and Chairs.	<ul style="list-style-type: none"> <li>The City Board and the Birmingham Children's Partnership have been established during the last 12 months, strengthening the strategic governance arrangements. The Independent Chair is an activate member of both forums.</li> </ul>	
2. To work closely with the West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commission Group to develop the new 3. Multi-Agency Safeguarding arrangements.	<ul style="list-style-type: none"> <li>The new Multi-Agency Safeguarding Arrangements were launched on 1<sup>st</sup> April 2019, with the inaugural meeting held on 22<sup>nd</sup> May 2019.</li> <li>The Birmingham Safeguarding Children Partnership Governance Arrangements and Business Improvement Plan 2019-21 are available to download from the partnership website.</li> </ul>	
4. Seek assurance that the Strategic Health Forum and Safeguarding in Education Group are effectively utilising key learning from SCRs, LLRs, Child Deaths and Audits to improve safeguarding practice in schools and across the health network.	<ul style="list-style-type: none"> <li>Director of Children's Services chairs the Safeguarding in Education Forum, bringing together representatives from Education, Head Teachers and Designated Safeguarding Leads from Primary, Secondary, Special and Independent schools and academies across the City.</li> <li>The Lead Nurse from Birmingham Women's and Children's NHS Foundation Trust Hospitals chairs the Strategic Health Forum, bringing together the strategic health safeguarding leads across the city.</li> </ul>	
5. Through the BSCB Quality Assurance Framework; scrutinise and challenge partnership performance; share and disseminate good practice and learning.	<ul style="list-style-type: none"> <li>The Executive Board has an established Quality Assurance Framework overseeing an audit and scrutiny programme for 2018/19. This work is delivered by a dedicated Sub-Group, chaired by the Director of Practice of Birmingham Children's Trust.</li> </ul>	
6. Promote and raise community awareness that <i>'Keeping Children Safe is everybody's business'</i>	<ul style="list-style-type: none"> <li>In November 2017, BSCB launched a community-awareness campaign, including a short film highlighting the issue and encouraging members of the public to report safeguarding concerns.</li> <li>A successful Launch Event was held in Grand Central and the campaign has continued throughout the year.</li> </ul>	
7. To consistently promote the importance of effective and swift information sharing, promoting a culture that puts the protection of children before the protection of information.	<ul style="list-style-type: none"> <li>The City has established a multi-agency Children's Advice and Support Service as a focal point for signposting professionals to appropriate services and coordinating effective action in Child Protection cases.</li> <li>A citywide information-sharing protocol has been agreed and published.</li> </ul>	






**Priority 2 - Continuous Improvement in Child Protection Practice**

What we set out to achieve	End of year progress	
1. The Executive Board will prioritise the development and oversight of implementation of strategy to tackle: <ul style="list-style-type: none"> <li>Neglect</li> <li>Child Exploitation &amp; Missing Children</li> </ul>	<ul style="list-style-type: none"> <li>The Neglect Strategy 2019-2022 was launched on 25<sup>th</sup> June 2019 at the Annual Practitioners conference. The new partnership Executive Board is contributing to the development of a Contextual Safeguarding Strategy to be launched later in 2019 by the Birmingham Children's Partnership.</li> </ul>	
2. Provide a comprehensive programme of Multi-Agency Safeguarding Training that delivers high quality of face to face training, e-learning, master classes and an annual practitioner's conference.	<ul style="list-style-type: none"> <li>The BSCB commissioned a comprehensive programme of multi-agency safeguarding training, delivering 178 courses to 3,412 delegates.</li> <li>In June 2018, BSCB hosted a Practitioners Conference at Villa Park, focusing on 'Child Sexual Exploitation.'</li> </ul>	



3. The Executive Board will also seek reassurance of the effectiveness of partnership working on:	<ul style="list-style-type: none"> <li>Domestic Abuse</li> <li>Female Genital Mutilation</li> <li>The impact of substance misuse and mental illness on parenting.</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Leads with responsibility for the coordination of partnership activity around Domestic Abuse, Female Genital Mutilation and compromised parenting have provided regular updates to the Executive Board and relevant Sub-Groups throughout the year.</li> </ul>	
4. The Executive Board seeks assurance of partnership engagement in the 'Prevent Delivery Plan' to reduce risk to children and young people exposed to extremist views.		<ul style="list-style-type: none"> <li>The Prevent Lead has reported on progress on tackling radicalisation and provided a presentation to the Executive Board in February 2018.</li> </ul>	

### Priority 3: Embedding Early Help and Early Intervention into mainstream partnership activity.

What we set out to achieve	End of year progress	
1. The BSCB will undertake a review of the Early Help Strategy to evaluate progress and identify next steps.	<ul style="list-style-type: none"> <li>The Early Help Strategy 2019-22 was endorsed by the new partnership Executive Board in May 2019 and is scheduled to be published by Birmingham Children's Partnership in summer 2019.</li> </ul>	
2. Agencies review their Service offer against the levels of need set out in 'Right Help, Right Time'.	<ul style="list-style-type: none"> <li>Threshold guidance published in January 2018.</li> <li>The Birmingham Children's Partnership will continue to oversee the continuous development of the City's Early Help Offer.</li> </ul>	
3. Review and develop Early Help Panel model to improve early intervention at a district level.	<ul style="list-style-type: none"> <li>Review of the Early Help Panels completed; they have fulfilled their original purpose, but are no longer required.</li> </ul>	
4. Evaluate partnership engagement in the Early Help Assessments and 'Our Family' Plans across the city.	<ul style="list-style-type: none"> <li>A rolling programme of audit and evaluation is in place to continue to improve the quality and partnership engagement in Early Help Assessments and 'Our Family' Plans.</li> </ul>	
5. Review and enhance support for the Lead Professional role in coordinating early intervention.	<ul style="list-style-type: none"> <li>The Early Help Strategy 2019-22 and its implementation plan aims to continue to strengthen the role of the lead professional. Further work is still required in this area.</li> </ul>	

## Part 3 - Governance, Accountability and Transitional Arrangements

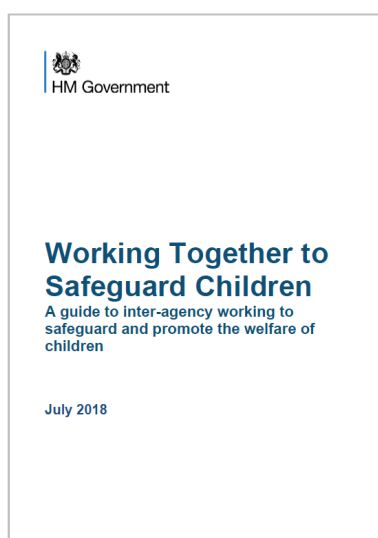
This section provides an overview of the work of the BSCB and Sub-Groups during the last year and sets out the transitional arrangements brought about by the Children and Social Work Act 2017 and publication of latest government guidance 'Working Together to Safeguarding Children July 2018' (Figure 3).

The BSCB acted decisively by reshaping the safeguarding arrangements to take account of the changing partnership landscape in the city, and the Government's response to the 'Wood Review' on the future role and function of LSCBs, published in March 2016. The BSCB had already streamlined and strengthened the current safeguarding partnership arrangements taking account of the 'Wood Review' and emerging good practice from Ofsted Inspections and LGA Peer Review programme of LSCBs.

The BSCB have forged closer links with the Birmingham Children's Partnership, enhancing system leadership and partnership collaboration. We have continued to build capacity concentrating on workforce development, cascading learning from serious cases and audits aimed at enhancing safeguarding practice.

**Figure 3**

**Working Together to Safeguard Children**



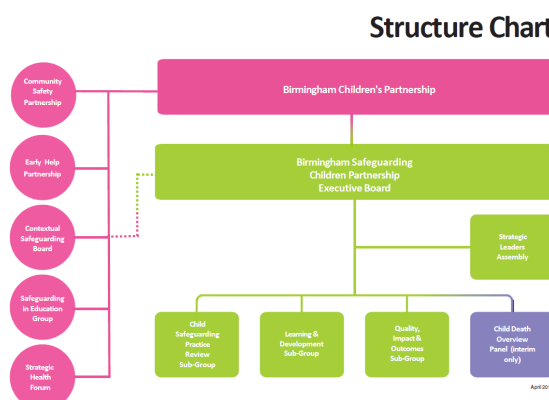
### Executive Board

The Executive Board provides independent oversight of the effectiveness of the safeguarding partnership arrangements. The BSCB provides leadership, co-ordination and appropriate challenge to drive improvement safeguarding practice across all local agencies. However individual agencies are responsible and accountable for the provision of services.

The Executive Board and Sub-Group structure and the key relationship between the BSCB and statutory partnerships are detailed in Figure 4.

**Figure 4**

**Safeguarding Structure**



### Safeguarding Leaders' Assembly

The BSCB arrangements incorporates a 'Safeguarding Leaders' Assembly, bringing together Chief Executives and safeguarding leaders from the 'Safeguarding Partners' and 'Relevant Agencies' to focus on safeguarding priorities, coordinate partnership intervention and showcase good practice. This year the assembly invited Dez Holmes, Director of Research in Practice to challenge partners on our approach to working with adolescents (Figure 5).

**Figure 5**

**Safeguarding Leaders Assembly Bulletin**



## Regional and National Collaboration

The BSCB have lead and contributed to number of national and regional initiatives, helping to maximise resources and sharing learning with partners, particularly on issues that transcend geographical boundaries. The BSCB have lead the development of a regional framework and practice guidance for the implementation of the new national and local child safeguarding practice reviews. The project involved 14 local authorities across the wider west midlands region, with the findings being shared at a national learning event hosted by the National Children's Bureau and Department for Education. Both the Independent Chair and Business Manager play an active role in leading and participating in cross border initiatives through the Regional Independent LSCB Chairs and Business Managers Forums. The Regional Safeguarding Procedures Group demonstrates effective collaborative working, with nine LSCBs working together to provide front-line professionals with access to up-to-date online policy, procedure and guidance.

## Finance

The total contributions by individual agencies for the financial year 2018/19 amounted to £641,807 and there was a carry forward from 2017/18 of £94,380. An additional £45,000 was secured on behalf of the region to support implementation of the new Local Child Safeguarding Practice Reviews; therefore the overall BSCB budget for 2018/19 amounted to £781,187.

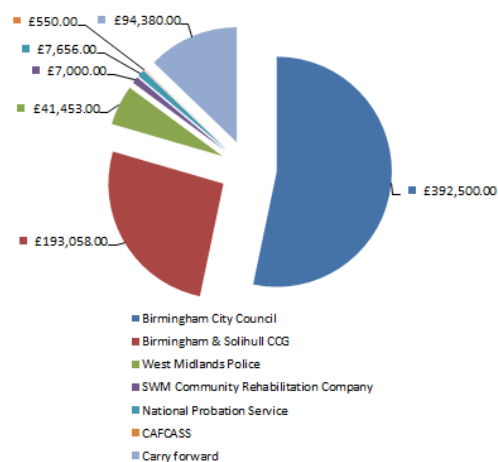
Figure 6 provides a breakdown of the budget and details individual agencies contributions. Figure 7 provides details of expenditure during 2018/19 which concentrated on five core business areas.

At the end of the financial year the BSCB raised invoices for non-attendance at training amounting to £10,350, which is included in the carry forward to the 2019/20 budget.

Birmingham City Council and Birmingham Children's Trust also continued to make a significant contribution in kind, by the provision of office accommodation, IT, Legal, Financial and HR support for the BSCB Business Support Unit.

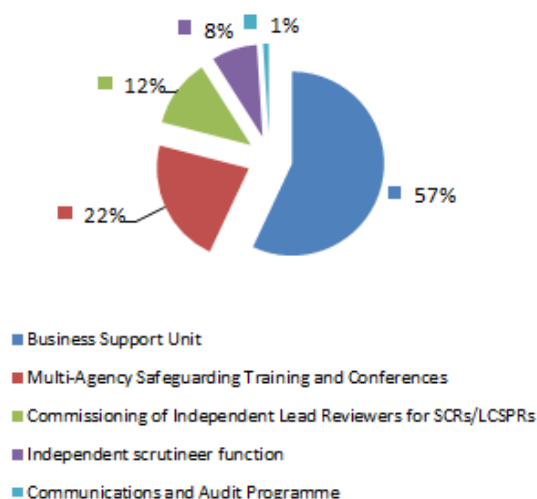
**Figure 6**

**Breakdown of the budget and individual agencies contributions**



**Figure 7**

**Expenditure during 2018/19**



## Sub-Group Structure

The Executive Board is supported by four Sub-Groups to oversee the below statutory functions:

- identifying and embedding learning from child deaths and serious cases;
- providing a comprehensive multi-agency training offer that enhances partnership safeguarding practice;
- ensure a robust assurance framework is in place to challenge and evaluate performance;

The Independent Chair, Executive Board, Sub-Group Chairs and the Business Manager coordinate partnership intervention focused on priorities set out in the Business Improvement Plan 2017-19.

## Learning from Child Deaths – Child Death Overview Panel

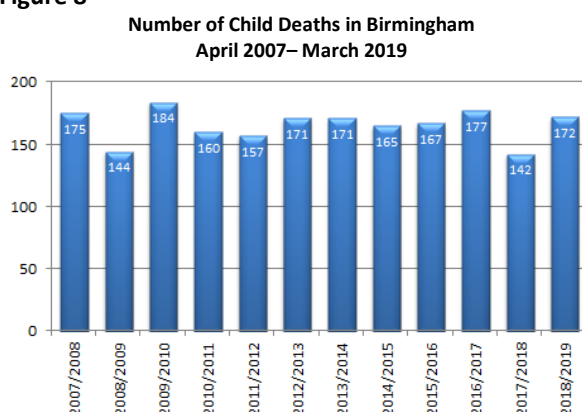
The BSCB has a statutory duty to review and enquire into the deaths of all children under the age of eighteen; this important function is carried out by Child Death Overview Panel (CDOP): an established panel of experts from a range of safeguarding organisations.

Although the responsibility for determining the cause of death rests with the coroner or the doctor who certifies death, the identification of public health trends and dissemination of learning from the review of child deaths is the responsibility of CDOP. The core functions of CDOP are to:

- Classify the cause of death according to a national categorisation scheme;
- Identify factors in the pathway of death, service/ environmental/behavioural, which if modified would be likely to prevent further such deaths occurring;
- Make recommendations on these factors for action by to the BSCB who ensure appropriate action is undertaken.

CDOP oversee the review of the 172 deaths which occurred between 1st April 2018 and 31st March 2019 (Figure 8). The pattern of deaths has remained similar over the years. A child is most vulnerable in the first year of life, this 'infant period' accounts for 71% of deaths in Birmingham with almost two thirds occurring in the first seven days of life.

**Figure 8**



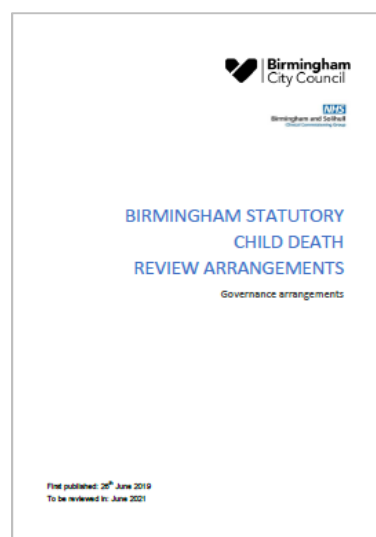
CDOP publish a separate Annual Report providing in-depth analysis of why children die. This is scheduled for publication in September 2019. The report incorporates an overview of the work of CDOP and the associated work of the Sudden Unexpected Death in Childhood (SUDIC) Team. The findings from the CDOP Annual Report 2019 will be referred to the Director for Public Health and presented to the Health and Wellbeing Board.

## Development of the New Child Death Arrangements

The Children and Social Work Act 2017 transferred statutory responsibility for the review of child deaths from Local Safeguarding Children Boards to Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council. The two lead agencies have established a Project Board and Project Team to oversee implementation of the new child death arrangements which must be in place by 1<sup>st</sup> October 2019. An overview of the new Child Death arrangements has been published (Figure 9) and is available through the council and CCG websites.

**Figure 9**

**Child Death Review Arrangements**



## Serious Case Review Sub-Group

Serious Case Review Sub-Group oversees the commissioning of the independent reviews process when a child dies or is seriously injured and child abuse is suspected to be a contributing factor. The aim is to maximise learning from these tragic cases and identify any improvement in individual agency and multi-agency working to more effectively safeguard children. The group ensures that the learning and action plans are fully implemented.

Serious Case Reviews (SCRs) are not inquiries into how a child died or was seriously harmed or about who is culpable. These are matters for the Coroner and criminal courts.

## Publication and Dissemination of Learning

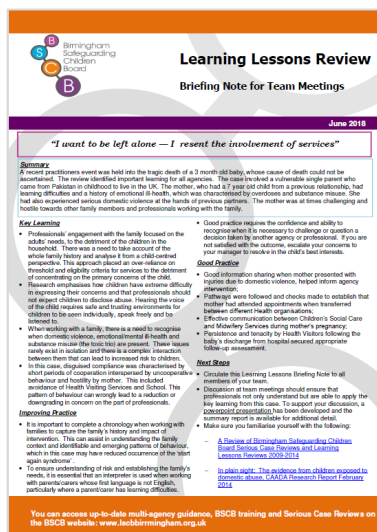
In October 2018 a joint independent review of a double homicide of a mother and her child was published. This tragic case met the criteria for a Domestic Homicide Review (DHR), Child Serious Case Review and Multi-Agency Public Protection Arrangement Serious Case Review. The full report is available through the

Birmingham Community Safeguarding Partnership [website](#). The mother's former partner was convicted of the murders and sentenced to life imprisonment.

During the year the Board also published a one page Briefing Note to support the dissemination of the findings from a Learning Lessons Review (LLR) (Figure 10). The LLR was commissioned following the death of a 3 month old baby. The case involved a vulnerable single parent who came from Pakistan in childhood to live in the UK. The mother, who had a 7 year old child from a previous relationship, had learning difficulties and a history of emotional ill-health, which was characterised by overdoes and substance misuse. Mother also experienced serious domestic violence at the hands of previous partners.

Figure 10

LLR Briefing Note



## Thematic Reviews Commissioned

SCR Sub-Group has commissioned two thematic reviews during the year. The first review focused on 'county lines' gang activity and involved two case studies of teenagers involved in gang activity, the first teenager was shot and sustained life changing injuries, the second young man was fatality stabbed in Oxford. The second review concentrated on forced marriage, identifying learning from a case where a teenager was taken to Pakistan by her mother. This resulted in the first successful forced marriage prosecution in a criminal court in England. Both thematic reviews are ongoing, when the learning is finalised it will be disseminated to front line practitioners to help inform practice.

The Board closely monitors the effective implementation of and compliance with the key recommendations from Serious Case Reviews and

Learning Lessons Reviews. Learning from reviews informs policy development, commissioning of training, communication and public engagement, and audit activity to evidence that learning has been effectively implemented.

The key messages arising from these reviews are:

### Completion of chronologies:

- It is important that chronologies are completed when working with families to capture the family's history and the impact of intervention. This can assist in understanding the family context and identifiable and emerging patterns of behaviour.

### Use of Interpreters:

- To establish a family's needs and ensure understanding of risk, it is essential that an interpreter is used when working with parents/carers whose first language is not English, particularly where a parent/carer has learning difficulties.

### Cumulative levels of risk:

- When working with a family professionals need to recognise when domestic violence, emotional/mental ill-health and substance misuse (cumulative levels of risk) are present. These issues rarely exist in isolation and there is a complex interaction between them that can lead to increased risk to children.

### Disguised compliance:

- Disguised compliance is often characterised by short periods of cooperation, interspersed with uncooperative behaviour and hostility from a parent/carer. Professionals need to be mindful that this pattern of behaviour can wrongly lead to a reduction or downgrading of concern on the part of professionals.

### Recognising the voice of all children in families:

- Research emphasises how children have extreme difficulty expressing their concerns and that professionals should not expect children to disclose abuse. Hearing the voice of the child requires safe and trusting environments for children to be seen individually, to speak freely and to be listened to.

### Taking a holistic view:

- There is a need to take account of the whole family history and analyse it from a child-centred perspective.

### Professionals' responsibility:

- Good practice recognises the confidence and ability to identify when it is necessary to challenge or question a decision taken by another agency or professional. If professionals are not satisfied with the outcome, concerns should be escalated, by following Board policy, to resolve the situation in the child's best interest.
- In order for accurate assessments of risks to be identified timely record keeping is essential.
- When undertaking assessments, consider all of the circumstances and the family composition.
- When working with complex cases, effective supervision is essential to ensure immediate action (when required) is taken to safeguard the child.

## Local Child Safeguarding Practice Reviews

From 1<sup>st</sup> April 2019 the new Local Child Safeguarding Practice Reviews will replace Serious Case Reviews. The Department for Education (DfE) launched the 'Early Adopters' programme to support implementation of the new statutory arrangements for children's safeguarding.

The National Children's Bureau have been commissioned by the Department for Education to evaluate the 'Early Adopters' projects, drawing together learning to support implement new Multi-Agency Safeguarding Arrangements.

Birmingham LSCB led one of the Early Adopter Projects, working alongside 13 Local Authorities across the wider West Midlands to develop a Regional Framework and Practice Guidance for the commissioning and dissemination of learning from Local Child Safeguarding Practice Reviews (LCSPRs), which replace Serious Case Reviews.

The Regional Project focused on four interdependent elements:

- **Phase 1** - development of a regional process for conducting Rapid Reviews; an essential part of the new LCSPR process triggered by a Local Authority submission of a notification of 'Serious Childcare Incident' to the National Panel, Ofsted, DfE and the relevant LSCB. In October 2018 the 14 areas in the wider West Midlands took part in a 3 month pilot of the new Rapid Review arrangements. The Regional Rapid Review Model has improved both the quality and consistency of Rapid Reviews across the region, whilst also facilitating peer support. The learning was shared with the National Panel and National Children's Bureau who are evaluating the Early Adopters Programme on behalf of the Department for Education.
- **Phase 2** – production of 'Regional Guidance' for commissioning Local Child Safeguarding Practice Reviews. The Regional Guidance has been finalised and presented at a national conference in June 2019 showcasing learning from the Early Adopters Programme.
- **Phase 3** – delivery of regional training to support introduction of Local Child Safeguarding Practice Reviews. Four training sessions were held in June 2019 to launch the new Regional Framework and Practice Guidance.
- **Phase 4** – development of regional procurement model for commissioning Independent Lead Reviewers to support the new Local Child Safeguarding Practice Reviews.

#### Learning and Development Sub-Group (L&D)

During 2018/2019, 178 multi-agency safeguarding training events were delivered to 3,412 delegates across the Children's workforce. A Practitioners conference which included 7 workshops was also delivered to 223 delegates.

Learning and Development Sub-Group (L&D) oversee an ongoing annual programme of reviewing all training

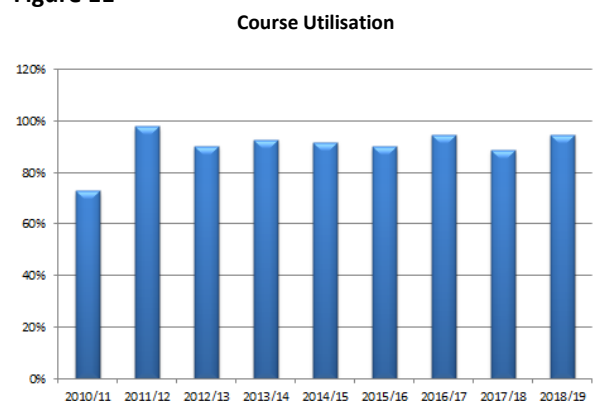
courses to ensure that they remain up-to-date, relevant and focused on improving safeguarding practice.

This year the Sub-Group have focused on:

- Revising and refreshing the multi-agency training offer to ensure all safeguarding training incorporates Practice Standards around the voice and lived experience of the child.
- The delivery of the multi-agency Training Programme 2018/2019.
- Developing new core modules on Child Sexual Exploitation, Modern Slavery, Neglect and the Graded Care Profile and Counter Terrorism.
- The Delivery of a Practitioners Conference on improving child safeguarding practice.
- Developing and embedding a new on-line evaluation tool.
- Further developing the 'Train the Trainers' concept and Trainers Network to deliver core modules around Early Help and threshold guidance 'Right Help, Right Help'.
- Observing and evaluating training courses delivered during 2018/2019.

Demand for multi-agency safeguarding training remained high during 2018/2019 – 3,581 training places were offered of which 3,412 delegates attended equating to a course utilisation rate of 95% (Figure 11).

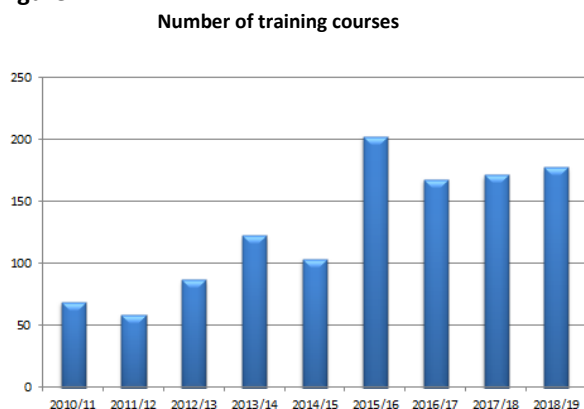
**Figure 11**



There was a slight increase in the number of training events commissioned during 2018/19 up from 172 to 178 due to an increase in demand for specific courses; such as on Child Sexual Exploitation, Counter Terrorism and Learning from Serious Case Reviews (Figure 12).



**Figure 12**



Work is still required to maximise course utilisation, the L&D Sub-Group have taken action to improve take up rates, by better targeting of advertising for specific staff groups and using the Trainers Network to promote new and existing courses, whilst charging for non-attendance at training.

#### **Priorities for the Forthcoming Year**

The Training Offer for 2019/20 is structured around three key objectives set out in the Business Improvement Plan, each area is supported by a Task and Finish Group:

- Review, revise and evaluate existing training courses and use intelligence to inform future commissioning intentions.
- Develop, design and deliver a programme of 'safeguarding master classes'
- Deliver e-learning to include: Early Help and Right Help, Right Time (RHRT).
- Review and revise safeguarding training modules, 'target group' to improve attendance by statutory partners.

#### **Quality Impact and Outcomes Sub-Group**

The Quality Impact and Outcomes Sub-Group (QIO) use a Quality Assurance Framework to triangulate quantitative, qualitative and experiential data to assist in analysing the effectiveness of safeguarding in the city. (Figure 13).

**Figure 13**



The Executive Board scrutinises the findings of external inspections of partner organisations to assess the safeguarding implications and ensure that the learning is embedded. The QIO sub-group follow up any recommendations which relate to safeguarding.

#### **Quantitative Data**

The QIO performance dashboard is reviewed regularly and any trends or concerns reported on a Quarterly basis.

During the year there were a number of peaks in requests for Initial Child Protection Conferences (ICPC) which was stretching resources and adversely impacting on agency attendance. A workshop facilitated by the Independent Chair was held to work with partner agencies in identifying the barriers and agreeing the solutions. This has led to improved attendance at ICPC's by partner agencies.

Early Help assessments (EHA) were identified as a concern due to the relatively low numbers being registered by partner agencies. Further work is being carried out specifically with schools, to try and improve the capturing of data relating to single and multi-agency EHA's they complete. A new termly data is now included in the Safeguarding self-assessment for education settings.

Following concerns on the level of school exclusions in Birmingham; the QIO sub-group commissioned a study lead by the Virtual School which has resulted in a fall in the number of permanent exclusions in secondary schools, similar work is now being undertaken with primary schools.



The Care Quality Commission identified a rise in Health visitor vacancies which had implications for Health Visitors caseloads. The Executive Board sought assurance from Birmingham Community Healthcare on how they were responding to the inspection findings.

West Midlands Police provided an update on the improvements in the domestic abuse triage process. The improvements have led to an appropriate reduction in referrals and enabled low level concerns to be referred to the police Early Help hubs.

## Qualitative Data

Early Help Assessment's and Our Family Plans audits were carried out at the start of the year. The findings have helped inform the development of the Early Help Strategy 2019-21. A learning lessons bulletin was published to share learning from the audit with practitioners.

Education settings in the city are required to complete an Education Safeguarding Self-assessment tool (S175). The LSCB has responded to Headteacher's feedback and improved the online self-assessment tool. This was rolled out to all education settings in the city, with 98% completion rate by the 31<sup>st</sup> March 2019.

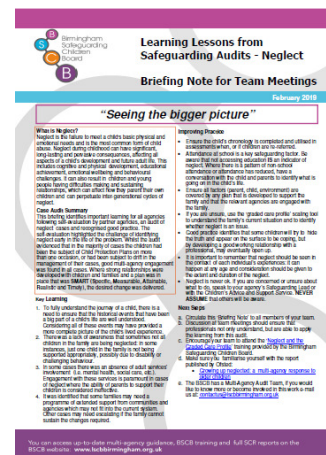
Last year a Regional Safeguarding Self-Assessment tool for statutory organisations was approved this has been incorporated with the Board's new online assessment tool. The new approach has received favourable feedback with all agencies completing the Self-Assessment on time.

In January 2018 the BSCB updated its threshold guidance 'Right Help, Right Time'. In support of the new guidance an evaluation of frontline practitioner understanding and application of thresholds was conducted. The survey found that the majority of frontline practitioners confirmed an understanding of the guidance.

Tackling childhood neglect remains a priority. An audit of 6 neglect cases was carried out and a Learning Lessons bulletin published to share the learning. The findings have also help inform the development of the Neglect Strategy 2019-21 which was launched in June 2019. (Figure 14).

Figure 14

Learning Lessons from Safeguarding Audits



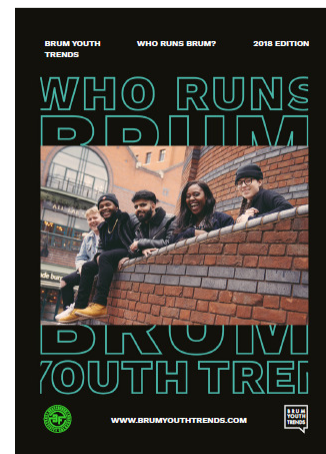
A number of Serious Case Reviews highlighted concerns in relation to Special Guardianship Orders (SGO). An audit was undertaken and the findings were presented to the Executive Board which has enhanced the notification and engagement of health organisations for children subject of SGO's.

## Experiential

As part of our experiential work a report 'Who Runs Brum' was commissioned to capture Young People's views on the city (Figure 15).

Figure 15

Brum Youth Trends – Who Runs Brum

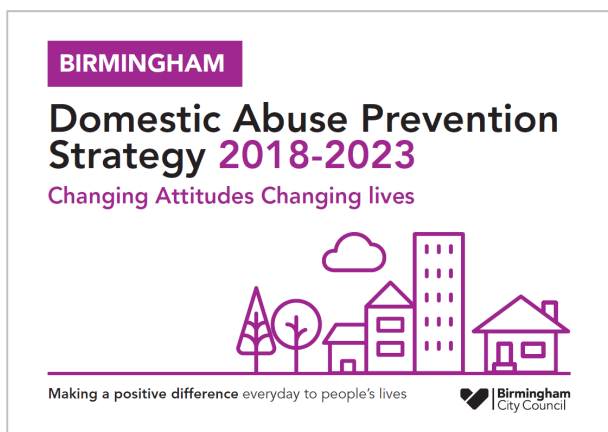


A survey was developed last year to gain an understanding of young people's knowledge of Child Sexual Exploitation. 17 secondary schools took part across the city, with 1049 children participating in the study. The survey identified that young people had a basic level of understanding online safety, but further work is still needed to further raise awareness about CSE and grooming.

A short survey was developed to assess the knowledge of Designated Safeguarding Leads (DSLs) on Criminal Exploitation and Contextual Safeguarding. Overall, results of this survey show an emerging positive picture of DSLs' knowledge and confidence around exploitation. The majority of respondents felt confident in recognising child exploitation and able to distinguish the different types of exploitation and where to seek support if they feel a child is being exploited. However over half of respondents have not received any training or formal briefing on contextual safeguarding, this is going to be included in next year's school briefings.

Following publication of the Domestic Abuse Prevention Strategy 2018-2023, 'Changing Attitudes Changing Lives' (Figure 16) a survey of frontline practitioners understanding of domestic abuse was developed by the LSCB in conjunction with the Birmingham Community Safety Partnership. The findings will inform the work of the Violence against Women and Girls Strategic Group.

**Figure 16**  
Domestic Abuse Prevention Strategy 2018-2023



### Communications and Public Engagement

The BSCB launched a year-long campaign 'Keeping children safe is everybody's business' focused on preventing child abuse and neglect. The key aim was to raise community awareness of 'What to do if you are worried about a child' and most importantly to encourage members of the public to telephone Birmingham City Council's Children's Advice and Support Service (CASS) to report their concerns. (Figure 17). Following an evaluation in 2017 the campaign has been extended for a further year.

**Figure 17**  
Keeping Children Safe is everybody's business



### Transitional Safeguarding Arrangements

The Children and Social Work Act 2017, reinforced by the publication of national guidance 'Working Together to Safeguarding Children July 2018' defined the timetable for implementation of the new Multi-Agency Safeguarding Arrangements that will replace Local Safeguarding Children Boards by 29<sup>th</sup> September 2019.

The three 'Safeguarding Partners' West Midlands Police, Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council have statutory responsibility for establishing the new safeguarding arrangements. A Project Board was established to oversee the smooth transition to the Birmingham Safeguarding Children Partnership, which was launched on the 1<sup>st</sup> April 2019 with publication of the Governance Arrangements. (Figure 18)

**Figure 18**  
Governance Arrangements



To support implementation of the new safeguarding partnership, the following contingency plans have been made to ensure a smooth transition to the new arrangements and meet the statutory requirements set out in national guidance.

### Child Death Reviews

During the development of the new Child Death Review arrangements, which are scheduled for implementation by the 1<sup>st</sup> October 2019, the existing Child Death Overview Panel process will be retained. The new Child Death Review arrangements are led by Birmingham City Council and Birmingham and Solihull Clinical Commissioning Group. All outstanding child death reviews should be completed by 29<sup>th</sup> January 2020.

### Safeguarding Procedures and Policy

Birmingham Safeguarding Children Partnership will continue to be active members of the Regional Safeguarding Procedures Group and will Co-Chair this regional forum from 1<sup>st</sup> April 2019, providing up to date online guidance and policies for frontline practitioners.

### Serious Case Reviews

The BSCB formally handed over six ongoing Serious Case Reviews to the new partnership for finalisation before 29<sup>th</sup> September 2020 in accordance with national Guidance.

### Threshold Document

The current threshold document – *Right Help, Right Time* – was refreshed in January 2018 and has been adopted by the new partnership and will be subject of ongoing review (Figure 19).

**Figure 19**

#### Right Help, Right Time



### Website

The existing LSCB website was rebranded and transferred on 1<sup>st</sup> April 2019 to reflect the changes. ([www.lscpbirmingham.org.uk](http://www.lscpbirmingham.org.uk)). The management of the site will be developed and maintained on behalf of the Safeguarding Partners by the BSCP Business Support Unit.

### Transfer and Archiving of LSCB Records

The LSCB Business Support Unit has transferred all relevant data, information and pertinent historical records to the new Safeguarding Partnership. The handover process was compliant with the Data Protection Act 2018, LSCB Archiving Policy and the General Data Protection Regulation.

## Part 4 – Spotlight of each Agency’s Contribution to Safeguarding

This section focuses on the important contribution that statutory organisations have made to safeguard and promote the wellbeing of children and young people in Birmingham.

Twice a year the BSCB Independent Chair hosts a Safeguarding Leaders Assembly, bringing together Chief Executives and strategic safeguarding leaders to review progress on our shared priorities, to resolve barriers to effective partnership working to ensure that all relevant agencies are full committed and engaged in achieving the priorities set out in the BSCB Business Improvement Plan.

Organisations have produced a brief overview of their statutory role, together with a summary of key activity undertaken against each of the safeguarding priorities our during the financial year 2018/19, together with the safeguarding priorities they have identified for the next twelve months.

### Birmingham City Council

Birmingham City Council (BCC) has responsibility for a wide range of services to children and their families, including system leadership for Early Years, Education, Public Health, Safeguarding and Community Safety.

Safeguarding has been set as a consistent theme in the services offered to children and families, and the inclusion of Youth Services, Libraries and Adult Education from March 2019 completes the education offer within the City. Completion of the bi-annual Section 11 audit and implementation of the subsequent action plan will strengthen provision.

#### **Strong Leadership and Strong Partnership,**

Over this past year strong partnerships have been maintained between education settings and the Local Authority. The Education Safeguarding Group has met on 6 occasions and continues to be well represented across the phases of education and provision. In addition Education is represented at the Serious Organised Crime, Guns and Gangs meeting, working in close partnership with WMP and the Birmingham Children’s Trust. Education knowledge and expertise has enabled a wider range of intelligence to be gathered and supported a better understanding of special educational needs and vulnerability to criminal exploitation.

Knowledge building and embedding good practice with regard to Child Criminal Exploitation has been supported through the Spring Education Safeguarding Conference. Local and National experts delivered seminars and workshops focused on knowledge

building and embedding good practice. The conference was delivered in partnership with WMP and Crime Commissioner’s office and the Titan Education Partnership, attended by over 600 schools and partner agencies.

Ofsted and the Care Quality Commission (CQC) carried out a local area special educational needs and disability (SEND) inspection in June 2018. This identified significant areas of weakness in the Local Area’s practice which required a Written Statement of Action (WSOA) to address them. The WSOA is underpinned by a detailed action plan that focuses on leadership of a joined up strategy for improving provision and outcomes for children and young people with SEND. The first phase of the plan has established leadership and governance and Strategic Leads have been appointed to drive effective implementation.

#### **Continuously Improving Child Protection Practice**

A comprehensive programme of staff training and briefings has been undertaken this year in response to the annual training needs analysis within the Section 175 audit. Subscriptions to these briefing sessions remain high and representative of the diverse landscape of educational provision within Birmingham. Currently 96% of all schools subscribe, with training and apprenticeship providers joining the process throughout the year.

In January 2019 the codicil 3 update to the model child protection and safeguarding policy was issued to schools. The policy has Child Criminal Exploitation clearly noted within it, and the new structure and design has meant that frontline staff can clearly identify their safeguarding duties and how their role fits into their service provision.

#### **Embedding Early Help and Early intervention into mainstream activity**

99.4% of schools completed the newly designed statutory Section 175 safeguarding self-assessment this year. An analysis of the 2018/19 returns from the individual schools shows that 10,353 school focused episodes of Early Help were delivered in-school during the academic year. This represents a significant increase on last year’s recording and reflects the work done by the Education Safeguarding Team in promoting the role of Early Help.

There is close partnership between Education and Skills and the Birmingham Children’s Trust represented through the work of the Think Family Board. An Early Help target has been set for education for April 2020, with a clear conversion target to meet the Think Family Criteria.

### Looking Ahead - challenges and focus for the next year

There are three key challenges to be addressed next year:

- Our collective need to adapt our practices in order to 'hear the voice' of children and young who may communicate differently and 'unconventionally'
- Implementation of inclusive provision across all educational sectors for all Birmingham children and young people
- Consistency of understanding and delivery of Early Help, with relation to contextual safeguarding across all educational settings

### Attendance and Exclusions

School attendance remains the remit of the school to monitor and address, but the Local Authority has employed 3 additional family support workers to assist schools around attendance and vulnerability. Their role is to specifically support families and schools to address integrate the support offered to families by services to address poor attendance.

Although much work has been done to reduce the primary and secondary exclusion rates, including a 30% reduction in secondary exclusions, work is being focused to reduce exclusions to those levels of our statistical neighbours.

Work is being undertaken to address the Managed Move process to ensure consistency across the sharing panels and to support the work of the sustaining inclusion group. This work will be fed back across the city in the new academic year.

There is a renewed focus on the issue of 'off-rolling', ensuring that all agencies use the correct definition of this topic. The use of alternative provision and the numbers of children electively home educated are monitored by a specific team within the authority.

### Supporting Vulnerable Children and Young People

Work is ongoing to support those children and young people who are identified as vulnerable including:

- Identifying those at risk of criminal exploitation, CSE and forced marriage through working closely with the multi-agency partnerships across the city.
- Identifying those young people whose post-16 destination is not known and continuing to reduce this figure from its current position of 4.9% of the cohort to below that of the 3% national average.
- Working with schools and settings to offer appropriate emotional and mental health support, working in partnership with Forward Thinking Birmingham and the emotional resilience work led by Birmingham Education Partnership.

### Appropriate staff support and training

The safeguarding in education agenda is a constantly growing agenda and a comprehensive training programme is offered to schools and governors by the Education and Skills Directorate. A training needs analysis is undertaken each year through the section 175 safeguarding self-assessment that guides the topics covered in briefings.

In a consultation event held in November, School DSL's overwhelmingly recognised the importance to their professional practice of the locality safeguarding briefings and area safeguarding conferences.

### Birmingham Children's Trust

Since 1 April 2018 children's social care services in Birmingham have been delivered by Birmingham Children's Trust (BCT). The Trust is owned by but operationally independent from Birmingham City Council. The Chief Executive of the Trust is responsible for the delivery of the current five year contract with the Council where the statutory Director of Children's Services continue to provide strategic leadership for children's services and education. Regular performance and contract meetings between the Trust and Council provide a high support and high challenge environment.

The primary purpose of Birmingham's Children's Trust is to ensure that children are protected from significant harm and that their development and wellbeing are promoted. Our vision is to build a service that provides excellent children's social work and social care services for the city's most vulnerable children, young people and families, working in collaboration with and listening to children and young people, families and our partners to achieve the best outcomes by supporting children to be healthy, happy and resilient through achieving change in solution-focused ways building on strengths. Achieving this change continues to be often difficult and challenging work, requiring skilled and confident staff who need to be supported by good leadership and management, supervision and learning opportunities.

### Delivering on our Safeguarding Priorities

The inspection of Birmingham Children's Trust by Ofsted in December 2018 noted considerable improvement in all areas resulting in a judgement of Requiring Improvement to be Good and no areas deemed Inadequate. Ofsted noted:

- More children are benefitting from Early Help
- No child was found to be at unassessed or unmanaged risk



- Practice has been revitalised by the Trust, and staff are proud to work for the Trust
- A strong and effective 'front door', with good partnership arrangements
- Comprehensive and timely assessments
- Responses to domestic abuse effective
- Social workers know their children and visit them frequently. They build meaningful and trusting relationships
- Voice of children in care and care leavers given a high priority
- Direct work with children is strong

### **Early Help and Family Support**

More specifically we have achieved the following:

- Early Help and Safeguarding Partnership jointly chaired with WMP and BCT.
- Adoption of a partnership plan with shared outcomes reviewed at BSCB Quality Impact and Outcomes Sub Group.
- A multi-agency domestic abuse strategy and more effective police-led screening.
- A good Think Family offer with 1200+ families supported at any one time.
- Family support staff trained in City and Guilds Level 4 working with complex families.
- Increasing number of Early Help conversations, assessments and plans at Universal Plus, with a requirement to adopt them in the Early Years Health and Wellbeing Service.
- Increased monitoring of quality and performance to ensure an effective city-wide offer.
- Embedded 'step up, step down' processes between Family Support and Assessment and Short Term Intervention (ASTI) teams, safeguarding teams, and the Disabled Children's Teams.
- Developing triage arrangements and panels to address the needs of children not in education and families living in temporary housing.
- Embedded Primary Mental Health Workers (Forward Thinking Birmingham) and Neighbourhood Police Officers into the Trust Early Help Services.
- Improved processes for contextual safeguarding with more focus on helping young people and families change behaviour and a more area-based approach alongside a greater focus on disruption by WMP and partners.

### **Children in Need and Child Protection**

- Assessments have improved in quality and timeliness.
- Shared understanding and implementation of the thresholds for intervention and the further development of effective Early Help.

- All children allocated to social workers and their progress reviewed frequently.
- Increase in purposeful work with vulnerable children and their families.
- Use of scaling tool within child protection conference and core groups to give clarity to the family and partners in respect of the change required.
- Effective use of step down when appropriate for children subject to child protection and child in need plans.

### **Children in education**

- Education Children in Need of Protection (CNP) team became operational in October 2018 to ensure that the most vulnerable children in Birmingham have equality of access to education and therefore positive educational and life outcomes.
- Three Pupil Attendance Advisors provide advice, guidance and challenge, supported and supervised by the Lead Attendance Officer for the city. Once a month, the team reviews the attendance data of all children with CiN/CP plans and escalates discussions as appropriate with head teachers relating to possible legal action where children are failing to receive full time education.
- The Education CIN team also provides a support and advice service for colleagues in youth offending, safeguarding and family support teams.
- Referrals by social workers are triaged, challenged and discussed and work is therefore focused on the most significant cases.
- The work of the team will be evaluated independently from Easter 2019. The aim is that the numbers of children with CP/CIN plans with the poorest levels of educational engagement will reduce in which case the team will be able to start their work each month at a higher attendance threshold.

### **Missing from Home and Care**

- The Chief Executive of the Trust and the Director of Practice receive a weekly briefing on children who go missing.
- Weekly reports of children going missing from care and home are distributed to senior managers and team managers to support management oversight in relation to our most vulnerable children.
- Daily missing triage is resulting in a timelier response to children who are missing.
- The outcomes of return home interviews are sent directly to social workers to inform children's plans.

- Dip sampling of over 100 return home interviews have been undertaken to identify themes which have been shared with the workforce.
- Increased use of CSE screening tools and risk assessments which are reviewed and updated when new information comes to light, leading to real time assessment of risk.
- Developing good partnership working with Barnardo's, Aquarius and WMP.
- Social workers are undertaking increased relationship-based work with children, demonstrating persistence and flexibility in maintaining contact with children who go missing

#### **Domestic abuse, radicalisation and FGM**

- The Trust is involved in the implementation of the city's multi-agency domestic abuse reduction strategy 2018-2023.
- WMP and Crime Commissioner have funded a Respect programme for perpetrators of domestic abuse focusing on fathers of children subject to child in need and child protection plans.
- Family support workers in the north of the city are piloting a second Respect programme supported by Bristol University with plans to cascade Respect training across the city.
- We are in our third year of funding for a Prevent Early Help Lead.
- A Prevent guidance and screening tool for all services and partners is now in use. Good working relationships are developing across the partnership with WMP, Health, Education, Youth Offending Service (YOS), Mental Health and the Department for Work and Pensions through the Channel panel, case discussions and direct work with individual social care cases.
- The Prevent Lead continues to develop a process to monitor the quality of interventions and practice through for example case dip sampling and offers Workshop to Raise Awareness of Prevent (WRAP) 3 training and awareness-raising as part of the offer.
- Awareness of FGM has been raised through continuous work of Birmingham against Female Genital Mutilation (BAFGM) working in partnership with BSCB and Community Safety Partnership.
- Front-line staff have had Level 2 and 3 training promoting an understanding of FGM multi-agency procedures.
- A lesson pack has been designed for KS2 pupils and training for staff on delivery has been provided for schools in Birmingham
- BAFGM have designed a screening and risk assessment tool available to all agencies via the

website [www.bafgm.org](http://www.bafgm.org) which has received positive feedback from agencies.

- A manager with the lead for FGM in CASS is in place and sits on BAFGM group to ensure effective communication and work across agencies considering referral to children's social care.

#### **CSE and Child Exploitation: Contextual Safeguarding**

- Strengthened the focus around children at risk of sexual exploitation and the need to incorporate risks into children in need and child protection plans; improved processes and performance management arrangements, and moved into an area-based CSE panel approach.
- A team manager and three CSE co-ordinators work closely with the area-based social work team to offer support and consultation and to share intelligence on locations and disruption.
- Clear referral pathways in place for CSE, with children identified at higher risk cases remitted to multi-agency sexual exploitation (MASE) meetings to coordinate intervention.
- All children considered to be at medium or high risk of CSE are subject to statutory services receiving support proportionate to risk.
- WMP and Health are co-located alongside the CSE co-ordinators within CASS.
- Joint chairing arrangement by the Children's Trust and WMP of the CSE Operational Groups reporting into the strategic group.
- Improved safeguarding activity to support children affected by criminal exploitation, 'county lines' and gang affiliation. RHRT practice guidance has increased awareness of the extra familial risks.
- Strengthened multi-agency responses in strategy discussions in CASS/MASH, established new city-wide multi-agency arrangements increasing partnership offers to children and families alongside statutory responses, and to increase disruption activity. New Criminal Exploitation and Gang Affiliation practice guidance written to embed these arrangements.

#### **Looking Ahead - challenges and focus for the next year**

Ofsted have identified six priorities for improvement:

- The quality, effectiveness and pace of partnership working with external agencies, including partner-led Early Help services
- Trust and confidence between the courts and the Trust
- Effectiveness of the Fostering Service
- Robust and timely focus on all permanence options for children
- Alignment of the approach to contextual safeguarding



- The impact of the virtual school in improving provision for children in care

### **Early help and Family Support**

- Continued work with partner agencies about the application of 'RHRT' to ensure consistency.
- Continued encouragement of greater use and reporting of partner-led Early Help assessments and plans.
- Reducing exclusions, particularly with primary school pupils.
- Ensuring effective step down from children in need to Family Support.
- Developing strategic systems leadership partnership across the Council, Trust, WMP, Health, and others.

### **Child in Need and Child Protection**

- Focus on children subject to child protection and child in need plans for 3 months or less, and children subject to plans for a subsequent time.
- Management oversight and supervision recording to link back to the child's plan.
- Quality of recording, particularly of reflective discussions with families in worker supervision.
- Use of escalation pathways when change is not being effected.
- Further work on effective partnership working.
- Further improve the quality of plans to ensure that children and families understand what is expected of them and how we can support them.
- Care, Edge of Care and alternatives: strengthening and extending hours of the Edge of Care team; investment in family-based decision-making and in families' ability to find solutions and build plans for their children; releasing resource effectively to support family plans.
- Embed family meetings and family group conferences (FGCs) as a key plank of our decision-making.
- Contextual Safeguarding: implementing new models for service delivery, and risk management for vulnerable adolescents exposed to criminal exploitation, (gangs, drugs, 'county lines') incorporating strengths of current practice around CSE.
- Enhance the relationship with children's judicial system in Birmingham. A system review has been agreed with the senior District Judge to support timely decision-making in the courts.
- Review structural arrangements in the context of:
  - management roles within the team structure
  - reducing the number of changes of social worker that children and families still experience

- exploring the introduction of allied professionals into social work teams: Adult Mental Health, Domestic Abuse and Substance Misuse following the positive impact this has had in CASS/MASH.
- Review and improve progression pathways for social workers, linking pay and non-pay rewards, the development of a social work academy with higher education (HE) partners, improving our Learning and Development/Continuing Professional Development offer.
- Deliver a bespoke leadership and management development programme from March 2019 for all practice leaders and senior leaders.
- Continued work with the What Works Centre on a number of significant projects including understanding the impact of first line management supervision on family outcomes and child protection decision making.

## **Birmingham and Solihull Clinical Commissioning Group**

On 1<sup>st</sup> April 2018, three Clinical Commissioning Groups (Birmingham South Central, Birmingham Cross City and Solihull) merged to form Birmingham and Solihull Clinical Commissioning Group (BSOL CCG). We are now the largest CCG in England, serving a population of around 1.3m people and managing a budget in excess of £1.8 billion; almost 2% of the NHS Budget in England. BSOL CCG is one of the three Safeguarding Partners leading the new Birmingham multi-agency safeguarding arrangements.

The CCG covers two main Local Authority areas: Birmingham City Council and Solihull Metropolitan Borough Council. Citizens have different needs and localities have therefore been created to co-ordinate with Parliamentary boundaries. In turn, this facilitates integration with wider providers and councils, as collectively we seek to achieve a flexible commissioning approach. We are a commissioning organisation, as opposed to a provider of services. We are a membership organisation with currently 177 Member Practices.

The number of providers that the CCG commissions changes year on year: at the end of March 2019, we had on file 217 independent contracts assigned under the title as 'Healthcare Contracts', 19 assigned under 'Goods and Services', 204 listed under Primary Care Contracts, with an additional 7 large NHS Providers, including 2 Mental Health providers and community services across multiple sites. Total of 447 contracts.

The CCG Executive team and Designated Professionals Safeguarding Team, including Named General Practitioners (GPs), work across Local Authority boundaries and are active at national, regional and local levels to work together to keep citizens safe and to contribute to the local Safeguarding Adults Boards, Community Safety Partnerships and Safeguarding Children Partnerships' priorities. We maintain a statutory and non-statutory meeting schedule and work with partners at Community Safety Partnerships, Safeguarding Adults and Children's Boards and sub-committee levels seeking to improve outcomes for children and young people, and for adults with care and support needs, as well as their families/ main carers.

### **Strong Leadership and Strong Partnership**

The Designated Safeguarding Professionals and Executive teams are strategic and fulfil our responsibilities through influencing and senior leadership across health, policing and social care systems. There is also senior operational support delivered through sub-group or panel activity and through a designated nurse advice line. The advice line operates from 9.00am – 5.00pm, Monday to Friday and provides timely case management guidance and expert advice to Primary Care professionals, acute and independent providers and occasionally members of public.

Our Safeguarding Vision has been developed and is contained within the Birmingham and Solihull CCG Safeguarding Arrangements Policy, which is due to be ratified by the CCG's Quality and Safety Committee on 30<sup>th</sup> April 2019.

However, and as a commissioning organisation, we encourage change through influencing policy and bringing about change through how we work together, sharing intelligence, commission and contract services. In the past year, we have made improvements to enable a standardised way of obtaining an initial benchmark across our commissioned services about the quality of the safeguarding arrangements in relation to children (including children looked after by the local authority).

In 2018/19, the CCG's Safeguarding Assurance Group (SAG) was established as a Sub-Group of the CCG's Quality and Safety Committee (QSC) to support its work streams in regards to quality improvements across the safeguarding agenda. The SAG has responsibility for:

- Improving the way in which children at risk are safeguarded, with a particular focus on design, commissioning and provider services;
- Sharing good practice;

- In conjunction with NHS England, supporting the education and development of Designated Professionals and the internal and external workforce;
- To provide specialist advice via the Designated Professionals for Safeguarding (adults and children), Children in Public Care, and Named GPs;
- Monitoring the regular supervision of designated health professionals.

### **Continuously Improving Child Protection Practice**

In addition to the remit of the Safeguarding Assurance Group, a schedule of Practice Safeguarding Leads Network meetings has been implemented to help deliver strategic priorities at the front line. In addition, and through formalised meetings, case discussions and advice guidance provides the:

- Delivery of system learning and learning arising from complex cases and case reviews;
- Method of supporting improvements of health outcomes for vulnerable children;
- Balancing of wellbeing and risk (risk enablement);
- Primary method of delivery for system learning, delivery of the Learning and Development strategy, and the Designated Professionals and Named GPs working directly with Practice Safeguarding Leads across Primary Care.

Patient Safety Panels were strengthened during 2018/19. These panels bring together members across the medical, nursing and primary care directorates to provide a structured approach to tackling reportable complex incidents that have occurred in provider services. The Patient Safety Panels are led by the Chief Medical Officer and Deputy Chief Nurse and are managed by the Patient Safety Team. The panels cover all ages and enable and support a cross-directorate approach, seeking to analyse reported patient safety incidents to improve provider learning from incidents.

During 2018/19, Birmingham and Solihull CCG reviewed our approach to safeguarding and complex cases, which included children's continuing care and adult continuing health care. To support system learning we commissioned specialist safeguarding supervision training from a subject matter expert although this is an on-going process, with further training planned during 2019/ 2020.

In addition to utilising national e-learning platforms and multi-agency safeguarding learning development opportunities, we have commenced a participatory Learning and Development programme across the Birmingham and Solihull CCG footprint for Primary Care and to help embed the safeguarding children and Prevent competency frameworks. It is acknowledged

however, that this area of work has been slower to commence than originally planned in the CCG Learning and Development strategy owing to capacity problems within the CCG. However, throughout 2019 and 2020 we will introduce more courses to our learning and development programme.

### **Embedding Early Help and early intervention into mainstream partnership activity**

The Identification and Referral to Improve Safety (IRIS) programme is a good example of cross-partnership working to protect those most vulnerable from harm, and making a difference to identify, intervene early, and enable people to help change their lives by putting individuals in touch with supportive services.

IRIS is a General Practice-based domestic violence and abuse (DVA) training and support referral programme that has been implemented / tested in a randomised controlled trial. The programme delivers training and education to Primary Care Teams and encourages clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. IRIS has been independently evaluated and shown to be good at identifying and facilitating the referral of 'hidden' victims into specialist domestic abuse services. By hidden, we mean those who are least likely to report to the police, directly contact specialist support or be involved with other services such as housing and social care. This has led to an increase in the numbers of children and young people who are vulnerable to risks presented by domestic violence and abuse are safeguarded.

### **Looking Ahead - challenges and focus for the next year**

BSOL CCG has much more to do as we embed and refine our commissioning and contractual arrangements. As mentioned above we have strengthened our system assurances to gain sustained evidence for the CCG and partnership boards about the quality of services delivered around safeguarding and contributing to the partnership priorities. However, there also remains internal and external challenges to embedding sustained change and capacity of the workforce to deliver. Some specific challenges related to safeguarding and commissioning are:

- Safeguarding and working arrangements between children's and adults' services so that effective care pathways and plans support vulnerable individuals as early as possible through periods of change. For commissioning of services and existing provision, this means wherever possible, aligning and bridging gaps of existing commissioned services.
- The Children and Social Work Act 2017 introduced a new legal framework in respect of local safeguarding arrangements for children (see

Working Together to Safeguard Children, 2018, Chapter 4). 2019-2020 implements changes through published Safeguarding Partners' plans, the process for implementing local and national learning including from serious child incidents across the West Midlands region and our arrangements as Child Death Review Partners, as detailed within the Child Death Review Statutory and Operational Guidance (England), published on 15<sup>th</sup> October 2018<sup>1</sup> (now known as the 'Operational Guidance').

- Our Designated Professionals' Children in Care team is involved in an initiative to address the often complex health needs of unaccompanied asylum-seeking children (UASC). With partners, we have developed an integrated pathway to support the Birmingham (and Solihull) UASC/young people population. In 2018/19, a Task and Finish group was formed to look at ways of working effectively to improve service and outcomes for these young people to ensure that the health needs of UASC/ young people are addressed appropriately. The young people have been engaged in this process and their views and experiences captured to ensure the pathways are young person focused and inclusive of their needs. This work and the challenges it presents will continue into 2019/20.

## **Birmingham and Solihull Mental Health Foundation Trust**

Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) is a mental health service provider which delivers a range of specialist mental health services for children and young people in Birmingham and Solihull. We work with individuals affected by mental illness and with their families and friends in order to promote recovery. BSMHFT work in partnership with others to fulfil its statutory responsibilities to safeguard and promote the wellbeing of children and young people.

The Director of Nursing oversees safeguarding arrangements in the trust and employs a corporate safeguarding team to support frontline staff and the wider organisation in their execution of safeguarding requirements.

### **Safeguarding team functions are to:**

- Ensure that effective safeguarding structures, policies and processes are in place;

---

<sup>1</sup> HM Government, Child Death Review Statutory and Operational Guidance (England), published October 2018.

- Offer specialist advice, support and safeguarding supervision;
- Provide a safeguarding learning and development function;
- Conduct internal and external reviews and disseminating learning/findings;
- Engage with partners and offer specialist advice as required;
- Govern and obtain assurances of the effectiveness of safeguarding arrangements.

### **Delivering on our Safeguarding Priorities**

During 2018-19, the following progress was made against the BSCB's three priorities.

**Leadership:** During 2018-19 BSMHFT's Safeguarding Team included in their strategic plan a priority to improve operational safeguarding leadership. The aim was to encourage senior managers to support each mental health team to take ownership of their own safeguarding improvements. The team established a baseline in order to measure evidence of improvement. We reviewed our governance and assurance arrangements to ascertain if local clinical governance forums had clear work plans regarding safeguarding improvements and quality goals and we requested evidence for assurance purposes regarding the implementation of recommendations and learning from serious case reviews (or other types of review). We also appraised our model of using local safeguarding leads to promote safeguarding within their teams. As a result of our review, we have suspended the safeguarding leads model and are making improvements to our governance arrangements. We have implemented new monitoring measures within the Safeguarding Team to evidence our disseminating of learning from serious case reviews. We conducted a thematic review of recommendations from Domestic Homicides and have provided a face to face briefing to Senior Leaders to enable them to benchmark their own service areas against the themes identified and to implement any required actions.

**Partnership:** Multi-agency partnership is embedded in BSMHFT's organisational links to BSCB and its sub-groups. We also contribute to Birmingham's Multi Agency Safeguarding Hub (MASH) to enable effective information sharing regarding adult mental health in order to rapidly progress the safeguarding of children and young people.

**Continuous Improvement of Child Protection Practice:** During 2018-19 BSMHFT's Safeguarding Team have used findings from audit and from our data intelligence and incident reporting to develop and improve child

protection practice. Some examples of how we have done this are as follow; the strengthening of our safeguarding children policy to overtly state the importance of managerial oversight, the progressing of our quality assurance framework and practice guides to ensure staff have a clear link from policy to practice and skills, and the review of our provision of advice and support, which will pilot the development of local safeguarding facilitation during 2019-20. Our training also has been subject to review and we aim to develop practitioner confidence and autonomy regarding safeguarding practice by using a new approach in the upcoming year. Recommendations from a recent audit indicate that introducing the use of the Graded Care Profile in Perinatal and Specialist Child and Adolescent Services would be beneficial and will be considered in the next financial year.

### **Mainstreaming Early Help and Early Intervention:**

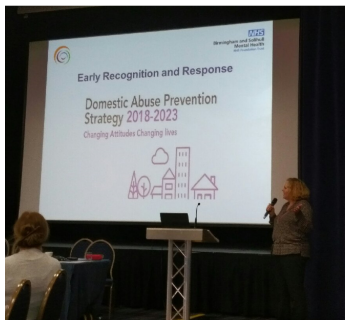
During 2018-19, BSMHFT have strived to improve the provision of Early Help and intervention for mental ill health by participating in the New Care Model Partnership which is a pilot scheme designed to comprehensively understand our Service User's journeys across the services delivered or commissioned by partnership members. The purpose of this pilot is to increase proactive rather than reactive mental health care and ensure that Service Users experience the right care in the right setting at the earliest opportunity. To date there is emerging evidence of improved communication across partners, reduced duplication and waste. This collaboration supports greater prevention of mental illness at an earlier point in the services users care pathway. This is essential in order to limit the negative impact poor mental health can have on families. The trust is awaiting an independent evaluation report of this pilot – it is expected to be very positive.

Also within this reporting period, BSMHFT's Perinatal Service has undergone significant growth and development. The expanding services operational policy has been developed to explicitly include Early Help interventions. The service will employ a safeguarding facilitator with a responsibility to support practitioners delivery of Early Help. With this in mind, the safeguarding team have promoted the use of an Early Help practice guide which sets out how each mental health team within BSMHFT can provide an Early Help offer. The guide helps staff to clarify how their specific service can participate in Early Help assessment plans with regard to the mental health services they offer to their patients who are parents. Improvements have been made to our recording of family composition on electronic records to support a whole or think family focus to care planning and risk

assessment. The Safeguarding Team have also driven forward work towards the Early Help aspect of Birmingham's Domestic Abuse Strategy and held an annual conference "Domestic Abuse – Improving our Response and Practice" which focused on early recognition and intervention (Figure 20).

**Figure 20**

Annual conference "Domestic Abuse – Improving our Response and Practice"



### Looking Ahead - challenges and focus for the next year

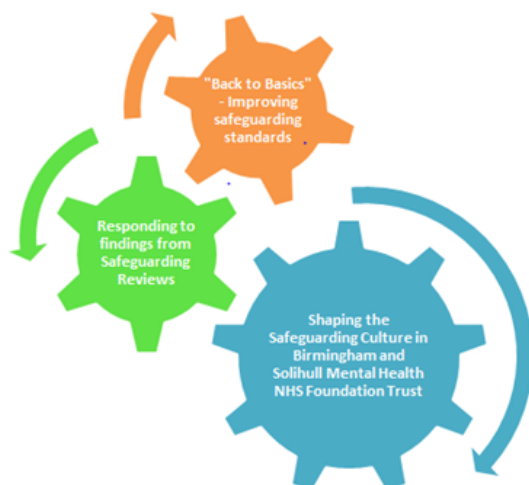
The emerging themes that will shape safeguarding priorities and areas for improvement during the next twelve months are as follow:

- "Back to Basics" (internal driver);
- Responding to the findings from safeguarding reviews (internal and external driver);
- Shaping the Safeguarding Culture in BSMHFT (internal driver).

Figure 21 illustrates how each priority interlinks to deliver holistic organisational safeguarding improvements

**Figure 21**

Priority interlinks to deliver holistic organisational safeguarding improvements



### Back to Basics:

The Safeguarding Team think it is important to do the simple things right. This year we will be concentrating on improving the quality of staffs basic understanding of safeguarding including recognition and responding to abuse and neglect. This will include developing skills in routine enquiry, curiosity, respectful challenge and analysis of past information to support ongoing care and risk management. We will be piloting face to face safeguarding facilitation in key teams. We will be encouraging the use of safeguarding policy, practice guides and specialist tools such as the Graded Care Profile and Signs of Safety.

### Responding to findings from Safeguarding Reviews:

BSMHFT understand that it is imperative to learn from Serious Case Reviews and would like to be able to actively demonstrate the changes made in response to such reviews. The Safeguarding Team will be embarking on a Quality Improvement Project to discover how to improve training and supervision in order to aid the application of learning into clinical practice. We will also seek improvement in our governance and assurance of recommendations from reviews.

### Shaping the Safeguarding Culture:

Evaluation of current BSMHFT safeguarding provision suggests that despite last year's priority to improve operational leadership there still needs to be a shift from "corporate safeguarding" driving and providing safeguarding developments to a mainstream approach to the implementation of safeguarding improvements. This shift requires an embedded and positive safeguarding culture within all clinical services at both managerial and practice level. In order to avoid implementing another potentially silo'd approach to safeguarding, the team are recommending that BSMHFT implement an organisation wide "Think Family or Whole Family" Strategy which includes integrated safeguarding work streams within operational developments.

## Birmingham Community Healthcare NHS Foundation Trust

Birmingham Community Healthcare NHS Foundation Trust (BCHC) provides a wide range of high quality, inclusive and caring services across Birmingham. The Trust delivers over 100 clinical services into people's homes and from over 300 premises. Often working in partnership with statutory and third sector agencies we provide services for adults, children, people with learning disabilities, those with rehabilitation needs and also dental services. BCHC became an NHS Foundation Trust in March 2016 and its Named Nurse team for Safeguarding work corporately with all trust



services to ensure that the organisation's practice standards, training and staff support in respect of the safeguarding of adults and children within our communities across the city meet regulatory and statutory expectations.

In November 2018, the Trust launched its new Vision, Values and Strategy (Figure 22), setting out what matters most to the Trust as a specialist provider of community healthcare and are designed to equip staff to meet the needs of all the communities we serve.

**Figure 22**



Messages from BSCB are cascaded to frontline practitioners through briefings, supervision and training sessions and a Safeguarding intranet page sited on the home page of our intranet and to the public via our public facing website.

### **Delivering on our Safeguarding Priorities**

#### **Strong Leadership and Strong Partnership**

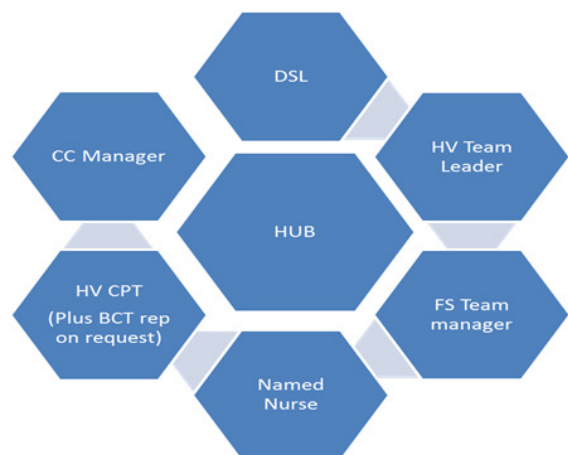
Our new CEO, Richard Kirby, has been in post for 12 months. One key priority has been staff engagement through monthly Team Talk briefings, drop in sessions and Listening in Action Events which afford all staff the opportunity to demonstrate and communicate innovative service design, embedding a culture of constant service improvement across our frontline teams whilst sharing best practice for effective care. Our new Director of Nursing and Therapies, Marcia Perry, has a strong career history, working across the country in varying health settings and leading community health services and safeguarding teams. Both executives represent the trust on strategic partnership boards in the city including the new Birmingham Safeguarding Children's Partnership, with representation on sub-groups for serious case reviews, Quality, Impact and Outcomes and Learning and Development. BCHC and BFS are represented on the Early Help and Safeguarding Partnership Board, the CASS/MASH, Think Family and CASS /Early Help groups and have been a principle party for the formation of the new city Collaborative Data Sharing Agreement. At BCHC, we recognise it is essential that our patients and communities have a voice. Our board of governors is drawn from our staff and communities and our divisional patient experience team work with people who use our services, ensuring their contribution to the way we provide care and services.

BCHC has a strong tradition of partnership working with Birmingham Children's Trust, the city health trusts, WMP and our partner agencies through our Named Nurse presence and lead position for the health input within front door services of the Multi-agency Safeguarding Hub (MASH), the Children's Advice and Support Service (CASS), the Birmingham Exploitation Team and our new integrated BFS team in CASS / Early Help. We are members of the Violence against Women's and Children partnership board and the Domestic Homicide Steering group, and continue to support Birmingham Multi-agency Risk Assessment Conferences (MARAC) to safeguard high risk victims of domestic abuse and their children.

Our Birmingham Forward Steps (BFS) partnership service with Spurgeons, Barnardos, Springfields and St Pauls Trust offers universal health visiting, children centre and family support services to all children aged 0-5 across the city. Our blend of skills and outreach work, centred on the 10 district children centre hubs strives to improve the outcomes of all children using models of integrated working for Early Help. Local Integrated Safeguarding Teams (LIST) (Figure 23) respond to local need and jointly quality assures safeguarding practice.

**Figure 23**

**The BFS Local Integrated Safeguarding Team Model**



To give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential" bi-monthly scheduled meetings offer Children Centre, Health Visiting and Family Support managers, practice teachers Designated safeguarding leads and Named Nurses head space, and the opportunity to reflect on the quality of practice, using quantitative and qualitative data.

Using standard agendas, themes from frontline supervision, audit results, case review learning and caseload data trends are reviewed via standard agendas engaging with local partners where relevant. Reports provide themed feedback to district managers for internal governance and district partnership forums.

### Continuously Improving Child Protection Practice

Safeguarding nurses were provided with new skills training to broaden their knowledge and skills and improve the quality of supervision. In addition to our 1:1 safeguarding supervision we have introduced generic group supervision sessions accessible to all staff within the Children and Families Division.

Having reviewed the training strategy and training needs analysis, the BCHC Safeguarding Children and Adult Team have developed an integrated training offer at all levels of safeguarding training. New joint Level 2 and 3 training, promotes an increased “Think Family”, Early Intervention Approach to supporting families, incorporating messages and learning from local reviews. New resources have been developed to blend the learning experience and a quality team oversee all new packages and monitor evaluations.

Raising awareness of contextual safeguarding is a new core competence within Safeguarding Children and Young people. A newly devised joint Level 3 child and adult safeguarding training programme includes identification and referral of a child suspected of exploitative situations embedding the issue of transition between children to adults.

A refreshed Exploitation Safeguarding child and adult training programme (level 3) will include key learning from national reviews of child and adults at risk of exploitation.

BCHC hosts the CSE Team providing a central point for health professionals for information collation, sharing, expertise and guidance. The Contextual Safeguarding approach recognises young people’s experiences of significant harm beyond their families in their neighbourhoods, schools and online. Partnership working has migrated to locality areas of Birmingham, where information sharing and effective community problem solving have taken place and the team contribute to mapping links and networks of children and young people at risk of exploitation and those potentially not known.

Our patient experience team audited cases where children were not brought to appointments in order to understand the reasons for non-attendance and how to

improve attendance and improve identification if there was a safeguarding risk for children. (Figure 24)

**Figure 24**  
Children were not brought to appointments Audit



### Embedding Early Help and Early intervention into mainstream partnership activity

BFS have devised guidance for staff and partners to understand the services available for children and families at different levels of need based on the city’s Right Help, Right Time model.

In keeping with the national model for Health Visiting practice, the service moved from a registrant to resident based model across the 10 districts of Birmingham as of January 2019.

Working in partnership with BCT Early Help team, BFS partners; BCHC have developed a single electronic record for integrated care, giving a holistic picture of the child and increasing our ability to find the right service, measuring its effectiveness and outcomes. Our co-located BFS team in CASS streamlines access to Early Help, with BFS Health Visitors and Family Support managers triaging referrals from partners coming through the CASS ‘front door’. In its second month the team managed over 250 referrals. A tracker system monitors responses.

BFS Models of Integrated Working for Early Help:

- Case allocation working exist for families with support needs above universal level
- Ante-natal contacts
- Baby Club
- Targeted parent support groups
- Follow up for children not brought to appointments
- Integrated care pathways for targeted need.



- Early Help is included in all safeguarding training packages and further promoted through supervision.
- Our patient experience team and Children and Families division worked with parents to understand how to follow up and improve attendance at community paediatric clinics.

### Looking Ahead - challenges and focus for the next year

- We will aim to increase the number of registered Early Help Assessment and plans provided for children and families and develop effective outcome measures for the child;
- Establish the new safeguarding training programme across the trust increasing the ease of access for all staff and achieving the new trajectories identified for clinical services;
- Review core processes within the health team in MASH to improve the information sharing and enhance outcomes for children;
- Evaluate the effectiveness of BFS Local Integrated Safeguarding Team model;
- Develop a model of clinical supervision for the safeguarding team;
- In partnership with BSCP promote the 'Who's in Charge' message across the city in response to the impact on children of parental use of alcohol within the home.

## Birmingham Women's and Children's NHS Foundation Trust

Birmingham Women's and Children's NHS Foundation Trust (BWC) brings together the expertise of Birmingham Children's and Birmingham Women's Hospitals, providing care to women, children and their families.

**Our mission** is to provide outstanding care and treatment to share and spread new knowledge and practice, and to always be at the forefront of what is possible.

**Our vision** is to be a world-leading team, providing world-leading care.

**Our goal** is to be the best place to work and be cared for, where research and innovation thrives, creating a global impact.

With more than 641,000 visits from patients each year, we are a busy Trust and pride ourselves on the commitment of our 6,000 strong team, which works tirelessly to provide the very best treatment and support to our women, children and families.

A short film about what we do can be found at <https://www.youtube.com/watch?v=rPv4zuM8yrY> and

our website can be found at <https://bwc.nhs.uk/> (Figure 25).

Figure 25

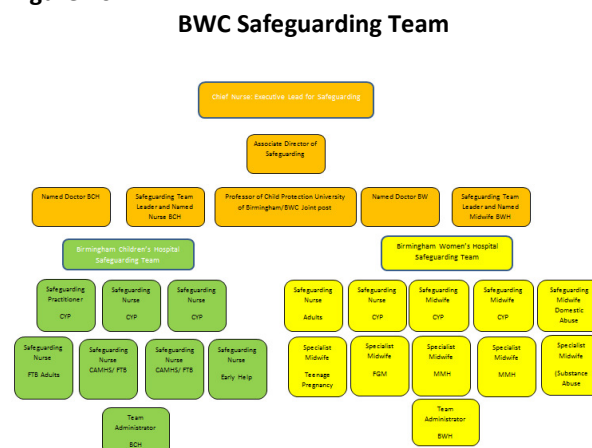


### Delivering on our Safeguarding Priorities

#### Strong Leadership

Safeguarding is embedded into practice across Birmingham Women's and Children's Hospital, across all disciplines and roles, from our Chief Nurse to our support staff. We have a dedicated group of safeguarding practitioners, based at both hospital sites, who provide safeguarding leadership to all BWC staff through training, supervision, advice and support. As an organisation we are clear that safeguarding is integral to everything we do, part of everybody's core business. Our Executive team have received their safeguarding training this year and provided positive feedback about how helpful the training was. The BWC Board provide strong leadership for the safeguarding agenda (Figure 26).

Figure 26



#### Strong Partnership

The Safeguarding Team have established relationships across all relevant agencies in Birmingham that support vulnerable children. We are represented at BSCB meetings, including the Board and it's Sub-Groups, and support specific pieces of work. This year we have been part of the development of a new Neglect and Early

Help strategy that will help to provide a consistent understanding across all agencies of when a child is being neglected and what we should do to provide the right support.

BWC has a strong partnership with the BCT. We have developed positive working relationships with the BCT Heads of Service, Team Leaders and many Social Work and Family Support staff. These relationships provide a good foundation for interagency working that directly impacts on outcomes for our children. We have seen the benefit of these relationships in individual case management, including where cases have been escalated, evidencing effective collaborative working at all levels of both organisations.

### Continuous Improvement

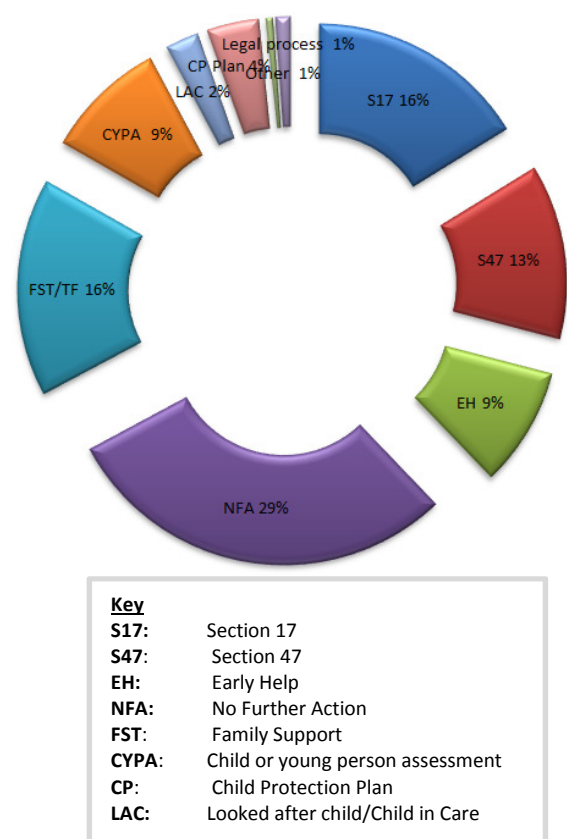
What we have achieved over the last 12 months

- **Recognising when a child needs help:** Our staff have referred 819 children to Birmingham Children's Trust and other Social Care teams nationally between April 2018 to March 2019. The outcomes for our BCH referrals are shown in Figure 27, and provides reassurance that we are able to recognise when children need some support or are at risk of harm.
- **Early Help Activity:** During the last 12 months BWC staff have had 147 Early Help conversations using the Early Help conversation tool. We have also completed 58 Early Help assessments, delivered 21 Early Help training sessions and trained 149 staff.
- **Safeguarding Supervision:** Our FTB colleagues support children and young people with complex circumstances, many with safeguarding concerns. We agreed that safeguarding supervision would be helpful to all FTB staff that hold caseloads and have delivered safeguarding supervision to 64% of the identified staff over the last 6 months.
- **National Child Protection Information Sharing (CP-IS):** We have embedded routine access to the CP-IS system within our emergency department (ED) at BCH and plan to expand within the delivery suite at BWH and out patients across both sites. Alongside the routine use of CP-IS within the ED we also receive a weekly update from Birmingham Children's Trust of all children within Birmingham who have been registered or deregistered as being subject to a child protection plan or placed in care
- **Developing our Early Help practice:** Our vulnerable women's team of specialist midwives were incorporated into the integrated safeguarding team in 2018. The specialist midwives have expertise in FGM, teenage

pregnancy, substance misuse, domestic abuse and perinatal mental health and now work in partnership with our safeguarding practitioners to enhance care, providing a co-ordinated approach for women and children. They also provide training on all their areas of expertise.

- **Safeguarding Governance:** During the last 12 months we have reviewed all safeguarding policies for BWC to assure cohesion across the Trust. We have developed 'quick guides' and pathways to support clinicians in practice, making information accessible for busy practitioners. Our Named doctor led on the development of a pathway for 'unexplained fractures within the non-mobile child with medical complexities' as a direct response to a number of incidents. We have also revised the 'Was Not Brought' policy and pathway, again as a direct response to an incident alongside requests from staff for a simplified process.

**Figure 27**  
Outcomes for referrals to Social Care made between 1/4/18 and 31/3/19



### Areas we want to improve over the next 12 months and what we are planning to do

- **Domestic Abuse:** We have taken an active role in supporting the implementation of the Birmingham Domestic Abuse strategy. As part of

the “Violence against Women and Girls group” we have worked in partnership with the Local Authority to understand the role of health agencies, and we have asked the CCG to support a task and finish group that will provide a consistent set of guidelines and training packages for all health providers across Birmingham, to improve our response to domestic abuse and to improve outcomes for women and children. We will be referencing all this activity against recent DHR recommendations.

- **Information sharing between Midwives and Health Visitors:** We are working in partnership with maternity colleagues across the city and Birmingham Community Health Care Health Visiting colleagues to revise the Maternity Liaison form to incorporate initial Early Help assessments, referencing RHRT to support staff to recognise the right layer of need for the family. There are further plans to develop the form within the maternity electronic patient record, incorporating a central email for effective information sharing.
- **Contextual Safeguarding:** We have worked with colleagues from Birmingham Children’s Trust, WMP and the charity Red Threat to understand what we can and should do to recognise and support vulnerable young people. We have started by delivering training to our staff about risk, exploitation and vulnerability. Over the next 12 months we will develop internal and external pathways for young people that need support and consider what the support we offer at BWC should look like.

### Embedding Early Help and Early Intervention

We are proud of our Early Help work, as one of the few safeguarding teams to have a dedicated Early Help Lead. We understand the importance of recognising when help is needed at the earliest opportunity, so we have embedded this message into all our safeguarding training, supervision sessions and advice. We use the Right Help Right time guidance in all our safeguarding conversations, to ensure we provide the right support, aligned to the services provided by our colleagues in BCT.

Over the past 12 months we have established our information sharing process between our ED and Health Visitors and School Nurses across Birmingham. This has ensured we are able to share information about families, with their consent, to support multi-agency support plans as part of an Early Help offer. Every month we share information with community colleagues about an average 145 children who have

attended our ED and might need some help from community health services following discharge.

We have also worked with our community colleagues to improve information sharing between our midwives and Health Visitors. We are working on a consistent process, with colleagues from maternity units across the city, that ensures a safe and effective way to make sure information is shared by midwives, to the right health visitor, so a plan of support is offered antenatally if needed. We know from recent Serious Case Reviews that we have to get it right for some babies at the pre-birth stage, so we have prioritised this piece of work and will continue to do so over the next 12 months. The BWC Early Help lead is an active member of the Birmingham Early Help Safeguarding Partnership Board and has supported the review and development of the Early Help assessment and process.

### Looking Ahead - challenges and focus for the next year

At BWC’s we have thousands of opportunities every year to influence health outcomes for women and children. Safeguarding practice at BWC is based on an understanding that safeguarding is a broad concept, that includes child protection, but also recognises the value of Early Help and public health interventions, and that a child’s outcomes are dependent on their family, their community and wider societal factors. Our priority for the next 12 months is to support all staff at BWC to recognise this emerging broader context of safeguarding children and to equip them with the skills and confidence to provide the right help at the right time to any child in need.

## National Probation Service

The National Probation Service (NPS) is a public-sector organisation, which is part of the Ministry of Justice. Birmingham is the largest ‘Local Delivery Unit’ in the organisation with a current staff headcount of 248. Our role is to provide advice to the criminal courts on appropriate sentences for offenders appearing before them. We also provide supervision to higher risk offenders after they have been sentenced. This relates to offenders sentenced to community supervision, but also those who are sentenced to custody, where we work with them during the prison phase of their sentence, and then more intensively when they are released on licence afterwards, typically at the halfway point of their sentence. In Birmingham, we have a caseload of around 3550 individuals. At any time, a little over 50% of that number will be in custody, and the remainder in the community.

The caseload contains a high proportion of people who have committed sexual and violent offences, including

matters of domestic violence. We are managing, therefore, a high level of potential risk to the public, which includes risk to children. A small percentage of our caseload will have offended directly against children, either sexually, or through violence or neglect. A greater percentage pose risk to children through their broader offending behaviour. This will include children witnessing domestic abuse, becoming inadvertently caught up in gang-related violence, being affected by the impact of substance abuse or mental health issues, or, in a small number of cases, being at risk of radicalisation.

In addition to our offender management function, we also provide a statutory victim liaison service to victims of sexual or violent offences where the perpetrator receives a sentence of 12 months or more imprisonment. This entails keeping victims informed of key milestones of prisoners' sentences and giving victims the opportunity to request additional conditions (including exclusion zones) in post-release licences. This service equally applies when the victims are children, though it is generally delivered via their guardians, with participation of the child dependent on maturity.

#### **Strong leadership and strong partnership**

We are a national organisation and our policies are formulated at a national level, yet we aim to be well-embedded in local partnership, participating at senior level in the Safeguarding Leaders Assembly, Early Help and Safeguarding Partnership Board, the CASS / MASH Partnership Forum and the Youth Offending Service Management Board. Our broader organisational priorities are protecting the public, preventing victims and reducing reoffending, placing the protection of vulnerable people, including children, at the centre of our concerns. Though we do not work directly with children, other than via a small group of practitioners seconded to the YOS, a significant proportion of our service users are parents. When their children are subject to child protection or children in need procedures, there is a clear expectation that probation officers participate fully in conferences and core groups, as we can provide a rich source of information relating to parental behaviour and circumstances. We also continue to locate a member of staff into the city's CASS / MASH team, to ensure the probation perspective, and access to information on the risks to children posed by offenders, is fed into the initial assessment of child safeguarding referrals.

#### **Improving child protection practice**

In the early part of the year, we completed a roll-out to all practitioners, of workshops combining the latest probation-specific guidance on child safeguarding in

conjunction with the local training materials launching RHRT. Other than where our seconded staff in YOS hold caseloads of 17 and 18 year olds, our service users are exclusively adults. In many cases, these individuals are assessed as posing a high risk of harm to children and our focus is on preventing this risk being realised. Authority has now been devolved to local Heads of Probation to add conditions, in certain circumstances, to post-release licences, which can have the effect, for instance, of requiring individuals to refrain from contact with named children or, in some cases, all children. NPS Midlands received its probation inspection in the summer of 2018. Assessment and planning were both given ratings of 'outstanding', with Her Majesty's Inspectorate of Probation noting that risk of harm to children tended to be identified, and planning generally embraced a range of approaches to manage this.

#### **Embedding Early Help and early intervention into mainstream partnership activity**

Probation practitioners are aware of the importance of Early Help as the most efficient and effective way of supporting children and averting future crises. Practitioners have limited exposure and involvement with the children of our service users, however, particularly as we discourage the bringing of children to probation premises due to the primarily high-risk people who report. Most of our activity therefore relates to more immediate safeguarding concerns, but we will continue to look for ways of redressing this balance.

#### **Looking Ahead - challenges and focus for the next year**

Fuller assessment of child safeguarding issues at the point of sentencing.

Ministry of Justice reforms have focussed on speedier justice. This has included an attempt to sentence as many individuals as possible on their first appearance at court. Traditionally complex cases were frequently adjourned for 3 weeks for probation reports to be completed. Now, if the courts are persuaded to pause for reports at all, they are mostly required to be completed on the same day. This creates more challenges in terms of identifying whether there has been child protection and domestic abuse concerns in the individual's history. Such information can assist with safer sentencing, so we will continue to look at more effective ways of court staff accessing this information.

Implementation of Offender Management in Custody A further Ministry of Justice reform taking place in 2019/2020 will see prisoners serving longer custodial sentences allocated to 'offender managers' in prisons



rather than in their home community. Though they will transfer back to a Birmingham probation officer prior to release, for the bulk of their sentence, they will be managed from where they are imprisoned, which could be anywhere in England and Wales. A challenge, in terms of safeguarding, is that there will not be an allocated local probation officer to attend child protection meetings. We will need, therefore, to find new ways of contributing to meetings that conform to the developing Ministry of Justice (MOJ) model and remain in the best interests of children.

## Staffordshire and West Midlands Community Rehabilitation Company

Staffordshire and West Midlands Community Rehabilitation Company (SWM CRC) are part of the Reducing Reoffending Partnership (RRP), contracted to provide Probation Services for two of the 21 CRCs in England and Wales, the other one being Derbyshire, Leicestershire, Nottinghamshire and Rutland CRC (DLNR). RRP are a partnership, made up of:

- **Ingeus** (main equity owner and a leading provider of the government's Work Programme)
- **St Giles Trust** (A charity working with offenders in prisons and communities)
- **Change Grow Live** (CGL – a large substance misuse charity)

Together with CRC staff, this partnership has vast experience of social rehabilitation in criminal justice, which includes better outcomes for children by addressing adult offending behaviour (Figure 28).

**Figure 28**

### Vision and Mission



SWM CRC is divided into four geographical areas:

- Birmingham
- Black Country
- Staffordshire and Stoke
- Coventry and Solihull

SWM CRC provides prison based 'through the gate' resettlement services and supervises offenders in the community - those subject to Court Orders and those

released from prison on a licence or under post sentence supervision. It is responsible for supervising approximately 12,500 offenders - with just under 5000 in Birmingham making it the largest area across the Midlands. The caseload is made up of men and women (approximately 13% of our caseload) over the age of 18, assessed as posing a medium or low risk of serious harm.

We have one office for supervising offenders in the heart of Birmingham, and another for Unpaid Work (previously known as Community Punishment) in Nechells. Whilst we don't work directly with children we manage young offenders transitioning from youth services, care leavers and parents who may pose a risk of harm to children through their lifestyle or behaviour, therefore our work is crucial in supporting effective safeguarding practice.

CRCs work under contract to Her Majesties Prison and Probation Service (HMPPS), part of the MOJ. As well as supervising offenders, we are responsible for delivering dedicated rehabilitative interventions (some of these via our supply chain) to our offenders and those supervised by the National Probation Service (NPS) and other organisations. These interventions are all focused on reducing reoffending and making our communities safer, and include:

- Through The Gate Prison and Resettlement Services (we have CRC teams based in prisons)
- Unpaid Work
- Accredited Programmes
- Education, Training and Employment (ETE)
- Peer Mentors
- Volunteers
- Housing and Welfare
- Women's Services
- Other group based Pathway Interventions such as: Anger Management, Senior Attendance Centre, Domestic Violence, Young Adults and Restorative Justice

### Delivering on our Safeguarding Priorities

This last year has continued to be one of significant challenge in the difficult financial context we all operate under. In September 2018 we were inspected by Her Majesties Inspectorate of Probation (HMIP) who gave the CRC a rating of 'Requires Improvement'. HMIP found a number of strengths, including strong leadership and a dedicated and motivated management team. The Chief Inspector of Probation, Dame Glynys Stacey, stated the organisation should be commended for what it is achieving in difficult circumstances. However, HMIP reported that individual workloads were the highest they had seen

and that this was affecting the quality of our work. Seven recommendations were made and SWM has published its Action Plan in response.

HMIP inspect the overall CRC Probation service rather than just safeguarding practice, and this covers all of Staffordshire and West Midlands, so we are unable to identify Birmingham specific practice issues, however Birmingham cases accounted for just under a half of those sampled. By the time the report was produced, and since, holistic practice improvement activity is well under way. In relation to actions aimed at improving safeguarding practice we have implemented the following in Birmingham:

- Regular practitioner forums in Birmingham to share good practice
- An enhanced case auditing regime focusing on quality practice around Assessment, Planning, Implementation and Reviewing.
- Clarity of practice requirements provided for all case managers via our *'Every Case Essentials'* practitioner guides.
- Specific Safeguarding training workshops delivered to every practitioner during April 2019
- Domestic Abuse training workshops delivered to every practitioner due in May 2019
- Greater engagement with multi-agency LSCB training – all practitioners and managers to undertake refresher training this year
- We have introduced dedicated Women's and Young Adults specialist teams in Birmingham. This has improved multi-agency Safeguarding practice in areas such as Transitions, Mental Health and Child Protection Plans.
- Development of our SPECTRUM Programme, a joint initiative with HMPPS addressing Domestic Abuse for lower risk perpetrators (we already have Building Better Relationships, a more intensive accredited programme)
- Enhanced Risk Review practice, to be fully delivered by every practitioner by December 2019
- Improved Home Visit monitoring
- Staff in Birmingham Magistrates' Court as part of an MOJ Pilot
- Recruitment of new practitioners with an improved induction and training programme with safeguarding modules

The implementation of this action plan is our priority activity across the CRC, including robust Quality Assurance measures to track progress. This Plan is closely scrutinised by the MOJ Contract Management Team, who were required to approve prior to publication.

The Head of Birmingham Probation attends the BSCB Executive Board and the BEHSP Board, as well as the MARAC Steering Group. They also share a strategic lead for the Birmingham Community Safety Partnership for one of their three priorities: Violence and Reducing Reoffending. We remain committed to being a strong partner in the local safeguarding arrangements.

### **Looking Ahead - challenges and focus for the next year**

Emerging safeguarding themes that will shape safeguarding priorities and areas for improvement during the next twelve months.

SWM CRC remain subject to the financial and contractual challenges that the Transforming Rehabilitation changes, introduced four years ago, brought. The government announced the seven year contracts awarded would be shortened by two years and we are presently awaiting the outcome of the recent consultation and proposed contract specifications of how Probation will be delivered moving forward. Whilst we wait to see what the future shape will be we remain focused on our safeguarding priorities that will include:

- Improvements across case management in safeguarding and domestic abuse practice, focusing on assessment, sentence planning, implementation of specific interventions and reviewing in response to significant events
- Greater use of Home Visits in line with our recently implement Safeguarding Practice circular
- Ensure all practitioners update their training
- Co-location with the Criminal Justice Team of Change, Grow, Live (CGL) to join up rehabilitative and drug interventions
- Co-location with REMEDI to deliver improved Restorative Justice interventions for our offenders
- Continuing to work closely with police and other key partners around all safeguarding matters, including implementation of our Gang strategy.
- Improve financial stability by identifying opportunities to provide commissioned services utilising our expertise and experience e.g. Gang interventions/Peer Mentoring/Domestic Violence courses.

### **Sandwell and West Birmingham Hospitals NHS Trust**

Sandwell and West Birmingham Hospitals NHS Trust (SWBT) is a provider of both acute hospital and community services for the people of West Birmingham and across six towns in Sandwell, serving a population of around 500,000 people, and employing 5,912 staff. SWBT provides community and acute services in a range of settings; Adult and

Paediatric Care including Emergency Care both general and Birmingham, Midland Eye Centre, Maternity and Neonatal Care. During the year 33,295 children have presented to our ED. Our new birth rate remains consistent with 5,452 births during the year; we have successfully implemented the Female Genital Mutilation Information Sharing system (FGM-IS) to share information in relation to female infants at risk of FGM given our high numbers of women who have been subjected to FGM. We continue to promote SWBT as a 'Domestic Abuse Awareness Hospital' (Figure 29).

**Figure 29**  
Promotion of Domestic Abuse Awareness



### Strong Leadership and Strong Partnership

Safeguarding children remains a key priority for SWBT which is demonstrated by a clear line of accountability and reporting structure in the provision of services designed to safeguard and promote the wellbeing of children from frontline through to our Chief Nurse as the Executive Lead for Safeguarding Children. Our dedicated Safeguarding Children Team with Lead and Named professionals support the workforce offering advice, support and training. We have a robust assurance and quality framework which is demonstrated through a programme of review via our internal committees.

SWBT is required statutorily to ensure we are compliant with Section 11 of the Children Act 2004 and the CQC (Registration) Regulations 2009. This is demonstrated by submitting an up to date Section 11 audit and compliance with CQC and audit recommendations following internal inspection, safeguarding children training and supervision; in addition to recommendations following DHRs and serious case reviews. We have clear escalation processes, whistle blowing procedures and have

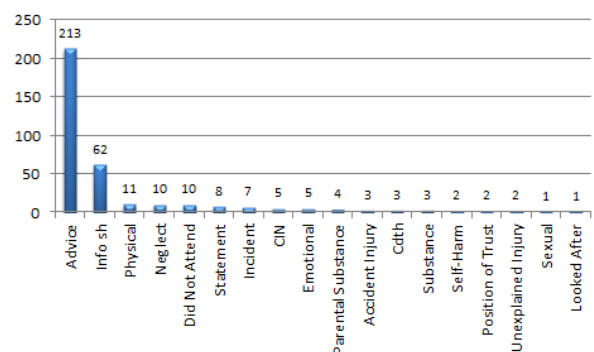
recently introduced 'Speak up Guardians' to support staff where they may have concerns.

The Chief Nurse and Associate Chief Nurse are active partners of the BSCB with Named and Lead safeguarding Children professionals being represented at the various sub-group meetings aligned to these arrangements.

### Continually Improving Child Protection Practice

We continue to embed the CP-IS in our ED and regular audit has demonstrated that staff are viewing the summary care record and making the appropriate referrals. Our Associate Named Nurse will support staff within the ED and the paediatric wards where they may have concerns. The safeguarding children team continue to offer advice and support to staff which has been enhanced by the introduction of a duty rota for advice calls (Figure 30).

**Figure 30**  
Category of Call (April 2018 – March 2019)

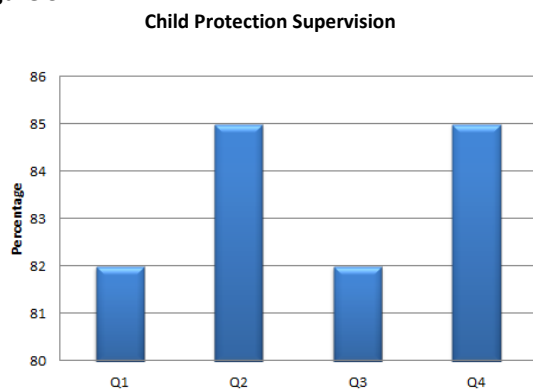


The team continue to deliver a rolling programme of Level 3 safeguarding children training mapped against the RCPCH Intercollegiate Document 2014. Compliance is monitored closely with monthly reports included in our Corporate Review meeting with the Chief Executive; compliance remains a challenge. Level 3 currently stands at 84% with 89% for Level 2 and 99% for Level 1.

Child protection supervision is delivered to health visitors on a three monthly basis (Figure 31) over the year this has remained constant at over 80%. Areas where this has remained on an ad hoc basis are maternity and the paediatric ward areas due to staff vacancies.



**Figure 31**



We deliver a programme of audit which includes for example an audit of our maternity electronic record for completion of a social concerns care plan; this has shown a mixed response in identifying the exact reason for concern. The findings of this audit will be shared at the Safeguarding Children Operational Meeting and Midwifery Forum. Other areas of audit relate to the quality of Request for Support Forms; where there is a concern over a practitioner's completion of the form this is fed back to the staff member and supervision, training offered.

During the reporting period we have introduced a quarterly Safeguarding Children Newsletter which will share findings from serious case reviews, DHRs and multi-agency audits in addition to highlighting key legislative changes and guidance updates.

### **Embedding Early Help and Early Intervention into mainstream partnership activity**

'Right Help Right Time' is embedded within Level 3 training and evaluations demonstrate a significant increase in knowledge post learning. This is evidenced further via audit that staff are utilising and applying thresholds appropriately when completing a Request for Support Form. Our escalation processes will support staff when there has been a difference of opinion in response from the Children's Trust. The Safeguarding Children Lead will attend the Health Safeguarding Provider Leads Meeting which highlights key themes in the MASH Partnership meeting; this has been a useful forum to aid partnership working.

We 'flag' all children and young people known to Sandwell's CSE Team on our electronic patient record which is particularly relevant for ED staff where children may present as victims of CSE. We continue to provide health information to Birmingham CSE Team when children at risk of CSE are discussed and may have received services from SWBT; where this child is deemed at high risk case, if informed we will flag the electronic patient record (EPR). However, given a

change in focus we are moving towards a wider exploitation approach and not solely CSE and continue to deliver bespoke training in key areas such as ED and sexual health services on these risks.

The ED Domestic Abuse Advocacy Project (joint partnership with Black Country Women's Aid) continues to show positive outcomes by increasing awareness and visibility of domestic violence and abuse (DVA) in ED and across SWBT; in the last twelve months 448 individuals have been identified as victims of DVA, an increase of 50% on 2017/18 figures. Data continues to demonstrate that the project identifies victims who are unknown to services and from BAME groups (Figure 32).

**Figure 32**

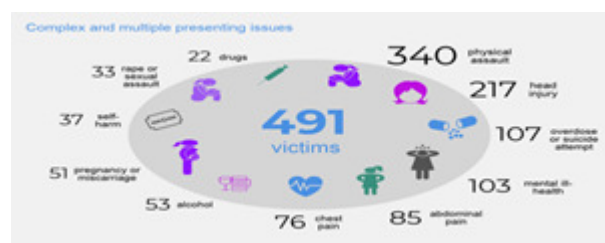
**ED engages victims of DVA who do not engage elsewhere**



In addition to this the project continues to identify victims who will present with a variety of conditions (Figure 33). An area of continual challenge has been compliance with routine enquiry not only in ED but key areas identified in SWBT Domestic Abuse Policy. This remains an area of focus for the Domestic Abuse Lead Nurses via a programme of audit and training working cohesively with our Independent Domestic Violence Advocates (IDVA's) to continually raise the profile and impact of domestic abuse and violence across the organisation.

**Figure 33**

**Complex and Multiple Presenting Issues**



### **Looking Ahead - challenges and focus for the next year**

- Maintain effective multi-agency partnerships and representation with the emerging MASA arrangements.
- Continue to embed CP-IS across unscheduled care settings and ensure information is linked following introduction of a new Electronic Patient Record in September 2019

- Continue to evaluate the IDVA project and audit routine enquiry compliance
- Continue to review service delivery through a programme of audit, data capture and evaluation
- Update level 3 Safeguarding children training in line with RCPH 2019
- Embed a programme of formal supervision in Maternity and Paediatric areas.

## The Royal Orthopedic Hospital NHS Trust

The Royal Orthopedic Hospital NHS Trust (ROH) is a single speciality orthopaedic hospital which provides routine elective surgery and specialist treatment, including spinal and oncology services to adults, children and young people from the local population and across the UK and internationally. In 2018/19 the Trust admitted 1578 children and young people for treatment. Total of 669 Day Cases, 909 inpatient treatments, 18 emergency transfers saw 9,949 children and young people as outpatients.

Following the decision by the Trust Board in 2018 to cease provision of paediatric surgery on the ROH site, plans are in place for transfer of these services to BWC Hospital in the summer of 2019. Safeguarding of children and young people in the Trust will remain a priority as currently paediatric outpatients department and therapies will remain at the Trust. We will also continue to treat 16 and 17 year olds and act upon the safeguarding needs of children and young people living with the adults that we treat.

The Trust has in place robust accountability and reporting arrangements that reflect the importance of safeguarding and promoting the welfare of children and young people. Evidence of fulfilling our statutory duties is submitted via the Section 11 self-assessment audit tool.

### Strong Leadership and Partnership

The Executive Director of Nursing and Clinical Governance is the Executive Director for Safeguarding and provides leadership and support to the Lead and Named Nurse in fulfilling safeguarding responsibilities.

The Trust safeguarding committee is multi professional and includes external members such as CCG Deputy Designated Leads for safeguarding. Meetings are held bi-monthly, with its duty overall being to promote the welfare of children and ensure they are protected from harm. The terms of reference and work plan are reviewed annually. Ward and Department Managers provide upward reports to the Committee to highlight current challenges and share good practice.

The Trust Board are provided with updates and reports to identify requirements to develop and improve children and young people's protection. The chair of the Safeguarding Committee reports to and attends the Quality and Safety Committee quarterly, to provide assurance and receive challenge.

The Trust has a Named and Lead Nurse who lead on issues in relation to safeguarding. They are clear about their roles and ensure that Safeguarding practice within the Trust is in line with local and national standards and guidance. The named professionals receive relevant support and training to undertake their roles, which includes close contact with other social and health care partners and supervision with senior safeguarding professionals outside of the Trust.

There is currently no Named Doctor in post as an interim measure the Designated Doctor for BSOL CCG has been supporting safeguarding within the Trust and we have access to Consultant Paediatricians on a daily basis via the Service Level Agreements with BWC Hospital and UHB.

### Continuous Improving Child Protection Practice Safeguarding Supervision

The Safeguarding Supervision Policy was ratified in June 2018 and that staff that provide direct care and treatment to children and young people now have access to regular, formal supervision. Feedback from staff is positive and there have been improvements in individual staff's confidence and engagement with safeguarding

### Early Identification of Safeguarding Concerns and vulnerable children and young people

A New Patient Assessment Form (First Contact Form) is used across the Trust which has enabled staff to identify early on that children have support from other agencies due to safeguarding concerns or additional needs. This has enabled staff to have a clearer picture of the child/young person's life, ensure our care is tailored the child and families specific needs and to liaise and share information with other agencies.

The First Contact Form also elicits information regarding Children in Care and its use has seen a significant increase in the number of children in care we are identifying across the Trust.

There is also a question regarding FGM and there has been 1 disclosure of a child being subjected to FGM and appropriate steps were taken to ensure the safety of the child and siblings.

## Training and education

- Roadshows to highlight and raise awareness on a variety of safeguarding topics including CSE, FGM, bullying, domestic abuse and mental health (Figure 34).
- Safeguarding Champions training has included FGM, knives and gangs, county lines, children in care and sexual health (Figure 35).
- Quarterly Newsletter is a new initiative and shares good practice and training opportunities and highlights learning from incidents for wider sharing (Figure 36).
- Safeguarding Supervision has provided opportunity for sharing of key learning and updates, critical analysis and reflection, peer learning and support.
- Safeguarding Intranet Review and Update – The intranet is now more user friendly, with resources, referral forms and advice categorised for ease of use and Local and National Policies, Procedures and Guidance updated.

Figure 34

Example of Roadshow event March 2019



Figure 35

Safeguarding Champions Event



Figure 36

Quarterly Newsletter



## Audits and Practice Reviews

- Patient safeguarding records - the voice of the child and the outcome for the child are two of the areas of scrutiny.
- Completion of First Contact Forms
- Mental Capacity audit including staff who care young adults
- Safeguarding supervision provides an opportunity for practice to be reviewed, recommendations for practice made and outcome for the child identified.
- Was not brought (WNB) allocation book provides audit tool to review outcomes for children of concern.
- Audit of evaluation from safeguarding training

## Evidence of improved practice

This year there have been a total of 347 internal safeguarding concerns. This is a rise of 168 contacts/concerns from last year and indicates that there is an increased confidence of staff in identifying potential concerns.

There has also been an increase in the number of concerns raised for children and young people around their mental health demonstrating that staff are giving children and young people time to talk and express their feelings and concerns and liaising with appropriate agencies to support them.

As an elective Trust there are fewer Requests for Support referrals made to Children's Services. However, this year 8 referrals have been made which is double the amount made last year, 6 referrals required a single assessment by a social worker.

## Embedding Early Help and Early intervention into mainstream partnership activity

The Early Help agenda and process is emphasised at every level of safeguarding training alongside RHRT Framework.

There has been one Early Help referral made by Trust staff which has resulted in additional support for a young person's social isolation, mental health and education.

Key work in Children and Young People's Outpatient's Clinic along with the Therapies Department, including the use of First Patient Assessment (First Contact) Forms, is enabling staff to identify needs early on and work with other agencies to ensure early support in place. Our robust Was Not Brought process has also enabled increased opportunity for joint working with other agencies and our service has contributed to the outcomes within already established Early Help Plans.

### Looking Ahead - challenges and focus for the next year

- Transition of 16- 18 year olds due to increase in young people being cared for in adult services, to ensure workforce and environment meets their needs.
- Co-ordination of Safeguarding between ROH and BWC as the services are transferred July 2019
- Department and Wards evidencing the impact improvement of safeguarding practice, demonstrating the proactive protection of Children and Young People
- Safeguarding Supervision being further embedded and evaluation of its impact and effectiveness
- Evidencing Safeguarding outcomes for Children and Young People including Voice of the Child
- Information collection and monitoring – Developing further internal database for safeguarding
- External audit and review – using partner agencies to challenge and review processes and practices

## University Hospitals Birmingham NHS Foundation Trust

In April 2018 saw the merger of Queen Elizabeth Hospital Birmingham, Birmingham Heartlands Hospital, Good Hope Hospital and Solihull Hospital making the Trust one of the largest teaching hospital trusts in England. The Trust also runs Birmingham Chest Clinic, Sexual Health Services for Birmingham and Solihull, a range of community services and a number of smaller satellite units, allowing people to be treated as close to home as possible.

The Trust has a 20,000 workforce and it is a priority that all members of the workforce are fully engaged in the safeguarding children agenda and can confidently advocate for the rights of children.

### Our Vision:

Building Healthier Lives

### Our Strategy

- Excellence as a hospital
- Excellence as a group of hospitals
- Excellence as a healthcare system



**79927** children (0-18) seen in ED annually with 32834 admissions for children (0-18years).

**272,381** A&E attendances, including parents of children where their ability to care for children may be compromised.



Total number of beds in the Trust **2274**.  
Number of Paediatric beds **115**.  
**9,697** Supported new births



New investment for children - New **£112,000** refurbished dental x-ray room support specialist room support specialist children dental care.

The organisation ensures that all statutory responsibilities to safeguard and promote the wellbeing of children are met and that this is regularly reviewed.

### Delivering on BSCB Safeguarding Priorities

#### Strong Leadership and Strong Partnership

The internal leadership of the safeguarding children agenda is a clear Trust priority. The accountability for effective safeguarding arrangements is carried by the Executive Chief Nurse as part of her portfolio. The Chief Nurse oversees the internal safeguarding arrangements closely including safeguarding governance and the leadership and management of the Corporate Safeguarding Team:

The, highly visible, safeguarding team is positioned corporately to maximise their sphere of influence across the Trust. They are responsible for delivery of:

- Safeguarding advice, support and supervision to empower the workforce to meet safeguarding challenges
- Education and staff development
- Encouragement and maintenance of staff engagement in relation to safeguarding
- Ensuring that policies and procedures are in place, are clear and accessible and regularly reviewed to reflect best practice
- Audit and 'testing out' the effectiveness of arrangements to safeguard children
- Internal review and dissemination of learning from safeguarding cases
- Working with partners and ensuring they have access to specialist health advice as required

The Trust has contributed to the work of the Birmingham Safeguarding Board in a variety of ways in 2018-19 including the completion of internal reviews as part of the serious case review process and multi-agency audits and provision of health support to a variety of Sub-Groups.

The Trust works closely in partnership with organisations in the delivery of safeguarding outcomes. There is strong evidence of effective partnership with

the newly formed Birmingham Children's Trust at every level. The Trust has committed to improving the timeliness and effectiveness of information sharing in child protection cases by ensuring a staff presence Birmingham MASH. There are regular multi-agency case discussions on site to ensure discharges are planned safely. Staff participate in a variety of multi-agency meetings including Case Conferences. There are strong links between the Safeguarding team and the Social Team Managers and Heads of service. The Trust can demonstrate use of the professional disagreement policy to resolve differences of opinion about how children can best be kept safe.

The Trust is also closely aligned with other health providers in Birmingham and wherever possible seeks to ensure that safeguarding processes are developed across the health system to avoid fragmentation. The Trust has maintained consistency within partnership arrangements throughout a period of organisational change since the merger in April 2018.

#### **Continuously Improving Child Protection Practice**

The Trust uses the following levers to ensure effective safeguarding children practice and to drive continuous improvement.

#### **Safeguarding Children Policies and Procedures**

The Safeguarding Children Policy and Procedure was re-drafted in 2018-19. Policies and procedures are regularly reviewed and updated to reflect best practice and are clear and easily accessible to staff via the intranet. Implementation of the policy and procedure is monitored on a quarterly basis.

#### **Safeguarding advice and support**

There is dedicated resource for provision of safeguarding advice, within normal working hours and support with a high and growing uptake from frontline staff.

#### **Supervision**

The Trust has arrangements in place for safeguarding supervision across the organisation and during 2018-19 has increased the availability of supervision to key groups of staff. Supervision rates are monitored quarterly as a key performance indicator. Staff feedback demonstrates a high level of satisfaction with safeguarding supervision.

#### **Safeguarding Education – safeguarding competences for health care staff**

The Trust completes an annual Training Needs Analysis, annual review of safeguarding educational resources and monitoring Safeguarding Training compliance rates at level 1, 2 and 3 are maintained at over 90%. All

training is evaluated positively in relation to staff confidence in relation to identifying and managing safeguarding concerns.

#### **Safeguarding Audit and Review**

There is an annual audit programme for safeguarding children which is focused on testing out the effectiveness of internal and partnership safeguarding arrangements. The Trust completes a variety of safeguarding reviews including those completed as part of the Serious Case Review process and uses a variety of mechanisms to ensure that lessons from reviews are learned and embedded. Good safeguarding practice is recognised and staff are encouraged to look critically on how improvements can be made. During the last 12 months the Trust completed a review of all learning from serious case reviews and DHRs and an assessment of to what extent this learning could be seen to have become embedded.

There is close monitoring of incidents and patient experiences to ensure that learning from these areas are incorporated into safeguarding improvements. Assessments for children include important history and cross reference safeguarding alerts and use of the CPIS which is implemented in unscheduled care settings in the hospital.

The Trust has reviewed its safeguarding governance structure in 2018-19 and a range of quality indicators are scrutinised as part of the governance of safeguarding children including: safeguarding children activity; patient experience; audit data; incidents;

#### **Embedding Early Help and Early intervention into mainstream partnership activity**

As a provider of acute services, mainly on an episodic basis contributions to Early Help have been difficult to demonstrate.

During 2018-19, along with all the other acute health providers in Birmingham, the Early Help notification criteria was implemented across all Emergency Departments in the Trust. This criteria ensures that cases where Early Help is required, a notification to community health services is sent. An audit completed in January illustrated that this has improved notifications to community staff for children and families who would benefit from Early Help. This criteria is also used for inpatient paediatric patients. All of the maternity units in Birmingham are now engaged in a piece of work with the community Trust to ensure that there is a similar notification criteria driving Early Help support and notification to health visitors.



There is weekly oversight of cases in the NNU through safeguarding supervision and this also drives Early Help approach where this is indicated.

### **Looking Ahead - challenges and focus for the next year**

In April 2019 the Trust hopes to launch its new safeguarding team structure and will be reviewing its safeguarding strategy and work plans along with the effectiveness of the new safeguarding governance structure.

The Trust anticipates that this year it will improve multi-agency learning opportunities with:

- Training scheduled for delivery on the hospital sites on the Strengthening Families Model (this is being supported by Children's Trust Staff).
- The Annual Safeguarding Conference this year will include a focus on adults and children.
- BSCB delivering additional training on Fabricated and Induced Illness on site.

The Trust will continue to align all safeguarding children procedures and reporting and seek to strengthen the contribution to Early Help.

## **West Midlands Police**

West Midlands Police (WMP) vision is 'Preventing crime, protecting the public and helping those in need'. The 3 year Police and Crime Plan identifies a number of objectives to tackle crime related to children and young people including underreported and often hidden crimes, such as Child Sexual Abuse, Child Maltreatment, CSE, Modern Slavery and Trafficking and FGM. The force has invested in a dedicated and specialist Public Protection Unit that leads on all such investigations as well as Neighbourhood Policing Units who lead on early intervention, prevention and engagement. This includes a focus on intervening early to prevent future offending. WMP makes it clear to all staff that safeguarding is the responsibility of everybody.

### **Our safeguarding priorities**

WMP is involved in a wide variety of activity, throughout Birmingham and indeed the force area that is focused on the safety and welfare of children and young people.

Early Help – WMP have taken a positive approach to exploring what their role can and should be in relation to the collective Early Help offer in Birmingham. At the last review, it was identified that case-allocation and data tracking required improvement. Here, there has been discernible progress. Taking March 2019 as an example, 133 cases were allocated to the officers, with

data available to show that these cases resulted in 21 joint-agency visits and 51 single-agency visits. It is notable that 75% of those cases were allocated following referrals by partners rather than the police, which again, is a significant. In this regard, the scheme is functioning more effectively. However, evidence of positive outcomes/impact remain elusive: it is not clear, for example, whether the interventions have yielded improved outcomes in terms of educational attainment, re-referral for safeguarding concerns, or reduced offending. Work to understand and improve this continues.

We have developed an external communications campaign aimed at children and young people so that the police are seen as 'safe' and not to be 'feared'. Twitter, a rolling video for police buildings, school visits and blogs have been used. Examples include:

- SEE ME HEAR ME - We have been continuing to take a partnership approach to CSE communications through the regional See Me Hear Me Communications Group. Messaging has taken place throughout the year with highlights including targeting teachers, putting out 'Gaming with AJ', a male CSE product, and specific communications on CSE Day on 18 March.
- FGM conference - Communications support was provided for the national FGM conference including running the social media account on the day and designing and producing temporary henna tattoos and broadcasting how the force is working with partners to end FGM.
- Knife crime – WMP is currently running a major knife crime campaign encouraging parents to talk to children and supporting conversations in schools with a schools pack. Local officers continue to visit educational establishments to support this.

WMP works closely with the elected Youth Commissioners who represent the Police Crime Commissioner (PCC) and are an essential part of the WMP and the PCC youth engagement strategy. They undertake project work and leadership training, looking at key areas of policing that affect young people. They meet regularly with their local NPU Commander and are involved in various consultations feeding back the voice of young people.

Operation Sentinel is a long term police initiative that was implemented in 2013. Its aim is to 'make hidden suffering of children and vulnerable people everybody's business'. Feedback informs us that Sentinel is now embedded locally and nationally and is recognised as a brand in its own right in relation to hidden crime. The initiative is aimed at enhancing the service provided by

WMP and its partners to victims across the force area, who remain hidden and silent for a number of reasons. These reasons can include mistrust of statutory agencies, fear for personal safety and the influence of family, cultural beliefs and behaviour.

In 2018 'Vulnerability in Volume Crime' was the theme. This aimed to ensure that frontline officers and staff were fully aware of issues relating to hidden harm when they are conducting their day to day duties. This afforded us the opportunity to identify issues at an early stage and uncover the true extent of harm which would otherwise be invisible. A training package was developed to up skill staff in this area.

FGM - WMP continue to be actively involved with Operation Limelight, an initiative at Birmingham Airport which involves intercepting passengers on incoming and outgoing flights which are bound or returning from areas of the world where FGM is conducted. The operation has proved extremely informative for police, partners and the public with regard to prevention and raising awareness. WMP held a national 350 delegate, free multi-agency conference on 6<sup>th</sup> February 2019 on International Zero Tolerance Day for FGM where further awareness was raised in relation to Harmful Practices, Witchcraft and FGM.

WMP maintains a collaborative focus on Road Safety, something that we know from young people in Birmingham is an area of concern - Initiatives include:

- WMP Road Harm Reduction Team is working with Birmingham Local Authority in order to deliver enforcement activity around identified "high risk of KSI" schools following the educational implementation of *Mode Shift Stars* by the council's road safety officers within the school.
- WMP Roads Policing has launched a new force wide Community Speed-watch initiative, empowering members of the public to actively work with the police to reduce speeding and antisocial use of vehicles within areas of concern within their communities. This includes children.
- WMP Road Harm Reduction Team, working in collaboration with West Midlands Fire Service (WMFS), continues to engage in Multi Agency Road Safety Operations, where WMFS staff examine and educate parents in the correct use of child safety seats.
- The Child Safety Bridge continues to be toured around schools by officers from the Special Constabulary, educating children and their families in child seat and seatbelt laws.
- CMPG has invested in 20 new VR headsets that will be used to educate young motorists on the dangers of fatal 4 driving offences, and is investing

in a new App. That will utilise Augmented Reality to project "Perry Bear" onto a tablet/phone in order to educate young people on safer crossing of the roads. This will be the first App of this type released nationally.

- WMP Roads Policing continues to support Operation Hercules, which is an operation aimed at reducing the anti-social use of vehicles by "boy racers" these events predominantly attract young people as both participants and spectators.

WMP has a comprehensive 3 year CSE strategy. We are currently at the end of year 2. Learning and evolution of the strategy has led us to develop a broader exploitation strategy incorporating but not forgetting CSE. Some examples of progress are:

- The CSE/Missing Sub-Group within Birmingham is co-chaired by the Police and Children's Trust and has overseen a new operating model based on localities and dedicated ownership across the partnerships.
- The introduction of an Intelligence Analyst to ensure that, collectively, we have an improved understanding of the CSE and Exploitation threat. A recent Organised Crime Group investigation indicates a better use of Intelligence and appreciation of Serious and Organised Crime and CSE/Exploitation.
- The formation of a partnership Contextual safeguarding board and evolution towards 'Exploitation' co coordinators in recognition of the need to safeguard all children subject to exploitation
- Operation Arkle was a criminal investigation that involved 7 exploited children and the imprisonment of an adult for 14 years for child trafficking offences as well as drug offences. No children were prosecuted but rather supported and protected from further harm.
- Birmingham based police teams currently have 14 Sexual Risk Orders in operation. There are 13 Public Space Protection Orders (PSPO's) in the city whereby CSE, Alcohol misuse, ASB and crime are cited. 3 further PSPOs are in development. CAWN (abduction notices) are also actively used.
- WMP's dedicated missing team continues to evolve and work closer with partners. Learning from feedback the team is increasing its focus on early intervention and prevention.
- WMP have been heavily involved in the development of a multi-agency panel focusing on enforcement activity and disruption of organised crime groups involved in the exploitation of children and vulnerable people. WMP have also been involved in the development of the Birmingham Criminal Exploitation Panel focused

on delivering enhanced safeguarding, support and protection to individual children subject of exploitation.

- WMP continues to support Barnardo's and the Panel for the Protection of Trafficked Children (OPCC funded). This has been further enhanced by the introduction of the West Midlands Independent Child Trafficking Advocacy resource. This is a Home Office Pilot, aimed at offering additional support for certain categories of Trafficked Children. In November WMP created the Slavery/Trafficking Hub. The Hub resource provides support and advice to the Birmingham Criminal Exploitation Panel.
- A significant volume of awareness training has been delivered by WMP to an array of agencies in Birmingham on 'county lines' and 'criminal exploitation'.

### **Performance analysis – measuring our progress**

**S.11 Audit** - WMP has completed its annual return in line with the regional Section 11 audit tool. There are no outstanding actions.

**Initial Child Protection Conferences** - In conjunction with the Local Authority WMP provided a business analyst to help review the current process in place to support how WMP and the Local Authority process an ICPC request. This piece of work was intended to streamline the ICPC request process. The review did not make recommendations for WMP to change the current ICPC model instead workshops were arranged and attended by professionals to enhance and deliver on the current process in place. The PCC is currently undertaking an audit of how the Force completes and delivers ICPC reports and attendance - This review commenced at the beginning of April 2019 and it is estimated that it will be completed in 3-6 months.

**Feedback** forms an important element of improving operational practice. WMP take part in both multi-agency and single agency audits. Dip sampling of investigations, team peer reviews and performance review within a monthly meeting with Inspectors ensures consistency of practice continues to drive improved performance. In addition, close relationships with CPS, independent scrutiny panels and structured partnership debriefs also contribute to internal reviews to improve practice and deliver a consistent service.

**Learning** - WMP has a dedicated investigative review team to manage and complete all aspects of work relating to statutory reviews including Serious Case Reviews. The Review Team maintain the strategic overview of all learning and focusing on key themes this is then embedded throughout all strands of training delivered within WMP. This includes new

recruit, promotion and investigative training. Furthermore, the head of PPU and Review Team supervision are core members of the Organisational Learning and Risk Board which maintains overall responsibility for governance and implementation of recommendations generated from statutory reviews. Neglect continues to be a theme within the learning reviews and the police have led the development of a Neglect Strategy for the City.

**Safeguarding performance** – In 2018/19 there were 3923 recorded crimes across Birmingham investigated by WMP specialist child abused investigation team (CAIU), which was a 15.9% increase on the previous reporting year. 21.5% of all offences that the CAIU investigated resulted in a positive outcome, which was a 3.3% decrease on the previous reporting year. In February 2019, to help deal with increasing volume and increasing numbers of very complex crimes, we have created a complex investigation team who focus on the most difficult and protracted cases, we have also introduced a specialist team looking at low level interventions which has continued to evolve with additional staff being placed in the team. This has led to a more timely response to such crimes, and has freed up investigators to work on cases which need their expertise.

### **Looking ahead – challenges and focus for 2019/20**

**Communications** – WMP will continue to focus on emerging and important areas – this includes creating internal awareness of stalking and the think 'FOUR' theory and promoting stalking support externally including support via our website. Knife crime will also continue to feature in our targeted communication campaigns – using trusted voices to deliver messaging to young people via social media, including the Brindley Family, young offenders and Omar Sharif (Pride of Britain Award winner). An on-going challenge that WMP has is to win the trust of young people and deliver messages effectively.

**Exploitation and Organised Crime** - There is a desire to create a contextual safeguarding hub building on the CSE model to ensure a consistent partnership offer to all children. Like other partners WMP needs to develop a more holistic approach to Exploitation without losing its effectiveness and learning around CSE. Working with partners we hope to continue to develop a public health approach, with an emphasis on improving data collection and an effective means by which we can track the mitigation of risk.

**Early Help** – It is considered that further refinement of the Early Help Officer (EHO) role is required to ensure

greater efficacy. To this end, the proposal for 2019 is that the EHO's are focused on delivering case-management to those identified as being at risk of criminal exploitation, but not yet subject to formal Criminal Justice processes. Such an approach will continue the commitment of WMP to Early Help, but ensure the resources invested can make best use of their warranted powers and acquired knowledge/expertise.

**Modern Slavery and Trafficking – The WMP**

Exploitation Strategy and Serious and Organised Crime Strategy is seeking to ensure that Modern Slavery is embedded within both and that the leadership and governance arrangements ensure that child victims or slavery and/or trafficking are recognised and treated with parity to other forms of exploitation.

## Part 5 – Conclusion and Priorities for the Year Ahead

In its final year, the BSCB, the Independent Chair and Business Manager have worked closely with the strategic leads from the three 'Safeguarding Partners', to develop the new Multi-Agency Safeguarding Arrangements (MASA) which commenced on the 1<sup>st</sup> April 2019.

During this transitional period the BSCB have continued to focus on safeguarding and protecting the children and young people of Birmingham. During the last twelve months, the city's safeguarding arrangements have been strengthened and further progress has been made on our key priorities, we have:

- Published a new Neglect Strategy and Action Plan 2019-2022
- Commissioned a comprehensive programme of Multi-Agency Safeguarding Training, delivering 178 courses reaching 3,412 delegates
- Hosted an Annual Practitioners' Conference in June on tackling Child Sexual Exploitation.
- Endorsed the new Early Help Strategy 2019-2022
- Enhance the strategic coordination of partnership action through the 'City Board' and Birmingham Children's Partnership.

### Safeguarding Priorities 2019-21

Looking ahead the new Birmingham Safeguarding Children Partnership has published its Governance Arrangements, together with a Business Improvement Plan (Figure 37), setting out four safeguarding priorities for the next two years. These build on the work of the former BSCB but also take into account emerging issues for the city and for the organisations working to safeguard its children and realise our ambition:

*'Birmingham is a family city where children will flourish, feel safe, listened to, learn and grow up, able to actively contribute to society'.*

The key priorities are:

- Priority 1:** Strong Leadership and Strong Partnership;
- Priority 2:** Continuous Improvement of Child Protection Practice across the system and in all agencies;
- Priority 3:** Developing an effective multi-agency response to Contextual Safeguarding, recognising exploitation of young people in all its forms;
- Priority 4:** Evidencing the impact of the new Safeguarding Children Partnership.

The golden thread that links these priorities is ensuring that the voice and lived experience of children and young people informs and influences the continuous improvement in partnership working across the city.

Figure 37

Business Improvement Plan 2019-21



The Business Improvement Plan will be a 'live' document and will be amended in-year when necessary to ensure the partnership responds promptly to new safeguarding issues and emerging threats.

The Birmingham Safeguarding Children Partnership will publish an Annual Report, which will include:

- evidence of where our work has had a positive impact on outcomes for children and families (from Early Help to looked-after children and care leavers);
- an overview of the extent and effectiveness of safeguarding training;
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities, setting out the remedial action undertaken to improve performance;
- an overview of the emerging learning from Local Child Safeguarding Practice Reviews and the actions taken to disseminate learning to improve front-line practice, together with our local response to any national reviews;
- a summary of the ways in which the Partnership has sought and utilised feedback from children and families to inform work and influence service provision.



## Glossary

BAFGM	Birmingham against Female Genital Mutilation
BCC	Birmingham City Council
BCHC	Birmingham Community Healthcare NHS Foundation Trust
BCP	Birmingham Children's Partnership
BFS	Birmingham Forward Steps
BSCB	Birmingham Safeguarding Children Board
BSCP	Birmingham Safeguarding Children Partnership
BSMHFT	Birmingham & Solihull Mental Health NHS Foundation Trust
BSOL CCG	Birmingham & Solihull Clinical Commissioning Group
BWC	Birmingham Women's and Children's NHS Foundation Trust
CASS	Children's Advice and Support Service
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CE	Child Exploitation
CGL	Change Grow Live
CiN	Children in Need
CNP	Children in Need of Protection
CP	Child Protection
CP-IS	Child Protection Information Service
CSE	Child Sexual Exploitation
CQC	Care Quality Commission
DHR	Domestic Homicide Review
DVA	Domestic Violence and Abuse
ED	Emergency Department
EHA	Early Help Assessments
ETE	Education, Training and Employment
FGCs	Family Group Conferences
FGM	Female Genital Mutilation
FGM-IS	Female Genital Mutilation Information Sharing
GP	General Practitioner
HE	Higher education
ICPC	Initial Child Protection Conference
IDVA's	Independent Domestic Violence Advocates
IRIS	Identification and Referral to Improve Safety
LCSPR	Local Child Safeguarding Practice Reviews
LGA	Local Government Association
MARAC	Multi-Agency Risk Assessment Conference
MASA	Multi-Agency Safeguarding Arrangements
MASH	Multi-Agency Safeguarding Hub
MOJ	Ministry of Justice
PCC	Police Crime Commissioner
QSC	Quality and Safety Committee
QIO	Quality Impact and Outcomes
RHRT	Right Help, Right Time
RRP	Reducing Reoffending Partnership
SAG	Safeguarding Assurance Group
SCR	Serious Case Reviews
SEND	Special Educational Needs
SGO	Special Guardianship Order
SWBT	Sandwell and West Birmingham Hospitals NHS Trust
SWM CRC	Staffordshire and West Midlands Community Rehabilitation Company
UASC	unaccompanied asylum-seeking children
UHB	University Hospitals Birmingham NHS Foundation Trust
WMAS	West Midlands Ambulance Service NHS Foundation Trust
WMP	West Midlands Police
WNB	Was not bought
WRAP	Workshop to Raise Awareness of Prevent
WSOA	Written Statement of Action
YOS	Youth Offending Service

Birmingham Safeguarding Children Board  
PO Box 17340  
Birmingham  
B2 2DR

[BSCP.contactus@birminghamchildrenstrust.co.uk](mailto:BSCP.contactus@birminghamchildrenstrust.co.uk)

Date of publication: 31<sup>st</sup> July 2019