

BIRMINGHAM CITY COUNCIL

CHILDREN'S SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 17 OCTOBER 2018 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

3 APOLOGIES

To receive any apologies.

3 - 6

4 ACTION NOTES

To confirm the action notes of the meeting held on the 25th July 2018.

7 - 76

5 BIRMINGHAM SAFEGUARDING CHILDREN'S BOARD (BSCB) ANNUAL REPORT

Penny Thompson, Chair of BSCB and Simon Cross, Partnership Manager in attendance.

77 - 116

6 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)

Cllr Kate Booth, Cabinet Member for Children's Wellbeing, Anne Ainsworth, Corporate Director for Children and Young People, Sharon Scott, Acting AD for SEND, Jennifer Langan, Travel Assist Lead and Rachel O'Connor,

Director of Planning & Performance, Birmingham and Solihull CCG in attendance.

Members of the Learning, Culture and Physical Activity O&S Committee have also been invited to attend for this item.

117 - 122

7 **WORK PROGRAMME**

For discussion.

8 **DATE OF NEXT MEETING**

The next Meeting is scheduled to take place on Wednesday 14 November 2018 at 1000 hours in Committee Rooms 3 & 4.

9 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for call in/councillor call for action/petitions (if received).

10 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

11 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

'In an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL

CHILDREN'S SOCIAL CARE OVERVIEW AND SCRUTINY (O&S)

COMMITTEE – PUBLIC MEETING

10:00 hours on Wednesday 25th July 2018, Committee Room 6 – Actions

Present:

Councillor Mohammed Aikhlaq (Chair)

Councillors: Diane Donaldson, Charlotte Hodivala, Shabrana Hussain and Alex Yip.

Also Present:

Councillor Kate Booth, Cabinet Member for Children's Wellbeing

David Bishop, Head of Service, Birmingham City Council

Andy Couldrick, CEX, Children's Trust

Seamus Gaynor, Head of Executive, Children's Trust

Dawn Roberts, AD, Early Help, Children's Trust

Sarah Sinclair, Interim Assistant Director, Children and Young People (Commissioning)

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there were confidential or exempt items.

2. DECLARATIONS OF INTERESTS

No declarations of interest were made.

3. APPOINTMENT OF COMMITTEE AND CHAIRMAN

- (i) Noted the resolution of City Council appointing the Committee, Chair and Members to serve on the Committee for the period ending with the Annual Meeting of the City Council in 2019:

Labour (5): Councillors Mohammed Aikhlaq (Chairman), Safia Akhtar, Diane Donaldson, Shabrana Hussain, Lucy Seymour-Smith.

Conservative (2): Councillors Charlotte Hodivala and Alex Yip.

Liberal Democrat (1): Councillor Morriam Jan.

- (ii) Elected Cllr Diane Donaldson as Deputy Chair for the purposes of substitution for the Chair, if absent, for the period ending with the Annual General Meeting of the City Council in 2019.

4. APOLOGIES

Apologies were submitted on behalf of: Councillors Safia Akhtar, Morriam Jan, Lucy Seymour-Smith.

Apologies for lateness were submitted on behalf of Cllr Shabrana Hussain.

5. TERMS OF REFERENCE

Noted the Terms of Reference: To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning the Children's Trust, vulnerable children, corporate parenting and other child social care and safeguarding functions of the Council.

6. CABINET MEMEBR FOR CHILDREN'S WELLBEING

Cllr Kate Booth, Cabinet Member for Children's Wellbeing, attended and stated that Cllr Jayne Francis, Cabinet Member for Education, Skills and Culture would like to have also attended and will come to a future meeting.

The Cabinet Member confirmed that feedback from the Ofsted inspection into SEND is expected in September 2018. The Ofsted monitoring visit regarding children in care will be covered in the Children's Trust presentation.

7. CHILDREN'S TRUST

Sarah Sinclair, Interim AD, Children and Young People (Commissioning), provided information on the performance framework and governance arrangements. The relationship with the Trust and Council is set out in the contract. The Council holds the Trust to account with Cllr Kate Booth being the Lead Member. Professor Jon Glasby is a Non-Executive Director appointed by the Council. The Director of Children's Services is the responsible senior officer. The contract with the Trust is for an initial five year term with the option to extend to another five years.

Andy Couldrick, CEX, Children's Trust, provided information that included children in care statistics, core Children's Services and improvement priorities. There have been regular Ofsted monitoring visits which take place in between full inspections.

The Chair informed Members that he had met with Andrew Christie, Chair of the Children's Trust and it was mentioned that the workforce strategy was key to success. Other issues are whether governance is fit for purpose and fostering and adoption.

A question was raised with regards to staff morale, as the previous O&S Committee was concerned the transition may have a negative effect. Members were informed

that a staff survey had been undertaken. This had a low response rate with the key message being that staff were reserving judgement as to whether the Trust will make a difference. Another staff survey will be undertaken where it is hopeful that there will be a bigger response rate and positive feedback.

Andy Couldrick presented the contract key performance indicators for May 2018. The discussion included:

- The contractual and performance of the Trust is monitored monthly through the Operational Commissioning Group. There are ultimately penalties if performance is not met.
- There are also quarterly meetings that include the Leader, Deputy Leader, Lead Member, Chief Executive and Chair of the Trust, and the DfE Commissioner as necessary.
- There will also be bi-monthly reports on quality of practice.
- Scrutiny to hold the Lead Member and Director of Children's Services to account. Although the Children's Trust will continue to attend Scrutiny and Members visits are being organised.
- As the Trust is a Council wholly owned company reports have to be presented to the Cabinet Committee - Group Company Governance.
- Each key performance indicator has a target and a tolerance level. The Council and Trust will review the targets within the year and this includes whether these are the right targets. If Members have a formal view on these then a recommendation can be made to the Lead Member. This then may lead to a variation of contract.
- There are other performance indicators that sit below the key performance indicators.

The Chair suggested that Members received the monthly key performance report.

Andy Couldrick presented the 'Children who go missing' paper. This is in response to the previous Committee's Children Missing from Home and Care Inquiry. Members were informed that there has been a lot of activity with the Police around strengthening the front door, the Child Sexual Exploitation/Missing Co-ordinators are now Exploitation Co-ordinators and they have appointed 24 Forward Thinking Early Help Staff. In addition there is now a Vulnerable Adolescents Board.

Members were informed that in the last 12 months on average 107 children go missing a month within Birmingham. Members queried about Birmingham children who are placed out of city who go missing and also requested a breakdown of first time and repeat missing episodes.

Dawn Roberts and David Bishop presented the 'Attendance and Children out of School' paper. Members requested further information on the exclusion data analysis. This includes reasons for the large increase in female exclusions in 2016/17.

With regards to the concern regarding primary exclusions, Members were informed that they were mirroring the secondary model approach to improve this. Also, they had established a new triage and panel arrangements for vulnerable children and young people not in full time education to improve attendance, reduce exclusions and identify those without a school place. This included a new partnership with Housing to assist children in getting back into education who are in temporary accommodation. In

addition, Housing and the Trust will have a triage panel arrangement to discuss individual cases where families were at risk of homelessness or were in temporary accommodation.

RESOLVED:

Update noted. Further information requested:

- The number of Birmingham children who are placed out of the city who go missing and a breakdown of first time and repeat missing episodes;
- A breakdown of first time and repeat missing episodes for Birmingham children placed in Birmingham.

8. WORK PROGRAMME

Members are undertaking a visit to see the 'front door' on 19th September 2018.
Councillor Yip would like Travel Assist as an item.

9. DATES OF MEETINGS

The following dates have been proposed for Wednesdays at 1000 hours.

| 2018 | 2019 |
|---------------------------------------|-----------------------------------|
| • 19 September (this will be a visit) | • 16 January |
| • 17 October | • 13 February |
| • 14 November | • 13 March (this will be a visit) |
| • 12 December | • 17 April |

RESOLVED:

The proposed dates were noted.

10. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None.

11. OTHER URGENT BUSINESS

None.

12. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED:

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 12.15 hours.

Report to: Children Social Care Overview and Scrutiny Committee

Date: 17th October 2018

Subject: Birmingham Safeguarding Children Board Annual Report 2017/18

1.0 Purpose of report and decisions to be made

- 1.1 To present to the Committee the Birmingham Safeguarding Children Board (BSCB) Annual Report 2017/18 for consideration and discussion.

2.0 Summary

- 2.1 The BSCB Annual report provides an overview of the Board's activities in 2017/18 and reflects on progress during this period against the challenges and key action set out in the Business Improvement Plan 2017/19.

3.0 Recommendations

- 3.1 The Committee receives the BSCB Annual report 2017/18

4.0 Context

- 4.1 The BSCB is an independent statutory multi – agency Board established under Section 13 of the Children Act 2014, with two statutory objectives:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such person or body for those purposes.

- 4.2 Independently chaired, the Board is required to report annually on the effectiveness of those two objectives. The Report must be presented to the Chief Executive and Leader of the Local Authority, the West Midlands Police and Crime Commissioner and the Chair of Health and Wellbeing Board.

- 4.3 The Independent Chair's Accountability Report 2017/18 was published in April 2018 (Appendix 1) with the formal more detailed Annual Report published on 28th September 2018. The Independent Chair has been invited to present the Annual Report 2017/18 (Appendix 2) to the Overview and Scrutiny Committee and provide an overview of progress on the key challenges ahead.

5.0 Main Issues

- 5.1 The report examines how the BSCB discharged its core functions as set out in Statute and Department for Education guidelines.
- 5.2 The report also incorporates a specific section on the crucial role that statutory agencies play in safeguarding and promotion the wellbeing of children and young people in Birmingham.

- 5.3 The report sets out the transition to the new Multi-Agency Safeguarding Arrangements and child death partner arrangements that will replace Local Safeguarding Children Boards by 29th September 2019.

6.0 **Looking Ahead – Business and Improvement Plan 2017 /19**

- 6.1 The challenge ahead will be to continue to work in close collaboration with the three ‘Safeguarding Partners’ West Midlands Police, NHS Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council to deliver a smooth transition to the new Multi-Agency Safeguarding Arrangements.

- 6.2 In the interim period the BSCB will continues to effectively fulfil all of the statutory functions required to safeguard and promote the wellbeing of children and young people in the city.

7.0 **Contact Officer Details:**

Penny Thompson CBE, Independent
Chair BSCB Simon Cross, Business
Manager BSCB
Tel: 0121 464 2612
Email: simon.cross@birminghamchildrenstrust.co.uk

- 8.0 **Date:** 8th October 2018

9.0 **List of Appendices**

Appendix 1- Independent Chair’s Accountability Report 2017/18
Appendix 2 - Birmingham Safeguarding Children Board Annual Report 2017/18

Birmingham Safeguarding Children Board (BSCB)

Independent Chair's Accountability Report 2017/18

1. Purpose of the Report

- 1.1** This report formally discharges my responsibility to the CEO of Birmingham City Council, on behalf of the Leader and Cabinet Member for Children, Families and Schools and also Safeguarding Partners.
- 1.2** This is my second Accountability Report, and in it I will address the key priorities agreed by the Executive Board (included in the BSCB Business Improvement Plan – Appendix 1) as well as referencing the role description for the Independent Chair, outlined in Appendix 2.

2. Introduction

- 2.1** I am now reporting to my third Local Authority CEO in two years, and I hope this will prove a useful summary document.
- 2.2** The organisational and personnel changes in the Council, the Clinical Commissioning Groups and some Health providers, have had an inevitable impact on the pace of partnership progress in the short term. However, the priority and commitment given by the leaders of key statutory organisations to the improvement of the safeguarding and wellbeing of Children has been evident.
- 2.3** When appointed in April 2016, the brief I was given was wider than solely Chairing the BSCB. I was also asked to advise on Partnership development more broadly and to be a member of the Children's Strategic Leaders Forum (SLF). Since the decision to develop a Children's Trust, I have represented partners on the Steering Group.
- 2.4** As Independent Chair, I am supported by Simon Cross, Business Manager, and the BSCB Business Support Unit of Administrative staff and Programme Managers, hosted by the Birmingham Children's Trust. Simon's line manager is Debbie Currie, AD of Child Protection, Performance and Partnership, Birmingham Children's Trust. Simon manages the team day-to-day and is responsible for the budget which is made up of contributions from the key agencies in the Safeguarding system.
- 2.5** During the past year, I have met regularly with Stella Manzie, interim CEO of Birmingham City Council, to discuss progress in line with her accountability for Safeguarding, and we have met as members of the Strategic Leaders Forum. I have also met regularly with the Cabinet Member for Children, Families and Schools (firstly Cllr Brigid Jones and now Cllr Carl Rice) and Colin Diamond, DCS.

3. Effective Governance - Evidencing Strong Leadership and Strong Partnership

- 3.1** 2017/18 has been the first year of our new Governance arrangements for the Safeguarding System.

- 3.2** The new Executive Board has met nine times, as planned, hosted by partners who have taken the opportunity to showcase their role and impact on safeguarding children and young people. The value of meeting in a College, Youth Offending Service, Family Centre, Primary School and CASS / MASH has been clear for all to see. It has allowed us to learn something of each service's contribution - how else would we have known of a primary school's 'Safeguarding Squad'? It has demonstrated our value and recognition for these innovative services. It has set the tone for our meetings - giving us a relentless focus on supporting front-line practice whilst evaluating the effectiveness of partnership intervention.
- 3.3** Each of the Sub-Groups of BSCB has examined their purpose, membership and way of working. The Co-Chairing approach we have adopted is working well; modelling the shared responsibility for impact and provides for continuity.
- 3.3.1** The Learning and Development Sub-Group has recently reviewed its approach following the appointment of a new Co-Chair, Michelle McLoughlin (Chief Nurse, Birmingham Women's & Children's NHS Foundation Trust) and a Peer Review, and there is work in progress to improve the quality and scope of the Multi-Agency Safeguarding training offer.
- 3.3.2** The Serious Case Review (SCR) Sub-Group has been busy, with a relentless focus on timely reviews and early identification of key learning. Simon Cross's personal involvement in the group has been valued by the Co-Chairs, Dr. Jane Armstrong and Debbie Currie, AD. The production of Learning Bulletins is assisting in the timely sharing of practice learning. The bulletins are shared widely locally, and beyond via social media. My site visits and meetings involving practitioners evidence a high recognition of these useful, succinct learning documents. The group regularly reports to the Executive Board.
- 3.3.3** The Child Death Overview Panel (CDOP) continues to function efficiently. Its Chair, Dr. Dennis Wilkes (AD, Public Health), has engaged with the national debate on the size and scope of CDOP catchment areas. Birmingham is fortunate in already providing a statistically significant number of deaths each year, allowing for a valuable analysis to be captured in its Annual Report.
- 3.3.4** I have Co-Chaired the Quality, Impact and Outcomes Sub-Group with Dawn Roberts, (AD – Early Help and Youth Justice), and we have adopted a Board Assurance Framework, supported by a programme of multi-agency audit activity to complement that of single agencies. This is still work in progress in terms of being able to give real time assurance to the whole system as to the efficacy of safeguarding activity.
- 3.4** The Safeguarding system also relies heavily on three other bodies. These are: Birmingham Early Help and Safeguarding Partnership (BEHSP), and the Safeguarding in Education Group and Strategic Health Forum.

- 3.4.1** This year, BEHSP has reviewed and relaunched the multi-agency guidance 'Right Help, Right Time'. We hope that this relaunch will assist in the practical ownership of early support by all services, working on the basis that prevention is better than cure.
- 3.4.2** I have met with the Safeguarding in Education Group (Schools) and was impressed by the shared commitment to working together. The maturity of the approach is reflected in the move away from the discourse being dominated by "how do we refer on". I also presented at the summer briefings for all Designated Safeguarding Leads and attended an awards ceremony for school safeguarding initiatives.
- 3.4.3** I attended the Strategic Health Forum and intend to return in the light of big changes in the Health landscape. I need to be assured that the mechanism for embedding learning from serious cases and the commitment to improvement is well in place and working.
- 3.5** As part of BSCB's streamlined governance arrangements, we introduced the Safeguarding Leaders' Assembly, a twice a year, half-day development and assurance session. 2017's meetings were positive, well attended and productive. The City of Leeds' Improvement journey was the centre piece at the April 2017 meeting and Birmingham Children's Hospital's road to 'Outstanding' took centre stage in October. The workshop sessions helped reinforce our family focus, learning culture and commitment to Early Help, recognising that this is a system improvement challenge. My feedback to partners in Birmingham has been that there needs to be more "we" and less "them" in the discourse; it is the local system that has been found to be inadequate; not a single organisation. This is being taken on board, and has been reinforced by HMIC and CQC inspections, which are being considered by the Executive Board, just as they consider Ofsted judgments.
- 3.6** The Safeguarding Leaders' Assembly gives the opportunity for CEOs of provider organisations who are not members of the main Board to be meaningfully engaged and assured. It also gives the opportunity for wider Voluntary Sector involvement, given that this huge, diverse sector currently has only one representative on the Executive Board. This year has seen a change in personnel here too, with Rob Willoughby (The Children's Society) handing over to Jane Middleton (Barnardo's). I had a very positive meeting in February with Jane and Brian Carr, (CEO, Birmingham Voluntary Sector Council) whose umbrella organisation supports the sector on much depleted resources compared to a few years ago. Opportunities to engage the sector through the Early Help and Safeguarding Partnership must be built on more broadly. I am hoping to again see Voluntary Sector practitioners at our Conference in June...and maybe more than last year.

- 3.7** This year, the Birmingham Community Healthcare NHS Foundation Trust Board asked me to meet them to discuss my last Accountability Report. I also met with the CEO of Birmingham Women's and Children's Hospital NHS Foundation Trust to review progress, as we do on a regular basis.
- 3.8** Recent Ofsted monitoring visits give cause for optimism that improvement is now embedding, and that steady progress is being made. Obviously, political and managerial leaders in the Council believe that the establishment of the dedicated Children's Trust will enable the pace and sustainability of improvement to increase, measurably. That has certainly been the ambition of those working hard on the Trust's development throughout the last year. As Independent Chair of the Safeguarding Children Board I will continue to do all I can to lend my support to this endeavor.
- 3.9** The Strategic Leaders Forum has not met as frequently and purposefully this year as I might have liked. Consequently, less progress has been made on some of the bigger issues, such as joint responsibility for 'exploitation' across strategic partnerships, or indeed the future approach to Multi Agency Safeguarding Arrangements for children once the revised *Working Together* guidance is published, which is anticipated in June 2018.
- 3.10** Whilst I have met with the Chairs of the Community Safety Partnership, Safeguarding Adults Board and Health & Wellbeing Board from time to time, there is a case for a regular forum and indeed the possibility of a streamlined, 'one-stop' approach to deciding on the need for, and process to support and disseminate learning from local case reviews across all four Boards.
- 3.11** My role as the Convener of partner leaders has been well supported by the Business Support Unit and by those who have taken positions of responsibility in the Governance arrangements that I have described. My Vice-Chair, Detective Chief Superintendent Claire Bell (West Midlands Police), has been committed and consistent, and in turn has been well-supported by her senior officers who have made visible contributions especially with regards to developing our approach to sexual exploitation, exploitation more generally and indeed, to neglect.
- 3.12** In October 2017, the Executive Board held a half-day development session and as well as reviewing progress, it concluded a 360 degree review of my Chairing of the Safeguarding system. Overall, feedback was positive, reinforcing our agenda and my style of working.

4. System Leadership - Influencing Continuous Improvement of Child Protection Practice

- 4.1** In convening senior accountable officers for Safeguarding, my role is one of support and challenge. We have agreed that there is nothing more important than effectively

improving partnership practice with the voice and experience of children at its heart: that is our common purpose.

- 4.2** Unashamedly, we have continued to focus on getting the essentials of the system of working in partnership right, e.g. Early Help, 'front door' (CASS / MASH), Strengthening Families conference system and Child Protection Planning. This is very much work in progress, and is being supported by learning from best practice, our own reviews and audits. What we know is that whilst Improvement is happening, there is further work to do, especially in terms of partner practitioners' engagement in Child Protection Conferences, Reviews and Core Groups.
- 4.3** This year, our focus on practice was reinforced by the introduction of an Annual Safeguarding Practitioners Conference. Our quarterly Practitioner Forums have continued. The inaugural annual Practitioners Conference was held in June 2017 and took as its theme the voice and experience of children and young people. Marketed at practitioners engaged in safeguarding across all organisations in the city, the Conference was oversubscribed and received very positive feedback. Its keynote speakers were both inspiring Care-leavers who now work with Councils and young people to improve services. Scott King and Luke Rogers told their powerful stories, characterised by many moves and much misery. My synthesis of their messages is the importance of relationships; having someone who recognises the real person, their pain and their potential; how vital it is to be valued and allowed a childhood, given consistency, commitment and opportunities for meaningful conversations and good collaboration between school and caregivers.
- 4.4** There were Conference workshops and master classes on key topics, and a Panel Discussion. One conclusion of the panel session was the importance of consistency in Social Workers. I applaud Birmingham Children's Trust's aim to continue the reduction in the use of agency Social Workers.
- 4.5** A range of different organisations and practice settings hosted Executive Board meetings to reinforce our focus on practice. Additionally, I have made practice visits this year to CASS and MASH and to the Birmingham Freedom Project. These involve meeting staff, observing practice, and providing feedback.
- 4.6** I am seeking to promote a learning culture. To that end, we bring all 'Outstanding' inspections from around the country to the attention of the Executive Board. Our Performance Lead analyses the reports and this is shared and used for action planning in BSCB's Quality, Impact and Outcomes (QIO) Sub-Group.
- 4.7** In addition to inspection feedback, the QIO Sub-Group implements a programme of audit work which is used to test the quality and effectiveness of partnership practice. At QIO, managers join us to explore the findings and agree necessary action. This year, the Child Protection Conference system and child sexual exploitation practice have both been under the spotlight. In August, a Learning Lessons Bulletin from

Safeguarding Audits was published, outlining key learning and practice improvement. We have also considered data on homelessness and a rise in school exclusions and discussed with managers the implications for safeguarding.

- 4.8** Learning Lessons Bulletins are now produced for every Serious Case Review or Learning Lessons Review. Four reviews have been published this year. Two of these cases involved very young children not known to safeguarding partners. These directly influenced our decision to run a public awareness campaign that gave the message: "Safeguarding is everybody's business". Regularly, these messages are repeated via social media with contact information provided.
- 4.9** Another Bulletin – "I just wanted someone to ask me" – highlighted the importance of never assuming, and reminded us that curiosity is quite proper when a child is repeatedly showing signs and symptoms of being unwell. A valuable practitioners' learning event is always held in these cases.
- 4.10** Finally, our November Bulletin – "Asthma can kill" – shared the powerful, sad story of a vulnerable teenager who died as a result of an acute asthma attack. It provided pointers to improving practice, including (again) the importance of professional curiosity.
- 4.11** Occasionally, a single agency will carry out a root cause analysis into circumstances that have led to an untoward incident, where no other agency has been involved. As Independent Chair, I see the final report and decide on the need for any wider review.
- 4.12** I am an active member of the Regional Independent Chairs Group and Simon Cross Co-Chairs the Regional LSCB Business Managers Group. This gives us access to wider learning and cooperation across the West Midlands. We both attend the national Annual Conference, again in pursuit of intelligence and examples of great practice.
- 4.13** The Board continues to be active on social media – Twitter in particular – thanks to the efforts of April Boyce, BSCB Serious Cases and Communications Programme Manager. I am also active on Twitter and encourage others to benefit from the exchange of information and insight, and to raise the profile of work we are doing to improve safeguarding.

5. System Leadership - creating a culture of Early Help and Early Intervention

- 5.1** As indicated above, BEHSP has steered the development of services aimed at supporting families, parents and children. This partnership has overseen the review of Family Centres and introduction of the new Early Years Health and Wellbeing Service. When the Executive Board was hosted by the St Paul's Community Development Trust in September 2017, we were presented with the aspiration for the new arrangements to "secure better opportunities and quality of life for all". We

wish the development of the service well, and I note that a Stakeholders' event is to be held later in April, involving the partners running the service - Birmingham Community Healthcare NHS Foundation Trust, Barnardo's, Spurgeons, the Springfield Project and St Paul's Community Development Trust. Noting that savings was one driver behind this service change, the Board will want to be assured of the impact on practice and safeguarding as time goes on.

- 5.2** BSCB has prioritised Early Help because of the overwhelming evidence for the benefits of prevention and early intervention. This has extended into recognising the importance and impact of exploitation, including radicalisation. For this reason, we have supported the aspirations of the Prevent programme and have received presentations at the Executive Board and at the Practitioners Forum. It also influenced our commission of the CSE and Missing Peer Review.
- 5.3** All agencies are signed up to early recognition and help and this was the driver behind the revision of the 'Right Help, Right Time' guidance launched in January 2018.
- 5.4** Understanding, recognising and tackling exploitation in all its forms is a theme that we will be putting more effort into in the coming year. We made a positive start in 2017/18 with a Peer Review of CSE and Missing, and we recognise that there is more to do and much to learn from other places. We have strengthened the strategic governance and accountability arrangements to tackle Child Exploitation, in 2018/19, establishing a dedicated Sub-Group to oversee and coordinate partnership intervention.
- 5.5** Protection against exploitation can be found in self-confidence and self-worth. Over 200 schools in Birmingham, supported by the Local Authority and led by Razia Butt, have signed up to the UNICEF initiative for schools on the Rights and Respect, based on the UN Convention of Human Rights. I attended a presentation by school pupils last summer and was impressed by the impact of this initiative, which was considered by the Board. As a result, BSCB is lending its support to this initiative being adopted more widely as a key component of Early Help, Support and Prevention.
- 5.6** Birmingham City Council has adopted a small number of key priorities, one of which is making Birmingham "A Great Place to Grow Up". If all partners, communities and indeed the private sector signed up to this aspiration, with some specific and practical actions, this would certainly help us in delivering our Safeguarding and Improvement agendas. Certainly one outcome from the Safeguarding Leaders Assembly in October 2017, was to forcefully endorse a City ambition that all partners could sign up to and make happen.

6. Conclusion

- 6.1** My second year as Chair has been dominated by implementing our new Governance arrangements; maximising the dissemination of learning from Serious Cases; providing some continuity during a time of leadership change; and relentlessly focusing on supporting practice improvement.
- 6.2** I have sought to personally model the values of openness, challenge, support, mutual respect, professionalism and learning.
- 6.3** I have continued to keep our focus on delivering the three priorities referred to in this report and also our shared principles:
- Partnership working
 - Family Focus
 - Committed to Early Help
 - Learning Culture
- 6.4** Developing the leadership, partnership and practice that is required to give Birmingham the services and recognition that it aspires to and deserves, is taking time. This is necessary for improvement to be sustainable.
- 6.5** In the coming year, we have the newly formed Birmingham Children's Trust and the recently merged Birmingham and Solihull Clinical Commissioning Group and University Hospitals Birmingham taking on huge responsibilities for driving the continued improvement of services to children, young people and their families in Birmingham. I anticipate that the BSCB will welcome these new lead organisations and be unstinting in its determination to sustain progress and achieve the next milestone – that of moving out of intervention.
- 6.6** The restructuring of the Executive Board and Sub-Group in January 2017 was undertaken in readiness for the transition to the Multi-Agency Safeguarding Arrangements. These changes have strengthened the shared leadership role of West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commissioning Group in safeguarding and promoting the well-being of children and young people in Birmingham. I look forward to formally agreeing any further developments in form or language which will support Birmingham's continued improvements in the interests of Children, Young People and Families.



Penny Thompson CBE
Independent Chair, BSCB
5th April 2018

List of Appendices:

- 1. Business Improvement Plan 2017-19 (Revised March 2018)**
- 2. Job Description for the Role of Independent Chair**
- 3. Overview of Progress – Year One: Business Improvement Plan 2017-19**

www.lscbbirmingham.org.uk

Business Improvement Plan
2017-19
Refreshed March 2018



Foreword

I am pleased to share with you the refreshed Birmingham Safeguarding Children Board (BSCB) Business Improvement Plan which focuses on key partnership activity in the second year of our plan to safeguard and promote the wellbeing of children and young people in Birmingham.

As Independent Chair, together with members of the Executive Board, we have reflected on the progress we have made during the past twelve months and the challenges that lie ahead in preparation for the transition to the new Multi-Agency Safeguarding arrangements, brought about by the Children's and Social Care Act 2017.

I am satisfied that there is a shared determination to make Birmingham a safe place to grow up in. The principles of partnership working; family focus; building on strengths; a commitment to Early Help and the experience and voice of children are at the heart of practice and have been agreed by everybody. Ensuring that this is then translated into a system which makes this practice an everyday reality for every child and family is a work in progress. A Birmingham safeguarding system led with accountability, learning and assurance at its heart must provide foundations for improvement.

This document reiterates our intention to remain focused on the same three specific priorities: Strong Leadership and Strong Partnership; Continuous improvement of Child Protection Practice; and Embedding Early Help and Early Intervention into mainstream partnership activity. These are the essential building blocks of an effective safeguarding and child protection system.



Penny Thompson CBE
Independent Chair
Birmingham Safeguarding Children Board
March 2018



Introduction

The refreshed Business Improvement Plan 2017-19 sets out the Executive Board's strategic vision, ambition, purpose, principles and safeguarding priorities for the year ahead. We have reflected on what was achieved last year, to refocus on key partnership action required in the second year of the plan. The Business Improvement Plan complements and should be read in conjunction with the Early Help and Children's Social Care Improvement Plan.

Our Ambition

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

Our Purpose

BSCB convenes safeguarding partners, the Police, Clinical Commission Group and Local Authority, alongside statutory organisations, Schools and the Voluntary Sector to work in close collaboration to safeguard and promote the welfare of all children and young people in Birmingham. The BSCB supports them as system leaders, challenges and holds them to account. BSCB creates the conditions to develop a learning culture driving best collaborative practice for good outcomes. To achieve this it:

- Sets standards and procedures for multi-agency practice.
- Promotes working together in practice supported by behaviours of respect and trust.
- Assures sound quality practice with a positive impact on outcomes for children and young people.
- Ensures a programme of learning and development which supports leadership and practice learning from the best and from reviews of serious cases.
- Models a culture of evaluation, learning and development.
- Communicates effectively with the wider safeguarding system of organisations and individuals, including voluntary organisations and those who experience services.
- Drives progress through Sub-Groups and work streams which regularly account to the Executive Board

The BSCB Business Improvement Plan sets out the strategic intent of the BSCB in making this vision a reality. It underlines the statutory objectives of the BSCB to coordinate and ensure the effectiveness of safeguarding arrangements.

Our Principles

- Committed to effective collaborative partnership working which delivers the best possible protection of children in this young, diverse, creative city. – *Partnership working*.
- Supporting families to enable their children to flourish and learn in preparation for a long productive, happy, life. - *Family focus*.
- Recognising that those with economic, health and other disadvantages will need additional support to achieve the same outcomes as their peers. – *Committed to Early Help*.
- Operating as a learning system, open and ambitious to improve. – *Learning Culture*

Our Priorities

The BSCB Business Improvement Plan 2017-2019 is intentionally brief and remains focused on the same three strategic priorities that form the basis of the work of the Executive Board. These priorities support the statutory functions of the BSCB and the partnership response to protecting vulnerable children and young people, preventing harm and promoting their welfare.

In focusing on these priorities we have taken into account the improvement agenda for the Local Authority and Partner Agencies together with a commitment to address the very poor ratings that we are determined to leave behind. We intend to do this as we evidence improved partnership working, safer practice and effective early support. We expect this to engender the confidence of citizens, regulators, government and wider public opinion.

The key priorities are;

Priority 1: Strong Leadership & Strong Partnership

Priority 2: Continuous Improvement of Child Protection Practice

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

A key focus within Priority 1 is how the BSCB and partner agencies commit to ensuring the lived experience of the child is the golden thread through all we do. This reflects the importance that the BSCB and partner agencies apply to all children and young people living in Birmingham being seen, heard and helped.

Annually, the BSCB will identify the specific actions required against each of these priorities with the detail being set out in the Business Improvement Implementation Plan and the specific work programmes of the BSCB's Sub-Groups and related strategic partnerships.

| Strategic Priority | Outcome | Actions 2018-19 |
|---|---|---|
| Priority 1: Strong Leadership & Strong Partnership | <ol style="list-style-type: none"> 1. Sustain continued improvement in partnership working to safeguard children during a period of significant change, the development of the Children's Trust and the amalgamation of Clinical Commissioning Groups. 2. Ensure a smooth transition to the new Multi-Agency Safeguarding as prescribed in the Children and Social Work Act 2017. 3. That the BSCB is influential in making the aspiration for Birmingham to be '<i>A great place to grow up in</i>' becomes a reality. 4. The 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 children, young people and their families. 5. Lived Experience of the Child: ALL children and | <ol style="list-style-type: none"> 1. The BSCB and partners successfully deliver against the Business Improvement Plan and associated Work Programmes. 2. Continue to strengthen the governance interface between the BSCB, Strategic Leaders Forum and other key strategic partnerships that discharge the functions of Safeguarding Children and Adults, Community Safety and Health and Wellbeing, to clarify lines of accountability, better target finite resources to maximum effect, and lead to improved outcomes. 3. To work closely with the West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commission Group to develop the new Multi-Agency Safeguarding arrangements. 4. Seek assurance that the Strategic Health Forum and Safeguarding in Education Group are effectively utilising key |

| Strategic Priority | Outcome | Actions 2018-19 |
|---|--|--|
| | <p>young people are seen, heard and helped; with the public and professionals alike being alert to risk, being able to identify it and knowing how to respond to make sure children are safeguarded.</p> | <p>learning from SCRs, LLRs, Child Deaths and Audits to improve safeguarding practice in schools and across the health network.</p> <p>5. Through the BSCB Quality Assurance Framework; scrutinise and challenge performance; identify, disseminate and embed lessons; engage with children, young people and families and evaluate the impact on outcomes.</p> <p>6. Promote and raise community awareness that 'Keeping Children Safe is everybody's business'</p> <p>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.</p> |
| <p>Priority 2: Continuous Improvement of Child Protection Practice</p> | <p>1. The 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</p> | <p>1. The Executive Board will prioritise the development and oversee the implementation of comprehensive strategies to tackle:</p> |

| Strategic Priority | Outcome | Actions 2018-19 |
|--------------------|---|--|
| | <p>helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support.</p> <p>2. To utilise emerging learning from Joint Targeted Area Inspections and national good practice to inform the development of a multi-agency strategy for Birmingham.</p> <p>3. Ensure that the learning from LGA Diagnostic conducted in November 2017 informs the development of the city's strategy, practice and approach to Child Sexual Exploitation and missing children.</p> | <ul style="list-style-type: none"> - Childhood Neglect - Child Sexual Exploitation - Missing Children <p>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.</p> <p>3. 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.</p> <p>4. The Executive Board will also seek reassurance of the effectiveness of partnership working on:</p> <ul style="list-style-type: none"> - Protecting children living in violent households - Female Genital Mutilation - The impact of substance misuse and mental illness on parenting. |

| Strategic Priority | Outcome | Actions 2018-19 |
|--|--|--|
| Priority 3: Embedding Early Help & Early Intervention into mainstream partnership activity. | 1. Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. | <ol style="list-style-type: none"> 1. The BSCB will undertake a review of the Early Help Strategy to evaluate progress and identify next steps. 2. Agencies review their Service offer against the levels of need set out in Right Help, Right Time' threshold guidance published in January 2018 3. Review and develop Early Help Panel model to improve early intervention at a district level. 4. Evaluate partnership engagement in the Early Help Assessments and 'Our Family' Plans across the city. 5. Review and enhance support for the Lead Professional role in coordinating early intervention. |

Appendix 2: Job Description for the Role of Independent Chair










Role of BSCB Independent Chair – Leadership of Assurance, Learning, Partnering

Key Functions:

- a) Independent convener of all those charged with the wellbeing, including safeguarding, of children and young people in Birmingham;
- b) A champion for children and best practice;
- c) Supporting and challenging the Birmingham leadership in their quest to achieve a sustainably safe city for children and young people, in the context of family, community and wellbeing;
- d) Modeling openness, challenge, support, mutual respect, professionalism & learning for application by leaders in Birmingham;
- e) Ensuring political and managerial leaders are demonstrably accountable for the resourcing and strategic priority given to the safeguarding and wellbeing of children and young people;
- f) Enabling the council's lead agency role to be understood, valued, respected & fulfilled;
- g) Demonstrating a robust approach to evaluation, practice audit & research whose dissemination will support valuable learning for multi-agency leaders, managers and practitioners in their critical roles;
- h) Through robust independent support and challenge, contribute to developing confidence of citizens and the state in the city of Birmingham.





Appendix 3:

Overview of Progress – Year One: Business Improvement Plan 2017-19

| Planned Action (2017-19) | Update (2017-18) | |
|--|--|---|
| 1. The BSCB and partners successfully deliver against the Business Improvement Plan and associated work programmes. | Third Quarter – 67% (20) improvement objective completed. The remainder is on target for completion. |  |
| 2. Continue to strengthen the governance interface between the BSCB, Strategic Leaders Forum and other key strategic forums and Chairs. | Annual Report 2016/17 highlights that this remains a priority. |  |
| 3. Addressing the legacy of SCRs/LLRs to identify cross cutting themes to convert key learning into improvement action. | Analysis of learning from SCRs and LLRs undertaken between 2013 and 2017 presented to the Executive Board in November 2017. |  |
| 4. Ensure the Communication and Engagement programme maximizes the dissemination of key learning from SCRs/LLR/CDOP. | Learning Lesson Briefing Notes published for each case, with a programme of learning events scheduled throughout the year. |  |
| 5. Review the functioning of the restructured Sub-Groups, development of co-chairing arrangements and the timeliness of work programme outputs. | Governance Review undertaken in March 2018. Findings presented to Executive Board in March 2018. |  |
| 6. Maintain the BSCB Learning & Improvement Framework; scrutinise and challenge performance; identify, disseminate and embed lessons; engage with children, young people and families and the impact on outcomes. | Learning and Improvement Framework in place overseen by Quality, Impact and Outcomes Sub-Group. New Audit and Learning Programme presented to Executive Board in March 2018. |  |
| 7. To communicate and raise awareness about safeguarding to individuals, organisations and communities. | Public awareness campaign, 'Keeping Children Safe is Everybody's Business,' launched in October 2017. |  |
| 8. To consistently promote the importance of swift information sharing, promoting a culture that puts the protection of children before the protection of information. | <i>Right Help, Right Time</i> published January 2018. Evaluation scheduled for September 2018. |  |
| 9. The Executive Board will prioritise the development and implementation of comprehensive strategies to tackle: <ul style="list-style-type: none"> - Neglect - Child Sexual Exploitation - Missing Children This work will evaluate the impact on children and young people. | The Executive Board is currently overseeing the review of key strategies. |  |

Appendix 3:

Overview of Progress – Year One: Business Improvement Plan 2017-19

| Planned Action (2017-19) | Update (2017-18) | |
|--|--|--|
| <p>10. The Executive Board will also seek reassurance of the effectiveness of partnership working on:</p> <ul style="list-style-type: none"> - Preventing Radicalisation - Domestic Abuse - Female Genital Mutilation - Safeguarding in the Digital World - The impact of substance misuse and mental illness on parenting. | <p>The Executive Board reviewed progress on the 'Prevent' strategy at February's meeting. Remaining areas will be subject to evaluation within the LSCB Annual Report 2017/18.</p> |  |
| <p>11. The BSCB will undertake a review of the Early Help Strategy to evaluate progress and identify next steps.</p> | <p>The Early Help strategy is subject to review and due to be presented to the Executive Board in May 2018.</p> |  |
| <p>12. Carry out a post Implementation review of Early Help Panels as part of a programme of continuous improvement in partnership arrangements.</p> | <p>A review of the impact of Early Help Panels is being undertaken. Findings are due to be presented to the BEHSP in Spring 2018.</p> |  |
| <p>13. Evaluate the effectiveness of partnership engagement in the Early Help Assessment arrangements across Birmingham.</p> | <p>Evaluation of Early Help Assessment and Quality of 'Our Family' Plan included with Audit and Learning Progress 2018/19.</p> |  |

Annual Report 2017/18



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Foreword

This is my second Annual Report as Independent Chair, and as I did last year, I have already shared my Independent Chair's Accountability Report with the Council, Health and Police Chiefs and the Executive Board ([link to report](#)).

The purpose of the Safeguarding Children Board is to bring together the organisations of the City charged with the safety and wellbeing of children and young people. Through a clearly articulated shared commitment, and supported by robust governance arrangements, the Board ensures the availability of sound Policy, Procedure and Practice guidance; an evidence based Training & Development offer; a Board Assurance Framework; a robust Serious Cases and Learning Lessons Review capacity; Early Help partnership arrangements; engagement with users, practitioners and accountable leaders; and an effective Business Improvement Plan.

The Birmingham context for this work is the acknowledged shortcomings in the effectiveness of services to vulnerable children in the City over many years, and an "inadequate" Ofsted judgement. A concerted drive for improvement is underway and the Safeguarding Board has a key role to play as the leading partnership body for safeguarding children.

My role as Independent Chair is to convene the organisations, to bring my professional and leadership experience and knowledge, and provide support and challenge to the safeguarding and wider partnership system and its leadership, in the interests of Birmingham's children and young people.

This past year has been one of organisational and leadership churn. During the year, preparations were underway to form a single Clinical Commissioning Group for the City and Solihull; an independent Children's Trust wholly owned by the Council and a joined up University Hospitals Trust. In addition, the Children's and Women's Hospitals became a single Foundation Trust. There were changes in Council Leader, a new Lead Council member, and new Chief Executives for the Council, Health Commissioning, Community Health Trust and Children's Trust. Inevitably, the main focus has been on getting these new organisations up and running. Additionally, Birmingham has faced the impact of austerity as the rest of the country has done, and the emphasis has been on efficiency and savings, however much the public services have wanted to stress prevention and support. Commendably, the Council has articulated a small number of overriding priorities, including an ambition for the City to be a great place in which to grow up. I hope that over the coming year this ambition will be one formally embraced by all partners and given support in the form of shared strategic leadership and action.



There has continued to be Inspectorate activity which has reinforced the need for system wide improvement and not just Ofsted's focus on Children's Social care, whose monitoring visits have continued to be encouraging. Specifically, the HMIC inspection of Public Protection and CQC inspection of Children's Mental Health services both found inadequacies and the need for improvements. We agreed that a small number of pressing issues should drive our Board's agenda, and first amongst those was to support practice improvement. One practical step was to inaugurate an Annual Practitioners Conference. This was held in June 2017 and took as its focus the voice and influence of young people. Two inspiring Care Leavers addressed the conference with their powerful stories and challenging insights. The day's various workshops and the final panel questions and discussion session were well received. Since the conference was severely oversubscribed, we hired a bigger venue for 2018.

I have continued to host a quarterly Practitioner Forum which is both a sounding board for me and an opportunity for Practitioners to have unfettered access to the Independent Chair. These sessions have been valuable, and were key in contributing to the updated *Right Help, Right Time* guidance which we launched in January 2018. That guidance plainly "sets out how we should all work together, putting the child and the family at the centre, building on strengths and providing effective support to help them."

To encourage visibility, ownership and listening, we have taken Executive Board meetings around the City, hosted by partner organisations, with time dedicated to meeting staff and young people. This has proved valuable and has brought us to a range of places, from Schools and Early Years settings, to Probation and the MASH (Multi-Agency Safeguarding Hub). We have learned that young people are more afraid of dangers from their community streets than from the internet and that primary pupils can provide accessible support to their peers by being in a “safeguarding squad”.

We have come to recognise that criminal exploitation affects children in many ways and requires a joined-up response, using the best of our working together practices.

Practice can be improved by learning what works and garnering lessons from things that have gone wrong. We have agreed that we want ours to be a “learning system”. The emphasis of our Serious Case Reviews this year has been to distil key messages for practice and/or strategic action. The sad deaths of two young children led directly to our campaign: “Safeguarding is Everybody’s Business”. In neither case were Child Protection services alerted to risks to these children. We also conducted a Serious Case Review with the direct involvement of the young person concerned and entitled the resulting Learning Bulletin: “I just wanted someone to ask me”. Our fourth Review this year was a Learning Lessons Review which led to the bulletin: “Asthma can Kill”. Additionally, we have published a Learning Bulletin informed by a themed multi-agency audit on children missing from home (including care). We titled it “Missing, perhaps exploited?”

These Bulletins are all written succinctly, distributed widely, and can be found on our website, as well as gaining exposure through social media. The Board continues to be active on Twitter, benefitting from the experience of other places, sharing, and networking positively. We also systematically examine any “outstanding” reports from across the country, eager to benefit from the proven experience of others. This all contributes to our journey of improvement, with evidence-based practice and system learning at its heart.

Over the past year, I have noticed the talent and commitment of so many people I have encountered in Birmingham. I especially want to thank Co-Chairs of the BSCB Sub-Groups; Board Vice-Chair, Chief Superintendent Claire Bell and Simon Cross, Board Manager, and his Programme and Administrative team for their huge support, hard work and unfailing good humour.

I hope you find this report useful, interesting and most of all, encouraging as to the progress being made in Birmingham.



Penny Thompson CBE
Independent Chair
Birmingham Safeguarding Children Board



Introduction

There is a statutory requirement for the Independent Chair of a Local Safeguarding Children Board to publish an annual report evaluating the effectiveness of partnership arrangements to safeguard and promote the welfare of children in the local area.

Birmingham Safeguarding Children Board (BSCB) is independently chaired by Penny Thompson CBE and consists of the strategic safeguarding leads from those agencies responsible for delivery of its key statutory objectives:

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

This annual report provides a rigorous and transparent assessment of partnership working in Birmingham in relation to the financial year 1 April 2017 and 31 March 2018. The report also examines how BSCB has discharged its statutory role and functions as defined in the national guidance, *'Working Together to Safeguard Children (2015)'*. The published report is submitted 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 out local context and provides statistical information: the foundation for building robust partnership arrangements to protect and safeguard 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 evaluating progress on the eight strategic challenges highlighted in last year's annual report and the realisation of our ambition: 'Birmingham is a family friendly city where children flourish - feel safe, listened to, learn and grow up, able to actively contribute to society' and three priorities set out with the Business Improvement Plan 2017-19:

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, Structure and Accountability

This section examines resource utilisation and the restructuring of BSCB governance arrangements during the transition to 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 and each organisation's safeguarding priorities for the year ahead.

Part 5 - Conclusion and Priorities for the Year Ahead

This section reflects on progress made during the last twelve months and sets out the challenges ahead, which have shaped and informed the revision of BSCB's Business Improvement Plan 2018/19.

Authors:

Penny Thompson CBE, BSCB Independent Chair & Simon Cross, Business Manager

This report can be downloaded from the BSCB website: www.lscbbirmingham.org.uk

Alternatively you can email us on: ContactUs@lscbbirmingham.org.uk;

Call us on 0121 464 2612

or write to us at:

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PO Box 17340
Birmingham
B2 2DR.

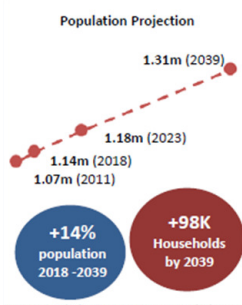
Part 1 - Context and Key Facts about Birmingham

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 Villa 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.

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.



750 Disabled Children receive a specialist Social Care Service

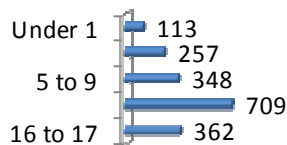
1211 Children have a CP Plan.

1836 families are supported by Family Support / Think Family

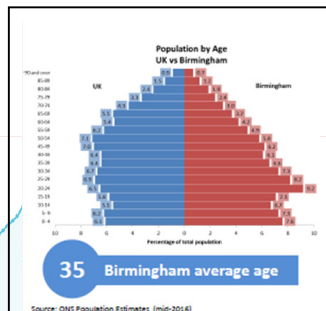
6% of 16-19 year olds identify as a Young Carer.

40.1% of children at age 11 are obese and overweight, higher than the national average. **24.7% of children** are obese and overweight at age 5 [NCMP 2016-17]

There are 1789 Children in Care who are aged:



31,155 Children have Special Educational Needs, higher than the national average. **6,780** have Statements or EHCPs and **88%** are educated in mainstream schools [DfE, Statistics: SEN: January 2017].



Birmingham is one of the youngest cities in Europe, with an average age of 35 and 87,000 children under the age of 5.

86,000 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%].

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



31% of Birmingham's children live in poverty. There is considerable deprivation in Birmingham; the most deprived wards are predominantly in the inner-city areas [PHE fingertips].

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].

28% of Birmingham residents have no qualifications - higher than the national average of 22.5%. **7.4%** of families have an unemployed adult. **10.2%** of young people are not in education, employment or training [England 6%]. **6%** of the population claim JSA, compared with a national figure of 3.7%.

Birmingham has a **37.4%** Youth re-offending rate—lower than the national average of 42.2% [Ministry of Justice, April 2015—March 2016].



Part 2— The Effectiveness of Safeguarding Arrangements

Last year's BSCB Annual Report 2016/17 highlighted eight strategic challenges to enhance the effectiveness of partnership working to safeguard children, young people and families in Birmingham. These challenges helped to shape and inform the development of the Business Improvement Plan 2017/19, which sets out the safeguarding priorities for the next two years of the City's improvement journey. (See Figure 1). This section of the report reflects on the progress made on each of the strategic challenges and provides an overview of implementation of the first year of the plan.

Figure 1



Eight Challenges – A Review of Progress

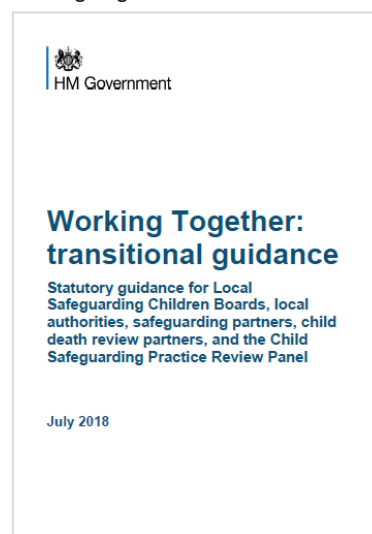
Throughout the year, the Independent Chair and Executive Board have exercised their influence to progress action to address and overcome each of the eight challenges. Detailed below is a summary of progress and an outline of what still needs to be done.

Challenge 1 - To work closely with the West Midlands Police, Birmingham City Council and Birmingham Solihull Clinical Commissioning Group in the development of the new Multi-Agency Safeguarding Arrangements as prescribed in the Children and Social Work Act 2017.

Progress - In July 2018, the government published guidance setting out the transitional arrangements in support of the implementation of the new Multi-Agency Safeguarding Arrangements (MASA), which will replace the current Local Safeguarding Children Board by 2020. Work is already underway, led by the three 'Safeguarding Partners,' West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commissioning Group, working in close collaboration with Birmingham Children's Trust, BSCB and all relevant agencies.

Figure 2

Working Together: Transitional Guidance



Challenge 2 - That BSCB is influential in making the aspiration for Birmingham to be a great place to grow up in a reality, with the BSCB fully contributing to the City's improvement agenda and benefitting from the monitoring visits and reports from Ofsted.

Progress – BSCB contributed to a Pan-Birmingham Consultation Event held in January 2017, hosted by the Leader of Birmingham City Council. The aim of the event was to engage Partners in identifying the future strategic priorities and aspirations for the City. BSCB has also been actively involved in the ongoing Ofsted Monitoring feedback sessions to ensure that the partnership learning is taken forward.

Challenge 3 - The need for BSCB to influence the review of strategic partnership arrangements which discharge the functions of Safeguarding Children and Adults, Community Safety and Health and Wellbeing, to clarify lines of accountability, better target finite resources to maximum effect, and lead to improved outcomes.

Progress - A 'City Board' has been established by the Council Leader, to focus on key strategic issues for the City and planning for the Commonwealth Games. This strategic forum brings together Chief Officers and Chief Executives from key statutory organisations, and representatives from the West Midlands Combined Authority. Membership will include the Chairs of the Safeguarding Children and Adults Boards, the Community Safety Partnership and the Health and Wellbeing Board.

Challenge 4 - That BSCB endorses the multi-agency Domestic Abuse Prevention Strategy incorporating a whole city, whole system approach and receives a six

month progress report detailing the impact on reducing risk for children living in violent households. (Figure 3).

Progress – The Health and Wellbeing Board and Community Safety Partnership have published the Domestic Abuse Prevention Strategy and Implementation Plan 2018/23 ‘*Changing Attitudes, Changing Lives*’ (Figure 3). BSCB has endorsed the strategy and is leading on a number of the key actions incorporated within the implementation plan.

Figure 3

Domestic Abuse Prevention Strategy 2018-2023



Challenge 5 - Ensure that the learning from the LGA Diagnostic conducted in November 2017 informs the development of the City’s strategy, practice and approach to Child Sexual Exploitation and Missing children. That the Local Government Association diagnostic findings are presented to the Executive Board in February 2018.

Progress – The findings from the LGA Diagnostic were presented to the Executive Board in February 2018. The Strategic Leads for West Midlands Police and Birmingham Children’s Trust are tasked with embedding the key learning into the development of the City’s locality-based Child Exploitation operating model. The City’s approach to tackling Child Sexual Exploitation takes account of emerging good practice from Joint Targeted Area Inspections of Child Sexual Exploitation and ‘County Lines’.

Challenge 6 - That 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.

Progress – In February 2018, the Prevent Lead was invited to the Executive Board to provide an overview of progress on the ‘Prevent Delivery Plan’. Arrangements are in place to coordinate multi-agency intervention to tackle radicalisation of young people, although further work is required to evaluate the impact of work in this important area.

Challenge 7 - That the Executive Board oversee a review and refresh of the Early Help Strategy and partner organisations’ ‘Early Help Offer’ following the re-launch of ‘Right Help, Right Time’ threshold guidance in January 2018.

Progress – The Executive Board published revised threshold guidance, ‘Right Help, Right Time’, in January 2018 (Figure 4). The launch was supported by a comprehensive training programme. The Early Help and Safeguarding Partnership Board is tasked with overseeing the further development of the city’s Early Help offer, aimed at providing early intervention to children and families.

Figure 4



Challenge 8 - To utilise emerging learning from Joint Targeted Area Inspections and national good practice to inform the development of a multi-agency neglect strategy for Birmingham.

Progress – BSCB is overseeing the development of a citywide Neglect Strategy, which is scheduled for presentation to the Executive Board in November 2018, following consultation with key stakeholders.



Business Improvement Plan 2017/19

The Business Improvement Plan sets out the City's strategic ambition, purpose and principles, which underpin the three key safeguarding priorities:

Our Ambition

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

Our Priorities

Priority 1: Strong Leadership & 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.

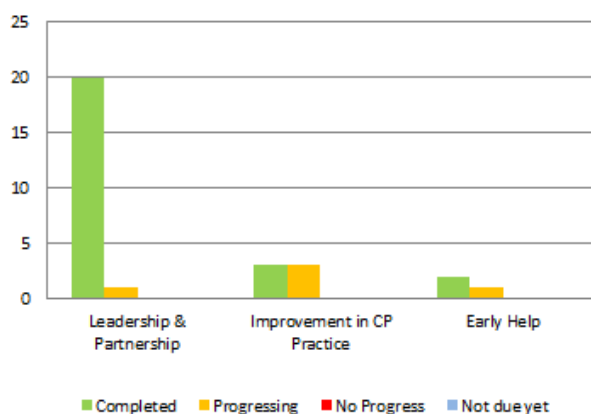
Priority 3: Embedding Early Help & Early Intervention into mainstream partnership activity.

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.

The Executive Board has directed and monitored progress on 30 specific actions scheduled for completion in the first year of the Business Improvement Plan 2017/19. Detailed below is an overview of progress at the end of the first year. (Figure 5). The chart confirms that 83% (25) have been completed and significant progress has also been made in five (17%) on-going actions which are scheduled for completion in the final year.

Figure 5

Overview of progress against the Business Improvement Plan









Throughout the year, BSCB concentrated on ensuring that during this period of unprecedented change, partnership endeavor was not diverted or distracted from the continuous improvement of safeguarding practice and the development of early help provision for children and families.



Figure 6 provides an overview of progress on fifteen key workstreams undertaken in the first year of the Business Improvement Plan. The first column highlights 'What we set out to achieve' and the second column provides a summary of 'End of 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. 53% of the workstreams have been completed with the remainder on target for completion in the second year of the plan.

Figure 6

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"> City Board established. BSCB Independent Chair is a member. Inaugural meeting due in September 2018 |  |
| 2. To work closely with the West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commission Group to develop the new Multi-Agency Safeguarding arrangements. | <ul style="list-style-type: none"> National Guidance, <i>Working Together to Safeguard Children</i> published in July 2018. Three Safeguarding Partners, supported by the Chief Executive of Birmingham Children's Trust and BSCB's Independent Chair have started developing the future Multi-Agency Safeguarding Arrangements. Initial consultation on proposal to be shared at Safeguarding Leaders Assembly in October 2018. |  |
| 3. 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"> 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. BSCB Independent Chair has attended the Strategic Health Forum to seek assurance that learning from Serious Cases and inspections are being embedded across the NHS network. A review of the Strategic Health Forum has been undertaken and the outcome is scheduled for discussion at the Executive Board in September 2018. |  |
| 4. Through the BSCB Quality Assurance Framework; scrutinise and challenge partnership performance; share and disseminate good practice and learning. | <ul style="list-style-type: none"> The Executive Board has an established quality assurance framework supported by a comprehensive audit and scrutiny programme for 2017/18. This work is overseen by a dedicated Sub-Group, co-chaired by the BSCB Independent Chair and Assistant Director of Birmingham Children's Trust. |  |
| 5. Promote and raise community awareness that <i>'Keeping Children Safe is everybody's business'</i> | <ul style="list-style-type: none"> 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. A successful Launch Event was held in Grand Central and the campaign has continued throughout the year. |  |
| 6. 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"> 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. A citywide information-sharing protocol is currently being refreshed and will be subject to wider consultation in autumn 2018. |  |

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"> Neglect Child Exploitation Missing Children | <ul style="list-style-type: none"> The Executive Board is overseeing a programme of consultation to inform the development of Neglect and Child Exploitation strategies for the City. It is anticipated that the strategies will be launched later in 2018. |  |
| 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"> The BSCB commissioned a comprehensive programme of multi-agency safeguarding training, delivering 172 courses to 3,452 delegates. In June 2017, BSCB hosted a Practitioners Conference at Villa Park, focusing on 'The Changing Face of Safeguarding.' |  |
| 3. The Executive Board will also seek reassurance of the effectiveness of partnership working on: <ul style="list-style-type: none"> Domestic Abuse Female Genital Mutilation The impact of substance misuse and mental illness on parenting. | <ul style="list-style-type: none"> Strategic Leads with responsibility for the coordination of partnership activity around Domestic Abuse, Female Genital Mutilation and compromised parenting provide regular updates to the Executive Board and relevant Sub-Groups throughout the year. |  |
| 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"> The Prevent Lead reported on progress on tackling radicalisation to the Executive Board in February 2018. |  |

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"> The Early Help strategy is subject to review and due to be presented to the Executive Board in November 2018. | ☹️ |
| 2. Agencies review their Service offer against the levels of need set out in 'Right Help, Right Time'. | <ul style="list-style-type: none"> Threshold guidance published in January 2018. The Early Help and Safeguarding Partnership Board continue to oversee the development of the City's Early Help Offer. | 😊 |
| 3. Review and develop Early Help Panel model to improve early intervention at a district level. | <ul style="list-style-type: none"> Review of the Early Help Panels completed; they have fulfilled their original purpose, but are no longer required. | 😊 |
| 4. Evaluate partnership engagement in the Early Help Assessments and 'Our Family' Plans across the city. | <ul style="list-style-type: none"> Evaluation of Early Help Assessment and Quality of 'Our Family' Plans included in Audit Programme for 2018/19. | ☹️ |
| 5. Review and enhance support for the Lead Professional role in coordinating early intervention. | <ul style="list-style-type: none"> This work is scheduled for Year Two of the Business Improvement Plan and will be led by the Early Help and Safeguarding Partnership Board. | ☹️ |



Part 3 – Governance, Structure and Accountability

This section provides an overview of the work of the BSCB and Sub-Groups during the last year and looks ahead at the transitional arrangements brought about by the Children and Social Work Act 2017 and publication of the latest government guidance.

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 forging closer links with the Early Help and Safeguarding Partnership Board, enhancing system leadership and partnership collaboration to combat Child Exploitation. We have continued to build capacity concentrating on workforce development and evaluating the quality of safeguarding practice.

Transitional Safeguarding Arrangements

The Department for Education (DfE) have issued a timetable and transitional guidance on the implementation of the new Multi-Agency Safeguarding Arrangements (MASA) that will replace Local Safeguarding Children Board;

Figure 7

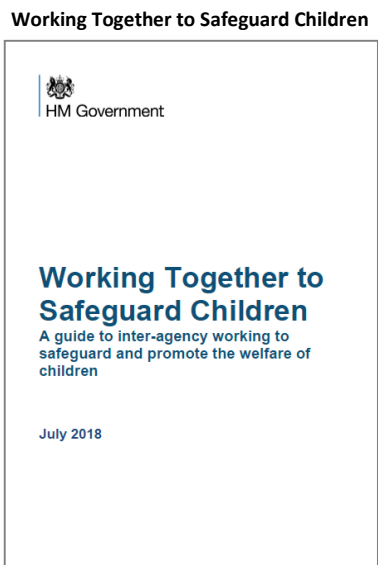


Figure 8



The Department for Education have provided funding to support implementation of the MASA, the BSCB are leading one of the Early Adopter Projects on the regional implementation of Local Child Safeguarding Practice Reviews.

The West Midlands Police, Birmingham Solihull Clinical Commissioning Group and Birmingham City Council assisted by BSCB are already working to develop the Birmingham MASA arrangements that will replace the Local Safeguarding Children Board. By 29th September 2019.

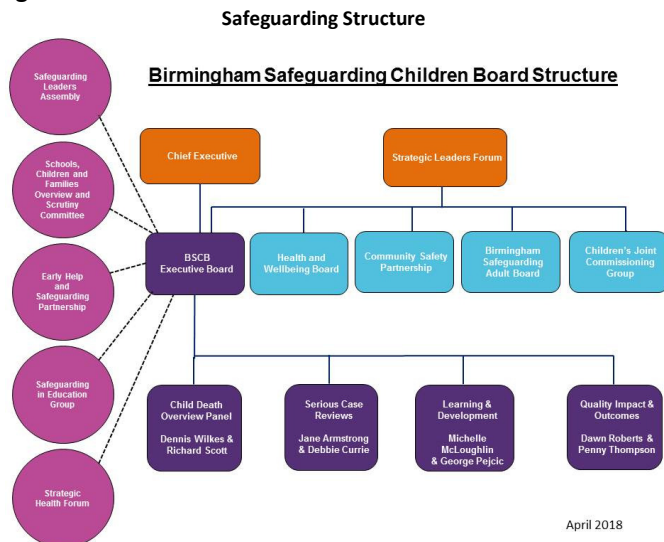
The challenge ahead is to ensure the smooth transition to the new arrangements, whilst the BSCB continues to effectively fulfil all of the statutory functions required to safeguarding and promoting the wellbeing of children and young people in the city.

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 is detailed in Figure 9.

Figure 9



Safeguarding Leaders' Assembly

The BSCB arrangements also incorporate a 'Safeguarding Leaders' Assembly bringing together Chief Executives and safeguarding leaders from all key stakeholders to share good practice and improve the safeguarding of children and young people. This year members focused on partnership working in theory and practice within the context of Birmingham's improvement journey. Andy Couldrick was April's keynote speaker, outlining the launch and objectives of Birmingham Children's Trust.

Figure 10



The BSCB also collaborates in both national and regional initiatives to share good practice and maximise finite resources, particularly on those issues that transcend geographical boundaries. The Regional Safeguarding Procedures Group is great example of effective collaborative working, with nine LSCBs providing front-line professionals with access to up-to-date online policy, procedure and guidance.

The BSCB also plays an active role in leading and participating in cross border initiatives through the Regional Independent LSCB Chairs and Business Managers Forums, Regional Assistant Directors of Children's Services network and the Preventing Violence against Vulnerable People Board, which this year has focused on Child Sexual Exploitation and Female Genital Mutilation.

Finance

The BSCB overall budget for 2017/18 was £718,834, made up of £681,683 in contributions from statutory partners and a carry forward of £37,151 from the previous year. Figure 11 provides a breakdown of the budget and details individual agencies contributions. Figure 12 provides details of expenditure during 2017/18 which concentrated on five core business areas.

- Safeguarding Business Support Unit infrastructure (63%)
- Supplies and Services (2%)
- Consultancy Fees relating to Independent Reviews (3%)
- Independent chairing arrangements (10%)
- Delivery of Sub-Group Work Programmes (22%)

Figure 11

Breakdown of the budget and details individual agencies contributions

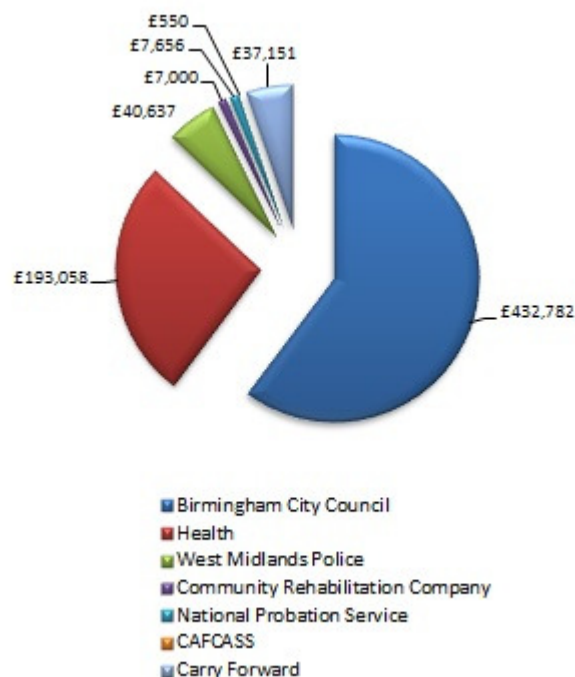
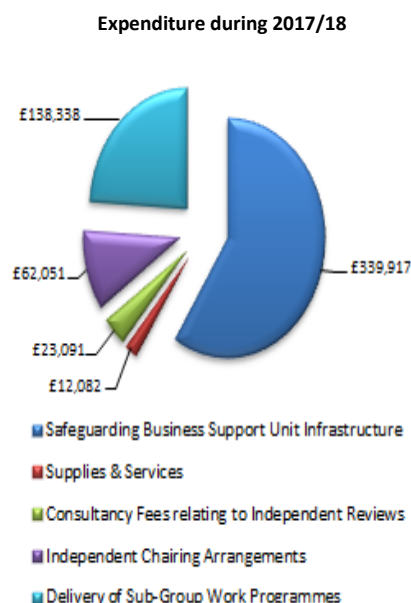


Figure 12



Birmingham City Council also continues 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.

Sub-Group Structure

The Executive Board is supported by a Sub-Group structure to specifically fulfil the statutory functions:

- identifying and embedding learning from child deaths and serious cases;
- providing an evidence base multi-agency training offer that enhances partnership safeguarding practice the provision of a robust assurance framework to challenge and evaluate performance.

The Independent Chair, Executive Board, Sub-Group Chairs and Business Manager oversee the implementation of the Sub-Group Work Programmes, which are inextricably linked to the 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 the 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 signs the medical certificate of the cause of death, the identification of public health trends, emerging trends and dissemination of learning from the review and analysis of and is not therefore the responsibility of the panel.

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 142 deaths which occurred between 1st April 2017 and 31st March 2018 (Figure 13). This large number of deaths is also the highest rate compared to our neighbours in the West Midlands and England (Figure 14). The overview analysis focuses on the six phases of a child's development. 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. The pattern of the category of deaths in Birmingham reflects this (Figure 15) with 43% being due to events around birth and 33% being due to genetic or congenital anomalies. The cultural diversity of communities in Birmingham is reflected in the patterns of death by age.

Figure 13

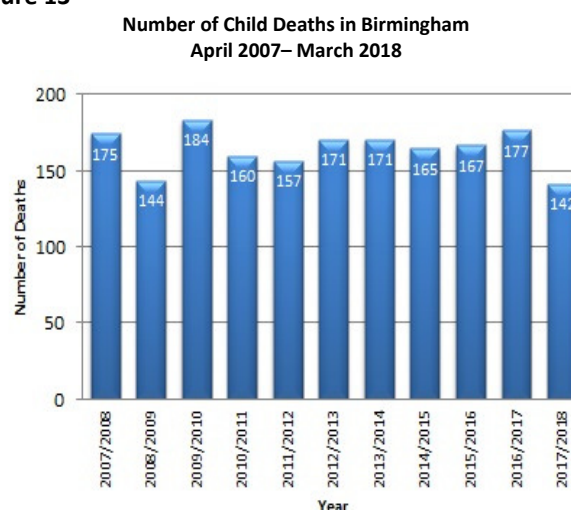


Figure 14

Child Death Rates in Birmingham compared to the West Midlands

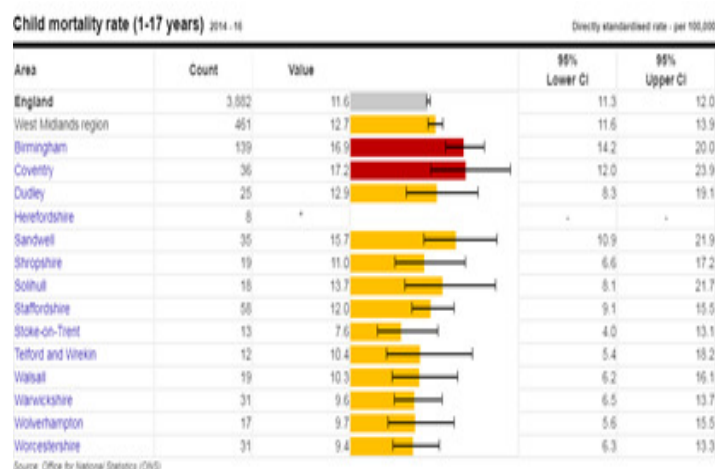
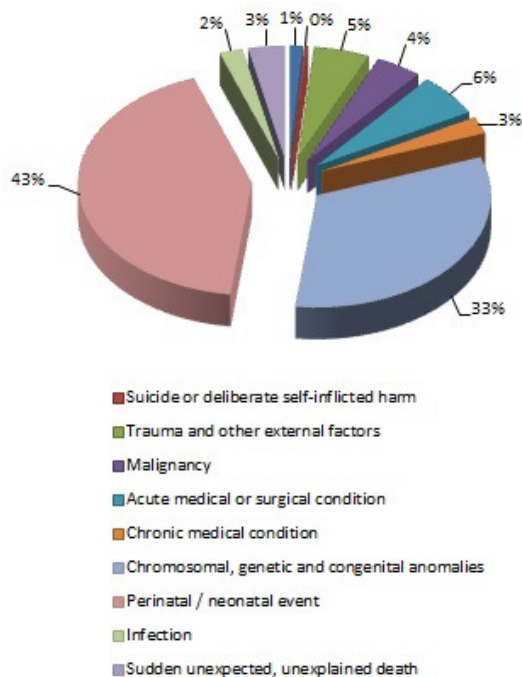


Figure 15
Percentage of Child Deaths by Category between 2015/18



Embedding the Learning

During the year the BSCB have further invested in e-CDOP an online management system specifically designed to support the recording and analysis of Child Death Notifications. The second phase of the project in 2018/19 will enhance the timeliness and quality of data sharing between key agencies involved in the review and dissemination of learning from child death reviews.

During the year the review process identified a number of modifiable factors, which aid understanding of why children die and inform the continuous development of health intervention and partnership endeavour aimed at reducing child deaths:

- Improving the provision of information for parents of children with epilepsy
- Raising the public awareness of the increased risk, if a parent sleeps in the same bed as their baby
- Improving pathways of care for babies who are failing to thrive
- Raising the public awareness of the increased risk of maternal smoking
- Recognition of increased risk to the unborn child in IVF cases where an expectant mother is considered clinically obese

CDOP published a separate Annual Report providing in-depth analysis of why children die which is published in September 2018. 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 2018 are referred to the Director for Public Health and presented to the Health and Wellbeing Board.

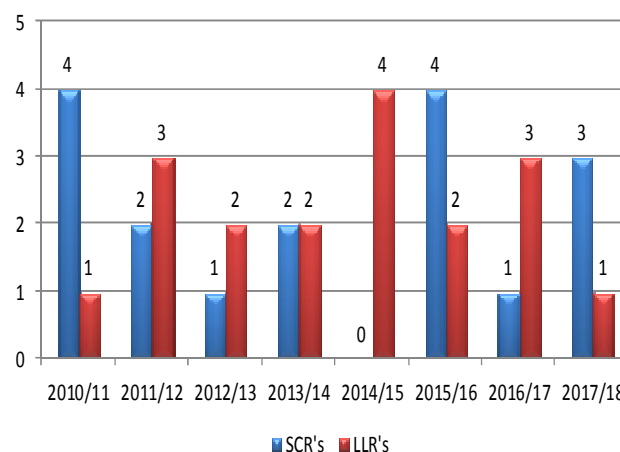
Strategic responsibility for the future review of child death will be transferring to Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council following publication of the 'Wood Review 2016' and ratification of new national guidance on child deaths in September 2018.

Serious Case Review Sub-Group

The Sub-Group oversees the commissioning of the independent reviews process when a child dies or is seriously injured and child abuse is suspected of being 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 effectively safeguard children. The group ensures that the learning and action plans have been 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.

Figure 16
Number of Serious Case Reviews & Learning Lessons Reviews Commissioned (1st April 2010—31st March 2018)



Publishing Serious Case Reviews

During the year the findings from three SCR's were published. The full reports are available through the Board's website.

- Child S was aged 15 months old died of non-accidental injuries in January 2015. The child was brought to live in the UK by his mother from the Czech Republic and was left in the care of his adult-half sister and her partner. During the three months that the child was in the care of these adults he sustained the injuries that led to his death. The child's half-sister was imprisoned for 5 years for allowing the death of a child and subsequently deported, whilst her partner was sentenced to life imprisonment.
- Child D was born prematurely with complex health needs and tragically died aged 5 months old of non-accidental injuries in April 2015. The child's

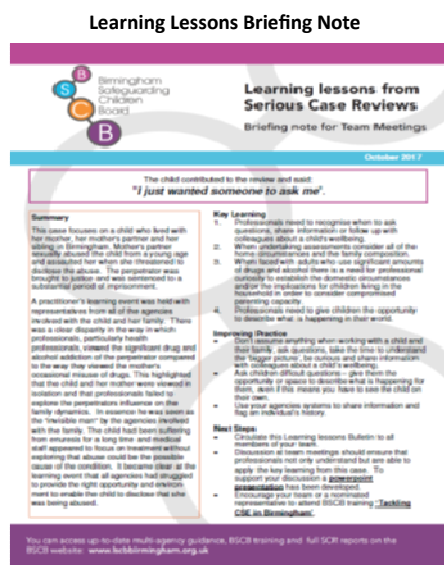
parents originated from Lithuania moving to the UK in 2010. The family had limited family support, but had received services from health organisations. The child's father was convicted of murder.

- Child I was aged 16 years old lived with her mother, her mother's partner and her sibling. Mother's partner sexually abused the child from a young age and assaulted her when she threatened to disclose the abuse. The perpetrator was sentenced to a substantial period of imprisonment. In order to adhere to the young person's wishes the case was anonymised upon publication and the name 'Isobel' used to tell her story.

Dissemination of Key Learning

The key learning from SCRS and Learning Lessons Reviews (LLRs) inform policy development, training delivery, communication and public engagement and audit activity to evidence learning has been effectively implemented. During 2017/18 the Board published four briefing notes to support the dissemination of learning from SCRs and LLRs (Figure 17). In addition, to support team meeting and supervision sessions a slide presentation for each case is also available through the Board's website. Throughout the year the BSCB hold briefing sessions on Learning Lessons from Serious Case. Last year 368 delegates attended 14 briefings across the city.

Figure 17



The key messages are:

Discharge Planning:

- When a child is in hospital with complex health needs a discharge planning meeting is essential to focus on the coordination of services to assist parents' in meeting their child's needs.

Completion of Assessments:

- The importance of having an 'Our Family Plan' in place which involves all professionals working with the family.
- When undertaking assessments consider all of the home circumstances and the family composition.

Working with parents, recognising children's needs:

- The reasons parents may not regularly visit their children in hospital can be complex and need exploring fully to identify what support they may need to help build attachment with their child. Professionals should regularly review care plans to evaluate progress and identify any change in risks or needs that must be acted upon or escalated if required.

Recognising the voice of all children in families:

- Professionals need to give children the opportunity to describe what is happening in their world and should involve talking to the child on their own.
- There is a need for practitioners to understand the lived experience of children living within the household when faced with parental mental illness and a history of substance misuse and domestic violence (toxic trio).
- When faced with adults who use significant amounts of drugs and alcohol there is a need for professional curiosity to establish the domestic circumstances and/or the implications for children living in the household in order to consider whether parenting capacity is compromised.

Taking a holistic view:

- The importance of understanding the role that each parent plays in caring for their children needs to be established to gain an accurate picture of each parent's capacity, particularly where there are significant health needs.
- Professionals need to recognise when to ask questions, share information or follow up with colleagues about a child's wellbeing.

Professionals' responsibilities:

- The use of interpreters when working with parents and carers whose first language is not English is essential.
- There was a lack of communication between professionals, which left practitioners 'guessing' when expert advice was available to inform and shape effective intervention.
- Effective supervision is crucial in supporting less experienced staff, particularly when they are working with complex cases.

Awareness-raising:

- Stronger links need to be developed with newly emerging communities. There is a need to raise awareness of services that are available to provide help and support.

Embedding Learning

The Serious Case Review Sub-Group restructured in November 2017 to expand capacity and strategic membership of a 'Learning to Action Group' responsible for ensuring that the learning from SCRs and LLRs is effectively embedded in front-line safeguarding practice and importantly complements the city improvement journey. From 1st January 2018 the new group has met bi-monthly to oversee implementation of learning. Further work was required to expand the membership of this group to secure appropriate representation from the Strategic Health Forum and Birmingham Children's Trust. The Serious Case Review Sub-Group provides the Executive Board with 6 monthly update on the dissemination of learning and progress on implementation of learning in priority areas for improvement.

Enhancing the quality of reviews

In February 2018 Serious Case Review Sub-Group hosted a training session for professionals within organisations tasked with compiling Key Event Chronologies and Information Reports. The event was well attended by agencies and provided professionals with the opportunity to speak directly to a Lead Reviewer and experienced

Report Writer and gain hands-on experience of using software used to produce a Key Events Chronology.

Learning & Development Sub-Group

During 2017/2018, 172 multi-agency safeguarding training events were delivered to 3,452 delegates across the Children's workforce. A Practitioners conference which included 6 workshops was also delivered to 174 delegates. L&D Sub-Group 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 focused on:

- Ensuring the Training Programme incorporates Practice Standards around the voice and lived experience of the child.
- The delivery of the Multi-agency Training Programme 2017/2018.
- Developing new core modules on Child Sexual Exploitation, Serious Case Review, Strengthening Families Framework and Working in Core Groups.
- The Delivery of a Practitioners Conference on improving child safeguarding practice.
- Embedding a new on-line 'Event Booking and Management System'.
- 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 2016/2017

Demand for multi-agency safeguarding training remained high during 2017/2018 – 3,879 training places were offered of which 3,452 delegates attended equating to a course utilisation rate of 89% . (See Figure 18).

There was a slight increase in the number of training events commissioned during 2017/18 up from 168 to 172 due to an increase in demand for specific courses; such as on Child Sexual Exploitation and Domestic Violence (Figure 19). Action to improve course utilisation is being overseen by the L&D Sub-Group to maximise take up rates for this important training. This includes; use of targeted advertising for specific staff groups, the use of Trainers Network to promote new and existing courses and the constant review of courses material to ensure that it remains relevant and up to date.

Figure 18



Figure 19



Priorities for the Forthcoming Year

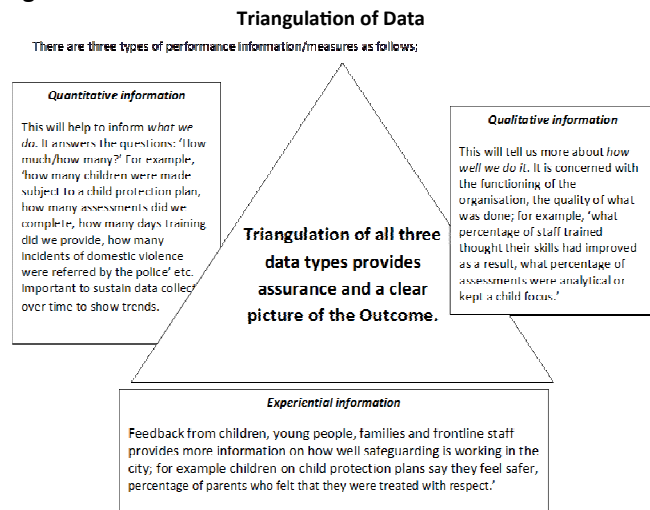
The Training Offer for 2018/19 is structured around three key objectives set out in the Business Improvement Plan, each area is supported by a Task and Finish Group:

- Key learning from SCRs/LLRs is embedded into multi-agency training.
- 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 a suite of e-learning to include: Early Help Module 1, Child Protection Level 1 & 2 and Right Help, Right Time.
- Implementation of 'Early Help and Signs of Safety and Wellbeing' model.

Quality Impact and Outcomes Sub-Group

The BSCB Assurance Framework focuses on three areas: Quantitative, Qualitative and Experiential. This information is triangulated to provide assurance on safeguarding in the city. (Figure 20).

Figure 20



Quantitative Data

A performance dashboard enabled regular scrutiny, which identified trends which informed the audit and scrutiny programme:

- An audit of 'Requests for Support' received by the Children's Advice and Support Service (CASS) identified concerns about the quality of the referrals. The Assistant Director responsible for CASS and Multi-Agency Safeguarding Hub (MASH) was invited to the Sub-Group to provide assurance on how the audit findings would be acted upon.
- Concerns had been raised about the increase in the number of families in temporary accommodation and the impact this is having on their education, poor attendance due to the distance children had to travel to school. This has resulted in better allocation of temporary accommodation and changes to the way travel passes are provided for children who are made homeless.
- A low take-up of free nursery places for under 2 year-olds in the city was identified; this resulted in partners being tasked with identifying families eligible for this free service.
- Referrals data by category of abuse was presented to the group and this highlighted that the highest category for referral is Neglect. This is being incorporated into the work on a new Neglect Strategy for the city.
- Concerns over a lack of robust data for Child Sexual Exploitation (CSE), Missing Children and Gangs (Criminal Exploitation) led to the development of a multi-agency scorecard.

Qualitative Data

Audits were undertaken to in the following areas:

- A rise in pupil exclusions led to the commissioning of analysis by Public Health to inform work being led by the Head of the Virtual School to reduce exclusions.
- Birmingham Community Healthcare Trust (BCHC) has been commissioned to carry out an audit of healthcare provision for children subject to Special Guardianship Orders, acting upon the learning from a Serious Case Review. The findings are to be

presented to the Sub-Group.

- An audit of CSE cases was undertaken as part of a Local Government Association Peer Review in November 2017. The findings highlighted good practice locally and nationally and potential barriers to effective partnership working which have been acted upon.
- An audit of 'Missing from home' cases was undertaken which reaffirmed the heightened risk of criminal exploitation and the vulnerability for boys with poor school attendance. A learning lessons bulletin was published in May 2018 to disseminate the findings.
- The BSCB commissioned agencies to undertake a self-assessment of cases involving neglect. The findings highlighted the importance of early intervention and have helped inform the development of a new citywide neglect strategy.
- The BSCB supported Birmingham South Clinical Commissioning Group's audit of GP referrals. The findings identified that the majority of referrals were appropriate, but further work is required on communication with patients and ensuring the child's lived experience is captured.
- A schedule of monthly audits of both Early Help Assessments and 'Our Family' Plans enable the Sub-Group to be able to monitor the quality and impact of partnership early help intervention.
- A Section 11 Safeguarding Peer Review was carried out in April 2017, facilitating independent challenge and moderation of judgements and creating an opportunity to discuss and share some areas of good practice.
- During the year 99% of schools completed a review of progress on their Safeguarding Self-Assessment (Section 175), with only 1 school not completing the process and a further 4 only partially completing the review. The analysis of the 2017/18 self-assessment is scheduled to be the QIO Sub-Group in July 2018.

Experiential

We received feedback from partner agencies on engagement with children and families which includes:

- Parents' feedback from Child Protection Conferences showed that 89% of parents felt they were treated with respect, included and listened to in the Child Protection Conference.
- West Midlands Police held an event for young people, supported by teachers and counsellors. The aim of the event was to identify the young people's concerns. Two main areas of concern were identified: knife crime and being bullied on social media. Police also asked how young people thought police could better engage with them and how police could best support them. The resounding response was for police to be in schools more and to help young people to understand how to protect themselves better. The police are looking at how best to respond to feedback from the young people.

- An online CSE Survey has been rolled out to schools in the city. 454 children have responded which highlighted the need for further development of Personal Social and Health Education curriculum. The Survey has been extended to allow more children from secondary schools the opportunity to participate in the survey.

The BSCB have led the regional development of a Section 11 Safeguarding Self-Assessment Audit Tool. The second phase of the project is focusing on developing online support to enhance regional analysis and management audit process.

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 CASS to report their concerns. Following an evaluation in 2017 the campaign has been extended for a further year.



Figure 21

Keeping children safe is everybody's business



Keeping children safe is everybody's business

If you have any concerns about the safety and/or welfare of a child or young person, telephone the Children's Advice & Support Service (CASS) Telephone 0121 303 1888

Opening Hours: Monday to Thursday - 08:45 to 17:15 Friday - 08:45 to 16:15

Outside of these hours contact the Emergency Duty Team on 0121 675 4806

In an emergency where a child's safety is at immediate risk of significant harm, contact West Midlands Police on 999

Part 4 - Spotlight on each Agency's Contribution to Safeguarding

This section focuses on the crucial role that each statutory organisation plays in safeguarding and promoting the wellbeing of children and young people in Birmingham. The BSCB Independent Chair hosts a Safeguarding Leaders Assembly twice a year, bringing together the strategic safeguarding leaders and key stakeholders to ensure that they are full committed and engaged in achieving the priorities set out in the BSCB Business Improvement Plan.

A brief overview of each organisation's statutory role is followed by a summary of the key safeguarding activity they have undertaken during the financial year 2017/18, together with the safeguarding priorities they have identified for the next twelve months.

Birmingham Community Healthcare NHS Foundation Trust (BCHC)

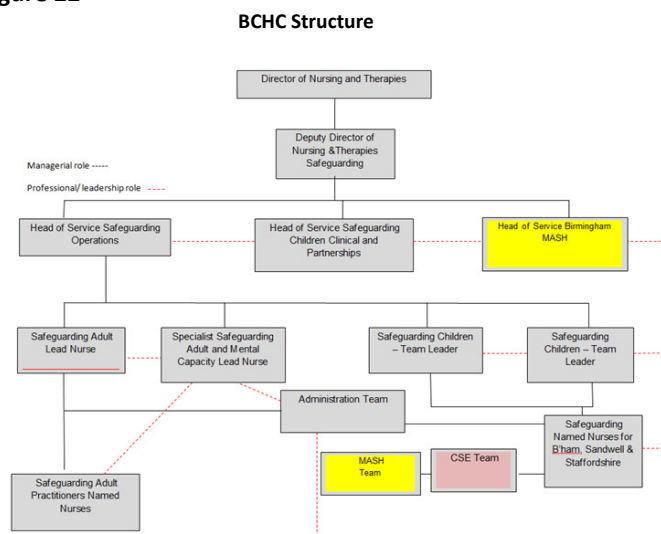
BCHC provides a wide range of high quality, accessible and responsive community and specialist health services across Birmingham and the West Midlands. The Trust delivers over 100 clinical services, out in people's homes and from over 300 premises. It provides services for adults, children, people with learning disabilities, those with rehabilitation needs and also dental services. BCHC became an NHS Foundation Trust in March 2016.

BCHC, in common with all health organisations, has a statutory responsibility to Safeguard and promote the welfare of children under Section 11 of the Children Act (2004). These responsibilities were reinforced in the revised publication of *'Working Together to Safeguard Children – A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children'* (July 2018).

Safeguarding Children and Adults is recognised as a priority at executive level within the organisation. The Director of Nursing and Therapies is the representative at the BSCB Executive Board and members of the Safeguarding Team support the BSCB Sub-Groups and associated Work Programmes.

Messages from BSCB are cascaded to frontline practitioners through briefings, supervision and training sessions and a Safeguarding intranet page.

Figure 22



Our Safeguarding Priorities for 2017/18

Safeguarding Children within BCHC is underpinned by a practice model :

Figure 23



Training

BCHC has a structured Safeguarding training programme that outlines roles responsibilities and associated required levels of training. The training is evaluated in terms of measuring impact upon practice.

Early Help Offer

BCHC adopted an innovative approach to developing an Early Help Offer. Early Help training was delivered in partnership between BCHC Safeguarding Team and the Early Help Support Team from the Local Authority, demonstrating a model of best practice and joint working.

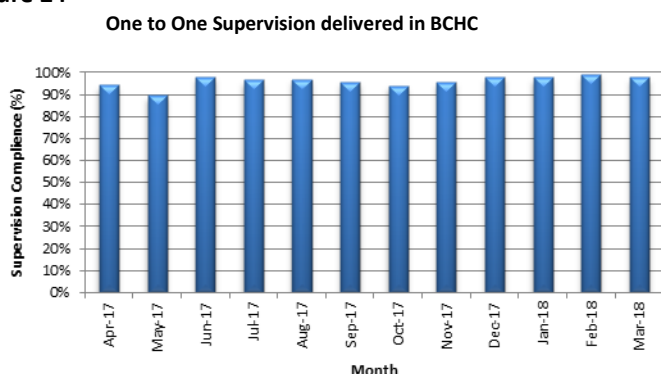
The training aims to help the practitioner to understand their own agency response and obligations in Early Help and the process and tools available to them to support them doing this. Further workshop-style training has also been

offered, including additional content around engagement and practical exercises using *Right Help, Right Time* and *Early Help Tools*.

Supervision

Health Visitors and School Nurses receive regular 1:1 Safeguarding supervision in line with the BCHC Safeguarding Supervision Policy. This is complimented by a schedule of group-based supervision, offered to support staff working with children and families. All supervision is facilitated by a Named Nurse for Safeguarding Children. The model of supervision is underpinned by specialist training from NSPCC. The following graph illustrates the high level of engagement with Safeguarding Supervision throughout 2017/18:

Figure 24



Quality Assurance / Audit

BCHC has a formal process of robustly monitoring audits and outcomes through the Safeguarding Children Committee and the Clinical Governance Committee.

Internal and partnership-wide learning from Serious Case Reviews, incidents and audit is routinely disseminated across the workforce. This is further supported by an annual safeguarding audit programme, which includes monitoring the implementation of learning from Serious Case Reviews and Learning Lesson Reviews.

Partnership

BCHC manages the Health component of Birmingham's Multi-Agency Safeguarding Hub, working collaboratively on a daily basis with Health partners to ensure effective information sharing with Police and Social Care. This model also applies to Child Exploitation Nurses who are hosted within the Safeguarding Team of BCHC.

Multi-agency partnership work is embedded through the organisation's link to BSCB and its Sub-Groups.

Practice Development

Dedicated support is accessible within the organisation, ensuring that each Practitioner working with Children and Families has access to:

- A programme of role-specific Safeguarding training in line with requirements of the Intercollegiate Document: *Safeguarding Children and Young People; roles and competencies for healthcare staff* (Royal

College of Paediatrics and Child Health 2014). This includes bespoke training and workshops around CSE, Early Help and Patient Stories.

- Protected time for regular 1:1 Safeguarding Supervision.
- Access to advice and support from the Safeguarding Children Named Nurse Team and Safeguarding Adult Team as part of the established on call system.
- The Named Nurse Team provides advice, case reflection, training and quality assurance for Practitioners on completion of court reports.

Measuring Our Progress – What we have Achieved

- Formalised processes around Audit & Review are robustly monitored through the governance structure in BCHC.
- Safeguarding Supervision: Practitioners are engaged in this process and offer positive feedback on the impact on practice and learning.
- Innovative styles of learning through capturing and responding to the child's voice. This is achieved through workshops focused on learning from patient stories, as part of a Commissioning for Quality and Innovation (CQUINN) initiative. The stories are presented across the Trust and discussed within the Safeguarding Children Sub-Committee, recognising children as key partners in shaping services.

Looking Ahead — Challenges and Focus for 2018/19

Figure 25 illustrates BCHC's key areas for focus in Safeguarding Children for 2018/19

Figure 25

Key areas for Focus in Safeguarding Children 2018/19



Birmingham Women's and Children's NHS Foundation Trust (BWC)

The Trust (BWC) brings together the expertise of Birmingham Children's and Birmingham Women's Hospitals and is the first Trust of its type in the UK.

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 384,000 visits each year, we pride ourselves on the commitment of our 6,000 strong team, working tirelessly to provide the very best treatment and support to our women, children and families.

In collaboration with agencies across Birmingham, we fully recognise our safeguarding responsibility and statutory duties, as defined by Section 11 of the Children Act 2004.

Our Safeguarding Priorities for 2017/18

Over the last 12 months we have brought together Adult and Children's Safeguarding Practitioners from the Children's Hospital, Women's Hospital and Forward Thinking Birmingham (FTB) into one integrated team, providing an opportunity for shared learning, access to a wider pool of knowledge, and enhanced skills, expertise and flexibility. We also recruited a Head of Safeguarding in 2017, to set out our future safeguarding priorities.

We have incorporated the Birmingham Women's and Children's Early Help Lead into the Safeguarding Team to reflect the city-wide agenda and the BSCB's stipulation for all agencies to recognise when Early Help is needed, complete Early Help assessments and provide support as part of a coordinated Early Help plan.

We now want to develop the role further by improving pathways from BWC to external organisations, working collaboratively to ensure children are benefitting from a seamless service across the Birmingham footprint.

A process has been effectively developed to identify those children and young people who attend our Emergency Department who would benefit from having attendance information shared with their Health Visitor or School Nurse.

The BWC Safeguarding Team now includes Adult Safeguarding Practitioners providing broader expertise to support families across the safeguarding agenda, including vulnerable adults. We have reviewed the way we work with colleagues in the Multi-Agency Safeguarding Hub to improve our service

offer, providing information quickly to help partners make the right decision about the support a child might need.

The Safeguarding Team has taken responsibility for partnership working to prevent radicalisation and the Head of Safeguarding is the BWC Prevent Lead. This is aligned to other organisations and recognises Prevent as part of the wider safeguarding agenda.

Measuring Our Progress – What we have Achieved

We have reviewed our safeguarding governance during the last 12 months and made changes to make sure we have a safe process to monitor what we do, how we do it and what impact it has.

We have worked with our colleagues in FTB to address concerns about safeguarding training, referrals and documentation, offering bespoke and flexible training and supervision sessions. We are seeing the impact of this through increased numbers of trained staff but recognise we still need to improve these figures.

Over the last 12 months we have:

- Put a new safeguarding organisational structure in place;
- Improved communication between our Women's Hospital Neonatal Unit and our Children's Hospital Neonatal Surgical Unit, to ensure good information sharing about babies transferred between the two units;
- Improved the safeguarding supervision offer to Women's Hospital Neonatal Unit staff, with supervision offered routinely to all staff;
- Developed a domestic abuse pathway and offer domestic abuse training across the whole Trust.

We monitor our performance against key indicators - as agreed with our commissioners - on a monthly basis. This regular review helps us to identify areas of good practice and areas of improvement.

We continue to work closely with our colleagues in the Patient Advice and Liaison and Complaints teams to support early intervention and resolution if parents or carers are concerned about safeguarding practice. We make ourselves visible and accessible to our own staff, patients and partners from other organisations to provide opportunity for feedback so we understand how to improve our service.

We have received 8 safeguarding complaints during the last 12 months and have recognised that we can sometimes get it wrong. We have addressed this in our training plan, to help staff feel more confident to have difficult conversations about safeguarding concerns in the right way.

Quality of Request for Support and Early Help referrals

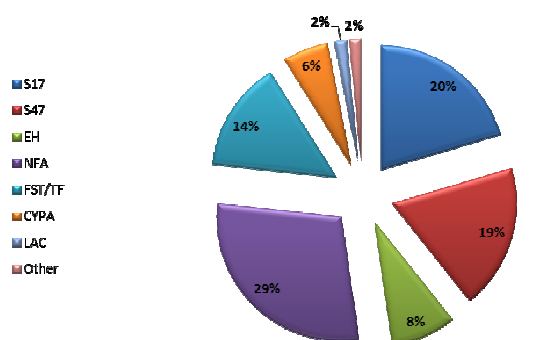
We ensure staff know how to identify a safeguarding concern, how to discuss the concern with a family or carer and what to do to ensure the child's needs are met. We work with the BSCB *Right Help, Right Time* guidance to

support staff in knowing the level of need and what support is required.

Our Request for Support referral outcome data suggests we are able to recognise when a child needs help, as 59% of our referrals are accepted for support by Children's Social Care and 8% go on to have an Early Help assessment.

Figure 26

**BWC Request for Support Referral Outcomes
1st April 2017 to 31st March 2018**



**BWC Request for Support Referral Outcomes
1st April 2017 to 31st March 2018**

Looking Ahead — Challenges and Focus for 2018/19

Developing Early Help practice remains a priority for 2018/19. We want to see an increase in Early Help assessments completed, with associated Early Help plans as needed. If we effectively identify children requiring additional support as per *Right Help, Right Time* and initiate Early Help assessments, we should see a reduction in the number of Request for Support referrals with the outcome for an Early Help assessment.

We have recognised an emerging issue for some of our most vulnerable children who are brought to our Emergency Department, often by the police, as it is recognised as a place of safety. This issue has been highlighted to commissioners and the BSCB Independent Chair with the intention of establishing the scale of the issue and how it can be addressed.

Over the summer of 2018, we plan to ask staff to complete a survey to understand how well our service is currently working, what issues there are and what we need to do to improve.

Birmingham City Council (BCC)

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.

Children's Social Care

Our primary purpose is to ensure that children are protected from significant harm and their development

and wellbeing are promoted. We do this by working openly with children and families and collaboratively with partners (especially schools, Health and Police) across the city. We work to bring about change in solution-focused ways, building on strengths so that parents and carers are able to provide good parenting, consistent boundaries and emotional warmth, allowing children to develop life skills and resilience.

We are committed to supporting children to remain within their family wherever possible. We value the importance of direct social work and family support work with families as a means of enabling change. Where care at home is not possible, we seek to provide high quality substitute care within family settings, wherever possible within the city. We have a specific responsibility to ensure that children in our care and care leavers receive stability through high quality support and care planning from us as corporate parents.

Our Safeguarding Priorities for 2017/18

Birmingham Children's Service has a history of service failure. However, since 2015, the service has had stable management, reduced staff turnover, an adequate budget and manageable caseloads. In May 2016, the City Council announced that it would create a Children's Trust as a vehicle to continue and add pace to our improvement. In October 2016, Ofsted judged that the Council remained inadequate overall, but with three areas of improvement rated as requires improvement (Children in Care, Care Leavers and Adoption).

In 2017/18, Ofsted carried out four monitoring visits and in each visit noted continuing improvement in front-door systems and in Social Work practice in Disability, Assessment, Safeguarding and Children in Care teams. However, Ofsted remarked that practice continued to be too variable and good practice was not yet embedded. Another area of concern was the need to improve partnership working across the system with more Early Help work with families by all agencies and better working with partners for Children in Need and children subject to Child Protection plans. Ofsted also stated that we need to move from a concern with process to a much stronger focus on impact and outcomes for the child – making sure that what we with partners do makes a real difference for the child's quality of life and development.

In November 2017 we arranged a multi-agency Peer Review from the LGA on CSE. This provided useful insights and a strong set of recommendations. We have also continued to work with our DfE funded improvement partners, Essex Children's Services, to support our continuous learning and improvement. We have focused on providing systemic supervision training to managers and developing a series of learning bulletins for staff based on our quality assurance activities.

We recognise that to bring about change and build resilience in families who are often very disadvantaged is difficult and challenging work, requiring skilled and

confident Social and Family Workers, who need to be supported by good leadership and management, supervision and learning opportunities.

On April 1st 2018, Birmingham Children's Services moved from the Council to a separate organisation, **Birmingham Children's Trust**, a company wholly owned by the Council but operationally independent, whose sole focus will be driving up the quality of social work and family support practice and partnership working so that outcomes for children and young people are improved.

Looking Ahead — Challenges and Focus for 2018/19

- The consistency of the quality of our practice remains an area of development, within a stronger quality of practice strategy that supports learning and improvement. Linked to this is an aligned learning and development offer for practitioners and managers.
- Improving our placement matching for children in care, including recruiting and offering more local foster placements with support so that the needs of older children and those with special needs received family based care.
- Strengthen our collective approaches to vulnerable adolescents, those at risk of CSE, those who go missing, those exploited in gangs and criminal activity, those who are self-harming, those at risk of extremism. This includes improving intelligence sharing and disruption of perpetrators, and more local partnership working to support these vulnerable young people back into home and school.
- Developing a stronger approach to Neglect, identifying children not receiving good care earlier and using our family support and social work interventions working with partners to improve the lived experience of these children.
- Working closely with colleagues in Education, Health and Adult Services to support children with special needs through Early Help and good Education Health and Care (EHC) plans that improve outcomes and support transition to adulthood.
- Extend our support to all care leavers up to the age of 25.
- Working with schools and Education, reduce the number of children not in full-time education, who are excluded or off roll or in alternative provision that is not supporting their achievement.

Public Health

The specialist Public Health function was integrated into the City Council in 2013 and seeks to influence and shape the strategic priorities of all parts of the Council and all the partners of the safeguarding family. All staff have level 1 safeguarding training as a part of their mandatory training which is renewed annually.

Public Health provides subject matter expertise to support the commissioners of the 0-5 years Early Years Health & Wellbeing offer and the 5-16 years School Health Support. At the heart of both of these commissioned offers is a

commitment to support the identification of children and families for Early support or more formal support, i.e. children in need/in care/protection. The Early Years system was procured in 2017 and is in the mobilisation phase. The School Health Advisory Service was commissioned in 2015 and is being re-commissioned in 2018.

An Assistant Director of Public Health chairs the Child Death Overview Panel, providing support to the overview processes and the thematic analysis to identify opportunities for preventing deaths in the future. A particular focus is still on the high Birmingham Infant Mortality rate compared to England and other core cities.

Members of the Public Health function also support the development of other vulnerable children strategies, most recently SEND, Domestic Violence, Homelessness, and preventing the impact of Adverse Experiences in Childhood.

Education

Designated Safeguarding Leads expressed that our **Education Safeguarding** conferences represented informative days with good opportunities for cross-sector networking. The cross phase input was highlighted as partially helpful in supporting whole family approaches and vulnerable pupils with an additional SEND need. Coupled with the additional support and training delivered by the Education Early Help and Safeguarding Team, DSLs expressed that things in the city had improved and that they felt supported in their role.

The impact of the support delivered can be measured in the high level of effective safeguarding evidence through Ofsted inspections. In 2017/18 Ofsted conducted 132 inspections in Birmingham schools; of these 98% were rated either effective or highly effective.

Schools continue to complete the **Section 175 safeguarding self-assessment** with the majority completing the audit on time. The findings of the are shared at DSL Safeguarding Briefings.

Schools have been supported to implement an evidence-based approach to **Early Help** in line with *Right Help, Right Time*. This year, for the first time schools have been asked to provide data on the episodes of direct Early Help support delivered to children, young people and families and the numbers of Early Help Assessments completed where other agencies have been drawn into the support package offered to families.

The main focus of **Alternative Education Provision (AP)** this year has been to develop a robust quality assessment tool to ensure that our SEND children placed in AP are safe, attend school regularly and are receiving the best value for money education possible. This quality assurance focus will continue into the 2018/19 academic until all AP and independent settings used have been assessed. Thereafter, an annual assessment cycle will be maintained. Our expectation remains that all children of statutory school age have a right to a place in their community mainstream

school and we will only place children in AP under mutually agreed exceptional circumstances.

The **Children Missing Education (CME) Service** continues to streamline its processes and procedures. Policies and processes are routinely reviewed to adopt a responsive approach to emerging areas of concern, e.g. Child Trafficking and Homelessness. Schools and Academies are now much clearer on the distinctions between missing from view and /or home and missing from education (www.birmingham.gov.uk/cme).

Core cities across England are currently battling with demands on social housing and Birmingham is no exception. With over 2,300 households currently in **temporary accommodation**, the CME Service began to notice a change of events in October last year. Schools increasingly became concerned about children who were no longer able to attend their schools due to being placed in temporary accommodation, sometimes out of the City. In a bid to support Birmingham's schools, the CME service receives regular data reports on temporary accommodation from the Housing Department. CME Officers liaise with CME Officers across England to ensure that displaced families in temporary accommodation are safe and well. Children are promptly placed into schools on their return to Birmingham.

The **Special Educational Needs Assessment and Review Service** is responsible for carrying out the statutory duty of the LA to undertake assessments of those children and young people (CYP) with complex special educational needs or disabilities (SEND) between the ages of 0-25 years, which may lead to an Education, Health and Care Plan (EHCP). It also manages funding for High Needs provision and placement in mainstream schools, resource bases, special schools, AP and independent settings for over 9100 CYP with EHCPs.

We have an **Inclusion Strategy** for 2017 – 2020 designed to make a positive difference for all our CYP with SEND. Work is underway to deliver our three key priorities: to develop a framework of SEND assessment and planning that results in CYP having their views and circumstances taken fully into account; to ensure a sufficiency of quality provision to improve outcomes for CYP; and to develop a unified system of allocating resources that maximises their impact for individual CYP.

Despite increases in requests for statutory assessment, the service has in 2017/18 completed over 94% of assessments within the statutory timescale of 20 weeks. Processes for the coordination of these assessments with health providers have been improved. In addition, the figure for those CYP with EHCPs who are not accessing school provision has been steadily reduced.

The dialogue around developing a strategic response to year-on-year increases in **Permanent Exclusions** has grown significantly over the last two years. At the Secondary phase, an Operational Lead Group has met on a monthly basis to review, refine and develop proactive approaches to

reduce the number of permanent exclusions. This collective work has seen positive developments across Secondary networks. There has been a clear commitment by Head Teachers to investigate alternative pathways for young people who have reached the point where it is not possible to stay in their current educational placement. This has resulted in:

- a current 25% reduction in permanent exclusions,
- a 38% increase in revoked permanent exclusions, and
- a reduction in the number of schools excluding.

At Primary phase, this approach has recently commenced. There remains an upward trend in permanent exclusions in this age group. At both phases, the work has started to connect Education to Health and Social Care, helping to support schools, the pupils and their families.

Domestic Abuse

Six Domestic Abuse Officers were appointed within Housing Management to support tenancy sustainment within BCC tenancies by acting as a single point of contact for all matters relating to the support of victims of domestic abuse. This will include legal and civil intervention, to support the victim and prevent homeless applications being made and take action against the offenders. These Officers have received training to understand the impact of domestic abuse on children within the home and their interventions will help to keep children safe. This has prevented homelessness of children.

Prevent

The Birmingham Prevent Executive Board provides strategic oversight of the Birmingham Prevent Programme, delivering a comprehensive programme of multi-agency work. During 2017/18 the Prevent team worked across the Local Authority and partners to embed and mainstream Prevent training. In February 2018, the Home Office conducted a Peer Review of the Prevent programme in Birmingham and reported that Birmingham has a strong approach to Prevent with deep understanding across the partnership at all levels. Birmingham's Prevent work with schools was recognised as leading in this area. Birmingham's work with schools is also recognised as good practice nationally, with 100% of schools having undertaken Prevent training and continue to receive Prevent awareness via DSL training.

Birmingham is also a leading authority in delivering the UNICEF Rights to Respect School Award, with over 220 Schools engaged; the programme has helped to increase the resilience and confidence of children through the promotion of children's rights.

The Channel Panel continues to provide support for vulnerable individuals in a multi-agency setting and Birmingham currently also facilitates the regional Channel Chairs' Forum that enables the sharing of practice and learning across the West Midlands. Birmingham Children's Social Care colleagues have been leading practice

arrangements in the Social Care sector looking at recent work and case studies supporting families where radicalisation has been identified and a Social Care response required.

The Prevent Duty is incorporated into both Children's and Adults' safeguarding procedures, with referral processes in place which are understood across partner agencies, along with practice guidance and a screening tool.

Homelessness

The Housing Options Service is committed to safeguarding children in the city and plays a key role in ensuring that children have a safe and stable environment to live in. The service is working collaboratively with the Children's Trust and Education to ensure that families experiencing homelessness are effectively supported. The service is working hard to implement the new Homelessness Reduction Act that came into effect on 3 April 2018 which prioritises prevention of homelessness. The service has been working to embed a new prevention model which includes each person threatened with or already homeless receiving a personal housing plan. This plan identifies the real underlying causes of homelessness and risks associated with the family and works to provide support and help to address these issues and prevent escalation.

Through the Homelessness Partnership Board there is a comprehensive programme in place to improve the prevention of homelessness and the support families and individuals receive when they have a housing need. The plan focuses on improving how we work in partnership and how we will reduce the use of Temporary Accommodation and more importantly Bed and Breakfast usage over the next two years. The reduction in placement of families in Bed and Breakfast and out of city is a key priority.

Initial data is showing that Domestic Abuse is the third most common issue that people present with. The service is working with Birmingham and Solihull Women's Aid to set up a pilot programme where people who are presenting with domestic abuse issues will be supported by professionals who will be able to tailor their support to their specific needs at the same time as ensuring that we are providing housing support.

Birmingham Community Safety Partnership (BCSP)

The responsible authorities of the BCSP work together and with the Third Sector and the community to protect children from harm through interventions and projects delivered under four agreed priority areas. Some examples of work undertaken in 2017/18 are given below.

Priority 1 - Continuous Scoping and Partnership

Development: The establishment of a Civil Orders Partnership has enabled injunctions to be brought against both car cruisers and gang members. One particular operation involved 17 injunctions and in each case the individual, their family and siblings were assessed for support and appropriate referrals.

Priority 2 – Deterrence and Prevention: The BCSP ensured partner collaboration and funding for specific projects to protect young people from victimisation and involvement in violent crime; reduce youth offending and youth re-offending in the city; and reduce gang violence within the city. This included: reducing anti-social behaviour (ASB) through working with young people aged between 10-17 years subject to an ASB sanction; a robbery and crime intervention programme; and specialist intensive support to provide mentoring to young people at risk of criminality and gang involvement.

Priority 3 – Supporting the Vulnerable: Within this priority there has been collaboration to protect young people from crime and substance misuse and to prevent of domestic abuse. BCSP has funded a comprehensive package of interventions to address domestic abuse. Key components include: providing the Birmingham Domestic Abuse Helpline which takes over 2,500 calls per year; providing an independent domestic abuse advisor and an administrator for the MARAC process (Multi-Agency Risk Assessment Conferences for women at the highest risk of serious harm); and delivering the statutory duty to carry out Domestic Homicide Reviews and ensure learning from these across all partners.

Priority 4 – Crime and the Community: Work within this priority is focused on reducing crime, violence and ASB within the community, seeking to support victims, communities and businesses in this process. This work has a positive impact in providing safe environments in which to grow up.

Local Community Safety Partnerships (LCSPs)

There are four LCSPs who work at a local level within Birmingham to deliver bespoke interventions to safeguard communities and children. The work they have done in 2017/18 included: training events and counselling services related to domestic abuse; road safety in schools; support packages in schools for children exposed to domestic abuse, violence and or substance misuse; holding regular Safer Communities Group meetings to monitor and intervene in cases of young people involved in gang activity; providing targeted programmes working with children and young people to help improve mental health, social wellbeing, behavioural skills, healthy relationships, building confidence and raising aspirations by means of early intervention and prevention.

Youth Service

Birmingham Youth Service currently has a full time Senior Youth Worker who is working around the engagement of young people in Prevent. The worker engages with individuals and organisations both statutory and Third Sector that work with young people. We offer workshops for young people to raise their awareness around the dangers of radicalisation and extremism, either via a one-off workshop or ongoing work, signposting young people for more in-depth one-to-one mentoring, supporting, raising awareness and offering staff training. The aim is to rebuild the communities' trust of Prevent. The Youth Service works

with partners in a variety of different ways to support the Community Safety priorities including ASB and CSE. We also offer Third Sector organisations support and training on delivering youth provision. The Youth Service offers a wide range of diversionary activities as well as signposting young people to diversionary activities. We encourage the involvement and engagement of young people and offer a route to engage young people in activities that can lead to other opportunities, e.g. college, work experience, employment and training. Fundamentally, we provide opportunities, activities, experiences and education to keep young people safe, help prevent them from getting involved in crime or coming to harm. We provide local youth centres and services as a safe space, increasing confidence and skills as well as having fun.

Birmingham & Solihull Clinical Commissioning Group (BSOL CCG)

BSOL CCG became the largest clinically-led commissioning organisation in England on 1 April 2018. BSOL CCG was created following approval by NHS England for a merger between Birmingham CrossCity, Birmingham South Central and Solihull CCGs.

BSOL CCG looks after a population of around 1.3 million people and the budget is in excess of £1.8 billion – almost 2% of the total NHS resource. This a membership organisation, with 177 GP practices, as well as a clinically-led Governing Body.

During 2017/18, all three CCGs worked closely together to define outcomes, set quality standards and services across a defined population whilst keeping vulnerable children and adults at the heart of decision making.

From a safeguarding perspective, business continuity has been maintained during the system change. This includes:

- Promoting and delivering safeguarding learning and development across member practices.
- Active participation with multi-agency safeguarding audits that have tested whether or not the system has maintained sustained changes following lessons arising from Serious Case Reviews and other reviews.
- Supporting, continued monitoring and reporting around the [NHS Standard Service Specification](#) (see section SC32: Safeguarding). CCGs have monitored providers via the contract review meetings, and this has included reporting around patient experience (children and adults with care and support needs), patient stories and providing real life examples of good practice and situations where learning can be identified for professionals.

Our Safeguarding Priorities for 2017/18

- To be a strong statutory safeguarding partner for safeguarding and for child death reviews to ensure we have sound arrangements in place that best suits the local area.
- To commission safe and effective services and to support and monitor the delivery of safeguarding

duties within these health services (large provider NHS Trusts and Third Sector organisations).

- To maintain a strong safeguarding culture within the CCG itself, ensuring all staff and member practices are aware of their responsibilities and are committed to supporting best practice in safeguarding both adults and children.
- To support and contribute to the strategic city and borough local authorities safeguarding and child death reviews agenda, based on a sound knowledge of the healthcare needs of the local population for adults and children.

Performance Analysis – Measuring our Progress

BSOL CCG undertakes an annual Section 11 audit for BSCB. In addition, all regional CCGs have been asked by NHS England to complete a detailed Safeguarding Audit Tool (SAT).

As a new organisation we are establishing internal governance processes, ensuring that key findings from both the Section 11 and SAT audits, alongside findings from internal assurance processes, are reported through the BSOL CCG Safeguarding Assurance Group, reporting by exception to the Quality and Safety Committee (QSC) and Governing Body.

During substantial organisational change, we are confident that BSOL CCG has continued to deliver statutory safeguarding responsibilities, in line with national legislation and the NHS frameworks. We have supported the local strategic agenda, maintained a strong safeguarding culture within the CCG, and have systems in place for oversight of the delivery of safeguarding responsibilities in commissioned services.

Key Achievements

Domestic Abuse

The IRIS (Identification and Referral to Improve Safety) Programme is a General Practice based approach to domestic violence and abuse. A training, support and referral programme has been implemented since 2014 across Birmingham. Joint working between the CCG and Birmingham & Solihull Women's Aid (BSWAID) has enabled specialist workers to be linked directly with GP practices. This year, further funding has enabled IRIS to be available to all Birmingham & Solihull Practices. Between 2014 and the end of March 2018, over 500 women had been identified as victims of domestic abuse and offered support services.

Modern Day Slavery

BSOL CCG has continued to work in partnership with strategic partners and has been actively engaged in the fight against modern day slavery. We have been the lead author for the multi-agency policy and continue to be an active member of the Regional Modern Slavery and Human Trafficking Board. Following a successful bid for funding from NHS England (September 2017), a campaign to increase public awareness about Modern Slavery across the city and the West Midlands was launched. The aim of the

CCG campaign was to work with multi-agency partners, using the “Liberate” brand of multi-agency and community partnership to raise awareness of Modern Slavery through a targeted approach.

The campaign launch event was held on 23rd March 2018 outside Grand Central in Birmingham City Centre and was a huge success, featuring on local media news channels. It is estimated that the total audience reach was over 3 million people.

FGM

BSOL CCG submitted a successful bid for funds from NHS England to conduct an FGM pilot project to develop further skills, knowledge and abilities of Primary Care staff to identify victims and girls at risk of FGM. The project will benefit GP practices by training them to engage with prevalent communities and give them the confidence to talk about FGM with their patients and the community, acknowledging the cultural sensitivity of what is a hidden crime. The project is in collaboration with BSWAID, who will support Primary Care staff, and offer support, counselling and sign posting to victims and their families, within the Primary Care networks.

CSE

BSOL CCG has continued to support work to combat CSE in several ways across local authorities’ boundaries: by facilitating the CSE Health Link Sub-Group which runs bi-monthly at the CCG. This is well attended by provider leads from Birmingham and Sandwell. The group has identified and addressed emerging themes on boys and young men, peer on peer issues and issues around county lines. The Designate Nurses are actively involved in both the BSCB and Solihull Safeguarding Children’s Boards audit programme in relation to CSE and Missing and are keen to continue to work with partners in order to address growing themes and recognition around ‘exploitation’ as a whole.

Children in Care

The children in care population for Birmingham and Solihull continues to grow (at time of writing Birmingham: 2,137 Solihull: 435), and the added vulnerabilities of these children and young people remain a priority area of focus within health services. In the past year, we have actively sought the views and experiences of young people, in respect of Primary Care, Mental Health and health services, health assessments and their understanding of their own health histories. We have used this information to develop a health passport, held by the child and young person, to drive improvement in the quality of health assessments, to improve the notification process and to influence the improved delivery of services to this group. The needs and risk factors attached to our children in care and care leaving population has been recognised by the CCG, and the resource of the Designated Children in Care function has been significantly increased to four nurses from one nurse. This should ensure the continuation of high quality responses to improving the outcomes of our young people in care and allow us as a partner to meet and exceed our statutory responsibilities.

Birmingham & Solihull Mental Health NHS Foundation

Trust (BSMHFT)

BSMHFT offers a range of specialist mental health services for children and young people in Birmingham. BSMHFT works closely with BSCB and other local partners to fulfil its statutory duty to promote the welfare of children and young people and to protect them from harm in accordance with the Children Act, 2004 (Section 11) and as set out in *Working Together to Safeguard Children* (July 2018). BSMHFT employs a corporate Safeguarding Team to support frontline staff and the wider organisation in its execution of safeguarding requirements.

Our Safeguarding Priorities for 2017/18

BSMHFT has a clear strategy which identifies the organisation’s safeguarding priorities:

1. Effective safeguarding structures and processes;
2. Mainstream safeguarding;
3. Development of knowledge and skills;
4. Learning through experience;
5. Engaging with service users and external agencies.

During 2017/18, the following areas were targeted for specific action in response to our Section 11 audit and Peer Challenge.

Early Help

As BSMHFT is predominantly an adult-focused service, the adoption of Birmingham’s Early Help model is not straightforward. During 2017/18, we developed a Practice Guide which sets out how each mental health team within BSMHFT will provide an Early Help offer. The aim of the guide is to clarify BSMHFT’s participation in Early Help Assessment plans and their provision of mental health services within such plans. The Practice Guide has been produced with support from Birmingham Children’s Trust’s Head of Service for Early Help and is due to be presented to the Early Help Partnership Board in May 2018. It is being rolled out across the trust alongside the *Right Help, Right Time* workshops.



Child Sexual Exploitation

Our Section 11 audit indicated that BSMHFT could do more to ensure that the workforce is skilled at recognising and responding to CSE. We have therefore improved our training package by introducing content provided by a CSE survivor from Rotherham and we have endorsed the CSE

superhero training as fundamental for staff that have with regular contact with children. We now provide regular representation at CMOG by safeguarding and addiction service staff. Our Liaison and Diversion Team (situated within police custody suites and in court) are actively involved in working with CSE victims and perpetrators who have been flagged on our alert system. We contribute to the CSE Health Link Group.

Measuring our Progress

Training - BSMHFT produces an annual Training Needs Analysis which is reported on through internal governance and to our commissioners quarterly. We are on track with our Key Performance Indicators and we have improved the quality of our training by including lived experience via service user stories, learning from reviews and participation by survivors.

Figure 27

Training Figures for Quarter 4, 2017/18:

| Safeguarding Children | Training compliance |
|---------------------------|---------------------|
| Level 1 (all staff) | 95.50% |
| Level 2 (clinical staff) | 87.40% |
| Level 3 (clinical staff) | 87.40% |
| Female Genital Mutilation | 100 |
| Child Sexual Exploitation | 201 |

Safeguarding Activity

Quarterly dashboard reports indicate our performance regarding safeguarding referrals and advice.

Concerns about emotional abuse and domestic violence remain our most frequent recorded requests for advice. We note an increase in referrals from our children's mental health services which correlates with additional locally offered support from corporate safeguarding staff. We note a reduction in referrals from our primary care service, Birmingham Health Minds. This seems to indicate a better understanding and implementation of *Right Help, Right Time* categories and appropriate utilisation of early help.

Figure 28

Safeguarding Children Advice Calls by Category

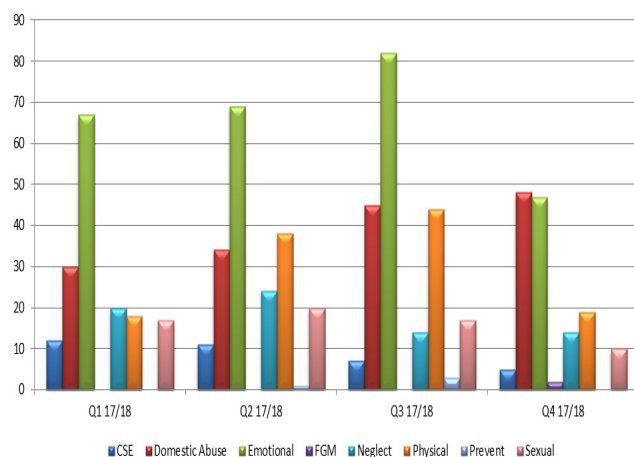
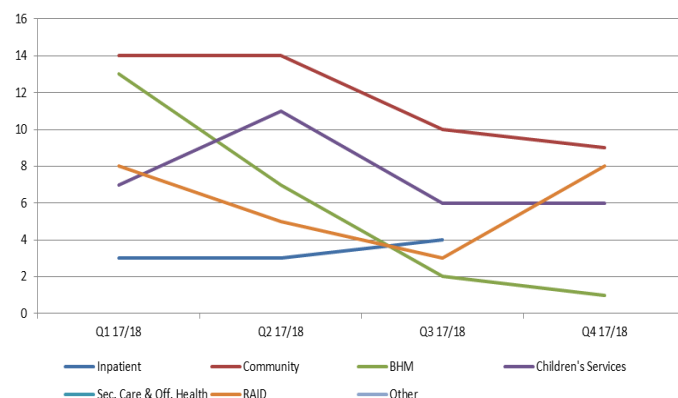


Figure 29

Safeguarding Children Referrals per Service Area



Audit and Inspection

BSMHFT has an audit programme. During 2017/18, we audited the quality of Requests for Support / MASH referrals and they had improved specifically in gaining parental consent and in completing CSE screening tools. We have produced a practice guide to improve the quality of making referrals, which appears to be successful. We have participated in external audits regarding CSE. Our Child and Adolescent Mental Health Service (Solar) has been CQC inspected which resulted in an improvement programme being implemented. Re-inspection resulted in a CQC rating of Good.

Impact and Outcomes for Children and Young People

During 2017/18, BSMHFT Safeguarding Team considered the impact of adverse childhood experiences (ACE) on our adult service users and upon their children. Evidence from ongoing local reviews suggests that more consideration of ACEs and the use of trauma informed practice would improve outcomes for families. This is an area we would like to develop next year. The Trust continues to use the friends and family test to measure outcomes and recent sampling is very positive in child specific services. The Safeguarding Team collects service user's stories to elicit the views of children and young people. These are used to inform training and service development.

Looking Ahead — Challenges and Focus for 2018/19

Priority One - Whole Family Focus:

Supporting the Early Help and Safeguarding agenda remains a challenge for adult services. During 2017/18 the Trust considered how to "prompt" clinical staff to consider children routinely within adult consultations. This remains an area to focus on during 2018-19 and we plan to develop this alongside the proposed work regarding ACEs. The Trust is working on IT improvements to help staff to identify parents more easily and we plan to audit how the "voice of the child" is demonstrated in care plans, risk assessment and demographic information.

Priority Two – Better outcomes for Children and Young People:

BSMHFT would like to gauge how our attendance at multi-agency meetings such as child protection conferences and core groups impacts on the outcome for families. We

have asked the Children's Trust for support in obtaining figures regarding attendance and plan to conduct a quality audit. We also want to better understand the experiences of children and young people in contact with mental health services across the *Right Help, Right Time* spectrum.

Priority Three - Supervision:

We are in the process of improving our supervision provision and are piloting a new approach in three key areas. Our new model offers three levels of supervision:

Level One - All types of supervision offered within the trust must include safeguarding support.

Level Two – The Safeguarding Team offers a daily advice and support function.

Level Three – Targeted staff groups have mandatory face to face supervision using a signs of safety model.

In addition to this, managers are specifically targeted for bespoke supervision in order to promote good leadership and oversight of safeguarding processes.

Priority Four- Learning from Reviews:

During 2017/18 we circulated Learning Bulletins and slides to all teams for reflective practice sessions. Learning from reviews is incorporated into all our training programmes. However, we have more work to do in order to evidence that learning is really impacting on care delivery and we are planning to review how we mobilise recommendations more effectively. The Safeguarding Team will introduce a new monitoring system for review recommendations in July 2018 which seeks to hold operational services to account more robustly for the implementation and evaluation of recommendation and learning. The team is currently delivering a "roadshow" relating to themes coming from Domestic Homicide Reviews. We are also introducing "Safeguarding Message of the Month" to promote key learning points.

Priority Five – Engaging with Service Users:

In 2017/18, BSMHFT endeavoured to promote engagement with Service Users and co-produced our annual learning event with "Experts by Experience". During 2018-19 we hope to devote more time and energy to meeting and hearing from children with the support of our Named Doctor for Safeguarding Children who is working directly with young people within our Forensic Child and Adolescent Mental Health Service.



Change Grow Live Birmingham (CGL)

CGL is the single provider of adult substance misuse treatment services in Birmingham. We deliver an integrated service to support adults to understand the impact their drug or alcohol use has on their health and wellbeing, family and community, and support them to reduce or stop their use safely. Our integrated services address the needs of the whole person and encompass housing, education, training and employment, as well as psycho-social and clinical substance misuse treatment. We have a specialist Women and Families Team who work with our complex cases which include pregnancy, parenting, domestic abuse and mental health.

We work with the families and friends of people affected by drug or alcohol use to help develop and maintain strong, loving and stable relationships critical to successful recovery. Our Safeguarding Children's Policy has been revised with renewed focus on the most vulnerable service users and the children they have substantive contact with.

CGL has developed and implemented a family-focused Prescribing Policy to promote safer prescribing for people with children under five. The policy was developed in response to research from Adfam, which identified a high number of incidents, including deaths, involving children who have ingested methadone. Our policy seeks to improve child safety through measures such as education about medicines storage, more supervised prescribing and encouraging service users to move to safe forms of medication, such as buprenorphine.

Figure 30

| CGL Safeguarding Analysis - March 2018 | |
|--|--|
| Project: Birmingham Service | |
| Summary | Current Caseload |
| | 5910 |
| | Safeguarding Currently |
| | 1165 |
| | Safeguarding Previously |
| | 278 |
| Children Breakdown | Total Safeguarding |
| | 1443 |
| | Safeguarding % of Caseload |
| | 24.42% |
| Children Breakdown | Number of recorded children in Birmingham (open cases) |
| | 2571 |
| | Children on Child Protection Plan |
| | 331 |
| | Children on Child In Need |
| | 156 |
| Children Breakdown | Children on Family Support |
| | 25 |
| | Children on Early Help |
| | 32 |
| Children Breakdown | Number of Pregnant Service Users |
| | 48 |

Our Safeguarding Priorities for 2017/18

Our safeguarding priorities form part of our service quality improvement plan which is reviewed on a fortnightly basis. All service users with identifiable safeguarding concerns should have a clear risk management plan in place, which is accurately recorded on our Children and Families page. To support compliance, Team Leaders review safeguarding cases through monthly supervisions and the Quality Team audits case records in line with CGL standards. Outcomes of audits are provided to Deputy Service Managers and Team Leaders and an overall summary report is provided to the monthly management board.

All staff and volunteers must complete safeguarding children e-learning within 12 weeks of commencing employment with CGL and all operational staff and volunteers complete CGL or LSCB safeguarding children classroom based learning within twelve months of commencing employment with CGL. (Figure 31)

Figure 31

Percentage of staff who have completed mandatory training.

| Training Module | % Completed |
|-----------------------------------|-------------|
| Safeguarding Adults (Online) | 96% |
| Safeguarding Adults (Classroom) | 72% |
| Safeguarding Children (Online) | 97% |
| Safeguarding Children (Classroom) | 88% |
| Mental Capacity Act Module 1 | 83% |
| Mental Capacity Act Module 2 | 82% |

Our Safeguarding Lead provides safeguarding supervision to the 16 teams across the service to embed the understanding of the wider risk factors when dealing with parental substance misuse and the impact on service user's children and family members. Following this, clear case management action plans are put in place with reference to policy, including referrals to and liaison with relevant agencies, escalation and ongoing engagement of service users. The Safeguarding Lead works closely with the quality lead to distil learning and embed lessons learned from Serious Case Reviews, Domestic Homicide Reviews and Death Investigations through our monthly Integrated Governance Team Meetings. These meetings provide an open learning environment in order to increase staff engagement, improve service user experience and reduce mortality.

The processes for the management of cases when a worker is off long term sick and internal case transfers have been reviewed and agreed with senior managers and implemented.

The management of case closures has been reviewed and all staff are aware of the need for a full review prior to closure with consideration of safeguarding concerns and liaison with professionals involved.

Measuring Our Progress – What we have Achieved

CGL appointed a Safeguarding Lead for Birmingham in July 2017. The Safeguarding Lead is part of the Senior Management Team and this role includes embedding safeguarding practice within the teams, alongside working with partnership organisations to improve communication, appropriate referrals, better identification of safeguarding concerns and embed local safeguarding policies and processes. This has included the delivery of training to all staff regarding the *Right Help, Right Time* guidance so staff are better equipped to assess the needs of families and effectively involve and work alongside appropriate agencies. Our Team Leaders work collaboratively with CASS to inform joint assessments and improve knowledge and understanding of substance misuse and impact on family members and children. We provide regular updates through the CASS and MASH partnership forum and the safeguarding lead delivered substance misuse training to frontline CASS staff. We provide a representative at the Early Help Strategic Partnership Forum and Domestic Homicide Review Forum. We sit on the MARAC governance group and have four MARAC representatives who attend MARACs across the city.

We have delivered Domestic Homicide training to all frontline staff in partnership with the Children's Trust to improve outcomes for victims and the families experiencing domestic abuse.

We monitor performance through National Quality Audits which include safeguarding governance. The Safeguarding Lead and Quality Team regularly audit case notes in order to identify themes and implement immediate and long term actions.

Figure 32

Safeguarding Quality Assurance and Audit Activity 2017/18:

| Safeguarding Audit Theme or Quality Assurance Activity we have undertaken by Topic/Title | Summary of Methodology i.e. Employee Survey, dip sample, case file audit, Customer Survey etc. | Outcome (Summary of key findings / learning) | Have the findings been acted upon? (Yes or No) |
|---|--|---|---|
| Risk Assessment and Planning including case closures, consent, management of missed appointments and liaison with partnership agencies. | Case file audit – Dip sample of 200 open cases and 100 closed cases. | General improvement in the management of cases. It has been identified that some team members would benefit from extra support. | Yes – outcomes fed into management board and service quality improvement plan. Workshops offered and key learning discussed in Integrated Governance Team Meetings. |

Looking Ahead — Challenges and Focus for 2018/19

Across the Birmingham service we will continue to look at ways of improving outcomes for our service users and their families.

We will continue to provide effective safeguarding supervision across all teams and ensure accurate recording of safeguarding concerns through ongoing audits.

The safeguarding and quality team will continue to identify and develop appropriate training that meets the needs of our staff and service users, including key emerging safeguarding issues such as Domestic Abuse, Criminal Exploitation, Adverse Childhood Experiences and County Lines in conjunction with our national safeguarding lead.

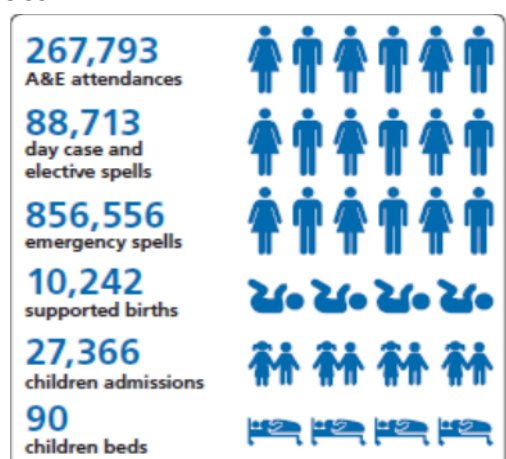
Nationally, our organisation has made a commitment to review our supervision and appraisal format which will improve staff and service user engagement alongside other strategic objectives. Our current organisational strategic priorities include improving our response to Domestic Abuse, improving our ability to identify and respond to Child Sexual Exploitation, and we are currently working collaboratively with the Child Sexual Abuse Centre of Expertise to develop and integrate a trauma informed offer for service users who are survivors of current and historic sexual abuse.

Heart of England NHS Foundation Trust (HEFT)

Heart of England NHS Foundation Trust has a workforce of 10,565, working across a number of sites, providing health care to the population of Birmingham, Solihull and South Staffordshire. On 1 April 2018, the Trust was acquired by University Hospitals Birmingham and ceased to exist as an independent organisation. This report details safeguarding arrangements at HEFT during the financial year 2017/18. Provision of health care for HEFT included (Figure 33):

- Emergency care
- Maternity services
- In-patient care for adults and children
- Out patients services
- Community Services

Figure 33



The Trust acknowledges fully its statutory responsibilities to safeguard and promote the wellbeing of children. The Chief Nurse oversees the safeguarding arrangements in the Trust and line manages the Head of Safeguarding. The Safeguarding Team is responsible for:

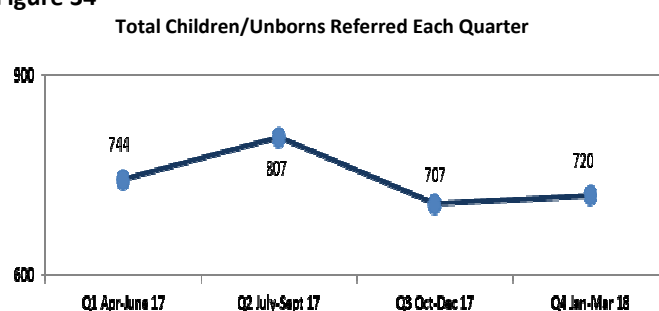
- Advice, support and supervision;
- Education, staff development and engagement in relation to safeguarding;
- Ensuring that policies and procedures are in place and kept up to date;
- Audit of the effectiveness of arrangements;
- Completion of internal reviews as required with statutory Serious Case Reviews;
- Working with partners and ensuring they have access to specialist health advice as required.

The Safeguarding Team is an active partner in local MASH arrangements in both Birmingham and Solihull.

Safeguarding Activity

The Trust generated requests for support for an average of **745** children each quarter during 2017/18. Figure 34 illustrates data over four consecutive quarters.

Figure 34



The average numbers of requests for support referrals each quarter for the previous years are illustrated in Figure 35.

Figure 35

| 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 | 2015-16 | 2016-17 | 2017-18 |
|---------|---------|---------|---------|---------|---------|---------|---------|
| 150 | 445 | 446 | 601 | 653 | 610 | 732 | 745 |

Our Safeguarding Priorities for 2017/18.

Increasing the feedback in relation to requests for social work service.

During quarter 4 the number of 'outcomes unknown' from requests for support referrals reduced from over **50% to 16.7 %**. This was achieved with substantial time investment from the Safeguarding Team. Consideration of how to sustain this within current staffing constraints is underway. Figure 36 illustrates the data held in relation to outcomes from Request for Support forms completed in quarter 4.

Figure 36

| Outcome | %age of Total Request for support |
|--|-----------------------------------|
| Assessment led by a SW | 40.4% |
| See further breakdown below: | |
| Already open to a SW and sent to them for further assessment | 6.1% |
| Section 47 | 4.7% |
| Allocated for Single assessment | 29.7% |
| Early Help Recommended | 10.4% |
| See further breakdown below: | |
| Early Help to be provided supported by LA staff | 6.3% |
| Early Help team (LA) already have the case open | 1.1% |
| Early Help assessment to be completed by HEFT | 0.1 % |
| Early Help Assessment to be completed by other provider | 2.9% |
| No further action | 26.9% |
| No further action with advice to parents provided by the LA | 6.7% |
| Outcome unknown | 16.7% |

Ensuring access to early help for children and families

- Increase in training and supervision for staff and focused audit of infants with long stays in NNU.
- The Trust employs midwives who contribute hugely to the early help offer for pregnant women who suffer from mental health issues, substance misuse issues, social exclusion, FGM and domestic abuse. Data in relation to early help in maternity during 2017/18 has proved difficult to collate due to changes in the early help documentation (previous measure was the numbers of CAF assessments initiated).
- The Trust provided *Right Service, Right Time* training for **94%** of the relevant cohort of staff during 2017/18.

Increasing staff knowledge and confidence in relation to restraint / clinical holding.

- An e-learning package in relation to clinical holding in paediatrics was introduced and the compliance with this at the end of quarter 4 was 74%.
- There are plans for de-escalation training for paediatric staff which will be provided by a specialist trainer during 2018-19.

Improving the quality of safeguarding assessments for 16-18 year olds.

- Changes to the IT system in ED ensure that a child safeguarding assessment is automatically generated for 16-18 year olds. There are 6 monthly audits of this cohort to assess how well this group are safeguarded.

Improving the quality of information shared as part of the Request for Support Referral process.

- Targeted campaign to improve the quality of information shared on Request for Support forms. This has included training; workshops; one to one feedback and continuous audit (every single form is audited against set criteria).
- 94% of referrals generated meet required standards and there is continued support to areas that continue to find this challenging. Figure 37 illustrates the results of the quality of referral audit in quarter 4 2017/18.

Figure 37



Measuring Our Progress – What we have Achieved

- **Section 11** — The Trust benchmarks against all aspects of Section 11 and participates in peer review processes.
- **Education and Development** — The Trust has an annual safeguarding needs analysis and reports quarterly against it both internally and to the CCG as part of the contractual arrangements. The Trust is compliant with Safeguarding Training at Level 1,2 and 3 and with Prevent. All training is evaluated. All Level 3 Safeguarding Training was reviewed and comprehensively refreshed during 2017/18 and a new domestic abuse training module was introduced.
- **Safeguarding Supervision** — This is provided for key staff groups in the Trust (including maternity, neonates, paediatrics, emergency department staff and safeguarding staff) and monitored quarterly as a key performance indicator. Year on year the number of staff receiving supervision has increased. The rate of compliance with safeguarding supervision is **96%** for the year.
- **Systematic Safeguards** — The Trust has fully implemented the CP-IS (Child Protection Information Sharing) in its Emergency Departments and in the Maternity setting. Audit demonstrates that this is embedded and is reliably checked. There are further plans to implement in the PAU and CAU settings. In addition, children who have previously had requests for Social Work services completed by HEFT staff or been subject to CP Plans have this flagged in their records to assist staff in their assessments.

- **Audit** — An annual safeguarding audit programme is in place which provides assurance and focus for on-going improvements to services. Audit activity is driven by learning from incidents, IMRs and is heavily focused on transitional points in a child's journey.
- **Patient Experience** — The Trust continues to produce patient stories that focus on the perspective of the child and to work with the complaints and patient experience team to learn more about what children and families have to say about the safeguarding process. A series of patient and family leaflets were introduced during 2017/18, based on feedback from families regarding the need to be kept informed about what happens during safeguarding processes.
- **Escalation** — The Trust measures the numbers of cases that are in escalation due to professional disagreements between agencies and is working closely with senior staff members in Birmingham Children's Social Care to increase opportunities for front line Health and Social Care staff to come together for case discussions.

Looking Ahead — Challenges and Focus for 2018/19 Priorities for 2018-19 include:

- Establishment of a new safeguarding staffing structure based on the needs of the new organisation;
- Establishment of a refined governance structure to support safeguarding in the new organisation;
- Harmonisation of Safeguarding Policies, Procedures and Processes;
- Maintenance of all safeguarding improvement plans, cascade of learning, audit and achievement of Key Performance Indicators and services during the period of change;
- Improving CP systems: Introduction of the FGM-IS (Female Genital Mutilation Information Sharing) Project in maternity services / rolling out CP-IS in the Paediatric assessment areas;
- Maintenance and development of all key partnerships at a time of change (health re-organisation and new arrangements for provision of Children's Social Work services)

National Probation Service (NPS)

The National Probation Service is a public-sector organisation, which is part of the Ministry of Justice. 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 approximately 3,500 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 also 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.

Our Safeguarding Priorities for 2017/18

Our broader organisational priorities are protecting the public, preventing victims and reducing reoffending. We do not have children as direct service users, unless they are clients of the victim liaison service. We do, however, second probation officers into the Youth Offending Service, where they work directly with 16 and 17 year olds sentenced to custody or community supervision. In all of our case work, however, we are required specifically to assess whether those subject to our supervision pose a risk of harm to children. If that risk does exist, it is a requirement that sentence plans include measures to mitigate that risk. This may include referrals into Children's Social Care, but can also include our ability to apply for restrictive conditions in licences and community sentences that directly protect children.

When we are supervising parents of children who are subject to Child Protection or Children in Need procedures, there is an 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.

NPS also seconds a full-time 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.

Early in 2018, NPS produced new practitioner guidance around child safeguarding, incorporating *Right Help, Right Time*. This enabled us to deliver a single briefing, across the workforce, combining national agency imperatives with

local multi-agency guidance.

Performance analysis

In common with most public-sector agencies, we are subject to a broad range of performance measurements. None of the numeric targets relate specifically to our role in protecting children but several relate to our broader public protection responsibilities. For those offenders whose increasing risk meant they were no longer deemed safe to remain on post release licence, we completed reports to secure their immediate return to custody within the 24 hour time limit in 98.4% of cases. For those who had breached the terms of their community orders, we issued summonses for their return to court, within the 10 day target, in 94.1% of cases. Even more important, though, is the way we have amended our practice when people under our supervision go on to commit further offences. All learning from Serious Case Reviews, Domestic Homicide Reviews and our own internal Serious Further Offence Reviews has been incorporated into a range of themed bulletins, which are regular agenda items at divisional management team and local team meetings.

Looking Ahead — Challenges and Focus for 2018/19

For some time, NPS lacked an audit capacity. A new Quality Development Officer role was introduced in the latter part of 2017/18, however, and we are continuing to develop this to re-establish a stronger audit theme in our work. We are also rolling out a new suite of specialist programmes to work with sex offenders in terms of reducing the risk they pose to children and other potential victims. We are also looking forward, in 2018, to our first inspection under the new programme developed by Her Majesty's Inspectorate of Probation. This will include a central focus on how we discharge our responsibility to manage risk.

Staffordshire & West Midlands Community Rehabilitation Company (SWM CRC)

SWM CRC provides prison based 'through the gate' services and supervises offenders subject to Court Orders and those released from prison on a licence or under post sentence supervision.

SWM CRC is part of the Reducing Reoffending Partnership (RRP), contracted to provide Probation Services for two of the 21 CRCs in England and Wales—RRP is 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 (GCL – 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 criminal behaviour. Our Vision is:

A safer society, where people who have committed crimes

are empowered to change, rebuild their lives and thrive.

Our mission is to **reduce reoffending** and **protect the public**. We work with people to assess their needs, manage risk and **drive behavioural change**, creating powerful rehabilitation journeys that **reduce crime** and help people **transform their lives**.

SWM CRC is responsible for supervising over 5,000 offenders in Birmingham. This 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, Centre City, in the heart of Birmingham, and another for Community Payback, in Nechells. CRCs work under contract to Her Majesty's Prison & Probation Service (HMPPS), part of the Ministry of Justice (MOJ). As well as supervising offenders, we provide dedicated rehabilitative interventions (some of these via our supply chain) to offenders supervised by the National Probation Service (NPS) and other organisations.

Our Safeguarding Priorities for 2017/18

This last year has continued to be one of challenge in the difficult financial context under which we all operate. A new leadership team has been in place since January 2018 and our business plan is focused on improving the quality of the work we do to protect the public, strengthen our Safeguarding and risk practice and reducing reoffending.

Review Team Structures & Balance Caseload

We are currently introducing a dedicated Young Adults Team, exclusively focused on rehabilitating 18-24 year olds as well as the transition journey from Children's to Adults' services. This team will be in place by August 2018 and will work closely with YOS and other partners on specific safeguarding issues for this age group. We are also introducing a dedicated Pathway Intervention Team who will deliver all our group-work interventions aimed at reducing criminal behaviour and safeguarding risks. We are currently externally recruiting significant numbers of new practitioners to provide resilience and help to manage our caseload.

Improvement in Public Protection Practice

We have identified a clear requirement to improve the quality of our practice this year. An SWM audit was recently undertaken by our contract managers, identifying areas of good practice, but also areas where we need to improve. A full action plan is in place to implement and assess these improvements. A number of initiatives are underway which will drive improvement in our risk management and safeguarding practice including:

- Manager-led briefings on the *Right Help, Right Time* process;
- Reintroduction of Practitioner Forums to focus on team discussion and problem solving around risk issues. The first two themes were improvements around home visits and safeguarding children practice. These forums are also utilised to

disseminate learning from SCRs, DHRs and SFOs (Serious Further Offences) into front line practice;

- Monthly manager risk days to review child protection and safeguarding flags and practice;
- Full implementation of our Performance Management Framework to include regular reflective reviews of risk cases between the manager and practitioner and drive up performance;
- Development of a new Domestic Violence Programme called “Spectrum” in conjunction with the MOJ;
- Implementation of Quality Days where managers undertake full & detailed case audits – at least 1 for every practitioner every quarter – and Senior Manager Audits every month;
- Improved the use of our Management Information enabling priority focus on Safeguarding Cases;
- Implementation of our gang-strategy alongside our partners.

The Head of Birmingham Probation is a member of BSCB’s Executive Board and now attends the BEHSP Board. We remain committed to being a strong partner in the local safeguarding arrangements.

Training remains an issue with only small numbers of staff having undertaken multi-agency and single agency training in the last year. Our Learning & Development team have recently undertaken a restructure, moving to a Business Partnering approach. The Head and Deputy Head are planning, with our Business Partner, how we best deliver single agency training due for delivery later this year. The Head of Probation met with BSCB’s Learning & Development Programme Manager to maximise multi-agency training for practitioners. This is currently being moved forwards with team managers.

We continue to meet our Prevent duties and a number of staff received enhanced training in May to act as local champions.

Measuring Our Progress – What we have Achieved

SWM CRC and Birmingham have improved and sustained its performance against the key contractual service level measures since this time last year. Whilst none are specific to child protection, achieving these means we are doing what is required contractually to assess and plan how to manage associated risks.

We monitor and measure the number of home visits we undertake for safeguarding and domestic violence related cases. Whilst these have improved, we still require further focus to ensure that timing targets are met.

We have received no complaints in relation to safeguarding issues in the last year. Our processes involving our Customer Service Centre requesting police call out and safeguarding information are working well with performance exceeding our internal service levels of 90%. We have not been made aware of specific issues raised in

relation to attendance at Child Protection conferences.

Looking Ahead – Challenges and Focus for 2018/19

Our key challenges for next year will be:

- Embedding our new structures to be able to better prioritise and manage safeguarding and other risk cases;
- Implementing recommendations from the Internal Safeguarding Audit;
- Implement, measure and improve our quality of practice in line with our Business Plan;
- Ensure all practitioners attend relevant training and update their safeguarding knowledge where required;
- Continuing to work closely with 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 & West Birmingham Hospitals NHS Trust (SWBHT)

SWBHT is an integrated care organisation dedicated to improving the lives of 530,000 local people from across North-West Birmingham and towns within Sandwell employing 7,200. SWBHT provides community and acute services in a range of settings: Adult and Paediatric Care, Emergency Care, Maternity and Neonatal Care. Last year 30,640 children under 18 years attended our Emergency Departments and there were 5,954 new births. Safeguarding children remains a key priority for SWBHT and it fulfils its statutory obligations within Section 11 of the Children Act (2004) by submitting an annual update of self-audit (Section 11 audit tool) and attendance at BSCB’s Scrutiny Panel. A strong commitment to safeguarding children is demonstrated by our accountability and reporting structure; the Chief Nurse is the Executive Lead for Safeguarding Children. Assurance and quality is demonstrated through our internal and accountability structures with a programme of review via internal committees. This includes compliance with Care Quality Commission and Audit recommendations following internal inspection, safeguarding children training and supervision. There is a Safeguarding Children Operational Group chaired by the Safeguarding Children Lead and a joint Adult and Children Safeguarding Steering Group chaired by the Chief Nurse.

Our established Safeguarding Children Team with Named and Lead professionals support our workforce offering advice, support and training; the team was expanded in October 2017 when the Looked after Children Service transferred from Sandwell and West Birmingham Clinical Commissioning Group to SWBHT. The ‘voice of the child’ is actively sought and demonstrated by regular audit undertaken in service areas to both influence service

development and individual decisions which includes Looked after Children and their view of the statutory health assessment process.

Safeguarding Priorities

During 2017/18 we delivered a number of training sessions on Child Sexual Exploitation (CSE) and remain an active participant in Birmingham's CSE Health Group. We also provide health information to Birmingham's CSE Team when children at risk of CSE are discussed and may have received services from SWBHT. In March 2018, to acknowledge CSE Awareness Day, we held CSE stalls across both hospital sites attracting interest from our frontline staff and visitors.

The Emergency Department (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 SWBHT; in the last twelve months 224 individuals were identified as victims of DVA — an increase of 71% on 2016/17 figures. Data continues to demonstrate that victims from Black and Minority Ethnic groups are more likely to access DVA support via ED (Figure 38).

Figure 38



Our Domestic Abuse Lead Nurse team has been instrumental in working closely with the Independent Domestic Violence Advocates (IDVAs) to develop posters and leaflets promoting SWBHT as a 'Domestic Abuse Awareness Hospital'; this has included training within a variety of settings across SWBHT and introduction of routine enquiry across paediatric and additional adult based services (Neurophysiology and Occupational Health).

We continue to embed the Child Protection Information Sharing Project (CP-IS) into systems in unscheduled care settings across the Trust and are working closely with Maternity Services to implement the FGM-IS.

Quality Assurance/Performance

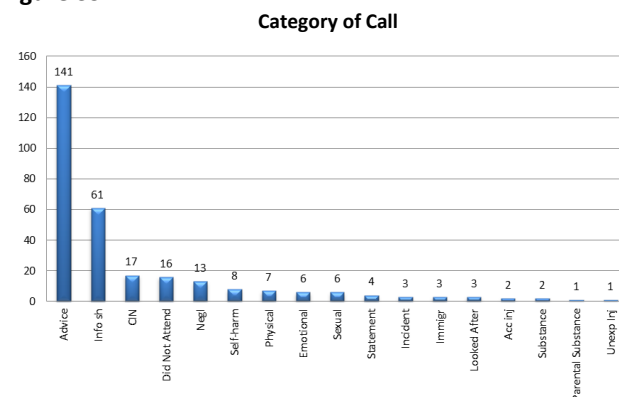
Section 11 Compliance

During 2017/18 SWBHT completed the Section 11 audit for BSCB and attended the Peer Review session earlier in the year.

Advice and Support

The Named Nurses and Safeguarding Team provides advice and support to SWBHT when there are concerns. In 2017/18, there were 294 advice calls as detailed in Figure 39.

Figure 39



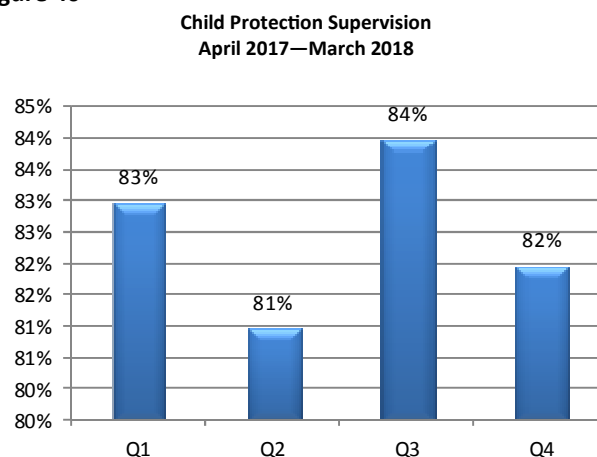
Safeguarding Single Agency Children Training

We have seen a significant increase in compliance with Safeguarding Children Training over the year with Level 2 at 89.45% and Level 3 92.72%. 'Right Help, Right Time' is embedded into our single agency safeguarding children training and audit has demonstrated that staff are utilising and applying thresholds appropriately when completing a Request for Support Form.

Safeguarding Children Supervision

The Safeguarding Team delivers a programme of supervision for health visitors and midwives; for paediatric and ED areas this is on an 'ad hoc' basis. This has remained area of challenge due to competing priorities and team vacancies; however steady improvement has been achieved with percentages remaining over 80% (Figure 40).

Figure 40



Single Agency Audit

We have delivered a programme of audit throughout the year which included:

- Audit of the paediatric ED assessment card for compliance with guidance to review CP-IS information on the Summary Care Record;
- Audit compliance with the Faltering Growth Policy;
- Compliance with viewing CSE alert in ED and actions taken;
- Audit of adult ED card for DVA routine enquiry question completion;

- Audit of HV Record to establish their contribution to safeguarding children following DVA notification (Sandwell MASH);
- MARF audit for quality of information and threshold application;
- Compliance with the DNA/WNB Policy;
- Audit of the maternity/health visitor liaison form for compliance with policy and information sharing when a concern is identified;
- Compliance with Faltering Growth Policy.

Focus for 2018/19

- Maintain effective partnerships and representation at BSCB and its associated Sub-Groups;
- Secure substantive funding for the IDVA ED project post March 2019;
- Embed CP-IS across unscheduled care settings and ensure information is linked following introduction of a new Electronic Patient Record in November 2018;
- Full Implementation of FGM-IS in Maternity settings;
- Continue to improve SWBHT single agency training compliance;
- Continue to review service delivery through a programme of audit, data capture and evaluation.

The Royal Orthopaedic Hospital NHS Trust (ROH)

The 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, across the UK and internationally. In 2017/18, the Trust admitted 1,607 children and young people for treatment.

Following reviews by CQC in 2015 and subsequent review in 2017 by the West Midlands Quality Review Service, questions were raised around the sustainability of our service model and long term clinical outcome for children and young people undergoing surgery at the Trust. With this in mind the Board took the decision to transfer Paediatric surgery at the ROH to a setting where there is greater access to the range of centralised medical services needed to ensure a sustainable and resilient service. There have been many discussions with regulators, commissioners to finalise the timetable for this movement of service, however given the complexity of the action, work is still underway to finalise the plan. The Trust has Named Professionals who lead on issues in relation to safeguarding, ensuring that Safeguarding practice within the Trust is in line with local and national standards and guidance.

The Trust Safeguarding Strategy for 2017 – 2019 has committed to:

- Hear the voice of the child and young person;
- Be proactive in taking learning disabilities forward;
- Ensure Safeguarding is given high priority;
- Improve awareness and care with regarding to Domestic Abuse, Female Genital Mutilation and Child Sexual Exploitation;

- Work in partnership to deliver effective safeguarding externally and internally;
- Have safe and effective reporting and work force.

The Executive Director of Patient Services is the accountable Director for Safeguarding. The Trust Board is provided with updates to identify requirements to develop and improve children and young people's protection. The Trust Safeguarding Committee meets bi-monthly with its overall duty being to promote the welfare of children and ensure they are protected from harm.

The Trust's Safeguarding Champions forum is held quarterly and has a range of members, including clinical and non-clinical staff, to provide greater influence on change and improve safeguarding knowledge and practice.

Our Safeguarding Priorities for 2017/18

- **WNB** - Strengthening the WNB procedure to ensure that all children who are not brought to appointments are safe.
- **Dissemination and implementation of lessons learned and safeguarding messages from the Trust and Local and National Reviews** – Ensuring that learning is shared via Trust Boards and Committees, Trust Communications including Safeguarding Newsletter, review and changes to safeguarding training, improvement in noticeboards, patients stories and internal reporting from the Trust Safeguarding database.
- **Safeguarding Supervision** - Provision of Safeguarding Supervision to staff providing care and treatment to children and young people. The Safeguarding Supervision Policy is awaiting ratification by the Trust Executive Team.
- **Domestic Abuse** - To equip key members of staff with the knowledge, skills and confidence to identify and support individuals experiencing domestic abuse and understand the risks domestic abuse poses to children's safety and wellbeing.
- **Early Identification of Safeguarding Concerns** - Following analysis of emerging themes in the Trust Safeguarding Notifications, key work has been undertaken to identify early on that children have support from other agencies due to safeguarding concerns or additional needs.
- **FGM & CSE** – Raising staff awareness of identifying FGM and CSE, actions needed and the internal and external policies and procedures that support their actions.
- **Learning Disabilities** - In April 2017, the Trust employed a Learning Disability (LD) Nurse, placed within the Safeguarding Team and supports the Named Nurse.
- **Training and Education** - All levels of Safeguarding Children Training have been reviewed and updated.
- **Voice of the Child** – Work continues to ensure the wishes and feelings of the child are listened to and acted upon.

What we have Achieved

- The renewed WNB process has identified children at risk or in need of early help, improved communication with other agencies, gained a wider picture of the child's lived experience and how this can be improved;
- Introduction of the First Contact Sheet in Paediatric Outpatients Clinic has enabled staff to identify safeguarding or early help needs at an earlier stage including the identification of children in care;
- Changes to the Level 3 Safeguarding Training have received positive evaluations;
- Domestic Abuse training was attended by local partners from other Trusts and received positive feedback;
- Following bespoke work around FGM and CSE with the Outpatients Department, a spot-check audit identified an improved awareness of these issues and how staff would identify and support children and adults;
- An assurance visit by the CCG identified that staff knew who to ask for support around safeguarding issues and how to escalate these concerns if the Trust Safeguarding Team was not available.

Looking Ahead — Challenges and Focus for 2018/19

- **Children in Care** – ensuring our practice protects children in care including access to their health appointments, ensuring they are being listened to, liaison with other agencies and consideration of their vulnerability to exploitation;
- **Safeguarding Supervision** – Implementation and evaluation;
- **Child and Young Person's Voice** - Ensuring the child's voice is documented at each contact and their wishes and feelings acted upon;
- **Outcomes for Children and Young People** – Improved evidence of the impact of safeguarding action on the outcome for the child or young person;
- **Mental Health;**
- **FGM.**

University Hospitals Birmingham NHS Foundation Trust (UHB)

UHB is one of the highest performing NHS organisations in Europe with a proven international reputation for its quality of care, information technology, clinical education and training and research. The Trust manages the Queen Elizabeth Hospital (QEH) in Edgbaston, Birmingham, as well as a number of satellite clinics, including sexual health clinics, across the West Midlands; the hospital and its satellite services employ over 9,000 staff. The Hospital treats over 1 million patients per year.

QEH has continued to ensure that the safeguarding of children remains a high priority within the Trust, with the provision of a robust policy, with supporting procedural documents, allowing a consistent approach to the delivery

of 'Birmingham Basics' across the Trust. The policy provides a framework, reinforced by training and support, to enable all clinical staff to recognise and to provide a positive experience in relation to safeguarding.

The Safeguarding Team for the QEH and Umbrella Sexual Health Services is structured to work as a united team across all services. This facilitates robust provision throughout the year.

In the context of safeguarding children, in 2017/18:

- Of the 117,000 ED attendances, a total of **6,128** children were seen; 3,548 were 0-15 year olds and 2,580 were aged 16-17 years;
- Inpatients – **1,492** 16-17 year olds were admitted;
- Sexual health clinics saw **3,466** children (0-15 years - 602 children and 16-17 years – 2,864);
- Outpatient services saw **9,763** children (0-15 years - 2026 and 7,737 16-17 years old).

Our Safeguarding Priorities for 2017/18

The Safeguarding Team receives and processes all referrals made to the CASS.

The training of staff and the raising of safeguarding awareness, continued to be a strength for the Safeguarding Team in 2017/18. The team attended *Right Help, Right Time* training and this is a priority for delivery to relevant staff in 2018/19. Following a recognised need in 2016/17, during 2017/18, 83% of outpatient staff received 'Early Help' and '*Right Service, Right Time*' training. The teaching of Children's Level 2 Safeguarding training within the Trust remained mandatory and is reviewed annually to include emerging themes. This, in turn, has increased staff awareness and professional curiosity, with an overall training attendance compliance of 94% at the end of March 2018.

QEH has an effective Young Persons' Council (YPC) and Young Persons' Steering Group. The YPC is dedicated to capturing the voice of teenagers and young adults to improve the standards of service provided to that age group. In exploring ways to improve the experience of teenagers and young adults, the YPC, in their volunteer uniforms, now undertake monthly 'Social Saturdays'. The primary aim of these ward visits is to find out what matters to young patients while they are in hospital. They invite the young patients to complete surveys on their stay, give them some small gifts and vouchers provided by the hospital's charity, or simply chat and provide a listening ear.

The development of the YPC and Young Persons' Steering Group, together with the robust risk assessments for all children attending the Emergency Department, training in relation to Domestic Abuse and formalised supervision for staff, were recognised as strengths during a Section 11 Peer Review carried out by BSCB in April 2017.

Performance Analysis – Measuring Our Progress

The Safeguarding Team reviews the notes of all under 18

year olds who attend the Emergency Department and sexual health services. This ensures that all children within these services are subject of a robust process and any concerns addressed.

The Lead Nurse for Safeguarding ensures that a quarterly 'dip-sample' audit is carried out in relation to CASS referral forms. Further staff training-is being carried out-regarding the completion of forms, to ensure the highest quality of submission. Outcomes from referrals are shared with the staff who submitted the referral, so that they are able to reflect on the case and share any learning.

Action plans are utilised to address safeguarding issues raised to, or by, the Safeguarding Team to ensure that identified improvements are completed within a realistic timescale.

A comprehensive risk assessment is used for all children under 18 years of age who attend QEH's Emergency Department; this identifies to medics and nurses those children who require safeguarding and further support.

All children who visit sexual health clinics, up to the age of 18 years, have a risk assessment completed to identify signs of sexual exploitation.

Children aged 16 and 17 years old, who are inpatients in the Trust, are visited by the Safeguarding Team to ensure they and their families feel supported; this is deemed exemplar practice.

Safeguarding factsheets on types of abuse, identification, referral pathways and support have been reviewed and developed and are available for all staff within clinical areas.

The CP-IS system is now embedded into practice and there is a flow chart available to staff to explain its use. This has positively impacted on the assessment of children, enabling the sharing of information to allocated Social Workers to occur in a timely manner.

There has been a continued caseload of CSE with the increased awareness by staff due to bespoke training packages and supervision. The Safeguarding Team is in a unique position in having oversight of the majority of sexual health services in the city and is therefore able to assist the Local Authority and Police colleagues working in the field of CSE. The team has strong links with the CSE Named Nurses in the city, with monthly meetings to discuss cases; the mapping of linked patients is often instrumental in safeguarding vulnerable children.

An emerging theme throughout 2017/18 was the experiences of Looked after Children (LAC) treated by QEH. The Safeguarding Team has forged links with the Birmingham Community Healthcare (BCHC) Children in Care Team to work in partnership and safeguard these vulnerable children and young people. An information sharing pathway has now been created, highlighted by the Designated Nurse for Children in Care as good practice and

innovative in that no other Hospital is working in this way with the Children in Care team.

Looking Ahead — Challenges and Focus for 2018/19

The types of referrals and patient groups that the Safeguarding Team encounters indicate the current emerging themes shown below. These are included in the shaping of our priorities:

- CSE;
- Parenting Capacity and Neglect;
- Vulnerable adolescents;
- Violent / Gang-related crime.

Areas for improvement have also been identified for 2018/2019:

- Review current safeguarding training packages at Levels 1, 2 and 3 in line with national guidance;
- Collate patient feedback from 16 – 24 year olds ensuring the voice of the child is heard, and influences our priorities;
- Continue to appraise service delivery through a robust programme of audit and evaluation.

West Midlands Ambulance Service NHS Foundation Trust (WMAS)

In 2017/18 West Midlands Ambulance Service NHS Foundation Trust (WMAS) continued to ensure that the safeguarding of Children, Young People and Adults is a priority in accordance with *Working Together to Safeguard Children 2015* and the Care Act 2014.

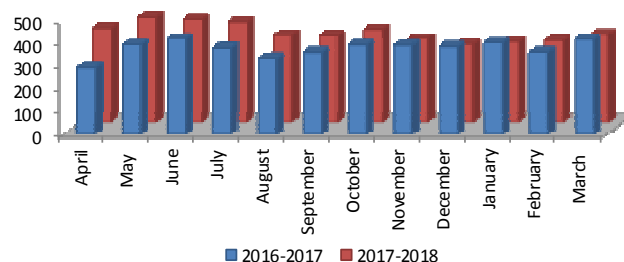
WMAS serves a population of 5.36 million people, covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country conurbation.

As a service, we respond to between 3,500— 4,000 999 calls every day and around 2,000 Patient Transport movements a day.

In the 2017/18 reporting year, 4,756 child safeguarding concerns were completed by WMAS staff. This is a 4.8% increase from 4,534 in 2016/2017. 1,169 of these were in the Birmingham area.

Figure 41

Child Safeguarding Referral Activity
2016/17 & 2017/18 Comparison



| | April | May | June | July | August | September | October | November | December | January | February | March | YTD |
|------------|-------|-----|------|------|--------|-----------|---------|----------|----------|---------|----------|-------|------|
| 2016-2017 | 291 | 334 | 420 | 373 | 336 | 362 | 393 | 392 | 385 | 402 | 363 | 417 | 4534 |
| 2017-2018 | 415 | 460 | 451 | 440 | 384 | 382 | 410 | 370 | 344 | 354 | 359 | 387 | 4756 |
| % Variance | 43% | 17% | 7% | 16% | 14% | 6% | 4% | -6% | -11% | -12% | -1% | -1% | 5% |

By the end of 2017/18, WMAS had been involved in 433 CDOPs; a 35.7% increase on the previous year.

Quality Assurance

The Safeguarding Team provides quality assurance to the board via the Head of Compliance & Corporate and Clinical Effectiveness and the Director of Corporate and Clinical Services / Deputy CEO. The Safeguarding Team also produces Section 11 audits as well as completing Safeguarding Adults Self-Assessment and Assurance framework for the Strategic Health authority along with a Learning Disability and Mental Health Self-Assessment. The majority of areas were rated as effective and some were rated as excellent. The Safeguarding Team also undertook a number of small audits with local authorities to ensure referrals are appropriate and address any areas which may require improvement.

The Safeguarding Team monitors learning, progress and any outstanding cases through the internal safeguarding action log which is updated weekly by the team.

Our Safeguarding Priorities & Key Achievements

Key Achievements in 2017/18

- The Safeguarding Team produced Safer Sleep guidance to give parents advice on reducing the risk of SIDS through safer sleep, which is now on all front line vehicles and will be shared with parents of children under 12 months.
- WMAS consistently achieved Level 1 in our Prevent responsibilities, evidenced in reporting via NHS England.
- Introduction of Safeguarding app on Electronic Patient Record, which can be utilized by clinicians for advice.
- The Safeguarding Team has undertaken a number of small audits with local authorities, with larger internal audits planned for quality of referral and staff knowledge checks.
- The Safeguarding Team continued to receive positive feedback around the engagement invested with Safeguarding boards, local authorities and other agencies.
- Introduction of a monthly 'Safeguarding Newsletter' covering a variety of safeguarding subjects such as Domestic Abuse, CSE and FGM.

Domestic Abuse, Female Genital Mutilation (FGM)

Extensive engagement with representatives from the above areas have assisted in developing some excellent resources for WMAS staff to ensure that all members of the community, and in particular those from known vulnerable groups continue to receive the highest level of care.

Domestic abuse was included in the 2015-2018 mandatory training for all clinical staff. This will also be complimented by a domestic abuse question set for the WMAS Safeguarding Referral line enabling staff to appropriately refer concerns. Close ties with the all West Midlands Police forces have also been developed for reporting domestic abuse.

Looking Ahead — Challenges and Focus for 2018/19

Over the next year, WMAS will:

- Continue to invest in engagement with adult, children boards, CDOPs and other partner agencies, building on existing relationships;
- Ensure focus remains on quality assurance, including further audits on staff knowledge and quality of referrals;
- Continue collaboration with NHS England to deliver the Prevent strategy, ensuring Level 3 WRAP training for frontline staff, targeted training for specific staff groups such as mental health triage car and engagement with local universities delivering Student Paramedic Programme;
- Continue to learn lessons from SCR's, DHR's, SAR's and CDOP's and share with wider organisation through dissemination via internal Learning Review Group;
- Increased engagement of Safeguarding Team with staff both face to face and via social media to enable discussion and advice.

West Midlands Police (WMP)

WMP's Vision is 'Preventing crime, protecting the public and helping those in need'. The Police and Crime Plan identifies a number of objectives to tackle crime related to children and young people including under-reported, 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 for 2017/18

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.

A selection of examples includes:

- Early Help – the work started in 2016/17 continues. Dedicated Early Help police officers have been in place now for over 6 months. Initially, the process for case-allocation was a little disjointed, but there is now a process which allows us to identify and track case allocation - at last report, there were circa 53 cases. To understand impact, an evaluation is currently being undertaken. Based on that evaluation, consideration will be given to expansion of the pilot in terms of time and coverage. Working

with partners, we are also exploring more innovative ways of working to focus on the earliest possible intervention opportunities. Consideration is currently being given to the delivery of ACE trauma-recovery sessions using Family Support Workers or social work/criminology students.

- 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:
 - We launched a new FGM campaign in 2017: 'Female Genital Mutilation. No voice. No Choice' and worked closely with local Bordesley Green Girls' School, with Year 9 pupils entering a competition to design their own FGM campaign.
 - As part of our 2017 Stalking campaign, we created an advert for Snapchat, in order to get our key messages out to a much younger audience, as we know this is a platform that is currently very popular with young people.
- 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 looking at key areas of policing that affect young people 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. Through Operation Sentinel, a dedicated week of action ran in October 2017 focused on hidden crime. It included all departments and Neighbourhood Policing Units within WMP. In Birmingham, work took place with local landlords to identify trafficking and modern slavery.
- A Stalking and Harassment event ran in March 2018 and the current theme is 'vulnerability in volume crime'. This particular focus is aimed at raising the awareness of staff when they are attending volume crime incidents, entering the private space of a family, and in a position to identify the signs of vulnerability for children and vulnerable adults and take appropriate action. A training package is currently being delivered to frontline staff to support this theme.
- FGM - WMP continues 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. The MASH FGM process in Birmingham has been improved and 'light bite' training sessions have been delivered for all agencies (in the MASH) over the last 12 months.

- WMP has a focus around Road Safety, something that we know from young people in Birmingham is an area of concern. Initiatives include:
 - WMP launched the Road Harm Reduction Team in 2017 to focus on road safety. Promote best practice and develop interventions in collaboration with partners. 20m.p.h speed limits are being further rolled out across Birmingham following the 'Twenty is Plenty' campaign last year.
 - 'Kids Court' is an initiative that seeks to educate motorists about the dangers of speeding, by offering them an opportunity to sit in the front of a panel of local school children who discuss with the offending driver the impact speeding has on them and their families.
 - #Operationparksafe – working with local neighbourhood policing teams, and utilising the power of social media to empower local communities to report unlawful and dangerous parking.
 - The Child Safety Bridge tours primary schools to educate children and their families in child seat and seatbelt laws.
- WMP is currently at the end of Year 1 of a comprehensive 3-year CSE strategy, which focuses on:
 - Recognising that every WMP employee has a role when it comes to child protection, so as well as our many trained staff we now also have a dedicated core of over 300 WMP employees across all departments who are committed CSE ambassadors enabling us to tackle CSE as one. They have additional specialist CSE training and inputs which they cascade to their colleagues. CSE Ambassadors also look to share any CSE appropriate information externally. The network of Ambassadors has vastly improved the WMP awareness and understanding around CSE.
 - The WMP Cadets are being trained in CSE by the police and Local Authority CSE coordinators to develop their knowledge and understanding of CSE and impacts in order for them to become youth representatives (CSE Champions) and assist in campaigning events and delivering workshops to other young people in the region.
- A plethora of work takes place with children and young people who are on the edge of the various forms of gang and criminal exploitation. These include mentoring programmes, Princes Trust

Programmes and a specific vulnerable female diversion programme.

Performance Analysis – Measuring our Progress

Section 11 Audit - WMP is in the process of completing its annual return in line with the new regional Section 11 audit tool. As a result of last year's Section 11 Peer Review event there were no identified outstanding actions for WMP to progress.

Initial Child Protection Conferences - WMP continues to resource a team of Police Case Support Officers; the primary role of the team is to provide police reports and to attend all Initial Child Protection Conferences (ICPCs). The team is supervised by an experienced Child Abuse Detective Sergeant who reviews the quality and timeliness of the reports submitted. This dedicated resource has improved police attendance and contribution to ICPC's significantly. We continue to acknowledge that improvements are still required in relation to WMP attendance at CP conferences. This has resulted in WMP working alongside Children's Services and other partners to review present processes, in an attempt to identify more efficient ways of working and work smarter in this core area of business. WMP is providing business analysis support to the partnership to assist in this work. The findings of this piece of work will be shared in the summer of 2018.

Feedback—This forms an important element of improving operational practice. WMP takes part in 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 and 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 maintains the strategic overview of all learning and key themes. This is then embedded throughout all strands of training delivered within WMP, including new recruit, promotion and investigative training. Furthermore, the Head of PPU and Review Team supervision are core members of the Organisational Learning & Risk Board which maintains overall responsibility for governance and implementation of recommendations generated from statutory reviews.

Safeguarding Performance – In 2017/18 there were 3,352 recorded crimes across Birmingham, investigated by WMP specialist child abuse investigation team (CAIU), which was a 23% increase on the previous reporting year. New working practices, including the introduction of a specialist team looking at low level interventions, has resulted in a more timely response to such crimes. 25% of all offences that the CAIU investigated resulted in a positive outcome, which was

a 6% increase on the previous reporting year.

Looking Ahead — Challenges and Focus for 2018/19

'Redesigning Public Protection' - WMP has recognised the need to explore how the Public Protection Unit and the broader WMP can better manage the growing demand and complexity in the areas of Child Abuse, Domestic Abuse, Sexual offending and Vulnerable Adults Abuse, including new and emerging threats, such as Online Child Abuse, Modern Slavery, Trafficking and County Lines. We are also keen to explore and improve how we manage the threat of exploitation of children, young people and vulnerable adults, in a more cohesive and collaborative way – both internally but also externally with partners and the public. In order to do this we have embarked on a change programme to explore how we can achieve this as well as our overarching ambitions of:

- Increasing the protection offered to vulnerable victims;
- Continuing to improve the 'justice' and alternative (to justice) routes that we offer to victims and their families;
- Being more preventative and seeking greater opportunities to intervene earlier— recognising the risk abuse poses to the next generation;
- Placing greater focus on offenders to take responsibility for their offending rather just on victims to keep themselves safe.

Early Help – We await the evaluation of the use of dedicated Early Help police officers; in particular, maintaining the distinction between police officers and Family Support Workers. We continue to bed in the new Domestic Abuse triage arrangements and continue to strive for smarter ways of working within the CASS space. We continue to work with BCC on a Neglect strategy for the city.

CSE - The first Youth Cadet CSE Ambassadors will be introduced from June 2018, starting in EAST Birmingham, where the objective is to engage the East Birmingham youth community in relation to Child Sexual Exploitation. This will then be rolled out force-wide across all seven local authorities. These Youth Ambassadors will link in with the local neighbourhood teams across Birmingham working in collaboration to prevent CSE.

Modern Slavery and Trafficking – Recognising those subject to criminal exploitation remains a challenge for frontline staff. In response, an awareness campaign, internally and with partners (via the Panel for the Protection of Trafficked Children), is focusing on this area. A number of events are taking place to up-skill staff in identifying and then dealing with this emerging threat. This includes training with NRM first responders in June, CPS in July, Crown court judiciary in September and Magistrates in November.

Youth Offending Service (YOS)

The principal aim of the Youth Justice System (YJS), established by Section 37 of the Crime and Disorder Act 1998, is to prevent offending and re-offending by children and young people aged 10 -17 years. Local Youth Justice Services are delivered and managed through Youth Offending Services (YOS), which are multi-agency partnerships with statutory representation from local authorities (specifically Social Care and Education), the Police, Probation and Health. The majority of the services are prescribed by statute or policy.

Birmingham YOS is the largest metropolitan YOS in the country, and is identified as the most complex by the Youth Justice Board given its urban context. The Service works in partnership to achieve the national Youth Justice strategic objectives which are to: prevent offending; reduce re-offending; reduce anti-social behaviour; increase victim and public confidence and ensure the safe and effective use of custody. The Service provides the main supervisory elements of statutory Youth Justice Services, which are assessment and management of risk and safeguarding and effective interventions.

Our Safeguarding Priorities for 2017/18

YOS continued to execute its duties under Section 11 of the Children Act (2004), which places a number of duties on it (and the services it contracts out to other organisations) to ensure that it takes into account the need to safeguard and promote the welfare of children.

Safeguarding training has been offered across the Service via BSCB, as well as internal development and external training provision across a range of vulnerabilities including: Safeguarding for Senior Managers; Child Protection and Early Help; Child Sexual Exploitation, Missing and Trafficked Children; WRAP3 and Prevent; ASSET Plus training Speech and Language training and Gangs.

YOS provides two part-time Senior Social Workers within the CASS environment, which has seen an improvement in: timeliness and quality of YOS safeguarding referrals; a greater understanding of remands to Local Authority Accommodation and Youth Detention Accommodation; an increase in early referrals to the Harmful Sexual Behaviour Team; and ensures YOS attendance at peer on peer abuse strategy discussions.

Within YOS, all young people are screened for issues of safety and wellbeing. Between 1 April 2017 and 31 March 2018, 95 young people were assessed for safety and wellbeing, compared with 93 young people in the previous year. 359 (42.0%) young people were identified as at a greater than 'Low' risk, requiring an increased response to mitigate that risk compared with 36.6% in the previous year. Responses include referrals to Children's Safeguarding Services, Child and Adolescent Mental Health and substance misuse and alcohol treatment services.

The Head of Service has named responsibility for attending and supporting the work of key BSCB Sub-Groups: the Child Death Overview Panel; Quality Impact & Outcomes and CSE

and Missing Operational Groups.

Addressing youth violence is a key target of YOS and its partners; understanding Risk and Protective factors is fundamental to our approach. YOS has worked closely with partners in developing new multi-agency arrangements in relation to gangs and produced a new Birmingham Guns, Gangs and Organised Criminality Strategy.

A new governance structure has been put in place comprising of a Strategic Board jointly chaired by a West Midlands Police Superintendent and Assistant Director, Children's Services, to focus on reducing the harm relating to Serious Organised Crime and gang activity, including criminal exploitation. This Board reports into the BCSP Board. An operational group (jointly chaired by YOS Head of Service and a Police Superintendent) has been developed alongside a Criminal Exploitation Panel that both adopt the 4P (Prevent, Prepare, Pursue, Protect) approach to addressing the risk relating to organised crime groups.

Relationship-based practice with young people and their families; effective parenting interventions; early childhood development; school-based life and social skills training; therapeutic approaches (such as cognitive behaviour therapies) and policies to reduce access to alcohol and illegal substances have all shown promise in preventing youth violence.

Performance Analysis – Measuring our Progress

Birmingham has maintained good performance against two of the three national youth justice indicators: reducing re-offending and reducing the use of the Secure Estate. Nationally there has been a rise in the frequency rate for re-offending. However, Birmingham currently has the lowest re-offending rate (3.59) of all core cities for the 12 month cohort July 2015 June 2016 and is below the national average (3.78); similar to the West Midlands average (3.41). Within this cohort were 1,082 young offenders; the largest across the core cities, with 36.5% re-offending, which is the lowest percentage of re-offenders of all core cities and compared favourably with 40.2% (West Midlands) and 41.9% nationally.

Birmingham's rate per 100,000 10-17 year population has fallen to 466 (553 young people) between January and December 2017. Birmingham performs in the top quartile when compared with other core cities, however is above the national average (292) and the West Midlands region (444).

Between 1 April 2017 and 31 March 2018, the number of custodial sentences was 105: a custody rate of 0.88 per 1,000 of the 10-17 population. This is average for the core cities however it is above the national (0.38) and west midlands (0.76) average. The three main offences that resulted in a custodial sentence in Birmingham over the period were Robbery; Violence against the Person and Breach of Statutory Order. Black or dual heritage young

people remain over-represented in the custodial population in relation to the number of black young people aged 10-17 in the general population.

YOS continues to lead and chair local Risk and Vulnerability panels in each of the five area teams to discuss those young people assessed at medium to high risk of reoffending, harm and vulnerability. This allows the YOS to co-ordinate services.

Looking Ahead — Challenges and Focus for 2018/19

The Youth Offending Service Management Board is in the process of setting priorities for 2018/19, which will take into account emerging safeguarding risks:

- Develop partnership understanding of the young people entering the YJS for the first time;
- Utilise the improving quality of information to ensure that our assessments are accurate and that interventions are timely, targeted and focused on the areas of identified risk;
- Ensure that the highest risk young people receive our most intensive interventions and risk management arrangements;
- Review current partnership actions to reduce disproportionality;
- Continue to invest resources to improve ETE provision to YOS NEET young people;
- Continue to work with partners to develop and commission services that prevent youth violence and involvement in gang affiliation;
- Continue delivering the YOS 'Think Family' model, building resilience and ensuring that young offenders are viewed in the context of their families and that the needs of other family members are identified and managed;
- Continual review and analysis of young people remanded or sentenced to the Secure Estate with YOS Management Board partners for shared ownership.



Part 5 - Conclusion and Looking Forward

BSCB has now bedded in its reshaped governance arrangements. A smaller Executive Board, supported by a small number of essential Sub-Groups and the vital Schools, Health and Early Help partnerships, works well. Our investment in the Annual Practitioners Conference and two Safeguarding Leaders Assemblies each year is proving good value.

The Department for Education published the revised 'Working Together to Safeguard Children' guidance in July 2018. This guidance sets out the transitional arrangements for the new Multi-Agency Safeguarding Arrangements which need to be in place by September 2020.

We are already operating in line with the spirit of the changes by promoting shared leadership and ownership of safeguarding; emphasising Early Help and building on strengths; supporting and improving evidence-based practice; having the voice and experience of children and families at the heart of what we do, and acting quickly and inclusively to learn from events and from research.

We have made significant progress during the last twelve months, as follows:

- Launch of new threshold guidance; 'Right Help, Right Time' in January 2018
- The development of a joined-up approach to Child Exploitation, including sexual, criminal, gangs and radicalisation
- Endorsing the Domestic Abuse Prevention Strategy and Action Plan
- Establishing a 'City Board' to coordinate strategic partnership action

In its final year, BSCB will play a crucial role in supporting the three 'Safeguarding Partners,' consult and engage all relevant agencies in helping to develop the new Multi-Agency Safeguarding Arrangements (MASA) and manage the smooth transition to the new model of working, whilst ensuring that the changes do not divert or distract partnership endeavor from safeguarding and protecting the children and young people of Birmingham.

The priorities which we all agreed at the start of 2017 have stood the test of time. They remain absolutely the right priorities as for the second and final year of the Business Improvement Plan 2017-19. They support our improvement agenda.

Priority 1: Strong Leadership & 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 & 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.



Glossary of Terms

| | |
|-----------------|--|
| ACE | Adverse Childhood Experiences |
| AP | Alternative Education Provision |
| BCC | Birmingham City Council |
| BCHC | Birmingham Community Healthcare NHS Foundation Trust |
| BCSP | Birmingham Community Safety Partnership |
| BSCB | Birmingham Safeguarding Children Board |
| 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 |
| CGL | Change Grow Live Birmingham |
| CP-IS | Child Protection Information Service |
| CME | Children Missing Education (CME) |
| CSE | Child Sexual Exploitation |
| CQC | Care Quality Commission |
| DHR | Domestic Homicide Review |
| DNA | Did Not Attend |
| ED | Emergency Department |
| ETE | Education, Training and Employment |
| FGM | Female Genital Mutilation |
| FGM-IS | Female Genital Mutilation Information Sharing |
| GP | General Practitioner |
| HEFT | Heart of England NHS Foundation Trust |
| IDVA's | Independent Domestic Violence Advocates |
| LD | Learning Disability |
| LGA | Local Government Association |
| MARAC | Multi-Agency Risk Assessment Conference |
| MASA | Multi-Agency Safeguarding Arrangements |
| MASH | Multi-Agency Safeguarding Hub |
| MOJ | Ministry of Justice |
| NSPCC | National Society for the Prevention of Cruelty to Children |
| PCC | Police Crime Commissioner |
| RHRT | Right Help, Right Time |
| RRP | Reducing Reoffending Partnership |
| SAR | Safeguarding Adults Review |
| SCR | Serious Case Reviews |
| SWBHT | Sandwell & West Birmingham Hospitals NHS Trust |
| SWM CRC | Staffordshire & West Midlands Community Rehabilitation Company |
| 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 |
| YOS | Youth Offending Service |
| YJS | Youth Justice Service |



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Special Educational Needs and Disability (SEND)

1 Purpose of the Paper

- 1.1 To provide background information to the Committee to aid the discussion.

2 Schools, Children and Families O&S Committee

- 2.1 Three Members of the previous O&S Committee were on the Inclusion Commission (Councillor Sue Anderson, Councillor Matt Bennett and Councillor Barry Bowles).
- 2.2 On 12th December 2017, Cabinet approved the strategy for SEND and Inclusion as recommended by the Inclusion Commission and approved the implementation of the priorities within the strategy from January 2018 by the SEND & Inclusion Steering Group and Programme Board.
- 2.3 Following the Cabinet decision, a request for 'call-in' was received from Councillor Matt Bennett and Councillor Ian Cruise. The Committee met on 8th January 2018 and voted not to 'call-in' the decision. However, a letter was sent to the Cabinet Member for Children, Families and Schools outlining the Committee's serious criticisms of the cabinet report and strategy. A response was received from the Cabinet Member on 6th February 2018.
- 2.4 Please find attached:
- Appendix A: Birmingham's Strategy for SEND and Inclusion 2017-2020.
 - Appendix B: Letter to the Cabinet Member.
 - Appendix C: Letter from the Cabinet Member.

3 Ofsted and Care Quality Commission (CQC) Joint Inspection

- 3.1 Between 25th and 29th June 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection to judge the effectiveness in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. Please find attached Appendix D.

The Council's response to Ofsted and CQC SEND inspection can be found on the Council's website <https://bit.ly/2DyES0G> and is also below:

A joint statement from Cllr Kate Booth, Cabinet Member for Children's Wellbeing at Birmingham City Council and Dr Richard Mendelsohn, Chief Medical Officer at NHS Birmingham and Solihull Clinical Commissioning Group (CCG):



"We are very disappointed with the findings of the recent inspection of special educational and disability needs services in Birmingham, which we fully accept. By working together in close partnership, we are committed to ensuring better support and outcomes for our local children and young people, who have special educational needs and disabilities.

"The report has highlighted several areas of strong and positive practice; however, a number of significant improvements urgently need to be made. This work is being prioritised by all organisations involved, to ensure a clear focus on improving standards and addressing the concerns that have been identified.

"In order to make the improvements required, we are very aware that there needs to be a fundamental change in how we work together, and also with children, their families and carers. We will do this by: engaging with the people who are already using the services, and working with them to co-produce the solutions with us, to ensure that they work for everyone; by ensuring more effective joint working between front line staff across the NHS, in education, and social care; and by addressing the difficulties that are currently being experienced with accessing the right local services, in a timely way.

"We are absolutely clear that services need to improve significantly, and rapidly, so that children and young people in Birmingham have their needs met and are properly supported; this is to ensure that they can achieve their full academic potential and can lead fulfilling lives."

Background notes:

A joint action plan will be co-produced across professional agencies and also with our children, young people, their families and carers. This action plan will focus on a number of key priorities:

- Establishing forums and networks to enable us to better engage and co-produce with families.
- A review of our referral process, and access to education health and care plans (EHCP), to ensure we continue to meet the 20-week standard.
- Improved access to, and shorter waiting times, for therapies such as speech and language and neurodevelopmental assessment services.
- Thoroughly examining complaints about services, identifying where the problems are, and producing a 'customer charter' that will clearly set out what the service offer is.
- Carrying out a review of our workforce capability and skills, and developing a comprehensive training programme.
- Reviewing the education and health care plan (EHCP) process and make any necessary changes to ensure all agencies work effectively together.

Birmingham's Strategy for SEND and Inclusion 2017-2020

Making a positive difference for
all our children & young people



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FOREWORD

I am delighted to introduce Birmingham's Strategy for SEND (Special Educational Needs and/or Disability) and Inclusion 2017-2020. This has been produced by the Inclusion Commission, set up by the City Council in 2016 to improve the services for these children and young people.

We have set out our Vision of what we seek to achieve, our Mission stating how to do this and the Strategy which outlines the actions we will take to achieve this. A key feature of the Mission is a commitment to work in partnership to achieve the high quality provision that Birmingham's children, young people and their families deserve.

We have conducted a consultation exercise and a large majority of you supported the Vision, Mission, Objectives and Priorities included in the strategy. However, there was a lack of confidence that professionals could deliver the strategy within current resources. While in agreement about the need to work together, there was a lack of belief that organisations could genuinely work in partnership and recognition that all services are overstretched.

Following your feedback we have amended the strategy. We have strengthened the emphasis on partnership working and building trust and confidence with families. We now move into the implementation phase and we hope you will work with us to make this strategy a reality for the children of Birmingham.

Yours sincerely



Professor Geoff Lindsay FBPSS, FAcSS, HonMBPSS
Chair, Inclusion Commission

“Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.”

1. INTRODUCTION

1.1 BACKGROUND AND PURPOSE

Following the introduction of the Children and Families Act in 2014 and the Special Educational Needs & Disability Code of Practice: 0-25 years in 2015, Birmingham has implemented a range of new identification and assessment procedures to ensure that the needs of its most vulnerable children and young people are identified and met appropriately. Birmingham has many strengths including:

- Identification of special educational needs in the early years
- High quality Special Schools who work well with health and social care services
- Good outcomes for young people with SEND at aged 16 and 19
- Good quality of education support services
- A multi-agency panel to plan provision for complex cases
- High quality Special Educational Needs Co-ordinators (SENCOs)
- Meeting the national timelines for Education Health and Care Plans (EHCPs) and transfers.

Implementing the Government's SEND reforms in our large diverse city has been very challenging, and despite the strengths identified, there are still significant areas of work to address. The whole system has been under great strain and it has been challenging to try to meet deadlines and deliver within the allocated budget. Key roles in SEND have been covered on an interim basis and trying to integrate with health and social care while they undergo their own organisational change has been difficult.

Birmingham City Council members and officers have identified the need for a root and branch review of the city's approach to making provision for children and young people with SEND. As a result, Birmingham City Council established an Inclusion Commission in October 2016 to explore the effectiveness of current arrangements in the City for children and young people with SEND across the 0-25 age range. The membership of the Inclusion Commission has included representatives from early years settings, mainstream schools and colleges, resource bases, specialist providers, independent non-maintained schools and independent specialist colleges. Following this a new strategy for SEND and Inclusion has been developed, supported by an outline delivery plan. A consultation exercise was undertaken between 9th June and 30th July 2017 with partners and families.

1.2 SPECIAL EDUCATIONAL NEEDS AND DISABILITY IN BIRMINGHAM

In this Strategy document, a number of different data sources have been referred to which include different cohorts of young people. Where possible the Statistical First Release issued by the Department for Education has been used because this is the most widely available public source. Where further breakdown is needed, other more appropriate sources have been used including School Census and the SEN2 Survey. Further information relating to these sources can be found in Section 8 of this document.

Numbers of Pupils with Special Educational Needs in Birmingham Schools
(Source: Statistical First Release (SFR) Special educational needs in England: January 2017, SFR37/2017, 27 July 2017).

As of January 2017 the number of pupils with special educational needs in Birmingham schools was **35,155***. Proportionately in Birmingham, **16.7%** of pupils have special educational needs, which is higher than the national average (14.4%), the average in the West Midlands (15.4%), and core cities and statistical neighbours (15.6%).

6784 of school pupils have a statement of special educational needs or an Education Health and Care Plan (EHCP). This is an increase since 2016, but remains equal to **3.2%** of the total pupil population, compared to **2.8%** nationally.

28,371 pupils are on SEN support. This is equal to **13.5%** of the total pupil population, compared to **11.6%** nationally.

Nationally, there is a correlation between poverty and SEND. In Birmingham this correlation is more pronounced with 39% of children with SEN entitled to Free School Meals, compared with 27% of the overall school population.

Statements of Special Educational Needs and Education Health & Care Plans (Source: SEN2 return 2017)

There were **5,224** statutory EHCPs and **2,388** statements maintained by the local authority at January 2017. This gives a combined total of **7,612**. The combined total of statements and EHCPs has increased each year since 2010. However this does not include 1085 individuals who are known to be transferring from a SEN Statement to an EHCP and therefore the total figure is significantly higher. Part of this increase will also be due to the extended age range of the young people to between 0-25 years in 2015.

Birmingham, as the largest urban local authority, has the largest volume of children and young people with a Statement or EHCP of all the main cities in England – more than **2.5 times** the next nearest which is Manchester (2,600).

There were **1,039** new EHCPs made during the 2016 calendar year - a rise on 2015 levels (915).

*Please note * Total number includes all academies including free schools, maintained and non-maintained special schools, middle schools as deemed, all-through schools, city technology colleges, university technology colleges, studio schools, direct grant nursery schools, pupil referral units and general hospital schools.*

Provision (Source: Local Ofsted Tracking)

There are currently **27** special schools in the city, and **42** resource bases within mainstream provision. Resource bases provide specialist teaching alongside the opportunity for integration into mainstream classes. **81%** of special schools are outstanding or good and **77%** of SEN children overall are attending good and outstanding schools.

There are **27** Local Authority nurseries and over **1,500** PVI (private, voluntary or independent) early years providers. **79%** of Early Years settings overall are good or outstanding and **94%** of pre-school SEN children with identified high needs access their early educational entitlement in good or outstanding PVI settings or maintained nursery schools. **80%** of Post-16 provision overall and **69%** of special schools with sixth forms are outstanding or good.

Placements (Source SEN2 return 2017)

Of the **7,612** EHCP and Statements that the Local Authority maintained in January 2017, **41.8%** were placed in either Maintained Special schools (35.0%) or Academy Special schools (6.8%). This is higher than the national proportions of **36%** (28.3% in a Local Authority Maintained Special and 7.7% Academy Special schools). Despite a large special school provision in Birmingham, there were still approximately **4.3%** of children with an EHCP placed in the Independent Sector. There is a lack of places available to meet demand in our Special Schools and while some of these students may have very complex needs, there may be others who could have their needs met more cost effectively in Birmingham setting, if capacity was developed. Approximately **8%** of young people with Statements or EHCPs are in placements out of the city.

Finance (Source: Birmingham City Council Finance)

The High Needs Budget, which funds special schools places, top-up funding for pupils in mainstream and SEN services is **£144m**. Birmingham had a deficit of £9m for the year ending 31st March 2017 which it is planned to fund over 2017/18 and 2018/19. Any in year deficit in 2017/18 will compound the situation. Mainstream schools receive **£161m** notional SEN funding to meet the needs of pupils with SEN across the city. Currently different settings and sectors are funded in very different ways.

Post 16 (Source: 2017 SEN2 return and Insight, Jan 2017)

17% of young people aged 16-25 who are known to the city council have an identified special educational need. Of the 16-18 age group, **26%** of those who are currently not in education, employment or training (NEET) have a special educational need. The vast majority are in the SEN Support group.

Young people aged 16-25 years old account for **27%** of the current EHCPs.

School Transport (Source: Birmingham City Council local data)

We provide school transport arrangements to over 4,500 young people, mostly in the form of specialist mini-buses or taxis, using over 45 externally commissioned transport providers, visiting over 300 schools at an annual cost of £18m including guides and an average annual cost of approximately £4600 per pupil.

Overall Special Education Needs **Birmingham**

Total Statements and EHCPs – SEN2 Jan 2017*

Statements and Education Health and Care Plans in Birmingham -
(0 to 25 years old)

7,612

5,224 (EHCPs)
2,388 (Statements)
+ an additional 1085 transferring from Statements to EHCPs

SEN in Schools – January 2017 School Census*

Pupils in Birmingham Schools with SEN

| | |
|---------------|--------|
| • Total | 34,531 |
| • LA Nursery | 580 |
| • Primary | 18,780 |
| • All-through | 746 |
| • Secondary | 9,607 |
| • PRUs | 563 |
| • Special | 4,255 |

Total EHCP/Statements in Schools

| | |
|---------------|-------|
| • Total | 6,483 |
| • LA Nursery | 36 |
| • Primary | 1,305 |
| • All-through | 94 |
| • Secondary | 972 |
| • PRUs | 19 |
| • Special | 4,057 |

Early Years – Academic Year 2016/17

Autumn and Spring Term

- **414** accessing ISEY (Inclusion Fund)
- **300** with SEND require special educational support at home before they access any early years provision
- **165** children with sensory impairments requiring SEND support at home before they access Early Years provision
- **89** children with sensory impairments accessed their Early Education Entitlement in mainstream nursery settings
- **285** 2 year olds with SEND accessed their Early Education Entitlement
- **918** 3/4year olds with SEND accessed their Early Education Entitlement

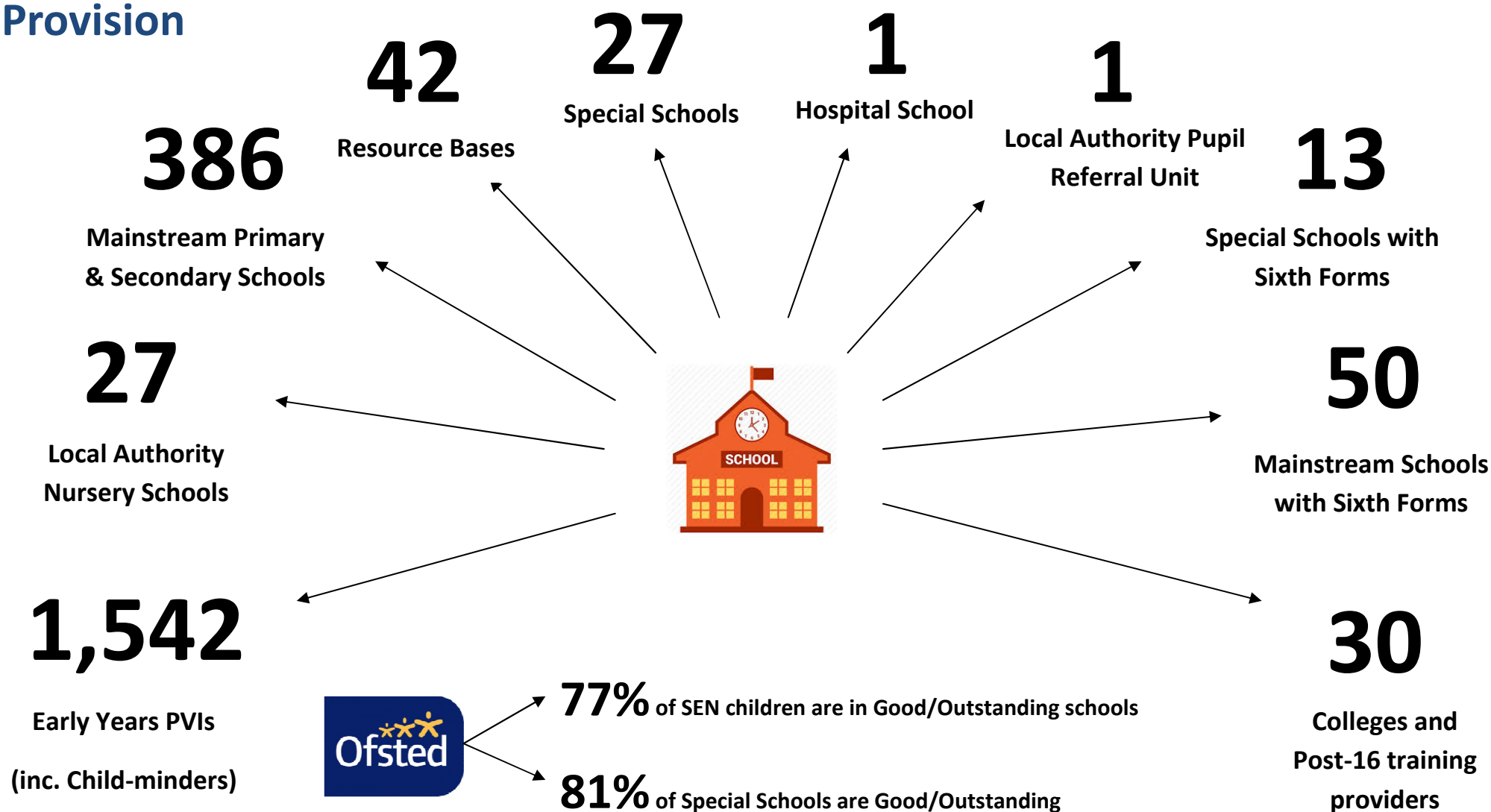
Post 16 – SEN2* and Insight, January 2017

- **17%** of young people aged 16-25 have a special educational need or disability
- **26%** of those aged 16-18 who are not in education employment or training have a special educational need or disability

**Please note several sources of data referred to in this strategy which include different groups of young people – School Census is statutory school age, and SEN2 covers those individuals for whom the local authority maintains an EHCP or Statement, aged 0-25.*

Overall Special Education Needs **Birmingham**

Provision



SPECIAL SCHOOLS - BIRMINGHAM

Key

- ASC - Autistic Spectrum Condition
- C&L - Cognition and Learning
- HI - Hearing Impairment
- SEMH - Social, Emotional and Mental Health
- PD - Physical Disability
- VI - Visual Impairment

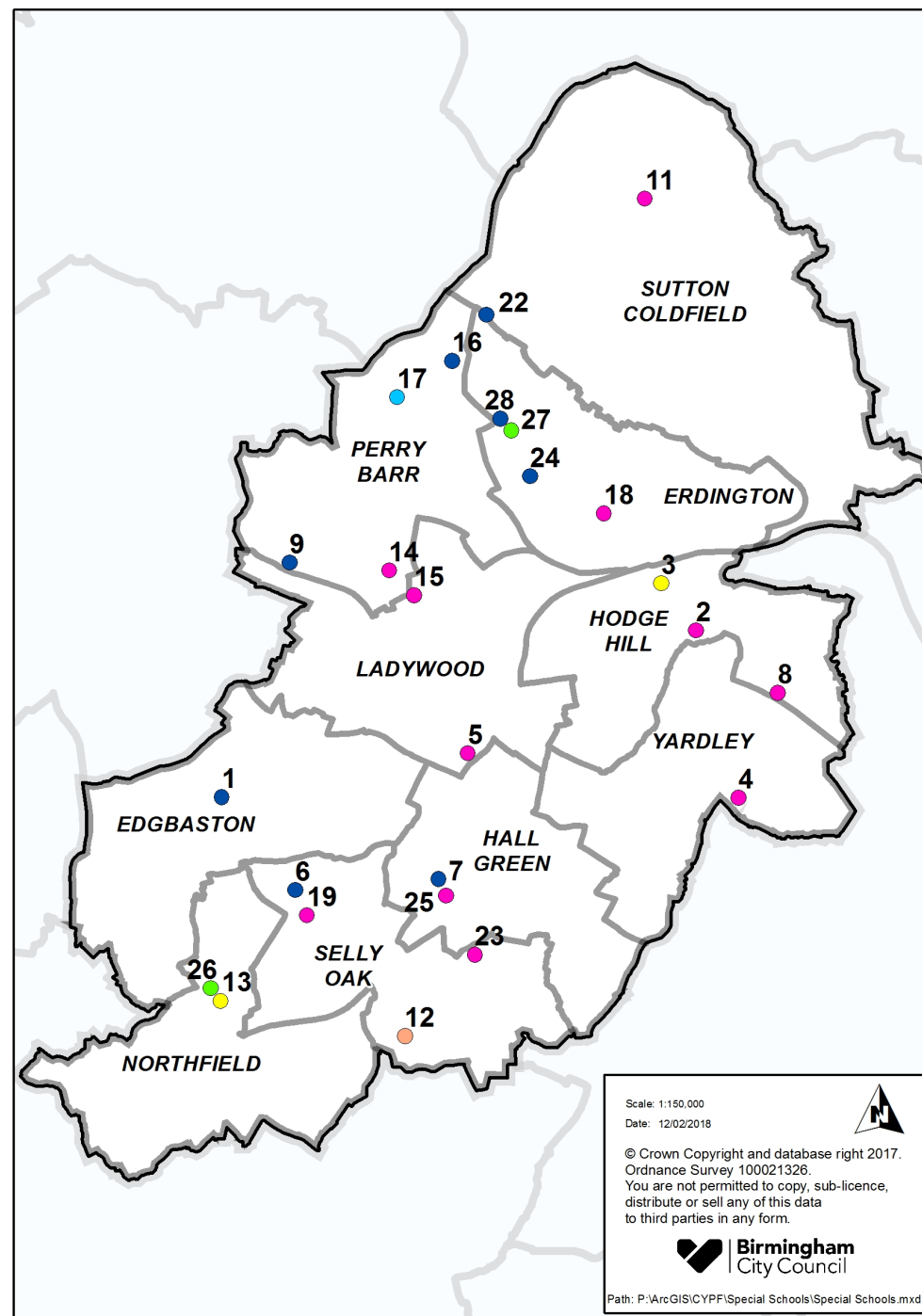
- District Boundaries
- City Boundary

| | | | |
|----|---|----|-------------------------------|
| 1 | Baskerville School* | 16 | Oscott Manor School* |
| 2 | Beaufort School | 17 | Priestley Smith School* |
| 3 | Braidwood School for the Deaf* | 18 | Queensbury School* |
| 4 | Brays School | 19 | Selly Oak Trust School* |
| 5 | Calthorpe Teaching Academy** | 22 | The Bridge School |
| 6 | Cherry Oak School | 23 | The Dame Ellen Pinsent School |
| 7 | Fox Hollies School and Performing Arts College* | 24 | The Pines Special School |
| 8 | Hallmoor School* | 25 | Uffculme School * |
| 9 | Hamilton School | 26 | Victoria School** |
| 11 | Langley School | 27 | Wilson Stuart School** |
| 12 | Lindsworth School | | |
| 13 | Longwill A Primary School for Deaf Children | 28 | Dovedale (James Brindley) |
| 14 | Mayfield School (Primary) | | |
| 15 | Mayfield School (Secondary) * | | |

* School has linked Sixth Form provision
 ** School has linked Post-19 provision through a partnership

Schools not featured on map due to being located outside Birmingham boundary

| | |
|----|---|
| 10 | Hunters Hill Technology College (SEMH) - Bromsgrove, Worcestershire |
| 20 | Skills School (SEMH) - Redditch, Worcestershire |
| 21 | Springfield House Community Special School (ASC) - Knowle, Solihull |



RESOURCE BASES - BIRMINGHAM

Key

- ASC - Autistic Spectrum Condition
- BESD - Social, Emotional and Mental Health
- C & L - Cognition and Learning
- FAM - Fully Accessable Mainstream
- HI - Hearing Impairment
- PD - Physical Disability
- SLCN - Speech, Language and Communication
- VI - Visual Impairment

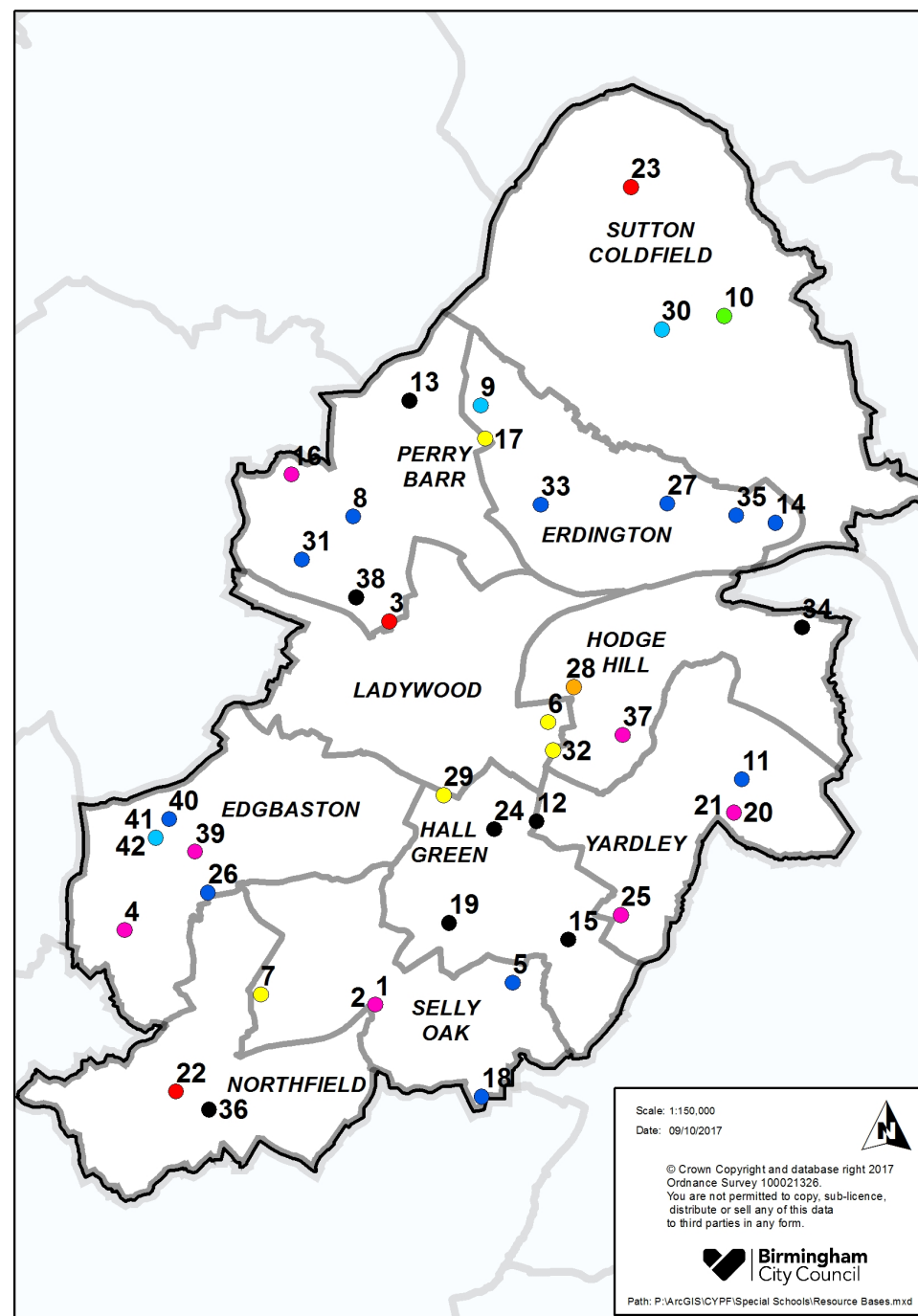
— District Boundaries

— City Boundary

- | | |
|----|------------------------|
| 1 | Allens Croft Nursery |
| 2 | Allens Croft Primary |
| 3 | Anglesey |
| 4 | Bartley Green |
| 5 | Billesley |
| 6 | Bordesley Green* |
| 7 | Bournville |
| 8 | Cherry Orchard |
| 9 | Christ The King |
| 10 | Fairfax |
| 11 | Garretts Green Nursery |
| 12 | Golden Hillock |
| 13 | Great Barr |
| 14 | Greenwood Academy* |
| 15 | Hall Green |
| 16 | Hamstead Hall* |
| 17 | Hawthorn |
| 18 | Hollywood |
| 19 | Kings Heath |
| 20 | Lyndon Green Infant |
| 21 | Lyndon Green Junior |
| 22 | Meadows Primary (The) |
| 23 | Mere Green |

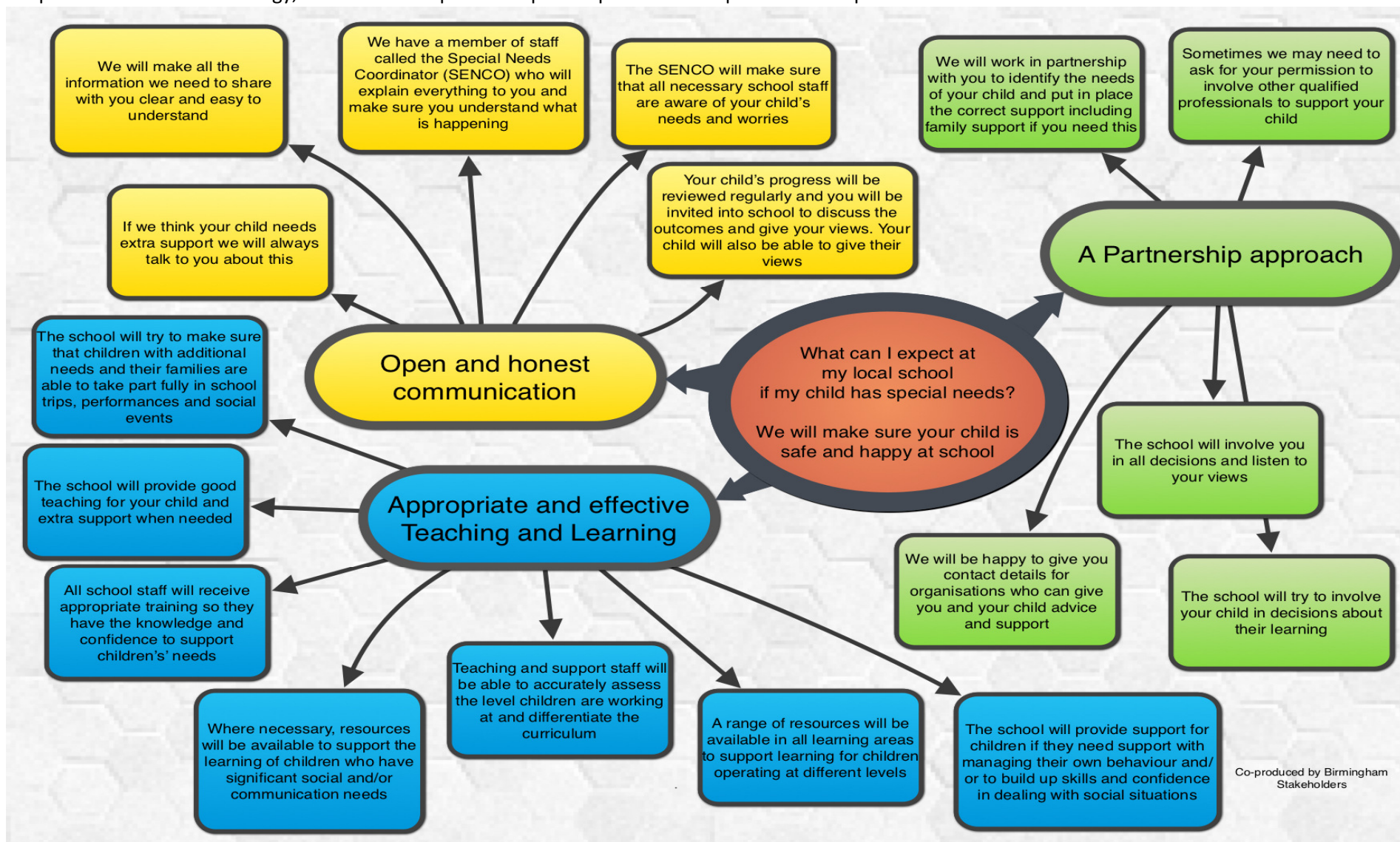
- | | |
|----|-------------------|
| 24 | Nelson Mandela |
| 25 | Ninestiles School |
| 26 | Paganel Primary |
| 27 | Paget |
| 28 | Parkfield |
| 29 | Percy Shurmer |
| 30 | Plantsbrook* |
| 31 | Rookery |
| 32 | Small Heath* |
| 33 | Stockland Green |
| 34 | Timberley |
| 35 | Topcliffe |
| 36 | Turves Green |
| 37 | Waverley* |
| 38 | Welford |
| 39 | Welsh House |
| 40 | Woodhouse |
| 41 | Worlds End Infant |
| 42 | Worlds End Junior |

* School has linked Sixth Form Provision



WHAT CAN I EXPECT AT MY LOCAL SCHOOL IF MY CHILD HAS SPECIAL EDUCATIONAL NEEDS?

A set of expectations for schools have been co-produced with Birmingham Stakeholders (including parents and schools) as part of the Local Offer. As part of the implementation of the strategy, we will work in partnership to co-produce what parents can expect from health and social care sectors.



2. REASONS TO CHANGE

There are a number of convincing reasons why Birmingham needs to change, which offer opportunities to improve our approach to SEND and Inclusion:

- There is a lack of clarity about the package of SEND support which families should expect in all mainstream schools and settings from 0-25.
- Many families are not satisfied with the level of support for their children and as a result there are too many complaints and appeals to the SEN and Disability Tribunal.
- There are too many exclusions of pupils with special educational needs.
- We have higher than average numbers of Education, Health and Care Plans and there is a perception that this is the only way to guarantee needs are met.
- Most of the high needs funding is spent on specialist provision, which is under huge demand. Many young people are placed in costly independent placements, which is unsustainable.
- There are too many vulnerable children with SEND, without a school place.
- Too few Education Health and Care Plans have a genuine contribution from health and social care agencies.
- Too many young people with SEND are not being enabled to reach their potential and achieve independence as they move into adulthood. Too few adults with learning disabilities find meaningful employment in our city.

Consultation underlined these reasons and gave a strong message from stakeholders about the lack of trust and confidence from families about the ability of education, health and social care to deliver what has been promised.

3. THE SEND REVIEW

A review of SEND services has been overseen by the Inclusion Commission which has been led by an independent Chair, Professor Geoff Lindsay from Warwick University. The Inclusion Commission Board comprises representatives from stakeholder groups including education, health, social care, parents, young people and Birmingham City Council members. The work of the Inclusion Commission has been informed by six work streams:

- | | |
|---|-------------------------------|
| 1. Learners with social emotional and mental health needs | 4. Specialist provision |
| 2. SEN Assessment | 5. SEN Support |
| 3. High Needs funding | 6. Preparation for adulthood. |

These work streams met during a period of three months from September to December 2016. The work streams were chaired by senior leaders from schools and Birmingham City Council. SEND4change, an independent organisation with expertise in understanding arrangements for children and young people with SEND, was commissioned by the City Council to facilitate a consultation exercise with a wide range of stakeholders. This has informed the work of the Inclusion Commission and made recommendations about key priorities which should be included in a new strategic approach for inclusion in Birmingham.

Throughout the review process, the views of parents were actively sought and every effort was made to ensure that their voice is valued and heard and their views are embedded within the draft strategy. Parents' contributions were made either as members of work streams or as part of a separate event facilitated by the Parent Carer Forum. As plans move forward, it will be ensured that young people have also an opportunity to contribute. It was agreed there is a need for collective responsibility between the Inclusion Commission, Health, Providers, Services and the Local Authority in order to deliver the necessary changes.

From the outcomes of the review, a number of common themes emerged and there was consensus in the working groups about three key priorities which are needed to strengthen and improve the current arrangements for SEND across Birmingham. Building on this work, a joint vision statement has been developed with the Inclusion Commission to help set the overall direction of the strategy. From this a mission and series of objectives were agreed alongside the three key priorities. The Inclusion Commission has given agreement for the draft strategy, vision, mission, objectives, priorities and outline delivery plan to be issued more widely for formal consultation prior to drafting the final strategy.

4. THE STRATEGY FOR SEND AND INCLUSION

4.1 VISION

Every child and young person aged 0-25 with a special educational need and/or disability (SEND) in Birmingham will have the opportunity to be happy, healthy and achieve their fullest potential, enabling them to participate in, and contribute to all aspects of life.

4.2 MISSION

To implement an efficient and inclusive system where practitioners work with families, children and young people aged 0-25, to develop trust and confidence in order to build genuine and good quality partnerships. This will be achieved by practitioners from all sectors working together collaboratively to deliver the most appropriate local provision and support.

4.3 OBJECTIVES

- We will develop joint commissioning to ensure resources are used fairly and effectively to provide maximum impact on outcomes.
- We will provide services that ensure the needs of children and young people who have special educational needs and disabilities and their families are at the heart of all that we do. We aim to offer this as locally as possible.
- All Birmingham mainstream provision will be welcoming, accessible and inclusive, adhering to the SEND Code of Practice, so that they can meet the needs of most children and young people, aged 0-25 who have special educational needs and/or disabilities.
- We will develop flexible pathways to enable children and young people to access the right provision and services to meet their individual needs at different stages. This will deliver the best possible outcomes, including education, employment and training, as young people move into adulthood.

4.4 IMPLEMENTING THE STRATEGY

A detailed implementation plan will be developed to deliver the priorities for action below. All work will be underpinned by the key principles of:

- Effective communication
- Building trust and confidence
- Working in partnership together

PRIORITIES FOR ACTION

1. Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement

2. Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood

3. Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people

PRIORITY 1: Develop a framework of SEND assessment and planning from 0-25 years to enable professionals and partners to meet the full range of individual need and raise achievement

Assessment Framework There is a need to develop an assessment and planning framework with all partners and agencies which:

- meets the legal requirements of the Children and Families Act 2014 and the SEND Code of Practice: 0-25 (2015).
- places children, young people and their families at the heart of the process.
- is accessible to settings, schools, colleges and partner agencies, health and social care partners
- describes what is expected of all schools and settings via the Local Offer.
- describes the framework for SEN Support Plans and EHC Plans.
- provides a clear description and understanding of learners who will need an SEN Support Plan and those who might need an EHC plan.
- ensures that the majority of children and young people where appropriate will have their needs met through an SEN Support Plan.
- ensures that the children and young people with the most significant needs have a statutory EHC Plan.
- sets out the processes for applying for and developing these plans within the local offer.
- describes the process for transitioning into adult services.

SEN Support Plans The development of SEN Support plans to support learners in mainstream schools and settings will need to ensure that:

- settings, schools and providers have systems in place for identifying the needs of children and young people with SEN.
- parents, carers and young people are fully involved in decision making and developing plans which describe the child's needs and the arrangements that will be put in place to meet those needs. (Children & Families Act Part 3 Section 19).
- practitioners are trained and understand how to write these plans and there is a good level of understanding about what constitutes a good SEN Support plan.
- the local authority has developed resources which provide examples of good practice, guidance and pro-formas for SEN Support Plans for completion by SENCOs with families.
- parents feel confident that settings, schools and colleges understand the needs of their children and young people and understand what they must do to support their learning and development.
- schools and settings clearly describe their approach to SEN Support Plans on their website which is linked to the Local Offer.

- schools and settings have a multi-agency approach and health and care colleagues commit support when developing SEN Support Plans.

Education Health and Care Plans (EHCPs) The EHC planning process should be reviewed to ensure that:

- Birmingham has a robust set of factors for determining who would benefit from a statutory EHC assessment and this is well understood by all stakeholders.
- a multi-agency panel, including health and social care, reviews decisions for initiating an EHC assessment.
- the application process and factors to be considered are available on the Local Offer.
- the EHC process is regularly quality assured to assess the quality of final plans, the quality of multi-agency reports and contributions from professionals, the timeliness of the production of the plans and the impact of the outcomes specified in the plan.
- the Special Educational Needs and Disability Assessment & Review (SENAR) service strives to improve the quality of the plans and conforms to a customer charter in their communication and interaction with families. The service will also need to evaluate the experience of those families where a statutory assessment was not deemed to be necessary and ensure that an effective SEN Support Plan is in place.
- parents, carers and young people co-produce the plans which describe the child's or young person's needs and the arrangements that will be put in place to meet those needs.
- Social Care Teams need to ensure that operational social workers and support workers respond to requests for information in a timely manner. Where social workers are not involved, other professionals who know the child or young person should comment on their needs.
- Health service workers are fully involved in the EHC plan process.
- parents feel confident that settings, schools and colleges understand the needs of their children or young people and understand what they must do to support their learning and development.
- where there are disagreements between families and the SENAR service about the EHC process, every effort is made to find agreement through negotiation and mediation without the need to resort to the SEN and Disability Tribunal, without infringing rights to appeal for parents and young people.
- a rigorous annual review process to monitor outcomes and ensure focus on independence and preparation for adulthood, including travel arrangements.
- appropriate professional development is available in relation to legislation, person-centred practice and outcome focused planning.

PRIORITY 2: Ensure there is a sufficient and appropriate range of quality provision to meet the needs of children and young people with SEND aged 0-25 years and improve outcomes from early years to adulthood

Children, young people and their families will need to be able to access a range of settings so that parents and carers can be confident that the needs of the child or young person can be met and outcomes are being achieved. These placements should be jointly commissioned where appropriate and include:

- Early years settings, including nursery schools, nursery classes and Private Voluntary and Independent (PVI) providers
- Mainstream primary and secondary schools, including maintained, academies, free schools and independent
- Mainstream post-16 provision including colleges and sixth forms
- Locally managed partnership arrangements for pupils with Social Emotional and Mental Health (SEMH) needs
- School resource base provision
- Local special schools (Maintained, Academy or Free Schools)
- Alternative Provision
- Independent or non-maintained schools or colleges.

Most children and young people can have their needs met in their local mainstream setting or school. It will be necessary that:

- there is a shared understanding of a 'good' SEN offer and in schools, Quality First Teaching is the cornerstone.
- effective interventions are in place in line with the graduated approach as set out in the SEND Code of Practice: 0-25 (2015).
- SEN Support Plans are used when appropriate.
- SEN funding is used effectively.
- all legislation regarding equality and disability are adhered to.

Schools, Settings and Colleges must work collaboratively in partnerships to develop local Social Emotional and Mental Health (SEMH) arrangements in order to:

- share good practice, expertise and resources.
- manage devolved financial resources.
- develop a range of local alternative provisions which are commissioned and managed by them.

Some children and young people will need to access high quality alternative provision. Where this is the case:

- there will need to be a quality assured framework of alternative providers.
- Schools and settings will need to monitor the quality of providers and keep in close contact with the children and young people that they have placed and be confident that the young people accessing these provisions are safe and making appropriate progress.

Some children and young people require access to resource bases located on mainstream school sites. Birmingham City Council will need to ensure:

- there are sufficient places at resource bases, particularly for secondary aged pupils particularly for children with autism.
- there is clarity about the process for becoming a resource base.
- there is sufficiency for differing needs and in all localities where appropriate.

Some children or young people will require special school provision. Birmingham City Council will need to ensure that:

- sufficient specialist early years provision is available.
- sufficient special school provision is available for Birmingham pupils.
- there is a plan for emerging needs and development of provision where necessary.
- there is coverage for areas of need across all localities is planned for.
- clear pathways exist both into and out of special schools.
- there is a clear pathway post-18 into adult services

A small number of children or young people will require a placement in an independent non- maintained special school provision. Access to such provision should be for learners who:

- for their safety and/or complexity require a placement out of the city.
- have needs that are so individual or complex that Birmingham cannot make provision for them.

PRIORITY 3: Develop a unified resource allocation system to distribute the range of SEND funding across all schools and settings in order to make the most effective use of available resources and maximise the impact on outcomes for young people

The system for distributing financial resources will need to ensure that:

- there is a systematic, fair and transparent and graduated system for distributing financial resources across all types of settings which is well understood by providers and aligned with DfE guidance. This system facilitates the decision making and distribution of funding to all settings including:
 - Early years settings
 - Mainstream schools
 - Post-16 providers
 - Resource Bases
 - Special schools
 - Alternative provision
 - Independent and non-maintained provision
- there is a funding continuum which describes how incrementally financial resources can be allocated to a range of children or young people, from those with least need receiving small amounts of high needs top up funding, to those with the most complex needs or in the most complex circumstances receiving higher levels of funding.
- there is adequate funding for early years settings to ensure children get a good start.
- the Notional SEN Budget totalling £161 million which is available to Birmingham's schools is utilised flexibly in order that they can make arrangements for children in their school.
- there is guidance to schools and SENCOs about the types of interventions or arrangements they may be expected to make using this resource.
- there is a system in place for young people without an EHCP, which allows top up funding to be allocated within mainstream schools. This system should be based on the best aspects of the existing funding model for mainstream schools, CRISP (Criteria for Specialist Provision) and the banded funding model for special schools.
- families or young people with an EHCP should be offered a personal budget so that they have increased choice and control over the arrangements that affect their lives.
- there are arrangements for jointly funding placements where health, social care and education are all involved
- there is a system for funding via adult services for young people post-18.

5. CONCLUSION: BIRMINGHAM - A GREAT PLACE TO GROW UP

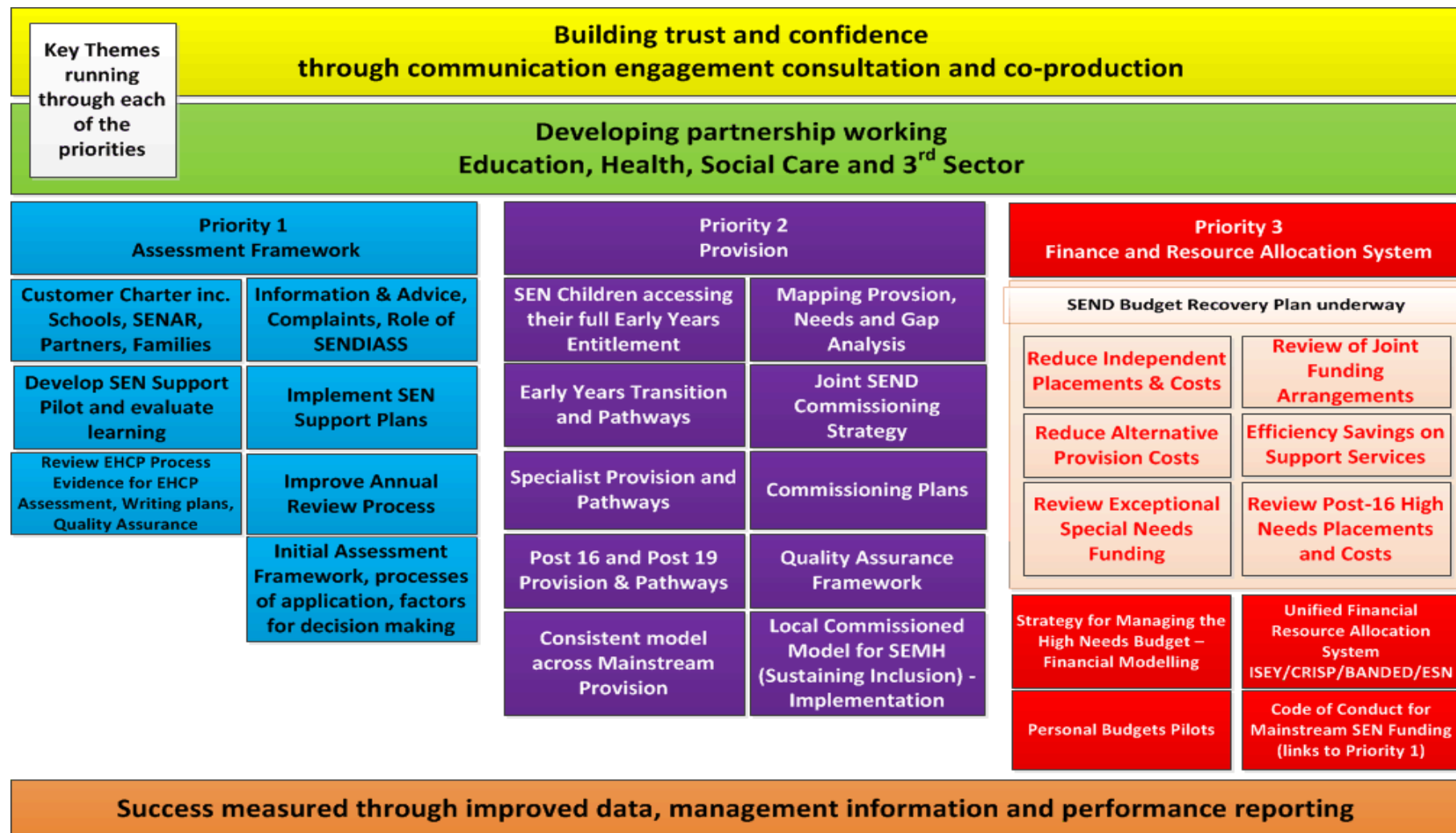
The new approach in Birmingham outlined in this Strategy centres on inclusive practice and the commitment that all children and young people will make a successful journey through our provision into adulthood. It is underpinned by strong principles of raising achievement and working in collaboration with families. This strategy aims to use the available resources effectively and maximise the impact on the lives and adult outcomes of our citizens.

This strategy is written in line with the SEND Code of Practice and the United Nations Convention of the Rights of Persons with Disabilities which states a commitment to *inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education*.

Following a consultation on the draft strategy, this document has been re-drafted to address the concerns of stakeholders. There is now greater emphasis on good communication, partnership working and building trust and confidence. All professionals charged with delivery of aspects of this strategy are committed to embedding these key principles into all the work they do.

As the youngest city in Europe with over 40% of the population under the age of 25, we need a future for all young people ensuring they have the support and opportunities they need as they grow into the future citizens of our city.

6. OUTLINE DELIVERY PLAN – October 2017



7. GOVERNANCE & MONITORING

The SEND & Inclusion Steering Group will continue to oversee the implementation of the Strategy and monitor progress. The SEND & Inclusion Programme Board will meet monthly to ensure delivery of the plan. Working groups will focus on the three priorities and the golden thread of communications, engagement, consultation and co-production and partnership working.

8. INFORMATION ON DATA SOURCES

The Statistical First Release (SFR)

The SFR issued by the Department for Education each year contains information about pupils with special educational needs. This information is derived from school census returns, general hospital school census and school level annual school census (SLASC) returns made to the department in January each year. The SFR for 2017 can be found on the government website through the following link:

<https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017>

School Census

The School Census is collected every January and covers statutory school aged children. Further information can be found on the government website through the following link: <https://www.gov.uk/guidance/school-census>

SEN2 Survey

The SEN2 survey takes place every January and covers those individuals for whom the Local Authority maintain an EHCP or Statement, aged 0-25 years old. Further information can be found on the government website through this link: <https://www.gov.uk/guidance/special-educational-needs-survey>

9. APPENDICES TO THE STRATEGY

- Consultation Feedback Report on Be Heard – www.birminghambeheard.org.uk/people-1/send-inclusion/
- Implementation Plan (under development)
- Final documents are available on Birmingham City Council's Local Offer (SEND) pages www.birmingham.gov.uk/SENDStrategy



BIRMINGHAM CITY COUNCIL

Councillor Barry Bowles

Deputy Chair, Schools, Children and Families Overview and Scrutiny Committee

The Council House
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18 January 2018

Dear Cllr Carl Rice, Cabinet Member for Children, Families and Schools

Re: Birmingham's Strategy for SEND and Inclusion

The Schools, Children and Families O&S Committee decided not to call in the Cabinet decision made on the 12th December 2017. However, it is noteworthy that the three Councillors that were on the Inclusion Commission voted to 'call-in' the decision and the committee have the following serious criticisms of the cabinet report and strategy:

- There was a lack of transparency, clarity, data, objective information and incorrect statements contained within the Cabinet report and strategy:
 - In the Cabinet report, paragraph 6.1 states 'have considered a range of options for delivery of our statutory duties effectively'. This is factually incorrect as only one option was considered at the Inclusion Commission meetings.
 - There are a number of examples of selective and misleading use of data in the Strategy. For example sub heading 1.2 states 'Birmingham, as the largest urban local authority, has the largest volume of children and young people with a Statement or EHCP of all the main cities in England – more than 2.5 times the next nearest which is Manchester (2,600).' This does not mention that Birmingham has 2.5 times more children and young people than Manchester, which means that we are more or less in line. Also, information provided to the Schools Forum states that Manchester has experienced a higher increase (38.6%) than Birmingham (18.9%) from January 2015 – January 2017) and this was not included in the strategy. The important point here is that where data is used it should be clear, consistent and accurate. That is not the case in this document.

- Cabinet report, paragraph 5.6 states 'the Inclusion Commission will be replaced by a smaller steering group, chaired by Colin Diamond DCS – this group will be made up of relevant senior officers accountable for the delivery of the strategy'. However, the Strategy states that the Inclusion Commission will continue to oversee the implementation of the strategy and monitor progress.
- An equality impact assessment on the potential impact of the strategy, including the legal implications, was not completed. As serious concerns about the impact of the strategy have been raised both within the Inclusion Commission and the Scrutiny committee it seems odd that a full assessment was not deemed necessary, if only to understand how well founded these concerns might be and what can be done to mitigate risk. A full assessment should be completed and shared with the committee as soon as possible. This should include the Public Sector Equality Duty as contained in section 149 of the Equality Act 2010.
- More evidence on how any savings might be achieved should be provided.
- Other councils have experienced a spike in tribunal appeals following the introduction of this approach. This should be examined and efforts to mitigate this taken as appropriate.

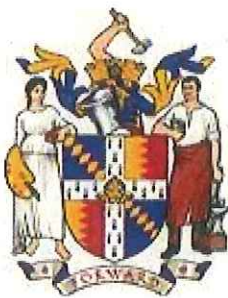
There needs to be a structure and mechanism in place to monitor and scrutinise the implementation plan and progress. The Committee appreciate that you would welcome our input in the development of the delivery plan and implementation of the strategy and this will be included in the committee's work programme. The Committee would expect the implementation plan within a month and would hope that this is provided for when you attend our committee meeting on the 14th February 2018.

The clear feedback from consultation was that parents lack trust and confidence in the Council's intentions and ability to make improvements in this area. In order for this to change it is vital that there is more openness and transparency in the implementation of this strategy than there has been in its design.

Yours sincerely



Councillor Barry Bowles
Deputy Chair, Schools, Children and Families O&S Committee



Birmingham City Council

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Our ref: CR/sf/10004/ceg

6th February 2018

Councillor Barry Bowles
Schools, Children and Families Overview & Scrutiny Vice Chair
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Dear Councillor Bowles

I note your concern regarding the SEND and Inclusion Strategy which appeared at the Cabinet Meeting on 12th December 2017. I have spoken to officers and would like to respond to the specific concerns raised in your letter.

You raised the issue of the Inclusion Commission considering a 'range of options'. Whilst you are correct that only one option was presented to the Commission, I can tell you that a range of options was considered as part of the SEN Review led by SEND4CHANGE. The outcome was that one recommendation, which met our statutory duties, was then presented to the Commission for approval.

You also raise the issue of the data included in the document. It is true to say that this has been problematic from the outset and was the subject of much discussion. The final data was approved by the commission which included Geoff Lindsay, Christopher Robertson and Anne Barnes. The reference to the Manchester figure was meant to illustrate the sheer size of the Birmingham challenge and yes on reflection percentage figures should have been included.

With reference to your query regarding the steering group, I am sorry that you were under the impression that the steering group would continue. However the Commission agreed that a smaller group would be more efficient to monitor progress during the implementation phase.

Continued/.....

The Equality Impact Assessment was completed in line with due process in preparation for the Cabinet Report. Whilst doing this the online tool stated that a full assessment was not necessary. However, since the call-in meeting I have asked officers to identify opportunities for conducting further impact assessments at key points of the implementation. Most of the impact identified was deemed to be positive as the Strategy is designed to improve SEND provision for children and families across the city.

At a time when the local authority has lost over £660m since 2010; all city finances are under pressure and it is in this context that the evidence regarding savings was considered. Obviously this remains an ongoing piece of work and remains a challenge.

The final point about 'a spike in tribunals following the introduction of this approach' is difficult to answer. However, an emphasis on a less formal approach through SEN support plans is contingent upon a consensus being agreed with parents of children with special educational needs. If this is not forthcoming their legal right to apply for an EHCP will of course be honoured.

Finally, I and Officers will be very happy to keep Committee updated with activity and progress. At the last informal O&S meeting I set out clearly that our top priority is to increase SEN provision in the City located far closer to where recipients of the service live.

Whatever the Committee's view on the Strategy I hope I have reassured you that the Directorate is committed to openness and transparency and that the involvement of the O&S Committee is a crucial element in ensuring this as we move forward. I do hope this letter has to some extent restored your trust and confidence in the SEND Strategy.

Yours sincerely



Councillor Carl Rice
Cabinet Member – Children, Families & Schools

3 September 2018

Colin Diamond CBE
Director of Children's Services
Birmingham City Council
Council House
Victoria Square
Birmingham
B1 1BB

Paul Jennings, Chief Executive, Birmingham and Solihull Clinical Commissioning Group
Simon Field, Local Area Nominated Officer

Dear Mr Diamond

Joint local area SEND inspection in Birmingham

Between 25 and 29 June 2018, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Birmingham to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted, with a team of inspectors including an Ofsted Inspector, an HMI and three children's services inspectors from the CQC.

Inspectors spoke with children and young people who have special educational needs (SEN) and/or disabilities, parents and carers, and local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group (CCG) are jointly responsible for submitting the written statement to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- A lack of strategic and coordinated leadership means that pupils who have SEN and/or disabilities have failed to achieve as well as they should have done.
- Pupils who have SEN and/or disabilities make weak academic progress, attend less often and are excluded more frequently than other pupils in Birmingham and all pupils nationally. Not enough young people who have SEN and/or disabilities are entering employment or supported employment. The proportion of adults with learning disabilities in paid employment is below the national average.
- Leaders have not ensured that the 2014 reforms have had a marked impact on improving provision and outcomes for children and young people who have SEN and/or disabilities. Until very recently, health, education and social care teams have not worked together effectively at a strategic level. As no one has taken a clear and cohesive overview of provision and outcomes for children and young people who have SEN and/or disabilities, the local area has not implemented the reforms effectively.
- Significant periods of change across the partnership have led to a lack of an overarching approach. There is not a joined-up strategy for SEN and/or disabilities across Birmingham.
- Actions to benefit children and young people who have SEN and/or disabilities have been happening in isolation. There has been a complete lack of strategic planning. A great deal of what is good is the result of the qualities of the individuals who are delivering aspects of the provision.
- There has not been a robust and coordinated implementation plan to realise the desire of professionals who want to do the right things for children and young people in Birmingham. The local area cannot simply adapt what is already in place to improve provision and outcomes.
- The current designated medical officer (DMO) role is underresourced and lacks capacity. This restricts the effective discharge of the CCG's strategic responsibility for implementing the reforms. There is a lack of training and awareness across the health providers about the reforms. There is no strategic oversight of health professionals' contribution to education, health and care (EHC) plans.
- The quality of EHC plans is variable. Some are good but many of them are poor. They tend to focus on short-term educational outcomes and contain little information about health and social care needs and provision. Outcomes are not sufficiently aspirational or measurable.
- The special educational needs assessment and review (SENAR) service lacks the capacity and culture to meet its intended aims. In common with other services, there are individuals who are making a difference to children and young people. However, there is a lack of strategic oversight.
- Joint commissioning is significantly underdeveloped across the local area. Professionals were unable to identify or articulate a clear view, either individually or as a partnership, about their main priorities for joint commissioning. As service

development and capacity does not match demand, the needs of children and young people are not being met. This is particularly evident within the speech and language therapy (SALT) services.

- Co-production (a way of working where children and young people, families and those that provide the services work together to create a decision or a service which works for them all) is not embedded in the local area. Actively engaging with parents to help shape services and commissioning is very rare in Birmingham.
- Communication within and between services is ineffective. Parents consistently report that the 'tell it once' approach is not established in the local area. Parents have to repeat their stories over and over again.
- There is a great deal of parental dissatisfaction. During the inspection, parents raised several concerns about the needs of children and young people who have SEN and/or disabilities not being met in Birmingham.
- Waiting times are too long. Children and young people are not seen quickly enough by a range of therapists or professionals in the child development centres (CDC).
- Birmingham has not ensured that the published local offer is a useful means of communicating with families. It is difficult to locate information and many parents and young people are unaware of its existence. Very few were involved in its development.
- A strategy for 'SEND and inclusion' is now in place, but it contains very little about health and social care.
- Many systems and structures are new, and they are not yet embedded. Consequently, the effect on children and young people's outcomes cannot be measured.
- In April 2018, the previous three CCGs were merged into a single CCG. Although it is too early to see the effect, this has the potential for greater consistency in commissioning across the city. The CCG have also approved funding for a designated clinical officer (DCO) post to support the DMO function of providing operational assurance regarding the impact of the reforms.
- The local area's self-evaluation indicated an awareness of Birmingham's strengths and weaknesses. However, actions have been too slow and too late for the many children and young people who have not achieved as well as they could.
- Birmingham's children's trust, the council and CCG recognise that they need to work together to address the issues highlighted above quickly. A new interim director of children's services will be in post from September 2018.
- Parents told inspectors that safeguarding concerns are dealt with as a priority by a range of professionals. Children and young people also told inspectors that they feel safe.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- The establishment of a centralised system for several health services has improved information sharing. Consequently, support is now provided in a more timely and coordinated manner. As assessments are carried out more swiftly, children's unmet needs are now identified promptly.
- Health visitors are closely linked to partner agencies. They receive regular updates from other services to keep them informed of emerging concerns. They are also proactive in conducting home visits, liaising with other professionals and placing alerts within general practitioner (GP) services.
- The children's complex care and community nursing teams refer directly to specialist health services. This helps to ensure that children with complex needs receive appropriate support. The team have completed advanced training, such as non-medical prescribing, enabling children and young people to receive appropriate intervention in a timely manner.
- The new specialist sexual health service for young people who have SEN and/or disabilities, up to age 25, is a positive step in supporting this cohort of young people. This tailored service provides a range of appropriate sexual health information that helps young people and their families address matters linked to sexualised behaviour.
- Forward Thinking Birmingham (FTB) has an open referral process for parents and young people, as well as professionals. This reduces potential barriers in the referral process and puts the young person's voice at the forefront of the referral. There is clinical oversight of referrals to monitor any deterioration while awaiting assessment.
- There is some good provision for young children across early years providers. Parents feel children's needs are usually identified well in these settings. Several parents told inspectors that partners effectively support them.
- Identification of hearing impairment and support for children who are deaf are a strength of the local area.

Areas for development

- Not enough pregnant women in Birmingham receive an antenatal contact from the health visiting service. This restricts the opportunity to identify additional needs at the earliest opportunity. Leaders are aware of potential reasons for this, but limited progress has been made in addressing these issues.
- Processes for the early identification of needs are not robust. Poor performance by health visitors in undertaking the two-and-a-half-years developmental review and the slow progress of an integrated developmental review are contributory factors to this.

- 'Every child a talker' is no longer offered. This means that children who require universal and targeted support miss out on the opportunity for early intervention.
- There is no autistic spectrum disorder (ASD) diagnostic pathway for children over five years old. Furthermore, children cannot be referred before their second birthday and wait a year to be seen in a CDC. As the window of opportunity for assessment for those under five years old is narrow, some parents believe that their children's needs are not identified or are identified incorrectly.
- There is a lack of a robust information-sharing agreement between acute and community health services following the decommissioning of the paediatric liaison service. Special school nurses no longer routinely receive key information. This creates fragmented delivery of care. Information sharing between partners is poor.
- A much greater proportion of pupils who have SEN are identified as having moderate learning difficulties than can be found nationally. Leaders are aware that children and young people's needs have not been accurately identified in the past.
- A much higher proportion of primary-aged pupils who have SEN and/or disabilities are identified as having no specialist assessment of need than can be found nationally. Long waiting times to see specialists have contributed to this.
- Too many parents and carers report that they have to fight to have their child's needs identified.

The effectiveness of the local area in assessing and meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- There are examples of good provision to meet needs in Birmingham. Sensory support, staff within pupil and school support, early years support and the communication and autism team (CAT) all provide a good service.
- Specialist teams within the children's hospital are responsive to requests for support from early years settings and readily provide ongoing advice and guidance to nurseries.
- Once placed in the appropriate setting, many parents report that schools and colleges are making a positive contribution to outcomes for their children. They value specialist provisions in particular.
- The comparatively small number of parents who have accessed advocacy services have found them helpful. Some parents also praised the service that they have received from the special educational needs and disabilities information advice and support service (SENDIASS). However, some felt that it lacks capacity to meet demand. It needs to do more to engage with hard to reach parents.
- EHC plans are usually completed within the prescribed timeline and they emphasise what children and young people can do.

- Children and young people who are electively home educated, including those who have SEN and/or disabilities, are well supported in the local area. Lord Lucas stated in the House of Lords in November 2017: 'Birmingham...is concentrating on drawing home educated children into its orbit. All the services it now offers to schools are offered to home-educating parents.'
- Children have good access to the school nursing, special school nursing and children's community nursing service. These services support children and their families with a range of health and social needs. The services are flexible and have positive engagement with children and families.
- School nurses have delivered medical needs training to early years settings, which has been well received. Special school nurses have trained other professionals about how to support children and young people with complex health needs. This increases professional knowledge and ensures that children and young people have appropriate care to meet their individual needs.
- Children in Birmingham have good access to community physiotherapy. Communication is effective between the children's hospital trust physiotherapy service and the Birmingham Community Healthcare Trust (BCHT) physiotherapy service. This facilitates effective liaison and cooperative working across the service.
- Once engaged with therapy services, intervention plans are developed around outcomes for the child rather than the number of sessions within a package. Work is also carried out with parents to help them understand the approach.
- The recently launched rapid response service has improved accessibility for families working with the children's community nursing service. The team provide specialist health care which reduces hospital admissions for children and young people with complex health needs.
- FTB have established a service for the 0 to 25 years age range. Care planning takes account of the young person's emotional and developmental age and supports flexible progress into adult services, including close working with the children in care team.
- The FTB children in care pathway lead is offering a training workshop to school staff to improve their understanding of children who have suffered trauma. Primary mental health workers within the early help team are an effective resource for the schools in managing emotional health and well-being in schools, acting as a conduit to FTB when needed. This is helping staff to manage pupils' behaviour more effectively.

Areas for development

- There are excessive waiting times for children and young people to access speech and language therapies, occupational therapies and neurodevelopmental assessments. Leaders report that waiting time is typically between 12 and 18 months but parents stated that waiting times are longer.

- Access to CDCs is 'gate kept' by community paediatricians. This reduces the opportunity for other professionals to refer into the service and causes delays. It also places additional pressure on community paediatricians as the conduit for referrals.
- BCHT SALT have a high threshold. Consequently, only children and young people with the most complex needs can access SALT. The service is focused on specific conditions rather than speech, language and communication needs. Pupils with EHC plans that identify speech and language as a need may not meet the threshold for SALT intervention.
- There is inequality in the speech and language service provided by the three trusts in the local area. The offer is varied and lacks consistency for children and young people, both regarding therapeutic input and towards ASD assessment.
- Joint commissioning is not in place, despite the benefits it would have in addressing some of the key areas of development. Professionals do not know their main priorities for joint commissioning.
- Co-production is not evident, and parents do not appear to be viewed as equal partners. Parents have to initiate their involvement to make their voice heard.
- The quality of EHC plans is variable and too many are not of a good standard. Outcomes are not sufficiently aspirational and measurable. Many plans do not make a clear link between needs, provision and preparation for adulthood. Often short-term outcomes do not lead to long-term goals and targets are usually too generic. EHC plans tend to be education-focused, with little information about health and particularly social care. Some plans contain outdated information and detailed reviews undertaken in settings are not always reflected in plans that are shared at key transition points at age 11, 16 or 19.
- Despite some nursing teams working very closely with children and young people and their families, inclusion of health services within the EHC planning processes is poor. Practitioners are not routinely invited to contribute to EHC assessments and do not regularly receive copies of plans. No service was able to provide evidence of working knowledge about the number of children with EHC plans within their caseload.
- The quality assurance process for EHC plans is not thorough, comprehensive or detailed. Birmingham is more concerned with meeting deadlines than the quality of the plans that are produced.
- There are inconsistencies with Year 9 reviews. Preparing for adulthood outcomes are not always discussed and appropriate targets reflecting high aspirations are not consistently set.
- Mainstream schools' willingness and ability to meet the needs of pupils who have SEN and/or disabilities is inconsistent. Most parents and children and young people, with whom inspectors spoke, felt that they were now in the right provision. However, many reported negative experiences in at least one setting prior to their current placement. These included needs not being identified, high

levels of fixed-term exclusions and some special educational needs coordinators (SENCOs) not having the skills or experience to help pupils make good progress.

- Parents raised concerns about children and young people who are not in education. As leaders are aware that too many pupils who have SEN and/or disabilities are not in school, one of the targets within the education delivery and improvement plan is to reduce this number. This is yet to have a significant and sustained impact.
- Many parents are dissatisfied with the quality of provision in Birmingham. During the inspection, parents raised several concerns about waiting times; needs not being met in the local area; poor communication; not being heard; having to 'battle' to get what they need; not knowing how to access services and having to tell their story several times.
- The local area has not worked closely with parents to develop provision and services. Many parents are extremely disillusioned. There is a lack of parental engagement. Too few parents have been asked what would be best for their children.
- Many parents do not know what the local offer is; others find it difficult to access information via the published version and most who have used it do not find it helpful. Most services are not actively involved in regularly updating the local offer and do not promote its use to parents. The local offer recently changed with little consultation.
- Few parents are aware of which short breaks are on offer and how to access them. The criteria are not clear on the local offer and there was very little evidence of families accessing them in the evidence seen during the inspection. Although the local area has maintained expenditure in this area in recent years, Birmingham has spent less than other areas over time.
- Many parents are unaware of personal budgets and very few have been taken up. Personal health budgets, although available and utilised by children and young people with complex needs, are not well publicised. Within children's community nursing, staff are not familiar with the process and they have found it difficult to support parents who may be interested in this funding option. This limits choice and control over aspects of their child's care.
- The parent carer forum has recently been re-formed. It is beginning to rebuild links with parents and the local area, but relationships need to be re-established so that parents feel fully involved and consulted about their views.
- Several parents expressed high levels of dissatisfaction with GPs. This included a view that GPs lack an awareness of the needs of children and young people who have SEN and/or disabilities. Furthermore, there is a low uptake of GP annual health checks for those aged 14 and over.
- Transition at key points in a child or young person's life are not always well supported by standardised and embedded multi-agency approaches.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Since the reforms, some pupils who have SEN and/or disabilities have achieved very positive outcomes. For example, a significant minority of learners with learning difficulties and/or disabilities (LLDD) have gained qualifications at a high level in different subjects.
- Achievement rates for LLDD aged between 16 and 25 have improved since the reforms. The achievement gap between LLDD and other learners aged between 16 and 18 has narrowed over time.
- The proportion of young people who have SEN and/or disabilities who are moving onto education, employment and training is improving. Better careers education is helping 16-year-olds move onto positive destinations.
- FTB are working with a third-sector organisation to support young people aged between 18 and 25 who have ASD and attention deficit hyperactivity disorder (ADHD) to move into employment. Joint bespoke training and multidisciplinary meetings help to identify young people who would benefit from tailored support. This has led to increased employment opportunities for this group of young people.
- Special school nurses work closely with parents and carers to meet the health needs of children and young people who have SEN and/or disabilities. This supports the progress that they make.
- The part-time transport occupational therapy role is effectively supporting positive outcomes for young people. It helps those who are not accessing education, due to issues with transport, to attend more regularly.
- Good-quality 'travel training' is having a positive impact on young people's outcomes. Parents and pupils acknowledge that this helps to develop independence.
- Most children and young people who spoke with inspectors said that they are happy in their current setting. They feel that they are well supported and that they are listened to. They take part in a range of activities and have friends. They are encouraged to be healthy and they are well prepared for the next stage of their lives. They value the careers education that they have received but feel that there are limited options for them in Birmingham post-16 and post-19.
- Professionals from the local area have worked closely with leaders of secondary schools to help them to manage behaviour more effectively. This has led to a reduction in permanent exclusions, including a decline in the number of pupils who have SEN and/or disabilities who are excluded.

Areas for development

- Academic outcomes for pupils who have SEN and/or disabilities do not match those of other pupils. Over time, pupils who have SEN and/or disabilities make slower progress from their different starting points.
- By the end of key stages 2 and 4, pupils who have SEN and/or disabilities make slower progress than all pupils nationally and other pupils in Birmingham. Although there were improvements in key stage 4 and key stage 2 mathematics in 2017, progress remains particularly slow in reading and writing in key stage 2.
- Since the reforms, achievement rates for LLDD aged between 16 and 25 have been lower than for other learners. The achievement gap between LLDD and other learners aged between 19 and 25 did not close between 2014 and 2017.
- Attendance of pupils with who have SEN and/or disabilities is lower than for other pupils in Birmingham and below the national average. Persistent absence is higher than for other pupils in Birmingham and higher than the national average.
- Fixed-term and permanent exclusions of pupils who have SEN and/or disabilities are higher than for other pupils in Birmingham and all pupils nationally.
- Not enough young people who have SEN and/or disabilities are entering employment or supported employment. The proportion of adults with learning disabilities in paid employment is below the national average.
- Although BCHT therapy services use outcome measures to monitor progress, they do not consider holistic well-being outcomes.

The inspection raises significant concerns about the effectiveness of the local area.

The local area is required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of an overarching approach or joined-up strategy for improving provision and outcomes for children and young people who have SEN and/or disabilities across Birmingham
- the effectiveness of inter-agency working
- the coordination of assessments of children and young people's needs between agencies
- joint commissioning
- co-production
- parental engagement
- satisfaction of parents
- the accessibility and currency of the local offer
- the quality of EHC plans

- waiting times and access to therapies and professionals in CDCs
- academic progress when compared to all pupils nationally
- absence and exclusions
- employment opportunities.

Yours sincerely

Simon Mosley
Her Majesty's Inspector

| Ofsted | Care Quality Commission |
|-------------------------------------|--|
| Lorna Fitzjohn Regional Director | Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice |
| Simon Mosley HMI Lead Inspector | Kaye Goodfellow CQC Inspector |
| Jonathan Keay HMI | Jan Clarke CQC Inspector |
| Julie Killey Ofsted Inspector | Liz Fox CQC Inspector |

Cc: DfE Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England
Healthwatch England



Children's Social Care O&S Committee: Work Programme 2018/19

Chair: Cllr Mohammed Aikhlaq

Committee Members: Cllrs: Safia Akhtar, Diane Donaldson, Charlotte Hodivala, Shabrana Hussain, Morriam Jan, Lucy Seymour-Smith and Alex Yip

Officer Support: Rose Kiely, Group Overview & Scrutiny Manager (303 1730)
Amanda Simcox, Scrutiny Officer (675 8444)
Sarah Stride, Committee Manager (303 0709)

1 Terms of Reference

- 1.1 To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning the Children's Trust, vulnerable children, corporate parenting and other child social care and safeguarding functions of the council.

2 Priority Issues

- 2.1 The following were highlighted in June as the possible priority issues for the committee's 2017/18 municipal year:
- Children's Trust - July and November 2018 committee meetings and visits in September 2018 and March 2019.
 - Safeguarding - to include the Birmingham Safeguarding Children's Board Annual report in October 2018 and Youth Justice Strategic Plan in December 2018.
 - Special Educational Needs and Disabilities (SEND) - October 2018.
 - Early Years - November 2018.
 - Corporate Parenting – the Corporate Parenting Board Annual report and an update on progress with the Corporate Parenting Inquiry recommendations will be discussed in February 2019. Also, the Cabinet Member for Children's Wellbeing is the Lead Member for Children's Services (LMCS) and the LMCS and the Director of Children's Services (DCS) have a shared responsibility with all officers and members of the local authority to act as effective and caring corporate parents for Children in Care. The Cabinet Member is attending the November 2018 committee meeting.



3 Meeting Schedule

3.1 Below is the list of potential committee dates and Members may want to use some of these dates for other things other than committee meetings, such as visits, informal briefings etc.

| All at 10 am | Session / Outcome | Officers / Attendees |
|---|--|--|
| 20 June 2018 in committee room 6 | Informal meeting to discuss the Work Programme and priorities. | Andy Couldrick, Chief Executive, Children's Trust, Seamus Gaynor, Head of Executive, Children's Trust, Sarah Sinclair, Interim AD, Commissioning and Natalie Loon, Corporate Parenting Coordinator |
| 25 July 2018 committee room 6 | Cllr Booth, Cabinet Member for Children's Wellbeing | Suman McCarthy |
| Report Deadline: 16 July 2018 | Children's Trust briefing and discussion. To include: | Andy Couldrick, Chief Executive, Seamus Gaynor, Head of Executive, Children's Trust and Sarah Sinclair, Interim AD, Commissioning, Dawn Roberts, AD, Early Help and David Bishop, Head of Service |
| 19 September 2018 | Visit to the Children's Advice and Support Service (CASS) observe the work of the Children's Trust. | Seamus Gaynor, Head of Executive, Children's Trust and Rachel McCartan, Head of Service, CASS |
| 17 October 2018 committee rooms 3 & 4 | Birmingham Safeguarding Children's Board (BSCB) Annual Report. | Penny Thompson, Chair of BSCB and Simon Cross, Business Manager |
| Report Deadline: 8 October 2018 | Special Educational Needs and Disability (SEND) – to include Travel Assist. (10.45) Members of the Learning, Culture and Physical Activity O&S Committee have been invited for this item. | Cllr Kate Booth, Cabinet Member for Children's Wellbeing, Anne Ainsworth, Corporate Director for Children and Young People, Sharon Scott, Acting AD for SEND, Jennifer Langan, Travel Assist Lead and Rachel O'Connor, Director of Planning & Performance, Birmingham and Solihull CCG |
| 14 November 2018 committee rooms 3 & 4 | Children's Trust report – the first 6 months. | Andrew Christie, Chair, Andy Couldrick, CEX and Professor Jon Glasby, Non-Executive Director |
| Report Deadline: 5 November 2018 | Cllr Booth, Cabinet Member for Children's Wellbeing. | Suman McCarthy and Sarah Sinclair, Interim AD, Commissioning |
| | Early Years, Health and Wellbeing contract. | Sarah Sinclair, Interim AD, Commissioning |



| All at 10 am | Session / Outcome | Officers / Attendees |
|---|---|---|
| 12 December 2018 committee rooms 3 & 4 Report Deadline: 3 December 2018 | Youth Justice Strategic Plan (annual) This could be done jointly with the Housing and Neighbourhoods O&S Committee and linked to the work of the Community Safety Partnership. | Dawn Roberts, AD, Early Help and Trevor Brown, Head Of Youth Offending Services |
| 16 January 2019 committee rooms 2 Report Deadline: 7 January 2019 | TBC | |
| 13 February 2019 committee rooms 2 Report Deadline: 4 February 2019 | Update on Progress on the Child Poverty Commission | Councillor Tristan Chatfield, Cabinet Member for Social Inclusion, Community Safety & Equality and Marcia Wynter, Cabinet Support Officer |
| | Corporate Parenting Board report (annual) and a progress update on the Corporate Parenting Inquiry recommendations. | Andy Pepper, AD, Children in Care Provider Services and Natalie Loon, Corporate Parenting Support Officer |
| 13 March 2019 committee room 2 Report Deadline: 4 March 2019 | Visit to observe the work of the Children's Trust. | |
| 17 April 2019 committee room 6 Report Deadline: 8 April 2019 | TBC | |

4 Other Meetings

Call in Meetings

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled



It is suggested that the Committee approves Wednesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions.

5 Report to City Council

5.1 The committee to agree the topic for their report to City Council.

(Update on the Children's Trust - TBC)

| Date | Item |
|------|------|
| | |

6 Outstanding Tracking

| Inquiry | Outstanding Recommendations | Date of Tracking |
|--|---|---|
| Children Missing from Home and Care | R2 – Develop an overarching strategy for missing children so responsibilities are clear and understood, risk is managed well, especially for looked after children and persistent runaways, information is shared effectively and appropriate support is in place for children and families. | Update received: 12 October 2016, 26 April 2017 and 18 October 2017 |
| Corporate Parenting | R1 – R7 | Update rec'd 18 Oct 17 & Annual Report 14 Feb 18 |
| <p>R01 - Councillors to commit to at least one activity from the 'menu of involvement'. This will then be published on the Council's website. A follow-up survey will be undertaken by the Scrutiny Office in nine months requesting an update from Councillors on this. Responsibility - All Councillors, by April 2017.</p> <p>R02 - The menu of involvement for Councillors is developed into a corporate parenting handbook for Councillors for May 2018. This will include providing Councillors with examples of how they can undertake each task. Responsibility: Cabinet Member for Children, Families and Schools by May 2018.</p> <p>R03 - Training is offered to Councillors in the first couple of weeks of becoming a Councillor. Responsibility: Deputy Leader by May 2018.</p> <p>R04 - Every children's home in Birmingham that has a Birmingham child in care is visited by the end of July 2017 and the District Corporate Parent Champions ensure this happens. Responsibility: District Corporate Parent Champions by July 2017.</p> <p>R05 - Supporting documentation for completing cabinet reports includes a requirement that consideration is given as to any impact of the proposals on children in care. If there are likely impacts, the cabinet report should include this in the body of the report. Responsibility: Cabinet Member for Transparency, Openness and Equality by October 2017.</p> <p>R06 - The AD, Children in Care Provider Services presents an annual Corporate Parenting Board report to the Schools, Children and Families O&S Committee. Responsibility: Cabinet Member for Children, Families & Schools by Feb 2018.</p> | | |

7 Useful Acronyms

| | | |
|---|---|---|
| ASTI = Assessment and Short Term Intervention BEP = Birmingham Education Partnership | EDT = Emergency Duty Team EFA = Education Funding Agency EHE = Elective Home Education EYFS = Early Years Foundation stage | PCT = Primary Care Trust PEP = Personal Education Plan (all CIC must have one of these). PEX = Permanent Exclusions |
|---|---|---|



| | | |
|---|---|---|
| BSCB = Birmingham Safeguarding Children Board CAF = Common Assessment Framework CAFCASS = Child & Family Court Advisory Support Service CAMHS = Child and Adolescent Mental Health Services CASS = Children's Advice and Support Service CIC = Children in Care CICC = Children in Care Council CICES = Children In Care Education Service (formerly LACES Looked After Children Education Service) COBS = City of Birmingham School CPR = Child Protection Register CRB = Criminal Records Bureau CSE = Child Sexual Exploitation DFE = Department for Education DV = Domestic Violence | FCAF = Family Common Assessment Framework FGM = Female Genital Mutilation FSM = Free School Meals IRO = Independent Reviewing Officer Key Stage 1 (Ages 5-7) Years 1 and 2 Key Stage 2 (Ages 7-11) Years 3, 4, 5 and 6 Key Stage 3 (Ages 11-14) Years 7, 8 and 9 Key Stage 4 (Ages 14-16) Years 10 & 11 Key Stage 5 (ages 16 – 18) MASH = Multi Agency Safeguarding Hub NEET = Not in Education, Employment or Training NRPF = No Recourse to Public Funds Ofsted = Office for Standards in Education | RAG = Red, Amber, Green SCR = Serious Case Review SEN = Special Educational Needs SENAR = SEN Assessment and Review SENDIASS = SEND Information, Advice and Support Service SENCO = Special Educational Needs Coordinator SEND = Special Educational Needs and Disability SGOs = Special Guardianship Orders UASC = Unaccompanied Asylum Seeking Children YOT = Youth Offending Team |
|---|---|---|

8 Forward Plan for Cabinet Decisions

8.1 The following decisions, extracted from the Cabinet Office Forward Plan of Decisions, are likely to be relevant to the Children's Social Care O&S Committee's remit.

| ID Number | Title | Proposed Date of Decision | Date of Decision |
|-------------|---|---------------------------|------------------|
| 005164/2018 | T023 – Provision of Transport Services (Contract Extension) | 26 Jun 18 | 26 Jun 18 |
| 005447/2018 | Review of Council Run Day Nurseries | 09 Oct 18 | |

8.2 The following are joint decisions made by the relevant Cabinet Member and Chief Officers.

| Ref No | Title | Cabinet Member & Lead Officer | Date of Meeting |
|-------------|---|--|-----------------|
| 004965/2018 | Birmingham Children's Trust Establishment | Cllr Carl Rice, Children, Families and Schools and Sarah Sinclair, Interim AD, Children and Young People Commissioning | 28 Feb 2018 |

