

# Annual Report 2016/17



	Page number
Foreword	3
Introduction	4
Part 1 – Context and key facts about Birmingham	4
Part 2 - The Effectiveness of Safeguarding Arrangements	5
Part 3 - The Effectiveness of the Birmingham Safeguarding Children Board	19
Part 4 – Agency Action to Safeguard Children	25
Part 5 – Conclusions and Looking Forward	51
Part 6 – Appendices	53

## 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.

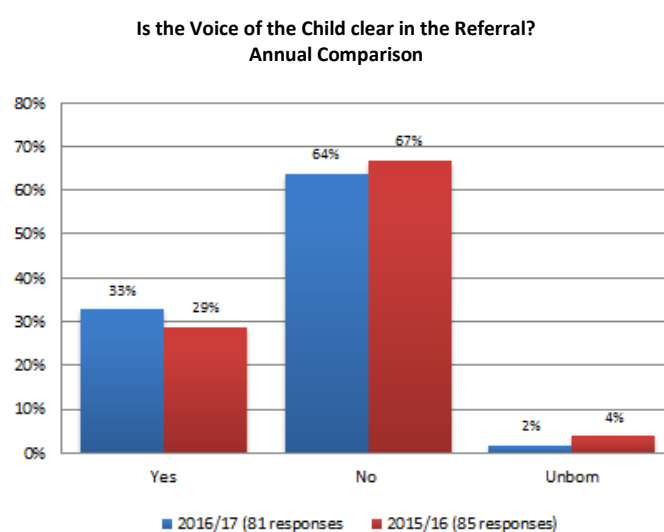
During March 2017 a survey of Looked After Children (LAC) in 'out of area' placements was conducted. The objective of the survey was to capture the views and experiences to improve partnership support for children in care. At the beginning of May 2017 there were 1,855

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?

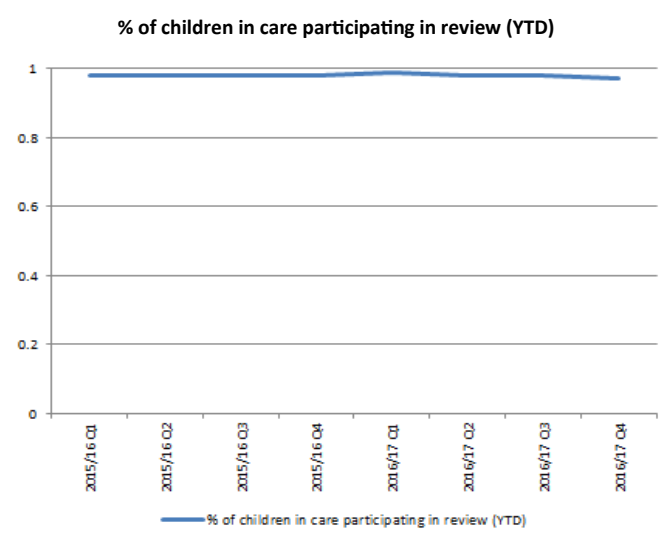
As part of a regular audit program of re-referrals we look for the voice of the child in the professional's referral. Figure 1 shows that there has been very little change in the number of referrals, with only 33% of referrals clearly articulating the voice of the child.

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.

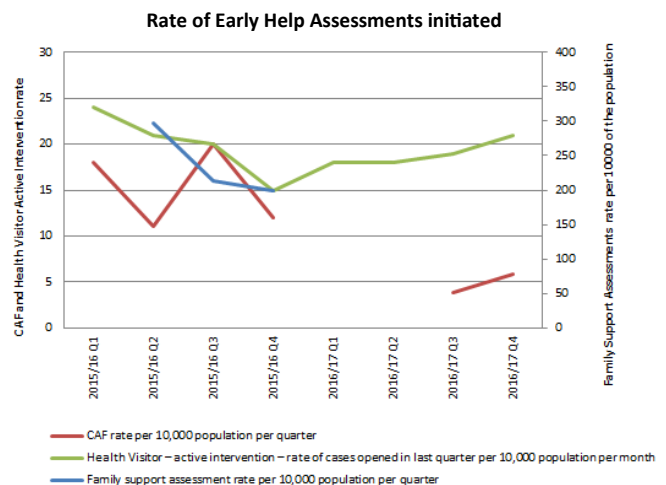
The aim of the service is not only to maintain the current high level of participation, but to improve upon the quality and meaningfulness of their participation. To achieve this we are working with our improvement partners from Essex and our own Children in Care Council to undertake a root and branch 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 1<sup>st</sup> 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

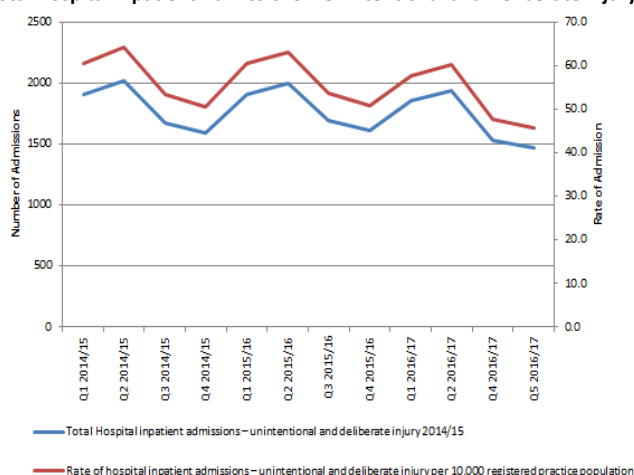


Figure 5 provides a breakdown of deliberate and unintentional injuries. This indicates that there has been a steady increase since quarter 2 of 2014/15 of young people who have been admitted for self-harm. The graphs also shows a cyclical nature of self-harm with more injuries due to self-harm in the 4<sup>th</sup> 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

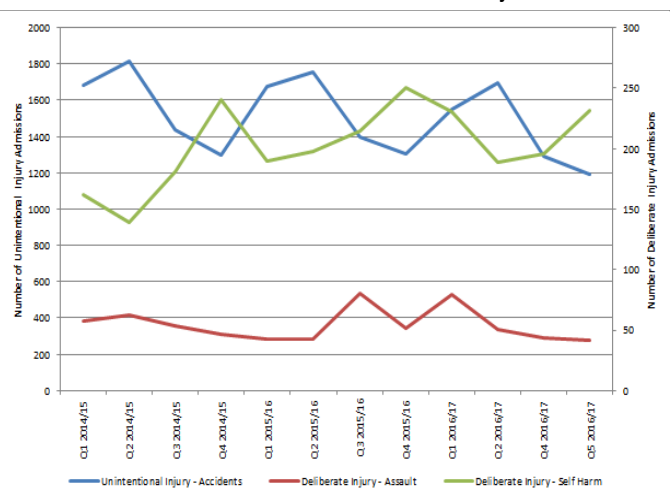


Figure 6 indicates that there has been a slight increase in the number of young people under the age of 18 years admitted into hospital for self-harm over the last three years.

Figure 6

Self-Harm Hospital Admissions

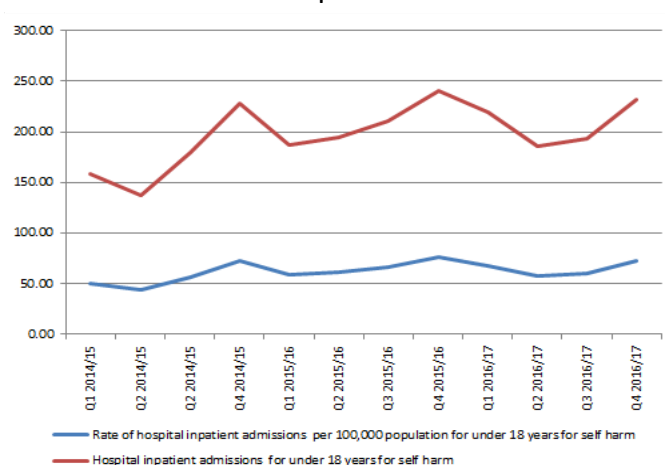
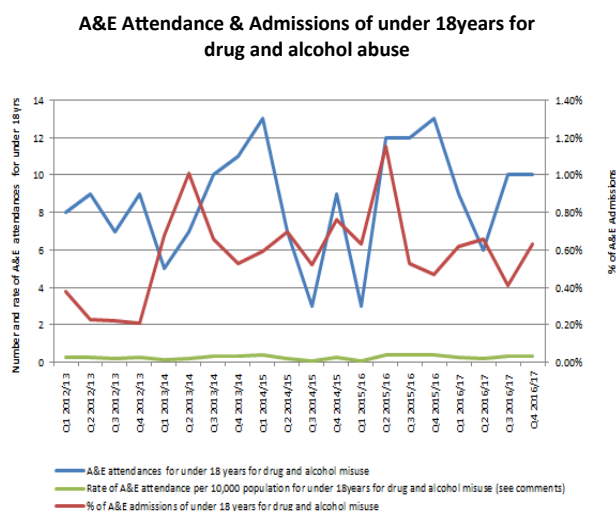


Figure 7 shows the accident and emergency attendance and admissions due to drug or alcohol misuse. The “blue line” represents the rate of young people and this shows there has been no significant change over the 3 years, with the exception of quarter 2 15/16 where there was almost a doubling of young 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

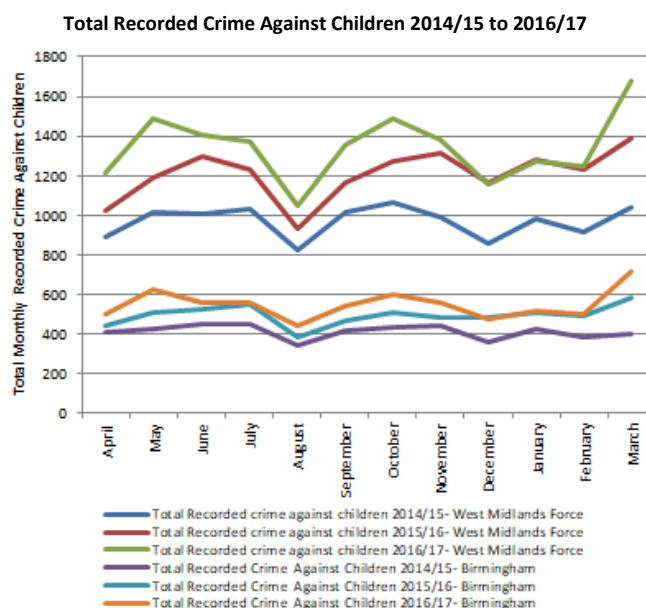


### West Midlands Police Data

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

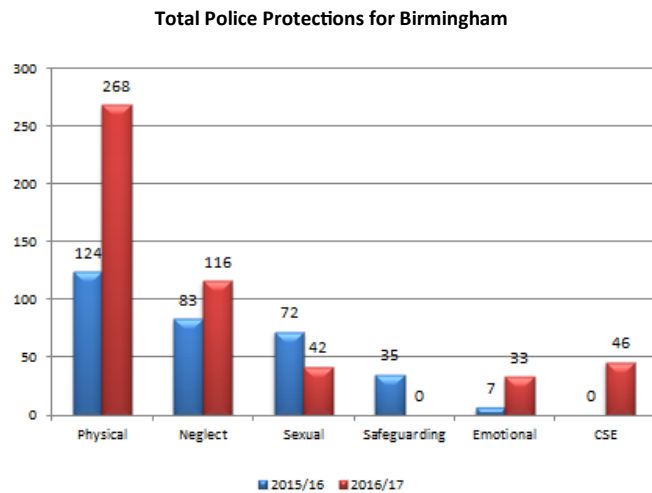
Top 20 Offences recorded against children 2016/17					
Offence as Recorded Birmingham	2014/15		2015/16		2016/17
	% by volume	Total Recorded	% by volume	Total Recorded	% by volume
Wilfully Assault Young Person under 16	14.2%	705	17.8%	1057	20%
Assault Occasion ABH	14.7%	731	14.8%	880	14%
Common Assault	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 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017, involving 505 children.
- There were 603 (602 2015/16) Police Protections Force wide involving 893 children. (Figure 10)



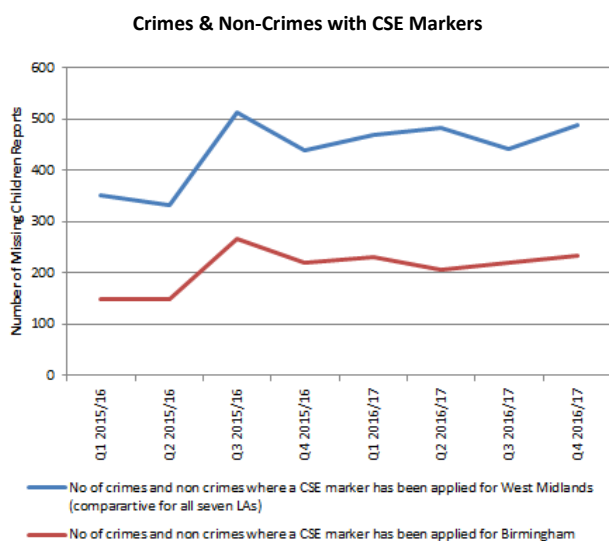
**Figure 10**



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**



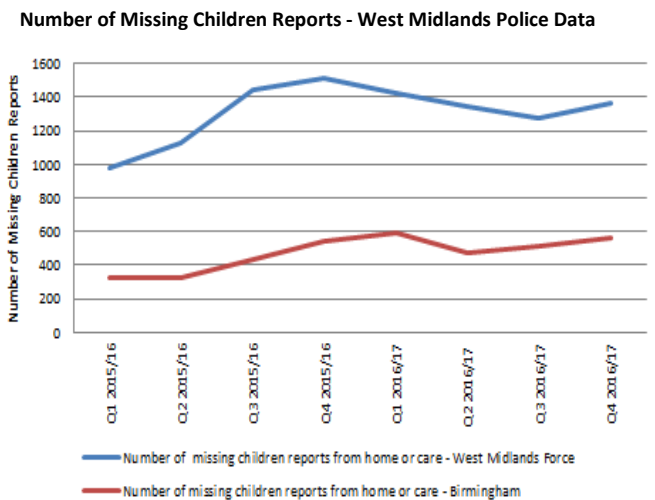
## Missing Children

- 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**

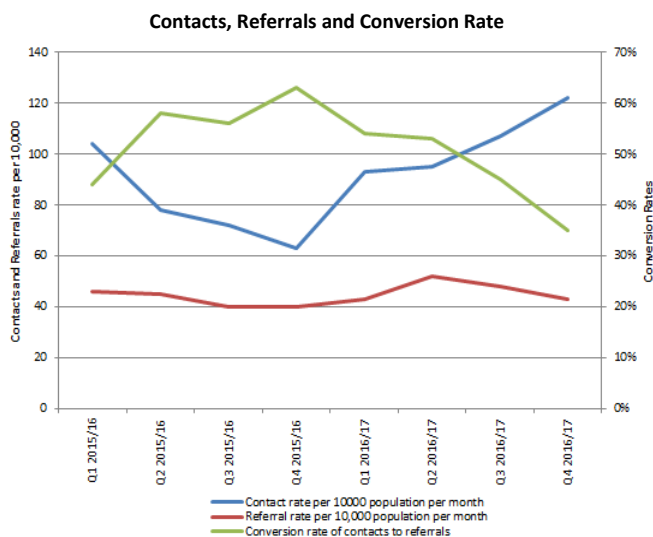
Birmingham	BHAM% of Total Volume	B'ham Total Volume	Force % of Total Volume	Force Total Volume
Outcome 1 - Charge or Summons	7.9	527	8.7	1419
Outcome 2 - Caution - Youth (inc Conditional Caution)	0.9	60	0.9	150
Outcome 3 - Caution - Adult (inc Conditional Caution)	1.4	96	1.6	260
Outcome 5 - The offender 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)

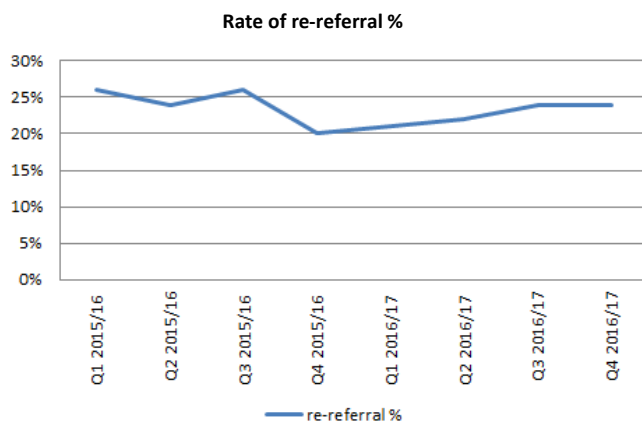
The MASH was functioning at full capacity over the year. In 2016/17 there were 16,590 referrals, 14,375 assessments were carried out, of which 3,633 were Section 47 enquiries. (Figure 14)

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

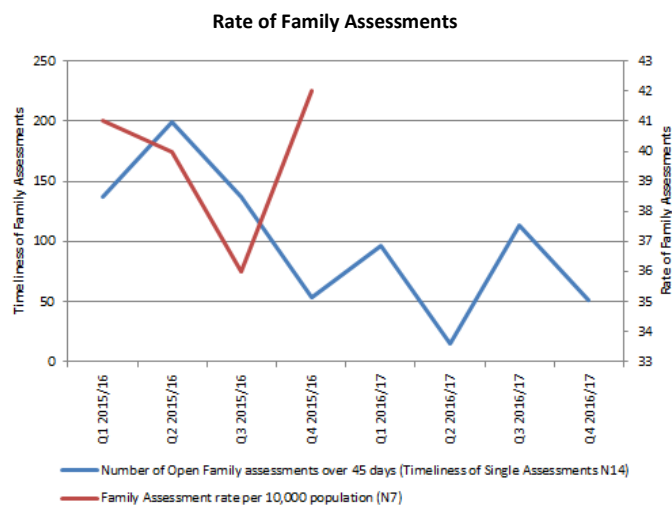


## Family Assessments

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

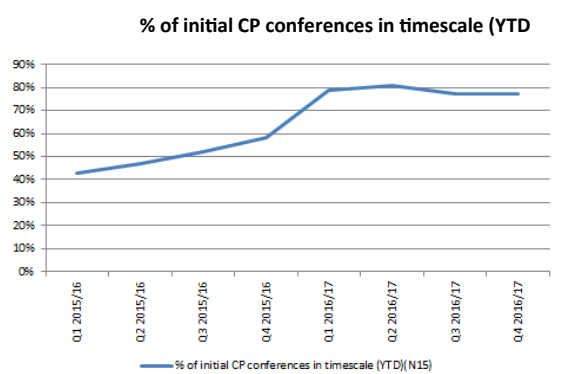
	Mar-15	Mar-16	Mar-17
No of Children on Child Protection Plans	1301	851	988
Rate per 10k	47	31	35
No of Children on Child in Need Plans	Not provided	2088	2347
Rate per 10k	Not provided	77	76
No of Children in Care	1963	1807	1846
Rate per 10k	72	66	65

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 31<sup>st</sup> March 2017 from 2088 at 31<sup>st</sup> 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**



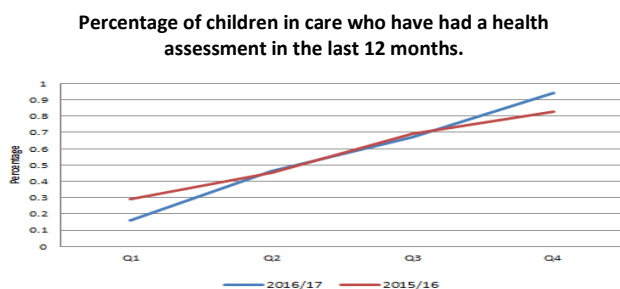
### Attendance at ICPC by Agency

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 31<sup>st</sup> 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**



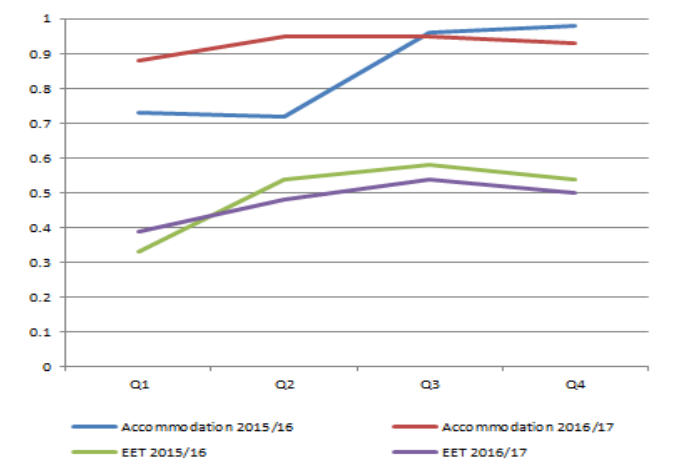
### Care Leavers

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**

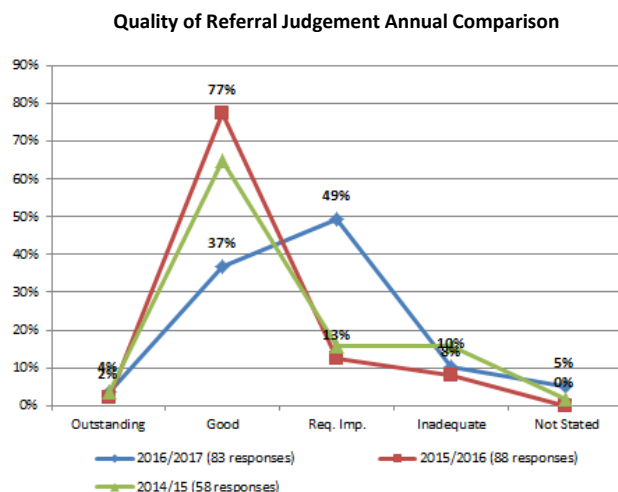
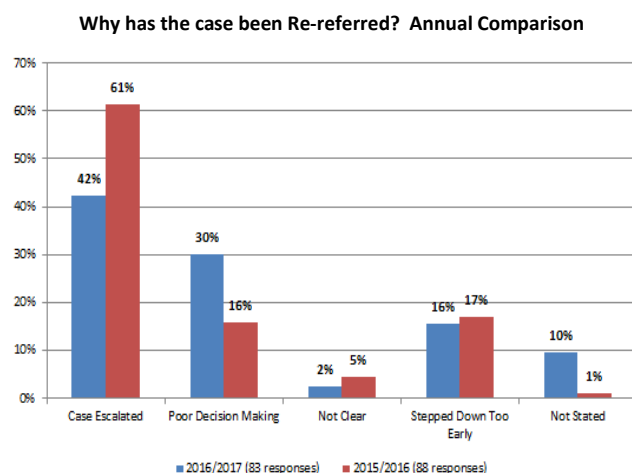


Figure 22 provides a breakdown of the auditors opinion of why the case was a re-referral.

**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- 2<sup>nd</sup> 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 – 12-14<sup>th</sup> 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-17<sup>th</sup> -19<sup>th</sup> 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 - 20<sup>th</sup> 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 - 28<sup>th</sup>-30<sup>th</sup> 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/](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 13<sup>th</sup> 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 appertains 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

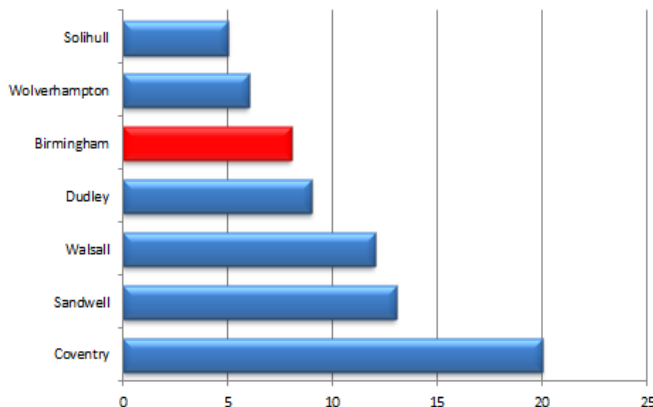
During the last twelve months tackling CSE has been and will continue to be a strategic priority, with leaders across the city acknowledging that further work is still required.

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.

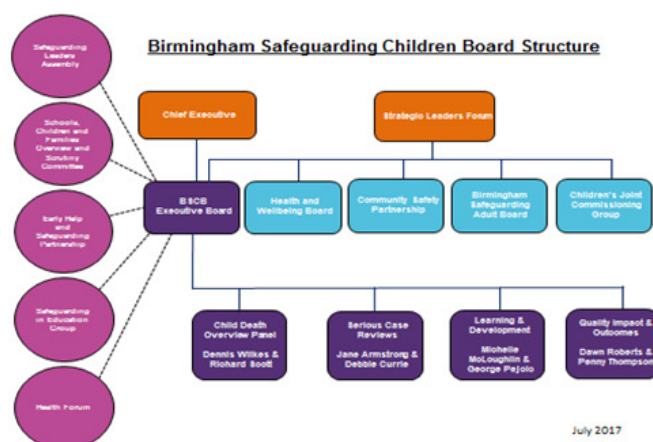
The new arrangements also incorporate a 'Safeguarding Leaders' Assembly which meet twice a year. Representation is from all key safeguarding stakeholders across the city, to ensure they are full engaged in safeguarding of children and young people.

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 1<sup>st</sup> 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

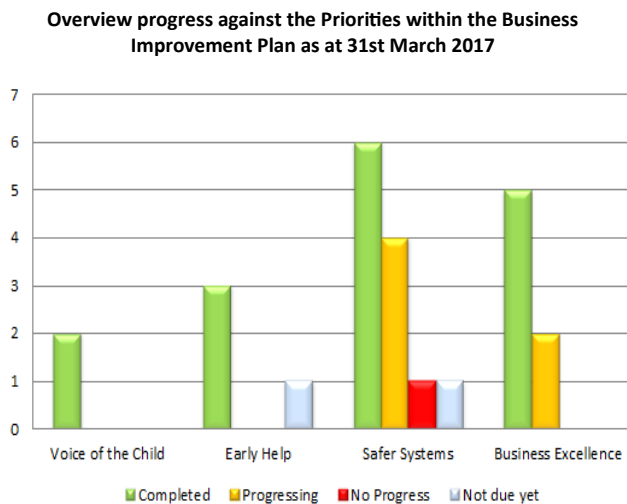
The Executive Board monitored progress throughout the year, with the relevant outstanding actions helping to inform the development of Business Improvement Plan for 2017/18. (Figure 31).

Figure 31

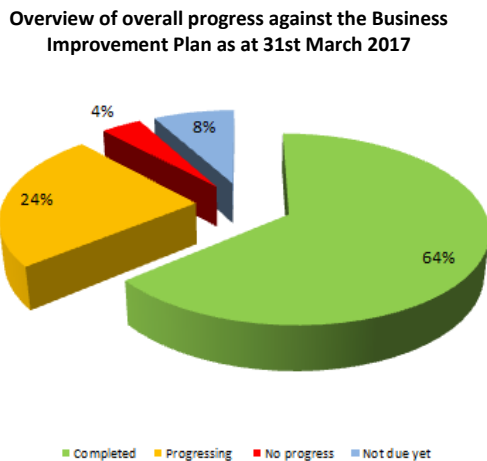


Figures 32 and 33 provide an overview of progress against each of the objectives in the Business Plan.

**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**

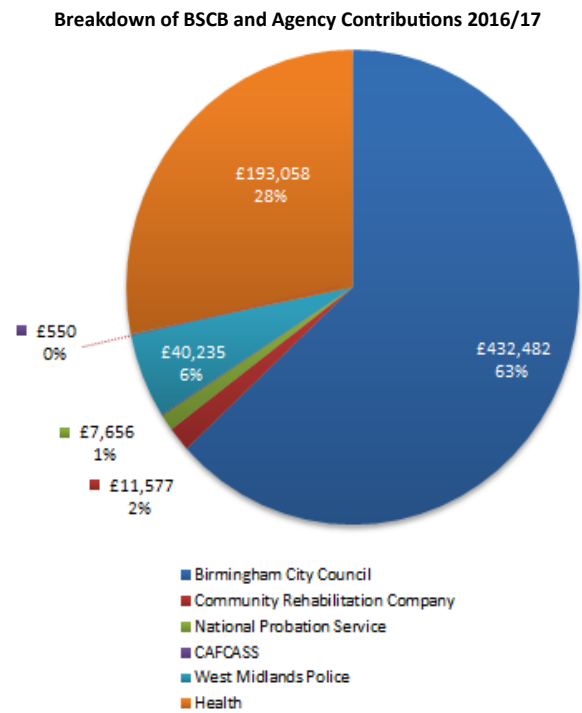
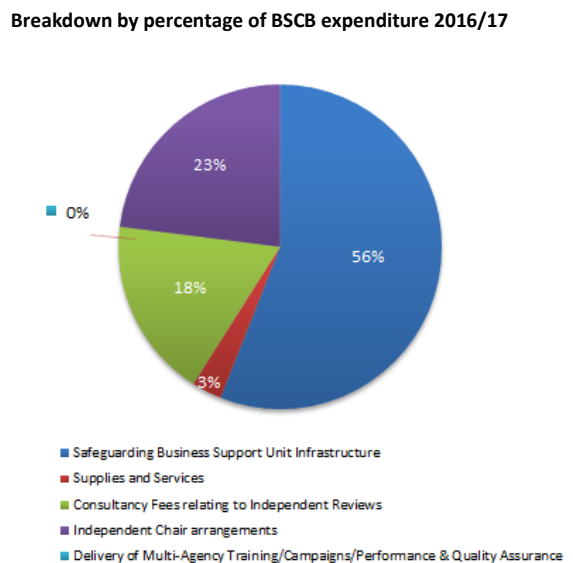


Figure 35 provides details of expenditure during 2016/17 which concentrated on five core business areas.

**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 were 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

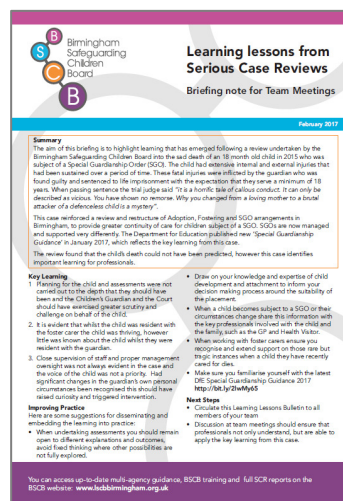
During the year the findings from one SCR, the tragic death of Shi-Anne Downer was published. The full report is available through the BSCB website. Shi-Anne's fatal injuries were inflicted by her guardian who was found guilty and sentenced to life imprisonment with the expectation that she serve a minimum 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



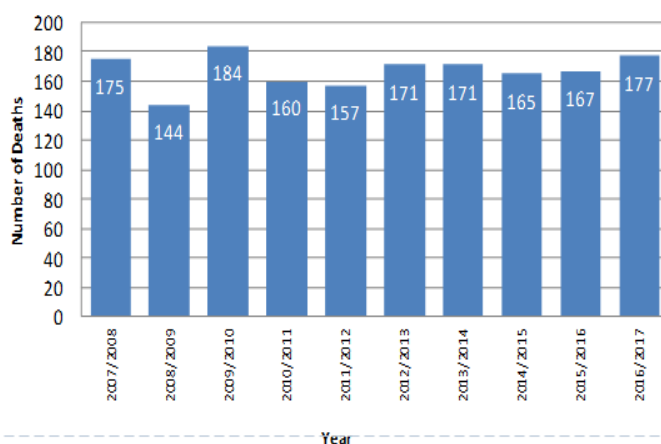
### Child Death Overview Panel (CDOP)

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

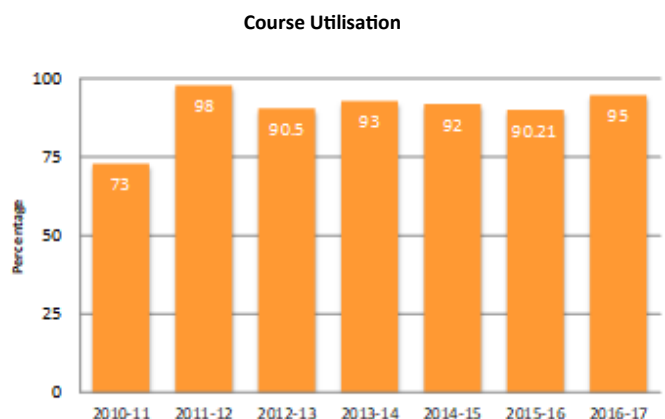
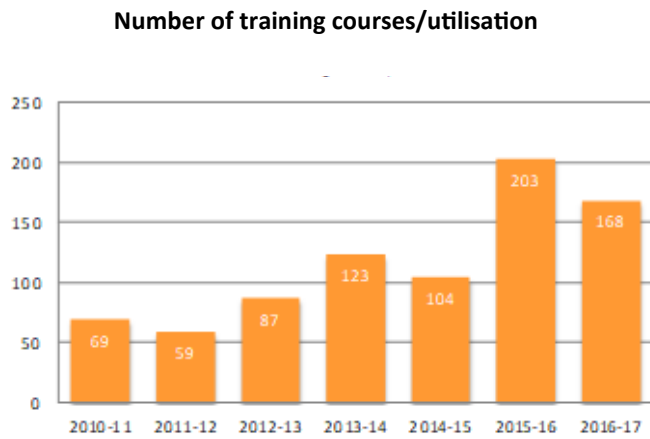




Figure 41



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 31<sup>st</sup> 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

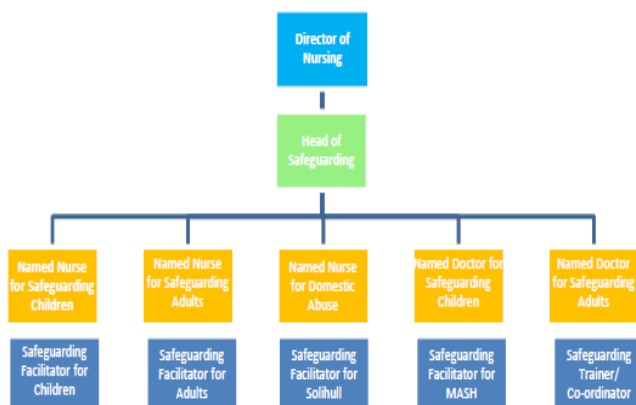
In 2017/18 our focus will be on ensuring that robust And effective safeguarding arrangements are built into the local Sustainability and Transformation Plan (STP) and that the proposed merger and reorganisation of CCGs in the city strengthens and consolidates our commitment to effective local safeguarding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

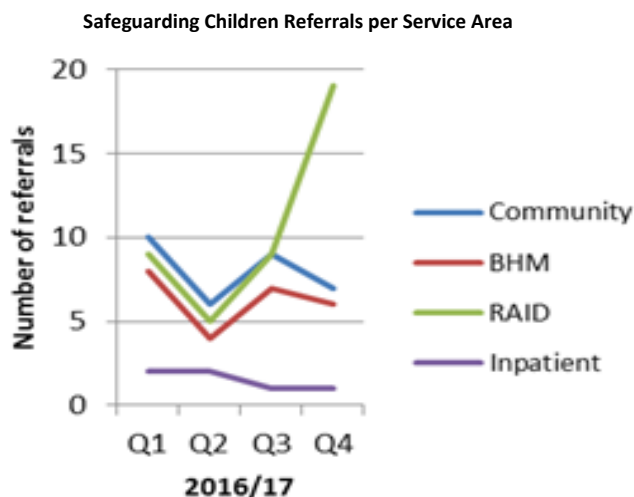
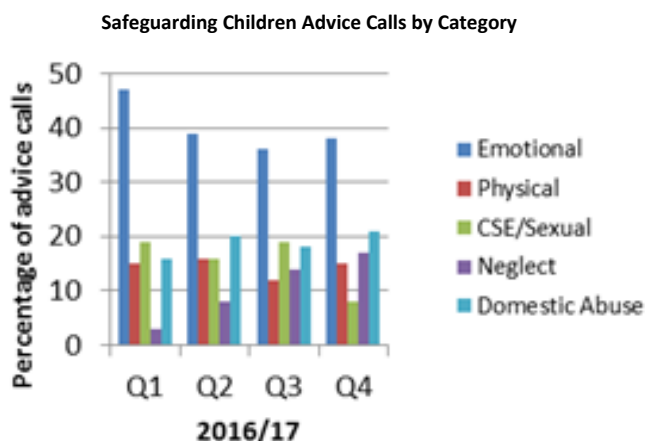


Figure 45 illustrates advice calls and referrals by category. Emotional abuse is consistently of most concern and domestic abuse is increasingly asked about following the introduction of mandatory adult/domestic abuse level 2 training.

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 25<sup>th</sup> 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.

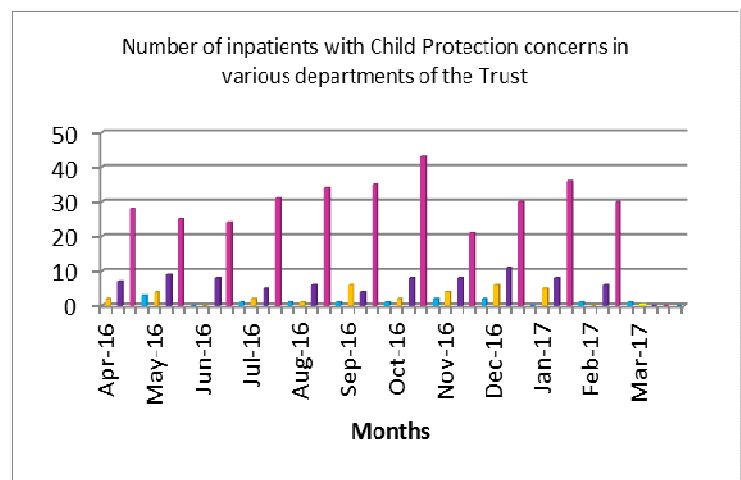
### Performance analysis

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**

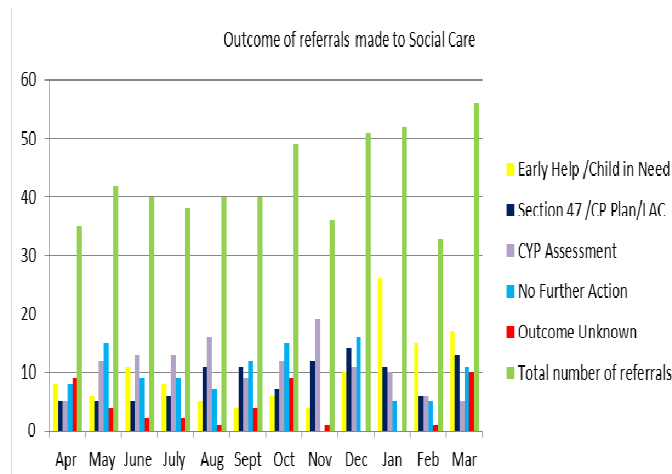


We have strengthened our communication systems with Birmingham MASH in respect of getting better feedback for the referrals that we have made. This can be evidenced by the decrease in the number of referrals with an unknown outcome since November 2016.

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".

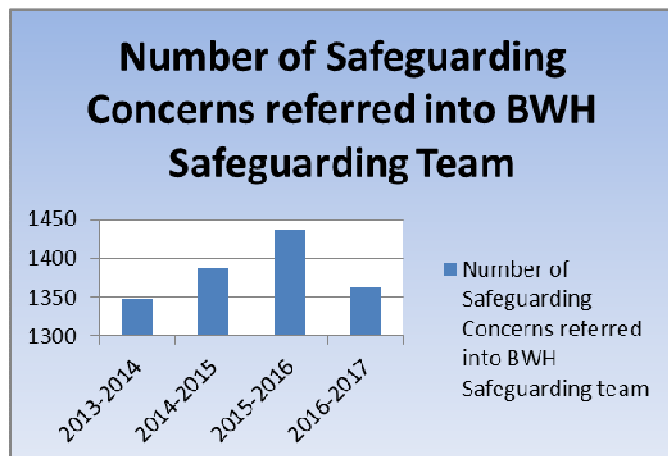
Trust Service Directorate Managers are responsible for ensuring that their staff are compliant in Safeguarding Training. Training is reported in Managers Performance and Government Reports.

### 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.

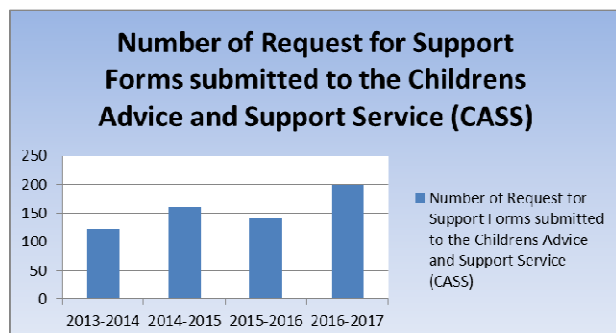
Figure 50



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



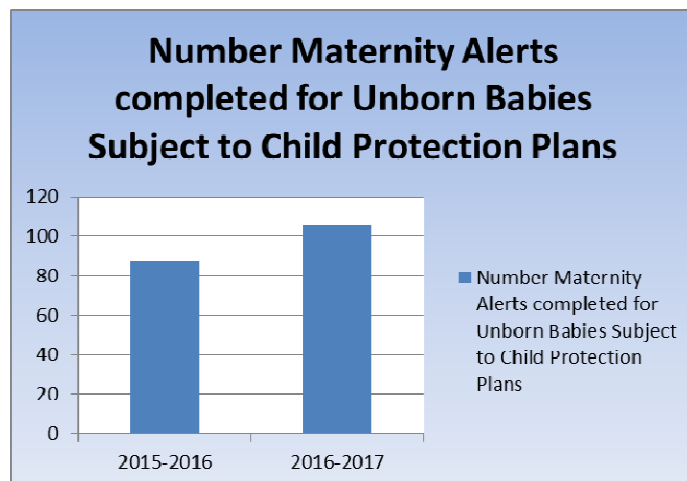
The largest proportion, 48%, of Request for Support Forms have led to an outcome of babies being discharged home with Mum, which is the best outcome and could be attributed to early intervention. However, a significant number of referrals, 29%, have led to babies being discharged into Foster Care, where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

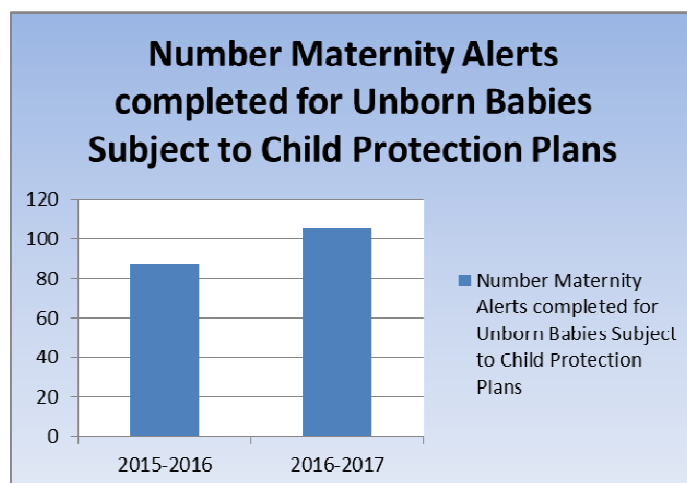
Figure 52



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).

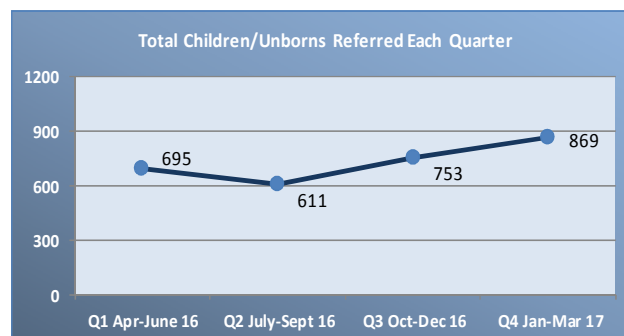
Safeguarding supervision is positively received by staff and a record of it is retained in the child's medical records to

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-lease 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 27<sup>th</sup> 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.

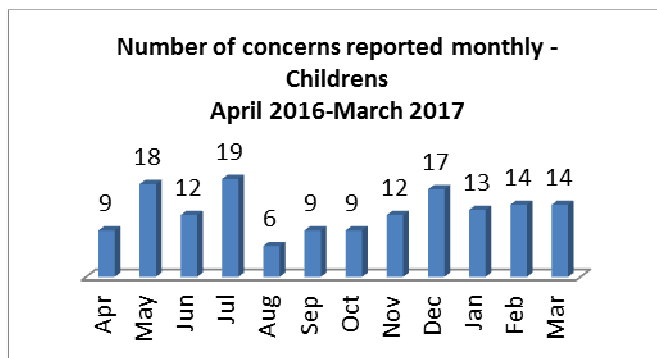
Trusts safeguarding team members have attended and actively participated in board events including: Practitioner Forums, CSE Group, the feedback and bulletin from forum is shared with Trust committee members and shared via Trust communication team and intranet.

### 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

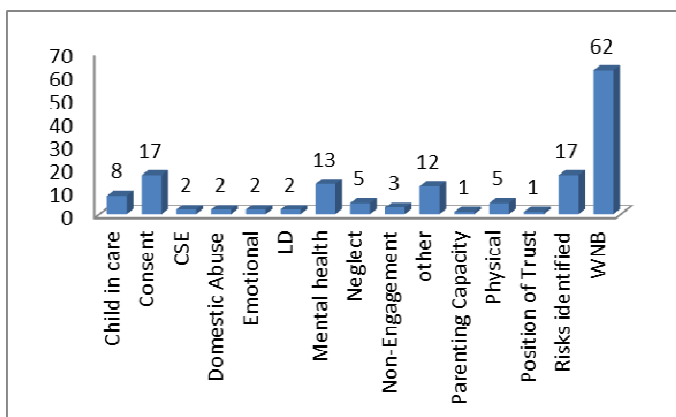
Figure 56



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

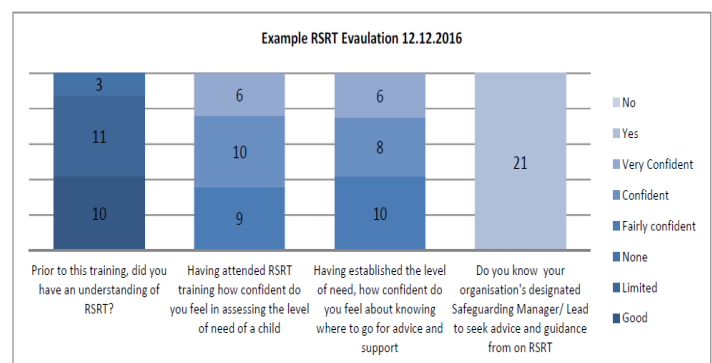
The joint ED Advocacy pilot with Black Country Women's Aid continues to demonstrate positive outcomes in increasing the visibility of domestic abuse in ED. During the year 141 individuals have been identified as victims of domestic violence and abuse (DVA) which brings the total number of referrals for 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.

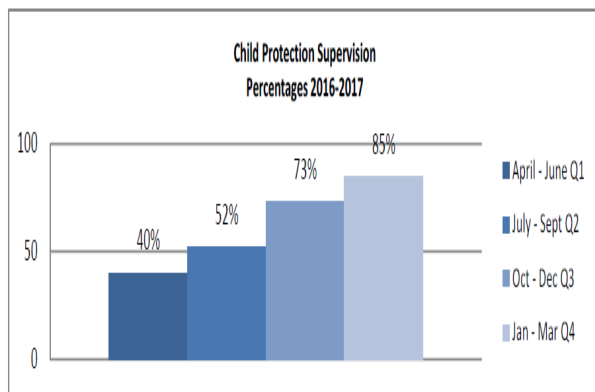
### Safeguarding Single Agency Children Training

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 1<sup>st</sup> 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 1<sup>st</sup> 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&amp;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>



Birmingham Safeguarding Children Board

1 Lancaster Circus  
Queensway  
Birmingham  
B4 7DJ

Tel: 0121 464 2612  
[www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk)