

Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

SCHOOLS, CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

WEDNESDAY, 17 JANUARY 2018 AT 13:30 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 APOLOGIES

To receive any apologies.

3 - 6

3 ACTION NOTES

To confirm the action notes of the meeting held on the 13 December 2017.

7 - 44

4 UPDATE ON PROGRESS ON THE CHILD POVERTY COMMISSIONS RECOMMENDATIONS (1.30PM - 2.10PM)

Councillor Tristan Chatfield, Cabinet Member for Community Safety & Equality, Councillor Roger Harmer (Lib Dem), Jacqui Kennedy, Corporate Director Place (CLT Lead) and Suwinder Bains, Cohesion and Partnerships Manager in attendance.

45 - 104

5 BIRMINGHAM SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

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

105 - 130

6 GANGS (3.10PM - 4.10PM)

Dawn Roberts, AD, Early Help, Trevor Brown, Head Of Youth Offending Services, Mat Shaer and Nick Dale, West Midlands Police in attendance.

131 - 172

7 **CHILD SEXUAL EXPLOITATION (CSE) BRIEFING / GUIDELINES FOR COUNCILLORS (4.10PM APPROX)**

Debbie Currie, AD Child Protection, Performance & Partnerships; Julie Young, AD Safeguarding (education) and Jon Needham, School Advisor – Safeguarding in attendance.

173 - 180

8 **WORK PROGRAMME**

For discussion.

9 **DATE OF FUTURE MEETINGS**

To note the dates of future meetings on the following Wednesdays at 1330 hours in the Council House as follows:-

14 February, 2018

21 March, 2018

25 April, 2018

10 **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).

11 **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.

12 **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

SCHOOLS, CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY (O&S) COMMITTEE – PUBLIC MEETING

13:30 hours on Wednesday 13 December 2017, Committee Room 2 – Actions

Present:

Councillor Susan Barnett (Chair)

Councillors: Sue Anderson, Matt Bennett, Kate Booth, Barry Bowles, Debbie Clancy, Shabrana Hussain, Chauhdry Rashid, Martin Straker Welds and Alex Yip.

Also Present:

Councillor Carl Rice, Cabinet Member for Children, Families and Schools

Trevor Brown, Head Of Youth Offending Services

Tim Boyes, Chief Executive, Birmingham Education Partnership (BEP)

Colin Diamond, Corporate Director for Children & Young People

Dawn Roberts, AD, Early Help

Tracy Ruddle, Director of Continuous School Improvement, BEP

Amanda Simcox, Scrutiny Office

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.birminghamnewsroom.com") and members of the press/public may record and take photographs.

The whole of the meeting would be filmed except where there were confidential or exempt items.

2. APOLOGIES

Apologies were submitted on behalf of:

Councillors: Julie Johnson and Mike Sharpe.

Other Voting Representatives: Samera Ali, Parent Governor Representative; Evette Clarke, Parent Governor Representative; Adam Hardy, Roman Catholic Diocese Representative and Sarah Smith, Church of England Diocese Representative.

3. ACTION NOTES

Action notes of the meeting held on 18th October 2017 were confirmed.

4. CITYWIDE SCHOOL ATTAINMENT STATISTICS – HEADLINE DATA

Colin Diamond, Corporate Director for Children & Young People, Tim Boyes, Chief Executive and Tracy Ruddle, Director of Continuous School Improvement, Birmingham Education Partnership (BEP) presented the item.

The Corporate Director for Children & Young People concluded that they were starting to see genuine deep seated improvements in schools with much more engagement with head teachers and school leaders.

It was suggested that a seminar for Members on the curriculum and assessment be provided. This could possibly be provided before City Council when most Members would be in the Council House.

The BEP had been successful on their £500,000 bid from the strategic school improvement fund.

Members were requested to e-mail questions they had not had a chance to ask to the Chair and these would be circulated with the responses.

RESOLVED:

To note the update and Members to confirm what they would like for their March 2018 committee meeting as part of the update on the validated attainment statistics.

5. YOUTH JUSTICE STRATEGIC PLAN 2016 - 17

Dawn Roberts, AD, Early Help and Trevor Brown, Head of Youth Offending Services presented the item.

The Chair stated that when the report was presented at Cabinet it was agreed that the committee would look into the issue of gangs and this could be discussed at the 17th January 2018 committee meeting. Dawn Roberts suggested that it may be useful if representatives from West Midlands Police were in attendance. In relation to the County Lines article in the Times about gangs using young people as drug mules, Trevor Brown responded that it is an issue in Birmingham and the West Midlands.

Dawn Roberts, AD, Early Help informed the committee that there was some stability in funding and they worked with the 1,601 young people on court ordered and preventive programmes. There has been a rise in first time entrants. Also, they will be working with the head teacher for the virtual school for children in care.

The Chair informed the committee that she had previously had a worthwhile visit to one of the youth offending teams and recommended to Members that they may also wish to arrange a visit to one of the area teams with Trevor Brown.

RESOLVED:

That the Youth Justice Strategic Plan 2016-17 is noted and the committee discuss gangs at the 17th January 2018 committee meeting.

6. WORK PROGRAMME

An extra meeting has been organised for an informal budget meeting on the 10th January 2018 and Members have been e-mailed the details.

The Chair gave her apologies for non-attendance at the January meetings and the Committee gave their congratulations on Councillor Barnett's forthcoming wedding.

Councillor Debbie Clancy raised a concern regarding reading and how this is applied in the early years setting. This may therefore be a priority for the Committee's 2018/19 Work Programme.

Colin Diamond, Corporate Director for Children & Young People informed the Committee that the attainment statistics will be validated for the March 2018 committee meeting, however, it is not anticipated that they will have changed. Members may therefore wish to drill down to ethnicity, gender and/or constituency level. Also, Members may wish to invite a head teacher(s) to the meeting etc. Members were requested to confirm what they wish to cover at their March meeting

Councillor Carl Rice, Cabinet Member for Children, Families and Schools would like to see ward Councillors taking an active interest in schools in their wards and thought there may be a pattern of exclusions with certain schools and he would like to see the committee involved in this.

RESOLVED:

The work programme is noted.

7. DATE OF FUTURE MEETINGS

Noted.

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

None.

9. OTHER URGENT BUSINESS

The Chair informed Councillor Yip that the matter he had raised by e-mail regarding short breaks funding was being investigated and there should be a response for the next meeting.

The Chair wished the committee a very happy and peaceful Christmas.

10. 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 15.55 hours.

Report to the Schools, Children and Families Overview & Scrutiny Committee

Report of:	Councillor Tristan Chatfield Cabinet Member for Community Safety & Equalities, Councillor Robert Alden (Con) and Councillor Roger Harmer (Lib Dem), Jacqui Kennedy, Corporate Director Place (CLT Lead)
To:	Schools, Children and Families Overview and Scrutiny Committee
Date:	17th January 2018

Progress Report on Implementation: The Birmingham Child Poverty Commission Recommendations

Purpose of the Report

To brief the Committee on progress of the Birmingham Child Poverty Commission's recommendations to reduce levels of child poverty.

Recommendation

That Members note the information contained in this report.

Contact Officer Details

Name :Suwinder Bains
Job title: Cohesion and Partnerships Manager
Tel: 0121 303 0268
Email: suwinder.bains@birmingham .gov.uk

Background

In July 2016, the Birmingham Child Poverty Commission published its findings including a series of recommendations for the Council and other agencies to take forward to reduce levels of child poverty.

A cross party group has been overseeing the implementation of the recommendations for the Council : chaired by Cllr Tristan Chatfield, Cabinet Member for Community Safety and Equalities , Cllr Robert Alden (Con) , Cllr Roger Harmer (Lib Dem) and Jacqui Kennedy, Corporate Director Place. On 8th February 2017, the cross party group presented progress on the recommendations for the Council to this Committee. Members of the Committee noted progress and asked that a further progress report be presented in six months.

In addition to the above, a number of multiagency partnerships are in place to combat child poverty, including the independent multi agency Birmingham Child Poverty Action Forum, supported by the Council. The Forum has been monitoring progress to ensure the City continues to promote and support citywide responses to combat child poverty. Also, the Financial Inclusion Partnership chaired by Cabinet Member for Community Safety and Equalities has developed a strategy and interventions to support families build their financial capability.

Key Issues:

Since the last update significant progress has been made to progress the Commission's recommendations as set out in Appendix 1.

The Committee is asked to note that while action has been taken to progress recommendations for the Council, there are number of recommendations included in the Commission's report that are not the direct or sole responsibility of the Council. Therefore, these recommendations will require action by the relevant organisations.

In early 2018, the Cross Party group will present the Council's progress on its recommendations to a reconvened meeting of the Child Poverty Commission. Following this meeting the Group would have completed its monitoring role of the recommendations.

Conclusions

Addressing the drivers of child poverty is a collective challenge for the whole city. The City Council alone cannot eliminate child poverty that blights so many lives. Instead, a citywide response is required as outlined in the Commission's report. Combating child poverty and reducing the levels of children and families living in poverty remains a

priority for the Council and we will continue to work with the private, voluntary, educational and wider public sector organisations within Birmingham to give the best life chances to all children.

Similarly, the Birmingham Child Poverty Forum will continue to provide awareness and promote activity, debate, campaigning and a lobbying role on combating child poverty.

Appendix 1

Progress on the recommendations of the Birmingham Child Poverty Commission

No1	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should work with Jobcentre Plus and employment support providers to ensure that parents of two year olds taking up funded early education are specifically targeted with employment and skills support that encourages starting work or training, and that wrap-around childcare is sufficiently affordable and flexible to enable those parents to sustain and increase their employment opportunities.	<p>Councillor Carl Rice Cabinet Member for Children, Families & Schools</p> <p>Councillor Brett O'Reilly Cabinet Member for Jobs & Skills</p> <p>Lindsey Trivett</p> <p>Interim Head of Early Years, Childcare and Children's Centres</p> <p>Early Years and Childcare Service</p> <p>Children and Young People Directorate</p>	<p>December 2016</p> <p><i>Revised date April 2018</i></p>
<i>Evidence of Progress</i>			
	Early Years Strategy will include a focus on employment and skills support to parents of two year olds who have		

	<p>taken up funded early education.</p> <p>The recently commissioned Early Years Health & Wellbeing System (June 2017) has both health and early years providers partnering to improve the health & wellbeing of children 0-5 years and their families. They will be jointly and severally accountable for enabling larger proportions of children being ready for school. It includes a focus on supporting skills to employment for parents of two year olds who are eligible for and take up the targeted Early Education Entitlement. This will be extended to the parents of any three year old who take up the universal Early Education Entitlement. A partnership at local level with Jobcentre Plus is being developed in order to develop a systematic approach.</p> <p>The Early Years Team has renewed efforts to maximise the uptake of the targeted 2 year old Early Education Entitlement offer. There is a renewed focus in Children's Centres to offer the parents of these children an opportunity for Jobcentre Plus advice in the Children's Centre as well as the local Job Centre.</p> <p>The availability and sufficiency of places for childcare is monitored routinely by a central Council based team from contacts with the Private, Voluntary, and Independent providers of childcare and Early Education. They attempt to balance places with local numbers of children in the appropriate age groups, although have no direct commissioning levers to influence the capacity of this sector. Attempts to stimulate the provider market are undertaken across the City and in areas where there is an identified need to do so. The cost of this childcare is governed by the market place and mostly driven by staff cost which is a balance between numbers and skills.</p> <p>These local efforts are aligned with the intention of the recommendation, namely to increase the likelihood of parents being able to work and hence reduce the impact of poverty in the short and medium term.</p> <p>The measure is still collected for central monitoring purposes and the trends over time will be used to judge progress.</p>		
No 2	Recommendation	Responsibility	Original Date For Completion

	Adult education providers to provide data for all Birmingham City Council courses so that the reach and impact of adult education in the city can be appropriately analysed.	Councillor Brett O'Reilly Cabinet Member for Jobs and Skills Maria Gilling, Interim Head of BAES, Place Directorate	January 2017 COMPLETED
<i>Evidence of Progress</i>			
	<p>The Skills Funding Agency's allocation to Birmingham providers is over £60m, including 19+ apprenticeships (excluding 16-18 apprenticeships), community funding and learner support funding for the academic year 2014/15. Birmingham Adult Education and Skills has analysed this data and identified 81,390 enrolments for Birmingham citizens of which 66% of these were undertaken by females, 56% of these enrolments were at level 1 or below and 42% were at entry level. Nearly half of all enrolments were Preparation for Life and Work subjects i.e. maths, English, ESOL (English to Speakers of Other Languages), employability and provision for adults with learning disabilities.</p> <p>The data suggests that the majority of women, studying English or ESOL at entry level are utilising SFA funding/investment. It was highly likely that this learning was not directly linked to an actual employment opportunity and therefore the impact of this learning on an individual's income would have been limited due to the distance of the learners from the labour market. However, the nature of this learning is critical in moving the learners forward, both socially and economically. What is not known from the SFA data is the propensity of learners to progress either between learning levels or into employment. The overall Skills Funding Agency adult education budget has been reduced by over £23 m over the last 2 years, which means providers will be under more pressure to decide how they invest SFA funding in the city, going forward.</p> <p>The data analysis of postcodes of learners shows that there are two main groups that access ESOL that stand</p>		

out significantly: Pakistani and Black African. These account for large numbers of learners who are studying ESOL or English.

The top 5 wards for the Pakistani community take up are:

1. Washwood Heath
2. Springfield
3. Bordesley Green
4. Sparkbrook
5. Hodge Hill

Black African community take up are:

1. Nechells
2. Aston
3. Lozells and East Handsworth
4. Sparkbrook
5. Soho

	<p>There is some evidence to suggest that faced with funding cuts providers continue to prioritise ESOL provision. This is borne out by BAES who maintained learner numbers in ESOL for 2015/16 despite losing a dedicated funding stream called ESOL Plus which targeted unemployed claimants with language barriers to take ESOL programmes and support them into the labour market. BAES replaced this funding stream with a mainstream funded programme with similar aims and objectives and it has been successful with 250 learners recruited in 2015/16 and approximately 20% of these gaining employment.</p>		
No 3	Recommendation	Responsibility	Original Date For Completion
	<p>The DWP (Department for Work & Pensions), working closely with schools, Birmingham City Council and the voluntary sector, should rotate benefits and other financial advisers around those schools/children's centres with high levels of need offering an outreach financial inclusion service.</p>	<p>Councillor Tristan Chatfield Cabinet Member for Community Safety & Equalities</p> <p>Antonina Robinson</p> <p>Think Family Lead, Birmingham, Department for Work and Pensions</p> <p>Chris Jordan Head of Service Integration</p> <p>Neighbourhoods & Communities Division, The Place Directorate</p>	<p>December 2016</p> <p>Revised date May 2018</p>

Evidence of Progress			
	<p>Following discussions with Department of Works & Pensions (DWP) and City Council Advice Services a number of actions have been agreed to support low income families with advice and information to improve financial capability, including:</p> <p>DWP Jobcentres have Community and Complex Needs plans in place which support Job Centre staff to identify and work with local community agencies and Local Authority partners. Flexible Support Funding bids are invited continually from agencies to DWP Birmingham and Solihull District so that DWP can commission bespoke local support for vulnerable claimant's journey to employability/employment. DWP have put in place a number of interventions including Troubled Families Programme, Jobcentre Support to Schools, Community Partners, Small Employer Advisers and Disability Employment Advisers all working across the community and with employers to support vulnerable claimants and those with health conditions. DWP Partnership managers have delivered Universal Credit awareness sessions to third sector, Voluntary and LA partners. Presentations continue to be delivered on request.</p> <p>City of Birmingham and Pathfinder SEMH (social emotional mental health) Pilot schools engaged with DWP for parental engagement to support employability – North and South Birmingham. Lumen Christi Primary schools engagement launched in September 2017 supported by DWP Think Families Adviser.</p> <ul style="list-style-type: none"> • Neighbourhood Advice Information Service and third sector providers will jointly provide advice on welfare benefits and financial assessments, with a focus on income maximisation and debt prevention in Saltley, Aston and City Centre locations. In addition, Personal Budgeting Support (PBS), funded by the DWP, is now available to citizens transitioning onto Universal Credit at 5 city locations. • a web based service will provide access to advice and information on a wide range of financial advice services. This service can be accessed from children's centres. 		

In addition to the above actions, the Birmingham Financial Inclusion Partnership is running a pilot in St Georges to work closely with schools and Children's Centres to deliver financial inclusion advice and raise awareness of the risks of illegal money lending; and to advise and support parents in becoming digitally included and accessing training and employment. Promoting financial inclusion will help: increase tenancy sustainability, reduce the risk of homelessness, mitigate against the impact of welfare reform and improved health and wellbeing and help reduce child poverty in the neighbourhood. Phase 1 of the work commenced January 2017 providing targeted support to low income families impacted by the Benefit Cap.

The Financial Inclusion Partners are working with local stakeholders to:

- Build resilience through increased Credit Union membership and take up of social housing contents insurance.
- Delivering digital and financial literacy training (DCLG funded & delivered by Catalyst CIC)
- Create a St Georges residents forum
- Providing briefings to community orgs on welfare reform changes that impact children and families (for example 2 child policy)
- Deliver an employment pilot for young people, an outreach programme for 15 – 29 year olds in partnership with People Plus (YPP funded) targeting young people from St Georges. BFIP are also negotiating trainee and apprenticeship opportunities for this cohort providing development opportunities for the young people.

No 4	Recommendation	Responsibility	Original Date For Completion
	All Birmingham City Council-approved	Councillor Paulette Hamilton Cabinet	January 2017

	strategies should include a mandatory section on the public health and health inequality implications of the issue under consideration.	Member for Health and Social Care Adrian Phillips Director of Public Health	COMPLETED
Evidence of Progress			
	<p>The new Cabinet Governance on reporting has included a section on the Council Priority of a Healthy Place to Live.</p> <p>Public Health function has developed a team to implement a <i>Health in all Policies</i> resource, the Council Collaboration Team.</p> <p>Council collaboration takes a 'health in all policies' approach to integrate health and wellbeing principles across Birmingham City Council plans, policies and programmes, as well as within communities and partner organisations. With a specific understanding of, and focus on, the wider determinants of health and working in partnership, the team supports BCC, partners and communities to develop a Healthy City for everyone.</p> <p>Key areas of work include: links with planning, housing and the built environment to develop healthy places and with employment to support training, skills and jobs for the most vulnerable; developing health based approaches to licensing; support for the work of the Mental Health Commission of the West Midlands Combined Authority and the Birmingham Health and Wellbeing Board; championing workplace health and wellbeing; developing approaches to food and activity to combat obesity and promote sustainability; and leading on Council business continuity and resilience.</p>		
No 5	Recommendation	Responsibility	Original Date For Completion

	<p>An audit should be completed on the number of schools that have access to counselling support and do a cost analysis of providing outreach counselling service to schools with the highest proportion of pupils in receipt of pupil premium.</p>	<p>Councillor Paulette Hamilton Cabinet Member for Health and Social Care</p> <p>Councillor Carl Rice, Cabinet Member for Children, Families and Schools</p> <p>Dr Dennis Wilkes</p> <p>Assistant Director</p> <p>Public Health</p>	<p>March 2017</p> <p>COMPLETED</p>
Evidence of Progress			
	<p>The New Start programme, a partnership of Birmingham Education Partnership (schools), Birmingham City Council Education teams, Forward Thinking Birmingham (NHS 0-25 years mental health service), and Public Health (School Health Advisory Service & Early Years Health & Wellbeing offer commissioning) are developing a programme of school development and responsiveness based on the impact of Adverse Experiences in Childhood and the use of the Academic Resilience programme to transform the school culture, preventative approach and response to children in difficulty. The New Start programme is governed and financially supported through the NHS 0-18 Mental Health Transformation Programme.</p> <p>The programme is a systematic response to the collection of Head Teacher concerns about the difficulty knowing what 'counselling service' to approach (free, often long waiting times, and more specialist than the young person might need) or buy in to work alongside or as part of the staff numbers. A formal survey was never needed to quantify the strength of the concerns and the methodological difficulties of such an exercise are</p>		

	<p>too great for the exercise to have been valuable.</p> <p>The programme is already underway and will roll out to all secondary schools over a three year time frame. The cost, financial and expertise, has been constrained but is sustainable. A more formal cost benefit analysis is not planned although an evaluative component of benefit to students is planned.</p> <p>This approach moves our city's schools towards a better place for students to engage and achieve more productively and hence take some significant steps towards breaking their way out of the poverty cycle that this recommendation was intended to achieve.</p>		
No 6	Recommendation	Responsibility	Original Date For Completion
	Where required, parents should be encouraged to take up ESOL classes, particularly for groups whose language is a barrier to the labour market. These should be scheduled in schools around pick up/drop off times for children.	<p>Councillor Carl Rice, Cabinet Member for Children, Families and Schools</p> <p>Councillor Brett O'Reilly Cabinet Member for Jobs and Skills</p> <p>Maria Gilling, Interim Head of BAES, Place Directorate</p>	<p>April 2017</p> <p>Revised date: Spring term 2018</p>
Evidence of Progress			
	Birmingham Adult Education Service will continue to work with schools to encourage take up of adult learning		

	<p>including a Curriculum Leader with responsibility for ESOL and a family learning team including Family Learning Organisers to teach and set-up family learning programmes in schools. A Teaching and Learning Manager liaises with schools to set-up provision, with particular emphasis on improving English and Maths skills. The large ESOL programme runs in BAES centres and community settings.</p> <p>From April 2017 Birmingham established a Parent Ambassador programme. The Parent Ambassador programme has been successfully delivered in Harrow and Wolverhampton. BAES is working in partnership with the City Council's Pupil and School Support team with the aim to recruit Parent Ambassadors through schools. The course parents undertake will equip them with an accredited certificate called 'Become a Parent Ambassador'. They will then volunteer in a school or cluster of schools supporting other parents, such as newly arrived parents, with many aspects of the British education system. The long-term goal for the volunteer ambassadors would be to gain employment. PSS have not managed to successfully engage any schools in this programme so far. This project will be re-launched in January 2018. A list of 48 schools that Family Learning currently works with has been given to PSS to contact in the new year.</p> <p>Additional information :</p> <ul style="list-style-type: none"> • In the 2016/17 academic year, BAES had 2478 enrolments and 1150 residents undertook ESOL programmes, with 55% progressing to higher levels in 2017/18. There were 1480 enrolments for courses taking place in schools and Children's centres and classified as Family Learning. In addition, 314 residents were recruited, following a referral from the Job Centre, onto the ESOL and English for Works programme and 11% of these went on to find employment following the course. 380 adults undertook GCSE Maths and over 65% gained a grade A* to C. There were 239 GCSE English students and of these 75% gained a grade A* - C. • ESOL provision is most concentrated in areas of multiple deprivation: 28% (353) of ESOL learners were from Hall Green district with 14% from Springfield and 12% from Sparkbrook. 17% (193) of ESOL learners were from the Ladywood district with 10% from Aston. Hodge Hill district had 17% (196) of ESOL learners, 10% of whom were from Washwood Heath ward. All other districts ranged from less than 1% in
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	<p>the Sutton district to 7% in the Yardley district.</p> <ul style="list-style-type: none"> Despite a general reduction to Adult Education funding year on year for the last 5 years BAES has maintained ESOL provision with 1366 learners in 2016/17. 		
No 7	Recommendation	Responsibility	Original Date For Completion
	<p>Birmingham City Council should adopt a local 'breathing space' placing council tax accounts on hold for 21 days when a family gets in touch with them so as to enable the family time to seek independent debt advice. The Council should also adopt an explicit policy of not engaging bailiffs for families in receipt of Council Tax Support.</p>	<p>Councillor Brigid Jones , Deputy Leader</p> <p>Tim Savill</p> <p>Assistant Director</p> <p>Revenues, Benefits and Rents</p>	<p>April 2017</p> <p>COMPLETED</p>
Evidence of Progress			
	<p>In respect of progress the Revenues Service continues to adhere to guidance issued to staff instructing them to apply a 21-day hold to accounts in the circumstances outlined in this recommendation.</p> <p>As at the end of November 2017, over 11,000 citizens have been in contact with the Revenues Service and currently have their council tax accounts put on hold. The code used to place a hold on a particular account depends on the stage the case has reached in the collection process, so it is not possible to identify separately those wishing to seek financial advice. In addition, a 21 day hold has not been made in all cases as the citizen</p>		

	<p>has been contacted and special payment arrangements have been made, or the citizen has received independent financial advice from a support agency, which has resulted in a hold being for a shorter period of time.</p> <p>The Council no longer passes any accounts with a council tax support (CTS) profile to its enforcement agents (EAs), and parameters are set within the council tax system to prevent this. Wherever possible, the Department for Work and Pensions (DWP) is requested to make deductions from the citizen's benefit. If this cannot be done because the citizen is in receipt of a benefit from which deductions cannot be taken, or there are other deductions that take priority, the council will look to agree a payment arrangement. Over 4,000 accounts that might otherwise have been subject to EA action for this year's council tax have been held back while we determine a more appropriate course of action.</p> <p>As a number of citizens become entitled to CTS after their arrears were passed to the EA, Revenues now has in place a process to identify these and recall them. The EAs supply a list of all their live cases to Revenues, who then match it to a report listing all cases showing on the council tax system as currently in receipt of CTS. The EAs are then instructed to return all those where there is no active payment arrangement in place.</p> <p>The Revenues Service undertakes quarterly audits with the EAs and undertakes a sample check to ensure compliance with all this process.</p> <p>The Revenues Service is in the process of transferring its knowledge base to an enhanced knowledge base system called Sheldon, which will allow staff too easily and quickly search for the most appropriate way to support citizens suffering difficulties in payment and deal with account queries appropriately.</p> <p>The Revenues Service also now meets quarterly with Citizens Advice, and will continue to build on this relationship to ensure that independent financial advice is readily available to families and other citizens who need it.</p>		
No 8	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should exempt	Councillor Brigid Jones , Deputy	April 2017

	care leavers from Council Tax up to, and including, the age of 25.	<p>Leader</p> <p>Chris Gibbs</p> <p>Assistant Director</p> <p>Change and Support Services</p>	
<i>Evidence of Progress</i>			
	<p>A policy for the awarding of this scheme is in place within the Revenues Service and is adhered to. To date, the Council has supported 113 care leavers with an award of this discount, with a total value to date of £38,821. The most common annual award is to those who are a single adult resident on council tax support living in a Band A property throughout the year. Some care leavers are classed as vulnerable and receive 100% council tax support, so do not require this discount.</p> <p>The Revenues Service has implemented the care leaver's exemption in compliance with the requirements that were provided, and continues to provide this exemption to Birmingham care leavers. The Council has no authority to reduce council tax charges for care leavers who now reside outside of Birmingham.</p> <p>The Council does not hold information in relation to care leavers from other local authorities who move into Birmingham and cannot, therefore, identify who they are to exempt them from council tax. This would breach data protection guidelines and this information cannot be requested.</p> <p>However, it is worth stating that it is most likely in both circumstances that care leavers would be entitled to local council tax support and, therefore, this issue is at the margins in terms of impact.</p> <p>The Care leavers discount has only cost the Council a very small amount and has had minimal impact upon child poverty as the vast majority of these citizens were already in receipt of council tax support to the value of 80% of their liability.</p>		

No 9	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council and Birmingham Education Partnership should assist schools to establish formal partnerships with universities, both in the UK and abroad. The purposes of doing so include: raising students' awareness and aspirations of the opportunities for higher education; enhancing partnerships between schools and universities for professional development; and influencing standards of teaching and learning.	<p>Councillor Carl Rice, Cabinet Member for Children, Families and Schools</p> <p>Anne Ainsworth</p> <p>Assistant Director</p> <p>People Directorate</p>	<p>June 2017</p> <p>Revised June 2018</p>
	Evidence of Progress		
	<p>The Council is continuing to work closely with schools, colleges and universities to create opportunities and address barriers that hinder young people from reaching their aspirations, including :</p> <ul style="list-style-type: none"> • To continue to build on its work with the Aim Higher West Midlands Partnership (consortium of local Universities) to raise aspirations and provide mentoring for students to KS4 and 5 pupils, identified at risk by schools; • Additional funding from Higher Education Funding Council for England has been allocated to target mentoring opportunities in areas with low participation in Higher Education (HE) including the following wards: Shard End, Kingstanding, Kings Norton, Bartley Green and Tyburn. The Education Service is a strategic partner in a four year programme linked to an additional funding proposal for the National Collaborative Outreach Programme. The project is in its first year and will be reporting on outcomes in 		

	<p>the spring;</p> <ul style="list-style-type: none"> • Facilitate other Coaching and mentoring organisations to disseminate their offer locally (eg Coachbright) and enabling universities outside of the city to disseminate their offer (e.g. Durham and Keble College Oxford); • Targeting young people from disadvantaged backgrounds to enrol onto courses run by the National College for High Speed Rail which had a 'soft' launch in September 2017 and provides specialist training, skills and qualifications into the rail industry; • Supporting schools to deliver their careers duty through the Enterprise Advisers project (funded externally through the Careers and Enterprise Company). Half of secondary schools have already signed-up to the project in its first year. Strategic support to develop a Careers Plan for each school, using the Compass Tool to self-assess progress against the Gatsby Benchmarks. Brokerage with a business partner from industry is also facilitated to develop a long-term relationship with business; • Continuing to commission Birmingham Education Partnership to provide School Improvement Services to the maintained school sector, including support to implement the new Department for Education Careers Strategy (launched November 2017); • Linking schools and colleges to STEMNET and the science , technology, engineering and mathematics (STEM) Ambassador Network to take advantage of the support and resources, industry and HE links available through the programme; • Ensuring all young people in Year 9 have access to information about 14-19 Academies and University Technical Colleges in the region, through a personal mail-shot, issued once a year directly to young
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	<p>people;</p> <ul style="list-style-type: none"> • Improving transition from Year 11 to Year 12, support and guidance has been provided to schools to underpin this: • A programme of events and programmes to promote Apprenticeship pathways and Higher Apprenticeships has been on-going. For example, promotion of the Skills Show at the NEC in November; an Apprenticeship Show is planned for February 2018 and regular transition events for SEND young people; • Supporting the development of the new Institute for Technology (IoT) which is a new technical college offering Level 3 and 4 qualifications around advanced manufacturing. A consortium of three local Further Education colleges and the four universities are leading this with support from the Council, GBSLEP and the Chamber of Commerce; <p>The current Building Birmingham Scholarship programme is an example of engaging young people and outlining the opportunities available within FE and HE in relation to studies in the Built Environment.</p> <p>Outputs:</p> <p>Ongoing – 50% of secondary schools will be signed up to the Enterprise Advisers programme by the end of Year 1.</p> <p>Data from Year 1 of the NCOP project delivered by Aim Higher will be released in the Spring.</p>		
No 10	Recommendation	Responsibility	Original Date For Completion

	Birmingham City Council should explore potential for subsidised transport for young people within city localities, using Merseytravel's 'My ticket' scheme as a model.	Councillor Stewart Stacey, Cabinet Member for Transport and Roads	April 2017 COMPLETED
Evidence of Progress			
	<p>In September 2017, the West Midlands Combined Authority launched a scheme providing apprentices and trainees aged 18yrs or under half price travel on buses, trains and trams.</p> <p>Young people aged 16yrs and under can buy child rate tickets and passes to cut the cost of travel. A photocard will need to be shown as proof of eligibility.</p> <p>16-18 card for those in full-time education eligible to continue to pay child rate fares. Workwise travel support gives eligible jobseekers and apprentices 50% off Network West Midlands travel passes for up to three months when they start a new job.</p>		
No 11	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should establish the School Food Trust to provide free school meals for all school pupils whose families are in receipt of working tax credits, child tax credits and universal credit (when rolled out), with the ultimate aim of providing universal free school meals.	<p>Councillor Ian Ward , Leader</p> <p>Jacqui Kennedy, Corporate Director Place</p>	December 2016

Evidence of Progress			
	Although it's an ambition of the Council to implement this recommendation, however due to financial constraints it is unlikely to be implemented in the near future. The key priority is ensuring maximum take-up of free school meals of those children who are eligible. The Free School Meals Task and Finish group is focusing its work in maximising take up of Free School Meals and Pupil Premium.		
No 12	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should have reviewed how improved data sharing processes could be used to automatically enrol children for free school meals in order to increase take up.	Councillor Carl Rice, Cabinet Member for Children, Families and Schools Cllr Straker Welds Free Schools Meals Ambassador Colin Diamond Interim Corporate Director Children and Young People Directorate	June 2017 Revised date June 2018
Evidence of Progress			
	With support from the Cabinet Member for Community Safety & Equalities a Task & Finish group chaired by Cllr Straker Welds, Free School Meals (FSM) ambassador has been working with officers to identify and understand		

	<p>the scale of under registration of FSM and Pupil Premium across Birmingham schools.</p> <p>The Task and Finish (T & F) group is exploring auto- register of eligible children onto free school meals without the need for their families to fill out additional forms. The objective of having an auto enrolment system is not only likely to increase FSM take up, but also bring additional funding for schools through the Pupil Premium Grant to children in greatest need.</p> <p>The T & F group has looked at other local authorities (L.A) across the country that have sought to make it easier for families to claim FSM by offering a system of auto-registration using eligibility criteria data held by their revenue and benefits department to process FSM meal applications. Those LA's that implemented an auto-registration policy used the Revenue and Benefits Management System as identifying eligibility from claimants housing benefit application. The T & F began to explore a similar system to be adopted by the Council. However, since the roll out of Universal Credit has meant that Housing Benefit will no longer be processed by the Council's Revenue and Benefits Service. Instead housing cost will now incorporated within Universal Credit along with FSM. The T & F Group is continuing to work with officers to analyse data to identify the current gaps in FSM take up to understand the scale of the challenge with a view to explore options with partners and DWP.</p> <p>In addition, the Chair of the T & F is engaging the Birmingham Child Poverty Forum to work with our partners to promote the take up of FSM and the introduction of auto registration. Furthermore, the Child Poverty Forum has responded to the Government's consultation on the eligibility of FSM and Early Years Pupil Premium under Universal Credit calling for auto registration of FSM and Pupil Premium.</p>		
No 13	Recommendation	Responsibility	Original Date For Completion
	The tendering process should be used to ensure that new projects over £500,000 encourage greater numbers of quality	Councillor Majid Mahmood Cabinet Member for	June 2017 COMPLETED

	<p>apprenticeships offered to young people from low-income families in Birmingham and the wider West Midlands.</p>	<p>Commercialism, Commissioning & Contract Management</p> <p>Shilpi Akbar</p> <p>Assistant Director</p> <p>Employment & Skills</p>	
Evidence of Progress			
	<p>The Council will continue to work with its Procurement Policy Framework for Jobs and Skills, harnessing the City Council's buying power to take positive and tangible actions to secure greater access to jobs and training opportunities for local people, especially those that are disadvantaged in the labour market. This policy makes local employment a mandatory element of supplier contracts; an effective lever to ensure that Birmingham low-income families benefit from the employment opportunities generated by the major construction developments in Birmingham.</p> <p>The policy is embedded into construction contractors operating under the Constructing West Midlands Framework. Birmingham City Council and Construction Industry Training Board (CITB) Joint Investment Project in Birmingham addresses local skills gaps and creates employment and skills opportunities for construction employers which reflect the specific skills of the Birmingham area. An early example of the success of this policy was linked to the construction of the new Library of Birmingham where 308 unemployed people secured an employment opportunity (226 jobs / 82 Apprenticeships). The policy is also embedded within BCC's construction contractors operating under the Constructing West Midlands Framework contract where to date, 481 unemployed people have secured an employment opportunity such as a job, apprenticeship or work placement. The new Repairs and Maintenance, Gas and Capital Investment contract commenced in April 2016 and supported a total of 216 individuals into employment opportunities including 28 jobs, 19 apprenticeships and 169 work experience placements.</p>		

	<p>To date over 300 unemployed people have taken part in accredited construction related training and 153 people have secured employment as a result of this training. The project is currently supporting a group of 9 young people who are care leavers and/or young offenders. This is in partnership with Kier who are one of City Council construction contractors. The young people have participated in team building activities and are experiencing a variety of construction trades as well as improving their key skills. 2 of the young people have secured an Apprenticeship with Kier and will shortly start working towards an NVQ Level 2 in their trade.</p> <p>Birmingham and Solihull YPP is currently live and runs to December 2018. The project aims to support 16,610 Birmingham and Solihull young people who are NEET. The outcomes are to upskill participants and support them into pathways to sustainable employment including Apprenticeships.</p>		
No 14	Recommendation	Responsibility	Original Date For Completion
	Registered Social Landlords should commit to introducing a minimum of 3-year tenancies, allowing for greater stability for tenants and landlords. This information should be made available for families on Birmingham City Council's website.	<p>Councillor Peter Griffiths Cabinet Member for Housing and Homes</p> <p>Rob James Service Director, Housing Transformation Place Directorate</p>	<p>June 2017</p> <p>COMPLETED</p>

	Evidence of Progress		
	<p>Birmingham City Council has not changed its policy to date and still offers lifetime tenancies. This may change with the Housing and Planning Act regulations when enacted but it is unlikely that any tenancy will be less than three years.</p> <p>All other RSLs who have adopted fixed term tenancies have done so on the basis of 5 years.</p>		
No 15	Recommendation	Responsibility	Original Date For Completion
	An annual or biennial 'Best of Birmingham' event should be introduced to showcase and celebrate outstanding children, young people and the adults that support them.	<p>Councillor Tristan Chatfield cabinet Member for Communities Safety and Equalities</p> <p>Councillor Kerry Jenkins</p> <p>Youth Ambassador</p> <p>Suwinder Bains</p> <p>Partnership & Engagement Manager</p> <p>Place Directorate</p>	<p>July 2017</p> <p>October 2018</p>
Evidence of Progress			

	A planning group has been established chaired by Cllr Kerry Jenkins (Youth Champion). This cross party group is working with young people to design and plan event in 2018. The event will celebrate and recognise the positive contribution young people make to their peers and communities and the City.		
No 16	Recommendation	Responsibility	Original Date For Completion
	All schools should adapt their school uniform policy to ensure affordability is a primary consideration.	<p>Councillor Carl Rice, Cabinet Member for Children, Families and Schools</p> <p>Anne Ainsworth</p> <p>Assistant Director</p> <p>People Directorate</p>	<p>July 2017</p> <p>COMPLETED</p>
Evidence of Progress			
	It is the role of the school governing body to decide and determine the school uniform policy. Therefore, the Council cannot enforce schools to adapt their school uniform policy to ensure affordability. Department for Education guidance to School Governing Bodies advises that 'the governing body should be able to demonstrate to parents how best value has been achieved and keep the cost of supplying the uniform under review. It should also bear in mind that sustainable sourcing can be part of the action a school can take to support sustainable development'.		

	Co-Chairs of the Birmingham Child Poverty Forum have written to school governing bodies include affordability in their school uniform policy.		
No 17	Recommendation	Responsibility	Original Date For Completion
	<p>The Birmingham Secondary Schools Forum working with Birmingham City Council, Birmingham Education Partnership and Business leaders should develop a specific offer for disadvantaged pupils at KS4 (14 – 16yrs) to provide intensive support to narrow the attainment gap between disadvantaged and non-disadvantaged children at this level.</p> <p>There is the potential that this could be funded through the pupil premium. It is proposed that a mentoring scheme with local businesses could be run alongside or be part of this specific offer for KS4 pupils.</p> <p>The roll out of this scheme should focus</p>	<p>Councillor Carl Rice, Cabinet Member for Children, Families and Schools</p> <p>Anne Ainsworth</p> <p>Assistant Director</p> <p>People Directorate</p>	<p>September 2017</p> <p>Revised September 2018</p>

	initially on the lowest performing groups at KS4.		
Evidence of Progress			
	<p>Good progress is being made to ensure young people transition from Key Stage 4 (Year 11 to Year 12). <i>NEET figures for December for Year 12 are particularly low. On 1 November, there were 1.1% NEET in Year 12 (150 young people)</i></p> <p>The Councils focus has been on delivering the £40m investment in the Birmingham Youth Promise Plus (YPP). This offers personalised employment and skills support to young people aged between 15 – 29 years old who are not in employment, education and training (NEET). This is funded by a major investment of European Social Fund and Youth Employment Initiative. Support includes outreach, intensive mentoring, coaching and employer engagement leading to pathways to jobs and apprenticeships.</p> <p>Approx. 10,000 young people are being supported through the YPP. A range of external providers have been commissioned within localities to provide intensive mentoring. In addition, specialist providers have been commissioned to support SEN, LAC and young people facing mental health difficulties.</p> <p>The Local Authority has also been invited to tender for the next round of ESF to support NEET young people. The proposal is being developed to target disadvantaged pupils at KS4 (15 – 16yrs) to help narrow the gap to include:</p> <ul style="list-style-type: none"> • Identifying eligible young people by using the Risk of NEET Indicator (RONI) to target support to Key Stage 4 pupils; • Allocating a mentor to the young person to work with them to raise aspirations; 		

	<p>The European Social Fund full tender is due by 6th February 2018.</p> <p>The City Council with its partners including schools, colleges and providers has continued to promote a web based platform called Cog. This website supports young people into employment and skills opportunities by linking young people to job opportunities, apprenticeships and work-experience with employers and training providers. The Portal is accessed by schools to support career advice and guidance including CV writing. There is further potential for Cog. to promote mentoring opportunities for pupils at KS4, however this has not been developed as yet and may be included in future upgrades to the system.</p>		
No 18	Recommendation	Responsibility	Original Date For Completion
	A targeted obesity programme in primary schools to reduce the rise in childhood obesity should be in place.	<p>Councillor Paulette Hamilton Cabinet Member for Health and Social Care</p> <p>Dennis Wilkes Assistant Director Public Health</p>	<p>September 2017</p> <p>Revised date: June 2018</p>
Evidence of Progress			
	The Birmingham Childhood Obesity Partnership is leading a coordinated effort to impact on childhood obesity at all levels, which includes policy change, partnerships, and communications as well as advocating or evaluating		

	<p>specific interventions.</p> <p>In order to enable systematic changes the partnership has: secured Childhood Obesity as one of the outcomes in the citywide Early Years System Health & Wellbeing Offer; expanded the Early Years prevention programme in the Early Years System offer to enable universal delivery of both nutrition and physical opportunities in Early Years settings; and been successful with a National Institute of Health Research fellowship funding application to undertake a comprehensive economic evaluation of all school based childhood obesity services across Birmingham.</p> <p>The Child Obesity Strategy is being refreshed to take into account any new evidence of impact or benefit that has developed and any changes in local need or challenge identified.</p>		
No 19	Recommendation	Responsibility	Original Date For Completion
	<p>The new city centre hub Pause should be advertised in services accessed by children and families, including the School Health Advisory Services and Children's Centres.</p>	<p>Councillor Paulette Hamilton Cabinet Member for Health and Social Care</p> <p>Dennis Wilkes</p> <p>Assistant Director</p> <p>Public Health</p>	<p>September 2017</p> <p>COMPLETED</p>
Evidence of Progress			
	<p>Forward Thinking Birmingham has an active programme of communication in all these settings and schools to increase awareness and access to the Pause.</p> <p>The establishment of Forward Thinking Birmingham and the Pause is monitored by an implementation group.</p>		

	The evidence suggests that there is increasing awareness and usage of the Pause.		
No 20	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should adopt to undertake a formal review of their housing standards enforcement, with a view to introducing a landlord accreditation scheme such as that in operation in Newham.	<p>Councillor Peter Griffiths Cabinet Member for Housing and Homes</p> <p>Pete Hobbs</p> <p>Service Head, Private Rented Services and Tenant Engagement</p> <p>Place Directorate</p>	January 2018
Evidence of Progress			
	<p>The Council is reviewing its housing standards enforcement by consulting with communities and business over Selective Licensing in target wards with high levels of PRS (over 19%) and affected by issues of low demand, poor property conditions, or anti-social behaviour. Data sharing with Homelessness, Housing Benefit, Police and Fire Service is taking place to overlay against data on where in the key wards to PRS is located to determine the first Wards in a phased approach</p> <p>Selective licensing consultation is underway in Stockland Green and extended until 31 December 2017. Series off promotional events have taken place in these areas and officers have attended a range of meetings and local groups to discuss the licensing proposals.</p> <p>Soho Ward consultation was launched in October 2017 and due to close on 31 January 2018. Meetings held so far with Ward Committees, BID management, Soho First CDT and West and Central LCSP to discuss the</p>		

	<p>proposal and agree best routes into the communities in the area.</p> <p>The Council is supportive of tackling rogue landlords and improving standards in the PRS and have submitted a bid to DCLG for circa £900k over 2 years under the Controlling Migration Fund (CMF). DCLG CMF Board is to meet on 15 January to consider all bids. The Councils bid included element to support accelerating licensing consultation across target wards.</p> <p>Extension of Statutory HMO licensing</p> <p>The Government has advised local authorities of the proposal to extend the scope of existing HMO licensing to include all properties occupied by 5 or more people of more than one household who share facilities. This may add up to another 4,000 HMOs to the licence register</p> <p>The Council is working with relevant partners through HOMESTAMP to ensure a decent housing standards framework for all PRS (Private Rented Sector) properties. The Council supports the Midlands Landlords Accreditation Scheme (MLAS) to ensure tenants can identify responsible landlords who provide decent homes. BCC will review this framework to determine how the standards can be enforced</p> <p>The Council only have discretion as a local authority to introduce Selective Licensing for up to 20% of PRS stock or geographical area. Above this requires Sec of State approval. This restriction was introduced in 2015 after local authorities such as Newham and Waltham Forest were able to set up selective licensing for all PRS properties borough wide. At present the Council only has data from the 2011 Census that shows the overall level of PRS in the city is less than the 19% limit set by Government as the threshold for an area with a high proportion of PRS. This means there would not be a robust case for city wide licensing if a case was presented to the Secretary of State.</p>		
No 21	Recommendation	Responsibility	Original Date For Completion
	There should be a planning restriction in place preventing new fast food outlets	Councillor Paulette Hamilton Cabinet Member for Health and Social Care	January 2018

	within 250 metres of schools.	Keith A Watson Public Health Planning & Regeneration, Economy Directorate	Revised date: September 2018
Evidence of Progress			
	The City Council is looking to add a further policy on hot food takeaways in to the emerging <i>Development Management in Birmingham</i> policy document. The document is seeking views on a number of planning related issues including further restrictions of hot food takeaways near schools. The policy document, when finalised, will be used to inform decisions on planning applications. Planning to consult on a draft in the first half of 2018.		
No 22	Recommendation	Responsibility	Original Date For Completion
	Birmingham City Council should use its powers as a commissioner and champion of Birmingham to work with local businesses and the Living Wage Foundation to make Birmingham the first Living Wage City where all employers pay this minimum amount.	Councillor Brigid Jones, Deputy Leader Councillor Majid Mahmood Cabinet Member for Commercialism, Commissioning &	January 2019

		<p>Contract Management</p> <p>Nigel Keltz, Director of Procurement, Change and Support Services</p>	
Evidence of Progress			
	<p>The Council is an accredited Living Wage (LW) employer. Contracted suppliers and their subcontractors will pay the Living Wage to employees servicing Council contracts as part of their commitments under the Birmingham Business Charter for Social Responsibility (BBC4SR).</p> <p>There are currently 426 charter signatories undertaking to pay the LW. The spend with these organisations represents 39% of Council spend. The Council works closely with the LW Foundation to encourage all employers to pay the LW and 96 of those organisations are accredited to the Charter on a voluntary basis (i.e. not contracted by the Council) and pay the LW.</p> <p>When the Council became LW accredited organisation, over 3000 employees were uplifted to the LW. These are mostly part time cleaners and lunch time assistants at schools.</p> <p>The Council revised the BBC4SR and its Social Value Policy in December 2016 with its Living Wage Policy being reviewed in March 2017. One of the main changes is the introduction of thresholds in applying the BBC4SR; however the LW Policy is still applied to all contracts regardless of value.</p> <p>The council works with the WMCA to raise awareness and promote adoption of the Living Wage and is also</p>		

	<p>working with the Social Value Portal and Social Value + who both promote best practice and support organisations to deliver greater social value.</p> <p>The LW is not the same as the National Living Wage which is a statutory requirement as a minimum wage for over 25s. The LW is based on the cost of living and is promoted by the Living Wage Foundation. It was uplifted in November 2017 to £8.75 (to be implemented by April 2018).</p> <p>It should be noted that work to encourage local employers not contracted by the Council to pay the Living Wage will continue past the final implementation date of January 2018 recommendation.</p> <p>The LW is not the same as the National Living Wage which is a statutory requirement as a minimum wage for over 25s. The LW is based on the cost of living and is promoted by the Living Wage Foundation. It is currently (Jan 2017) £8.45 and is revised every November.</p>		
No 23	Recommendation	Responsibility	Original Date For Completion
	<p>Birmingham City Council should adopt a policy that no low-income family with children can be declared intentionally homeless.</p>	<p>Councillor Peter Griffiths Cabinet Member for Housing and Homes</p> <p>Rob James</p> <p>Service Director, Housing Transformation</p> <p>Place Directorate</p>	<p>April 2019</p>

Evidence of Progress

The Housing Act 1996 Part 7 places a duty upon local authorities to investigate and make decisions upon homeless applications. This includes a decision as to whether or not the applicant was found to have become homeless intentionally. Although the decision is based upon the judgement of the local authority there is clear guidance and case law to support the consistent and fair approach to decision making.

Full circumstances of the family will be taken into consideration before an intentional decision is made. The household have the right to a review, and given appropriate advice and support including the provision of temporary accommodation for a short period and are also entitled to a reasonable preference on the local authority's housing allocation scheme.

However, preventing children and families from becoming homeless is a key policy priority for the Council. Therefore, ensuring everything that can be done to keep the family in their home is undertaken, including use of discretionary housing payments and support. The council has a number of early interventions to prevent families from becoming homeless including:

November 2016, the Council's Rent Service established an officer led anti eviction prevention panel. The panel which meets weekly is set up to support tenants including families who are facing eviction; the aim is to prevent them from becoming homeless. Each case is reviewed in detail to identify the tailored support needed to help prevent an eviction.

- early intervention to prevent families affected by the benefit cap falling into debt and rent arrears. Support includes home visits to build financial capability and referrals to neighbourhood office for debt advice and guidance; DWP for advice on employment and Think family programme;
- the Rent Service issuing letters to tenants affected by the benefit cap. Home visits will take place with

	<p>tenants where non- payment as a result of the benefit cap could result in escalation recovery process;</p> <ul style="list-style-type: none"> • supporting new tenants through the Council's Letting Suites, these are a one stop shop for all housing issues. A key aim of this service is to ensure new tenants have the financial capability and support to prevent them from falling into debt and becoming homeless. New tenants are provided with a dedicated officer for the first 12 weeks of the tenancy to help them successfully settle into their new home. A further 12 weeks of support is provided to vulnerable tenants; • a Pre-tenancy Strategy will provide early intervention support to prevent homelessness. The aim of the strategy is to provide support and guidance to families, care leavers and young people before they take up their tenancy.
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Report to: Schools, Children and Families Overview and Scrutiny Committee

Date: 17th January 2018

Subject: Birmingham Safeguarding Children Board Annual report 2016 / 17

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 2016/17 for consideration and discussion.

2.0 Summary

- 2.1 The BSCB Annual report provides an overview of the Board's activities in 2016/17 and the impact of that activity on improving outcomes for the children and young people of the City. The report reflects on progress during this period and sets out the challenges being addressed in the Business Improvement Plan 2017/18.

3.0 Recommendations

- 3.1 The Committee receives the BSCB Annual report 2016/17

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 of the Local Authority, the Police and Crime Commissioner and the Chair of Health and Wellbeing Board. The overview and Scrutiny Committee have requested the BSCB present the key findings set out in the Annual report 2016/17 and report on progress on the key challenges ahead.
- 5.0 Main Issues**
- 5.1 The report complies with national guidance set out in Working Together to Safeguard Children (March 2015). It assesses the Board's work objectively against core functions of the LSCB set out in Statute and Department for Education guidelines.
- 5.2 The report also incorporates a specific section that focuses 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, identifies the key challenges ahead that have shaped the safeguarding priorities set out in the Business Improvement Plan 2017/18

5.4 The challenges are:

- i. To work closely with the West Midlands Police, Birmingham City Council and Birmingham Clinical Commission Groups in the development of the new Multi-Agency Safeguarding arrangements as prescribed in the Children and Social Work Act 2017.
- ii. That the BSCB is influential in making the aspiration for Birmingham to be 'A great place to grow up in' becomes a reality, with BSCB fully contributing to the City's improvement agenda and benefitting from the monitoring visits and reports from OFSTED.
- iii. 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.
- iv. That the BSCB endorses the multi – agency Domestic Abuse 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.
- v. 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. That the LGA diagnostic findings are presented to the Executive Board in February 2018.
- vi. 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.
- vii. That the Executive Board oversee a review and refresh of the Early Help Strategy and partner organizations' 'Early Help Offer' following the re-launch of 'Right Help, Right Time' threshold guidance in January 2018.
- viii. To utilize emerging learning from Joint Targeted Area Inspections and national good practice to inform the development of a multi-agency neglect strategy for Birmingham.

6.0 **Looking Ahead – Business and Improvement Plan 2017 / 18**

- 6.1 Throughout the year the Executive Board closely monitors progress on responding to the identified challenges to ensure effective implementation of the Business and Improvement Plan. The major focus of the Executive Board will be to assist in the smooth transition to the new Multi-Agency Safeguarding Arrangements, whilst continuing to improve safeguarding practice to make a real difference to children's lives.

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Date: 22nd December 2017

Annual Report 2016/17



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Foreword

This is my Independent Chair's report for the Birmingham Safeguarding Children Board (BSCB) reviewing 2016/17, my first year as Independent Chair of the Board.

I commend the contents of the report highlighting as it does the contribution of partners, charting an increasingly positive impact on the life of children, young people and families in Birmingham. I present a report which I hope recognises that our second City is on an improvement journey as far as services safeguarding the wellbeing of children and young people are judged to be effective. There remains a way to go.

In May 2017 I produced an Accountability Report through which I discharged my responsibility to the Chief Executives of the Local Authority and partners. It reflected on my role as Independent Chair, which involves convening partners and providing support and challenge to them in their shared mission of making Birmingham a good and safe place to grow up in. My report focused on the development of values driven system leadership, providing good governance, effective practice and open learning. It set out the reshaped safeguarding partnership arrangements for Birmingham that commenced in January 2017. Already the arrangements are bearing fruit in the form of an increasingly learning and practice focused system, with children and their interests at the heart of all we do.



In February 2017 we published the Serious Case Review Shi-Anne Downer. The toddler died at the hands of her special Guardian in September 2015. This review is as heart-breaking as these publications always are, describing a life cut short. It charted painful, unnecessary suffering at the hands of her care giver. We will not and should not forget Shi-Anne. The importance of this review cannot be underestimated and I must acknowledge the open spirit of learning that characterised the review process and its findings. In particular, I was impressed by the approach of the Family Court Leaders locally and nationally who changed policy and practice, effectively determining that no child should become subject to a Special Guardianship Order without safely and happily living with the carers already. I was also impressed by the policy and practice changes in Birmingham Children's Services who bought assessments in house and improved the management priority given to these situations.

This Annual Report comes at a time of significant change in the pursuit of improvement. Change itself can bring risks. The biggest mitigation is a shared purpose and shared principles and values. 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 then is translated into a system with this practice an everyday reality for every child and family, is work in progress. A Birmingham safeguarding system lead with accountability, learning and assurance at its heart must provide foundations for improvement.

A handwritten signature in black ink, appearing to read 'Penny Thompson'.

Penny Thompson CBE
Independent Chair
Birmingham Safeguarding Children Board

Introduction

This Annual Report provides a rigorous and transparent assessment of the performance and effectiveness of the partnership arrangements to safeguard and promote the wellbeing of children and young people in Birmingham. The report examines how the BSCB discharged its statutory role and functions as defined in national guidance Working Together to Safeguard Children (2015).

The BSCB is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City. Its statutory objectives are to:

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

The annual report covers the period between 1st April 2016 and 31st March 2017, analysing progress, whilst Identifying the challenges ahead that will focus partnership endeavour to improve outcomes for children, young people and the families in Birmingham. The report comprises of five sections:

Part 1 - Context and key facts about Birmingham.

Part 2 - The effectiveness of safeguarding arrangements.

Part 3 - The effectiveness of the Birmingham Safeguarding Children Board.

Part 4 - Agency Action to Safeguard Children.

Part 5 - Conclusion and Looking Forward.



Part 1 - Context and Key Facts about Birmingham

Birmingham is the largest UK City outside of London with an estimated population of over 1,124,600 residents according to population estimates for 2016. The City is estimated to have grown by 4.7% (50,300) since 2011 and 10% (103,700) since 2006. This compares with growth in England of 8.4% between 2006 and 2016.

This growth brings with it many challenges; Birmingham already has a larger than average household size and a higher proportion of overcrowded households than a country as a whole. Birmingham's population is expected to grow by a further 160,000 people by 2036, and it is estimated that the city will need a further 80,000 houses by this time. This will have significant implications for public services, including our schools and education services.

Birmingham is one of the youngest cities in Europe with just under 46% of the population aged under 30. It is estimated that they are currently 302,000 children and young people under 19 years old living in Birmingham. The population of school age children is expected to increase to 314,000 in the next five years, an increase of 4% (12,000). The largest growth will be among children aged 12 to 16, thought to be around 10% (76,300). Those aged between 5 to 11 are looking to increase by 3.6% (4,000). The increase in pre-school children will be around 2% (1,600). While the number of 17 and 18 year olds are expected to decline by -2.8% (-900). The demographic makeup of Birmingham's young people has also changed significantly with over 60% of the under 18 population from a non-white British background, compared to around 44% in 2001.



Part 2 - The Effectiveness of Safeguarding Arrangements in Birmingham

Key Strategic Safeguarding Priorities 2016-2017

During the last twelve months the BSCB continued to focus on the same three key strategic priorities, which are at the core of the cities improvement journey.

- Ensuring the voice and lived experience of the child is central to everything we do.
- To continue to develop and embed the city's Early Help Offer, to better target help and support for families.
- To ensure systems are in place to ensure that children are properly safeguarded.

In determining the effectiveness of the safeguarding arrangements in each of these priority areas the BSCB considered and scrutinised performance information from a wide range of sources; learning from Serious Case Reviews, findings from external Inspections and internal audit and most importantly the views of children and families directly engaged with children's services. This formed part of the BSCB's Quality Assurance Framework, 'triangulating performance information, to assess, 'How much has been done?', a quantitative measure which helps provide context. 'How well has it been done?', an important qualitative measure and finally 'What did we learn and change as a result?', focusing on outcome and measuring impact.

The Independent Chair hosts a quarterly 'Practitioners Forum' to consult and hear directly from front-line professionals, providing a detailed perspective on the effectiveness of safeguarding arrangements.

Priority 1 – Voice of the Child

How much have we done?

The 'Voice of the Child' is the golden thread embedded within the BSCB's quality assurance programme. Each audit methodology was designed to capture evidence of the effectiveness of individuals and organisations engagement with children and young people.

As part of a Child Sexual Exploitation (CSE) audit we sought victims' perspectives and experiences, together with parent's views to enable the BSCB to maximise learning. One mother who participated within the review process commented that "we saved her child's life" recognising the importance and impact of partnership intervention.

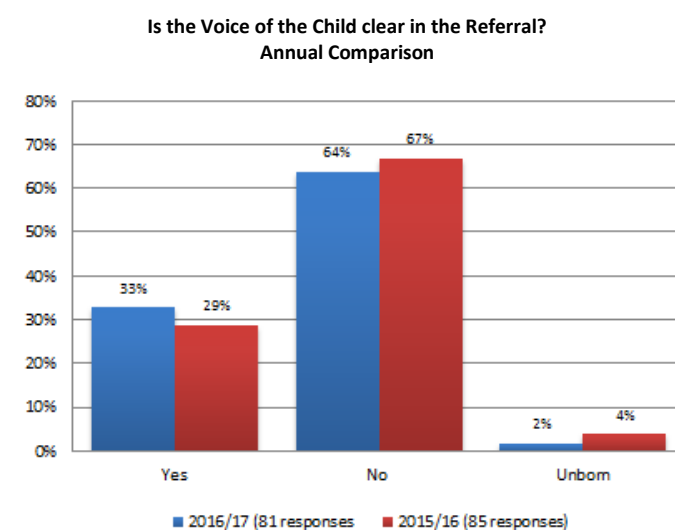
During March 2017 a survey of Looked After Children (LAC) in 'out of area' placements was conducted. The objective of the survey was to capture the views and experiences to improve partnership support for children in care. At the beginning of May 2017 there were 1,855

children in care which 590 were in placements (outside of Birmingham). 50 (9.7%) of children aged between 8 and 17 responded to the survey. The findings are due to be reported to the BSCB.

How well have we done it?

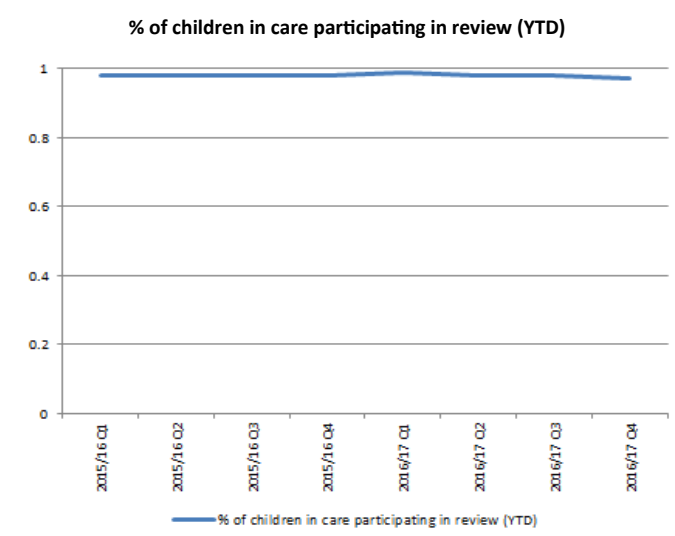
As part of a regular audit program of re-referrals we look for the voice of the child in the professional's referral. Figure 1 shows that there has been very little change in the number of referrals, with only 33% of referrals clearly articulating the voice of the child.

Figure 1



At the end of March 2017 97% of children in care participated in their reviews. Figure 2 indicates that children in care are being encouraged to participate in their reviews.

Figure 2



What did we learn and change as a result?

A primary objective of the Independent Reviewing Service is to ensure children are central to decisions about them and that their voice is evident in their care plans. A key element in delivering this objective is the measure of the young person's participation at the Statutory Review of their care plan and care arrangements.

At the end of March 2017 97% of children in care participated in their reviews. This is good performance above the target of 95% set at the start of the year. The trend dipped slightly in January and February, but this has since recovered during March and the first quarter of 2017/18. The majority of the 109 reviews (97 children) where there was no recorded participation, relates to older children many with complex issues who can be difficult to engage. These children were often accommodated in arrangements such as independent living, children's homes or placed with their parents or relatives.

The Independent Reviewing Service undertook a survey of older children which provided useful feedback for Independent Reviewing Officers (IROs) on how to improve participation.

All methods of participation add value to the review process and for some young people it can take considerable effort from them and support from those working with them, to achieve it. A closer look at the ways that children and young people have taken part in their review tells us that 50% of children in care physically attended their review meeting. This represents an increase of 1% on the previous year, but we would still like to increase this further.

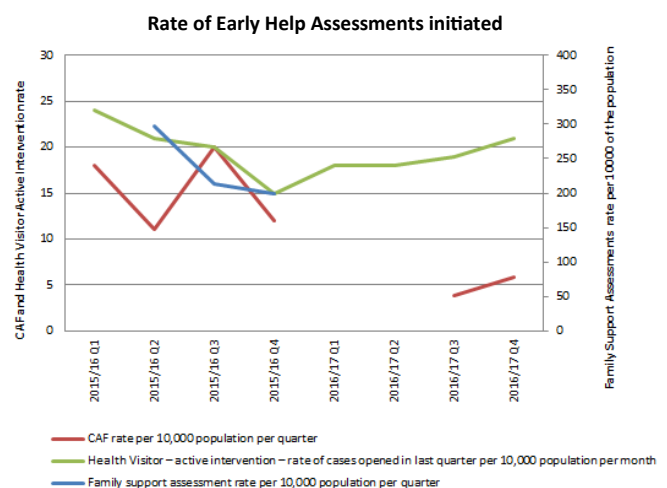
The aim of the service is not only to maintain the current high level of participation, but to improve upon the quality and meaningfulness of their participation. To achieve this we are working with our improvement partners from Essex and our own Children in Care Council to undertake a root and branch review of current practice. This will inform a reshaping of the current approach that it is driven and shaped by the experience and needs of young people.

Priority 2 – Early Help

How much have we done?

During 2015/16 there were 1,648 fCAF (Family Common Assessment Framework) opened and 19,452 family support assessments opened from July 2015 to March 2016 (Figure 3). The fCAF and family support plans are no longer reported, as partners have moved to a new Early Help Assessment Process. On the 1st December 2016 the Birmingham Early Help and Strategic Partnership Board launched the new Early Help Assessment, which replaced the fCAF and the family support plans and it is hoped will be utilised by all partner agencies.

Figure 3



How well have we done it?

As yet insufficient time has elapsed to produce any significant data on the new Early Help Assessments as they are still being embedded within agencies.

What did we learn and change as a result?

Ofsted recognised the strength of Children's Services Family Support response in supporting families below the statutory social work level. On average there are over 1,200 families supported at any one time by the 13 community based Family Support Teams. Family Support Teams work with children and families on a voluntary basis using Early Help Assessments, Plans and interventions to strengthen families. The majority of requests for support for families are triaged through the Children's Advice and Support Service (CASS) and Social Workers' also 'step down' to Family Support Teams through a robust process operating across the City. Family Support Teams also work closely with universal services (Schools, Children's Centres) on exit where there are single agency issues.

However, Ofsted Inspectors raised concerns regarding the number of Early Help Assessments and Plans produced by our partners and recommended more emphasis should be placed on partners evidencing early help. As a result a briefing was tabled at the Birmingham Early Help and Safeguarding Partnership Board in October 2016, and a confidential letter was sent to all relevant agencies to outline the number of Early Help Assessments their agency had completed and registered over the past 12 months. Partners were asked a set of questions to evidence how they could improve the number, quality and registration of Early Help Assessments, Plans and Outcomes.

All key agencies have responded. The questions prompted further discussions at the partnership and with individual agencies. The character of these discussions was that agencies are carrying out a range of early help interventions with children and young people, a mix of single agency and multi-agency interventions. However, multi-agency interventions have not been routinely registered. Partners also confirmed their commitment to be the lead professional role for Early Help Assessments

and Plans where there are multi-agency needs, subject to capacity and further training. There was also recognition that the refresh of Right Service, Right Time would be helpful to clarify expectations and roles.

Priority 3 - Safe Systems

How much we do?

As part of safe systems Quality Impact and Outcomes Sub-Group have reviewed data from all agencies and the following data has been provided by Health and Police to assist in identifying areas of concern:-

Hospital Data

Figure 4 shows admissions due to unintentional and deliberate injury for children and young people under the age of 18. This also includes accidental injuries which are not of a safeguarding nature. This identifies a clear cyclical trend across the years with an increase over quarter 2 during the winter months and decline in injuries as we go through the spring into the summer months. There has been a slight decline in the overall number of admissions due to unintentional or deliberate injury.

Figure 4

Total Hospital Inpatient Admissions – Unintentional and Deliberate Injury

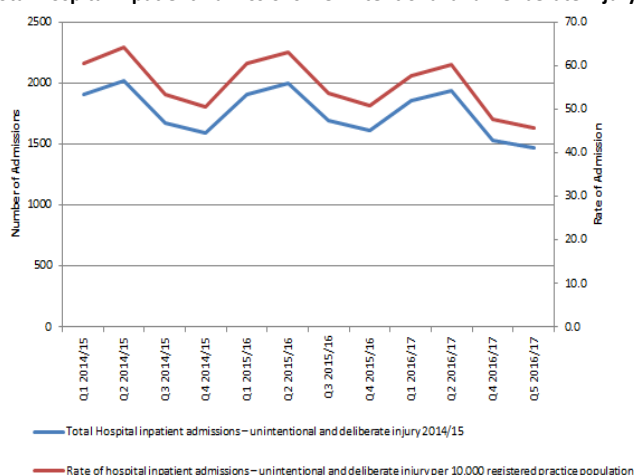


Figure 5 provides a breakdown of deliberate and unintentional injuries. This indicates that there has been a steady increase since quarter 2 of 2014/15 of young people who have been admitted for self-harm. The graphs also shows a cyclical nature of self-harm with more injuries due to self-harm in the 4th quarter. There was also a slight increase in quarter 3 15/16 and quarter 1 16/17 of the number of young people who were assaulted.

Figure 5

Break down of Unintentional and Deliberate Injuries

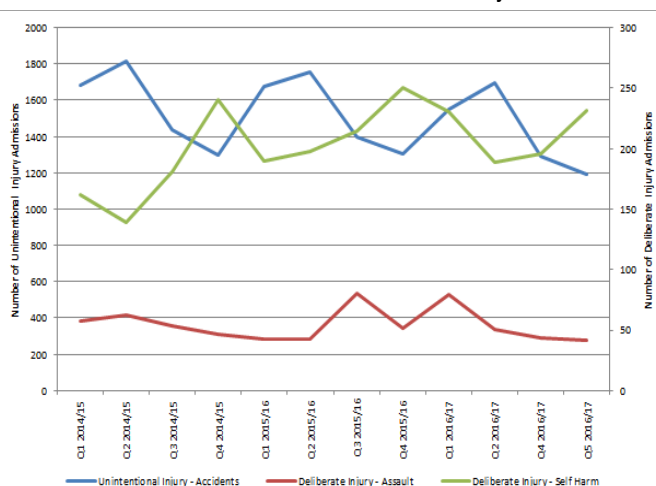


Figure 6 indicates that there has been a slight increase in the number of young people under the age of 18 years admitted into hospital for self-harm over the last three years.

Figure 6

Self-Harm Hospital Admissions

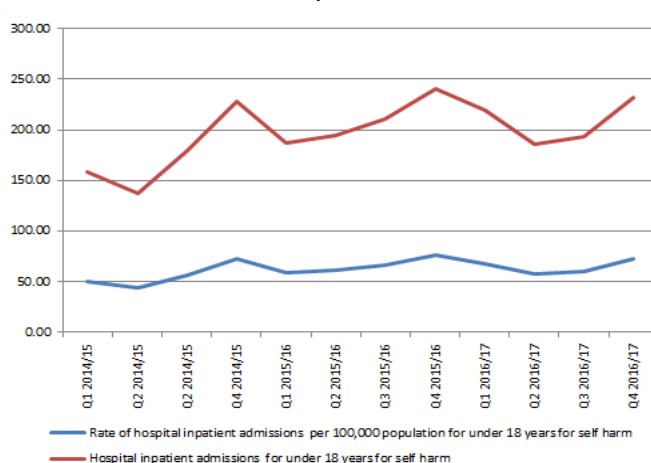
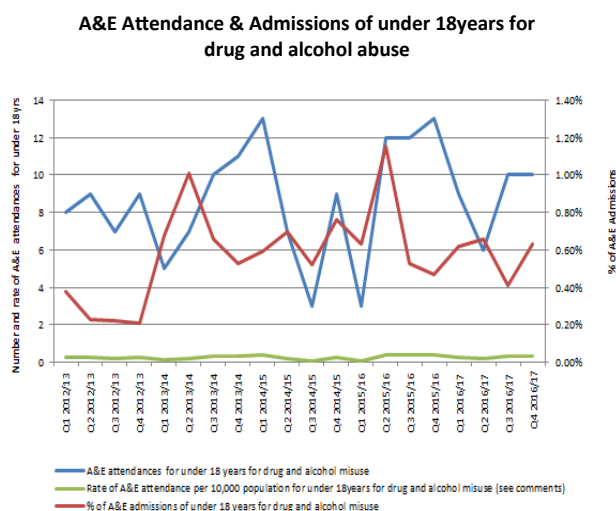


Figure 7 shows the accident and emergency attendance and admissions due to drug or alcohol misuse. The "blue line" represents the rate of young people and this shows there has been no significant change over the 3 years, with the exception of quarter 2 15/16 where there was almost a doubling of young people attending A&E. The red and green lines represent the number of young people and indicates bigger variations but the numbers affected are really low.

Figure 7

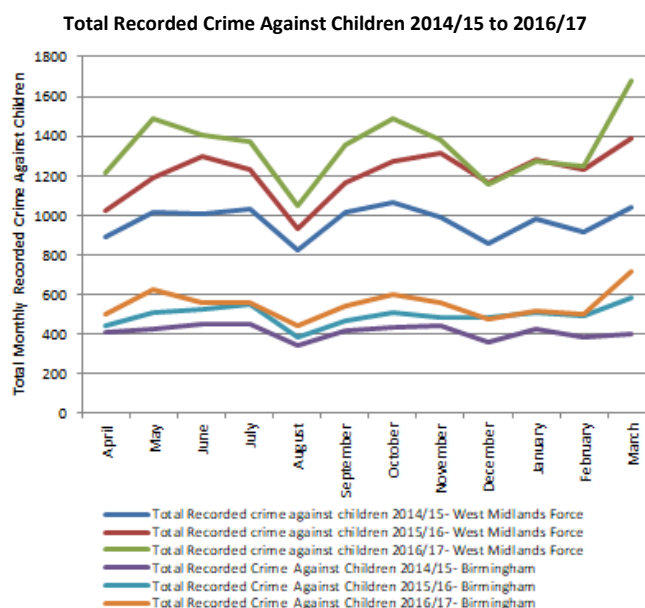


West Midlands Police Data

The volume of cases (crime and non-crime child abuse investigations) against children that are being managed by Birmingham Child Abuse Investigation Teams (CAIT) continues to increase. Between April 2016 and March 2017 there were 6,569 recorded crimes across Birmingham investigated by the CAIT, this was an 11% increase from the previous year where 5,926 incidents were recorded. Birmingham accounts for an average 41% of the West Midlands Police (WMP) total volume. Figure 8 details the total recorded crimes against children in Birmingham for the last two years. The increase in reported crime within Birmingham is in line with the other six Local Authority areas within the West Midlands Policing region and also on a national perspective. There was a significant increase in March 2017 however; this may be due to a change by the Home Office of the counting rules for recorded crime.

- The Red, Dark Blue and Green lines show the Total number of “Recorded” Crimes against Children Force wide – the Purple, light Blue and Orange lines show the number of “Recorded” Crimes for the four Birmingham LPU’s – this is for **ALL** offences not just those committed by Parents/Carers.
- Clearly the volume of Recorded Crime against children in Birmingham has followed the upward trend as shown by the force wide figures over the year, reaching a peak in March 2017.
- The two noticeable “dips” in the statistics in August and December are most likely attributable to school holidays when the number of referrals reduces significantly.
- The last quarter (January to March 2017) has seen increased demand for Birmingham, 6% higher than quarter 3 (October to December 2016) and 9% higher than the same quarter in the previous year January to March 2016.

Figure 8



Top 20 Offences recorded against children 2016/17

The top twenty recorded offences against children for Birmingham is in line with the reporting levels across the West Midlands Police Force, with cruelty being the most reported offence (Figure 9)

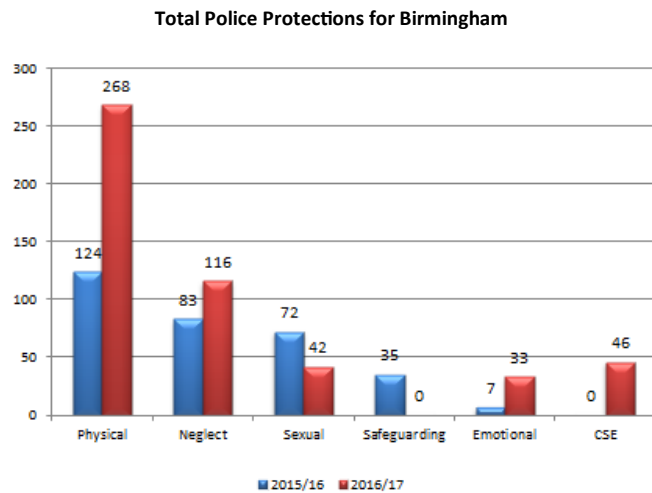
Figure 9

Top 20 Offences recorded against children 2016/17					
Offence as Recorded Birmingham	2014/15		2015/16		2016/17
	% by volume	Total Recorded	% by volume	Total Recorded	% by volume
Wilfully Assault Young Person under 16	14.2%	705	17.8%	1057	20%
Assault Occasion ABH	14.7%	731	14.8%	880	14%
Common Assault	9.0%	445	8.3%	496	8%
Robbery - Personal Property	8.4%	418	7.5%	447	7%
Theft of P/Cycle	2.9%	142	2.8%	169	4%
Theft Other	5.8%	289	3.8%	229	4%
Wilfully Neglect Young Person under 16	2.8%	137	3.2%	192	3%
Sexual Assault on a Female 13 or over	2.6%	131	2.8%	169	3%
Malicious Wounding	2.5%	123	2.8%	168	3%
Send Communication/Article Conveying a Threatening Message	no data		no data		2%
Theft From Person	2.6%	130	2.1%	125	2%
Sexual Assault on a Female under 13	1.7%	86	2.3%	137	2%
Fear/Provocation of Violence	1.4%	71	1.3%	80	2%
Rape of Female Child under 13 by a Male	1.4%	70	1.4%	85	1%
Cause GBH with Intent	1.0%	52	1.9%	115	1%
Rape of Female Child aged 13 - 15	1.5%	74	1.3%	78	1%
Rape of Female 16 or over	1.5%	73	1.2%	72	1%
Cause Int Harassment/Alarm/Distress	1.1%	54	1.0%	61	1%
Assault W/Int to Rob personal Property	no data		no data		1%
Attempted Robbery - Personal Property	150.0%	73	1.1%	66	1%

Police Protection

- There were 341 (321 2015/16, 428 2014/15) Police Protections in the Birmingham Borough between 1st April 2016 and 31st March 2017, involving 505 children.
- There were 603 (602 2015/16) Police Protections Force wide involving 893 children. (Figure 10)

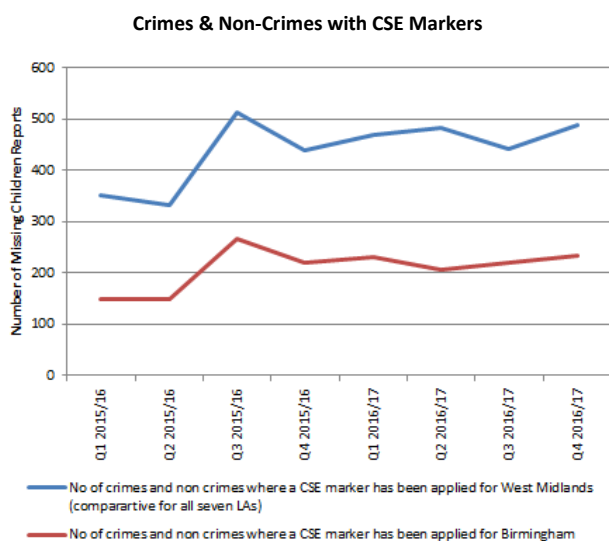
Figure 10



The Red line in Figure 11 shows the total number of Crime or Non-Crime records with a CSE “Special Interest Marker” Force wide – the Blue line shows the number for Birmingham.

- There were 1,884 CSE reports Force wide this year, which is 15% higher than 1,635 in the previous year April 2015 to March 2016.
- The figures for Birmingham were 880 reports this year compared to 787 the previous year April 2015 to March 2016 a 12% increase.
- Birmingham accounts for 47% of all CSE reports across the Force area.
- The last quarter (January to March 2017) has seen reports for Birmingham, 12% higher than quarter 3 (October to December 2016) and 5% higher than in the same quarter in the previous year April 2015 to March 2016.

Figure 11



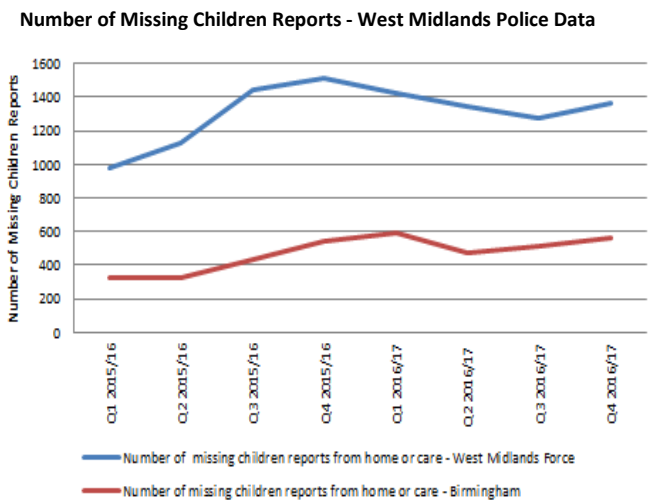
Missing Children

- The police system for recording missing persons is Compact Misper Live.
- Between April 2016 and March 2017 2,056 children were recorded as missing Force wide which resulted in 5,403

separate missing reports being investigated due to repeat incidents.

- There were 2,134 missing reports from the Birmingham Borough, relating to 825 children which equates to 40% of the Force wide total missing children. (Figure 12)

Figure 12



Crime Outcomes

- The volume of outcomes 15 and 16 (Figure 13) show the difficulty faced in terms of successful prosecutions.
- The yellow highlighted rows are deemed “Positive Outcomes” in relation to Home Office Crime Standards.

Figure 13

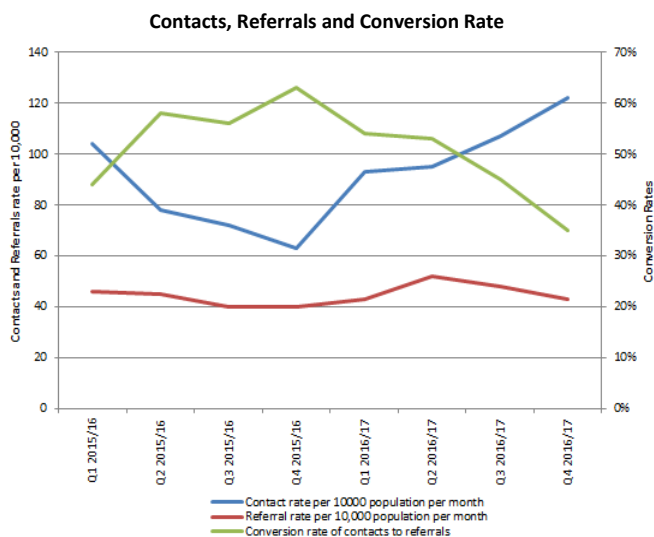
Birmingham	BHAM% of Total Volume	B'ham Total Volume	Force % of Total Volume	Force Total Volume
Outcome 1 - Charge or Summons	7.9	527	8.7	1419
Outcome 2 - Caution - Youth (inc Conditional Caution)	0.9	60	0.9	150
Outcome 3 - Caution - Adult (inc Conditional Caution)	1.4	96	1.6	260
Outcome 5 - The offender has died (all offences)	0.3	20	0.2	37
Outcome 8 - Community Resolution	5.3	352	5.8	946
Outcome 9 - Prosecution not in the public interest (CPS) (All offences)	0.2	14	0.2	27
Outcome 10 - Police decision	0.1	7	0.4	59
Outcome 11 - Prosecution prevented - named suspect is below the age of criminal responsibility	0.1	5	0.2	28
Outcome 12 - Prosecution prevented - suspect is too ill (physically or mentally) to prosecute	0.0	3	0.1	9
Outcome 14 - Evidential difficulties victim based - named suspect not identified	3.0	201	2.9	480
Outcome 15 - Named suspect identified: Victim supports police action but evidential difficulties prevented further action	13.1	873	16.0	2606
Outcome 16 - Named suspect identified: Evidential difficulties prevented further action (no victim support)	19.6	1302	18.2	2966
Outcome 17 - Prosecution time time expired: Suspect identified	0.0	1	0.0	1
Outcome 18 - Investigation complete: No suspect identified	35.5	2363	31.4	5138
Outcome 20 - Further action will be taken by another body	12.1	804	12.9	2105
Outcome 21 - Suspect identified, but not in public interest for police to investigate	0.4	28	0.6	103
NC1 - Non Crime Closure	0.0	1	0.0	3

- The year to date figure for Positive Outcomes was 17% (19.7 % 2015/16) for Birmingham compared to the Force figure of 23% (22.7% 2015/16).
- 2016/17 saw positive outcomes within Birmingham being lower than the force average. The first quarter of 2017/18 has seen an uplift in this area of policing with 22% of recorded crime being finalised by way of a positive outcome, in line with home office counting rules.

Multi-Agency Safeguarding Hub (MASH)

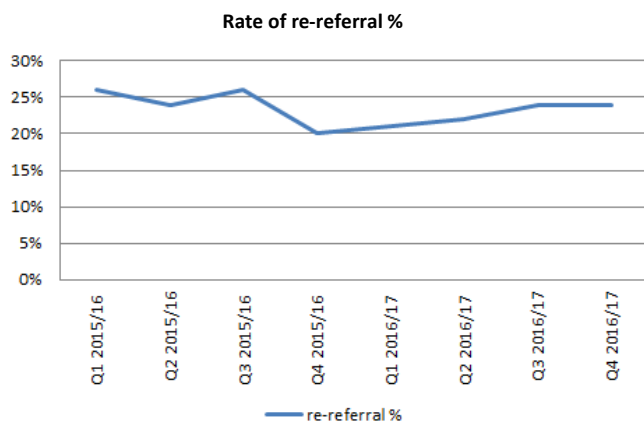
The MASH was functioning at full capacity over the year. In 2016/17 there were 16,590 referrals, 14,375 assessments were carried out, of which 3,633 were Section 47 enquiries. (Figure 14)

Figure 14



The re-referral rate is close to national average. Target is 18-25%. Statistical neighbour 21% (2015) England 24% (2015). Quarter 4 24% up from end of last year which was 20% Birmingham's referral rate is stable over time although there are small monthly variations. We have moved into a new front-door model and we monitor the impact on contacts, referrals and re-referrals carefully. (Figure 15)

Figure 15

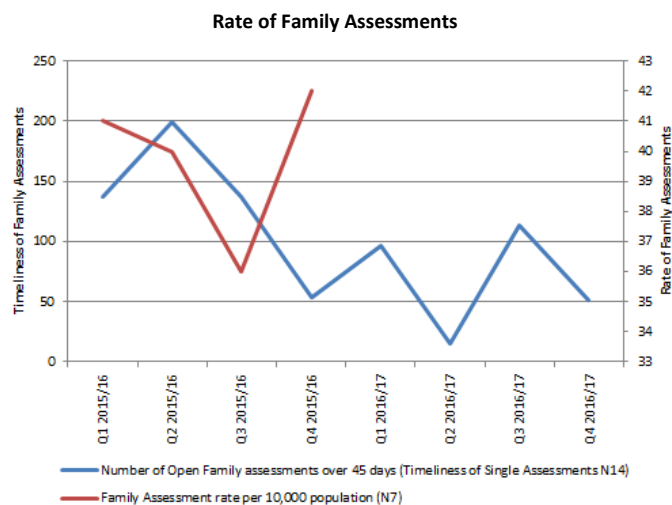


Family Assessments

The timeliness of assessments is important to prevent drift and Birmingham is doing well in relation to 45 days. Birmingham want to see more assessments completed within 20 days in Assessment and Short-Term Intervention (ASTI) and a greater focus on short-term interventions. We now have around 90% of assessments completed in time over last 6 months. The disability teams have improved their performance in last month. Cases should be allocated to a social worker within seven working days. There was significant improvement in the allocation of cases within

7 days during 2015/16 and this has been sustained through 2016/17. (Figure 16)

Figure 16



Vulnerable Children - Child Protection and Looked After Children (Children In Care)

Our rate per 10,000 of children who are the subject of a child protection plan is still below the national average, but has increased by nearly 20% this year, reducing slightly in last month. This increase may be the impact of the Ofsted inspection combined with a better MASH, this will continue to be monitored. (Figure 17)

Figure 17

Child Protection Data

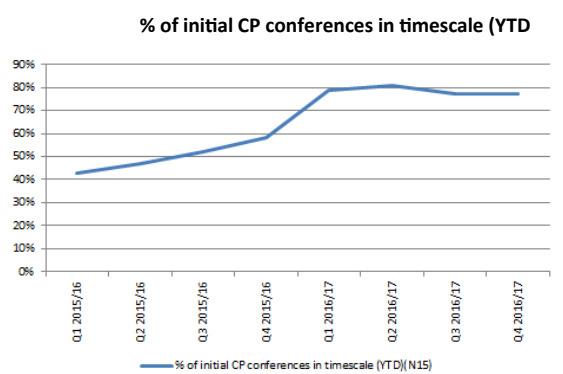
	Mar-15	Mar-16	Mar-17
No of Children on Child Protection Plans	1301	851	988
Rate per 10k	47	31	35
No of Children on Child in Need Plans	Not provided	2088	2347
Rate per 10k	Not provided	77	76
No of Children in Care	1963	1807	1846
Rate per 10k	72	66	65

The number of children and young people in care has fluctuated over the last three years, but has reduced as intended in Children Social Care's Improvement Plan. Since April 2015 the number of unaccompanied asylum seeking children has increased to 119 and this has caused the overall increase in numbers of children in care. If Unallocated Asylum Seeking Children numbers are removed the target of fewer than 1,750 children in care has been reached. However, in the last two months children in care numbers have increased. In January to March there were 179 admissions and 164 discharges, with a high number of 16/17 year olds and Police Protection. Birmingham need to find ways to address this. The number of children with a Child in Need Plan has increased in 2016/17 to 2,347 at 31st March 2017 from 2088 at 31st March 2016.

Initial Child Protection Conference Timescales

Figure 18 shows there has been an improvement in the timeliness of conferences, from 58% in March 2016 to 77% in March 2017. The improvement has been achieved by the focus of the Professional Support Service Team with oversight of the conference chair management team. During this time the timeliness went up to 90% as the Child Protection Service put extra resources into chasing social workers to ensure all necessary information was provided to enable timely conference arrangements. This process was an attempt to determine whether conference timeliness could be improved. Although it was not sustainable in the longer term, the information gained has been taken forward in discussion with area Heads of Service to reduce the number of conferences out of timescale as a result of late notification and poor information provided.

Figure 18



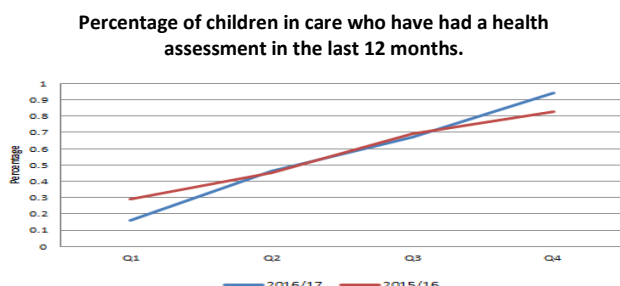
Attendance at ICPC by Agency

This data is currently no longer collected due to concerns over the quality of the information and the problems with the conference invitations going to the right partner agencies and giving them enough notice to be able to attend. Arrangements are now in place to address the data collection and analysis issues. There are clear timescales for this work, which will be complete by October 2017. The outcomes will be reported to the BSCB on a minimum quarterly basis.

Health Assessments

Health assessments start at zero on the 1st April and build up over the year. Figure 17 shows that Quarter 4 was at 94%, in comparison to last year which stood at 83%. National average at 31st March 2015 for Health Assessments was 90% over the year. Birmingham has matched the national average at the end of this year. (Figure 19)

Figure 19



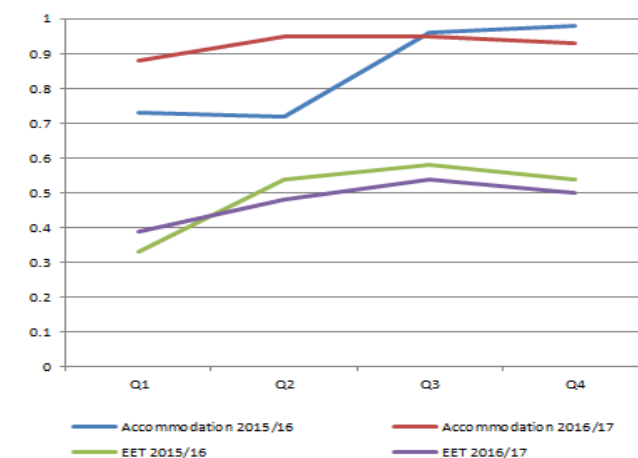
Care Leavers

Care leavers in Employment, Education and Training stands at 50% (54% Q4 14/15). This indicator is looking at the employment/education position of care-leavers at 19, 20, and 21. This is a cumulative indicator. Over the year 50% was achieved, about the national average, but below the target set. In 17/18 this indicator will include 17 and 18 year old care leavers and we should see the impact of the youth employment advisors.

Care leavers in suitable accommodation stands at 93% (98% Q4 14/15). (Figure 20)

Figure 20

Care Leavers in suitable Accommodation and Employment, Education and Training



How well did we do it?

A Multi-Agency Audit Team arranged by the BSCB have been auditing referrals for the last three years and introduced a grading tool in this last year. This has brought more robust decision making and helped to reduce the subjective nature of the audit by ensuring all auditors were working to the same standards.

In September 2016 the CASS were restructured to improve case progression and securing Children's Social Care intervention when required.

From September 2016 CASS and MASH have been running two audit sessions a month; one a multi-agency audit meeting between Health, Police and Children's Social Care and the other an internal audit meeting attended by the CASS Head of Service and CASS Team Managers. The focus of the multi-agency group has been on decision making in complex cases. The Head of Service/Team Manager audit activity has focused on evaluating a range of work, including consistency of decision making, evidence of managerial footprint, specifically evaluating performance against areas identified as requiring improvement in September 2016 Ofsted Inspection.

In February, March and April 2017 CASS work was evaluated by the Principle Social Work Service, evaluating work against a set specification, to grade timeliness, decision making, identification of risk, and the embedding of a strengths based approach. A further evaluation by the Principle Social Work Service will be undertaken in August 2017.

Figure 21

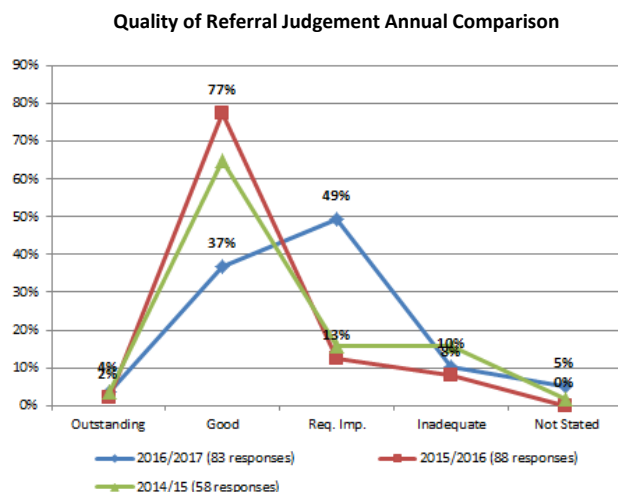
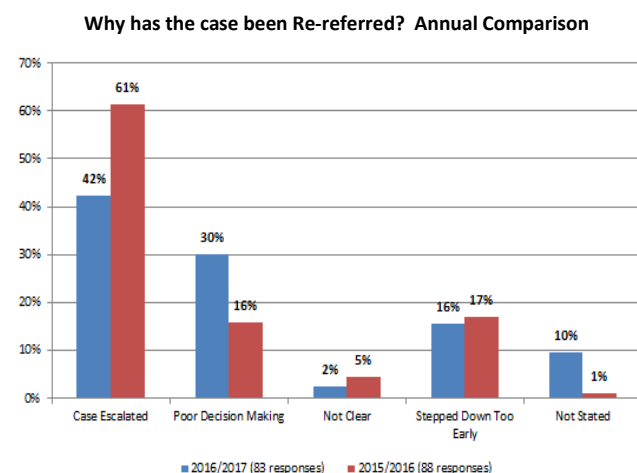


Figure 22 provides a breakdown of the auditors opinion of why the case was a re-referral.

Figure 22



What did we learn and change as a result?

Some minor issues were identified whereby some referrals had been input into the system twice, consequently showing as a re-referral when they were in fact the same referral. Parental consent was an area identified as a significant problem and this was also raised with management. Management introduced more stringent controls around accepting referrals without parental consent in March 2017. These were raised with MASH management at the point of identification. The full report for the re-referral audit was presented to the Quality Impact and Outcomes Sub-Group in May 2017 and the Assistant Director and the Head of Service for MASH were present.

The learning from the evaluation and audit process led by the CASS/MASH has led to the following changes in CASS;

- Altering the way both e-mail and telephone referrals are received
- Establishing group learning sessions to disseminate learning and areas for improvement
- Identify areas for partnership development
- Assure management footprint on all cases
- Review consistency in decision making.

External Inspections and Reviews

The BSCB receive and review findings from inspection reports. This provided a more comprehensive understanding of practice across the whole system and supported the identification of key common themes and challenges.

The Care Quality Commission Inspections (CQC) and Ofsted all carried out audits of statutory partners in the last year.

Ofsted

Ofsted carried out an inspection of the Local Authority Children's Services in September 2016. The report found Children Services to be inadequate overall, although services for Children Looked After and achieving permanence were considered to require improvement. Children Services have a comprehensive Improvement Plan that is reported to the BSCB on a regular basis.

The full inspection report is available to download from; <https://reports.ofsted.gov.uk/>

Care Quality Commission Inspections

The CQC carried out the following inspections:-

1. Acorns Children Hospice- 2nd March 2016 this reviewed the care and support provide by the Acorns hospice. The hospice was found to be outstanding overall with no safeguarding concerns.
2. Birmingham Women's Hospital – 12-14th April 2016. This review covered the maternity services both community and inpatient, surgery (gynaecology) and termination of pregnancy, neonatal services and outpatient and diagnostic services. The Women's Hospital was found to be requiring improvement. However neonatal and maternity services were found to be good and outstanding. Safeguarding training for children and adults was well attended and met locally set targets.
3. Birmingham Children's Hospital-17th -19th May 2016. This review covered all areas of the Birmingham Children's Hospital. The hospital was found to be outstanding overall. Only one area, Neonatal Services was found to require improvement and this was because they rated the area - safe as inadequate. Several concerns were highlighted; over staffing levels, staff not meeting local safeguarding training targets, serious incidents not always investigated due to lack of recognition, senior management lack of

knowledge of risk register management, staff not aware of the missing children policy.

Birmingham Children's Hospital have responded to the concerns raised and put a comprehensive action plan in place which is monitored by the Clinical Commissioning Groups.

4. Royal Orthopaedic Hospital - 20th July 2016. An unannounced inspection focusing on the High Dependency Unit and Outpatients Department was carried out due to concerns raised in a 2014 inspection and a more recent review by the Royal College of Paediatrics and Child Health (RCPCH).

The key findings were that the trust had made some improvements but that further work was required to implement all the recommendations from the RCPCH in a timely manner. The trust have an action plan which is again being overseen by the Clinical Commissioning Group.

- 5) City Road Hospital - 28th-30th March 2017 the review covered six core services. The hospital was found to require improvement overall. Services for children were covered as part of the review and were rated as requiring improvement. The report was published in October and we are awaiting a response.

The full inspection reports are available to download from the Care Quality Commission website;
<http://www.cqc.org.uk/>.

Safeguarding in Education

Birmingham Children's Services received a monitoring visit from Ofsted in June 2016, which focused on safeguarding arrangements in schools, children missing from education and those who are educated at home. Ofsted identified the need to improve partnership intervention when children and young people were at risk.

Action has been undertaken to strengthen the leadership support offered to schools with the appointment of a permanent Assistant Director with specific responsibility for Education Safeguarding. The Safeguarding in Education Group with representatives from all schools and education settings across Birmingham is now well established. The Group has responded positively to safeguarding concerns, issuing guidance on medication in schools, drowning prevention 'Safe' and disseminated guidance on the dangers of the 'Choking Game'. There is now a clear and coherent policy and procedures in place to identify and deal with Children Missing from education in Birmingham.

This year's annual Section 175 self-assessment completed by schools and educational settings, achieved a 98% compliance rate, a higher completion rate than previous years. Schools who have not submitted their return have been contacted and supported in completing the self-assessment. The data collected has been analysed to determine trends and key

priorities for 2017/18. The analysis of the overall findings identified improvements in the supervision of Designated Safeguarding Leads and strong evidence that the emotional wellbeing of young people is taken into account prior to permanent exclusions. A number of areas were highlighted for further improvement, these included: the development of a 'safeguarding induction pack' for new staff and the provision of further support for parents on e-safety and improving the transfer of records when a child moves to a new school or college. The audit findings are being taken forward through the Safeguarding in Education Group.

The Inclusion Commission was established in autumn 2016, to review the current educational provision for children who have special educational needs and disabilities. The Commission's work has led to a more inclusive practice in mainstream schools. The ongoing process of moderation of Education, Health and Care Plans (EHCP) has led to the identification and dissemination of good practice, to support ongoing quality improvement.

Analysis of Children Missing from Education identified clear trends, with significant increases in referrals at the start of a new term, with two thirds of the cases relating to gypsy, Roma and traveller communities. During Ofsted's June 2017 monitoring visit, they commented on improved partnership working in this area.

There has been an increase in Elective Home Education, with systems in place that enable home educating parents and the Local Authority to carry out their legal responsibilities. Ofsted, during their inspection of Children's Services in September 2016: commented that, *"Schools' representatives, including headteachers, confirm that they are confident that the council has a much better grasp on safeguarding children in schools as a result of significant improvements having been made. Elective home education (EHE) data is now also secure, a significant improvement realised since June 2016. Relatively high numbers (894) are closely monitored and now carefully analysed to identify any trends, concerns and issues arising from local areas, schools and communities."* The relationship between BCC and the Home Educating Community is much stronger; the first EHE conference took place on Wednesday 13th September 2017.

The focus on Alternative Education Provision has also seen a significant reduction in the number of pupil placements from 446 in 2015/16 to 158 in 2016/17.

Key Vulnerable Groups

Private Fostering

The Local Authority has a statutory duty for ensuring they are satisfied that the welfare of privately fostered children, or children who are likely to be privately fostered, are being safeguarded and promoted. The term privately fostered applies to children under the age of 16, or 18 if the child is disabled, who is cared for (or will be cared for) and provided with accommodation by someone who is not a parent, a close relative or someone who has no parental

responsibility for the child for a continuous period of 28 days or more. If the period of care is less than 28 days but there is an intention that it will exceed 28 days it is considered to be private fostering. There is a duty placed on anyone involved in a private fostering arrangement to notify the Local Authority. Local Authorities do not formally approve or register private foster carers.

During 2016/17, 81 Private Fostering Assessments were completed and a further 14 assessments are ongoing. 31 arrangements came to an end or were closed during this period. There are currently 36 private fostering arrangements open and receiving support. This is an increase in numbers on the previous year and reflects the raising awareness work that has been undertaken, this work will continue throughout 2018. Children living in private fostering arrangements receive regular visits from a social worker and there is evidence that good practice is being adhered to in that the children are being seen alone and their health and development needs are kept under review.

During the year the focus has been on enhancing the awareness of Private Fostering. A range of marketing material and a website has been designed to support the campaign. (Figure 23)

Figure 23



Delivering Early Help

The continued development of the city's Early Help Offer of support for children and families is overseen by the Early Help and Safeguarding Partnership Board, which is jointly chaired by strategic leads from the West Midlands Police and Birmingham City Council. The relentless focus has been on how the whole system can be shaped more effectively to deliver key agreed outcomes for children and young people:

- Healthy, happy and resilient children living in families
- Families make positive changes to their behaviour
- Children are able to attend and learn at school

- Young people are ready for adult life
- Children and young people are protected from significant harm

The city's Early Help Strategy was ratified by the BSCB in March 2015 and the Early Help and Safeguarding Partnership Board provides the BSCB with a regular update on progress.

In January 2017 the BSCB and Early Help and Safeguarding Partnership Board streamlined and enhanced their Sub-Group structures, merging Learning and Development and Quality Impact and Outcomes Sub-Groups and the strategic coordination of partnership activity to eradicate CSE.

This year the Early Help and Safeguarding Partnership Board has focused defining the 'Early Help' pathway, to maximise the investment in the CASS. The CASS enables frontline staff to gain access to specialist advice and signposts users to the right support or service, dependent on a child's needs. The Ofsted monitoring visit in May 2016 recognised that stronger partnership working was evident within the CASS.

The introduction of a new 'Request for Support Form' has streamlined information sharing to enable better targeting of Early Help services. The new strengths based Early Help Assessment incorporates the 'Signs of Safety and Wellbeing Practice Framework' and 'Our Family Plan' which enables agencies to recognise and build upon, what is working well to help determine what support a family needs.

Five locality based Early Help Panels have been established, which are chaired by a Family Support Manager helping to support local agencies to manage cases at both Universal Plus and additional needs levels, within their own agency or with support from other agencies. The Early Help Panels are helping to building partners confidence and creating strong networks of support for families. The effectiveness and impact of the Early Help Panels are scheduled for further review in December 2017.

In September 2016 Ofsted inspected the Early Help Service and judged the provision at Think Family/family Support level as good, with evidence of good engagement and impact. However Early Help provision from Universal Services was poor and 'the Local Authority and its partners should do more to evidence early help through the number, quality and impact of Early Help Assessments'. Early Help Assessments (EHAs) at Universal Level over the 12-month period September 2015/16 were low at 446 Family Assessments and 249 Plans.

Improvements are evident with increasing numbers EHA's registered each month, rising from 37 to an average 81; 'Our Family Plans' have also risen from 20 to average 80 Plans.

The findings from a recent independent Learning Lesson Review, commissioned by the BSCB highlighted the importance of engaging partner agencies in developing a coherent plan of support for families. The BSCB will incorporate a multi-agency audit of EHA and 'Our Family Plans' within its quality assurance programme for the forthcoming year.

The continued development of agencies 'Early Help Offer' will remain a priority. The Executive Board will be overseeing the refresh of the Early Help Strategy and organisations continued development of their 'Early Help Offer' following the re-launch of 'Right Help, Right Time' threshold guidance in January 2018.

Allegations against person in positions of trust

All organisations that provide services for children, provide staff or volunteers to work with or care for children are required to have a procedure in place for managing and reporting allegations against staff. The Local Authority Designated Officer (LADO) is responsible for protecting children, but also in ensuring that staffs who are subject of an allegation are treated fairly and that the response and subsequent action is consistent, reasonable and proportionate.

There have been a total number of 1,284 referrals to the LADO Service this year as compared to 1,100 referrals last year. This represents an increase of 16.7% and an increase of 53% on the previous year. National guidance states that 80% of all referrals should be closed within one month or less and that 10% of referrals should be closed within three months or less. Only the most exceptional of cases should be kept open beyond three months. These cases usually relate to police led investigations which often require forensic examinations of media devices and advice from the Crown Prosecution Service in relation to charging decisions.

In terms of timescales 971 referrals have been closed within one month or less in accordance with national standards. This represents 75% of all referrals received. Approximately 15% of referrals were closed within three months.

The addition of new staff members has enabled quicker throughput of work and the sharing of information and convening of meetings to be held more promptly.

586 (45.6%) of the referrals related to schools and education services, another growing sector is that of out-of-school hours education provision. The LADO Service is building on the positive comments made by Ofsted about its work in the September 2016 inspection, describing the work as "effective" and the decision-making "appropriate" and the service was commended for its work around engagement with faith based organisations and other parts of the unregulated sector.

Domestic Abuse

During the year the BSCB have contributed to the consultation of the Birmingham Domestic Abuse Prevention Strategy, 'Towards a Domestic Abuse Free City'. Which incorporates the principles of the national strategy 'Ending violence against women and girls' (2016) and the West Midlands Domestic Violence and Abuse Standards (2015). (Figure 24)

Figure 24



The new strategy will focus on;

- Safety and Support
- Early Identification and Early Help
- Changing Attitudes

The BSCB works in close collaboration with Birmingham Community Safety Partnership who have strategic responsibility for overseeing the development and implementation of the Domestic Abuse strategy. The analysis of Serious Case Reviews and Domestic Homicide Reviews (DHRs) identifies similar key themes and learning for professionals working with both adults and children. The BSCB are represented at the DHR Steering Group to assist in the commissioning of DHRs. The BSCB welcomes the recent research and analysis of the key themes and learning from Domestic Homicide Reviews carried out in Birmingham. Both the findings and the Birmingham Domestic Abuse Prevention Strategy Implementation Plan will be presented to the Executive Board in the new year.

The BSCB endorses the development of a multi-agency Domestic Violence Reduction Strategy and receives a six month progress report on the impact of reducing the risk of children living in violent households.

Child Sexual Exploitation

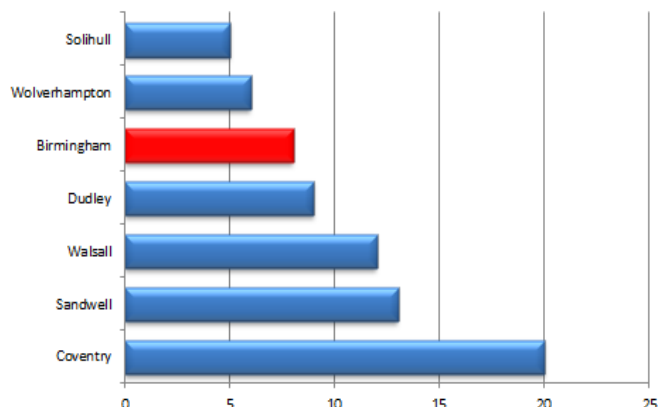
During the last twelve months tackling CSE has been and will continue to be a strategic priority, with leaders across the city acknowledging that further work is still required.

The Ofsted monitoring visit in May 2016 still found inconsistency in information gathering and the assessment of risk to enable better targeting of intervention. When comparing statistical data with other Local Authorities across the West Midlands, (Figure 25) Birmingham has lower recorded levels of prevalence for children aged between 11 and 17 at risk of CSE. Despite considerable work by

agencies to raise awareness and understanding of CSE, it is felt that the data does not accurately reflect the picture of CSE in the city.

Figure 25

Number per 10,000 of population of 11-17-year olds at significant and serious risk of CSE across the West Midlands by Local Authority.
(Based on ONS Mid-Year Population Estimates 2015).



Regional collaboration to tackle CSE is coordinated through the West Midlands Preventing Violence against Vulnerable People Board (PVVP) and locally through the BSCB and more recently through the Early Help and Safeguarding Partnership Board. This year the PVVP have continued to coordinate a regional public awareness campaign 'See Me, Hear Me!', support by locally targeted activity. (Figure 26)

Figure 26



In June 2016 the Chief Executive of Birmingham City Council hosted a national conference in the city, to share good practice at preventing and eradicating CSE. The conference was opened by a survivor of abuse, telling her story, helping to identify how agencies can work more effectively together.

In January 2017 the BSCB strengthened the local governance and accountability arrangements with the Early Help and Safeguarding Partnership Board taking responsibility for direct oversight and coordination of partnership activity to address CSE. The Police and Local Authority Jointly Chair a multi-agency group focused on improving operation practice and implementation of co-located CSE Team.

This year has focused on streamlining and enhancing the effectiveness of the Child Sexual Exploitation Operational Group (COG) and the dissemination of intelligence gleaned from multi-agency sexual exploitation meetings, which concentrate on individual cases and return home interviews when children have gone missing from home. Children who

repeatedly go missing are at much greater risk of CSE. There is need to improve the proportion of return interviews undertaken and how that information is analysed to enable the COG to target action to protect the vulnerable young people, disrupt offending behaviour and bring perpetrators to justice.

Looking ahead the BSCB will strengthen and expand its multi-agency CSE training offer particularly for those professionals working with victims and those at risk of abuse. The Training Needs Analysis will ensure that development of operational practice is fully embedded within the training programme.

The BSCB will continue to monitor the effectiveness of the partnership arrangements in this priority area, at the Executive Board scheduled for July 2017 a further review of progress will be undertaken, areas for improvement identified and next steps agreed.

Birmingham City Council have commissioned the Local Government Association to conduct a CSE Diagnostic in November 2017, the findings of the Peer Review will be shared with the BSCB in the new year.

Female Genital Mutilation (FGM)

Partnership activity to eradicate FGM is coordinated regionally by the Preventing Violence against Vulnerable People Board and locally through Birmingham Against Female Genital Mutilation (BAFGM). BAFGM has had a very busy and productive 12 months hosting a conference on 'Zero Tolerance Day' in January 2017. (Figure 27). The day brought together over 200 representatives from all over the West Midlands with survivors.

Figure 27



West Midlands Police 'Operation Sentinel' provided a unique platform to raise awareness of 'hidden crime'. A range of new 2017 posters, pop ups, the use of social media support, and community leaflets have been produced. A 'flash mob' at New Street Railway Station helped raise awareness on FGM and highlight the issues via social media. This involved children from local school and partners from BAFGM dancing to Katy Perry's song 'Roar'. (Figure 28).

Figure 28



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 still carried out.

These initiatives have helped increase the number of referrals from 25 in 2012 to 162 FGM referrals being made in 2016/17. However, there is still significant under reporting of this crime.

Two members of BAFGM also undertook a climb up Mount Kilimanjaro to raise awareness and money for the Divinity Foundation, a charity who cares for and educates girls rescued from FGM. The two volunteers took with them mirrors, designed by BAFGM, these mirrors come in two designs, one for girls and the other for adults and were given out at the Centre. Cutters were also met with and given the mirrors and subsequently they stated that they 'would stop cutting if they had other jobs available to them'. (Figure 29) BAFGM subsequently wrote to Priti Patel MP raising this issue.

Figure 29



Back in Birmingham, a lot of work has been undertaken with over 490 delegates participating in FGM training. Over 100 schools across Birmingham have received FGM training and a lesson plan has been developed and designed for primary pupils. Subsequently lesson plans have now also been designed for secondary school pupils.

Radicalisation

The Birmingham Prevent Executive Board provides strategic oversight of the Birmingham Prevent Programme, delivering a comprehensive programme of multi-agency and multi-disciplinary training. During 2016/17 a multi-disciplinary Prevent workforce development team was created to help embed and mainstream Prevent training. The Workshop to Raise Awareness of Prevent also known as WRAP training was delivered as a train the trainer product. As a result of the training Birmingham has increased training capacity with over 300 WRAP trainers trained and available to deliver training.

The appointment of a family support worker in October 2015 has led to the development of a Prevent screening tool and guidance to assist front-line workers to identify vulnerability and making appropriate assessments for referrals. The family support worker post has also enabled the Birmingham Channel Panel, a multi-agency safeguarding process, to gain access to mainstream support from within the Early Help and Family Support Teams as well as access non-statutory support services.

The role has supported families where there has been a heightened risk of influence to extremism and radicalisation. Support and intervention has included the use of Child Protection Plans and Our Family Plans, as well accessing support through universal services. There has been greater collaboration between partners including the Education Service, Youth Offending Service, Adults Safeguarding Prevent leads, West Midlands Counter Terrorism Unit and Probation in the delivery of prevent. This is evidenced through the CASS arrangements ensuring effective decision making around the request for support where there are risks of radicalisation. This integrated whole family approach better targets agency intervention.

In January 2017, the Prevent Team recruited a dedicated Community Engagement Worker to enhance the coordination of engagement with communities and raise awareness of the risks associated with radicalisation and the support available. The post has enabled the Prevent programme to create trusting relationships with communities.

Through the 'No Platform' Policy, Birmingham has a process to prevent the use of Local Authority venues being used by extremist speakers. There are also established 'due diligence' systems in place to ensure groups work with the Birmingham Prevent Programme do not hold, or engage with, extremist views or groups. The No Platform Policy has also been rolled out to schools in a format that they are comfortable with and Birmingham City Council will provide any additional support around due diligence where necessary.

Birmingham's work with schools is also recognised as good practice nationally with a 100% of schools having undertaken Prevent training and continue to receive prevent awareness via Designated Safeguarding Lead (DSL) training. The workforce offer is now embedded within wider safeguarding arrangements and over 19,000 Schools practitioners have been trained in WRAP training since 2015. Birmingham is

also a leading authority delivering the UNICEF Rights to Respecting School Award with over 170 schools engaged, the programme has helped to increase the resilience and confidence of children through the promotion of children's rights. Work with out-of-schools settings has also been strengthened, with the Local Authority Designated Officer Team strengthened support for faith based organisations, supplementary schools and madrassas using a new safeguarding toolkit specifically tailored for these educational settings.

Modern Day Slavery

The Regional Anti-Trafficking Network have established a Panel for the Protection of Trafficked Children, which is chaired by Barnados and supported by a Regional CSE Co-coordinator. The Panel focuses on enhancing understanding of Modern Day Slavery and targeting partnership activity across the West Midlands.

Forced Marriage and Honour Base Violence

Forced marriage is a hidden based crime and the level of reporting does not represent the true picture, with 16 forced marriage related incidents in Birmingham being reported during 2016/17, a slight increase on the previous year where there were 12 incidents which resulted in the granting of 6 Forced Marriage Protection Orders. There is a need to continue to enhance both professional and community awareness, building on the event hosted by the West Midlands Police in Birmingham in June 2016 to commemorate the tragic death of a victim of forced marriage.



Part 3 - The effectiveness of the Birmingham Safeguarding Children Board

Business and Improvement Plan

The Business and Improvement Plan 2016/17 continued to focus on the three key strategic safeguarding priorities:-

- Voice of the Child
- Early Help
- Safer Systems.

This section of the report examines the changing governance and accountability arrangements, budget utilisation and an evaluation of progress on implementation of the Business Improvement Plan 2016/17.

The strategic role of the BSCB is to provide independent oversight of the effectiveness of partnership collaboration to safeguard and promote the welfare of children in Birmingham. 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.

In September 2016 the BSCB meeting ratified proposals for the restructuring of 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 Local Safeguarding Children Boards (LSCB) (published in March 2016).

The transition to the new streamlined Executive Board and Sub-Group structure (Figure 30) came into effect in January 2017, incorporating best practice from the national review of LSCBs strengthening the shared leadership role of the Police, Local Authority and NHS in safeguarding and promoting the wellbeing of children and young people in Birmingham. The new arrangements forge even closer links with the Early Help and Safeguarding Partnership Board consolidating partnership collaboration to combat CSE and merge Sub-Groups activity to concentrate on the dissemination of learning from child deaths and serious cases, workforce development and challenge and oversight of quality, impact and outcomes.

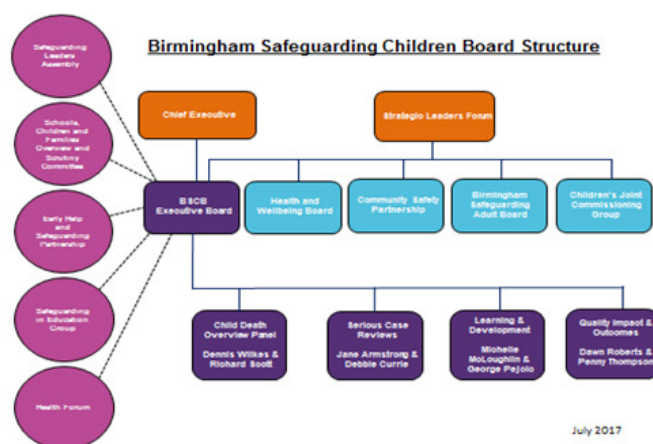
The new arrangements also incorporate a 'Safeguarding Leaders' Assembly which meet twice a year. Representation is from all key safeguarding stakeholders across the city, to ensure they are full engaged in safeguarding of children and young people.

The BSCB's span of influence involves regional collaboration through the Midlands Independent LSCB Chairs and Business Managers Groups, 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, Trafficking and Female Genital Mutilation. The BSCB's engagement across the regional enables finite resources to be better targeted on

those issues that transcend geographical boundaries.

The BSCB collaborated with eight other safeguarding Boards across the Midlands to develop on-line regional safeguarding procedures, which went live on 1st April 2017. The project provides front-line professionals with access to up-to-date online policy and procedures. By working together the project delivered significant savings and improved the quality and consistency of guidance. A Regional Safeguarding Procedure Group has been established to oversee the updating and development of the regional guidance.

Figure 30



Business and Improvement Plan

The Executive Board monitored progress throughout the year, with the relevant outstanding actions helping to inform the development of Business Improvement Plan for 2017/18. (Figure 31).

Figure 31



At the end of the financial year 64% of the 25 improvement objectives have been fully completed. The remaining outstanding objectives are being progressed and have been incorporated with the relevant Sub-Group Work Programmes for 2017/18. The two objectives where there had been a lack of progress where completed in May 2017.

Figures 32 and 33 provide an overview of progress against each of the objectives in the Business Plan.

Figure 32

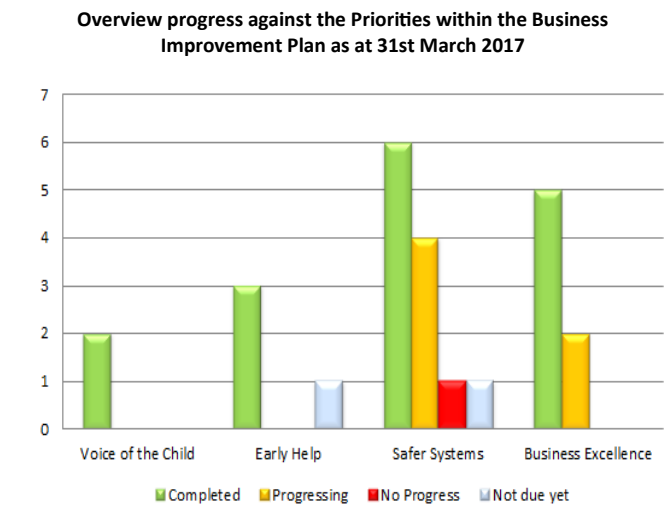
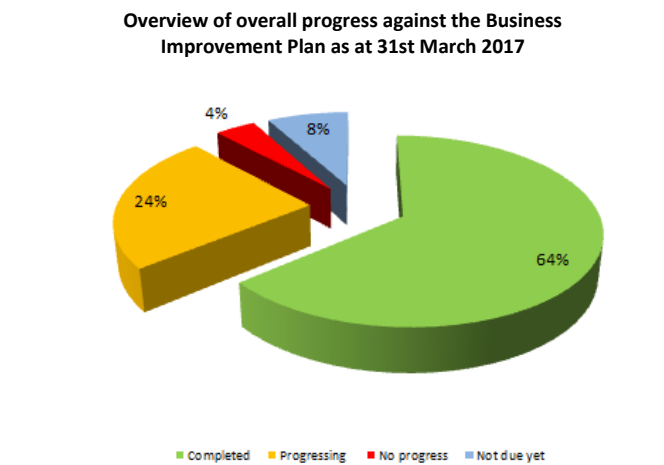


Figure 33



Finance

The BSCB budget for 2016/17 amounted to £708,580, made up of contributions from statutory key agencies and a carry forward of £22,722 from the previous year. Figure 34 provides a breakdown of the components of the budget detailing individual agencies contributions of £685,858.

Figure 34

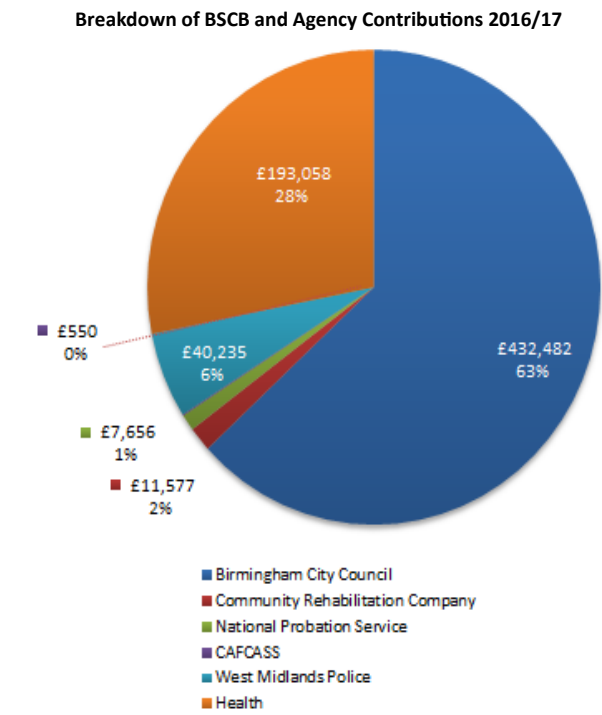
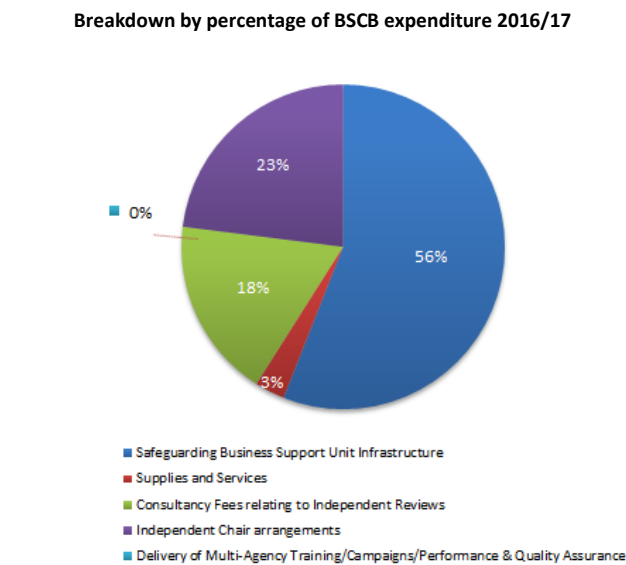


Figure 35 provides details of expenditure during 2016/17 which concentrated on five core business areas.

Figure 35



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 key actions set out in the Business Improvement Plan are delivered through the Sub-Group structure, with the Independent Chair and Business Manager overseeing progress on the approved Work Programmes. Sub-Group Chair's played a key role in directing partnership action to achieve the safeguarding priorities.

Quality Impact and Outcomes Sub-Group

The Quality Impact and Outcomes Sub-Group is pivotal in implementing the Quality Assurance Framework and Audit Programme on behalf of the BSCB. Key elements include; presenting multi-agency safeguarding data, coordinating and moderating the annual statutory organisations safeguarding self-assessment and peer review (Section 11); completing audits and validating audit findings.

Multi-agency performance reports including Early Help outcome indicators are presented to the Sub-Group on a quarterly basis. The Sub-Group track trends in the data and challenge agencies on the data provided. The Sub-Group also commissioned multi-agency audits. Last year the following audits were carried out:-

- Monthly audits of the quality of referrals examining the MASH were undertaken to a total of 85 cases.
- CSE cases and a detailed analysis of cases. The audit findings have been acted upon, lessons learnt bulletin developed and published and steps taken to implement all the findings.
- A survey was developed and circulated through schools to children in care aged 8 years to 17 years who are placed 'out of area'. 50 young people (representing 9.7% of young people in this age group) responded to the survey. The majority of young people lived with foster carers and had been with them for over 2 years or more. With a few exceptions all were 'happy' and felt 'safe' in their current placement and felt the people looking after them were caring, listened to what they had to say and generally did the things they said they would for them. With a few exceptions they also felt their social workers listened to them and generally did the things they said they would do. The survey identified some areas where improvements could be made and this learning is being considered to identify the best way forward.

Other activity the Sub-Group where involved in includes:-

- Working with regional partners to develop a regional Section 11 tool so that we can streamline the process and enable better comparisons of performance and exchange good practice. A second phase of the project is underway to consider how this will be rolled out across the region.
- Developed a simplified self-assessment tool (Section 11) for the voluntary sector.

- Evaluation of the effectiveness of safeguarding arrangements in Schools and Further Education Colleges within the city. To do this schools complete an online self-assessment tool. In 16/17 94.5% of education settings completed the self-assessment by the end of March 2017. 18 schools had not completed the self-assessment these have all been offered support to complete the tool and the majority have now finished their safeguarding self-assessment. This tool provides valuable information for the BSCB but also for Head Teachers, Governors and Ofsted.
- The information from the online self-assessment tool for schools is also used to develop a Training Needs Analysis for Designated Safeguarding Leads (DSL), which is then used by the Local Authority School Safeguarding Lead to develop the DSL training schedule for the year.

In 2017/18 the Sub-Group will conduct 'deep dive' audits on neglect and missing children. The Sub-Group are also looking to link up with agencies to carry out surveys of children who have had engagement with the statutory agencies.

Communications and Public Engagement Sub-Group

In March 2016 the BSCB launched a year-long campaign focused on reducing the risk of sudden infant death syndrome and the potential dangers of 'overlaying', which was a persistent feature in a small number of child deaths each year. Health Visitors provided all new mothers with a 'safer sleeping' resource pack at the 28 week antenatal visits, which was reinforced following the birth of the child at the first post-natal visit. The campaign evaluation will be presented to the BSCB during 2017/18.

In July 2016 the BSCB started using social media to promote key safeguarding messages. Over the reporting year, the platform has been used to support many national and local campaigns and signpost users to information and support. Examples of campaigns include:

- 'Don't be the neighbour that did nothing' - Child Abuse Campaign – July 2016
- 'Do you know what your friend is doing? - Child Sexual Exploitation Campaign – August 2016
- Modern Slavery Is On Your Doorstep – August 2016
- See Something Say Something – Safer Travel – August 2016
- World Suicide Prevention Day – September 2016
- 'Could this be your child' – Child Sexual Exploitation Campaign – October 2016
- National Adoption Week – October 2016
- Anti-Bullying Week – November 2016
- Children's Mental Health Week – February 2017
- Safer Internet Day – February 2017
- Safer Sleep Week – March 2017 (Figure 36)
- Child Sexual Exploitation National Awareness Day – March 2017

Figure 36



The BSCB also developed a young people's version of the BSCB Annual Report that can be used to facilitate discussion on what safety concerns children and young people have for themselves and their friends.

In 2017/18 the BSCB have a planned public awareness campaign to prevent child abuse and neglect. The focus will be 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.

Serious Case Review Sub-Group

Serious Case Review Sub-Group oversees the commissioning of the independent reviews process when a child dies or is seriously injured and child abuse is suspected 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.

Published Serious Case Reviews

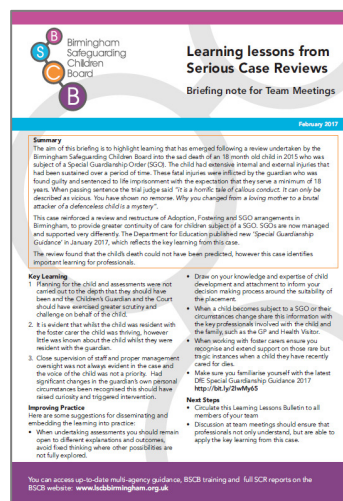
During the year the findings from one SCR, the tragic death of Shi-Anne Downer was published. The full report is available through the BSCB website. Shi-Anne's fatal injuries were inflicted by her guardian who was found guilty and sentenced to life imprisonment with the expectation that she serve a minimum of 18 years. This case reinforced a review and restructure of Adoption, Fostering and Special Guardianship Order arrangements in Birmingham, to provide greater continuity of care for children subject of a Special Guardianship Order.

Dissemination of key learning from Serious Case Reviews and Learning Lessons Reviews

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 2016/17 the BSCB developed a one page briefing note to support the dissemination of learning from SCRs and LLRs. The briefing note provides an overview of the background to the case, identifies key learning and highlights areas for practice improvement. In addition, to support team meeting discussions a powerpoint presentation for each briefing note is developed and made available through the BSCB website. (Figure 37).

Figure 37



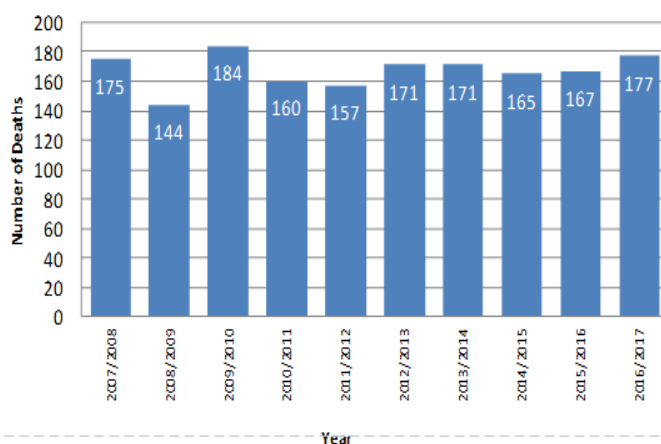
Child Death Overview Panel (CDOP)

The BSCB has a statutory duty to review and enquire into the deaths of all children under the age of eighteen. The CDOP oversaw the review of the 177 deaths that occurred between 1 April 2016 and 31 March 2017.

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 and is not therefore the responsibility of the CDOP. The Figure 38 provides a comparison of the number of child deaths between April 2007 and March 2017.

Figure 38

Number of Child Deaths in Birmingham April 2007—March 2017



CDOP's role, under a chair that is independent of service provision responsibilities, is 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.

A separate Annual Report providing in-depth analysis and learning of why children die is published by the BSCB each year. The report provides 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 are referred to the Director for Public Health and the Health and Wellbeing Board in order to inform their work particularly in terms of the on-going issues relating to higher incidents in certain populations in the city.

In 2016/17 the patterns of death, numbers and categories, remain unchanged from previous years. This years analysis however highlights the different patterns of death in Asian/Pakistani and White/British families. The number of deaths in Asian/Pakistani and white/British families is similar in the early neonatal period with different rates of chromosomal/genetic/congenital anomaly (29% and 21%) and perinatal/neonatal events (17% and 22%). (Figure 39)

Figure 39

	Deliberately Inflicted Injury, Abuse or Neglect	Suicide or Deliberate Self-Inflicted harm	Trauma and Other External Factors	Malignancy	Acute Medical of Surgical Condition	Chronic Medical Condition	Chromosomal, Genetic and Congenital Anomalies	Perinatal/Neonatal Event	Infection	Sudden Unexpected, Unexplained Death	Grand Total
African	100%			20%	20%	33%	3%	7%			13
African Caribbean								6%	33%		7
Arab State							2%	1%			2
Asian							10%	2%			8
Asian Bangladeshi							10%	4%			10
Asian Indian								4%			4
Asian Pakistani				20%	40%	33%	29%	17%	33%		38
Far Eastern								1%			4
Mixed		100%	33%				3%	5%	33%	50%	11
Not Known/Not Stated					20%	33%	24%	27%			42
White British			33%	60%	20%		21%	22%	50%		34
White European			33%				50%	2%			6
											176

However, there is a second peak in the post neonatal Infant period for Asian/Pakistani families due to deaths in the acute medical/surgical or chronic medical categories. This trend is reversed for deaths due to malignancy where 60% occur in white/British families.

Learning & Development Sub-Group

During 2016/2017 the Sub-Group commissioned 168 multi-agency safeguarding training courses which were delivered to 3,255 practitioners across the children's workforce. This is 35 fewer courses than the previous year. Less courses were commissioned due to a 25% reduction in the overall training budget.

Key achievements include:

- All training courses commissioned and delivered on behalf of BSCB were reviewed and revised through the Annual Training Programme Task & Finish Group to incorporate the voice of the child Practice Standards.
- Multi-agency Training Programme was delivered throughout 2016/2017.
- Development of new courses in relation to Child Sexual Exploitation, Serious Case Review and Strengthening Families Framework.
- Early Help Module 1 training pack/material for train the trainer developed and is available on the BSCB website.
- Evaluation of training methodologies trialled and a new framework for the evaluation of training implemented.
- Commission and implementation of a new on-line 'Event Booking and Management System'.
- Quality assurance and observation of all training courses delivered during 2016/2017.

Course utilisation remains high 95% during 2016/17 compared to 90% during the previous year (Figures 40 and 41). In addition the Sub-Group secured five places per course on 40 Parental Mental Health training courses delivered by Birmingham & Solihull Mental Health Foundation Trust. Work is currently underway to review the existing booking process and to ensure that all training course places are fully utilised, and to understand the reason(s) behind non-attendance.

Figure 40

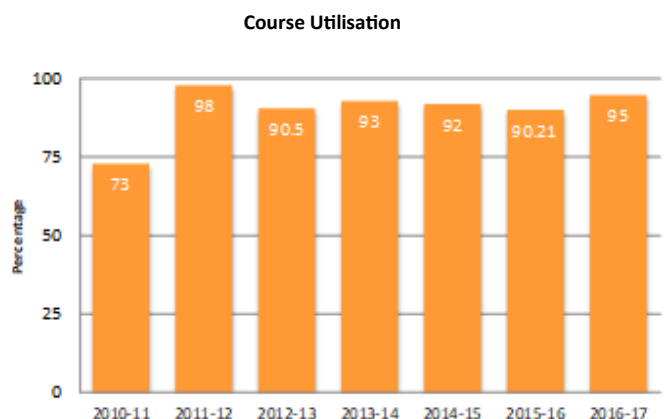
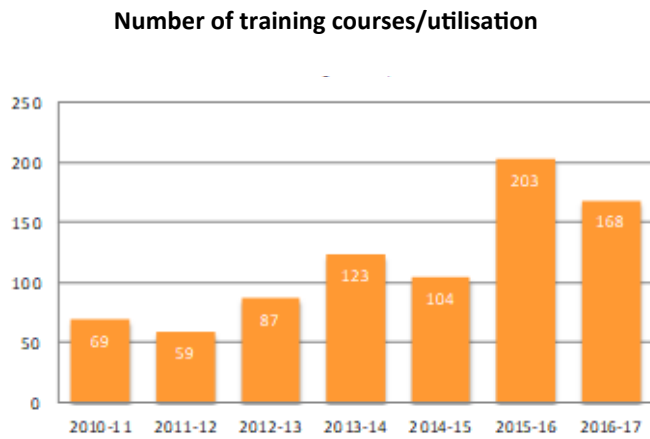


Figure 41



During 2017/18 the Learning and Development Work Programme will further develop and embed the key themes contained within the Business Improvement Plan around; Strong Leadership & Strong Partnership, Continuous Improvement of Child Protection Practice and Embedding Early Help intervention into mainstream partnership activity. The work programme for 2017/2018 is structured around three key objectives, each supported by a Task and Finish Group.



Part 4 – Agency Action to Safeguard Children

The BSCB promotes at every opportunity that safeguarding children is everyone's business. This section focuses on the crucial role that statutory organisations play in safeguarding and promoting the wellbeing of children and young people in Birmingham.

Each organisation has been asked to prepare a brief overview of their statutory role, together with a summary of safeguarding activity they have undertaken during 2016/17 and to also set out their safeguarding priorities for the next twelve months.

Birmingham City Council

Introduction – Who We Are And What We Do

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 across the city. We will work openly with children and their families to bring about change in solution-focused ways, building on their 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, responding through support and challenge to the diverse emotional, cultural and material needs of each child and their family. Where care at home is not possible, we seek to provide high quality substitute care within family settings, wherever possible within the city, and to maintain links with birth family whenever this is in the child's best interests. 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.

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 workers and family workers, who need to be supported by good leadership and management, supervision and learning opportunities.

Our Safeguarding Priorities

Birmingham Children's Service has a long history of service failure. However, since Government intervention in 2014 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. Ofsted conducted a full inspection of Birmingham Children's Social Care in September/October 2016. Ofsted judged that the Council remained inadequate

overall, but with three areas of improvement rated as requires improvement (looked after children, care leavers and adoption). The general conclusion was that once cases are allocated and worked with they could see improvement but there was often delay (some historic) in cases getting through the front door – CASS/MASH - and out to the areas in a timely way. Another area of concern was the need to improve partnership working across the system with more early help work with families from other agencies and better working with the Police and others in child protection.

In response to the inspection a new improvement plan was developed incorporating the Ofsted recommendations.

A focus of the improvement has been the continued development with partners of the front door (CASS/MASH) to make the referral process easier and to be more responsive. Work that can be passed to early help or family support is now done so quickly. We track referrals in our system by running a data report twice a day with the aim of processing all contacts (over one thousand a week) within 48 hours.

There has been a similar drive to improve our processes and practice with partners for children at risk of CSE and who go missing from home or care. In June 16 we also took responsibility for the disabled children's service and are focusing on practice improvement there. We also continue to strengthen our case audit system, including social work reflection and parents' feedback. Case audit is critical to drive practice improvement. Learning from cases and from complaints is gathered together into a quarterly learning bulletin and its expected that teams within the service cascade and discuss to support improvements in practice. Our improvement work has been supported by our improvement partners, Essex Children's Services throughout the year.

Looking Ahead – Challenges And Focus For 2017/18

Keep improving on how we work with families: We have moved towards more family-based practice, with Family Group Conferences and family meetings actively promoted. We need to improve on how we record practice decisions, so that we help each other understand what we are doing, why, and show each other and families how we have reached our decision. The quality of our Child Protection and Children in Need plans (CP/CiN) is an area needing improvement and is an integral part of the improvement plan. The consistency of the quality of our practice remains an area of development, and we need to keep focused on 'getting the basics right'. An ongoing challenge is to strengthen our quality assurance activity so that it becomes a helpful and reinforcing driver for a more robust learning and practice improvement system.

Performance Analysis – Measuring Our Progress

We consider our performance in a number of ways: monthly comprehensive data sets shared with all managers; monthly performance meeting where Heads of Service account and

share improvement ideas. Monthly reporting to Leader of Council and Lead Member, Chief Executive and Commissioner (the Quartet. Programme of case audits leading to quarterly learning bulletins. All of these lead to actions to address deficits. What we see is across the City practice is gradually improving, more direct work is being done with children and families and imaginative solutions being found. But the speed and depth of improvement is still inconsistent and too variable.

Family Support/Think Family

Birmingham's Think Family partnership is expected to work with and evidence outcomes for 14,300 families during 2015-2020. At the end of March 2017 a total of 8,275 families had been identified as eligible. We remain on track to work with 10,741, our agreed target from April 2015 to March 2018. Our Think Family Services are delivered by Family Support, Youth Offending Services and commissioned specialist providers. We work with 2000 families at any one time on a consensual basis to help improve school attendance and family employment opportunities, reduce crime and anti-social behaviour and improve parenting.

Family Support offer the majority of these interventions and each family worker works with on average 12 families at any one time. 84% of Family Support cases are open less than 6 months, with 3% being open for 9 months. Family Support is accessed through the Early Help Front Door in CASS following a Request for Support Form, or through step down arrangements with Children's Social Care. Approximately 4% of the services caseloads are escalated up to Children's Social Care through the step-up and step-down process to ensure minimal disruption to the child and his or her family, and to maintain a strong and consistent multi-agency team around the child.

Family Support workers are well trained and skilled at working with children and families and able to deliver high quality support packages. This includes direct work with families through 1:1 complex interventions and a group work offer. Family Support teams adopt a whole family integrated approach that includes: completion of an assessment (Family Early Help Assessment), and Plan (Our Family Plan) containing multi-agency activity co-ordinated by a dedicated lead worker, use of evidence based interventions, and a focus on outcomes as set out in the Think Family Outcomes Plan.

Assessments

During 2016/17 Children Services completed 15,525 assessments. This is an increase of 26% on the previous year of 11,470. We have a duty to undertake assessments under Sections 17 and 47 of the Children Act 1989, to determine what support a child and their family may need and if there is any action that may be required.

The timeliness of assessments has improved with 14,089 being completed within 45 days compared to 9,406 the previous year. Children's Services monitors the timeliness

of assessments within the area teams and citywide via performance data and internal boards. The ASTI are providing more direct work with families during the completion of assessments to ensure that support is available early. Ofsted found this to be the case during the last monitoring visit. Caseloads for social workers average being 15 across the city.

Children In Need

Section 17 of the Children Act 1989 defines a child in need as a "child who is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services".

At the end of March 2017 Birmingham had 8,414 open children in need cases compared to the previous year which was 9,083. Child in need work is multi-agency with plans and reviews involving partners. This broke down into: 983 on a CP plan 2147 on a cin plan and 1841 children in care.

Child Protection

Child protection concerns children who are suffering, or likely to suffer, significant harm as a result of abuse or neglect. It involves working with children and family, with partners, to prevent and respond to abuse and neglect. A child protection plan sets out how the child can be kept safe, how things can be made better for the family and what support they will need. Parents are informed of the reason for the plan.

This year there has been an increase in the number of children and young people who became the subject of a child CP plan, 1,608 compared to 1,339 children last year. Birmingham's rate of 33 per 10k is lower than the current national rate of 43, regional average of 43 and statistical neighbour average of 49. 1,608 children and young people started CP, 1,472 left CP and there were 983 children subject to a CP plan at 31st March. This is because of our strong Family Support service and our work with families of child in need plans.

For children ceasing to be on a CP plan, this was a result of positive outcomes such as improved parenting capacity to enable children to remain in their family, living with other family and friends, special guardianships or adoption.

Birmingham held an average of 76% of Initial Child Protection Conferences (ICPC), within the required timescale of fifteen days from the start of the section 47 enquiries, an increase this year, from 62% last year which is very positive. Arrangements have been put in place for Child Protection Chairs and Area Social Works teams to hold professional conversations before ICPCs and Reviews to discuss the arrangements for these and ensure that families are fully involved and meetings are the most effective they can be. The Child Protection Conference Service uses strengths based approach to conferencing. Each family attendee is asked 7 basic questions in a questionnaire format after conference. These are then collated and reported on a monthly basis to CP service and a quarterly basis to the BSCB Quality Impact and Outcomes Sub-Group. Families tell us consistently that

they feel listened to and are clear what they need to do to improve safety for their children.

Children In Care

We all, and partners, have a corporate parenting responsibility to all of our children in care and care leavers. Ofsted recognised that this part of the service had improved at the full inspection in October 2016. We are working hard to ensure most children in care are living in or near Birmingham, are getting a good education, are in family settings (foster care) and where possible remain in contact with their families.

There is a thriving Children in Care Council that meets with senior managers and feeds back learning, as well as supporting interviewing and other events. At the end of March 2017, 97.5% of children in care aged between 4 to 18 had participated in their reviews. This is good performance and is above the target of 95% set at the start of the year

Birmingham Community Healthcare NHS Foundation Trust

Introduction – Who we are and what we do

Birmingham Community Healthcare NHS Foundation Trust (BCHC) provides community and specialist health services within Birmingham and the West Midlands. The Trust delivers clinical services in people's homes and in hospitals, health centres and clinics. Services are provided for adults, children, people with learning disabilities, those with rehabilitation needs and also dental services.

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' (March 2015).

The Section 11 audit provides evidence of the structure, systems and process in place to ensure that the statutory duties of Section 11 of the Children Act (2004) are being discharged by BCHC.

During 2016/17 BCHC undertook the Section 11 audit and engaged with a process of peer review for the BSCB, providing BCHC with assurance of compliance. The audit demonstrated that BCHC is compliant with all relevant aspects of the Section 11 audit and CQC Outcome 7.

The guidance within Working Together to Safeguard Children (2015) sets out how professionals should work together to promote the welfare of children. Standard Five of the National Services Framework for Children, Young People and Midwifery Services (DH 2004) supports this premise and underlines the importance of inter-agency collaboration.

As a health regulator the Care Quality Commission (CQC) sets out clear standards for all health organisations in respect of their safeguarding of children and young people through a framework of outcomes – in particular CQC Quality Outcome 7 (regulation 13) 'Safeguarding service users from abuse and improper treatment'. Inspections require healthcare Trusts, their individual services and frontline staff teams to demonstrate how they deliver the outcomes set out in the framework and how they monitor and measure the effectiveness of services for children and young people. The safeguarding service within BCHC strives to underpin all activity with the CQC defined outcomes of Safe, Effective, Caring, Responsive and Well Led. At all levels, and across all services within the organisation, BCHC is committed to the promotion of children's welfare and to protecting vulnerable children from abuse and neglect. The systems in place include training and specialist safeguarding supervision to ensure that all staff are clear about their roles and responsibilities and are competent in safeguarding children and promoting their welfare.

Safeguarding is monitored through an accountability framework. There is a cycle of monthly, quarterly and annual reporting to the Clinical Governance Committee that includes the status of Serious Case Reviews. A monthly dashboard is reported and monitored through the Quality Governance and Risk Committee. The BCHC Safeguarding Children Sub-Committee is chaired by the Director of Nursing and Therapies and attended by designated divisional representatives. An annual work programme allows for the continuous development of practice and coordination of services in respect of safeguarding children within the divisions in the Trust.

Our Safeguarding Priorities

Practice Development

The BCHC Safeguarding model of delivery is underpinned by training, supervision and audit to ensure maintenance of a safe, effective and high quality service. In particular, membership of BSCB Learning and Development Sub-Group ensures that training packages are consistent with BSCB requirements as well as national guidance. The Safeguarding Team were also involved in delivering SCR training as part of the BSCB multi agency training team.

Child Sexual Exploitation

BCHC is committed to tackling CSE through single and multiagency arrangements. The CSE Champions model has been introduced throughout the Health Visiting and School Nursing Services. The model promotes awareness raising and advice for colleagues on CSE and the screening tools available to support early identification of young people at risk of CSE. Practitioners are supported to attend the multi-agency sexual exploitation meetings to share information and agree actions to protect young people at risk.

Multi Agency Safeguarding Hub (MASH)

BCHC has supported the Birmingham MASH through co-ordination of the health contribution on a daily basis. Contribution to multi-agency audits and partnership forums is also part of our commitment to partnership arrangements

to achieve best outcomes for children and families.

Early Help

Divisional Director of Children and Families Division represents the organisation on the Early Help and Safeguarding Partnership Board. The safeguarding team has supported the implementation of the Train the Trainer model with Team Leaders training Health Visiting Teams. This model will also be cascaded through the School Nursing Service.

Early Help and engagement workshops are available every 2 weeks for front line practitioners to access. These are led by a Named Nurse for Safeguarding Children and advertised via the Trust intranet.

The workshops are underpinned by the Signs of Safety and Wellbeing Practice Framework and toolkit. Sessions include development of practitioner skills using motivational interviewing skills, to engage with parents and carers. Confidence to exercise professional curiosity is integral to the strategy, as well as seeking and responding to the child's voice.

The principles of Early Help are reinforced in safeguarding case supervision and as a thread through all safeguarding advice and training.

Liaison between Health Visitors and Midwives is important in responding to concerns at the earliest opportunity. A joint working approach with Birmingham's maternity units is in place, including an audit of information sharing. The impact and outcomes of the Early Help Strategy will be audited.

Performance Analysis – Measuring our progress

Continual communication with divisional leads is maintained to ensure compliance with Key Performance Indicators. Family Nurse Partnership has now been de-commissioned in Birmingham.

The impact of achieving compliance is audited within the safeguarding audit plan, where concerns arise, the relevant Operational Service Lead is asked to provide assurance to the Safeguarding Sub-Committee through a rectification plan.

Looking Ahead - challenges and focus for 2017/18.

Key areas of Focus will include;

- Maintain effective partnership arrangements throughout the development of Birmingham's Children's Trust.
- Seek, Listen and Respond to the voice of the child, including children with special educational needs and/or disability, as a thread throughout all Service delivery.
- Participate in multi-agency audits to develop practice.
- Embed Birmingham's Early Help Strategy into front line practice, promoting the Lead Practitioner role within Health Visiting and School Nursing.

Birmingham Clinical Commissioning Groups (CCGs)

Introduction – Who We Are and What We Do

Clinical Commissioning groups are statutory NHS bodies responsible for commissioning a wide range of local healthcare services, including both hospital and community care provision. CCGs are GP led; every general practice in the city will be a CCG member, however CCGs do not directly deliver any care services themselves. There are currently 3 CCGs operating across the city of Birmingham.

The CCGs adopt an integrated approach to safeguarding which encompasses adult safeguarding, child safeguarding, domestic violence and mental capacity under a broad 'Think Family' agenda, with an emphasis on the promotion of safer communities and early help.

To support the delivery of organisational safeguarding responsibilities the CCGs share access to a hosted safeguarding team with specialist knowledge in issues around adult safeguarding, child safeguarding, looked after children, domestic abuse, female genital mutilation, child sexual exploitation, and mental capacity. There are designated professionals identified within the hosted team and a memorandum of understanding between the CCGs outlines the key activities and accountability structure for the hosted arrangement.

Our Safeguarding Priorities

As CCGs, we have three broad areas where we are expected to deliver our safeguarding responsibilities:

- To commission safe and effective services, supporting and monitoring the delivery of safeguarding duties within these services.
- 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.
- To support and contribute to the strategic city wide safeguarding agenda, based on a sound knowledge of the healthcare needs of the local population.

Throughout the course of 2016/17 we have demonstrably continued to deliver on these key safeguarding priorities

Large NHS providers

We have strengthened the safeguarding component of the contracts we hold with the large NHS trusts delivering hospital and community based services. All trusts are required to produce an annual safeguarding plan as part of their contract; we then look at staff training figures, case examples and patterns of safeguarding activity in order to assess whether this plan is being delivered effectively. CCG designated nurses also meet regularly with their counterparts in provider trusts and attend their safeguarding committees. During the course of 2016/17 we have seen the major NHS trusts we commission continue to demonstrate an active

commitment to the delivery of their safeguarding responsibilities.

Third sector and independent providers

The CCGs also commission services from a range of Third sector and independent providers of varying size and type, from anticoagulation services, laboratory services and minor surgery to hospices, urgent care and walk in centres, and informal counselling support services. During 2016/17 we have been reviewing the current contractual requirements and levers around safeguarding in these services, and have actively begun to build supportive relationships with their safeguarding leads. Our intention is that all parties are clear, realistic and proportionate with regard to expectations around both the delivery and oversight of safeguarding responsibilities in these services.

Primary Care

The CCGs have a responsibility to both support the development of safeguarding arrangements in primary care and to seek overview assurance that these arrangements are effective. During 2016/17 we started to develop an assurance methodology for primary care which comprises a mix of quantitative/qualitative data collection, soft intelligence, practice visits and audits. All practices have been asked to identify a named clinical lead for safeguarding and during 2016/17 the CCG have facilitated several safeguarding forums for these practice leads. The forums have proven to be a good opportunity to gather case studies/patient stories, to update on any new local or national guidance, and to obtain feedback on any issues practices may have. A safeguarding bulletin has also been disseminated on a bi-monthly basis to help update clinical leads. In addition to this, all GP practice staff are able to contact the CCG safeguarding team for support and advice on an as required basis.

Looked After Children

During 2016/17 the CCGs appointed a designate nurse for looked after children (LAC) in order to maintain oversight of the delivery of our responsibilities in this area. The quality of healthcare assessments for looked after children is being actively monitored and stronger partnership relationships have been built with the Local Authority to support system wide improvements for children in care. We now have improved resources to ensure service design and service specifications have greater attention to the needs of looked after children built in from the outset

Female Genital Mutilation

During 2016/17 as CCGs we have repeatedly reinforced the mandatory duty to report FGM through messages in our safeguarding websites and bulletins, GP forums and online training. We have also developed a communications and engagement plan for issues relating to FGM which focuses on working with a range of stakeholders to deliver key messages to the community.

Child Sexual Exploitation

We have continued to support work to combat CSE in several

ways: by providing information and awareness raising sessions for CCG staff; by facilitating the CSE Health link sub-group which runs bi-monthly at the CCG and is well attended by provider leads from Birmingham and Sandwell; by working alongside the CSE Co-Ordinators for Birmingham and in conjunction with the 'see me, hear me' campaign, giving out leaflets and engaging directly with the public; by appearing on radio broadcasts to raise public awareness of issues around CSE.

Organisational culture

During 2016/17 we have promoted and maintained a strong safeguarding awareness and culture at all levels within the CCGs. This has included the development of scenario based training sessions for CCG staff and primary care staff. Feedback from these sessions has told us that scenario based sessions are a very effective way of making safeguarding real and directly relevant for both commissioners and front line staff. We have also run awareness sessions for CCG staff on subjects such as child sexual exploitation, online safety, domestic abuse and mental capacity. We have produced written resources and promotional materials for staff and public and have promoted better awareness of safeguarding issues via our safeguarding newsletter and twitter feed

The local strategic agenda and partnership working:

The CCGs have actively contributed to the local strategic agenda and the work of Birmingham's Safeguarding Boards throughout the year, maintaining senior level representation at both adult and child boards. Members of the hosted team have consistently supported the work of various board Sub-Groups and workstreams, and as both safeguarding boards reframe their operating model we have established a safeguarding forum for the Chief Nurses of provider services in order to strategically feed into and out of the work of the boards. We have also contributed to statutory review processes as required throughout the course of the year.

Performance Analysis – Measuring our progress

The CCGs undertake an annual Section 11 audit that assists in the monitoring of progress against a number of national and regional measures. In addition for 2017/18 the CCGs have been asked by NHS England to complete a detailed Safeguarding Audit Tool (SAT). We have robust internal governance processes which ensure that key findings from both the Section 11 and SAT audits, alongside findings from contract monitoring and assurance processes, are reported through the Joint CCG Safeguarding Committee and the quality and safety committee to the governing body.

We are confident that the CCGs have continued to deliver their statutory safeguarding responsibilities, in line with both national legislation and the NHS England assurance framework. 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.

Looking Ahead - Challenges and Focus for 2017/18

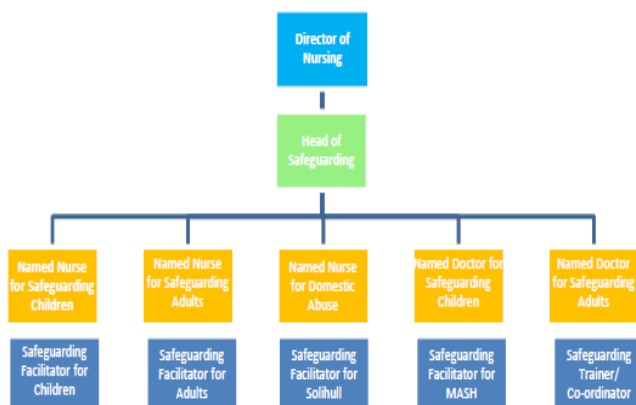
In 2017/18 our focus will be on ensuring that robust And effective safeguarding arrangements are built into the local Sustainability and Transformation Plan (STP) and that the proposed merger and reorganisation of CCGs in the city strengthens and consolidates our commitment to effective local safeguarding arrangements during a period of substantial organisational change

Birmingham & Solihull Mental Health NHS Foundation Trust

Introduction – Who we are and what we do

Birmingham & Solihull Mental Health NHS Foundation Trust (BSMHFT) provide a range of mental health services to the citizens of Birmingham aged 25 years and over. The Trust’s safeguarding responsibility predominantly relates to providing support to the children of our service users, however the trust is also responsible for safeguarding the young people to whom we offer direct care such as those within our national/regional forensic inpatient service and via RAID (Rapid Assessment, Interface and Discharge Service). BSMHFT employ a team to support organisational safeguarding which is illustrated below. (Figure 42)

Figure 42



Compliance to Working Together to Safeguard Children (2015):

Safeguarding training is a mandated requirement for all staff at the requisite level stipulated in the intercollegiate guidance.

Our training figures are displayed in Figure 43 - this is an improvement upon last year’s performance FGM and CSE training is not mandatory and is provided at level 3.

Figure 43

Safeguarding Children	Training compliance
Level 1 (all staff)	95.7%
Level 2 (clinical staff)	90.4%
Level 3 (clinical staff)	90.4%
Female Genital Mutilation	79
Child Sexual Exploitation	163

Our Safeguarding Priorities

The following are BSMHFT’s priorities as identified within their three year safeguarding strategy. Work towards these priorities is on track which is demonstrated in our Section 11 audit findings.

- Effective safeguarding structures and processes
- Mainstream safeguarding
- Development of knowledge and skills
- Learning through experience
- Engaging with service users and external agencies.

Early Help:

In order to improve adult mental health staffs understanding of their role in Early Help and to embed a whole family consideration of safeguarding, a specific focus was put upon the constant use of the SCIE 30 (2011) “Think Family Approach”. To augment this Safeguarding Team hosted and co-produced a learning event titled “Keeping Family in Mind” with partner agencies. During the reporting period our Early Help offer has been reviewed within our membership of the Early Help and Safeguarding Partnership Board and our approach to early help assessments and work streams is under consideration. Because we are predominantly an adult focused service it is difficult to comprehensively work in accordance to the early help model. BSMHFT do however provide early help support and signposting regarding adult mental health and its impact on parenting in CASS and MASH.

Performance Analysis – measuring our progress

BSMHFT safeguarding team produce dashboards to record safeguarding activity quarterly.

Figure 44 demonstrates an increase in the number of referrals recorded from RAID – this follows the introduction of specific safeguarding supervision. As first point of contact within acute emergency departments – they are well placed to assess for signs of CSE and domestic abuse and are working in partnership with Emergency Department staff to improve screening.

Figure 44

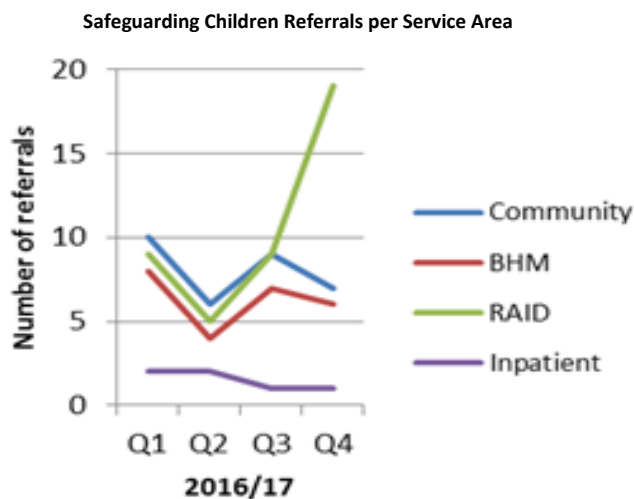
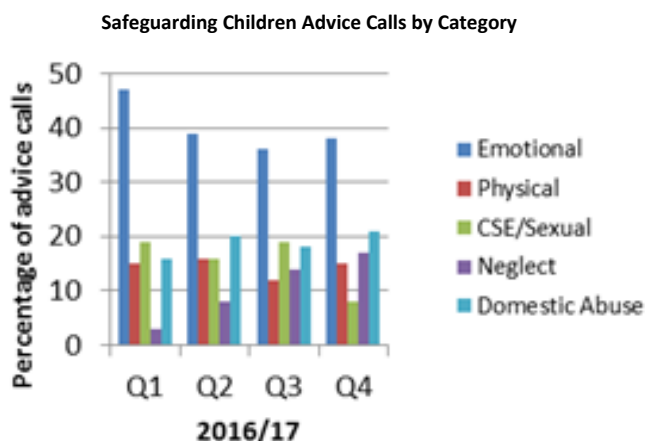


Figure 45 illustrates advice calls and referrals by category. Emotional abuse is consistently of most concern and domestic abuse is increasingly asked about following the introduction of mandatory adult/domestic abuse level 2 training.

Figure 45



Impact and outcomes for children:

The trust employ a monthly friends and family test and collect service users stories which feature the views of children. These are used to inform training. The safeguarding team conduct post incident visits to families where safeguarding concerns have been identified and involve families in incident reviews. Unfortunately, these measures are not enough to accurately measure the outcomes or the impact of safeguarding support for children in touch with BSMHFT.

Learning from SCRs: During 2016/17 BSMHFT have participated in a number of SCR and LLR panels and learning events and have circulated learning bulletins and slides to all teams for reflective practice sessions. The safeguarding team have initiated a newsletter "The Safeguardian" and have produced "Take Three" ted-talks. We have 60 safeguarding leads within clinical teams who we plan to offer quarterly training and

supervision to in order for them to distribute learning more effectively. Learning from serious incidents has influenced training and is being incorporated into practice guidance.

Looking Ahead – challenges and focus for 2017/18

Measuring Impact and outcomes for children: As mentioned above the safeguarding team have struggled to gauge safeguarding outcomes for children and young people because the service predominately serves adults. This is a priority for improvement during 2017-18.

Early Help: Supporting the Early Help agenda remains a challenge for adult services. During 2017-18 the Trust are considering how to "prompt" clinical staff to consider children as an "active issue" in consultations with adult service users who are parents. The Trust is working on an IT solution to enable this within their Family and Carers Project. Community Mental Health Teams are currently assessing whether they can participate in Early Help Panels. Previously they participated in Team around the Family (TAF) meetings.

Birmingham Women's and Children's NHS Foundation Trust

Introduction

Birmingham Women's and Children's NHS Foundation Trust was officially launched in February 2017. The Specialist Care of thousands of Women, Children and Families in the West Midlands is now united under one dedicated Trust – Birmingham Women's and Children's NHS Foundation Trust – the first of its type in the UK. While the two hospitals' names and locations will remain the same, the new united team will provide more seamless care for patients across its two sites, invest more in making greater advances in its specialist services and have a stronger voice to shape the future of family-centred care in Birmingham. The Birmingham Women's and Children's NHS Trust's Chief Nurse is the Executive Lead for Safeguarding and, therefore, oversees and steers safeguarding children arrangements. The Trust has an integrated Safeguarding Team and together they function to ensure that the Trust is meeting its statutory responsibilities to safeguard and promote the welfare of children and adults. The team has direct links into corporate and service directorate governance arrangements. The Trust has committed to significant investment in the Safeguarding Team creating a resilient, experienced and knowledgeable integrated team.

Birmingham Children's Hospital

Birmingham Children's Hospital is proud to be the UK's leading specialist paediatric centre caring for sick children and young people between 0-16 years of age. Our services offer 34 specialities and include one of the largest Child and Adolescent Mental Health Services in the country and 0-25 years Forward Thinking Birmingham mental health services.

Figure 46



Safeguarding Priorities

The BSCB Section 11 Peer Review on 25th April 2017, recognised our achievements:

- Developed a Domestic Abuse Policy for staff who are themselves involved in domestic abuse and formed a working group to further enhance our practice in this important area.
- Updated child protection policies and procedures in line with current legislation.
- Developed a planned structure for safeguarding supervision.
- Enhanced our training arrangements with regards to our duty in prevent radicalization

Areas of development included:

- FGM training has been developed and training has commenced within those areas most likely to see patients that have experienced FGM. Baseline monitoring of training uptake and further embedding of FGM training across BCH.
- A domestic abuse pathway has been developed supported by training to enable staff to appropriately support families where there is domestic abuse.
- Improved liaison between BWH and BCH in the transfer of babies between BWH and BCH. BWH and BCH are developing a process and pathway that ensures clear communication between sites and safe transfer.

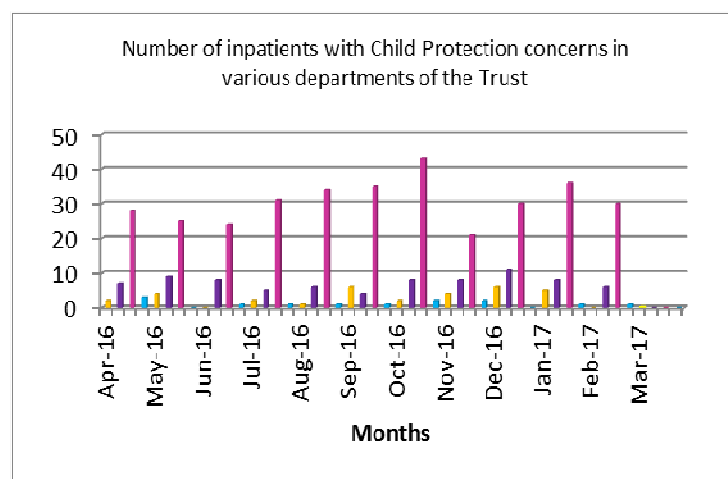
Performance analysis

In line with our strategic objective: *“Every member of staff at Birmingham Children’s Hospital will be looking for, and delivering better ways of providing outstanding care, at better value”*, our staff continue to successfully identify vulnerable children who either require additional support or are suffering or at risk of suffering significant harm and hence require a

referral to Children’s Social Care.

Figure 47 indicates the number of children we admit with child protection concerns who are already subject to a child protection plan, care proceedings, or where new child protection concerns arise during their clinical care. The child protection concerns might be obvious on admission or may be identified during their admission. We are in a privileged position to be able to facilitate a direct disclosure from a child when they feel unsafe or be able to observe child/parent interaction, which may raise concerns about the parenting capacity. This demonstrates our commitment to taking the appropriate action and safeguarding and promoting the rights and welfare of children and young people. On average, we receive 40 referrals per month from our Paediatric Intensive Care Unit, Burns Unit, wards and our CAMHS in -patients. This data is in keeping the trend over the past few years.

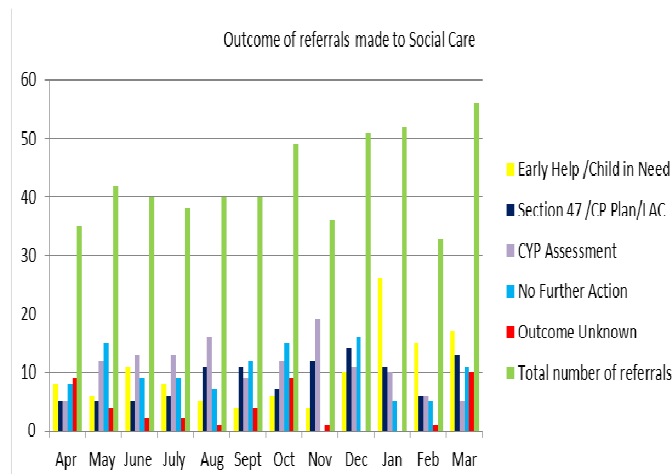
Figure 47



We have strengthened our communication systems with Birmingham MASH in respect of getting better feedback for the referrals that we have made. This can be evidenced by the decrease in the number of referrals with an unknown outcome since November 2016.

The graph (figure 48) reflects the introduction of Early Help as a BSCB strategic priority and we saw a sharp rise in January and February. As a Trust we have embraced “Early Help” and have developed a rolling programme of training and a recognised “Early Help” designated lead.

Figure 48



Whilst the “early help” response outcome to referral is increasing the number of Section 47 Investigations and Child and Young Person’s assessments remain in proportion and there are a number of cases where they was no further action taken as a result of the referral. The possible reasons for this are that the child may have died, the injuries sustained by a child were not thought to be accidental after further medical investigations or the family were already receiving appropriate support from other agencies.

Section 11 Duty to Safeguard

As a Trust, we have a statutory duty to assess how well we are fulfilling our obligations to safeguard and promote the welfare of children under Section 11 of the Children Act 2004. This requirement is met through a regular cycle of online self-audit provided by the BSCB

Our audit indicates that we have continued to make excellent progress in all aspects of Section 11 of the Children Act 2004. We scored 100% in 11 of the 13 key areas included in the audit and have a robust action plan in place where we felt improvement is required

Management commitment and delegation	100%
Policies and procedures	100%
Accountability Framework	100%
Services to children, young people and families	100%
Training	100%
Supervision	100%
Safer recruitment	100%
Working with agencies	100%
Information sharing	100%
Restraint	100%
Addressing domestic violence	75%
Addressing child sexual exploitation	100%
Addressing radicalisation	83%

We are proud that we have:

- Developed a Domestic Abuse Policy for staff who are themselves involved in domestic abuse and formed a working group to further enhance our practice in this important area.

- Updated child protection policies and procedures in line with current legislation.
- Developed a planned structure for safeguarding supervision.
- Enhanced our training arrangements with regards to our duty in prevent radicalisation.

Internally, we use our robust Governance processes to assure the organisation of our effectiveness:

- A monthly report to the Trust Board which has been regarded as best practice by BSCB. We present a summary of key performance indicators and a sample child’s journey, to measure and review our success.
- A detailed quarterly report to our Clinical Risk and Quality Assurance Committee and our Trust Safeguarding Committee.
- A monthly summary of key performance indicators to our Clinical Commissioning Group.

Looking ahead - challenges and focus for 2017/18.

- The integration of the BW&CH 2017 offers new opportunities for the development of a unified Safeguarding Service across the Trust.
- Our Early Help offer needs to be developed further and embedded across the Birmingham Women’s and Children’s Trust.
- The decommissioning of the paediatric health visitor service needs to be addressed and whilst we have an interim solution we need to develop a robust, sustainable resource that ensures the safety of all children and young people accessing our services.

Birmingham Women’s Hospital

At Birmingham Women’s Hospital we continue to provide excellent healthcare for women and their babies; support the health of women through their pregnancy, childbirth, and the postnatal period. Our care ranges from highly specialist clinical interventions to personal care for women with uncomplicated, low risk births. Our care for the mother continues to be complemented by support for babies, including very specialist neonatal care where clinically required.

We support gynaecological health and reproductive services and provide services for women and their partners who need medical or surgical healthcare, either because they may be trying to conceive or because of disorders of the female reproductive system.

We also provide a range of highly specialist clinical and clinical support services. Our specialist focus means a number of our services are not only regional but national centres of excellence. These include the fields of laboratory and clinical genetics, perinatal pathology and specialist fields of perinatal medicine such as Fetal Medicine the UK.

Birmingham Women’s Hospital publish a declaration of our systems for the safeguarding of children and young people. This includes unborn babies and adults and is available on the Trust website.

Figure 49



Our Safeguarding Priorities

The following areas were considered as good practice:

- Safeguarding Supervision has been embedded into practice for caseload holding Community Midwives.
- The Safeguarding Team Specialist Midwives and Nurses receive external Safeguarding Supervision from the Designated Nurse Team.
- The Trust Safeguarding Committee Terms of Reference were agreed and a joint BWC Committee established.
- The Safeguarding Strategy was completed. It is supported by a two year Work Improvement Plan that aligns itself to the key priorities of the BSCB and the Birmingham Safeguarding Adult Board (BSAB).
- The Trust has developed an audit programme which incorporates a safeguarding audit plan to provide assurance that safeguarding systems and processes are working and that lessons are being learnt from incidents and complaints.
- The Safeguarding Training Strategy was completed in line with the Safeguarding Children and young people: roles and competencies for health care staff Intercollegiate Document 2014.
- Safeguarding Training is now delivered on Induction for all new staff.

The areas for improvement are as follows:

- To embed the Birmingham Early Help Strategy into practice.
- To continue to raise awareness of CSE.
- To embed the BSCB Child Sexual Exploitation Strategy and Framework into practice.

- To continue to strengthen safeguarding audit and quality assurance systems so that we continually monitor and improve the safety of children and adults in our care.
- To ensure that the 'Voice of the Child' is considered and that systems are in place to engage with, involve, see, listen to, and respond to children, young people.
- To ensure that all recruiting managers at BWH are trained in 'Safer Recruitment'.

Safeguarding Training 2016-2017

Training is regularly updated to incorporate new procedures. Staff are encouraged to attend multi-agency safeguarding training and utilise the training provided by the BSCB. The Safeguarding Team facilitates face to face Level 1, 2 and 3 Safeguarding Children and Safeguarding Adult Training and PREVENT Level 1 basic awareness and Health Workshop Raising Awareness of Prevent (WRAP 3) on the Trust Induction Programme for all new staff and as part of a three yearly update programme. Staff are directed to complete all safeguarding eLearning within the local induction period of 28 days. The Safeguarding Team is currently developing e-learning programmes to consolidate and assess competence.

The Safeguarding Team have delivered bespoke training to teams such as the 'Abortion Care Service' and 'Block Midwifery Training' which have all been well received. These bespoke training sessions have included Child Sexual Exploitation, Domestic Abuse and Learning Disabilities. Delegates were asked how they would implement what they had learnt, they said that they would, "make referrals more effectively", "refer as early as possible" and "if unsure seek advice from the Safeguarding team".

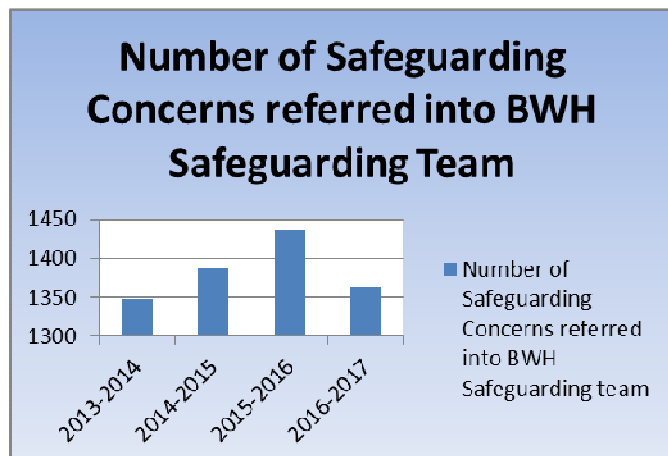
Trust Service Directorate Managers are responsible for ensuring that their staff are compliant in Safeguarding Training. Training is reported in Managers Performance and Government Reports.

Safeguarding Training 2016-2017

The number of safeguarding concern referred into the Hospital's Safeguarding Team has escalated annually, what is also significant is the increase in the complexity of the lives of the children, young people and their families. This was reflected in the BSCB Annual Report 2014 – 2015 which acknowledged the scale and size of Birmingham's challenges and the high proportion of children and families living in poverty creating significant difficulties in meeting the high levels of need for additional support.

In total we received 1362 safeguarding concern referrals for the year 2016-2017 (Figure 50). The annual figure has decreased from 2015/2016 but remains significant illustrating that our staff have been appropriately trained to identify vulnerable women, young people & children.

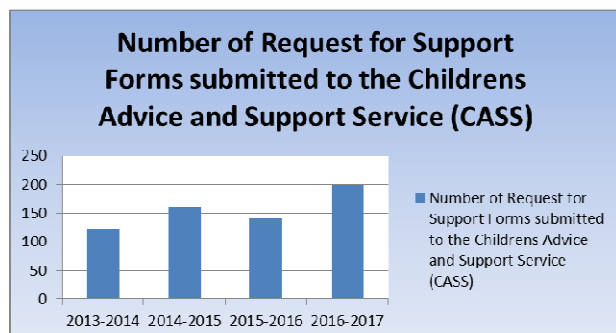
Figure 50



The safeguarding concerns received were in relation to issues of Domestic Abuse, Substance Misuse, FGM, Teenage Pregnancy, CSE, Mental Health, Learning Disabilities, and Learning Difficulties. Referrals are received in the main on a safeguarding cause for concern. These forms are utilised by all departments, the majority of which are received from community Midwives and shared with our Health Visiting colleagues to ensure information sharing. The quality of the cause for concern forms are audited as part of the audit plan.

There has been a significant increase in the number of formerly Multi-Agency Referral Forms (MARF) and more recently Request for Support Forms to CASS for Child Protection concerns by BWH staff in 2016/2017 (Figure 51)

Figure 51



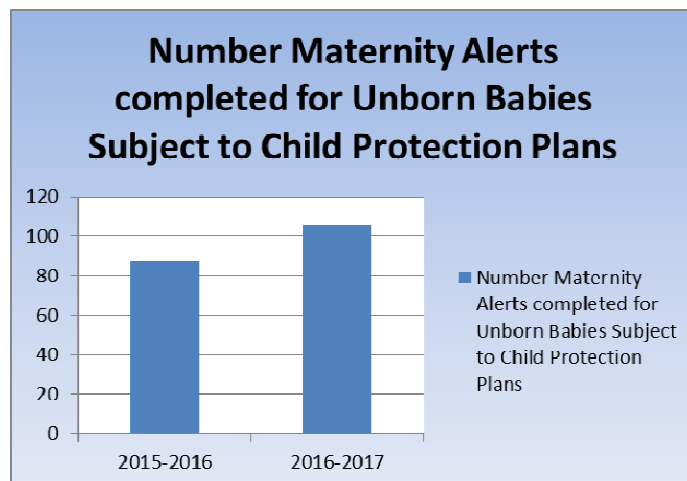
The largest proportion, 48%, of Request for Support Forms have led to an outcome of babies being discharged home with Mum, which is the best outcome and could be attributed to early intervention. However, a significant number of referrals, 29%, have led to babies being discharged into Foster Care, where significant risks have been identified by BWH staff.

Removing babies from Mother's care can be challenging for midwives and the importance of safeguarding supervision cannot be underestimated.

Birmingham Women's Hospital provides care for families throughout the West Midlands therefore in addition to

families where a child or unborn is referred to Children's Social Care by BWH staff, we also manage those with child protection plans from outside of the city who are receiving care at BWH. The majority of referrals are in relation to unborn babies and neonates; however we also provide care for young people: teenage pregnancies and adolescent gynaecology. (Figure 52)

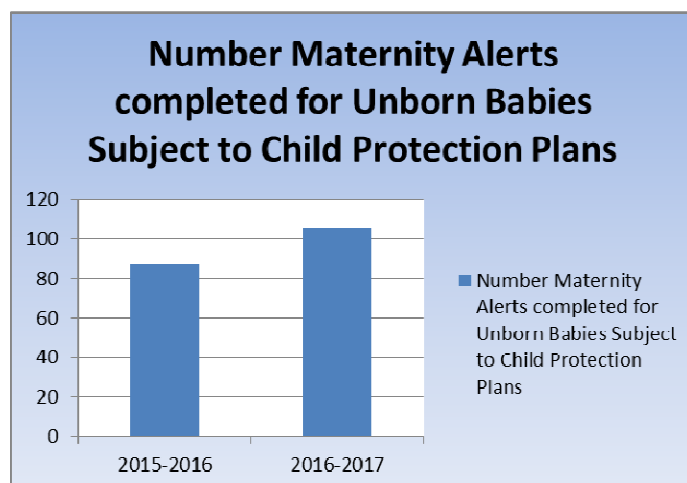
Figure 52



There had been an increase in the number of Maternity Alerts completed for unborn babies subject to Child Protection Plans.

Maternity Alerts provide information with regards to the Birth and Discharge Plans for all unborn babies subject to Child Protection plans. (Figure 53)

Figure 53



We conduct quantitative audits to gain an understanding of particular aspects of our safeguarding practices. The Audits evaluate our practice and gives us an understanding of where we need to improve services and appropriate methods to do so. Quantitative audits are used to assess adherence to particular aspects of safeguarding policies and procedures.

The retrospective Domestic Abuse Audit was completed in 2016 its aim was to audit the documentation and management of Pregnant Women who were asked the Routine Enquiry Questions regarding Domestic abuse or who disclosed Domestic Abuse at Birmingham Women's Hospital.

There were 11 recommendations, all actions are now complete.

Section 11 Duty to Safeguard

As a Trust, we have a statutory duty to assess how well we are fulfilling our obligations to safeguard and promote the welfare of children under Section 11 of the Children Act 2004. This requirement is met through a regular cycle of online self-audit provided by the BSCB.

Our audit indicates that we have continued to make excellent progress in all aspects of Section 11 of the Children Act 2004. We scored 100% in 10 of the 13 key areas included in the audit and have a robust action plan in place where we felt improvement is required

Management commitment and delegation	100%
Policies and procedures	100%
Accountability Framework	81%
Services to children, young people and families	100%
Training	100%
Supervision	100%
Safer recruitment	85%
Working with agencies	100%
Information sharing	100%
Restraint	100%
Addressing domestic violence	100%
Addressing child sexual exploitation	75%
Addressing radicalisation	100%

Looking Ahead - challenges and focus for 2017/18.

The safeguarding agenda is now shared across both hospitals whilst keeping the recognition that the women, children and families who access our services will have unique needs. We now have one BWC Safeguarding Committee that reports into our Quality Committee which has strengthened our governance. Site specific safeguarding teams have recognised the benefits of sharing resources, expertise and joint learning opportunities. The joint delivery of Early Help Training being an excellent example of how the team has worked together. In 2018 the Section 11 will be addressed as one improvement plan. Our educational programmes will be available on the Trust's eLearning platform 'Moodle' as part of integration as the Birmingham Women's and Children's NHS Foundation Trust. We have a new leadership role who will provide strategic leadership to the team.

This will be an exciting year for us as we capitalised on the breadth of our safeguarding expertise to ensure that women, children, young people and families within our care remain safe and supported to achieve their potential.

Heart of England NHS Foundation Trust

Introduction – Who we are and what we do

Heart of England NHS Foundation Trust is large provider of health services for residents of Birmingham and work closely with the BSCB and other local partners to safeguard children. Services provided include: Emergency Care, Maternity and Neonates, Acute Services for Adults and Children and Community Services in Solihull (a neighbouring Local Authority).

Annually, the Trust sees and treats 1.2 million people and has over 261,000 attendances to the Emergency Departments 63,127 of which are under the age of 19 years, approximately 10,000 new births annually and sees 110,000 children (0-18 years across in and out-patient services). As a NHS organisation we have explicit statutory duties to promote the welfare of children and to protect them from harm (these are detailed in Section 11 of the Children Act 2004).

Our frontline staff identify and address welfare and safeguarding needs in children and families on a daily basis.

Our Safeguarding Priorities.

In order to achieve the best outcomes for children we have a clear safeguarding strategy that aims to:

- Maximise engagement of our staff at every level in the delivery of effective safeguarding.
- Nurture and develop the safeguarding capacity and capability in our workforce by providing excellent education and development opportunities.
- Ensure that children are always listened to.
- Establish a culture of continuous inquiry and 'testing out' of the effectiveness of our safeguarding arrangements through audit and triangulation of information.
- Prioritise and build on productive partnerships with our colleagues from other agencies.
- The Trust works closely with 3 Safeguarding Children Boards, Birmingham, Solihull and Staffordshire to ensure that our efforts in safeguarding are coordinated with those of other agencies.
- During 2015/16 the Trust increased investment significantly in the safeguarding specialist workforce in recognition of the size and complexity of the Trust and the vulnerability of some of our children and families.

During 2016/17 the areas for focus within HEFT were:

- Increasing the numbers of front line staff receiving regular safeguarding supervision.
- Improving the quality of information shared in requests for social work services.
- Delivery of education and learning in relation to all aspects of safeguarding but in particular establishing expertise in the recognition and response to CSE and

Early Help Assessment in key areas.

- Seeking the views of our service users and using this in service improvement.
- Reviewing and updating policies.
- Increasing safeguarding audit particularly at transition points in services to test out how well we implement policies and best practice.
- Establishing an increase in the Domestic Abuse infrastructure with an improved offer in relation to related training and advice.
- Implementation of Child Protection Information Sharing Project. (CP-IS).

Early Help

During 2016/17 we defined our Early Help Offer with a commitment to increase contributions to Early Help Assessment and plans from key services (*those that have on-going involvement in children and families lives*) including community and specialist midwives, neonatal nurses and clinical nurse specialists in paediatrics. In addition the Trust reviewed how early help activity could be captured and collated.

The Trust is implementing an Early Help Learning and Development Plan and is due to report back to the BSCB in relation to this in October 2017.

As the Trust aligns maternity services as part of the Birmingham STP BUMP project there is the need for further discussion regarding the role that midwives will fulfil in delivery of Early Help across the City.

Performance Analysis – Measuring our progress - Measuring Impact

The Trust produces quarterly performance assurance reports which are reviewed internally at Safeguarding Committee. The Trust reports internal performance against: all of the statutory and regulatory requirements for safeguarding; the levels of safeguarding activity within the Trust and compliance with all key performance indicators.

Below are some highlights to illustrate the performance in the Trust during 2016/17.

Safeguarding Supervision

Each year, since 2012, there has been an increase in the staff groups receiving regular supervision. The Trust achieved at 98% compliance rate with supervisory requirements for staff groups requiring safeguarding supervision in 2016/17.

Frequency of supervision is quarterly for most staff groups but daily supervision is provided to paediatric staff working with **live** safeguarding cases and weekly to the Neonatal Areas. All supervision is provided by safeguarding specialist nurses who have undergone additional supervision training from an accredited partner (eg NSPCC).

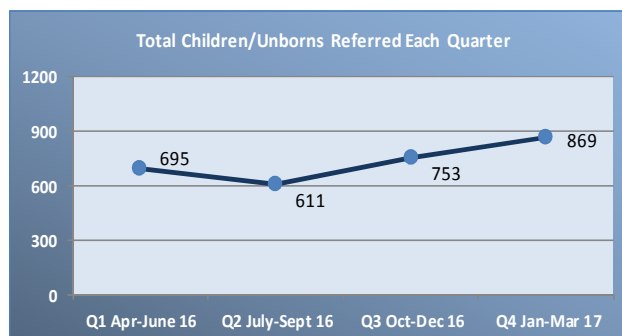
Safeguarding supervision is positively received by staff and a record of it is retained in the child's medical records to

provide evidence of the contribution it makes to professional decision making and the overall outcome for the child.

Requests for Social Work Service -Activity and Quality

Figure 54 illustrates the numbers of children where a request for social work services was made over a 12 month period. 75% of requests for Social Work Service generated at HEFT relate to Birmingham children.

Figure 54



The quality of information shared at the point a request for service is an area for focused improvement for the Trust and quality is monitored via internal audit of each individual request for service form. Figure 55 indicates a reduction in the percentage of requests for service deemed to provide poor quality information.

Figure 55

Qtr 3 2015- 16	Qtr 4 2015- 16	Qtr 1 2016- 17	Qtr 2 2016- 17	Qtr 3 2016- 17	Qtr4 2016- 17
19%	25%	9%	8%	4%	4%

Community Midwives and Paediatric Nurses regularly demonstrate that they produce high quality requests for social work services. In Quarter 4 2016/17 59% of requests for Social Work Service Forms were deemed to be good quality; 13% were deemed to be outstanding and 25% were judged as adequate. The improvement in the quality of information shared has been achieved by ensuring this is a focus of all safeguarding training targeted workshops in particular areas.

CSE referrals are reviewed each quarter and in quarter 4 2016/17 100% of CSE referrals were accompanied by the required screening tool.

Response to requests for service from social work

Feedback in relation to response for the request for service is reliably received where requests are handled within the MASH. Feedback is not reliable from CASS.

This has been highlighted via the MASH partnership group.

30% of HEFT requests for social work service receive a

social work led response. In 50% of referrals outcomes remain unknown at the end of quarter and 92% of the outcomes unknown related to Birmingham Local Authority. This is an area we are keen to improve and have discussed at MASH Partnership Forums. From quarter 2 2017/18 onwards CASS will be returning to us cases where the referral is deemed to require early help assessment. For those children where a health visitor is involved they will also be copied in. For school age children there will be a gap. Where our services can (eg Maternity, Neonates of Paediatric long term involvement) Early Help Assessments will be completed by these services.

Seeking the views of our service users and using this in service improvement

Patient stories are developed each quarter looking at the outcome of safeguarding intervention from a child's perspective.

Education and Development

Annually the Trust produces a detailed Training Needs Analysis and reports quarterly on how this is being achieved. There has been a particular focus on ensuring staff can identify and address CSE during 2016/17.

Safeguarding Audit

Annually the Trust produces a very comprehensive safeguarding audit programme and reports quarterly on the learning generated.

Section 11 Audit

The Trust participates in an Annual Peer review with other NHS providers to confirm and challenge the assessment completed. This determines the priorities for improvement annually.

Looking Ahead - challenges and focus for 2017/18.

Particular priorities are:

- Improve the notification of outcomes from CASS
- Ensure appropriate early help offers to families in receipt of suitable HEFT services.
- Increase the education and development of staff in relation to clinical holding.
- Increased scrutiny of attendances of high risk groups including frequent attenders and 16-18 year olds.
- Maintaining education and development programme that meets the needs of staff and patients and takes into account new areas of safeguarding focus including domestic abuse.
- Exploring the safeguarding implications of transfer of services/organisational changes on safeguarding arrangements. This includes addressing the impact of the loss of the Paediatric Liaison Service.
- Maintaining the focus on audit to test out the effectiveness of safeguarding arrangements
- Maintain and improve the involvement of children and young people.

National Probation Service

Who we are and what we do

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 around 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

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.

Performance analysis

In common with most public sector agencies, we are subject to a broad range of performance measurement. 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 re-release licence, we completed reports to secure their immediate return to custody within the 24 hour time limit in 96% 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 88% 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 2017/18

For some time, the National Probation Service have lacked an audit capacity. A new Quality Development Officer role has been introduced for 2017/18, however, which will help us re-establish a stronger audit theme in our work. We are introducing an assurance tool to help develop the quality of our safeguarding referrals, when staff are concerned that a child may be at serious risk of harm. We have also further developed our level 2 child safeguarding training, which incorporates significant material about domestic abuse. This has been based on feedback from practitioners, who undertook the training over the past two years. We are reviewing our approach to staff supervision, to ensure that the core focus is regular management oversight of high-risk cases, including those where the concern is risk posed to children.

The Royal Orthopaedic Hospital Foundation Trust

Introduction – Who we are and what we do

The Royal Orthopaedic Hospital (ROH) Foundation Trust is a specialist orthopaedic centre treating the local population and people from across the UK and internationally. For more than 100 years the Royal Orthopaedic Hospital has been fondly referred to as the “Woodlands”. It is nationally recognised as a centre of excellence for the treatment of bone.

The Trust employs 1010 substantive staff and 120 volunteers. It works closely with local partners including Birmingham Children’s Hospital and University Hospitals Birmingham to ensure that best orthopaedic practice is shared across the local health community. Our patients benefit from a team of highly specialist surgeons, many of whom are nationally and internationally recognised for their

expertise. Our links with other local hospitals ensures that we can draw on their expertise if our patients require it. In 2016/17, the Trust treated 13,973 admitted patients and 67,181 outpatients.

The Director of Nursing and Governance is the Executive Director Safeguarding Lead. The Trust board is provided with updates and reports to identify requirements to develop and improve children and young people’s protection. The chair of the Trust Safeguarding Committee attends the Trusts Quality Safety Committee quarterly, to provide assurance and receive challenge. The Trust has in place arrangements that reflect the importance of safeguarding and promoting the welfare of children. The Trusts professionals’ link/champions group forum has a range of members, including clinical and non-clinical to provide greater influence on change and improve knowledge and practice. The forum reports up to the safeguarding committee.

Our Safeguarding Priorities

Was not brought (WNB) - pathway developed for staff for children not brought to appointments. This has included the amendment of documentation and the development of flow chart for staff to ensure clear and consistent approach. This been from learning from reviews of cases and management overview, also from learning from national serious case reviews.

Documentation – the roll out purple documentation for ease of identification and information sharing purple documentation has been embedded within the Trust to enable recording for safeguarding concerns and care planning as part of child and young person’s records /notes. This has been as positive in external visits and staff audit.

CSE awareness day 2017- Roadshow on 17/03/2017 was held with support from the Named Nurse for CSE South Birmingham. CSE Named Nurse for south Birmingham came to facilitate training/case study discussion on 27th June 2016, Patient story was presented to Trust Committee May 2016 highlighting what was good about the care, areas for improvement

Domestic Abuse -Policy for the Trust has been approved and internal training for staff has been incorporated into all safeguarding training. The Trusts action plan in line with local strategy progress has been monitored by the safeguarding committee.

Performance Analysis – Measuring our progress

Feedback from parents and children has been, “someone taking the time to listen to them” has had a major impact. Trust staff acting to prevent children and carer risks and concerns escalating, the importance of signposting to agencies to help support and provide appropriate guidance and assistance and Early Help.

There have been no serious incidents involving children and young people involving the Trust this year that have required a full review. Internal management reviews have been undertaken as requested none required the Trust to take

further action as nil returns as Trust had not involvement with child or persons identified.

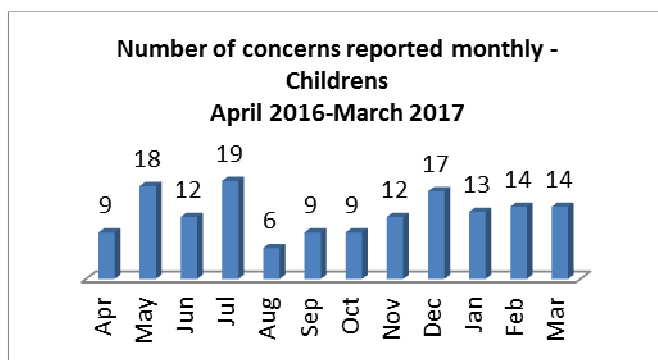
Trusts safeguarding team members have attended and actively participated in board events including: Practitioner Forums, CSE Group, the feedback and bulletin from forum is shared with Trust committee members and shared via Trust communication team and intranet.

Summary of safeguarding activity

A total of 152 contacts /concerns have been raised with the lead and named nurse for safeguarding regarding children and young people. Below is a breakdown. This shows and increase in comparison to previous year's total which a total of 92 concerns/contacts was.

Figure 56 shows the monthly breakdown during 2016/17 for children concerns and contacts

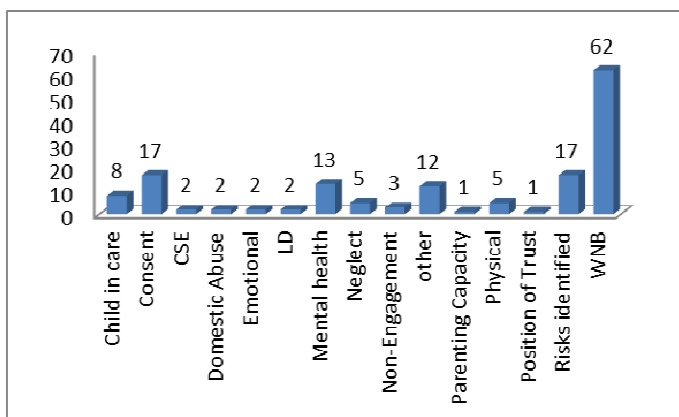
Figure 56



Data source – ROH internal issues log /16-17

Figure 57 shows the categories of concerns raised with the safeguarding service staff April 2016 to March 2017.

Figure 57



Data Source – Trust safeguarding internal issues log

Was not brought (WNB) being the highest this is following focused work with staff to ensure that children not seen are being followed up, this is also learning from serious case reviews and lessons learned cases locally and regionally.

Trust has updated appointment letters, staff have been involved in updating and reviewing current processes and documentation.

The other category included contacts with team about, out of area concerns, accessing services, school issues highlighting, the need for Multi-agency working and identification of support. The importance of not dismissing someone who believes there may be a safeguarding concern.

Children's voice

One of the ways in which we have tried to ensure the child's voice is heard was them helping us in the recruitment of children nurses in March 2017. Children from Saint Brigid's Roman Catholic Primary School helped us in hearing what children thought was important as a nurse caring for them, questions from their sessions were used in the interview and assessment of candidates, below is a the link to the Children's Interview Panel film <https://www.youtube.com/watch?v=p3QK3anlyfw>

Patient stories cases used in training with staff, audit referrals also reviewed evidence of the child's voice being sourced. Children stories have been taken to the Trust board general meetings. The importance of the child's voice is reinforced in all internal training delivered.

Section 11 Duty to Safeguard-

Section 11- Safeguarding Self-Assessment Audit and Peer Review Event undertaken in April 2017. Overall Feedback received was good commitment to Section 11. All planned actions-most of these have been completed. Feedback was that the commitment was clearly evidenced as part of Section 11. Progress 83%, Score 89%, Overall Grade 3.

Looking Ahead - challenge and focus for 2017/18

Learning Disabilities Care and Service

Specialist nurse recruitment has been supported by the Trust to improve the care and pathway for patients with learning difficulties/disability. To ensure care in line with local and national best practice and services and access improved, along with staff education. Trust strategy 2017/2018 to be formulated and shared.

Transitional Care roll out and embedding policy and processes

To build on the work in ensuring a smooth a safe transition for patients, this will include roll out of Ready, Steady, Go documentation; also information and support for young people and parents and carers in preparing them for adult care services.

Domestic Abuse

To strengthen our care provision and access; to provide staff with training on direct questioning, and DASH assessment tool. To ensure patients and staff are protected and supported, working with external partners to provide this training. Audit to undertaken and findings shared with wider Trust.

Child Chaperone Policy for the Trust

Policy to be drafted ratified for the Trust with implementation plan; in line with best practice and evidence in Section 11 audit tool.

Sandwell & West Birmingham Hospitals NHS Trust

Introduction

Sandwell and West Birmingham Hospitals NHS Trust (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. Safeguarding children remains a key priority for SWBHT and it fulfils its statutory obligations within Section 11 of the Children Act (2004) demonstrating a strong commitment to safeguarding children by our accountability and reporting structure. The Chief Nurse is the Executive Lead for safeguarding children and key member of the BSCB with a continued focus of appropriate representation at BSCB and its Sub-Groups. Assurance and quality is demonstrated through internal accountability structures and programme of review via internal committees. This includes quarterly reporting to our Patient Safety Committee on compliance with Care Quality Commission recommendations following internal inspection, safeguarding children training and supervision with monthly reports to Clinical Governance on all the SCRs, Independent Management Reviews and DHRs SWBHT are involved in. The Safeguarding Children Operational Group reports directly to the joint Adult and Children Safeguarding Steering Group chaired by the Chief Nurse. We have an established Safeguarding Children Team with Named and Lead professionals to support our workforce as defined in Chapter 2 Working Together 2015. 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.

Safeguarding Priorities

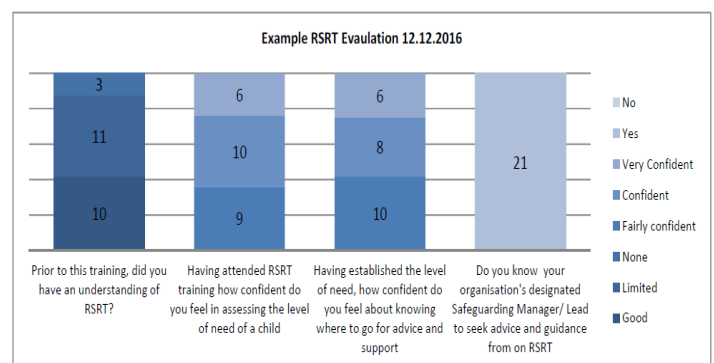
The joint ED Advocacy pilot with Black Country Women's Aid continues to demonstrate positive outcomes in increasing the visibility of domestic abuse in ED. During the year 141 individuals have been identified as victims of domestic violence and abuse (DVA) which brings the total number of referrals for support to over 259. Interim analysis has shown that 41% of these individuals were previously unknown to any other services as victims of DVA and found to be multiple attenders in ED. In addition, a significant number of victims identified were from Black and Minority Ethnic groups which previously had not been representative in groups accessing domestic abuse services.

Our DVA Policy supports routine questioning in key areas such as ED, health visiting, maternity, sexual health services and paediatric areas. The team continue to support the DVA screening process in Sandwell MASH to ensure a robust risk assessment is undertaken in order to safeguard victims and their children.

During 2016/17 we have delivered bespoke 'bite-size' CSE training jointly with Barnardo's to ED and Paediatric wards. We are an active participant in Birmingham's CSE Group and 'flag' all children and young people known to Sandwell's CSE Team on our electronic patient record (EPR) which is particularly relevant for ED staff where children may present as victims of CSE. We provide health information to Birmingham CSE Team when children at risk of CSE are discussed and may have received services from SWBHT; further work is required to ensure that we receive feedback on CSE risk.

Right Service Right Time is embedded within our mandatory single agency Safeguarding Children training programmes and evaluation demonstrates staff has a good understanding of the thresholds and Early Help offer (Figure 58) utilising universal and universal plus support provided by our health visiting team and allied health professionals. This is supported further by the Paediatric Liaison Service (PLS) and onward notification of < 18 ED attenders.

Figure 58



We continue to embed the Child Protection Information Sharing Project (CP-IS) into systems in unscheduled care settings across the Trust.

Quality Assurance/Performance Section 11 Compliance

Completion of the Section 11 audit for BSCB demonstrated compliance with all relevant aspects of the Section 11 audit. The Prevent agenda remains high profile with final ratification of the Prevent Strategy imminent.

Serious Case Reviews/Domestic Homicide Reviews

SWBHT has a responsibility to contribute to all stages of the process for undertaking SCR/DHR's commissioned by BSCB when there has been involvement with SWBHT services. SWBHT has had involvement with 1 SCR and 1 DHR since April 2016; there have been 9 scoping requests to determine if SWBHT has had involvement in the case.

Advice and Support

The Named Nurses and Midwife provide advice to staff when concerns have been identified and provide support to Health Visitors and Midwives on the completion of court reports; this includes advice, training and quality assurance of reports prior to submission. During 2016/17 support has

been provided in the completion of 69 reports.

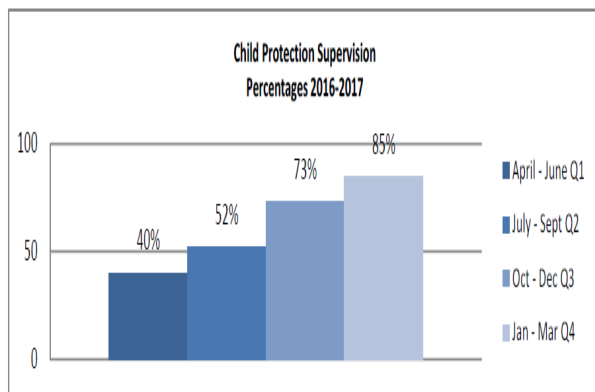
Safeguarding Single Agency Children Training

Overall compliance for Level 2 is 79.01% which is an increase on the previous year of 73.3%. For Level 3 there has been a marked increase from 73.34% in 2015/16 to 90.62%. We are currently reviewing delivery of our training programmes and moving towards a blended approach which includes access to eLearning in addition to accessing multi-agency training.

Safeguarding Children Supervision

The Safeguarding Team delivers a programme of supervision for Health Visitors and Midwives following peer review of our Section 11 Audit in 2016 extended to acute paediatric areas in form of peer/case review. There has been a steady increase during 2016/17 following the appointment of the vacant Named Nurse post in June 2016 (Figure 59)

Figure 59



Challenges/focus 2017/18

- Maintain effective partnerships and representation at BSCB and its associated Sub-Groups
- Secure substantive funding for the IDVA ED project
- Embed CP-IS across all settings (to include the FGM Alert system)
- Continue to progress the action plan following the Section 11 peer review challenge in April 2017
- Maintain and improve single agency training compliance
- Continue to maintain a focus on the 'voice of the child' and service delivery/response
- City Council decision to remove PLS service and impact and risk this has for safeguarding children attending ED

Introduction-Who we are and what we do

Staffordshire and West Midlands Community Rehabilitation Company (SWM CRC) supervises offenders in the community, those subject to a Court Order and those released from prison on licence. Since the 1st May 2015 the CRC has been responsible for the supervision of all offenders sentenced to under twelve months custody and for their post sentence supervision. SWM CRC is now divided into four geographical clusters:

- Birmingham
- Coventry and Solihull
- The Black Country
- Staffordshire and Stoke on Trent

Our role is to:

- Protect the public
- Reduce re-offending
- Enforce the punishment of offenders
- Uphold the interests of victims of crime
- Rehabilitate offenders to lead law-abiding lives

At any one time SWM CRC is responsible for the supervision of over 13,000 adult offenders and the caseload is made up of men and women over the age of 18. Offenders are sentenced by a Court to a single Community Sentence with one or more requirements. Courts are advised by the National Probation Service and CRCs implement the sentences of the courts where the offenders are identified as posing a medium or low risk of harm to potential victims. The CRC does not work directly with any person under the age of 18. The Youth Offending Service are now responsible for providing Community Payback to those offenders aged between 16 and 18.

In 2016/2017 the CRC focused on a period of stabilisation following the Government's Transforming Rehabilitation Agenda, which led to a significant restructure. We introduced a new Delivery Model in early 2017 and launched it in the Birmingham Office as a Market Place Event, which was very successful.

The new operating model is an estates led strategy which places Service Users at the heart of everything we do. The first operational office in Birmingham has now moved into a new central location and for the first time all six operational sites are based in one hub. The Hub also incorporates some of our new teams including the Housing and Welfare Team, The Peer Mentoring Team and the Education, Training and Employment Team. We have established a Through the Gate Resettlement team based across the Prison Establishment and have for the first time we have employed ex-offenders as CRC Community Support Workers. Our ambition is to employ ten ex-offenders over the next four years. We have also created a specialist Women's Team, where there is a concentration of safeguarding issues and we have a contracted partnership with Women's Aid to work jointly with this group. We continue to have one named Performance Delivery Manager, who has a specific safeguarding role. We ensure

safeguarding is a standard item on all meeting agendas and we review all the learning lessons Bulletins with teams. We have until recently published bi-monthly local Safeguarding newsletters. We have subsequently however decided to stop publishing these and in its place we have created Effective Practice Fora where we can have face to face discussions about safeguarding matters. We have two named Practitioners who attend the LSCB practitioner forum and feedback, via our face to face weekly briefing, all pertinent safeguarding matters.

The Regional Manager attends the Executive Board on behalf of Probation Services but this is a difficult position as the CRC is not able to formally represent the National Probation Service and this may need to be reviewed. Public protection and the CRC's responsibilities in relation to Safeguarding Children are central to our work. The key objective of the new model being to maximise the effectiveness of our operational staff in supervising and changing the behaviour of our service users and working collaboratively with our key partners to manage risk. Some of the key elements that are relevant to our delivery of Safeguarding Children priorities are as follows:

- A Customer Service Centre function which will provide a single point of contact for service users and professionals.
- Newly designed estates that will provide a modern facilities for the delivery of rehabilitative services.
- A focus upon evidence based practice and evaluation of key rehabilitative interventions with a function leading quality improvements and the implementation of best practice.

Throughout this period of change it has been a key priority of the CRC to maintain service levels and the key collaborative activity with our partners necessary to manage risk of serious harm.

Safeguarding Priorities

Safeguarding arrangements within the CRC continue to be strong. RRP have established a Public Protection Framework which provides governance for and assurance of all the CRC Safeguarding arrangements. In the last 12 months the Framework governance group has overseen the harmonisation of our domestic abuse and safeguarding policies to align with Derbyshire, Nottinghamshire, Leicestershire and Rutland CRC which is also under the ownership of the RRP Company. The Regional Manager for Birmingham leads on Safeguarding Children for the SWM CRC. As part of the restructure we have established a Service Excellence Team which will have improvements in safeguarding practice at its core and be responsible for implementing any recommendations from any internal and external inspections.

We raised concerns about the effectiveness of Persons who pose a risk to Children. Children's Services are now taking this forward with Area Safeguarding leads. We identified CSE as an area we need to work on in the

Section 11 audit and to this end a Performance Delivery manager is linking in with the COG Group.

We continue to meet our Prevent duties by working with all key partners in this area and through training all our staff in the WRAP Programme.

The results of the Section 11 audit for the CRC, demonstrated that the majority of the standards achieved Grade 4 status. None of the standards that were applicable to the CRC were below Grade 3 and this was supported by the Section 11 peer challenge in March 2017. The peer challenge identified the CRC's supervision of staff as a key strength, as supervision has safeguarding and risk as a component for all front line staff. Another key strength identified was that the CRC has an internal audit team within our organisation. The peer audit did identify that the CRC needs to utilise a cascade approach to CSE training and to assess the impact of this training. This has been raised with the Learning and Development Unit.

We continue to encounter issues of insufficient home visits in safeguarding cases. As a result we have introduced the tracking of this into the monthly Accountability Meetings. We have also produced a specific Home Visits Action plan. We have now recruited a Community Support Worker who will be located within communities with the aim of improving engagement and compliance. Unfortunately the IT initially envisaged as part of the plan has not come to fruition so staff can't be as agile in communities as we had originally hoped.

We have not undertaken any specific work into the Voice of the Child as we do not work directly with children. We have maintained our contract with User Voice, which is an organisation made up of ex-offenders and we have set up a peer mentoring programme.

The Birmingham CRC continues to be a strong partner within Safeguarding arrangements. We have responded to the request from the LSCB Business Manager to identify staff for all the relevant Sub-Groups and the NPS and CRC Heads work very closely together and ensure that we cover for each other where possible.

Performance Analysis-Measuring our progress

We haven't had any specific Safeguarding Inspections in the last 12 months. We have however had two HMIP Inspections one focussing on enforcement and recall and one on the use of New Psychoactive substances. Although we haven't received the full findings yet Inspectors were satisfied with the outcomes and did not raise any safeguarding concerns. It is usual for Inspectors when looking into an area of practice to raise alerts where they have such concerns.

As part of the organisational restructure we created a new Internal Inspections Team in May 2017 which includes some Ingeus Auditors. An audit schedule was produced in July 2017. A Safeguarding Inspection of Birmingham is planned within the next 6 months.

We have not been made aware of any issues in attending

Child Protection Conferences and we have tried to monitor this more rigorously locally but it has been difficult at times as invites are sent directly to officers and this can be difficult to track.

The CRC contract is monitored by Her Majesty's Prison and Probation Service (HMPPS.) We work to 18 Service Levels. None of our service levels are directly related to the safeguarding of children. There is a target to complete 97% of initial sentence plans within 10 days of the first appointment in Community Orders and Licences which includes the completion of the Risk management Plan where safeguarding concerns need to be identified and addressed. The contract commenced on the 1.2.2015 and will continue for 7 years. The performance for Birmingham at the end of March was 84.48% for Community Orders and 85.02% for Licences. This demonstrates a dip in performance from 2015/2016 and as a result we have introduced an Improvement Plan focusing on these targets specifically. HMPPS changed this target to completion within 15 days from the 3.7.17.

We have not received any complaints in Birmingham CRC in relation to Safeguarding Issues

Birmingham CRC has not had any serious incidents involving children and Young people during the last 12 months.

We have escalated concerns about information sharing between Children's Services in relation to consent from service users. We are awaiting the setting up of a Consent working group as part of the BEHSP arrangements and will continue to focus on this as an area of risk.

Although we do not have a representative within the MASH we work closely with our National Probation Service colleagues who share information with us. We are looking at having a Performance Delivery Manager on the CASS/MASH Steering Group, to enhance the quality of referrals.

There is still some confusion from partners about the two different roles of Probation organisations. We have however been invited to give an Input to the CASS managers about the role of the CRC.

Looking Ahead challenges for 2017/2018

- We will continue to focus on embedding the CRC's new operating model over the next 12 months
- We will undertake an internal Inspection into Safeguarding arrangements within Birmingham and implement any resulting recommendations
- We will look to Quality Assure our Training Programme and set up a system of automatic alerts to managers when refresher training is required
- We will cascade the RHRT training and implement any changes
- We will continue to engage with all key LSCB Boards and Sub-Groups
- We will identify how we can work more closely with the police and local authority in identifying CSE risks

- We will work with the YOS and the Community Safety partnership to develop the pan Birmingham Gang strategy
- We will organise a Birmingham CRC Event to include wellbeing initiatives for staff with the aim of reducing sickness levels
- We will continue to implement our Improvement plan to increase the number of timely Initial Sentence Plans.
- We will continue to hold the Effective Practice Fora to review lessons from Serious Case Reviews
- We will continue to focus on improving the number of Home Visits made to offenders with safeguarding flags.

University Hospital Birmingham (UHB)

University Hospitals Birmingham NHS Foundation Trust (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 in Edgbaston, Birmingham, as well as a number of satellite clinics, including sexual health clinics, across the West Midlands; it employs over 9,000 staff. The Trust treats over 1 million patients per year including more than 817,000 outpatient appointments, over 135,000 inpatient episodes and more than 115,000 Emergency Department (A&E) attendances.

UHB has continued to ensure 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 to follow, 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 Trust and Umbrella Sexual Health Services is structured to work as a united team across all services. This allows robust provision throughout the year, by sharing expertise and support for a varied and diverse workload.

In the context of safeguarding children, in 2016/17:

- Of the 115,000 ED attendances, a total of **6,326** children were seen; 3,658 were 0-15 year olds and 2,668 were aged 16-17 years.
- Sexual health clinics saw **8,637** children (0-15 years - 708 children and 16-17 years - 7,929).
- Outpatient services saw **18,058** children (0-15 years - 2042 and 16,016 16-17 years old).

Our Safeguarding Priorities

The safeguarding team continue to receive all referrals made to the Children's Advice and Support Services (CASS), and process and deal with those referrals as appropriate.

The safeguarding team attended 'Train the Trainer' training in December 2016 and are delivering training to those staff identified in the Safeguarding Training Needs Analysis. Right Service, Right Time continues to be delivered in key areas

and is promoted as part of mandatory level 2 training.

UHB has an effective Young Persons' Council and Young Persons' steering Group. This ensures engagement of and with young people in the development and improvement of services and the effective transition from paediatric to adult care. This has led to:

- Collection and analysing data from young people regarding aspects of care,
- Young persons' web page now in operation,
- Robust action plan following the Savile report and the lessons learnt.

The development of the Young Persons' Council 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 the Birmingham Safeguarding Children's Board in April 2017.

The teaching of children's Level 2 Safeguarding training within the Trust remained mandatory from April 2016, which increased staff awareness and professional curiosity, with an overall training attendance compliance of 94% at the end of March 2017.

Performance Analysis – Measuring Our Progress

The safeguarding team review 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 referral forms to CASS. Further development in relation to training and education for staff is being carried out specifically regarding the completion of forms, to ensure the highest quality of submission. This is particularly necessary due to the introduction of new forms and to ensure that staff consider 'early help'.

The safeguarding team record feedback from CASS regarding referrals made and shares any information with the referrer.

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 the Trust'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.

Factsheets have been developed and are available for all staff within clinical areas to refer to on various types of abuse, identification, referral pathways and further support.

Looking Ahead – Challenges and Focus for 2017/18

The types of referrals and patient groups that the safeguarding team are involved with, indicate the current emerging themes shown below; these are included in the shaping of our priorities:

- CSE
- Domestic Abuse
- Vulnerable 16 – 18 year olds, and
- Violent/gang related crime.

As a result of the identification of priorities, areas for improvement have also been identified in 2017/2018. These are:

- Introduce Child Protection Information System (CPIS) into the Emergency Department (ED).
- Update CSE pathway incorporating new CSE tool to further support training.
- Review current safeguarding training packages at Levels 1, 2 and 3 in line with national guidance and include:
 - Update Level 1 safeguarding leaflet.
 - Develop new mandatory Level 2 training presentation.
 - Deliver Level 3 presentation on Early Help to those identified on safeguarding training needs analysis.
- Collate patient feedback from 16 - 24 year olds ensuring the voice of the child is heard, implementing any necessary changes.
- Ensure new Request for Support Form is used appropriately, supporting the needs of the child.
- Continue to appraise service delivery through a robust programme of audit and evaluation.

West Midlands Ambulance Service NHS Foundation Trust (WMASFT)

Introduction – Who We Are And What We Do

WMASFT 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.

The West Midlands is full of contrasts and diversity. It includes the second largest urban area in the country (Birmingham, Solihull and the Black Country) where 43% of the population of the Region live. However, over 80% of the area is rural. Parts, such as the Welsh Marches in Shropshire and Herefordshire, are classed as some of the most remote in England. It contains areas of high deprivation, particularly in Birmingham, the Black Country,

Coventry and Stoke-on-Trent, but also very prosperous areas like Solihull, South Warwickshire and the Vale of Evesham. With around 200,000 Asian and 60,000 black residents, we are the second most ethnically diverse region in the country after London. As a service, we respond to over 3,000 999 calls every day.

Our Safeguarding Priorities

In 2016/2017 WMASFT continued to ensure that safeguarding of vulnerable persons remained a focal point within the organisation and that the Trust was committed to ensuring ALL persons within the region are protected at ALL times.

Safeguarding remains a high priority for WMASFT, there are regular items on the Learning Review and Governance groups. The last CQC inspection in June 2016 indicated the knowledge and awareness of safeguarding is embedded in the organisation, and the quality of referrals has increased dramatically year on year. The role of the safeguarding team is to ensure the Trust (from Board level to frontline) is kept up-to-date with national and regional documents, ensuring compliance against the statutory requirements, whilst taking care not to 'information-overload'. Both the Adult and Children and Young Persons Safeguarding policies were updated in May 2017 and are due for review in May 2019.

Our Safeguarding Team

The Safeguarding Team provides expert, evidence based clinical leadership on all aspects of the safeguarding agenda. The team have a responsibility for the development and implementation of systems and processes, working with partner agencies in line with local and national standards and legislation. The team ensures the implementation of appropriate CQC core standards, and other relevant external targets and standards, contributing to national and local inspections and assessments of safeguarding arrangements. The safeguarding team works with the Local Safeguarding Children Boards (LSCB's), and Adult Safeguarding Boards (LSAB's). The safeguarding team provide information and support to partner agencies for example safeguarding investigations, Serious Case Reviews (SCR's) for both children and adults, Safeguarding Adult Reviews (SAR's), Court Orders, Child Death Overview Panels (CDOP's), Section 42 enquiries and DHRs - this list is not exhaustive.

Directors, Assistant Directors, Heads of Department and Managers have been delegated with implementing policy and procedure within the Trust. They ensure that they and their staff undertake adequate and appropriate training as identified within the Trust's Education Policy. Ensure that individual job descriptions reflect safeguarding responsibilities through the NHS Knowledge and Skills Framework (KSF) and ensure that safeguarding is included in individual performance reviews. Ensure that staff are recruited in line with Recruitment Policy regarding Disclosure and Baring Service (DBS) Checks.

All Line Managers duties include ensuring that safeguarding practice is actively encouraged and maintained. Support and

provide time for staff to complete a statement or supply other information that is requested with regards to Safeguarding Children. Ensure staff receive and have the time to get appropriate brief/debrief/counselling where requested/needed. This also includes supporting safer recruitment

All Staff are required to act at all times to safeguard the health and wellbeing of children young people and adults at risk. All operational staff within WMASFT are issued key rings with the Safeguarding

Referral line number and are expected to carry them whilst on duty. All staff and volunteers are expected to be able to recognise and respond to safeguarding concerns.

Performance Analysis – Measuring our progress

Referrals – In July 2009, the Safeguarding Single Point Of Contact (SPOC) was created. It was designed so that crews can make safeguarding referrals quickly and efficiently to a single point without the need for unnecessary paper trails and complex processes. All staff working within the SPOC have received training in safeguarding adults and children and Prevent. There is a dedicated telephone number which is staffed 24 hours a day, seven days per week; the SPOC is currently based within the Commercial Call Centre in Tollgate Staffordshire.

The SPOC staff ask a pre-determined set of questions. The system used, the referral forms, questions asked were updated in October 2015 following a consultation with key stakeholders across the region. These are continually reviewed to ensure the questions meet the needs of our partner agencies throughout the region. The referral process is aimed at providing accurate and succinct information in a timely fashion that does not delay operational crews from attending life threatening emergencies, but at the same time elicits the correct information required to ensure a robust referral is made when there is a need to protect a member, or members, of the public. The SPOC staff will refer onwards the alert to the appropriate services in line with a robust referral process.

Figure 60 indicates the number of 999 calls received relating to children during 2016/17 that resulted in a safeguarding referral being made.

Figure 60

	99 Calls to Children	Safeguarding Referrals	% of 999 calls resulting in a Safeguarding referral
Apr-16	1367	83	6.07
May-16	1514	114	7.52
Jun-16	1479	114	7.70
Jul-16	1518	95	6.25
Aug-16	1230	91	7.39
Sep-16	1538	86	5.59
Oct-16	1655	101	6.10
Nov-16	1836	96	5.22
Dec-16	1765	81	4.58
Jan-17	1670	108	6.46
Feb-17	1540	111	7.20
Mar-17	1719	102	5.93
YTD	18831	1182	6.27%

Section 11 Reports - Since 2014 the WMASFT introduced a regional Section 11 audit.

Quality Assurance - The 2016/17 Section 11 Audit did not highlight any area as less effective, the majority were rated as effective and some were rated as excellent.

Domestic Abuse, Prevent and Female Genital Mutilation (FGM) - Sitting within the safeguarding agenda are closely linked areas that WMASFT have been working on to ensure education and awareness is provided to all staff through a partnership working approach. Extensive engagement with representatives from the above areas have assisted in developing some excellent resources for WMASFT 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 from our staff.

Domestic abuse was included in the 2014/2015 mandatory training for all clinical staff. This will also be complemented by a domestic abuse question set for the WMASFT Safeguarding Referral line enabling staff to appropriately refer concerns. Close ties with all the Police forces in the West Midlands have also been developed for reporting domestic abuse, prevent and FGM

Serious Case Reviews - WMASFT continues to support the SCR process. Any learning identified for WMAS is taken to the WMAS Learning Review Group (LRG).

Child Death Overview Panel - Following notification of a child alert the Head of Patient Safety clinically reviews each case and provides clinical case reviews where appropriate to disseminate any learning if identified. WMASFT is a member of the regional CDOP coordinators group. WMASFT had been involved in 319 SUDIC in total within the West Midlands region.

West Midlands Police

Who are we and what we do

West Midlands Police 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 underreported, and often hidden crimes, such as Child Sexual Abuse, Child Maltreatment, CSE, Modern Slavery and Trafficking and FGM. The force has invested in a dedicated and specialist Public Protection Unit that leads on all such investigations as well as Neighbourhood Policing Units who lead on early intervention, prevention and engagement. This includes a focus on intervening early to prevent future offending. WMP makes it clear to all staff that safeguarding is the responsibility of everybody.

Our safeguarding priorities

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

Early Help - 2016/017 saw the investment of a dedicated police officer in the CASS to support information sharing and a number of processes devised by CASS and the Birmingham Partnerships team in support of Early Help, including referral processes for repeat missing children, CSE co-ordination and Early Help Panels. The EHPs complement the newly established Next Generation Local Policing model, where early intervention and prevention is a key focus of activity for neighbourhood policing teams. As part of that focus, officers are allocated Targeted Intervention and Prevention Tools which are essentially intelligence products that identify children who have been identified as being subject to Adverse Childhood Experiences for intervention.

- 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. (Figure 61).

Figure 61



- Sentinel is a long term police initiative that was implemented in 2013 to raise awareness of hidden crime. 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 all frontline officers have received inputs in relation to child abuse, CSE and the importance of *Voice of the Child* in decision making and actions. Child Abuse Investigators receive bespoke training and accreditation to allow them to conduct their role. Supported by annual development days, joint partnership training and inputs to ensure practitioners are informed and improve consistency of service.
- FGM - WMP are actively involved with Operation Limelight, an initiative at Birmingham Airport which involves intercepting passengers on incoming and outgoing flights which are bound or returning from areas of the world where FGM is conducted. The operation has proved extremely informative for police,

partners and the public with regard to prevention and raising awareness.

- WMP has a focus around Road Safety, something that we know from young people in Birmingham is an area of concern. Initiatives include:
 - 'Twenty is plenty' campaign - This is a 20m.p.h speed limit campaign aimed at addressing speed levels in smaller side roads in parts of Birmingham
 - WMP and WMFS have delivered road safety inputs to schools. This includes seat belt awareness.
 - School 'keep clear' parking boxes was rolled out throughout Birmingham primary schools as a student led initiative promoting safe parking around schools gates and sustainable travel
- This year WMP have used complaints information to identify that the experiences of some children and young people and their families during the interview process (Achieving Best Evidence/video interview) was not as positive as it could be. The evidential product for court was also sometimes lacking and so we have worked alongside CPS, a victim and her mother, barristers and a psychiatrist to develop a CPD day for police officers. The session will be video recorded and available for viewing by more staff. It is due to take place in September 2017

Performance analysis – measuring our progress

S.11 Audit - WMP completed its annual return in line with BSCB Section 11 audit tool. The Child Lead for Birmingham and Child Lead for West Midlands Police contributed to the multi-agency Peer challenge event. As a result of this review there were no identified actions for WMP to progress.

Initial Child Protection Conferences - West Midlands Police continue 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 (ICPC). 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 acknowledge that improvements are still required with an appropriate level of attendance at CP conferences and the timely provision of information.

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

Learning - WMP has a dedicated investigative review team to manage and complete all aspects of work relating to statutory reviews including Serious Case Reviews. The Review Team maintain the strategic overview of all

learning and focusing on key themes this is then embedded throughout all strands of training delivered within WMP. This includes new recruit, promotion and investigative training. Furthermore, the head of PPU and Review Team supervision are core members of the Organisational Learning & Risk Board which maintains overall responsibility for governance and implementation of recommendations generated from statutory reviews.

In our most recent (2016) HMIC inspection there was concern raised around front line staff's understanding of risk factors associated to CSE when children go missing. Reference was also made to the oversight of missing investigations generally in order to ensure timely investigative and safeguarding action. In response to this WMP have raised awareness amongst frontline staff through 'Operation Sentinel' of CSE risk factors, commissioned a new CSE strategy that continues to strengthen frontline staff knowledge and skill set in this area and most significantly has created a dedicated missing persons team throughout the force area. Birmingham have had a dedicated team since April 2016 (it being the pilot location) and academic evaluation has shown positive impact in working towards addressing some these issues. This is an area that WMP continue to focus its efforts and make practice improvements.

Looking ahead – challenges and focus for 2017/18

'Redesigning Public Protection' – as part of the WMP 2020 change programme a review of Public Protection and supporting/integrated services provided by other force functions will be undertaken. This will enable the development of recommendations to implement the most desirable service offer, capability pathway, operating structure and operational process changes so that we are best positioned to manage a growing demand, including new and emerging threats with a static workforce.

Early Help - it has been acknowledged that a more detailed 'Early Help Offer' needs to be articulated, with a greater investment of dedicated resources from WMP. To this end, the WMP offer at the 'universal plus' and 'additional needs' level has been more sharply defined in respect of those cases which meet Troubled Family Criteria 1,3 and 5 (involved in crime/ASB; CSE; DA). Examples of the offer at the additional needs level include four officers (on a pilot basis) embedded in four Family Support teams (Kingstanding, Kitts Green, Soho and Brandwood) to co-work cases; and a commitment by Youth Crime Officers embedded in YOS teams to complete Early Help Assessments for youths subjected to community resolutions (with the completed EHA informing the outcome at Joint Decision-making Panels).

CSE - WMP have developed a 3 year CSE strategy. It is a vision, ambition and plan that will guide WMP's response to CSE within the regional CSE framework. It will work across the prevention, protection and Justice sphere.

Child Neglect – WMP have recently completed a problem

profile around child neglect in Birmingham. Work to understand how we can work with partners and the early help model to better understand, intervene and prevent in this area will take place through 2017/18.

Modern Slavery and Trafficking - Since April 2017 WMP have had a full time dedicated Modern Slavery lead. As part of her role she is increasing the understanding and tactical response to child trafficking by working with partners, including the Panel for the Protection of Trafficked Children. Work is taking place in September directly with children and young people who have been trafficked to understand their perceptions and experiences of police both in their own country and here in the UK.

Youth Offending Service

Introduction – Who are we and what we do

The principal aim of the Youth Justice System, 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, 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 Youth Offending Service is the largest metropolitan Youth Offending Service 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
- Ensure the safe and effective use of custody.

The Service must provide the main supervisory elements of statutory youth justice services, which are Assessment and management of risk and safeguarding and Effective interventions.

Our Safeguarding priorities

The Youth Offending Service continues to execute its duties under Section 11 of the Children Act (2004), which places a number of duties on it 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 the BSCB, as well as internal development and external training providers undertaking training 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

The Youth Offending Service provides two part-time Senior Social Workers within the Children's Advisory Support Service environment, which has seen an improvement in information sharing and integrated working.

All young people are screened for issues of safety and wellbeing. Between 01 April 2016 and 31 March 2017, 1601 young people were assessed for safety and wellbeing compared with 1369 young people in the previous year. 370 (23.1%) young people were identified as at a greater than 'Low' risk, requiring an increased response to mitigate that risk compared with 34.5% in the previous year. Responses include referrals to Children's Safeguarding Services, Child and Adolescent Mental Health and substance misuse and alcohol treatment services.

Strengthening protective factors such as reasoning skills and employment prospects help mitigate against a young person remaining engaged in offending and diminish the effect of risk factors. Of the young people worked with between April 2015 and March 2016, 87.28% of those assessed were judged to have at least one protective factor. Addressing youth violence is a key target of the Youth Offending Service and its partners: understanding Risk and Protective factors is fundamental to our approach.

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 behavior therapies) and policies to reduce access to and the harmful use of alcohol and illegal substances have all shown promise in preventing youth violence.

Performance Analysis – Measuring our progress

Birmingham is maintaining good performance against two of the three national youth justice indicators: reducing re-offending and reducing the use of the Secure Estate. Birmingham has sustained one of the lowest re-offending rates (1.12) of all core cities and is below the national average (1.27). The number of young people sentenced to custody in Birmingham continued to fall year on year and is comparable with other Core Cities. However, the number of Birmingham young people who entered the youth justice system for the first time has increased in 2016/17 following a reduction in 2015/16. Nationally, whilst the overall number of young people coming to the attention of the youth justice system has fallen, the proportion of those with complex needs and high risk behaviours remains high.

The Youth Offending Service 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 for the young person to reduce risk and vulnerability.

The Service is responsible, within the Asset Plus framework, for completing assessments of the risk posed by young people and co-ordinates robust multi-agency plans for these young people. Compared with 2015/16, 2016/17 saw a decrease in the proportion of the Service's caseload presenting other than a 'Low' risk to others from 500 (36.5%) in 2015/15 to 370 (23.1%) in 2016/17.

Integrated Offender Management (IOM) brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together.

There is a Youth ODOC (One Day One Conversation), which is jointly chaired by the Youth Offending Service and West Midlands Police. The two current cohorts of Youth ODOC are those who are deemed "Persistent and Priority Offenders," and those young people in the 'Deter' cohort to address concerns at an early stage and divert escalation into persistent offending and entrenchment.

A pan-Birmingham level 2 youth MAPPP (Multi agency Public Protection Panel) is chaired by a senior probation officer (Violent Offenders) and a senior Police officer (Sexual Offenders)

Looking ahead – challenges and focus for 2017/18

The Youth Offending Service Management Board has set priorities for 2017/18, which takes account of the 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
- Review all young people without full time access to education or not attending and raise with Education colleagues at BCC
- Continue to work with partners to develop and commission services that prevent youth violence and involvement in gang affiliation
- Further develop and implement 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.
- Undertake analysis of young people remanded or sentenced to the Secure Estate with YOS Management Board partners for shared ownership
- Continue to invest resources to improve ETE provision to YOS NEET young people.



Part 5—Conclusion and Looking Forward

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 have streamlined and strengthened the partnership arrangements incorporating the emerging good practice from the national review. From 1st January 2017 the new Executive Board and Sub-Group structure came into force forging closer links with the Early Help and Safeguarding Partnership Board, consolidating partnership collaboration to combat Child Sexual Exploitation and merge Sub-Group activity to concentrate on the dissemination of learning from serious cases, enhancing workforce development and quality assurance oversight.

The new arrangements are beginning to gain traction and have made a tangible difference in system leadership and partnership working. There is still considerable work to be done before the Executive Board can be assured that consistent standards, practice and professional curiosity are being exercised across the whole of the children's workforce.

Eight key challenges have been identified that will be incorporated within the safeguarding priorities set out in the two year Business Improvement Plan 2017/19 .

The challenges are:

1. To work closely with the West Midlands Police, Birmingham City Council and Birmingham Clinical Commission Groups in the development of the new Multi-Agency Safeguarding arrangements as prescribed in the Children and Social Work Act 2017.
2. That the BSCB is influential in making the aspiration or Birmingham to be 'A great place to grow up in' becomes a reality, with the BSCB fully contributing to the City's improvement agenda and benefitting from the monitoring visits and reports from OFSTED.
3. The need for the 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.
4. That the BSCB endorses the multi-agency Domestic

Abuse 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.

5. 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. That the Local Government Association diagnostic findings are presented to the Executive Board in February 2018.
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.
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.
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.

Looking Forward – Business Improvement Plan 2017/19:

The Annual Report identified seven challenges which have helped shape the development of the safeguarding priorities for the next two years set in the Business Improvement Plan for 2017/19.

Throughout the year ahead the BSCB will play its full part in responding to the identified challenges and ensuring the effective implementation of the Business Improvement Plan. The BSCB will be actively involved in assisting in the development and smooth transition to the new Multi-Agency Safeguarding arrangements brought about by the Children and Social Work Act 2017. The focus will be on ensuring that the changes do not divert and distract partners from continuing the improvement in safeguarding practice and leadership.

The Business Improvement Plan 2017/19 focuses on strategic priorities that form the basis of the work of the Executive Board over the next two years. 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.

Part 5—Conclusion and Looking Forward

The priorities take into account the improvement agenda for the Local Authority and Partner Agencies together who are committed to improving outcomes for children and young people in Birmingham. By improved partnership working, safer practice and embedding early help this will engender the confidence of citizens, regulators, government and wider public opinion. The key priorities are:

Business Improvement Plan 2017-19



Priority 1: Strong Leadership & Strong Partnership

The BSCB leads the safeguarding agenda, challenges the work of partner organizations, 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.

Lived Experience of the Child: All children and 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.

Priority 2: Continuous Improvement of Child Protection Practice

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 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.

Part 6 —Appendices

1. Glossary of Terms

The below appendices are available to read and download from the BSCB website:

1. Independent LSCB Chair's Accountability Report May 2017.
2. The Annual Report of Birmingham Child Death Overview Panel 2017

Glossary of Terms

A&E	Accident & Emergency
ASB	Anti-Social Behaviour
ASTI	Assessment and Short Term Intervention
BAFGM	Birmingham Against Female Genital Mutilation
BCC	Birmingham City Council
BCH	Birmingham Children's Hospital NHS Foundation Trust
BCHC	Birmingham Community Health Care NHS Foundation Trust
BEHSP	Birmingham Early Help and Safeguarding Partnership
BSAB	Birmingham Safeguarding Adult Board
BSCB	Birmingham Safeguarding Children Board
BSMHFT	Birmingham and Solihull Mental Health Foundation Trust
BWC	Birmingham Women's & Children's NHS Foundation Trust
BWH & BCH	Birmingham Women's Hospital NHS Foundation Trust
CAITs	Child Abuse Investigation Teams
CAMHS	Child & Adolescent Mental Health Service
CASS	Children's Advice & Support Service
CCGs	Clinical Commissioning Groups
CDOP	Child Death Overview Panel
CiN	Children in Need
COG	Child Sexual Exploitation Operational Group
CP	Child Protection
CP-IS	Child Protection Information Sharing Project
CPS	Crown Prosecution Service
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CSE	Child Sexual Exploitation
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
DSLs	Designated Safeguarding Leads
DV	Domestic Violence
DVA	Domestic Violence and Abuse
ED	Emergency Department
EHCP	Education, Health and Care Plans
EHA	Early Help Assessments
EHE	Elective Home Education
EHP	Early Help Panel
EPR	Electronic Patient Record
ETE	Education, Training and Employment
fCAF	Family Common Assessment Framework
FGM	Female Genital Mutilation
GP	General Practitioner
HEFT	Heart of England NHS Foundation Trust
HMPPS	Her Majesty's Prison and Probation Service
HR	Human Resources
ICPC	Initial Child Protection Conference
IOM	Integrated Offender Management

<i>IROs</i>	<i>Independent Reviewing Officers</i>
<i>IT</i>	<i>Information Technology</i>
<i>KSF</i>	<i>Knowledge and Skills Framework</i>
<i>L&D</i>	<i>Learning and Development</i>
<i>LA</i>	<i>Local Authority</i>
<i>LAC</i>	<i>Looked After Children</i>
<i>LADO</i>	<i>Local Authority Designated Officer</i>
<i>LLR</i>	<i>Learning Lessons Review</i>
<i>LPUs</i>	<i>Local Policing Units</i>
<i>LSCB</i>	<i>Local Safeguarding Children Board</i>
<i>MAPPP</i>	<i>Multi-Agency Public Protection Panel</i>
<i>MARF</i>	<i>Multi-Agency Referral Form</i>
<i>MASH</i>	<i>Multi-Agency Safeguarding Hub</i>
<i>MP</i>	<i>Member of Parliament</i>
<i>NEET</i>	<i>Not in Education Employment or Training</i>
<i>NHS</i>	<i>National Health Service</i>
<i>NPS</i>	<i>National Probation Service</i>
<i>NSPCC</i>	<i>National Society for the Prevention of Cruelty to Children</i>
<i>ODOC</i>	<i>One Day One Conversation</i>
<i>PLS</i>	<i>Paediatric Liaison Service</i>
<i>PPU</i>	<i>Public Protection Unit</i>
<i>PVVP</i>	<i>Preventing Violence Against Vulnerable People</i>
<i>RAID</i>	<i>Rapid Assessment, Interface and Discharge Service</i>
<i>RCPCH</i>	<i>Royal College of Paediatrics and Child Health</i>
<i>RSHT</i>	<i>Right Help, Right Time</i>
<i>SAR</i>	<i>Safeguarding Adult Review</i>
<i>SCIE</i>	<i>Social Care Institute for Excellence</i>
<i>SCR</i>	<i>Serious Case Review</i>
<i>SPOC</i>	<i>Single Point of Contact</i>
<i>STP</i>	<i>Sustainability and Transformation Plan</i>
<i>SUDIC</i>	<i>Sudden Unexpected Death in Childhood</i>
<i>SWBHT</i>	<i>Sandwell and West Birmingham Hospitals NHS Trust</i>
<i>SWM CRC</i>	<i>Staffordshire and West Midlands Community Rehabilitation Company</i>
<i>TAF</i>	<i>Team Around the Family</i>
<i>WMASFT</i>	<i>West Midlands Ambulance Service NHS Foundation Trust</i>
<i>WMFS</i>	<i>West Midlands Fire Service</i>
<i>WMP</i>	<i>West Midlands Police</i>
<i>WRAP</i>	<i>Workshop to Raise Awareness of Prevent</i>
<i>YOS</i>	<i>Youth Offending Service</i>



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BIRMINGHAM PARTNERSHIP GUNS, GANGS & ORGANISED CRIMINALITY STRATEGY 2017-2020

Working to make Birmingham the safest City in the world

A multi-agency
collaborative
approach

INTRODUCTION

Our principal partnership message is that the challenges from guns, gangs and organised criminality faced within Birmingham cannot be dealt with by individual agencies on their own; multi-agency co-operation is needed to reduce the incidence of death and injury. It is also needed to improve the life chances of those involved and affected through preventing and reducing ACEs (Adverse Childhood Experiences).

There is further recognition that the challenges faced form part of the wider public health agenda debate. Being a victim of crime, for example, can have obvious significant implications for an individual's health and wellbeing. This is particularly the case where crime is violent, abusive or traumatic. Similarly, negative perceptions of community safety can lead to behaviours such as staying inside which can be damaging to wellbeing, particularly among those at risk of being socially isolated. It is expected that this strategy will contribute to a more positively healthy Birmingham.

The role of community is key in any response to the complex challenges posed by guns, gangs and organised criminality. This has been recognised in the commission by the Police and Crime Commissioner's Office of a community lead report which will be used to inform and influence our partnership.

This strategy aims to tackle gangs, guns and organised criminality. This is set out in key strategic objectives:

Our key strategic objectives:

- To deliver a cohesive and challenging partnership approach across all sectors (including public sector, voluntary and community);
- To reduce the impact of gang, gun and organised criminality on the community;
- Promote early intervention and a whole family approach to identify and support vulnerable children and young people who are at risk of exploitation;
- Present young people with opportunities in education and employment as a positive alternative to guns, gangs and organised criminality;
- Enforce the law through multi-agency targeted action, to secure convictions and civil orders to deter people from guns, gangs and organised criminality;
- Reduce offending by effective rehabilitation and resettlement of those convicted of gang, gun and organised criminality;
- Continual review of progress and identification of best practice that informs future developments and approaches to be undertaken.

The delivery of these objectives will necessitate:

- Sharing intelligence more widely across the City to develop a common understanding among local partners of the threats, vulnerabilities and risks relating to guns, gangs and organised criminality;
- Implementation of the recommendations within the Birmingham Serious Organised Crime (SOC) problem profile, which identifies local threats;
- Review of existing data sharing protocols across organisations and multi-agency environments to ensure they are fit for purpose to support the work associated with this Strategy
- Ensuring all intelligence data and information is relevant and timely and can be utilised effectively to inform decision making in relation to risk and harm.

NATIONAL PERSPECTIVE

Serious and Organised Crime

Serious and organised crime is a threat to national security. Police and law enforcement agencies have estimated during 2013 there were over 5,500 Organised Crime Groups (OCGs) operating in the United Kingdom involving around 37,000 individuals and costing the United Kingdom more than £24 billion each year. These figures are likely to be higher due to 2013 valuations and data limitations. The data limitations can be demonstrated by under-reporting by victims, and methodological difficulties in identifying links between recorded crimes and OCGs that are directly or indirectly responsible.

To understand the current threats to national security click on the following web link
<http://www.nationalcrimeagency.gov.uk/>

The Government is currently reviewing its response to serious and organised crime. One of the aims of the review will be to generate an expanded, whole-of-government approach to tackling the threat. The new Strategy will be published by spring 2018.

Gangs and Youth Violence

A refreshed cross-government approach to Ending Gangs and Youth Violence (EGYV) and Exploitation was launched in January 2016. This work identified the need to respond and focus on gang-related exploitation of the vulnerable, with the following priorities communicated to the EGYV areas for local consideration:

- 1) Tackle county lines - address the exploitation of vulnerable people by a hard core of gang members to sell drugs
- 2) Protect vulnerable locations – places where vulnerable young people can be targeted, including pupil referral units and residential children's care homes
- 3) Reduce violence and knife crime - including improving the way national and local partners use tools and powers
- 4) Safeguard gang-associated women and girls - including strengthening local practices

- 5) Promote early intervention – using evidence from the Early Intervention Foundation to identify and support vulnerable children and young people (including identifying mental health problems)
- 6) Promote meaningful alternatives to gangs such as education, training and employment

LOCAL PERSPECTIVE

Firearms

Since the creation of the West Midlands Police Force Tasking and Delivery Board in November 2016, firearms have been and continue to be a tactical priority for the organisation.

The use of firearms in the attacks in Europe over the last two years emphasises the threat they also present to Birmingham, especially when many of the drivers and pathways into Serious Organised Crime are also pathways into and drivers of international and domestic terrorism. Whilst every large urban setting will experience gun crime, Birmingham's experiences have been well publicised in the national and local media. Gun crime has become a dominant issue, with the City experiencing a number of recent fatal shootings and an increase in the number of discharges.

Serious and Organised Crime

Serious and Organised Crime is impacting on large swathes of Birmingham and this is likely to increase as a consequence of a range of socio-economic factors that can act as drivers and facilitators of organised criminality.

Many children and young people across the City achieve good outcomes; however some face a range of challenges, particularly in terms of their well-being and staying safe. For example, the risk of children being sexually exploited is acknowledged in several boards with safeguarding responsibilities.

Gangs and Youth Violence

The City has a long history of reducing gang-related violence through its partnership and community approach however recent gang activity has demonstrated the need for constant vigilance and innovative ways to keep pace with gangs.

Following a recent rise and spread of gang-related crime within Birmingham, the Office of the West Midlands Police and Crime Commissioner has established a Gangs and Related Violence Commission to formulate a response. The recommendations from this work will be incorporated within this strategy

While only a minority of children and young people are involved with gangs, gang members account for disproportionate levels of crime in affected communities and are at risk of involvement in violence as both perpetrators and victims.

Children and young people who experience Adverse Childhood Experiences (ACEs) are more likely to be associated with gangs, and are also more likely to be coerced, corrupted, debt-bound, groomed and exploited, or even offend unwittingly if they have multiple vulnerabilities.

The key differences between Gangs and Organised Crime Groups (OCGs) primarily relate to the level of criminality, group organisation, planning and control but there are other connections between gangs and organised crime. For example, urban gang members may engage in street drug dealing on behalf of organised crime groups and often aspire to become OCGs in their own right. Areas of high gang activity in the United Kingdom tend to be areas where OCGs are most active.

Appendix A provides a definition of gangs which will be used to support the actions to tackle guns, gangs and organised criminality within Birmingham.

KEY LEGISLATION

Crime and Disorder Act 1998 - listed Responsible and Co-operating Authorities have a statutory responsibility to do all that they reasonably can to prevent crime and disorder in their area and share information to protect communities from serious and organised crime. Publically commissioned private and voluntary sector providers must also contribute to prevention efforts through due diligence and information sharing to protect communities from serious and organised crime.

Children's Act 2004 - outlined the statutory requirements each agency working with Children and Families must adhere to, to ensure that there is a co-ordinated approach to safeguarding.

Serious Crime Act 2015 - improved the legislative powers available to local partners to tackle serious and organised crime. This Act gave effect to a number of proposals and commitments made in the Government's Serious and Organised Crime Strategy (2013) and updated existing law dealing with the cyber-crime, serious crime prevention orders, gang injunctions, child cruelty, female genital mutilation (FGM) and the commission of certain terrorism offences abroad. When this Act was introduced it included a new offence of participating in the activities of an organised crime group and a strengthened preventative capability through Serious Crime Protection Orders. Councils should work alongside law enforcement agencies, sharing relevant intelligence, to make the best use of these new powers to disrupt and halt such crime.

Criminal Finances Act 2017 - introduced new powers to help law enforcement agencies tackle money laundering, corruption, terrorist finance and recover the proceeds of crime.

Children and Social Work Act 2017 – identified safeguarding partners are required to make arrangements to work together and with relevant agencies to safeguard and promote the welfare of children in the area.

CONTEXT

The Chair of the Birmingham Community Safety Partnership (BCSP) commissioned a review of the Birmingham response to gang, gun and organised criminality. That review highlighted the following concerns:

- A lack of partnership strategy
- A lack of partnership governance
- A lack of recognition of the problem being part of the wider public health agenda
- Pockets of partnership practice not coordinated or joined up
- Evidence of self-tasking around enforcement activity
- Limited evidence of prioritisation
- A lack of escalation pathways
- Evidence of lost opportunities (4Ps)
- Evidence of child exploitation through county line activity
- The nature and extent of of gang, gun and organised criminality is most typically understood from a policing perspective but does not reflect the data available from the wider partnership

NEW WAYS OF WORKING

This strategy will use the nationally recognised 4P framework with its four thematic pillars: prosecuting and disrupting people engaged in guns, gangs and organised criminality (**Pursue**); preventing people from engaging in these activities (**Prevent**); increasing protection against guns, gangs and organised criminality (**Protect**); and reducing the impact of this criminality where it takes place (**Prepare**) outlined in the diagram below. A description of each area that will inform the Strategic Board is available in **Appendix B**.

All intelligence and information sources should be exhausted to identify and gather information on those individuals involved in guns, gangs and organised criminality and the locations affected by them. The early flagging of threat, risk, harm and emerging issues alongside the opportunities for prevention and intervention that follow are essential for making the implementation of the strategy a success.



The most effective method to prevent people becoming involved in gangs is early identification (See **Appendix C** for 'Tell Tale Signs'). This will enable preventative services to be implemented at an early stage to support the young person and their family to make positive life choices and distance themselves from gang related activity.

Birmingham's Early Help and Safeguarding Partnership have agreed a Plan on a Page, which sets out our ambitions for children. This has now been adopted by the Birmingham Safeguarding Children's Board and has 15 measures of success (see **Appendix D**) to improve outcomes for children. These include:

- Improved school attendance
- Reductions in exclusions
- Better mental health
- Reductions in substance misuse
- Reductions in crime and anti-social behaviour by young people
- Reductions in crime affecting children and young people, including Child Sexual Exploitation (CSE), Gangs, Domestic Violence

The Strategic Board should look to identify other signifiers of risk, such as repeatedly going missing, repeated STD diagnoses, so that the opportunity to intervene early to prevent gang, gun and organised criminality association is maximised.

GOVERNANCE

Birmingham Community Safety Partnership (BCSP) partners will create the environment to deliver the ambitions of this Strategy across Birmingham through demonstrating leadership and coordination; bringing partners together to ensure support for what works, and encourage collaboration, innovation, and efficient working.

The proposed governance structure (see **Appendix E** - Proposed Governance Structure) seeks to address the concerns outlined in this Strategy through the creation of a Strategic Board reporting back to the BCSP. The Board will be responsible for:

- Implementation of the Birmingham Gangs, Guns and Organised Criminality Strategy
- Establishing a Gangs Operational Group/Forum
- Setting the prioritisation for this Group/Forum
- Acting as the point of escalation for the Forum
- Scrutinising the progress of the Forum
- Reporting back to the BCSP progress of delivery and on emerging issues.

The Gangs Operational Group/Forum will be a coordination, tasking and decision-making multi-partnership panel that will share information and agree action plans around individuals and their networks. It will act as the driving engine to bring partners together to deliver on the prioritised areas of focus, share information to reduce the harm posed by gun, gang and organised criminality.

There is a recognition that the challenges outlined in this Strategy form part of the wider public health agenda debate. It is important that appropriate linkages are made with relevant partnerships across the City, for example, there should be reporting arrangements to the Health and Well-Being Board and to the Birmingham Children Safeguarding Board to maximise efforts to reduce Adverse Childhood Experiences. It is expected that this Strategy will contribute to a more positively healthy Birmingham.

WORKFORCE DEVELOPMENT

The threat of organised criminality is not confined to geographical boundaries. Pathways into criminality are diverse and differ between crime types. Individuals can be coerced, corrupted, debt-bound, groomed and exploited, or even offend unwittingly. Forged identity documents (particularly EEA identity documents) and Fraudulently Obtained Genuine documents remain a key enabler of criminal activities. Many OCGs are highly flexible and display great adaptability in the speed with which they adjust their *modi operandi* or whole business models to the changes in the environment.

It is vital that front line and back office staff are trained to keep abreast of any changes to support any intervention, prevention and enforcement work. There should be regular briefings to staff on emerging threats and what they need to look for in their everyday work to maximise opportunities to identify those involved or affected by gangs and organised criminality. This practice similarly needs to be extended into the third, voluntary and community sectors.

People involved in Gangs and OCGs exploit organisational and geographical vulnerabilities since they know there are weaknesses in the way different Responsible Authorities and Co-operating Authorities listed in the Crime & Disorder Act operate both internally and externally. It is important these risks and associated threats are reduced by working effectively to share intelligence in a timely manner.

COMMUNICATION STRATEGY

The people of Birmingham need to hear, see and believe that action is being taken to tackle the problems in their area. A Communication and Reassurance Strategy should support the work to aid intervention, prevention and enforcement work and provide public reassurance that all Responsible Authorities and Co-operating Authorities are working effectively to tackle guns, gangs and organised criminality.

ACTION PLAN

This Strategy has been informed by the findings within the 2017 Birmingham Serious Organised Crime Problem Profile and will include additional actions following the publication of the West Midlands Police and Crime Commissioner's Gangs and Violence Commission report. It will be the responsibility of the Strategic Board to develop and own the Action Plan.

APPENDIX A - GANG DEFINITIONS

A tiered approach to defining gangs was set out by Hallsworth and Young (2004 - *Getting Real About Gangs*). This outlined three basic categories:

Level 3: **Organised Crime Group** (OCGs)

- Crime is a business considered as a vocation/occupation, typically own and control means of production
- Membership may be based on family or ethnic lines but individuals may co-operate together in a particular criminal enterprise
- Those involved in drug distribution are likely to be armed and carry guns. Violence or a capacity for it can be mobilised as a way of accumulating a viable male identity.

Level 2: **Gang**

- Typically a mutation of a peer group, falling mainly into one of two types: the territorial fighting unit and the entrepreneurial street gang. Rarely well organised and often volatile and short lived.
- Members may be affiliated with older criminals or OCGs who use them to 'run' drugs. Likely to be armed and the weapon used is most likely to be a knife.
- Violence may occur as a consequence of group rivalries or 'jostling' for places when members higher up the chain or in the OCG world are removed i.e. imprisonment

Level 1: **Peer or friendship group**

- Affiliation of people who share common history or biography. Will most likely congregate in public spaces but crime and violence is not intrinsic to identity or practice.
- Involvement in crime is usually low level and would most commonly include underage drinking, fighting, and drug use, upsetting the local community as a result of low level anti-social behaviour and perhaps behaving in a way that could be perceived as a threat.



These tiered definitions are in relation to organised crime groups. However the Centre for Social Justice's 2009 Report 'Dying to Belong' defined what we would classify as a street based gang, being:-

A relatively durable, predominantly street-based group of young people who:

- 1) See themselves (and are seen by others) as a discernible group;
- 2) Engage in criminal activity and violence;
- 3) Lay claim over territory (this is not necessary geographical territory but can include an illegal economy territory);
- 4) Have some form of identifying structural feature; and
- 5) Are in conflict with other similar gangs”

This definition was adopted in the Cross-Government Report ‘Ending Gang and Youth Violence’.

APPENDIX B – 4Ps

PREVENT

Early Help

The Early Help Assessment (EHA) is a key universal tool that can be used for early intervention.

The EHA and Our Family Plan can be used by all practitioners in universal and specialist services to holistically assess, share information and implement appropriate support at an early stage to prevent the escalation of any risk factors or concerns. In Birmingham, our Right Help Right Time guidance for professionals' sets out agreed partnership principles and outcomes and identifies children and family needs and how to access support. Further information is available on the Birmingham Safeguarding Children's Board website - <http://www.lscbbirmingham.org.uk/>

Gang, gun and organised criminality all pose safeguarding problems and so must be addressed wherever children and young people are; at home, as well as at school, on transport or on the streets. In particular, where siblings of gang members can be identified as 'at risk' of gang involvement, opportunities for early intervention within the family should be taken.

A local community safety and early help partnership is being piloted currently in the North of the City in recognition that the outcomes above are cross-cutting and require more joined up approaches across welfare and enforcement agencies and partnerships.

Education

Schools, including alternative education units, have a critical role in early intervention and prevention, particularly in respect of the need to provide specific support at the transition point from primary to secondary school.

The one place most young people have in common is school. Schools and other educational and other youth settings provide the greatest opportunity to engage with and make a difference to the safety and well-being of young people. Better relationships between schools and community safety partners must be built. As a matter of principle, early help packages should be sufficiently flexible to meet the needs and age of the audience, and to cover a range of issues which affect young people in relation to crime, safety, and well-being, ensuring a holistic approach to early help.

Public Health

From a health perspective, for instance, the peak age for emergency admission to hospital due to violence is 18, and violence is estimated to cost the NHS £2.9 billion every year (Catch 22 report, 'Violence prevention, health promotion: A public health approach to tackling youth violence – October 2013). Indeed, the publication of Ending Gang and Youth Violence: A Cross-Government Report in 2011 heralded a change of policy direction, recognising gang and youth violence as a public health issue.

A public health approach holds a number of benefits. For example, taking a more holistic approach to the planning and delivery of services enables agencies to work together more effectively and improve the quality of support people receive. Success in reducing the number of incidences of violence can also help to reduce the costs to the NHS.

Moreover, the Public Health Outcomes Framework includes a number of indicators relevant to the issue of gang, gun and organised criminality associated violence covering:

- First-time entrants to the youth justice system
- Violent crime (including sexual offences)
- Re-offending levels
- Employment and Training

Research over the last two decades highlights the strong links that exist between employment and 'desistance' from offending. However, the relationship is complex. The individual, for example, should want to make a change, while the job opportunity works best if it is secure, stable and long-term. This complexity is further exaggerated with those associated with gang, gun and organised criminality.

Gang exit studies have suggested that desistance from crime and leaving that lifestyle are separate processes. Gangs are generally accepted as intensifying the crime and anti-social behaviour of gang members: when someone leaves a gang their offending is likely to reduce, but will not necessarily stop. This means we cannot simply assume that employment plays the same role in gang exit as it does in desistance from offending. Employment can contribute as an exit strategy, but will be most effective if the work opportunity coincides with a turning point in the person's life (Catch 22 report, 'Exit and enterprise: The role of enterprise in supporting young people's gang exit' – 2012).

Similarly, given the right conditions, social enterprises and the like, creating jobs and training opportunities for people to make the most of their entrepreneurial talents, may potentially provide an alternative pathway for those involved in gang, gun and organised criminality.

PREPARE

Exit Pathways

Exit pathways for those involved in gang, gun and organised criminality, are crucial as part of the Birmingham response to the challenges posed. Often young people engaging in this type of criminality have a history of poor educational attendance and behavioural problems that often predate their involvement in the youth justice system. Better engagement in

education, employment and training will increase resilience and support desistence. The success of a pan-Birmingham strategy will be judged on a range of outcomes including reductions in criminal behaviour, attitudinal changes and improvements in education, training and employment outcomes.

However, these cannot be considered the only indicators of success. Housing is also a critical exit pathway but projects can be hampered by limited provision of available housing stock and due to challenges of competing priorities and categories of need. Women and girls who are at risk through gang-association, for example, may rarely meet the threshold for accommodation. Simply moving a young person and his/her family may also be ineffective unless consistent support is also provided to the family.

Mentoring

Mentoring has been seen as a way to help prevent, divert, and provide ways out for individuals engaged in or at risk of involvement in gang, gun and organised criminality. Frequently, they lack a consistent positive role model or 'natural mentor' in their lives who they can turn to for emotional and practical support; formal mentoring programmes can provide access to this.

Mentoring can empower the individual to move away from their chaotic lifestyle by providing support to develop new skills and guidance towards opportunities for social reintegration into the community through receiving wise counsel, guidance and practical help.

A holistic mentoring approach may encompass:

- Offending behaviour
- Housing
- Health and wellbeing
- Relationships and family
- Signposting towards Employment, education and training

Mediation

Mediation, in the context of violence related to gang, gun and organised criminality, can best be described as an informal, voluntary, adaptable procedure in which an impartial and independent third party, not involved in the dispute, (a conflict engagement specialist or mediator) assists with dialogue between parties in conflict or dispute. The mediator proactively supports each individual/party in order to reach the best resolution to the conflict, which is not only acceptable to both parties, but is acceptable to society and is within the law.

The level and nature of violence related to gang, gun and organised criminality is frequently disproportionate, unpredictable and involves longstanding and endless feuds, which means that mediation is an appropriate intervention and has a good chance of positively impacting on the conflict. The perpetrators lack the skills to resolve the conflicts themselves without violence. Mediation can provide a workable solution, as it offers a means through which solutions can be reached that can be accepted by all concerned, rather than continue with the cyclical, pointless, symbolic conflicts that often stem from issues over, for example, perceived disrespect. Mediation can help diffuse instrumental violence, such as disputes

over drug territory, as the participants realise that they are known to the authorities and will be liable to sanctions if they continue their behaviour.

Specialist Support

Support services and evidence based interventions for those involved in gang, gun and organised criminality are crucial if they are to change their behaviour, choices and lives. Examples include CBT and family based work including Multi Systemic Therapy. However, research also shows that typically those involved in this lifestyle and activity have an increased risk of victimisation (according to the Metropolitan Police, Trident Matrix, 15 per cent of gang members have been a victim of a stabbing or shooting or a gang-flagged crime).

Gang, gun, or organised criminality associated girls and women also have multiple and complex needs which may require specialist, gender-appropriate provision. Girls and women who are sexually exploited and abused, or coerced into participating in criminal activity must also be provided with specialist victim support and safeguarding.

They may not report the crime or cooperate with an investigation they will need medical intervention, through ambulance emergency aid or attending hospital trauma centres. These are windows of opportunity that have successfully been harnessed to support people to change their lives.

Mental Health (Emotional trauma)

The cohort of gang, gun and organised criminality affected people are more likely to have emotional and mental health needs that are not necessarily provided with support to deal with trauma and loss. This is especially damaging because violent experiences can foster violence – ‘hurt people hurt people’.

Child and adult mental health services delivered by Forward Thinking Birmingham (FTB) are currently undergoing a Quality Surveillance Review and an Intervention Plan is now in place to ensure that the service meets current requirements including access and capacity. FTB and the CCGs have identified and deployed the required expertise to expedite the plan.

Offender Management, Rehabilitation and Resettlement

The reformed probation landscape provides an opportunity to review the services offered to those within the prison system for gang, gun and organised criminality in order to desist from offending. The ease of transition is the key to supporting offenders. The Strategic Board could support this through examining the creation of building stronger bridges between release from custody and exit services into safe housing and secure employment within the community. Also see MAGU service under Support Mechanism section

PURSUE

Without investment in effective and targeted enforcement, violence rates associated with gang, gun and organised criminality are always at risk of significant increase.

While this Strategy has outlined available and potential measures Birmingham partners will take to support those who want to turn their lives around and desist from criminality, there will always be those who chose to remain involved in gang, gun and organised criminality. Birmingham citizens should be reassured that West Midlands Police (WMP) and its Criminal Justice and wider partners will respond robustly to such cases.

Post-sentence, the use of asset seizure and other civil restrictions and judicial disposals are all actively explored. The utilisation of civil tools and powers in targeted enforcement refers to a proactive tactic whereby, in collaboration with partner agencies like housing, the police make full use of all legislative measures to exert pressure on individuals to stop their involvement in gang, gun and organised criminality. An individual's associates can also be targeted thereby creating criminal pressure.

As well as providing methods for reducing involvement in associated criminality, the use of civil tools and powers can provide reassurance to communities that action is being taken. Indeed, the seizure of assets of those involved who are criminally entrenched, especially status items which can be used by older members to recruit and attract vulnerable young people, is highlighted as a useful potential deterrent and powerful community reassurance message.

Trust and confidence in policing must always be kept under review since it forms such an important element in encouraging and supporting victims and witnesses to cooperate with investigations into offences involving those associated with gang, gun and organised criminality. But most communities do not wish to foster crime and criminals. They do not want to support drug dealing or violence on their streets. So, they must be provided with sufficient support to give them the security to stand up against criminals.

Proactive Enforcement

The aim of proactive enforcement strategies is to provide a sustainable and coordinated response to disrupt and prevent future violence related to gang, gun and organised criminality from occurring. Proactive enforcement strategies can be implemented in addition to existing policing activity and reactive investigations. Employing proactive enforcement strategies requires dedicated resources and a clear tasking and coordination structure all of which currently exists within West Midlands Police.

The longevity of a proactive enforcement strategy must be considered because problems are likely to re-emerge if the strategy is not embedded as part of a long-term approach. Dedicated resources, joint working with local partners and community relationships are key ingredients for a long-term proactive enforcement strategy. The strategy should be tailored to the local problem profile focussing on individuals, groups, and locations as appropriate.

Prevent and Pursue

The Birmingham Prevent and Pursue has sat as a tactical arm to enforcement bringing together partner agencies including Her Majesty's Revenue and Customs, West Midlands Fire Service and local council officials to take an innovative, Achilles-heel approach to those individuals and groups involved in organised criminality.

Threat to Life Warnings

West Midlands Police has a detailed Threat to Life process which places safeguarding, guidance to parties and disruption at the forefront of its approach. This may include the service of warning notices to the parties involved as one of a menu of options available.

PROTECT

Across the Birmingham partnership landscape there are existing platforms upon which the Strategy can build in order to effectively deliver positive outcomes. The identification of them and consideration of their structures and processes are necessary to avoid duplication of partnership discussion and effort around individuals, groups, places and issues. Examples include:

Intelligence and Information Sharing

Effective communication across partner agencies is required to emphasise the importance of the need to gather, share, and manage intelligence for prevention purposes. There is a requirement for appropriate processes to collate intelligence and ensure that there is a clear understanding of how it will be disseminated and used. Consideration should be given to who has access to shared intelligence in the wider context such as mainstream agencies e.g. Children Services, including the Youth Offending Service and Children's Social Care.

The WMP Birmingham Partnership Team has been charged with drafting a fit for purpose Information Sharing Agreement to enable the Birmingham Partnership Gang, Guns and Organised Criminality Co-ordination and Decision Making Forum to function.

Community and Voluntary Sector

There are a number of community and voluntary organisations who can offer support and guidance for young people, families and individuals affected by gang, gun and organised criminality.

The Strategy should aim to ensure that there is community representation is actively considered and responded to, and there is transparency in how it operates in order to reassure the community, that community energy is effectively harnessed and that work undertaken does address the needs of the community.

Multi Agency Public Protection Panels (MAPPP)

MAPPA meetings provide an opportunity for agencies to share information in order to assess and manage risk for qualifying dangerous offenders.

Multi-Agency Gangs Unit (MAGU)

MAGU is an offender management service comprising staff from probation, police, children's services, the youth offending service, and the anti-social behaviour unit.

MAGU works with providers to resettle offenders back into the community and support them not to reoffend. Part of this involves facilitating the sharing of information between services. MAGU works with a relatively small number of high-risk cases and for each offender it works with, MAGU creates a tailored sentence plan with objectives to help prevent them from reoffending. Some of these objectives are met in-house; others are met by partner agencies. Key areas covered include, accommodation away from previous community, debt advice and employment.

Probation

If any professional or agency has concerns regarding the welfare of a child or vulnerable adult due to an adult's gang related behaviour the Probation Worker can undertake gang specific intervention with the adult to support them moving on from the lifestyle and will contact CASS for additional discussions around the vulnerability of the child/ren.

Youth Offending Service (YOS)

There is a YOS support officer within the MAGU who can provide support to YOS workers in all gang related case work. The aim of this role is to provide advice and guidance on gang related issues to YOS practitioners and to undertake interventions with young people on statutory orders to the YOS who are involved or at risk of being involved in gang activity. Below are some of the methods in which the MAGU YOS support officer will be able to assist:

- Assisting in undertaking assessments by contributing information from IGMU risk assessments and intelligence updates
- Attending Meetings (e.g. Case Planning Forums)
- Undertaking Joint Visits
- Sharing intelligence updates and information with appropriate agencies
- Undertaking gang specific intervention work with the young people identified as needing the support.
- The YOS support officer will support Statutory YOS worker by attending YOS meetings, sharing information and developing practitioners' knowledge of gangs.

The Youth Offending Service has recently applied the Gangs Matrix developed by Barnet Local Authority to all young people engaged with the Service (Inc. on pre-court disposals) to identify those likely to be involved in or on the periphery of gangs. 76 cases were identified as at risk, the majority of which had not come to the attention of the Service for gang related concerns. Information has been shared with Police Partners as part of joint mapping and responses.

All young people charged or subject to caution plus are assessed using the Youth Justice Boards standardised assessment tool (ASSETplus), which identifies risk and vulnerability factors to address in plans. ASSETplus also highlights resilience factors and strengths of the young person and their family that can be built upon. All young people receive an

education programme on the dangers of knife carrying with more intensive programmes for those known to carry knives or to be at risk of gang affiliation.

Knife crime has become the more dominant issue, with the City experiencing a number of fatal stabbings. Whilst generally it is believed knives typically are carried for protection, the carrying of a knife clearly heightens the likelihood of it being used, leading to serious injury or even death. However, some of these young people are also involved in drug dealing and professionals have not been aware of this until the occurrence of a serious event.

A review of the backgrounds of young people charged in relation to murder/attempt murder allegations involving a knife identified a significant number were not open to the Service and some were not known previously in the youth justice system. The majority had identified issues in relation to education including exclusions and truancy. Those on Orders or previously on Orders had a lack of a role model and had previously been cautioned or charged for possession of a knife.

Children and young people continue to be exposed to the risk of involvement in gang activity and serious violence as victims and perpetrators and YOS partners and community organisations regularly highlight and flag concerns in relation to young people who come in contact with their services. In discussion with third sector and community organisations, the YOS has been made aware of concerns relating to the coercion and grooming of children and young people into the gang lifestyle, where they are then exploited. The majority of these young people have not yet come to the attention of the criminal justice system, however there are significant concerns relating to their behaviour and circumstances.

There is a gap in provision since the Ending Gang and Youth Violence Programme ceased, for those young people who sit below the threshold of the criminal justice system, who are being referred into Children's Social Care (CASS/MASH) for support around additional /complex and significant needs, where there are concerns in relation to youth violence and gang issues, however there are no criminal convictions / cautions or community resolutions.

Children's Advice and Support Service

The Children's Advice and Support Service (CASS) is the way the public and professionals in Birmingham access support, advice, information, report a concern about a child and make contact with their allocated Social Worker. If anyone suspects or believes a child is suffering or is likely to suffer significant harm of any form of mistreatment or abuse, they should report their concerns immediately to the CASS. Where a child or young person is assessed by social workers within CASS as at risk of harm or significant harm relevant information sharing and strategy meetings to coordinate the appropriate response will take place within the Multi Agency Safeguarding Hub (MASH).

CASS also offers early advice and support from a range of co-located partners including social workers, police, health, education, family support and early help staff, to better identify risks and improve decision making, interventions and outcomes.

Integrated Offender Management (IOM)

Integrated Offender Management is an existing process by which agencies such as Police, Probation, Youth Offending Service (YOS) and the Prison service work together to identify and manage offenders assessed as causing or likely to cause the greatest harm including violent crime and serious acquisitive crime (SAC).

This approach also identifies and manages individuals who are involved in gang related behaviour. The 3 Key Academic Nationally recognised principles of IOM are as follows;

Prevent and Deter - Directed towards young offenders, this strand of the strategy aims to: Stop young offenders from escalating into future prolific offenders. Prevent young people from becoming involved in criminality.

Catch and Convict - Directed at the most prolific offenders this strand of the strategy aims to: Actively 'tackle' those who have been identified as being the most prolific offenders; By ensuring that resources are prioritised on these offenders to put an end to the harm they are causing; Through their apprehension, conviction and if applicable licence enforcement.

Resettle and Rehabilitate - Directed at successfully rehabilitating Prolific Offenders this strand of the strategy aims to: Present Offenders with a choice of either reforming, or face a swift return to the courts Ensure that all offenders are successfully rehabilitated through effective multi-agency work. Manage offenders on release from custodial sentences with a view to them reforming.

Accident and Emergency

Health Authorities must fulfil their obligation to share and disclose information under Section 115 Crime and Disorder Act 1998. The General Medical Council (GMC) has outlined guidance for doctors in Accident and Emergency departments to report gunshot wounds.

Think Family

Birmingham's Think Family is a Birmingham partnership that is delivering the National Troubled Families programme.

It provides a service to meet the needs of the whole family, rather than supporting one person separately. Think Family is offered for families with multiple problems where there are at least two of more problem areas listed below and where the family would benefit from intensive and whole family working:

- An adult is out of work;
- There are concerns about a child's school attendance;
- A young person is not in education, training or work;
- A child may be suffering from i.e. neglect, at risk of sexual exploitation;
- A family member has been in trouble within the neighbourhood or with the Police;
- A family member has physical or emotional health problems;
- The family is affected by domestic abuse.

The Think Family offer is available on the BSCB website and is provided by a range of partners including the voluntary sector and the Department of Work and Pensions. An integrated Request for Support Form has been developed to complete and send to CASS to request support where there is a concern about a child or to request Think Family services.

The type of support on offer by Birmingham Think Family is aimed at stopping problems getting worse and to help give children the best start in life, to make positive, long-lasting improvements working with families to build resilience.

Gang Injunctions

Gang injunctions are civil orders designed to prevent an individual from being involved in gang-related violence; the statutory framework is to be found in Part 4 of the Policing and Crime Act 2009 ("the 2009 Act"). Under the 2009 Act applications for a gang injunction may be made to the County Court, or the High Court, by the police or a local authority. Gang injunctions allow courts to place a range of prohibitions and requirements (including supportive, positive requirements) on the behaviour and activities of a person (aged 14 or over) involved in gang-related violence. These conditions could include prohibiting someone from being in a particular place or requiring them to participate in rehabilitative activities.

Gang injunctions for adults have been available since January 2011, and gang injunctions for 14 to 17 year olds have been available since January 2012. In deciding whether to grant a gang injunction, two conditions must currently be satisfied. The first condition is that the respondent has engaged in, assisted or encouraged "gang-related violence". Once this condition is satisfied, the court may grant an injunction if a second condition is satisfied, namely that it thinks it is necessary to do so in order "to prevent the respondent from engaging in, encouraging or assisting gang-related violence" or "to protect the respondent from gang-related violence". The 2009 Act defines gang-related violence as: "Violence or a threat of violence which occurs in the course of, or is otherwise related to, the activities of a group that:

- a) Consists of at least 3 people;
- b) Uses a name, emblem or colour or has any other characteristic that enables its members to be identified by others as a group; and
- c) Is associated with a particular area."

The way gangs operate is changing. Gangs do not always have a name, emblem or colour or other characteristic which enables its members to be identified as a group. Instead, a group of individuals may operate as a group and engage in criminality with some degree of organisation without these features.

In addition, gangs are increasingly involved in criminality beyond their own areas and can be less associated with a particular area. Moreover, gang structures change over time such that it is possible for gangs to disappear from certain locations and re-appear in other locations relatively quickly.

Gangs also tend to be engaged in a wider range of criminality than simply violence. In addition to violence, street level gangs are involved in drug dealing. In recognition of these

changes to the way gangs operate, section 51 of the 2015 Act revises the test for the grant of a gang injunction. In particular, expanding the range of activities to include any involvement in support of the illegal drugs market will allow gang injunctions to be used to prevent individuals from engaging in such activity and to protect people from being further drawn into this illegal activity. This change will also enable local agencies to address the cross-over between urban street gangs and street drug dealing controlled by organised criminal groups.

Revised test for the grant of gang injunctions Section 51 of the 2015 Act recasts the key features of a gang, for the purposes of the 2009 Act, to be a group which:

- Consists of at least three people;
- Has one or more characteristics that enable its members to be identified by others as a group; and
- Engages in gang-related violence or is involved in the illegal drug market.

The identifying characteristics of a gang may, but need not, relate to any of the following:

- The use by the group of a common name, emblem or colour;
- The group's leadership or command structure;
- The group's association with a particular area;
- The group's involvement with a particular unlawful activity.

As now, the court will be able to attach prohibitions or requirements to an injunction. Such prohibitions or requirements may, for example, bar the respondent from going to a particular place or area or from associating with and/or contacting a specified person or persons, or requiring him or her to participate in set activities on specified days.

Alongside the amendments made to the 2009 Act by the 2015 Act, the provisions in section 18 of and Schedule 12 to the Crime and Courts Act 2013 also come into force on 1 June. These provisions will transfer proceedings, in respect of gang injunctions, in relation to respondents under 18 years, from the County Court to the Youth Court.

APPENDIX C - THE TELL TALE SIGNS

Below are some of the signs that would indicate that a young person or vulnerable adult may be involved or at risk of becoming involved in gang activity:

- Child withdrawn from family
- Sudden loss of interest in school
- Decline in attendance or academic achievement
- Started to use new or unknown slang words
- Holds unexplained money or possessions or cannot explain where large sums of money have gone (financial exploitation)
- Stays out unusually late without reason
- Sudden change in appearance – dressing in a particular style or ‘uniform’ similar to that of other young people they hang around with, including a particular colour
- Dropped out of positive activities
- New nickname
- Unexplained physical injuries
- Graffiti style ‘tags’ on possessions, school books, walls
- Constantly talking about another young person or adult who seems to have a lot of influence over them
- Broken off with old friends and hangs around with one group of people
- Increased use of social networking sites
- Started adopting certain codes of group behaviour e.g. ways of talking and hand signs
- Expressing aggressive or intimidating views towards other groups of young people, some of whom may have been friends in the past
- Signs of sexual exploitation e.g. pregnancy, abortion (perhaps forced), sexually transmitted infections and injuries
- Signs of psychological effects of exploitation – depression and suicide attempts for example
- Scared when entering certain areas; and
- Concerned by the presence of unknown youths in their neighbourhoods

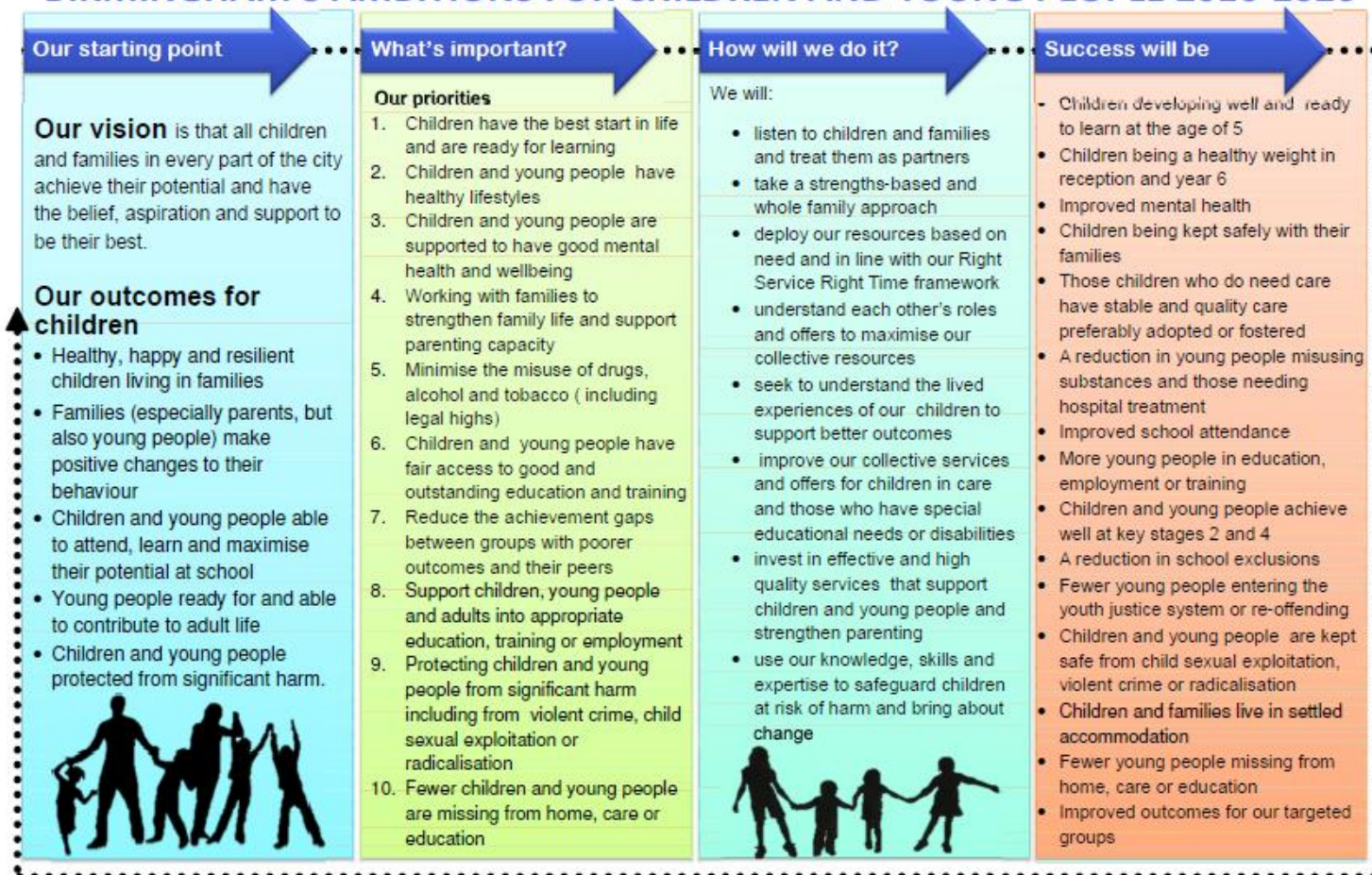
(DCSF, Safeguarding Children & Young People who may be affected by Gang Activity, 2010)

Victims of gang related activity could come under the remit of domestic violence services if their situation meets the following Government definition:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional.”

APPENDIX D – CHILDREN AND YOUNG PEOPLE PLAN ON A PAGE

BIRMINGHAM'S AMBITIONS FOR CHILDREN AND YOUNG PEOPLE 2016-2020



APPENDIX E – PROPOSED GOVERNANCE STRUCTURE



Briefing Note for Councillors –

CSE is a sensitive and complex issue that it is not an easy subject to talk about, but it is essential that we do. We cannot assume that this is not happening in area we may live or work within, nor should we assume that someone else will make sure that the necessary responses are in place. Tackling child sexual exploitation must be a priority for all of us.

Evidence indicates that Child Sexual Exploitation (CSE) is happening across the country, with perpetrators and victims coming from a range of social and ethnic backgrounds.

- CSE has a devastating impact on children, young people and their families. It should be a concern for everyone. CSE is largely a hidden crime, and raising awareness of this type of abuse is essential to preventing it and stopping it early when it does happen.
- CSE cannot be tackled by one agency operating alone. Effective responses will be built on a holistic understanding of the problem, which will only come through a shared commitment to partnership working.

With the above in mind we have pulled together some handy tips for councillors to consider when working in their local communities:

1. Do encourage parents and carers who have concerns about a child to contact the police, children's services and /or school to discuss further (details of how to do this are at the end of the briefing). The public are our eyes and ears and any information given could be the final piece of the jigsaw puzzle that is needed to progress an investigation around persons of concern or a location which is risky.
2. Do raise awareness in the local community about CSE to help spot the signs as this will help the issues to be dealt with at the earliest opportunity. The following websites contain helpful information www.seeme-hearme.org.uk and the www.lscbbirmingham.org.uk. Please encourage your constituents to visit these sites for information and general advice. Safeguarding children is everybody's responsibility.
3. Do take the time to understand how the systems and structures in place are working to improve responses on CSE. It is important that members understand how these processes are contributing to wider strategic objectives and the impact that they have on local practice.

For further information please contact:

- Debbie Currie, Assistant Director Protection, Partnership and Performance on: 0121 303 2468 or email debbie.currie@birmingham.gov.uk
- Jon Needham, HOS Safeguarding Education on: 07912 793 668 or email jon.needham@birmingham.gov.uk .

We will be able to arrange an officer to meet with you or a group of you to give you an overview of services we have in place.

CSE & Press Enquiries:

Do consider at all times the needs of children and the safeguarding of these when responding to enquiries from the press. We work closely across the partnership to tackle CSE and will require an opportunity to liaise with other agencies ie the police to ensure any information provided to the press doesn't undermine any ongoing investigations. We need to ensure information given is accurate and doesn't raise anxieties unnecessarily.

Press Office: 0121 303 3885

CSE & Parents:

Don't panic or assume that action isn't being taken if we are not able to give a full account of work being undertaken to disrupt perpetrators and safeguard victims. Agencies are often undertaking lots of work behind the scenes using intelligence which is sensitive. Tackling CSE effectively takes time and patience to build relationships with children who are victims of coercion and control.

CSE & Police:

It will not always be obvious to the public what action is being taken. We need your support to remain calm and clarify any queries you are unable to answer with the police, children's services or education.

Don't make assumptions and do make efforts to make enquires to understand more about the information you have been given. There are lots of myths about CSE and exploitation generally. The Local Government Association – Tackling CSE – A resource pack for councils contains lots of useful information and in particular has a section Myths versus Reality. It would be good to familiarise yourself with this document to raise awareness and assist with facilitating conversations with constituents to also raise awareness.

Key Contacts:

- If you have 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**.
- Outside 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**.

Tackling child sexual exploitation

A resource pack for councils

Foreword

Child sexual exploitation (CSE) is a terrible crime with destructive and far reaching consequences for victims, their families, and society. It is not limited to any particular geography, ethnic or social background, and all councils should assume that CSE is happening in their area and take proactive action to prevent it.

This is not just a job for the lead member for children's services or the local director of children's services. This pack is aimed at elected members at all levels. We all have a role to play in keeping children safe, and councils cannot stamp out CSE without the help of the wider community. Councillors have a key role to play in this, and should not be afraid to raise these issues within the communities they represent.

Recent inquiries have again highlighted the scale of the problem, and local agencies risk seeming unaware of the true extent of CSE in their area. It is vital that all partners work closely together to develop and implement robust, coordinated activity at all stages of a child's journey, from identification to protection to treatment. Councils and their partners must use evidence and information to understand what is happening locally, develop a strategic response, support victims and facilitate police disruption activity and prosecutions.

Recent events have shown that all areas need to be prepared to respond to this challenge effectively, and there are many good examples of effective work to be found around the country for local government to share and learn from. It is vital that we learn from both mistakes and successes, and the case studies in this resource pack showcase

some of the work that is already underway to improve local practice. These cover initiatives such as community engagement, regional work across local authority boundaries, building effective multi-agency partnerships and commissioning independent audits of local practice.

We have also included a summary of the key learning to emerge from recent inquiries and reviews, and advice on key lines of enquiry for councillors to pursue when assessing the quality of local practice. The resources in this pack will be updated regularly, so please do check www.local.gov.uk/cse for the latest information – including some online resources that have not been included in this pack.

Child sexual exploitation is a sensitive and complex issue and I understand that it is not an easy subject to talk about, but it is essential that we do. No council can assume that this is not happening in their area, and no councillor should assume that someone else will make sure that the necessary responses are in place. Tackling child sexual exploitation must be a priority for all of us, and the resources in this pack highlight the very real difference that councils can make in preventing this awful crime – and the crucial role of councillors within this.



Councillor David Simmonds

Chairman, LGA Children and Young People Board

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Child sexual exploitation: an introduction

What is child sexual exploitation?

Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (eg food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition, for example being persuaded to post sexual images on the internet or mobile phones without immediate payment or gain. In all cases, those exploiting the child or young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social, economic and/or emotional vulnerability.

What is the scale of CSE?

Recent high profile court cases, local inquiries and reports have raised awareness of the extent of child sexual exploitation. The Independent Inquiry into CSE in Rotherham estimated that 1400 children had been sexually exploited over the 16 year period covered by the Inquiry. Ann Coffey's report into CSE across Greater Manchester identified 260 'live' investigations into CSE in June 2014, with 14,712 recorded episodes

of children missing from home and care between January and September 2014.

The Office of the Children's Commissioner's two year Inquiry into CSE found that a total of 2,409 children were known to be victims of CSE by gangs and groups between August 2010 and October 2011; the equivalent of every pupil in three medium sized secondary schools¹. It is generally agreed that these figures are an under-estimate. With each new inquiry that is published, we are becoming more aware about the extent of CSE and the scale of this horrific form of abuse in our communities.

Why do I need to be aware?

CSE has a devastating impact on children, young people and their families. It should be a concern for everyone. CSE is largely a hidden crime, and raising awareness of this type of abuse is essential to preventing it and stopping it early when it does happen.

Councils play a crucial, statutory role in safeguarding children, including tackling child sexual exploitation. However, they cannot do this alone. It needs the cooperation of the wider community and our partner agencies. Councils can use their links with police, schools, health professionals, and community and faith groups to highlight the signs and ensure people know where to turn if they have concerns. We know child sexual

¹ Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford www.childrenscommissioner.gov.uk/content/publications/content_743

exploitation is a difficult and unpleasant subject to discuss, but having these conversations is crucial to stamping it out.

Statutory responsibilities

The statutory responsibilities of local agencies, including councils, are set out in the 2009 supplementary guidance on CSE. The 2011 National Action Plan further clarifies these, and also brings together a range of commitments from national and local partners². Statutory requirements from these documents include:

- mechanisms should be in place to collect prevalence and monitor cases of CSE
 - CSE is assumed to be present, and is prioritised if believed to be a significant issue
 - preventative activity should be put in place, helping those being exploited and targeting perpetrators
 - Local Safeguarding Children Boards (LSCBs) should have specific local procedures to cover CSE (eg a strategy).
 - children and young people should be involved in the drafting of CSE strategies
 - assess and identify patterns of exploitation (problem profiling) and amend interventions to reflect the local picture
 - training should include warning signs of CSE, how to report concerns, how to safeguard and how to prevent
 - training should also include advice on evidence gathering
 - awareness-raising activities should be aimed at young people and the general public, including where to obtain help and how to report
 - LSCB sub-groups should be established to lead on CSE, with close links to other groups (eg trafficking, missing children)
- LSCBs should ensure there is a lead person in each organisation to implement guidance
 - arrangements should be in place for either a dedicated coordinator or co-located team
 - arrangements should be in place for cross border working across neighbouring local authority areas
 - there should be periodic audits of multi-agency safeguarding arrangements.

² 2011 DfE National Action Plan www.gov.uk/government/publications/tackling-child-sexual-exploitation-action-plan

Key lines of enquiry for all councillors

Evidence indicates that CSE is prevalent across the country, occurring in both rural and urban areas with perpetrators and victims coming from a range of social and ethnic backgrounds. All Local Safeguarding Children Boards (LSCBs) and councils should assume it is happening in their area, unless there is clear evidence to the contrary³.

The experiences of Rotherham go to demonstrate the key role that the leader of the council, the lead member for children's services, scrutiny committees and all councillors have in questioning and challenging responses to CSE in their local area.

The 2014 Communities and Local Government (CLG) Select Committee report, "CSE in Rotherham: Some Issues for Local Government"⁴, also highlights the vital role of scrutiny in challenging officers and the executive when there is evidence of a problem which the council has failed to address. All councillors should ask questions and ensure that plans are in place to raise awareness of CSE, understand what is happening, develop a strategic response, and support victims of exploitation and help to facilitate policing and prosecutions.

The following section suggests 'key questions to ask' of officers, the LSCB or other agencies, along with suggested points to look out for. It is not intended to be exhaustive,

and local approaches will of course vary, but instead aims to provide prompts to enable discussions about how the issue is being addressed locally.

1. What is the extent and profile of CSE in our local area? How do we know?

It is impossible to develop an effective response to CSE without a detailed understanding of the scale and nature of the problem locally. Learning from national studies can be a useful aid, but cannot substitute for an in-depth understanding of local trends. The LSCB should have a clear process in place for mapping the extent and profile of CSE in its area. The mapping process should include a profile of children identified as at risk, a profile of offenders and an understanding of 'hotspots' or vulnerable locations.

2. Do we have a local CSE strategy and action plan? Are these multi-agency and how is progress monitored? How does this link to other plans and strategies?

The need for local areas to have appropriate policies and procedures to tackle CSE is a common theme of national research and guidance. These must be specifically tailored to the needs of the local area, and should

3 Safeguarding Children and Young People from Sexual Exploitation 2009, Statutory Guidance www.gov.uk/government/publications/safeguarding-children-and-young-people-from-sexual-exploitation-supplementary-guidance

4 The Communities and Local Government Committee, (2014). Child Sexual Exploitation in Rotherham: Some Issues for Local Government. www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf

provide a framework that allows all agencies (including the voluntary sector) to identify their role and understand how others will contribute to tackling CSE locally.

It is not enough to simply have a suite of plans in place – it is vital that they are working effectively, have full buy in from all agencies and are regularly reviewed and updated. Elected members should consider what mechanisms are in place to ensure that strategies are actually implemented in practice, and how their impact is evaluated. This is where council scrutiny panels or committees can play an important role in questioning strategies, plans and progress. It is also important to consider the extent to which CSE features in other council plans and strategies, and those of partner agencies. Is there sufficient join up with the overall CSE action plan and strategy?

3. How effective is the Local Safeguarding Children Board? Are all agencies engaged at a senior level, and is CSE an area for priority focus?

CSE cannot be tackled by one agency operating alone. They will hold only partial knowledge of the issues, and will be unable to deliver anything more than a partial response. Effective responses must be built on a holistic understanding of the problem, which will only come through a shared commitment to partnership working. A multi-agency response does not develop naturally, it must be systematically embedded at all levels and fully integrated through multi-agency forums and work plans.

The LSCB is the key body for fostering and co-ordinating this multi-agency work, and an ineffective LSCB will have a major impact on the extent to which a local area is able to tackle CSE in a coordinated way. This relies on full engagement from all partners at a senior level, and elected members should

question the extent to which this is the case in their local area. Do key partners such as the police and health provide consistent, high level representation at LSCB meetings, or do they regularly send junior substitutes? Statutory guidance, for example, is clear that the chief officer of police must be included on the LSCB. Is this case locally, and how often do they attend? How strong is voluntary sector engagement? To what extent are partners involved in the Board's wider work, chairing subgroups or taking actions. Is this a true partnership, or does one agency dominate proceedings?

Most LSCBs will also have a CSE subgroup of the main Board, or a subgroup that considers CSE as part of a wider remit – perhaps linked to missing children, or trafficking. Neither approach is preferable to the other, but it is important that the LSCB is able to demonstrate that the subgroup's work is both focussed and effective. The CSE sub-group should provide the LSCB with regular updates on actions taken and impact.

4. Does the relevant scrutiny panel receive the LSCB's annual report, and use this to challenge local priorities and outcomes?

Council scrutiny processes are a vital tool in holding the local partnership to account, and the annual report of the LSCB is a key document to consider when assessing the effectiveness of local work to tackle CSE. Reports should be outcomes focused, with a clear assessment of progress over the past year and identification of key priorities for the year ahead. These should be considered carefully by scrutiny members, and the panel should hold the Independent LSCB Chair to account for delivery.

5. What other multi-agency forums exist to facilitate joint working?

At an operational level, it is important to consider what other multi-agency forums are in place to encourage a holistic, coordinated response. Some areas have implemented regular multi-agency practitioner meetings with a specific focus on CSE, which can be a good way to keep a focus on local trends and profiles of both victims and offenders. Many areas have also introduced multi-agency safeguarding hubs (MASH) or similar, which co-locate partner agencies to encourage quicker and more effective information sharing from the point that a referral is received.

No individual system or structure should be seen as a silver bullet in improving responses on CSE, but it is important that members understand how these processes are contributing to wider strategic objectives and consider the impact that they have on local practice.

6. How is CSE incorporated into local training programmes, and who is able to access this training? Does this include training for a wider cohort than just those professionals working directly with children and young people, such as licensing officers, environmental health officers or elected members? Are outcomes measured, and are changes made as a result?

Tackling CSE requires all partners to understand how to identify children at risk, respond appropriately when concerns arise, and ultimately ensure that children are protected. A sustained programme of single and multi-agency training is central to this, and it is vital that knowledge is comprehensively disseminated across all channels of identification and response.

Local areas should think creatively about who should access this training, rather than simply focusing on social workers, teachers, health staff or police officers who work directly with children. Licensing officers, for example, will benefit from a working understanding of CSE risks when considering licensing applications; environmental health officers may identify potential victims of CSE when inspecting takeaway outlets; and some councils have begun to offer CSE training to all elected members. This is not to imply that this is the right approach for all areas, but there should be a clear understanding of the rationale behind offering (or not offering) training to specific groups.

The LSCB should have oversight of the local training offer, and members should question how this is operating in practice. Do all partners attend multi-agency training sessions, or is one agency conspicuously absent? Importantly, is there a robust mechanism in place for monitoring the outcomes of local CSE training beyond simply counting who attends each session? What has changed as a result?

7. Is an awareness raising programme in place for children, families and the wider community? Is this reaching the right people?

As with any form of child abuse, statutory services cannot tackle CSE without the support of the wider community. Social workers and police officers can only respond to issues that they are aware of and while

professionals such as teachers and health workers have a key role to play in identifying children at risk; it is within families and the wider community that many of the key risk indicators will first come to light. It is vital that everyone is aware of the signs of CSE and knows how to refer concerns through to the relevant agency. A coordinated awareness raising campaign is an essential means to achieving this.

Any awareness raising programme must be informed by a full understanding of the local context around CSE, and should be effectively targeted to take account of local profiles of victims and offenders. In some areas, this may involve a concerted effort to engage with particular ethnic groups; in others it may involve a targeted approach in particular wards. Members should question which groups, if any, are the particular focus for awareness raising around CSE and the rationale behind this and whether members can facilitate in engaging with particular communities.

Parents and carers should be central to an awareness raising programme, and should be equipped to understand the key risk factors that their children may exhibit. Awareness raising must also be targeted at children and young people themselves, most often through schools, to ensure they have a full understanding of the risk factors and the support available to them.

8. What support is available to current, potential and historic victims of CSE?

An effective awareness raising campaign will naturally increase the number of children and young people identified as potential or actual victims of CSE, and may also encourage adults who were abused as children to come forward for support. It is vital that sufficient services are in place to provide for the needs of these groups, and members should question what is currently available – and

whether there is sufficient capacity to meet expected demand.

CSE can have a devastating impact on a child's life, and victims may present with extremely complex needs. Services must be in place to meet these needs, and may include:

- individual therapeutic work
- group based therapeutic work
- family counselling
- youth work support
- education, training and employment support
- sexual health and relationship education
- drug and alcohol support
- supported placements.

This list is not exhaustive.

Learning and recommendations from recent inquiries

In 2014 the spotlight was again shone on local level accountability in tackling CSE, with the Independent Inquiry into CSE in Rotherham highlighting widespread failure to address sexual abuse across multiple agencies. In October 2014 the Coffey Report was published, reviewing the approach to CSE in Greater Manchester. It highlighted local gaps in services and made recommendations to agencies and government about the progress still needed to address sexual exploitation across Manchester.

November 2014 also saw the publication of the Ofsted thematic inspections of eight local councils. The thematic inspections came about as a direct consequence of the Rotherham Inquiry, and made recommendations to improve local practice. The Communities and Local Government Select Committee Inquiry into CSE in Rotherham also underlined lessons for local councils, making a number of recommendations, particularly about the role of council scrutiny.

Here we identify key issues raised in these reports that all councils should be aware of, alongside some of the themes outlined in the final report of the Children's Commissioner's inquiry into CSE in gangs and groups. We have also included learning identified by the National Working Group (NWG), a third sector organisation formed as a network of over 2500 practitioners working to tackle CSE, gleaned from a review of recommendations from a large number of CSE research reports and inquiries.

The recommendations below are not an exhaustive list, but draw together common findings:

- focus on victims
- engaging with all communities
- better awareness raising and education for professionals and the wider community
- training for all professionals
- professional attitudes and use of language
- leadership, challenge and scrutiny
- coordinated, strategic responses and performance management
- disruption and prosecution.

Focus on victims

Ongoing support services

Ongoing support and therapeutic interventions that children affected by CSE may need is a recurring theme. Interventions should not be offered on a short-term basis but for extended periods of time. Interventions may include formal counselling or informal outreach based project work. Ofsted found that referral pathways to access therapeutic support were not always well developed and that CSE cases working with victims should not be closed too soon. The Coffey report suggested that further research is needed on the availability of counselling services for victims and those at risk of CSE. Councils should make every effort to reach out to victims of CSE who are not yet in touch with services and LSCBs should work with agencies to secure the delivery of post-abuse support services.

Ensuring all possible victims are considered

The Coffey report suggested that local strategies and action plans should include references to boys and young men, ethnic minority groups and groups with learning difficulties, to ensure that they are represented and not ignored in any local response, strategy or action plan. All victims of CSE must be considered in local responses.

Missing children

Ofsted raised concerns about children who go missing, concluding that not enough children were having a return interview following a missing episode. It was also found that information was not being cross-referenced, particularly if there were short missing episodes, from school for example, where children were only missing for a part of the school day, which is a CSE risk indicator.

Engaging with all communities

The Rotherham Inquiry made it clear that the council had failed to work with and engage local minority ethnic communities and in particular the women of those communities on the issue of CSE and other forms of abuse.

Both the Manchester and Rotherham reports made a series of recommendations about engaging with all communities. For example, LSCBs and all partner agencies should improve their methods of communicating with, engaging and working in partnership with all communities, including socially advantaged, disadvantaged, white and minority ethnic communities to raise awareness of CSE and address the issue of underreporting of CSE and abuse. Councils and their partners need to engage with local community organisations such as women's groups, youth groups and religious groups. Learning should be disseminated to parents to help build the resilience of children and young people and prevent them from becoming victims or offenders in online and street grooming circles.

It is important to treat parents as equal partners in most instances, to improve the understanding of CSE and minimise the risk to children and young people.

Better awareness raising and education: for professionals and the wider community

More information needs to be provided to the public and professionals about CSE. Those people in frontline community roles, such as pharmacists, school nurses, bus drivers, housing officers, shopkeepers, hoteliers and taxi drivers, should be made aware of the signs and what to do if they suspect CSE. Awareness raising campaigns also need to be clear that CSE affects both boys and young men as well as girls and young women. Councils and their partners should engage the media in a more proactive way to raise awareness about CSE and the effect on victims. Ofsted's report commended the level and type of awareness raising campaigns to safeguard children in the areas it inspected.

The Office of the Children's Commissioner recommended that relationships and sex education must be provided by trained practitioners in every educational setting for all children and young people. This must be part of a holistic/whole-school approach to child protection that includes internet safety and all forms of bullying and harassment and the getting and giving of consent.

Leadership, challenge and scrutiny

The Rotherham Inquiry found that "the Rotherham Safeguarding Children Board and its predecessor oversaw the development of good inter-agency policies and procedures applicable to CSE. The weakness in their approach was that members of the Safeguarding Board rarely checked whether these were being implemented or whether they were working." The report drew attention

to the vital importance of the challenge and scrutiny function of the LSCB and of the council itself to ensure robust responses to tackling CSE.

The Ofsted thematic inspection report highlighted that, in areas where CSE had been made a priority, local strategies were better developed and linked in to other key local strategies, such as gangs and licensing. Senior leaders and politicians generally had a better understanding of the issues in those areas, and elected members were recognised as challenging and scrutinising the work of professionals effectively. Ofsted suggested that in areas where the LSCB CSE strategy was underdeveloped and the financial and resource implications of tackling CSE were unknown: “elected members must urgently improve the quality and level of scrutiny and challenge to ensure that local authority senior leaders and partners are coordinating an effective response.”

The CLG Select Committee Inquiry recommended that any council where there are credible allegations or suspicions of child abuse must investigate them and conduct a review of the response and local approach. The report also raised a number of concerns about the role of scrutiny in Rotherham, citing that nobody had checked the quality or actual implementation of strategic plans. The Committee noted that, particularly where councils have a single party predominance or where there may be strong and dominating personalities, the role of scrutiny is essential. The scrutiny function should be separated from the executive of the council to ensure there is robust challenge when there is evidence of an acute problem which the executive and lead officers have failed to address. There were also concerns about the skills and level of training for executive councillors, who were not challenging low quality reports by officers.

In our ‘Key lines of enquiry’ section of this report, we suggest questions that lead members, scrutiny chairs and all councillors should be asking of their officers and partner agencies to ensure that CSE is being addressed effectively at the local level.

Professional attitudes and use of language

The Office of the Children’s Commissioner’s Inquiry and report recommended that the use of the term ‘child prostitution’ should be removed from all government documents and strategies. The recent Coffey report also recommended that there should be no references to child prostitution in any documentation. This dated language has been found in a number of areas and councils should review all of their documentation related to CSE and ensure that references to child prostitution are removed.

Coordinated, strategic approaches and performance management

Councils and LSCBs require a strategic approach, with coordinated, joined up local responses to address CSE. Recommendations include joint commissioning arrangements for CSE, sexual assault, rape and domestic abuse support services; common thresholds for interventions across agencies; clear referral pathways; pooling of budgets across the police, council children’s services and health services.

Ofsted’s thematic inspection raised concerns that not all local areas were collecting and sharing the information needed to have an accurate picture of CSE in their area. There was a lack of evaluation about how effectively CSE cases were being managed, and therefore this could not be used to improve current practice. Ofsted highlighted a number of concerns, including: not using formal child protection procedure in cases where children and young people were identified at risk of CSE; screening and assessment tools not being used consistently; management oversight of cases not being consistent and children in need plans not being robust enough. They also suggested that dedicated CSE teams did not necessarily mean that children received improved services, as specialist CSE support was also needed in addition to a social worker.

There are a series of recommendations from the recent reports for LSCBs, including:

- The LSCB should develop locally agreed clear information sharing protocols to ensure that children at risk can be identified at an early stage.
- LSCBs must undertake scoping activity in the local area to identify the level of need in their area and ensure that service provision effectively supports young people who experience both running away and CSE.
- Every Local Safeguarding Children Board should review their strategic and operational plans and procedures against the seven principles, nine foundations and the See Me, Hear Me Framework of the Office of the Children's Commissioner's final report, ensuring they are meeting their obligations to children and young people and the professionals who work with them. Gaps should be identified and plans developed for delivering effective practice in accordance with the evidence. The effectiveness of plans, procedures and practice should be subject to an on-going evaluation and review cycle.
- CSE should be included in local performance frameworks to ensure it is a priority for all agencies.
- Governance arrangements should be clear between the Health and Wellbeing Board, the Community Safety Board and the Local Safeguarding Children Board, to ensure a coordinated approach and ownership of the local response.

Training for all professionals

The National Working Group Network report, citing Barnardo's recommendations, suggested that training should be developed for frontline staff in services for children and young people to recognise the warning signs and risk factors of child sexual exploitation and how to respond using child protection procedures. This should include understanding the elements of grooming and coercion so that a child or young person's behaviour is not dismissed as rebellious or somehow consenting to the abuse. It should also include an understanding of the sexual exploitation of Black, Asian and minority ethnic victims and different types of victim-offender models. Information about the behaviour of people who sexually offend should also be incorporated into training and awareness-raising activities.

Ofsted suggested that existing training for professionals was of a high standard, but wasn't always reaching or targeting the right people. Councils were not found to be evaluating the impact of the training to find out whether it was making children and young people safer. Some staff, such as those working in education were not always attending or being given training. The report praised councils where the training was compulsory for elected members and professionals who work with children and young people, and saw a more coordinated approach to tackling CSE in those areas where this was the case.

Disruption and prosecution

Reports have raised concerns regarding the number of allegations made about CSE and perpetrators and the number of associated prosecutions. There are a number of recommendations for the police, the Crown Prosecution Service and others, but for councils it was made clear that not all areas are making best use of the full range of powers available to them to disrupt offenders.

For example some areas were not issuing abduction notices where they may have been appropriate to safeguard children from sexual exploitation. Multi-agency working and information sharing across partners, including with the police, was seen as a vital approach to improve disruption activity.

Child sexual exploitation: myth vs reality

Recent media attention on specific cases of CSE has led to sector wide concerns that stereotypes and myths about this crime could lead to a narrow focus on one particular form of CSE. The danger of this is that attention can be diverted from crimes which do not appear to match that model, with the risk of victims not receiving the help they need.

There are many myths surrounding CSE and the examples used here are taken from the interim report of the Office of the Children's Commissioner's (OCC) Inquiry into CSE in Gangs and Groups. They are all real, though the names have been changed⁵.

10 myths and the reality

Myth #1:

There are very few 'models' of CSE

Reality: The grooming and sexual exploitation of young people can take many different forms. CSE can be carried out by individuals (lone perpetrators), by street gangs or by groups. It can be motivated by money ie commercial sexual exploitation, which involves the exchange of a child (for sexual purposes) for the financial gain of the perpetrator or for non-commercial reasons such as sexual gratification or a belief in entitlement to sex. It can occur in a wide range of settings, but the common theme in all cases is the imbalance of power and the

control exerted on young people. The stories below highlight just some of the different models that exist.

Sophie's story

'Sophie's' mum, Linda, has been known to a local violence against women service for a number of years because of the violence she has experienced from multiple partners. Sophie is a white British young woman and she was 13 years old when Linda met Ray. Ray, who was also white British, moved in with Linda and was violent towards both her and her children. Ray began to invite his friends around to the house. They, in turn, were abusive to Linda and her children. Following this, Ray offered Sophie as a sexual commodity to his friends on a regular basis, and threatened Linda and Sophie with violence if Sophie did not comply.

Site visit 4 evidence

⁵ The myths in this report were put together for a 2013 briefing in conjunction with the NWG Network: Tackling CSE and the Office of the Children's Commissioner. Berelowitz, S. et al (2012) "I Thought I was the Only One. The Only One in the World" The Office of the Children's Commissioner Inquiry into Child Sexual Exploitation In Gangs and Groups Interim Report. http://www.childrenscommissioner.gov.uk/content/publications/content_636

Teegan's story

'Teegan', a white British young woman, was sexually exploited from the age of 12 years old. From the age of 13 Teegan was taken by a Turkish man to a variety of 'parties' across England that she reports were in nice houses and in some cases described as 'mansions'. In these houses Teegan would be raped by several men, from a range of ethnicities, who were paying to use her. Teegan described a book being available with photographs and ages of all of the girls being sexually exploited by this particular group. Men could choose which girls they wanted. Teegan reported men paying those who were exploiting her up to £500 for an hour with her. Groups of men could also request one girl to share between them over a night, where the rape of the girl would be filmed. The operation involved men working the streets to pick up vulnerable girls, forming 'relationships' with them by grooming them and then passing them on to the men who controlled the business. If Teegan ever refused to comply, she would be beaten and her family threatened. Following the abuse, Teegan took several overdoses, was placed in secure accommodation, and self-harmed by cutting and ligaturing sometimes on a daily basis. Teegan described the abuse that she experienced as serious and organised, and is unwilling to make a formal complaint for fear of repercussions from those involved in the operation.

CSEGG interview with a young person

Sahida's story

'Sahida', a 17-year-old British Pakistani young woman, made an allegation of sexual abuse against a family member. As a result she was threatened with a forced marriage. Sahida's family claim they want to remove her from the country to curb her 'wild behaviour'. Following these threats Sahida began spending time with older males, described by professionals as 'Asian', and was moved to multiple locations by them. Sahida is now pregnant as a result of the sexual exploitation she has experienced. Family members have physically assaulted Sahida as a punishment for the pregnancy.

Call for evidence submission

Myth #2:

It only happens in certain ethnic/cultural communities

Reality: Both perpetrators and victims are known to come from a variety of ethnic and cultural backgrounds. CSE is not a crime restricted to British Pakistani Muslim males or white British girls, despite media coverage of high profile cases. Site visits carried out by the OCC inquiry identified perpetrators and victims of CSE from a wide range of ethnic backgrounds. A thematic assessment by the Child Exploitation and Online Protection Centre identified that "Research tells us that the majority of known perpetrators in the UK of this crime are lone white males".

However, it is important that councils and partners do not shy away from confronting the reality of CSE in their area. Through the LSCB, a clear profile of local need should be developed that clearly identifies the prevalence and profile of sexual exploitation taking place. If a particular group or community is disproportionately involved in the abuse of children and young people, this must be acknowledged and tackled.

Myth #3:
It only happens to children in care

Reality: The majority of victims of CSE are living at home. However, looked after children account for a disproportionate number of victims and can be particularly vulnerable. An estimated 20-25 per cent per cent of victims are looked after, compared with 1 per cent per cent of the child population being in care. This does, however, leave around 80 per cent per cent of victims who are not in the care system.

Myth #4:
It only happens to girls and young women

Reality: Boys and young men are also targeted as victims of CSE by perpetrators. However, they may be less likely to disclose offences or seek support, often due to stigma, prejudice or embarrassment or the fear that they will not be believed. They may feel that they are able to protect themselves, but in cases of CSE physical stature is irrelevant due to the coercion and manipulation used.

Randall's story

'Randall' is a 15 year old boy, of mixed ethnic heritage, and described by professionals as 'exploring his sexuality'. He is said to be unaware of safe routes to meeting other gay young people. Professionals report Randall has been seen hanging around at bus stops. He has disclosed to professionals that he has been targeted by groups of men who are grooming him to exchange sex for alcohol, cigarettes and acceptance. Professionals are working with Randall to try to keep him away from areas of risk, but they are aware he continues to go missing and are unable to account for his whereabouts on all occasions.

Site visit 8 evidence

Myth #5:
It is only perpetrated by men

Reality: There is evidence that women can be perpetrators of this crime too. They may use different grooming methods but are known to target both boys and girls. In relation to group and gang related CSE, the OCC inquiry found that the vast majority involved only men and, where women are involved, they are a small minority. Where women or girls were identified as perpetrators, their role was primarily, though not exclusively, to procure victims. Women and girls who were perpetrating were identified during the inquiry's site visits tended to be young, had histories of being sexually exploited themselves and of abusing others in tandem with the group or gang that had previously sexually exploited them. Women and girls directly involved in sexually exploiting children were either in relationships with men who were perpetrators or related to, or friends with, men and boys who were abusers.

Myth #6:
It is adults abusing children

Reality: Peer-on-peer child sexual exploitation happens too and this can take various different forms. For example, young people are sometimes used to 'recruit' others, by inviting them to locations for parties where they will then be introduced to adults or forced to perform sexual acts on adults. Technology can also play a significant role, with young people known to use mobile technology as a way of distributing images of abuse.

Rebecca's story

Rebecca is a 15-year-old black British girl, and has reported she was forced by a group of girls to have sex with a boy in the girls' toilets at their school; otherwise they would beat her up. The group of perpetrators were made up of three 14-year-old girls and one 14-year-old boy, all of whom were black British. One of the girls is described as the 'instigator' of the assault. Another girl filmed the assault on her mobile phone. The assault took place as part of a pattern of ongoing bullying of Rebecca. She was anally raped by the 14-year-old boy. She had never had sex before this assault.

Police Case File Submission

Myth #7:

It only happens in large towns and cities

Reality: Evidence shows that CSE can and does happen in all parts of the country. CSE is not restricted to urban areas such as large towns and cities but does in fact happen in rural areas such as villages and coastal areas. High profile police operations in areas as diverse as Rochdale, Cornwall and Oxfordshire are clear examples of this. Young people can also be transported between towns, cities, villages etc., for the purpose of being sexually exploited and this is known as trafficking within the UK (an offence punishable by up to 14 years imprisonment).

Myth #8:

Children are either victims or perpetrators

Reality: The OCC inquiry found that around 6 per cent per cent of victims reported in their call for evidence were also identified as perpetrators. It is important to keep in mind that, although children may appear to be willing accomplices in the abuse of other children, this should be seen in the context of the controls exerted by the perpetrator.

Mitchell's story

'Mitchell' is a white British 17 year old boy, and has been known to the youth offending service for several years. From the age of 12 Mitchell was seen spending time with white British men, some of whom were believed to be sexually exploiting young women in the local area. Some of these older males bought Mitchell trainers, taught him how to comb his hair in particular ways and how to speak to girls. The older men also introduced Mitchell to some of the girls that they were sexually exploiting. At one point, he was found locked in a garage where one of the older males had brought young female victims of abuse. Mitchell gradually became involved in the sexual exploitation of young women in the local area, and would pass them onto his older peers.

Site visit 2 evidence

Myth #9:

Parents should know what is happening and should be able to stop it

Reality: Parents may be unlikely to be able to identify what is happening: they may suspect that something is not right but may not be in a position to stop it due to the control, threats or fear of the perpetrators. There can be risks to parents when seeking to protect their children and they can need support as well as their children. In some cases, there can be an overlap with abuse within the family and this could be a reason why parents do not intervene.

Myth #10:**Children and young people can consent to their own exploitation**

Reality: A child cannot consent to their own abuse. Firstly, the law sets down 16 as the age of consent to any form of sexual activity. Secondly, any child under-18 cannot consent to being trafficked for the purposes of exploitation. Thirdly, regardless of age a person's ability to give may be affected by a range of other issues including influence of drugs, threats of violence, grooming, a power imbalance between victim and perpetrators. This is why a 16- or 17-year-old can be sexually exploited even though they are old enough to consent to sexual activity.

Local case studies

Blackburn with Darwen Council: Engage Team

Background

Operation Engage was a police led operation set up in 2005, focusing on an area of Lancashire where there were a large number of missing children. Operation Engage worked with a total of 30 children, all girls, over a period of three years. The team built up ongoing, trusting and supportive relationships with the young people, who over time disclosed a range of sexual and violent abuse. All of the children (bar one) were looked after, and mostly cared for in children's homes.

The project

In 2008 the Engage Team, a co-located multi-agency response to tackle CSE, was established by Blackburn with Darwen Safeguarding Children Board to continue the work initiated under Project Engage. The team are co-located in one building and key partners are social care, police and health. Voluntary sector service providers are also a key delivery partner. The team consists of: one team manager; six young people's workers (from the council, Barnardo's and Brook); one social worker; one administrator; two nurses; one PACE worker (Parents Against Child Sexual Exploitation, parent support worker); one Princes Trust worker; one detective sergeant; four detective constables and one missing from home coordinator (police). Many external partners are also involved in the work of the team, with virtual support for the wider group of partners who have weekly team meetings eg youth offending, schools, the women's centre, drug and alcohol service and licensing services.

The team has developed over time, becoming more specialised in CSE services from 2009 onwards. Understanding of patterns of abuse, risk factors and warning signs of CSE has developed over time and the team approach reflects this. Since April 2014 the team has additionally been responsible for all interviews when a child returns from a missing episode. The team are independent of the care planning pathway process for 11 -18 year olds, and only involve social workers when there is a clear need, for example where there are cases of neglect at home. CSE demands a non-stigmatising response, so young people's workers are the preferred main point of contact.

The team has access to information on databases from all agencies; the information is shared openly (and legally) in order to protect children. The team reports are always reported up to the LSCB. A work culture where everyone has a genuine voice, where all agencies are equal partners, works well in Blackburn with Darwen; there is no single dominating partner and everyone has ownership of the issues.

Impact

Current key challenges for the team are to ensure that they remain child focussed and non-stigmatising, whilst also aligning processes, such as the recording and evidencing required by social work procedures. Incorporating processes, without letting services be dictated by that process has been a key challenge, avoiding delays in supporting the child or loss of the sensitive approach.

The team has achieved a number of successful prosecutions, resulting in a total of 700 years in custody for perpetrators. This accounts for sexual offences specifically, and does not include other disruption activity such as prosecution for offences such as drugs related charges or abduction order notices. Prosecutions are led by police staff in the Engage Team. The Engage Team worked with the Crown Prosecution Service (CPS) to assess how they could gain convictions using robust evidence, and consequently the team now looks for evidence which supports the young person's story, rather than identifying the gaps and weaknesses. A young person's key worker will prepare the child for the court process, throughout the case, including post-trial; and a PACE worker provides support for parents. The team have a 98 per cent success rate. Over time the team are now predominantly dealing with grooming offences; concentrating on prevention and disruption activity.

The Engage Team Manager, Nick McPartlan, advises that "senior leaders and politicians need to be open, honest and transparent and demonstrate flexibility when addressing the abuse. Political sign-up, resources and capacity are vital."

Further information

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Calderdale Council: Co-located specialist CSE team and daily intelligence sharing meetings

Background

In Calderdale, prior to June 2014, children who were identified as being at risk of sexual exploitation were experiencing different levels of service provision across the first response and locality teams. Communication between the key agencies involved in service delivery was sometimes a barrier in ensuring young people received a swift joint approach to address their needs. The agencies delivering relevant services were based in different locations and not always available to respond immediately.

The project

Since June 2014, police officers and social workers have been co-located in a specialist CSE team at the police station. Other key agencies such as The Children's Society's 'Safe Hands', health, youth services and the youth offending team are also part of the virtual team. Daily briefings are held and any intelligence is shared immediately so robust action can take place to ensure children identified at risk of CSE are safeguarded. The roles and responsibilities of the police officers and social workers within the team are clearly set out, as are the responsibilities of the key partner agencies working with the team. The wider operational group of partner agencies now attend a weekly meeting so that all information can be shared in a more timely and effective way.

Impact

The new approach has led to a number of improvements in local work to protect children and young people from CSE:

- all new cases are discussed at the next daily briefing and multi-agency decisions are made regarding the appropriate action to be taken

- fewer transfer points are promoting greater consistency in services for children and young people
- there is improved communication and joint working between social care, the police and the voluntary sector service provider and an increased number of joint visits between the three key agencies
- the continuity of shared intelligence and response delivered by social care staff within the team has improved
- the team provides CSE expertise, support and where required, joint visits to children on the local CSE Matrix who have remained with other social care teams
- there is CSE social care support and guidance in respect of thresholds regarding young people who are on the CSE Matrix
- the team ensures that all operational group recordings and intelligence is shared with other social care staff and recorded on the child's electronic file
- social care staff are now a part of the preventative programme delivered to other agencies.

Many of the actions being taken in Calderdale are recent processes, and results and improvements in processes are already being seen. The council and partners acknowledge that there are still areas for further action including the continual review of team, the processes in place and resources available and needed.

Further information

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Essex Safeguarding Children Board: CSE champions

Background

Essex Safeguarding Children Board (ESCB) formed a strategic group with neighbouring local authorities, Southend and Thurrock, to ensure a joint approach to child sexual exploitation (CSE) across the County.

One of the key outcomes from the strategic group was to develop a CSE champion role, and each organisation was subsequently asked to nominate a lead within their agency.

The project

The key features of the CSE champion's role are to:

- keep up to date with developments, policy and procedures in relation to CSE
- act as a point of contact for disseminating information from the ESCB
- provide advice and signposting in relation to individual cases.

The CSE champions are expected to be familiar with the Essex CSE risk assessment toolkit, know how to submit intelligence to Essex Police, cascade the learning from the CSE champions training and provide ongoing updates to their teams.

Impact

There have been about 300 CSE champions trained from various organisations across Essex; some organisations have more than one champion because of their size.

Currently the format of the champions training comprises a full day, with the first half delivered by local practitioners from the Essex Police child sexual exploitation triage team and the Essex County Council CSE lead. The afternoon session is delivered by a psychotherapist who focuses on brain science, understanding perpetrators and making sense of responses of victims.

Going forward, Essex intends to make this a half day training session facilitated by the police and council with input from a voluntary sector organisation. The training will be more focussed on how to apply the tools available in Essex and will be a practical session using case studies.

One of the biggest outstanding challenges is being able to meet the demand for training, particularly as it is being delivered by operational staff and therefore has to fit in with the demands of their day job.

The champion role is an important mechanism for the ESCB, helping to raise awareness about CSE, the Essex risk assessment toolkit, and the importance of submitting the right intelligence to the police. Champions also act as a key communication route through the agencies to staff teams and the community.

As a way of providing ongoing support, the ESCB has recently completed four CSE Champions networking forums in each quadrant area, which have been well attended. This is part of the ongoing commitment to supporting CSE champions in their workplace.

Further information

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Greater Manchester: Project Phoenix, It's not okay campaign

Background

Project Phoenix emerged from the Greater Manchester Safeguarding Partnership in April 2012, following a scoping exercise into existing practice in relation to child sexual exploitation. The project was partly a response to high profile cases in Rochdale, Stockport and other parts of the country and recognition from all partners that a more effective joined-up approach was needed to tackle CSE. Project Phoenix was Greater Manchester's single, collaborative approach which aimed to improve the response to CSE strategically, operationally and tactically.

The project

Phoenix is a key priority for the Association of Greater Manchester Authorities' (AGMA) Wider Leadership Team. The Phoenix Executive Board is chaired by the City Director for Salford City Council and the Board feeds directly into the AGMA Wider Leadership Team and the Greater Manchester Leaders' Forum. Tackling CSE is also a priority for the Police and Crime Commissioner and Greater Manchester Police.

The main objectives of Phoenix are to:

- raise standards across all partners in dealing with CSE
- improve cross-border working between local authorities in Greater Manchester

- improve consistency across Greater Manchester
- achieve buy in from all key partners
- raise awareness of CSE with the public, professionals, businesses, young people, etc
- encourage people to report concerns in relation to CSE.

Under Phoenix there are now specialist CSE teams in place in each of the ten districts of Greater Manchester. Each team works with young people being sexually exploited and offers a joined-up, multi-agency response. Prior to Phoenix, there were only two such CSE teams in the region. Phoenix provides advice, support and guidance to these teams to ensure that all professionals are working to a consistent set of standards and procedures to improve services offered to victims and those at risk of CSE.

Impact

One of the main achievements of Phoenix has been to develop and roll out a consistent approach to measuring a young person's risk of CSE. Regardless of where a young person lives in Greater Manchester they will receive the same CSE assessment, meaning that all local authorities and key partners are talking about the same thing when it comes to CSE risk.

The scoring system of the tool allows for professional judgements to be made and is child focussed. The information can be collated and sent to LSCBs in a consistent way and is used to develop a better picture of the scale of CSE across Greater Manchester. The project has also developed local information sharing protocols, education guidance and guidelines around disruption activity.

According to Damian Dallimore, Project Phoenix Manager, "Since its inception in 2012 Phoenix has made great strides in the services we offer to young people affected by CSE and their families. To do this we need the support of the public, professionals, businesses and young people, to contact us with any concerns they may have in relation to young people being targeted and exploited in this way and I would encourage everyone to have a look at our website www.itsnotokay.co.uk where you can find out more about CSE as well as help and advice about where to report it and steps you can take to ensure young people are kept safe."

Further information

The Project Phoenix website, including campaign materials and a range of resources for young people, parents and professionals can be found at: www.itsnotokay.co.uk

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Pan-London Operating Protocol for CSE

Background

The Metropolitan Police Service (MPS) first set up a London wide CSE team in 2012, and the Pan-London Operating Protocol to tackle CSE emerged from the work of this regional team. Detective Superintendent Terry Sharpe chaired a multi-agency group and researched best practice in tackling and disrupting CSE from other areas, and those who had managed successful disruption and prosecution of offenders.

The project

The Pan London Operating Protocol brought together a set of procedures on how to tackle CSE for all 32 London Boroughs, to ensure a consistent approach was being taken across the capital. The Protocol was originally trialled in the summer of 2013 to ensure it was fit for purpose and the final version was launched in February 2014 in London's City Hall. The primary aim of the Protocol is to safeguard children and young people across London from sexual exploitation, and all London boroughs and LSCBs are signed up to the Protocol.

The Protocol is designed to raise awareness, safeguard children and young people and enable identification of perpetrators of CSE and to bring them to prosecution. To do this local interventions and disruptions are being put in place. It can often take a long time to gain the trust of a victim to get them to disclose what has happened to them, so in the meantime creative disruptions are put in place to stop or prevent the abuse from happening. For example a CSE investigation into one perpetrator led to their vehicle registration number being added to the police database. As a result the perpetrator was pulled over and firearms were found in the back of their vehicle. The perpetrator is now in prison, but is not aware that he was stopped as a result of a child sexual exploitation investigation.

The Protocol has established three categories of CSE. The first category, Level 1, is used when there is suspicion of CSE, but no evidence as to what is happening. This is recorded on the police system, so that if there are further suspicions at a later point in time, then there is more evidence to support the case. The information also helps to identify perpetrators and potential 'hotspots.' Level 1 cases are dealt with by local borough police officers or the appropriate statutory agency who is best placed to provide clarity regarding these suspicions. Details of children and young people and with suspected perpetrators are entered onto the Police National Database (PND). Therefore, if a frontline officer finds a young person in a known 'hotspot' area for CSE, or if they stop a car and have concerns, they will be able to take the appropriate action to safeguard the child even when no offences have been disclosed. The level 1 category was not previously recorded by the police in London on a crime recording database, as no crime has been known to be committed at this stage. Level 2 and 3 cases are more serious and dealt with by the centralised MPS CSE Team.

Impact

The Protocol is helping to raise awareness of CSE, particularly amongst frontline police officers. Two videos have been shown to all frontline officers, including telephone staff handling 101 calls. This includes a video outlining the warning signs of CSE. The mnemonic 'SAFEGUARD' has also been created to help officers remember the warning signs along with an app that can be downloaded to assist in remembering the signs. The second film highlights the approach taken by Thames Valley Police in the 'Operation Bullfinch' investigation and shares a victim's perspective of how she was dealt with by the police during her ordeal. This is followed up with a one hour training session, which all frontline Met police officers have attended.

The Protocol has led to improved awareness of CSE amongst the community, particularly with hoteliers and other local businesses such as taxi firms. For example, the London Borough of Waltham Forest has recently launched 'Operation Makesafe,' a partnership initiative with the local business community to identify potential CSE victims and, where necessary, to deploy police officers to intervene before any harm occurs to a child or young person. Operation Makesafe has involved an awareness raising marketing campaign and training for local hoteliers, off licences and taxi firms, to recognise the CSE warning signs and what action should be taken if CSE is suspected. As a result of the training a local firm agreed to donate marketing materials, such as hotel door adverts, posters and car mirror hangers for taxis, for free.

According to Detective Superintendent Terry Sharpe “senior level engagement across partner agencies in delivering the protocol makes a big impact in tackling CSE.”

Further information

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The Pan-London Operating Protocol can be found at: <http://content.met.police.uk/Article/Launch-of-The-London-Child-Sexual-Exploitation-Operating-Protocol/1400022286691/1400022286691>

Portsmouth: CSE strategy and awareness raising campaign

Background

The Portsmouth Safeguarding Children Board set up a CSE subcommittee in 2012 and tasked the council in early 2014 with developing the local CSE strategy. The strategy has been implemented across partners alongside a local CSE action plan and risk assessment tool.

The project/strategy

In conjunction between the Portsmouth LSCB and the Safer Portsmouth Partnership, a marketing campaign was launched in 2013, using a web based approach and traditional billboard and bus adverts to promote ‘Is this Love?’ The campaign looked at the aspects of a healthy relationship, highlighting the concerns about both domestic abuse and sexual exploitation of young people. The campaign also tied into the Safer Portsmouth Partnership priority of addressing high rates of domestic abuse in the area, particularly amongst young people. It is important to distinguish CSE from other forms of abuse such as domestic violence, however, there may sometimes be links and similar indicators, so all teams in Portsmouth are joined up to ensure appropriate information sharing and plans are in place to safeguard children and young people identified as at risk of abuse.

In addition to the publicity work, a theatre based production for young people, Chelsea’s Choice, was run in Portsmouth secondary schools to help young people explore the risks and warning signs of CSE. In early 2014 an awareness campaign was also delivered across local services including GPs and the police, this included a CSE conference for local agencies.

A risk assessment tool was developed as part of the local action plan, based on the Derby Model, and adapted to the local circumstances. This was recently implemented for local agencies to help identify children at risk of CSE. Spot the signs training was also delivered to professionals across the partner agencies. In early 2014 a local CSE strategy was developed; the strategy is a short document, used as a practical tool for front line workers, particularly to give local context to the CSE action plan. The CSE sub-committee of the Portsmouth Safeguarding Children Board has also established a multi-agency operational panel to ensure the coordination of the identification, assessment, and planning for children and young people at risk of or experiencing CSE.

Impact

As a result of the specific local focus and joined up approach to tackling CSE; there have been huge improvements in identification and support for children and young people at risk of CSE.

In Portsmouth a Joint Action Team, with co-located services including social workers, police, health, a domestic abuse worker, targeted youth support worker and Barnardo’s, lead on

working with young people identified as being at risk of CSE or trafficking, as well as children and young people who have returned from a missing episode. The work of the team feeds directly into the multi-agency CSE operational group comprising health, police and children's services. The group regularly shares information on the age profiles of victims, gender and ethnicity information, as well as whether children are looked after by the local authority and any professional from any team can raise concerns they have about a specific young person. Details of suspected perpetrators, locations of concern and disruption work are also shared within the group. The meetings give the police the opportunity to share 'soft information' of interest, for example where shops may have been selling legal highs.

The Portsmouth CSE strategy provides direction and filters down to the front line to give focus on CSE, and has influenced changes in practice, for example the risk assessment toolkit is being updated to reflect recent national level developments in CSE. The CSE action plan and strategy is in the process of being refreshed to ensure that it incorporates the wider approach to missing, exploited and trafficked children and young people. Portsmouth Council, the LSCB and the police have also been working on an improved data gathering process for children who go missing. Incidences of children who go missing are currently under-reported, and the council and key partners are working to understand the levels of need of children who have been trafficked.

The refresh of the CSE strategy and action plan is examining in closer detail the impact and outcomes of the local approach, for example, many local indicators are moving in the right direction but the committee is now evaluating impact to establish whether the improvements are a direct result of the local action plan, awareness raising and disruption activities.

Nicola Waterman, Strategy Manager, says that "commitment of all partners is essential in developing a CSE strategy and action plan. Involving all partners from the outset, particularly where there are a number of health agencies, is vital."

Further information

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Slough Council: Licensing 'splinter' group

Background

In late 2013, Slough LSCB and Thames Valley Police agreed to work together on a CSE awareness raising campaign for licensed premises. A 'licensing splinter' group was established, linked to the CSE sub-group and consisting of representation from Slough Borough Council licensing team, an Engage worker (CSE specialist team) and a Thames Valley Police Inspector. The group continues to meet on a bi-monthly basis; their work is strongly supported by councillors and forms a key part of the overall communications package on CSE awareness raising.

The project

In late 2013, the licensing group wrote a short article about CSE, which was published in the Slough Taxi & Private Hire Newsletter. CSE has consistently featured in subsequent newsletters to re-enforce awareness, and taxi firms and ranks are a key focus for the 'Licensed Premises' working group. CSE is now mainstreamed into the work of the council licensing team, which has been significant in helping to maintain momentum on issues such as delivery of a CSE

presentation to the Pub Watch Scheme members in December 2013. The three teams involved in the working group set about coordinating premises visits in specific areas, and team members unfamiliar with CSE were trained and briefed on the key messages and action to take. A script with consistent messaging was developed to relay to local businesses. Thames Valley Police and the licensing team have now visited all local hotels and B&B's. The Engage team and police community support officers visited other local businesses and the council's food and safety and trading standards officers are also raising awareness at fast food outlets and other retail outlets during routine inspections.

During visits to local businesses, awareness raising packs were distributed. Hotels and B&Bs received a Say Something If You See Something (SSIYSS) poster, Children's Commissioner CSE indicators, a letter from the Slough LSCB Chair and a Barnardo's leaflet.

Impact

Following each 'wave' of visits, the team completed an evaluation detailing exactly which premises were visited and noting the time it took, who they spoke to and comments about the discussions with businesses and any concerns or questions that were mentioned.

- During 2013 there were 24 joint visits to hotels and B&B's, 44 packs were distributed.
- 261 joint visits were made to local businesses.
- Hotels contacted 101 to share concerns about CSE on three occasions.
- The number of visits in the two years up to December 2014 has now risen to 441.

The SIYSS posters and full awareness raising packs that the team put together, including the letter from the Chair of the LSCB, enabled a professional and credible range of information to be presented to the hotel trade. Over the summer of 2014 the team revisited premises in particular 'hotspot' areas, including hotels. The team took out posters and enquired to find out if they hotels had been displaying them and how staff members were being involved in being alert to CSE.

A multi-agency approach, embedded via the 'splinter group', has delivered enormous benefits, enabling a sharing of resources without placing a large capacity strain on a single agency. By visiting premises and hotels, publishing articles and having a better, wider presence across the town, the licensing working group has increased the degree of conversation within the communities about the issue of CSE in Slough.

In May 2014 the Engage team at Slough Council received an award from the National Working Group: Tackling Sexual Exploitation Network, for their work to address CSE. The council's licensing team was also recognised in early 2014 with a Berkshire Environmental Health Officers Award for Achievement for their work on raising awareness of CSE.

Further information

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www.slough.gov.uk/council/strategies-plans-and-policies/awareness-raising-initiatives.aspx

The NWG Network and The Children's Society have developed a campaign pack supporting local safeguarding children boards to work with retail, transport, and leisure and hospitality businesses to protect children in their communities from child sexual exploitation. The resources are available at: www.nwgnetwork.org/resources/resourcespublic?cat=74

Stoke-on-Trent City Council: Commissioning an independent review of CSE and missing children services

Background

Stoke-on-Trent City Council has always taken a proactive approach to analysing the work being done to protect and support vulnerable children and young people and was keen to learn how they could improve their practices and processes in this area.

A third sector organisation, Brighter Futures, is commissioned to deliver services for young people at risk and victims of sexual exploitation in Stoke-on-Trent. The service, known as Base 58, was due to be re-commissioned by March 2015. In February 2014, the decision was made to examine the existing service provision, looking at the strengths and weaknesses of the wider CSE multi-agency system, and assess where there were improvements needed. Brighter Futures was additionally contracted, alongside Base 58, to follow up children who had been reported missing, with workers making contact with young people who had been reported as missing within 48 hours of their return.

The authority commissioned a review of its CSE and missing children service which took place between May and July 2014. In August 2014, 'The Child Sexual Exploitation Service and Missing Children Service for Young People in Stoke-on-Trent; A Review' was published.

The project

The CSE and missing children service review was commissioned by children and young people's commissioners; with the public health team and the Stoke-on-Trent Safeguarding Children Board supporting the review.

The proposal for the review went to the LSCB for their approval and commitment. The process took a total of 8 months from the initial proposal to the final report. The design of the review included an assessment of best practice and benchmarking of the CSE and missing children services. Chanon Consulting in conjunction with the University of Bedfordshire was deemed to be the most appropriate bid, due to the academic rigour and credibility of the proposed approach.

The approach entailed a paper review of policies and procedures, as well as numerous qualitative and quantitative methods. Focus groups were conducted with practitioners, commissioners from the children and young people's service, police, managers, and third sector providers. Children in care were involved, as was the Chair of the LSCB. In addition, case studies of children and young people who had been using the services were also provided.

Outcomes

The report highlighted significant good work and practice, particularly concerning the council's joined-up work with safeguarding partners. In addition, there was praise for the recognition by agencies that CSE continues after 18, with support for young people transitioning to adult services; and mention of the efforts made with schools to raise awareness of the issues.

Recommendations for further work were also noted, with the need to address some minor issues, as well as longer term goals for the CSE and missing children service and suggestions for improved multi-agency working. Quick wins included the creation of a CSE coordinator post. The review has resulted in an action plan which has been put together and is being taken forward. The action plan is owned jointly by all agencies on the LSCB executive. The current CSE and missing children service has been extended for 12 months to enable the council to

ensure that it gets the recommendations of the report right, and to implement any necessary CSE service and wider system re-design.

Amanda Owen, strategic manager for safeguarding and quality assurance at Stoke-on-Trent City Council, says: “We take the issue of child sexual exploitation extremely seriously. That is why, as part of our overall strategy to prevent CSE in the city and to protect our vulnerable young people, we commissioned this independent review. The report has left the city in a very good position to improve services.”

To fully benefit from a review of CSE services and strategies, councils and LSCBs should:

- be prepared to take an honest look at the services delivered
- be absolutely honest and transparent about arrangements, for example with the public, the media and all key stakeholders
- consider whether a review is being conducting for the right reasons. Are you willing to redesign and improve your services as an outcome of the review?
- ensure that the review is undertaken by professionals with an understanding of the effect of CSE on children and is undertaken with academic rigour.

Further information

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The final report is available at: www.beds.ac.uk/__data/assets/pdf_file/0011/449948/CSE-Missing-Service-Review-Stoke-on-Trent.pdf Christine Christie, July 2014, The Child Sexual Exploitation Service and Missing Children Service for Young People in Stoke on Trent: A Review. Chanon Consulting and The University of Bedfordshire.

West Midlands Region: Regional standards, pathways and self-assessment

Background

The West Midlands region recognised the cross boundary nature of CSE and the need for a robust response, so in 2011 set up a CSE strategic group. The group was established on a metropolitan area regional level involving the seven local councils and the respective police force in the region, as well as voluntary sector and health representatives. The group focussed on the common challenges of tackling CSE and what could be done together. The councils involved included: Birmingham City Council; Coventry City Council; Dudley Metropolitan Borough Council; Sandwell Metropolitan Borough Council; Walsall Council; Wolverhampton City Council and Solihull Metropolitan Borough Council as well as the West Midlands Police. There was recognition of the cross boundary nature of the threat and the need for a robust and consistent regional approach to CSE, to avoid a postcode lottery of service provision across the West Midlands.

The project

In 2013 a task and finish group, chaired by a local authority chief executive, was set up to create a consistent and child centred approach to responding to CSE across the region.” The group developed 15 regional standards and pathways for tackling CSE. Guidance was also developed for front line practitioners and managers to support the implementation of the

regional standards and pathways. It is anticipated that the regional standards will be added to each member LSCB's safeguarding procedures manual. (The pathways, standards and self-assessment tool can be found online at www.local.gov.uk/cse)

The aim of the approach was to create a consistent and child centred approach to responding to CSE across West Midlands Police Force area, underpinned by the See Me Hear Me framework developed by the Office of the Children's Commissioner. There are still locally tailored pathways in each council area, dependent on local level circumstances, but a more unified regional level approach is in place, for example through a regional induction pack for the workforce on missing children, trafficking and CSE.

Impact

Implementation of the standards and pathways was managed at the local level, with LSCB Chairs playing a key role in monitoring the progress and impact of the regional standards. A self-assessment framework assisted LSCBs with local implementation, and also enabled the identification of common areas for improvement across the seven LSCB areas; a regional workshop for practitioners and managers was held to support with implementation.

As a result of the common pathways and standards, and self-assessment screening tool, Solihull MBC has found that they are now much better at identifying victims of CSE. There has been a significant increase in the number of young people identified as at risk of harm from CSE since the screening tool was embedded, with an increase of 104 per cent of children identified at risk between May 2013 and October 2014.

Key learning from the regional approach suggests that:

- effective data collection is critical to the delivery of a robust response and to regional problem profiling
- a regional response does not replace the need for robust, coordinated action at a local level
- establishing a regional approach needs a commitment to extra resources and capacity to ensure timeliness and understanding and embedding of the approach
- senior buy in is needed for influence and impact
- sound governance arrangements were crucial to embed the standards and pathways when partners were at different stages of implementation.

Liz Murphy, former Safeguarding Children Business Manager at the Solihull LSCB highlights that "our aim has been to create a consistent response to CSE across the region and, most importantly, to use feedback from children and young people to develop and embed a multi-agency response that recognises and responds to children and young people as victims, and actively involves them in the safeguarding process. In addition we wanted to ensure sufficient emphasis on the disruption and prosecution of offenders."

Further information

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The See Me Hear Me West Midlands campaign website, developed by Dudley MBC as part of the communications plan for the regional framework can be accessed at:
www.seeme-hearme.org.uk/

Key resources and further reading

The online CSE resource for councillors available at: www.local.gov.uk/cse includes many further resources, key links, recommended reports and reading, and more details on our case studies included in this report. Below are a number of key resources:

- Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford www.childrenscommissioner.gov.uk/content/publications/content_743
- Alexis Jay (2014). Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013. www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham
- Ann Coffey, (2014). Real Voices: Child Sexual Exploitation in Greater Manchester. An Independent Report by Ann Coffey MP. www.gmpcc.org.uk/wp-content/uploads/2014/02/81461-Coffey-Report_v5_WEB-single-pages.pdf
- Ofsted, (2014). The Sexual Exploitation of Children: It Couldn't Happen Here, Could It? www.ofsted.gov.uk/sites/default/files/documents/surveys-and-good-practice/t/The%20sexual%20exploitation%20of%20children%20it%20couldn%E2%80%99t%20happen%20here,%20could%20it.pdf
- The Communities and Local Government Committee, (2014). Child Sexual Exploitation in Rotherham: Some Issues for Local Government. www.publications.parliament.uk/pa/cm201415/cmselect/cmcomloc/648/648.pdf
- It's not okay: www.itsnotokay.co.uk/ Part of Project Phoenix, Greater Manchester
- See me hear me: www.seeme-hearme.org.uk/ Part of the West Midlands campaign, adapted from the Office of the Children's Commissioner's final report and recommendations.
- Pan London Operating Protocol to Tackle CSE and related resources <http://content.met.police.uk/Article/Launch-of-The-London-Child-Sexual-Exploitation-Operating-Protocol/1400022286691/1400022286691>
- Office of the Children's Commissioner, CSE Warning Signs and Vulnerabilities Checklist. www.local.gov.uk/c/document_library/get_file?uuid=72f54483-f97b-4f0e-a815-c969509cb27f&groupId=10180
- Barnardo's www.barnardos.org.uk/what_we_do/our_work/sexual_exploitation.htm
- Tackling CSE Helping Local Authorities to Develop Effective Local Responses http://www.barnardos.org.uk/tackling_child_sexual_exploitation.pdf
- The Children's Society <http://www.childrenssociety.org.uk/what-we-do/policy-and-lobbying/children-risk/child-sexual-exploitation>

- The APPG for Runaway and Missing Children and Adults and the APPG for Looked After Children and Care Leavers (2012). Report from the Joint Inquiry into Children Who Go Missing from Care.
www.childrenssociety.org.uk/sites/default/files/tcs/u32/joint_appg_inquiry_-_report...pdf
- National Working Group, Tackling Sexual Exploitation www.nwgnetwork.org/
- NWG Network (2014) Summary of Recommendations: A summary of all recommendations from a series of reports, inquiries, serious case reviews and research.
<http://www.nwgnetwork.org/resourcefilepublic.php?id=1206&file=1>
- Blast – project to support boys and young men <http://mesmac.co.uk/blast>
- PACE (Parents Against Child Sexual Exploitation) www.paceuk.info/
- University of Bedfordshire: International Centre researching CSE, violence and trafficking
www.beds.ac.uk/intcent
- MsUnderstood www.msunderstood.org.uk/

Appendices

Key risk factors and warning signs of child sexual exploitation

CSE is not limited to any particular geography, ethnic or social background, and all councils should assume that CSE is happening in their area and take proactive action to prevent it.

The Office of the Children's Commissioner included in its interim report, a 'key warning signs and vulnerability checklist' to identify those at risk of CSE and for those who may already be victims of abuse.⁶ There is no set formula for identifying CSE and therefore the lists should not be seen as exhaustive.

The following are typical **vulnerabilities in children prior to abuse**:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
- Recent bereavement or loss
- Gang-association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only)
- Attending school with children and young people who are already sexually exploited
- Learning disabilities
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families
- Friends with young people who are sexually exploited
- Homeless
- Lacking friends from the same age group
- Living in a gang neighbourhood
- Living in residential care
- Living in hostel, bed and breakfast accommodation or a foyer
- Low self-esteem or self-confidence
- Young carer.

6 Berelowitz, S. et al (2013). "If only someone had listened" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation in Gangs and Groups Final Report. London: Office of the Children's Commissioner. Rochdale Oxford www.childrenscommissioner.gov.uk/content/publications/content_743

The following signs and behaviour are generally seen in children who are **already being sexually exploited**:

- Missing from home or care
- Physical injuries
- Drug or alcohol misuse
- Involvement in offending
- Repeat sexually-transmitted infections, pregnancy and terminations
- Absent from school
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites
- Estranged from their family
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Poor mental health.
- Self-harm
- Thoughts of or attempts at suicide.

The Barnardo's 2007 Sexual Exploitation Risk Assessment Framework⁷ identifies a range of risk factors for CSE. These should not be seen as an exhaustive list, but include:

- Disrupted family life;
- A history of abuse and disadvantage;
- Problematic parenting;
- Disengagement from education;
- Going missing;
- Exploitative relationships;
- Drug and alcohol misuse;
- Poor health and well-being

⁷ Barnardo's Pilot Study 'Sexual Exploitation Risk Assessment Framework' (SERAF) (2007). The framework is used as a risk assessment framework by many local agencies. http://www.barnardos.org.uk/barnardo_s_cymru_sexual_exploitation_risk_assessment_framework_report_-_english_version-2.pdf

Overview of key prosecutions

The following list of prosecutions is not exhaustive, but helps to give an overview of the range of towns and locations that have seen high profile CSE cases. The list does not contain all prosecutions, for example cases where perpetrators have been prosecuted for other offences as part of disruption activity e.g. drugs or firearms offences.

Year	Area	Number of convictions
1997	Leeds	2
2003	Keighley	2
2006	Blackpool	2
2007	Oldham	2
2007	Blackburn	2
2008	Sheffield	2
2008	Oldham	2
2008	Manchester	2
2008	Blackburn	2
2009	Sheffield	1
2009	Blackburn	2
2009	Skipton	2
2010	Rochdale	4
2010	Nelson	2
2010	Rochdale	9
2010	Preston	2
2010	Rotherham	5
2010	Derby	9
2010	Cornwall	6
2011	Burnley	4
2011	Blackburn	4
2012	Rochdale	9
2012	Telford	2
2012	Derby	8
2012	Oxford	7
2012	Reading	4

Notes

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Schools, Children and Families O&S Committee: Work Programme 2017/18

Chair: Cllr Susan Barnett

Committee Members: Cllrs: Sue Anderson; Matt Bennett; Kate Booth; Barry Bowles; Debbie Clancy; Shabrina Hussain; Julie Johnson; Chauhdry Rashid; Mike Sharpe, Martin Straker-Welds and Alex Yip

Representatives: Samera Ali, Parent Governor; Evette Clarke, Parent Governor, Adam Hardy, Roman Catholic Diocese; and Sarah Smith, Church of England Diocese

Officer Support: Scrutiny Team: Emma Williamson (464 6870) Amanda Simcox (675 8444)
Committee Manager: Louisa Nisbett (303 9844)

1 Priority Issues

1.1 The following were highlighted in June as the possible priority issues for the committee's 2017/18 municipal year:

- Children's Trust (13 Sep 2017 plus workshop in November 2017)
- Fair Access protocol with all Schools (13 Sep 2017)
- Children missing school and missing from school e.g. permanent exclusions, home schooled and changing schools (briefing 24 Aug 2017)
- Early Years (consultation 19 June 2017 - 17 August 2017)
- School attainment/improvement (headline data in Dec 2017 & detailed data Mar 2018)
- Young people and housing (discussed at workshop - may be a joint piece of work with Housing and Homes O&S Committee)
- Parents Manifesto / Charter (discussed at workshop)
- Radicalisation (March 2018)

1.2 Annual reports/updates on:

- School places sufficiency (will be e-mailed to Members)
- Birmingham Safeguarding Children Board (BSCB – 17 January 2018)
- Youth Justice Strategic Plan (13 Dec 2017)
- Progress reports on the Committee's Previous Inquiries: Child Sexual Exploitation (CSE), Children Missing from Home and Care and Corporate Parenting (18 Oct 2017)



1.3 Potential priorities for 2018/19 Work Programme:

- How reading is applied in the early years setting (Cllr Debbie Clancy)
- Ward Councillors being actively involved in schools within their ward (Cllr Carl Rice)
- Exclusions (Cllr Carl Rice)

2 Meeting Schedule

All at 1.30 pm in Committee Rooms 3 & 4	Session / Outcome	Officers / Attendees
14 June 2017	Informal meeting to discuss the Work Programme. Outcome: <i>This discussion has informed the work programme</i>	
12 July 2017 At 2pm Send out: 4 Jul 2017	The Education and Children's Social Care Improvement Journey Outcome: <ul style="list-style-type: none"> • <i>Briefing note has been requested on children missing school e.g. home schooled and a briefing can be set up.</i> • <i>An update on return home interviews to be provided.</i> • <i>A briefing note on family support to be provided (awaiting details of what needs to be included from Members).</i> 	Cllr Brigid Jones, Cabinet Member for Children, Families and Schools and Colin Diamond, Interim Corporate Director, Children and Young People
	Birmingham's new Strategy for SEND (Special Educational Needs and/or Disabilities) and Inclusion Consultation Outcome: <ul style="list-style-type: none"> • <i>The committee fed into the consultation.</i> 	Jill Crosbie, AD, SEND; Marie Dobson, Project Manager, Education Services and Professor Geoff Lindsay, Chair, Inclusion Commission
13 September 2017 Send out: 5 Sep 17	Children's Trust (In addition there was a briefing session for all Councillors on 11 th July 2017 and the July's Cabinet report has been forwarded to the Committee). Outcome: <ul style="list-style-type: none"> • <i>That further reports will be presented to Committee as set out in the reporting / accountability Service Delivery Contract.</i> 	Andy Couldrick, Chief Executive, Birmingham Children's Trust and Sarah Sinclair, Interim AD (Commissioning) Children's Services



All at 1.30 pm in Committee Rooms 3 & 4	Session / Outcome	Officers / Attendees
	<p>Fair Access Protocol Consultation</p> <p>Outcome:</p> <ul style="list-style-type: none"> A further report to be submitted to Committee which addresses any outstanding issues raised and a clear performance framework to include headline data on the numbers of children that have been identified through the Fair Access Protocol and the timeframes by which they were put back into a suitable school. 	<p>Alan Michell, Interim Operational Manager, Schools Admissions</p>
<p>18 October 2017</p> <p>Send out: 10 Oct 2017</p>	<p>Tracking: Children Missing from Home and Care and update on CSE</p> <p>Last discussed on 26 April 2017 and outstanding action was that key measures of success that will be used and WMP to come back with Evaluation report regarding locating missing people to be included in update.</p> <p>Outcome:</p> <ul style="list-style-type: none"> Requested a briefing note be provided by the end of the municipal year (April 2018) to update Members on progress with return home interviews for children placed out of the city. 	<p>Superintendent Paul Drover, West Midlands Police</p> <p>Alastair Gibbons, Executive Director for Children Services</p> <p>Debbie Currie, AD Child Protection, Performance & Partnership and Margaret Gough, CSE Co-ordinator</p> <p>David Bishop, Head of Service Children Out Of School</p> <p>Rob Cotterill, Barnardos and Karen Woodsfield, The Children's Society</p>
	<p>Tracking: Corporate Parenting</p> <p>Outcome:</p> <ul style="list-style-type: none"> Tracked recommendations and an update on the Members survey to be included at the February meeting when discussing the Corporate Parenting Board annual report. 	<p>Andy Pepper, AD, Children in Care Provider Services and Natalie Loon, Corporate Parenting Coordinator</p>
<p>22 November 2017</p> <p>Workshop</p>	<p>Children's Trust Workshop</p> <ul style="list-style-type: none"> Dave Hill, Children's Social Care Commissioner Andy Couldrick, Chief Executive, Children Trust Colin Diamond, Corporate Director for Children & Young People Sarah Sinclair, Interim AD (Commissioning) Children's Services Seamus Gaynor, Children's Trust <p>Outcome:</p> <ul style="list-style-type: none"> Members discussed: <ul style="list-style-type: none"> What is the interface between O&S and Children's Trust? How does O&S scrutinise the Council's Intelligent Client Function? How are Members more widely engaged? 	<p>Kalbir Sangha, Project Manager, Programme and Projects Team and Seamus Gaynor, Children's Trust</p>



All at 1.30 pm in Committee Rooms 3 & 4	Session / Outcome	Officers / Attendees
13 December 2017 Room 2 Send out: 5 Dec 2017	Citywide School Attainment Statistics – Headline data Outcome: <ul style="list-style-type: none"> Members provided with the headline data and asked to confirm what they would like for the March 2018 meeting. 	Colin Diamond, Corporate Director for Children & Young People, Tim Boyes, Chief Executive and Tracy Ruddle, Director of Continuous School Improvement, BEP and Shagufta Anwar, Senior Intelligence Officer
	Youth Justice Strategic Plan 2016 – 17. Outcome: <ul style="list-style-type: none"> Members updated on the Plan and Members to discuss gangs at the January 2018 committee meeting. 	Dawn Roberts, AD, Early Help and Trevor Brown, Head Of Youth Offending Services
8 January 2018 at 16.45 Room 6	Call-in Request: Birmingham's Strategy for SEND and Inclusion Outcome: <ul style="list-style-type: none"> Decision not called-in and a letter will be sent to the Cabinet Member. 	Cllr Carl Rice, Cabinet Member for Children, Families and Schools; Jill Crosbie, AD, SEND; David Bridgman, Head of SENAR and Andrew Wright, Head of Virtual School for Children in Care
10 January 2018 at 12.30 Scrutiny Office	Informal meeting to discuss the budget proposals to feed into the public consultation	Cllr Carl Rice, Cabinet Member for Children, Families and Schools and Anne Ainsworth, Deputy Director
17 January 2018 Send out: 9 Jan 2018	Update on Progress on the Child Poverty Commission's recommendations (1.30pm – 2.10pm approx)	Councillor Tristan Chatfield, Cabinet Member for Community Safety and Equality (Marcia Wynter, Cabinet Support Officer) Cllr Roger Harmer and Cllr Robert Alden (lead Members on the Commission) Jacqui Kennedy, Strategic Director for Place Suwinder Bains, : Cohesion and Partnerships Manager
	Birmingham Safeguarding Children Board (BSCB) Annual report (2.10pm – 3.10pm approx)	Penny Thompson, Chair of BSCB and Simon Cross, Business Manager
	Gangs (3.10pm – 4.10pm approx)	Dawn Roberts, AD, Early Help and Trevor Brown, Head Of Youth Offending Services and Mat Shaer and Nick Dale, West Midlands Police



All at 1.30 pm in Committee Rooms 3 & 4	Session / Outcome	Officers / Attendees
	Child Sexual Exploitation (CSE) Briefing / Guidelines for Councillors (4.10pm approx)	Debbie Currie, AD Child Protection, Performance & Partnerships; Julie Young, AD Safeguarding (education) and Jon Needham, School Advisor – Safeguarding
14 February 2018 Send out: 6 Feb 2018	CLlr Carl Rice, Cabinet Member for Children, Families and Schools Six Month Update.	Suman McCarthy, Cabinet Support Officer
	The AD, Children in Care Provider Services presents an annual Corporate Parenting Board report to the Schools, Children and Families O&S Committee.	Andy Pepper, AD, Children in Care Provider Services and Natalie Loon, Corporate Parenting Support Officer
	Childcare Sufficiency (either February or March)	Lindsey Trivett, Head of Early Years, Childcare and Children's Centres
21 March 2018 Send out: 13 Mar 2018	School Attainment Statistics for Secondary and Primary Schools	Colin Diamond, Interim Executive Director for Education, James Killan, Senior Information Officer and Shagufta Anwar, Senior Intelligence Officer Tim Boyes, Chief Executive and Tracy Ruddle, Director of Continuous School Improvement, BEP
	Childcare Sufficiency (either February or March)	Lindsey Trivett, Head of Early Years, Childcare and Children's Centres
	Radicalisation	Waqar Ahmed, Prevent Manager and Razia Butt, Resilience Advisor
25 April 2018 Send out: 17 Apr 2018	TBC	
	TBC	



3 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 received 18 October 2017
<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 and Schools by February 2018.</p>		

4 Visits

- 4.1 Previously Members visited the children in care social work teams to talk to front line staff: North West Central (21st February 2017), East (8th March 2017) and South (22nd July 2016 (included the ASTI Team) and 9th March 2017). Members may wish to visit other social work teams etc.
- 4.2 A visit is to be arranged regarding radicalisation before the 21st March 2018 committee meeting.

5 Inquiry

- 5.1 The committee to agree the topic for their inquiry.

Inquiry (TBC)

Date	Item



6 Working Groups

6.1 Members may wish to set-up Member led working group(s).

7 Useful Acronyms

ASTI = Assessment and Short Term Intervention BEP = Birmingham Education Partnership 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 COBS = City of Birmingham School CPR = Child Protection Register CRB = Criminal Records Bureau CSE = Child Sexual Exploitation DFE = Department for Education DV = Domestic Violence	EDT = Emergency Duty Team EFA = Education Funding Agency EHE = Elective Home Education EYFS = Early Years Foundation stage 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) LSCB = Local Safeguarding Children Board MASH = Multi Agency Safeguarding Hub NEET = Not in Education, Employment or Training NRPF = No Recourse to Public Funds Ofsted = Office for Standards in Education	PCT = Primary Care Trust PEP = Pupil Education Plan PEx = Permanent Exclusions PIE = Pride 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 SEDP = Special Education Development Plan SGOs = Special Guardianship Orders TA=Teaching Assistant UASC = Unaccompanied Asylum Seeking Children YDC = Young Disabled Champions YOT = Youth Offending Team
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8 Forward Plan for Cabinet Decisions

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

ID Number	Title	Proposed Date of Decision
000232/2015	School Organisation Issues which may include Closures, Amalgamations, Opening of a new school – Standing Item	30 Jun 17
002600/2016	Unattached School Playing Fields – Disposal for Development	24 Jan 18
004629/2018	Additional Primary School Places - Harborne Primary School Annex - FBC - Public Report	13 Feb 18
004650/2018	John Willmott School Conversion from Community School to Academy Status	24 Jan 18
004669/2018	Schools Private Finance Initiative and Building Schools for the Future Savings Review - Contract Termination	24 Jan 18
004681/2018	Admission Arrangements and Published Admission Numbers for Community and Voluntary Controlled schools and the Local Authority Co-ordinated Scheme 2019/2020	13 Feb 18

