



## SHROPSHIRE SAFEGUARDING CHILDREN BOARD

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# ANNUAL REPORT

## 2012 - 2013

*Shropshire Safeguarding Children Board annual report 2012- 13, provides an assessment of the effectiveness of local safeguarding arrangements during the last twelve months, identifies challenges to be addressed and sets out priorities for the coming year. The report covers a period that has been characterised – as ever - by significant change both nationally and locally.*

***Sally Halls, Independent Chair***  
***Steve Ladd, SSCB Business Manager***



## Foreword

I am pleased to present the Shropshire Safeguarding Children Board annual report 2012-2013, which provides an assessment of the performance and effectiveness of local services in safeguarding and promoting the welfare of children in Shropshire during the last twelve months, identifies areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report includes lessons from inspections, audits and reviews undertaken within the reporting period and sets out priorities for the coming year. It is intended to be read by both professionals and members of the public.

As is usual in the world of safeguarding, the period has been characterised by significant change to the strategic context within which the LSCB operates, both within and beyond Shropshire. The economic downturn and changes in the rules around welfare and housing benefit are set to make conditions for vulnerable children tougher from April 2013 onwards. The LSCB, working with the new Health and Wellbeing Board, has an important role to play in monitoring the impact of these changes.

The revised and long awaited statutory guidance *Working Together to Safeguard Children* was published in March 2013. It introduces a number of significant changes for LSCBs and their constituent agencies, which will be considered and acted on in the coming year, in the context of the LSCB business plan for 2013-14.

For West Mercia Police, the introduction of the Police and Crime Commissioner has changed the accountability and governance arrangements of the force, and can be expected to have an impact on priorities in due course.

The health sector has seen even more changes, with national as well as local reorganisation including the introduction of the Clinical Commissioning Group (CCG) locally and NHS England nationally, the cessation of the Strategic Health Authority, and the transfer of Public Health responsibilities into the County Council.

Representatives on the LSCB of these organisations have worked hard and successfully to ensure that services and relationships have been maintained through this transitional period, together with continuity of LSCB membership.

Within the Council, there have been changes in the leadership of Children's Services, balanced by continuity in the political leadership.

Since the publication of the last annual report, there has been an inspection by Ofsted of Shropshire's child protection services (in November 2012). Previously, Shropshire County Council had commissioned a peer safeguarding review from the Local Government Association and Children's Improvement Board which concluded in May 2012. These two external activities have shone a helpful light on safeguarding practice and interagency working within the county. Details of their findings are included in the report.

Whilst Board members are working together to improve the quality of their services, learning from their own practice and that of others, they are of course reliant on the skills and dedication of their staff who – working together with families and communities – are the ones who make the difference day to day. I thank them for their work, as well as the members of the LSCB and its support team.

**Sally Halls**  
**Independent Chair**



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## 1. Preface

This is the annual report and work plan for the Shropshire Safeguarding Children Board. It covers the reporting period between April 2012 and March 2013 and evaluates the work and impact of the Board whilst identifying priority areas of work for the period 2013 – 2015.

The chair is required to publish an annual report; this is set out in statute and is most recently described in Working Together 2013.

The report has been authored by Sally Halls, Independent Chair and Steve Ladd, SSCB business manager.

The report was ratified by the Executive Group of the SSCB on 25 June 2013. It is presented in final version to the full Board and subsequently to the Chief Executive of the local authority, the Leader of the Council, the local Police and Crime Commissioner (PCC) and the chair of the Health and Wellbeing Board. It will also be presented to the Shropshire Children's Trust.

The annual report is published on the SSCB website, [www.safeguardingshropshireschildren.org.uk](http://www.safeguardingshropshireschildren.org.uk), and is disseminated to partner organisations electronically. Paper copies are not made available.

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## 2. Executive summary

This annual report for the Shropshire Safeguarding Children Board covers the reporting period between April 2012 and March 2013 and evaluates the work and impact of the Board whilst identifying priority areas of work for the period 2013 – 2015. Shropshire Safeguarding Children Board (SSCB) is the key statutory mechanism for co-ordinating local work to safeguard and promote the welfare of children and ensuring the effectiveness of that work. It has developed considerably over the year.

The report gives details about the local background and context for safeguarding in Shropshire, highlighting the amount of child protection activity during the year, and also the particular challenge of safeguarding a large number of young people who are placed by other local authorities in care provision within Shropshire.

The performance and effectiveness of the various partners of the SSCB are described and assessed. These include Shropshire County Council, the NHS organisations working within Shropshire and West Mercia Police. Findings and conclusions of Ofsted's unannounced inspection of local authority arrangements for the protection of children (safeguarding) in November 2012 are detailed, together with outcomes of other relevant reviews and inspections across the various agencies. Overall, performance is adequate but a number of areas for improvement are identified.

During the year, the SSCB has worked on three major priorities in addition to its statutory responsibilities (such as multi-agency training and ensuring a safe children's workforce). These are:

1. Children who go missing and are vulnerable to exploitation;
2. Parents whose ability to parent their children safely is compromised due to their own particular difficulties; and
3. Communication and raising awareness.

Activity and progress in each of these areas is described. They will remain as priorities for the SSCB during the coming year.

An overall assessment of the challenges and priorities for the SSCB and its partners in the year ahead is included. Challenges include:

- The capacity of front-line services to respond to demand and complexity of child protection work, notably at a time of austerity, welfare reform and where the impact of poverty is likely to increase pressures within some families;
- the impact on frontline practice of continued organisational change and reform within partner organisations;
- the impact of the Family Justice Review in terms of capacity to adhere to timescales and additional requirements with family court proceedings, particularly in view of the increasing complexity of the circumstances of some children who are subject to care proceedings;
- the impact of cuts within public sector and to voluntary sector services on the provision of early intervention and some areas of more specialist assessment and intervention;

The report includes its work plan for 2013-16, in which is described the activity that will be undertaken to make progress in the areas where improvement is needed in order to improve outcomes for children and young people in Shropshire.



### 3. Local background and context

Shropshire is one of England's most rural and sparsely populated counties with a large geographic area of 1,235 square miles. Situated in the West Midlands, bordering Wales to the west and Cheshire to the north, the area has a population of just under 291,000. Shropshire's population is largely of White British ethnic origin. The numbers of residents from minority ethnic groups is low, at 1.2% of the population, an increase of 0.5% since the 1991 census. Fifty-five per cent of Shropshire's population live in Shrewsbury or in the other main market towns of Oswestry, Whitchurch, Market Drayton, Ludlow, Bridgnorth and Church Stretton.

Shropshire has approximately 68,100 children and young people under the age of 19 years. This is 22.4% of the total population. The proportion entitled to free school meals is 13% which is below the national average but in line with similar local authority areas. Children and young people from minority ethnic groups account for approximately 5.1% of the 0-19 population compared to 16.7% of England overall. Shropshire has 152 schools comprising of 118 primary schools, five infant schools, five junior schools, one all through school, 18 secondary schools, three academies and two special schools. There are also 42 local authority maintained nurseries.

According to the Indices of Deprivation Affecting Children Index, Shropshire ranks as seventeenth least deprived local authority in England. However, this statistic masks pockets of deprivation in the more rural areas, where five areas, each covering up to 1500 people, are amongst the 20% most deprived nationally in terms of their income, and a further 11 are among the 30% most deprived cohort. The most recent data shows that 13.3% of children are living in income deprived households.

At the time of the Ofsted inspection (December 2012) there were 201 children subject to child protection plans, and 225 looked after children including one unaccompanied asylum-seeking child, and 181 care leavers. Shropshire had 110 foster carer households and 18 children in independent fostering agency placements. Fifty children were currently placed in residential care, 42 of whom are in external provision, the remainder being placed in the council's own provision. In the previous two years, 15 looked after children had been adopted or secured permanence through special guardianship orders.

By the end of 2012/13 (1<sup>st</sup> April 2013), there were:

- 201 children subject of a child protection plan – 22 more than at the end of the previous year
- 1.9% of child protection plans lasted for 2 years or more, a reduction from 3.3% the previous year and 11.8% in 2010.
- 9.5% of children subject to a child protection plan for the second or subsequent time within 2 years– a small reduction;
- 241 Looked after children - an increase of 37 from the previous year
- 16.2 per 10,000 offences against children reported – a rise from 14.19 per 10,000 the previous year
- Just under 500 CAFs completed compared to 764 last year.



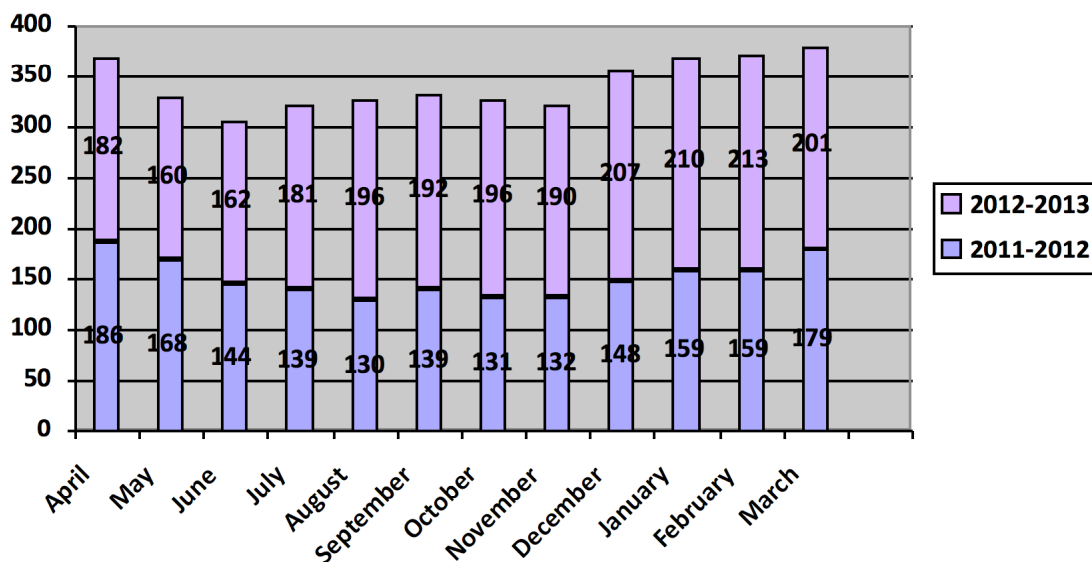
→ 40 children who had been missing from home for more than 24 hours, of whom 9 were looked after by Shropshire Council, compared with a total of 40 (4 Shropshire Council LAC) the previous year.

A particular challenge for Shropshire is the number of looked after young people placed with independent care providers within the county by other local authorities. This averages around 350 at any one time. Whilst the main placing authorities tend to be relatively near at hand, within the West Midlands, some authorities are at a much greater distance. This has a number of implications for Shropshire services, due to the impact on capacity of services such as schools and health services; also for the LSCB, because of the particular vulnerabilities of this cohort of young people.

### 3.1 Children subject of child protection plans

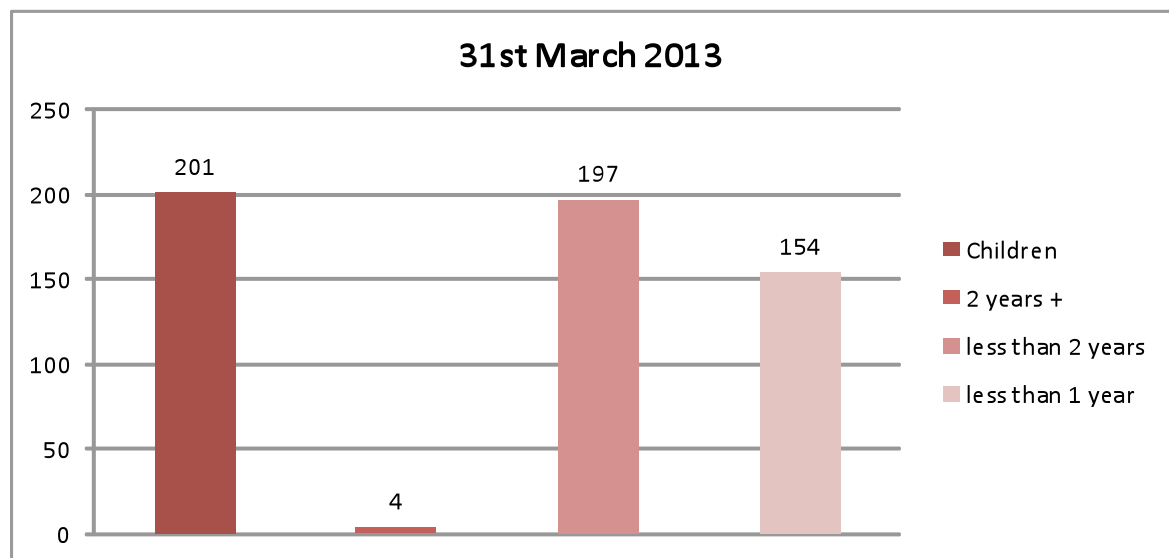
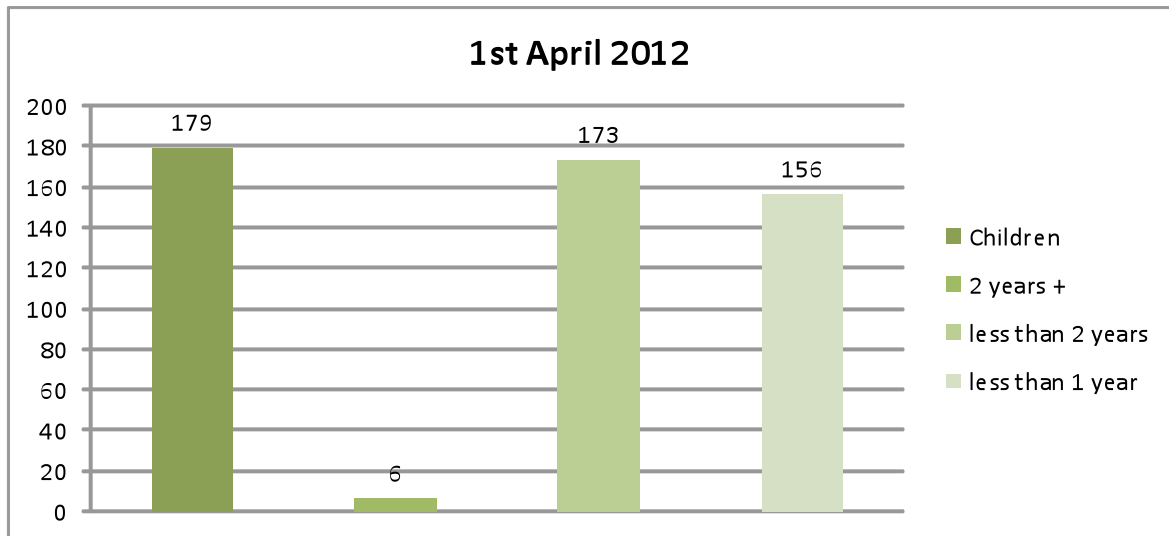
Following the death of Peter Connolly ('Baby P') in Haringey and other factors, Shropshire, like many authorities nationally, experienced a significant rise in the numbers of children referred under the auspices of child protection, and an increase of the numbers of children subject to child protection plans through 2009-2010/11. Whilst Shropshire saw a reduction over the early part of 2012 the numbers of children requiring safeguarding plans has increased.

Child Protection Plans 2011-2012 & 2012-2013





The two charts below demonstrate the progress made over the last 12 months in addressing lengthy episodes of children remaining subject of a child protection plan. The latest data suggests that over 76% of child protection plans are less than 12 months old.



The percentage of children made subject to a child protection plan for a second or subsequent time was 17.3 % for the year – 9.5% made subject to a repeat child protection plan for had were within 2 years of the previous plan ending. This area was scrutinised and found that the repeat plans occurred for a variety of reasons including a significant event, new relationships and / or inability to sustain change. There was no substantial indication that repeat plans were related to quality of social work practice or multi-agency work, the chairing of Child Protection Conference or over optimism. The return to child protection plans has triggered robust response from safeguarding services and is an area for the Board to continue to monitor.





## 4. The Local Safeguarding Children Board (LSCB)

### 4.1 Statutory and legislative context

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

Shropshire Safeguarding Children Board (SSCB) was established in April 2006 and is the key statutory mechanism for co-ordinating local work to safeguard and promote the welfare of children and ensuring the effectiveness of that work.

Its core functions are:

- Developing policies, procedures and protocols for safeguarding and promoting the welfare of children and young people in the area, including:
  - ✓ Action to be taken where there are concerns about a child's safety or welfare (including thresholds for intervention);
  - ✓ Training for people working with children or in services affecting their safety and welfare;
  - ✓ Recruitment and supervision of persons working with children;
  - ✓ Investigation of allegations concerning persons working with children;
  - ✓ Safety and welfare of children who are privately fostered;
- Communicating and raising awareness;
- Monitoring and evaluation;
- Participating in planning and commissioning;
- Undertaking reviews of serious cases, including Serious Case Reviews (SCRs) and the Child Death Review process.

### 4.2 Governance and accountability arrangements

SSCB board members are accountable for delivering the objectives and actions agreed by the Board and for ensuring that their agency delivers on safeguarding children responsibilities. However, the SSCB is not accountable for the operational work of partners nor does it have the power to direct them.

The SSCB is comprised of senior members from a range of Shropshire agencies that work with and/or have contact with children and who are able to:

- Speak for their agency;
- Hold their agency to account and challenge its practices;
- Make decisions about safeguarding as required and allocate resources;
- Ensure that safeguarding is given strategic priority within their own agency.



Partners work:

- Collaboratively to ensure that good outcomes for the most vulnerable children are achieved through quality services, which place children and young people at the centre;
- To safeguard children and promote their wellbeing with a particular focus on children who are in need of protection.

Shropshire has retained a Children's Trust and there is currently a Health and Wellbeing Board that is in transition from shadow form to full function. The relationship between the LSCB, the Children's Trust and the Health and Wellbeing Board is one of mutual challenge and holding to account, and is set out in a formal protocol which is in the process of being drafted. Once complete, it will be made available on the LSCB website.

The independent chair of the LSCB is appointed by the local authority with the agreement of a panel including LSCB partners. The chair has a crucial role in making certain that the Board operates effectively and secures an independent voice for the LSCB. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member holds the Chair to account for the effective working of the LSCB. The Chair is a participating observer of the Children's Trust and presents the LSCB annual report to the Trust, the Health and Wellbeing Board, the Police and Crime Commissioner and senior leaders across the Council and its partners. The present independent chair took up her role in autumn 2011.

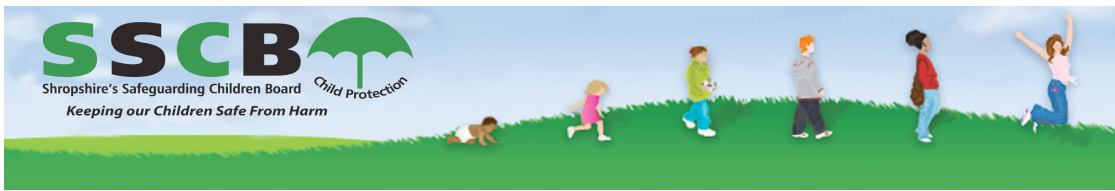
**Diagram 1 on the following page shows the structure and strategic links of SSCB.**

The Board also has explicit links with other strategic groups with safeguarding responsibilities, including:

- MAPPA (Multi Agency Public Protection Arrangements)
- MARAC (Multi Agency Risk Assessment Conference via Criminal Justice Sub Group)
- Domestic Abuse Forum
- West Midlands' Regional Safeguarding Network
- West Midlands' Regional LADO Network
- West Midlands' Regional Runaways, Sexually Exploited and Trafficked Children Network
- West Midlands' Regional IRO Network

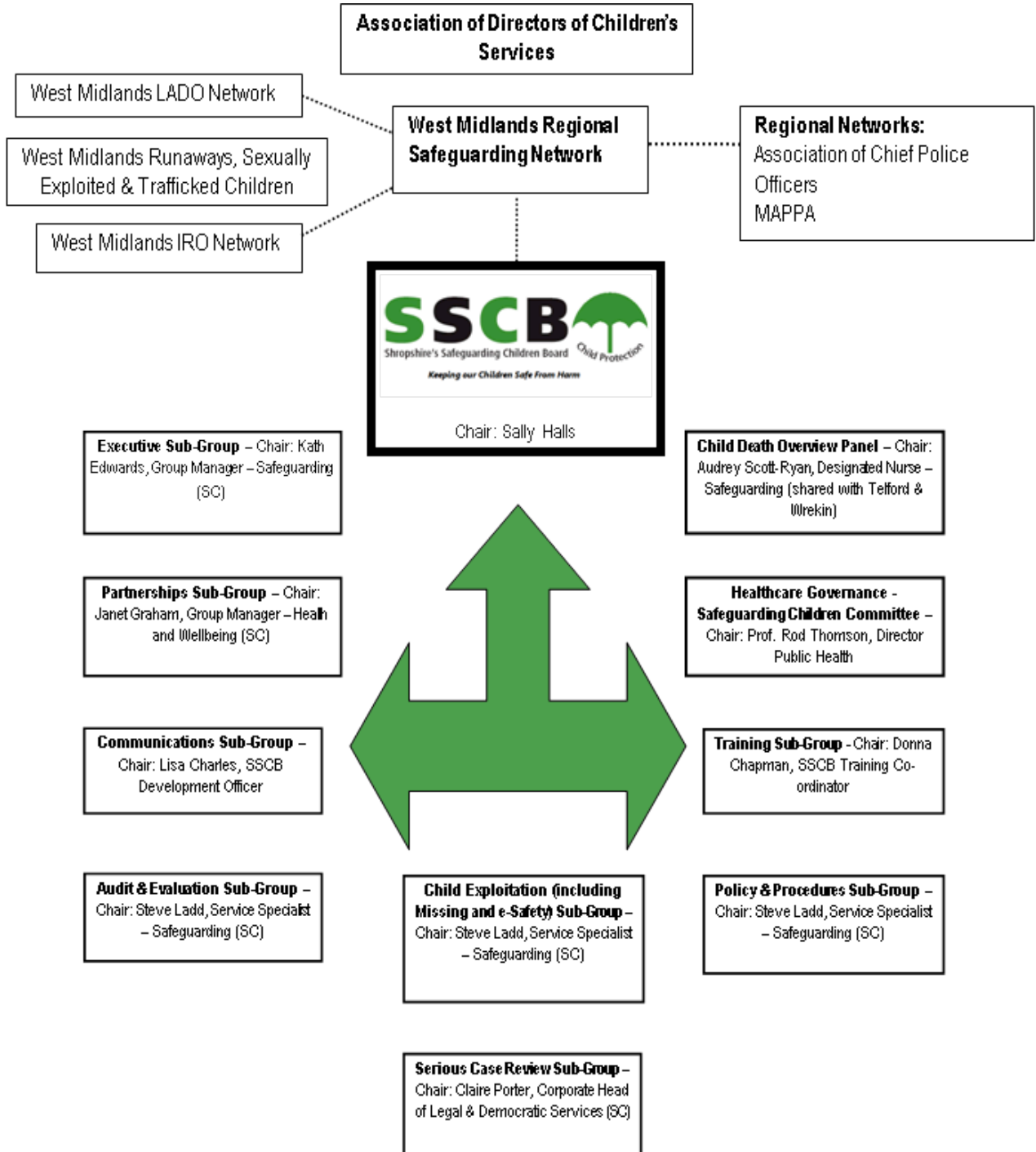
The SSCB carries out much of its work through a number of subgroups and task and finish groups. These groups support the work of the Board through progressing actions and fulfilling the functions of the SSCB, including specified activity as directed by the Board and the business plan, and is well supported by a wide range of agencies, including schools, colleges, voluntary sector organisations as well as the larger statutory organisations who also contribute to the main Board.

The work plans of the sub-groups are included in the Board's business plan.



Further details of the focus, membership and activity of the sub-groups are included in **Appendix 2**.

**Diagram 1**





### 4.3 Membership and attendance

The following agencies are represented on the Board itself, with many more contributing to the work of the sub-groups:

- Shropshire Council (Social Care and Education)
- Shropshire PCT, Hospitals, Community and Foundation Trusts (Clinical Commissioning Groups and NHS England have been engaged in Safeguarding Board Activity and will be properly represented post April 2013)
- West Mercia Probation
- West Mercia Police
- CAFCASS
- Youth Offending Service
- Two Community Members (Lay Members)

The Lead (Elected) Member for Safeguarding is a 'participant observer' at the Board.

Representation on the Board is stable. Efforts to secure members from schools and the voluntary sector have been successful and there is now good representation.

The number of sub-groups has been reduced from 14 to 10 following the Ofsted inspection in 2011 and the Peer Review in the summer of 2012. This is reflective of the region.

Dedicated LSCB Officers eg Business Manager, Development Manager and LSCB Training Officer attend the Board and all sub-groups.

The role of the community members is to support stronger public engagement in local child safety issues, bring a "grass roots perspective", to contribute to an improved understanding of the LSCB's child protection work in the wider community and to challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures.



## ***Community Member's Reflections***

I have been sitting on the SSCB as a community member since 2011. I work in the community with young people and am passionate about developing opportunities for young people, particularly in arts and culture.

I offer, through my work, a range of projects to targeted groups of young people with an aim to develop, social, personal and professional skills through media, music and other creative mediums.

Part of my role is to engage with the young people who come to the organisation through projects, supporting some through achieving Arts Award and engaging others in various volunteering opportunities both individually and in group situations. It is through the work with volunteers that I believe provides an opportunity to engage with young people in the work of the Board.

Since joining the SSCB board I have been keen to involve young people and develop work around giving them a voice on their behalf. I feel that my representation on the board helps in this mission. Through working closely with young people from all backgrounds and having an understanding of some of the issues that young people face, I feel it gives me the opportunity to offer an insight of how they may view some of the issues raised in the work of SSCB and sub groups. This is something I still feel strongly about and am committed to developing this further.

I sit on the Communications sub group and the eSafety task and finish group. I attend meetings when possible. It is through my involvement with these two groups that I feel I have made a difference as part of my role as community member. It has offered me the opportunity to make a contribution to various issues such as the re-launch and development of the new website for SSCB.

It has been a challenge at times, finding my voice, but I have gained confidence and a deeper understanding of the work of the Board and how this needs to be translated to the wider community. I have been well supported by the Board Officers to speak up and ask questions when in Board meetings. I look forward to the next coming year and the developments of the Board and of my position as a Community Member.



#### 4.4 Agency Attendance at SSCB quarterly meetings 2012/2013:

<b>Role &amp; Agency</b>	<b>% of Board Meetings Attended</b>
Independent Chair	100
Director of Children's Services, Shropshire Council	100
SSCB Business Manager	100
SSCB Development Officer	100
SSCB Training Officer	50
Community Member 1	75
Community Member 2	100
Director of Public Health	100
Designated Nurse for Shropshire Primary Care Trust	100
Designated Doctor for Shropshire Primary Care Trust	100
Detective Superintendent, West Mercia Police	100
Further Education Representative	100
Assistant Director, Head of Safeguarding, Shropshire Council	100
Director of Nursing, Shropshire Community Health Trust	75
Assistant Chief Officer, West Mercia Probation Trust	50
Portfolio Holder for Children & Young People, Shropshire Council	50
Head of Learning & Skills, Shropshire Council	100
Director of Nursing, Robert Jones & Agnes Hunt Hospital	75
CAFCASS Representative	0
Named GP for Shropshire, Shropshire Primary Care Trust	0
Head of Service, Youth Offending Service	25
Executive Director of Nursing, Shropshire Primary Care Trust	0



#### 4.5 Financial and resourcing arrangements

To function effectively, LSCBs have to be supported by their member organisations with adequate and reliable resources. In Shropshire, the core financial contributions are provided by the local authority, health economy organisations in Shropshire, and the police. Other organisations contribution both in cash and in kind according to their resources and local circumstances, for example through making staff and premises available to deliver SSCB training,. The SSCB budget has been used to support key SSCB officers' posts including the Independent Chair, progress of the business plan 2012-15 (**Appendix 4**) and significant safeguarding training across agencies. A contingency budget has also been set aside for Serious Case Reviews.

The 2012-13 SSCB budget was £187,550. A breakdown of income and expenditure is included as **Appendix 1**.

The staffing of the LSCB central team is as follows:

- **1 SSCB Business Manager** – 0.5 FTE
- **1 SSCB Development Officer** – 1 FTE
- **1 SSCB Training Co-ordinator** - 1 FTE
- **1 SSCB Administrator** – 0.6 FTE
- **1 SSCB Training Administrator** – 0.6 FTE
- **1 SSCB Training Apprentice** – full time equivalent



## 5. Assessment of LSCB effectiveness

Shropshire commissioned a Safeguarding Peer Review from the Children's Improvement Board in April/ May 2012. A serving Director of Children's Services led an experienced multi-disciplinary team in examining the arrangements in Shropshire. In relation to SSCB, the team commented as follows:

*The SSCB structure has been reviewed by partners and significant changes made. An independent Chair with a social care background has been appointed and has chaired two meetings at the time of this review. Board members stated that they appreciate her independence, and challenge and she has helped revitalise the board. Partners now need to ensure that the SSCB restructuring matures into a culture of feeling comfortable with robust challenge and holding each other to account.*

*Although SSCB streamlining has taken place, the number of sub groups is unusually large and resource intensive. There is also the possibility that some SSCB sub groups are duplicating or exercising functions that should take place within Children's Trust. The SSCB would also benefit from ensuring that it has SMART objectives and the peer team feels that the draft SSCB Annual Report requires revision in order to inform future plans and priorities.'*

*SSCB restructuring needs to mature into a feeling of being comfortable with robust challenge and holding each other to account'*

An action plan was developed and implemented which addressed the points raised by the peer review team.

Following this, in November 2012, there was an unannounced inspection from OFSTED in Shropshire in respect of local authority arrangements for the protection of children (safeguarding). This included scrutiny of the impact of the LSCB.

Ofsted found that .....

*The Local Safeguarding Children Board (LSCB) is operating at an adequate level. The new independent Chair is setting clear priorities and building joint processes for performance management and quality assurance. Children, young people and their families reported that they feel services have been supportive and helpful in bringing about change.*

In addition, Ofsted inspectors were supportive of some of the steps to strengthen aspects of partnership working around safeguarding, including the participation of health and the police in respect of the decisions about initial referrals through the creation of a mini 'multi-agency-safeguarding hub.

During this reporting period, quality assurance activity has developed significantly, driven primarily by the Audit and Evaluation subgroup under the direction of the Executive Group. This group has worked hard both to develop a systematic approach to quality assurance, and also to find ways of





presenting performance information to the LSCB in an accessible and incisive form. This continues to be an area under development, but considerable progress has been made.

In addition, a number of quality assurance reports were presented to the Board over the year, relating to partner agencies and to Board priorities. These are referred to elsewhere in this report.

## **6. Performance and effectiveness of local arrangements**

### **6.1 LGA: Safeguarding Peer Review**

The Peer Review of Shropshire's safeguarding arrangements took place in April/ May 2012. The team was led by Lancashire's Director of Children's Services and consisted of a number of senior managers in social care, an elected Lead Member and people with an education, health and police background.

*The overall summary and key conclusions of the peer team were that 'Shropshire Council and its partners are managing well through a period of very significant change. This has included the change to unitary status, the response to Ofsted, significant change within the senior officer teams and a severe economic downturn. Effective leadership and management throughout this time has improved performance indicators, improved service delivery, and given an improved focus on outcomes in children's services. These are very significant achievements.'*

Areas for consideration were summarised as follows:

- coalesce all plans and intentions into a clear and ambitious vision that is consistent throughout all plans and at all levels of partnership working;
- some significant partnership issues around the referral pathway to children's social care;
- SSCB restructuring needs to mature into a feeling of being comfortable with robust challenge and holding each other to account;
- think boldly and broader about a clear continuum of support that is known and understood by all partners and which moves from the earliest support through to the thresholds for child protection;
- continue to address issues identified by your own case mapping exercise;
- address a duplication of effort within children's social care system;
- sharpen and embed performance management approach across all partnership working;
- take stock of progress achieved so far, including service change and response to inspections, and document this to give a clear focus to work to come;
- evidence involvement of voice of CYP and their parents and carers in service design.



## 6.2 Shropshire Council

During the year, Shropshire Council made the decision to revert to the arrangement of having a Director of Children's Services (DCS), rather than a 'Director of People'. This was in recognition of the high importance of the DCS role. This decision is welcomed.

### Children's Social Care

#### ***Ofsted: Inspection of local authority arrangements for the protection of children***

In November 2012 there was an unannounced inspection by Ofsted of local authority arrangements for the protection of children (safeguarding). The inspection format used was relatively new with only thirteen authorities having been inspected prior to this. The outcome of these inspections was that five authorities had been judged to be inadequate, seven adequate and one good.

*Overall, Ofsted inspectors concluded that "Leadership across the partnership, including political leadership, is ensuring that safeguarding and child protection have priority within council, police and health services. There are good examples of effective joint working with a range of independent sector organisations who also give safeguarding high priority. The council and partners have access to documents in respect of thresholds for service access. However, these are not being used consistently across the partnership and systems to monitor compliance are not yet fully embedded.*

Inspectors were positive about many aspects of safeguarding activity, at both strategic and operational levels: *"the council and partners are working together to ensure that appropriate action is being taken to identify and protect children and young people from significant harm. Safeguarding awareness within the council and partners is strong, leading to appropriate action to protect children and families where there are significant concerns."* Inspectors found there were no cases where children and young people were felt to be at immediate risk. They praised the way *"targeted support, including parenting programmes, is resulting in positive change"*, adding that systems are in place within the council and partners to ensure that when children and young people at risk of harm are identified, *"steps are taken to respond quickly to their needs"*. Partnership working was seen as strong. The steps that had been made in developing early intervention and support were recognised.

Overall judgments were as follows:

Overall effectiveness	Adequate
The effectiveness of the help and protection provided to children, young people, families and carers	Adequate
The quality of practice	Adequate
Leadership and governance	Adequate



In order to improve the quality of help and protection given to children and young people in Shropshire, the local authority and its partners were advised by inspectors to take the following action:

**Immediately:**

- conduct a joint agency audit of contacts and referrals that have been closed in the past six months to ensure that decisions are robust and that children and young people are receiving an appropriate level of service.

**Within three months:**

- develop and implement a revised threshold document involving all partners to ensure this is clear and fully understood across all services
- ensure that education services and voluntary sector are fully and appropriately represented on the Local Safeguarding Children Board
- ensure that there are separate assessments which are recorded for all children in the family and all family members
- ensure strategy meetings and discussions involve all key partners and are fully recorded
- implement the new format for child protection plans to ensure these set clear aims and objectives which are measurable and can be understood by parents.

**Within six months:**

- establish a coherent case recording system that facilitates management oversight, accurate recording of decisions in all aspects of cases and facilitates the consistent use of historical information
- ensure that information relating to the wishes and feelings of children and young people are fully utilised within individual planning and strategically to develop services
- enhance current audit systems to ensure there is greater scrutiny of plans and engagement of all partners in the processes.

Overall, the inspectors were supportive of the direction of travel in respect of children's services and noted a number of areas where real improvements had been made. Although recognising the steps that had been made in respect of performance management and also case audit, they felt that greater focus and independent scrutiny was needed in this area of work.

**Private fostering**

Between 31<sup>st</sup> March 2011 and 1<sup>st</sup> April 2012 there were twenty six children in private fostering arrangements, twenty three of which were new arrangements. Eighteen of these arrangements ended during the year and there were eight on-going private fostering arrangements on the 31<sup>st</sup> March 2012.

The Council's private fostering arrangements were inspected by Ofsted in February 2011 and judged to be inadequate. The deficits were particularly around ensuring that the assessments of the suitability of private fostering arrangements are completed within timescale and delays in reaching decisions about the suitability of arrangements. There were four statutory requirements of improvement from the inspection and two good practice recommendations.



A report was provided to SSCB in July 2012 to advise Board members of the progress made since the February 2011 inspection, by Ofsted, of the Council's private fostering arrangements and to update the action plan which addressed the recommendations contained in that report. These have all been followed up and Shropshire now exceeds expectations in these areas.

The Council devised new procedures around private fostering to ensure that all arrangements are assessed within timescale. The procedures include closer working and more defined roles of and between the worker for the child from the Children in Need Teams and the worker from the Children's Placement Service to undertake the assessment of the private fostering arrangement.

The Council introduced a Suitability Forum which sits when required after the weekly budget management panel meetings. The forum consists of the service managers for children's placement and joint adoption service and the looked after children's service together with the lead officer for private fostering. The purpose of the forum is to note the suitability of the arrangements and discuss any requirements or prohibitions.

Awareness raising of private fostering has been progressed through delivering a presentation to the multi-agency teams development days; introducing a regular advert on Beacon radio and embedding in the training of newly qualified social workers to inform them of Shropshire's private fostering procedures. Letters were also sent to all of the secondary schools in Shropshire to remind them of their responsibilities and duties in relation to privately fostered children and an annual letter has been sent to the public and boarding schools within Shropshire. The response rate to the letter to boarding schools has been high.

Widening of the communication with the community has taken place through a process of circulating posters and leaflets to reach minority groups in the area such as travelling families and faith communities this is an on-going piece of work that will need further exploration and consideration in 2013.

### **6.3 NHS organisations**

The Health and Social Care Act 2012 sets out significant changes for the National Health Service that were scheduled to come into effect in April 2013. As a result of the Act a number of NHS organisations have ceased and new bodies have replaced them. Of local significance is the end of Shropshire Primary Care Trust and its replacement by Shropshire Clinical Commissioning Group, which takes on the responsibility for commissioning most health services for the local population. NHS England retains responsibility for aspects of health service commissioning (notably in-patient (tier 4) CAMH provision, and has a role in quality oversight of aspects of local health delivery. This volume of turmoil and the untested nature of the changes mean that this remains a significant area of risk in relation to safeguarding children.

The same Act also placed new responsibilities on Shropshire Council with the transfer of many public health functions to local government. These include responsibility for commissioning the following:



- School Health services
- Community Sexual Health services
- Alcohol and Drug Treatment services

In addition, the local authority will have responsibility for commissioning Health Visiting services from April 2015.

Shropshire health organisations carefully considered the need to clarify the arrangements for safeguarding children before the new NHS arrangements are implemented in 2013. The healthcare governance safeguarding children committee (HGSCC) provided sound leadership throughout the period of change noted above. The HGSCC was initially set up to bring all NHS Trusts across both Shropshire and Telford and Wrekin health economies together formally on a quarterly basis to share safeguarding information, improve safeguarding performance and monitoring of risk within their own organisations. Its quarterly performance reporting template mechanism monitors safeguarding activity and arrangements across both health economies. NHS providers also are expected to undertake quarterly Section 11 updates that then are submitted to both LSCBs business managers on a six monthly basis.

The focus of the HGSCC has been on all aspects of safeguarding and LSCB social care representatives are members from both boards. General Practitioner (GP) engagement in child protection case conferences has been a priority, with a GP report template developed by Designated Doctor and Nurse to actively encourage participation in child protection case conferences promoting information sharing.

The Care Quality Commission (CQC) / Ofsted Safeguarding inspection of children and young people safeguarding arrangements in Shropshire and Telford and Wrekin found these to be adequate / good. Limited Designated Professional capacity was identified as top priority to assist in the work covering two authorities and chairing LSCB sub groups. A Deputy Designated Nurse for Safeguarding Children and Young People has been appointed and commenced this position in May 2012. General Practitioners (GPs) engagement will also further improve with the appointment of named GPs for Shropshire and Telford & Wrekin. The final report findings resulted in a local safeguarding multi-agency partnership action plan, with progress being monitored by the Ofsted / Local Safeguarding Children Board / Strategic Health Authority.

A recurring theme in the CQC / Ofsted recommendations concerned improving engagement and integration of adult services, particularly mental health services and adult substance misuse in the child protection process. Locally, a joint protocol between the drug and alcohol action team partnership and children and family services is being implemented. South Staffordshire Mental Health NHS Foundation Trust is also a member of the HGSCC and LSCB and its sub groups; a Safeguarding Consultant was appointed last year to further improve local mental health safeguarding services.

The CQC inspectors identified areas for improvement to be addressed within 3 – 6 months. An NHS health action plan has been devised with commissioning and providers reporting on progress via the Healthcare Governance Safeguarding Children Committee (HGSCC) and to the Local Safeguarding Children Boards (LSCBs).



The West Midlands Strategic Health Authority (WMSHA) safeguarding reviews commenced in 2010 with the production of action plans for Shropshire and Telford and Wrekin which the WMSHA followed up by action plan progress updates and interviews in 2011.

### **Child and Adolescent Mental Health Services (CAMHS)**

A review of CAMHS for Shropshire identified strengths, good practice and challenges for the CAMHS service and for parties involved in the wider preventative model. Identified strengths included:

- Agreement of all parties for a single point of access for Shropshire which is being taken forward through Early Help
- School nurse role under review to support mental health promotion and provide public health leadership
- Some good practice in place for through the TAMHS model in some schools and localities, which provides opportunity for a universal prevention model.

Challenges identified included:

- A lack of clarity about thresholds and referral criteria for CAMHS services resulting in excessive referrals at certain points of the pathway.
- General confusion about an overall vision for comprehensive CAMHS.
- Confusion amongst the workforce across partner agencies about their roles and responsibility for delivery of each element of the pathway.
- Expressed concern from some frontline staff in some schools about availability of skills/expertise to address emotional/behavioural problems and mental health issues.

The review proposed a series of recommendations together with clearly defined actions for the local authority and relevant health organisations respectively. This offers a real opportunity to commission services and programmes that are complimentary and based on local need using a pathway model starting from a wider universal mental health promotion offer through to more specialised and intensive clinical support. However, progress in implementation has been slow and there is resistance from local clinicians about the current proposal.

The anticipated deadline for implementation is July 2013. This will have an impact on Shropshire being able to deliver both early help and more specialised services in a timely manner. This remains a matter of importance to address in order to improve outcomes for children and young people.

A further challenge for CAMH services in the area is lack of Tier 4 bed provision for children and young people within Shropshire. There have been incidences where young persons have either been admitted to adult mental wards or to general adult wards pending assessment by CAMHS and/or the availability of Tier 4 bed for the young person out of area. Whilst this is also a national issue, it is unacceptable.



## 6.4 Education and schools

This is an area in which the LSCB is particularly interested, in recognition of the critical role that schools play in respect of all children, and their unique position in being able to support children and their families who have emerging needs and vulnerabilities. Membership of schools (including the independent sector) at the LSCB has been strengthened.

A number of new initiatives have been introduced over the past year to improve upon the quality assurance. These include:

- ✓ A new Safeguarding Team within Learning & Skills (L&S) that is supporting schools and managing the audit and training process. All schools, Early Years settings and education services are now involved in the audit process;
- ✓ Formation of a multi-disciplinary L&S Safeguarding group which reviews policy and practice in respect of Safeguarding children in education settings and disseminates learning
- ✓ Development of a Quality Assurance Framework to improve on the use of data to provide assurance of services and provisions in education settings and the impact they have on the safeguarding of children and young people.

This is good progress. However, there remain a number of areas in need of development. These relate particularly to children receiving elective home education (EHE), who are not necessarily known about or seen by the local authority, and to children who are missing education. These will be worked on during 2013-14, and a progress report presented to the LSCB in early 2014.

## 6.5 Public Protection

During this reporting period, specific assurance regarding police public protection arrangements has not been sought by the LSCB. It is anticipated that this will occur during the next reporting period 2013 -14 and will be reflected in the next Annual Report. However, there has been some scrutiny of the interface between the police and children's social care, particularly in relation to referrals of incidents of domestic abuse where there have been children directly affected. Performance in this area needs improving, and will be considered in the process of the revision of initial contact arrangements.

### **Multi - Agency Public Protection Arrangements (MAPPA)**

MAPPA is a partnership of a number of agencies who work in different ways to jointly manage the most serious offenders that we have in our communities. Agencies who take part in MAPPA include West Mercia Police, HM Prison Service, West Mercia Probation, Shropshire Children's Services, Mental Health Trust, Safeguarding Adults teams, Housing Services, and the Youth Offending Service. For specific cases staff from other agencies including specific hostels and housing associations can be invited to participate.

Agencies share all their information about the highest risk offenders and agree a joint risk management plan, designed to minimise the risks of harm to past victims, to potential future victims, and to the general public. Child protection is in sharp focus through this process. Often cases referred to MAPPA relate to serving prisoners and MAPPA can assist planning for their



resettlement into the community when their sentences come to an end. This can include specifying where they must live, places and people they must stay away from, and therapeutic work they must undertake.

SSCB has explicit links with the MAPPA Strategic Management Board (Police HQ) and Shropshire agency attendance at local MAPPA meetings is consistently high.

### **Multi-Agency Risk Assessment Conference (MARAC)**

A MARAC is a coordinated partnership approach to tackling the most high risk domestic abuse and is a voluntary meeting where information is shared between local agencies. The MARAC is made up of representatives from both statutory agencies, including Police, Probation, Children Services and Health services and non-statutory organisations, including housing associations and domestic abuse specialist services. In bringing agencies together to share information about the cases in which they are involved, a coordinated safety plan or risk management plan can be efficiently and effectively pulled together. This is the essential role of MARAC and in the report *Saving Lives and Saving Money* (2010), the following key point is noted:

*At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial in their safety. This is because domestic abuse takes place behind closed doors and presents itself to the outside world in many ways: through calls to the police, through visits to A & E, through calls to domestic violence helplines, through poor attendance at school, and through friends.*

In Shropshire, there were 123 high risk adult victims and about 162 children from the victims' households who had been identified and offered support through the MARAC in the last year, 2012. The research shows that 70% of high risk victims have children (*Saving Lives, Saving Money*). Without the MARAC it has been estimated that these high risk domestic abuse cases could be costing the public in Shropshire approximately 2 million per year. In addition, the research has shown that up to 60% of domestic abuse victims report no further violence as a direct result of intervention through the MARAC process which includes support from the Independent Domestic Violence Advisor (IDVA) Service (based on costing calculations found in the *Saving Lives, Saving Money* report).

A report was presented to the SSCB by the Domestic Abuse Co-ordinator for Shropshire. This was most welcomed and highlighted the excellent work being undertaken and the continued need for vigilance and joined up working that is required to tackle the issue of domestic abuse and children affected by it. More work is being done as part of the SSCB business plan in 2013 \ 14 and progress will be reported in the next annual report.

## **7. Progress on Priorities**

The LSCB set its top three priorities for 2012 -15 at a development day in December 2011. They are set out in the Board's business plan for 2012-15 (**Appendix 4**), and are additional to the delivery of the LSCB's statutory functions.





## **1. Priority – Compromised Parenting**

This priority was chosen because evidence from serious case reviews and elsewhere demonstrates that children living in households where there is domestic abuse, and/ or parents/carers who suffer from poor mental health, or misuse drugs or alcohol, are more likely to suffer significant harm. This is also the case in Shropshire, with one or more of these factors being a feature in the lives of children on child protection plans or entering the care system.

### **What have we done?**

- Development, launch and implementation of a Joint Working Protocol between Substance Misuse Services and Children and Family Services
  - Improved safeguarding and promotion of welfare of children and young people affected by parental substance misuse.
  - Improved joint working between adult treatment services and children and family services.
  - Recognition of the caring roles children and young people often undertake
  - Improved treatment outcomes for parents
  - Systematic approach to the management of problematic substance misuse within the family
- SSCB undertook a discretionary case review regarding one of its priorities – Compromised Parenting - through the Serious Case Review Sub Group and a learning approach was utilised for this review. A learning event was held with key practitioners and their managers to ensure individual and organisational learning. The overview report will be presented to SSCB in August 2013.
- A compromised parenting developing practice module was designed, developed and added to SSCB multi-agency training programme.
- A report was presented to the SSCB by the Domestic Abuse Co-ordinator for Shropshire. This was most welcomed and highlighted the excellent work being undertaken and the continued need for vigilance and joined up working that is required to tackle the issue of domestic abuse and children affected by it. More work is being done as part of the SSCB business plan in 2013 \ 14 and progress will be reported in the next annual report.
- SSCB has worked in partnership with other key strategic Boards and Shropshire Council in the development of the Alcohol Prevention Strategy 2013-16, which is currently out for public consultation. <http://www.shropshire.gov.uk/drugs-and-alcohol/the-shropshire-alcohol-strategy-2013-2016-public-consultation/>
- SSCB commissioned The “Back to Basics” Review in relation to early help was completed in the autumn 2012 and Shropshire’s Early Help Offer was launched at a joint SSCB and Shropshire Children Trust Event (see more on Early Help on page 28-29)



## **2. Priority – Children who go Missing (Including Child Sexual Exploitation and Trafficking)**

Young runaways or missing children are defined as 'children and young people up to the age of 18 who have run away from their home or care placement, have been forced to leave, or whose whereabouts is unknown' (Statutory guidance on children who run away and go missing from home and care, DCSF, 2009). Understanding of the complex issues associated with running away and going missing and the subsequent response by professionals and their agencies is, therefore, vital.

A number of children in Shropshire are reported missing on at least three occasions a year and some have dozens of missing episodes. These children account, between them, for a significant proportion of the West Mercia Police missing person investigations and a large proportion of these figures involve children in care, particularly those residents in children's care homes. In Shropshire we have 241 Looked After Children (LAC) and approximately 350 LAC placed in Shropshire with private providers.

### **What have we done -**

- An audit to measure the level of accuracy of information held about LAC placed in Shropshire by other local authorities was undertaken in early June \ July 2012 by colleagues from health, education and social care.
- A meeting between West Mercia Police, Shropshire Council, SSCB officer and Private care providers was held on 31<sup>st</sup> August in response to the SSCB priority, the APPG Report in relation to missing, and Shropshire's large private care provider estate. Ultimately the aim of the meeting was to ensure that public services (Police and Local Authority) and private care providers were clear about expectations of each other in relation to safeguarding children, specifically when they are reported as missing. It was clear that all were in agreement that this area (missing children) and responses to incidents could be improved. These meetings are now held on a quarterly basis.
- Improved the notification form for private care providers to use to inform the Local Authority of a child moving to their establishment has been agreed and implemented which includes the addition of a risk assessment.
- Improved performance information and included this on the SSCB Dashboard to ensure oversight and scrutiny.
- Police and Shropshire Council have regular meetings to analyse data and improve electronic recording and reporting.

Following the successful launch of the CSE strategy (2011) a number of developments have taken place including manager's briefings with over 100 managers in attendance, the delivery of CSE Developing Practice Training and the creation of a CSE panel.

The CSE panel acts as the key mechanism for agreeing how relevant organisations will co-operate and work together to safeguard and promote the welfare of children and young people who are identified as experiencing or at risk of experiencing CSE in Shropshire.

The panel meets monthly and is chaired by a senior manager from the Local Authority. Those represented at the meeting include the referrer and all professionals relevant to the child and family. The standing members of the panel are representatives of the following agencies; Children's Social Care, West Mercia Police, Education Welfare, Shropshire PCT, LAC, YOS, Targeted Youth Support and SSCB.

Improved performance information and included this on the SSCB Dashboard to ensure oversight and scrutiny.



### **3. Priority – Communication**

LSCBs have a statutory obligation to communicate and raise awareness of their safeguarding activity as outlined in *Working Together to Safeguard Children 2010, p.93*; 'Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so.'

This not only means that SSCB member agencies, independent agencies and employers should be made aware of their safeguarding responsibilities but it is also important that members of the local community have increased understanding of the work that the Board is undertaking to keep children safe from harm.

The Communications Sub-Group developed and launched the Communications Strategy and Toolkit in autumn 2012. The Communications Strategy and Toolkit aims to provide a framework to guide the Board's communication work and to inform the SSCB and its partner agencies about the work of the Communications sub-group.

The areas for communication are identified as:

- To increase public awareness of the role and activities of the LSCB and to engage professionals and the community in keeping children safe from harm.
- To develop communications campaigns that support the Boards on-going and developing priority areas
- To develop internal communications between the Board members, sub-groups and partner agencies to ensure that all are well informed about the role, activities and priorities of the LSCB.
- To engage with children and young people and seek their views to help shape the work of the Board

The Communications Strategy and Toolkit will seek to ensure a consistent and co-ordinated approach to interactions with stakeholders and community members. All communications should focus on the Board's priorities and associated key safeguarding messages.

The new SSCB website was launched in March 2013 and contains information on safeguarding and child protection for children and young people, parents and carers and professionals. The website provides information on the work of the SSCB and its activities and also includes links to local safeguarding procedures and guidance, and a raft of resources. The launch of the website involved a number of different communications to target audiences, largely capitalising on news stories and events to promote different sections of the website relevant to the target audience.

The e-Safety working group has worked in conjunction with Shropshire Council's Education Improvement Team to extend and support the Create IT Awards to include an e-Safety category. Entries were made using various forms of software with the aim of conveying e-safety messages to parents and/or pupils. The top 3 e-safety entries in each category were shortlisted and invited to attend the awards ceremony in March at William Brookes School. It is hoped that all winning entries can be uploaded to the new SSCB website during the next update and they will also be used in e-safety awareness training and at e-safety event.



In addition to the three priorities detailed above, the LSCB has progressed in relation to its key statutory functions. Some of these functions are specifically delegated to Sub-Groups to take a lead role in developments.

The key activity, achievements and developments during 2012-13 in relation to these are:

**i. Policies, Procedures & Protocols**

- ✓ Revision to a number of safeguarding procedures within West Mercia Consortium Child Protection Procedures.  
<http://www.safeguardingshropshireschildren.org.uk/scb/index.html>
- ✓ A DBS – Duty to Refer event has been organised by SSCB and Shropshire's Adult Safeguarding Board and is being held on the 29<sup>th</sup> April 2013.
- ✓ Development and Implementation of a Joint Working Protocol between Substance Misuse Services and Children and Family Services
- ✓ Development of a new multi-agency guidance on threshold criteria to help support children, young people and their families in Shropshire - '**Accessing the Right Service @ the Right Time**' to be published May 2013.

**ii. Communicating and raising awareness**

- ✓ The SSCB and Shropshire's Children Trust hosted a joint conference to communicate Shropshire's Children and Young People's Plan, launch Shropshire's approach to and offer of Early Help provision and launched the Joint Working Protocol between Substance Misuse Services and Children and Family Services.
- ✓ SSCB Communication Strategy was developed and implemented.
- ✓ A new SSCB website which contains information for children, young people and their families as well as professionals and volunteers was developed and launched.
- ✓ The e-safety working group (of the Child Exploitation sub group) worked with education partners and successfully introduced a new category in the County's Create IT awards - a completion where children from primary school age through to 16+ provision utilised different types of technology to promote the message of e-safety.

**iii. Participating in planning and commissioning**

The Back to Basics review was commissioned by the SSCB Partnership sub-group in order to set out a vision for Shropshire's Early Help offer. The Board requested a review of the current arrangements in relation to early help and support for children young people and families and to identify and review the capacity, systems, resources, tools and training which enable early intervention and prevention



The review was tasked to identify the stages of support needed for practitioners and partner agencies regarding early intervention and support and to make recommendations to the SSCB regarding on-going service development opportunities -

- Early Help arrangements that target help at the most needy children, young people and their families
- A helpful system of support for schools and other agencies
- A clear and straight forward support and referral pathway.

The review was thorough, consulting over 600 practitioners including schools and over 400 families.

Good progress has been made on all the component parts. The Safeguarding Board conference on 8<sup>th</sup> October 2012 set this offer out in more detail with plans to go fully live from 1<sup>st</sup> January 2013. This was progressed further through the Locality Forums. The governance responsibility for the implementation of the Early Help Offer in Shropshire now lies with the Children's Trust and over the next year the SSCB will scrutinise the effectiveness of this approach. An Early Help Implementation Lead (EHIL) was appointed on 17<sup>th</sup> December 12 and three Early Help Advisors, who are all senior social workers came into post since the beginning of 2013 and they provide consultation and social work expertise to practitioners providing Early Help.

Early Help training has been serviced by the SSCB in conjunction with the Early Help Implementation Lead and has been rolling out county wide since early 2013.



## Early Help

### What have we done?

- **Early Help tools** (including an Early help Discussion Record, Early Help Assessment Form (EHAF) and Early Help Partnership Meeting record) have been developed in consultation with children/young people, parents/carers & practitioners to help practitioners assess needs, plan interventions and evaluate outcomes more effectively. They have been extensively piloted and have been available to download for universal use from 1<sup>st</sup> February via the website [www.shropshire.gov.uk/isa.nsf](http://www.shropshire.gov.uk/isa.nsf)
- **Early Help and Resource Panels** are meeting regularly. The 5-19 Early Help and Resource Panel meets bi weekly at Richmond house and 0-5 EHRPs meet monthly in the North, Central and South of the county. The panels are ensuring that the most appropriate resource is targeted at the right time for the individual and provide auditable multiagency decision making.
- Four Early Help newsletters have been distributed since October 2012 to ensure that practitioners are regularly kept up to date with developments regarding safeguarding children and young people in Shropshire. These are available from the website.
- A **managers' briefing** took place on the 18.2.13 and **practitioner briefings/ question and answer sessions** were offered in the North Central and South of the county to give an overview of the offer, context and processes.
- Adoption of the Solihull Parenting Programme as a core programme for professionals
- A multi-agency evaluation framework for Early Help is being developed with stakeholders. This will include:
  - an outcomes framework consisting of quantitative and qualitative information - with stakeholders agreeing intended outcomes and contributing to outcome measures
  - findings from audits (e.g. EHAF audit, step down to Early Help audit) - carried out by auditors from a variety of agencies
  - feedback from families about their experience on their journey of support and the impact of that support
  - any other appropriate source (e.g. partner agency information)
- Multi-agency auditing has taken place including –
  - A **step down to TAC audit** (27<sup>th</sup> November 2012) and the findings are available in a report presented at the Early Help Stakeholders Group on 27<sup>th</sup> January. Also see page 35 for summary of the findings
  - A **CAF/ EHAF audit** (5<sup>th</sup> March 2013) to review the quality of the information contained within the assessments, and to look at the analysis and decision making with regard to the support required to meet the child/young person's needs at an early help level.



#### iv. Safe workforce

LSCBs have responsibility for ensuring there are effective inter-agency procedures in place for dealing with allegations against people who work with children, and monitoring and evaluating the effectiveness of those procedures.

Allegations against staff may come to attention under a different title ie allegation, concern or complaint. Regardless of the route in, any information or referral which suggests that a member of staff has harmed, committed a possible offence or may be unsuitable to work with children, will be dealt with by the SSCB procedures – *Management of allegations against adults who work with children* - and discussed with the Local Authority Designated Officer (LADO).

The management of allegations should be seen in the wider context of safer employment practices, which has three essential elements:

- Safer recruitment and selection practices
- Safer working practices
- Management of allegations or concerns

#### Key Legislative Developments

##### 1. Protection of Freedoms Act 2012 and Disclosure and Barring Service (DBS)

Following the election in May 2010, the new coalition government announced a review of the Vetting & Barring Scheme, with the aim of reducing the scope of the scheme back to 'a common sense' position. The review was published in February 2011 and recommends that:

- the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) be merged to form a single non-departmental self-financing public body to provide a barring and criminal records disclosure service;
- the ending of a 'registration scheme' and the continuation of a barring scheme, which applies to people who have regular or close contact with children or vulnerable adults;
- the redefining of 'regulated activity' to significantly reduce the number of people eligible for an enhanced CRB check;
- the retention of two offences, firstly for a barred person to work with vulnerable groups in regulated activity roles, and secondly for an employer or voluntary organisation knowingly to employ a barred person in a regulated activity role

The recommendations have been incorporated into the Protection of Freedoms Act and are now in force. A DBS – Duty to Refer event was organised by SSCB and Shropshire's Adult Safeguarding Board and planned to take place on the 29<sup>th</sup> April 2013.

##### 2. Updated statutory guidance- *Dealing With Allegations Of Abuse Against Teachers and Other Staff*; DfE (Revised October 2012)

The guidance stresses that if an allegation is made against a teacher, the quick resolution of that allegation should be a clear priority to the benefit of all concerned. At any stage of consideration



or investigation, all unnecessary delays should be eradicated. It updates the guidance in relation to suspension, malicious allegations, record keeping, references and procedures.

### **3. Working Together 2013**

The revised suite of guidance to replace *Working Together 2010* was published in late March 2013 and implemented on the 15<sup>th</sup> April 2013 and underlines the importance of the arrangements for dealing with allegations against adults who work with children.

#### **Local Picture**

Following the recent Ofsted inspection's criticism of the previous LADO annual report to SSCB, a further report was commissioned and was a significant improvement.

In 2012-13, concerns were reported to the LADO in respect of 65 people who work with children. Of these, 15 (23%) of concerns or allegations resulted in a formal strategy meeting. 1 resulted in a referral to ISA.

#### **Local Outcomes**

Of the 15 cases that came to a formal meeting, 3 (20%) led to a formal outcome such as criminal investigation, referral to regulatory body, disciplinary/employment action/dismissal. 12 cases (80%) were either unfounded or unsubstantiated following investigation.

Whilst the largest group of staff subject to concerns/allegation remain within residential care provision (57%), there has been a small increase in contact with the LADO from Faith Groups, Health and Police. Efforts will continue to be made to publicise the responsibilities of organisations and individuals who become aware of allegations against adults who work with children.





## 8. Learning and Improvement

### a) Quality assurance

LSCBs are required to monitor the quality of professional practice within their area. This role has been reinforced following the death of Peter Connelly in Haringey, and the revision of *Working Together*, with a clear expectation that LSCBs consider the quality of front-line practice and challenge any deficits.

Robust assessment and decision-making in safeguarding services, in respect of individual families and children, depends on good internal and cross-agency practice that draws appropriately on the most up-to-date knowledge base. This good practice depends in turn on adequate organisational engagement, processes and structures. Assuring the quality of both professional practice and organisational processes and structures depends on robust internal and cross-agency audit systems.

A framework for audit has been developed to build a cumulative picture of practice, share good practice and plan for further improvement where needed. The overall aim of the audit programme is to ensure our work is effective and high quality, demonstrate continuous improvement and meet national requirements for self-assessment and quality assurance. The Audit Framework was launched in September 2011 and has been kept under the watchful gaze of the Audit and Evaluation sub group.

The framework sets out tiers of activity – Oversight, Practice, and Compliance. Most of the activity described in the framework is essentially what we collectively do already and the associated tools enable a better capture of this information.

#### ➤ Compliance

- ✓ Compliance is interwoven into all of the tiers of the Quality Assurance and Audit Framework.
- ✓ Section 11 audits - Section 11 of the Children Act (2004) imposes a duty to agencies, to ensure that their safeguarding work complies with the requirements laid out in the statutory guidance "Making Arrangements to Safeguard and Promote the Welfare of Children".

#### ➤ Practice

- ✓ This involves evaluating how effectively services are embedding safeguarding practices and integrated working into the delivery of safeguarding children
- ✓ Outcome focussed
- ✓ Frequency and Numbers of Audit: 10 Files in September – December, 10 files in January – April, 10 files May– July.



## ➤ Oversight and Analysis

- ✓ Multi-agency audit;
- ✓ Deep dive;
- ✓ Audit undertaken by relevant Audit and Evaluation Sub Group members, file audits per term (September – December, January – April, May– July).

Ofsted commented in their report that *a raft of performance information is available via performance scorecards which are tailored to meet the needs of middle and senior managers and the Children's Trust and the LSCB. A more concise dashboard of performance information is in development and has been well received by managers and partners.* Ofsted also commented that more was needed to be done to ensure the learning from audits and quality assurance measure were well understood and followed through.

The key developments at local level included reporting a comprehensive range of performance information (outcomes, input, process, quality, HR, finance, partnership, etc.) using a scorecard approach. During the autumn of 2012 the key information from the scorecard was selected and reported in greater detail (including trend data) as part of a SSCB 'Dashboard'.

As part of the wider reforms of the child protection system the Department for Education has published the children's safeguarding performance information framework. It is intended to help move the focus of the child protection system from processes and indicators towards performance measures that improve professional understanding and drive improvements locally.

Continuing the developments implemented at the local level and considering the framework produced nationally SSCB's Audit and Evaluation Subgroup has worked to propose a comprehensive local framework for

- monitoring and reporting performance,
- to reflect audit and quality assurance activities and
- to extend the information reported to include intelligence gathered from partner organisations.

The key solutions to be in place during 2013 are:

- 1) An extended list of key performance indicators to be considered for inclusion on the SSCB scorecard. The list was compiled in order to include performance information that reflects:
  - ✓ SSCB's priorities for 2012 – 2015
  - ✓ The Children's Safeguarding Performance Information Framework (DfE, 2012)
  - ✓ Framework for the inspection of local authority arrangements for the protection of children (Ofsted, 2012/13)
  - ✓ Partnership working activity



- 2) A new flexible approach focusing on reporting what matters. Given the extensive list of key performance indicators the suggestion is that on a quarterly basis the members of the Audit and Evaluation Sub-group to consider the performance achieved and identify the exceptions (particularly good performance or challenge areas) or particular themes that should be reflected on a flexible scorecard and dashboard for the SSCB meeting.

## **b) Multi-agency auditing**

### **Early Help**

In November 2012, an audit the child's journey from closure of social care through to being supported by the Team around the Child (TAC) process and the outcome of that support, assessing the quality of decision-making and whether risk is being managed at an appropriate level. Overall, auditors judged:

- the transition from social care to TAC to be adequate. All cases had a Lead Professional identified at closure and in the majority of cases there was good engagement from parents/young people;
- the support provided by the TAC as adequate with evidence of good multi-agency working and engagement with families;
- the review and outcome of the TAC to appeared to be adequate;
- in the majority of cases it was felt that the TAC was holding an appropriate level of risk;
- in terms of decision-making, the majority of cases had been closed appropriately, re-referred to social care appropriately or sought appropriate consultation when progress was not being made
- Positive comments by auditors:
  - ✓ *Support worked well following the step down process. Good engagement.*
  - ✓ *It appears that agencies and young person and mother were engaged throughout and positively evaluated at closure and demonstrated improving outcomes throughout the process.*



## **Compromised Parenting**

Audit and Evaluation Sub Group in June 2012 undertook a peer review type audit of cases where domestic abuse was reported to the police on 3 or more occasions between April 2011 and October 2012.

Representatives from agencies that took part included Social Care, Police, Health (School Nursing \ Health Visiting), Deputy Designated Nurse, Education, Army Welfare and SSCB Officers.

Key findings were:

- There was an array of features of domestic violence incidents held by police including custody disputes through to assaults. All of these cases have or recently had multi-agency involvement through Child in Need Plans or Child Protection Plans.
- Not all agencies could easily identify the children in the household if they searched by surname but could if searched by address.
- There was variation in case recording across agencies; for example, children subject to child protection plans files should evidence good joint working on all agencies files. This was not always the case and is being addressed by the respective agencies.
- One case was felt could have been referred for an Initial Assessment sooner – but there were no concerns about response once this entered the formal Child Protection Process.
- The development of a Domestic Abuse strategy akin to CSE, Neglect and Suicide Prevention strategies which includes agreed tools (including screening tools) for practitioners would be helpful in improving consistency of responses.

## **Front Door**

A large cohort of referrals was assessed during the Ofsted inspection and in a post-Ofsted audit (January 2013).

One case is the subject of a multi-agency case review which is being co-ordinated through the Safeguarding Board's Serious Case Review sub group and an approach akin to the SCIE model is being utilised in order to maximise the opportunity for learning.

Managers from the Social Care Group reviewed cases from the first 3 months of a 6 months period (June – August 2012) in order to complete the audit exercise as recommended in the Ofsted report following inspection in November 2012. 44 cases were reviewed out of a total of 61 on 15<sup>th</sup> January 2013.

The audit did not find any case that needs urgent multi-agency follow up. The findings were similar to the Ofsted period audits:

- Some referrals were identified as not being appropriate.
- There was an over-reliance of parental response (by telephone).
- The decision-making on the referral was not always explicit.



- Some agency checks were not uniformly undertaken including - arrangements for follow up with schools during/immediately after the school holidays.

A multi-agency audit of closed referrals to social care (i.e. did not result in a social work assessment) was completed on 28<sup>th</sup> January 2013. There were a total of 10 cases reviewed by a cross section of agencies including CAMHS, Head teacher, Education Access Service, Service Managers from the Safeguarding Group (3) and the Group Manager, Early Help Implementation Lead, Early Years Officer, and Designated Nurse and Named Nurse for Safeguarding. This activity was well received by the multi-agency participants as it provided a window into the referral process from a social care perspective and the challenges faced by the professionals receiving the referrals.

This audit did not find any cases that required urgent multi-agency follow up. It did reveal similar findings to those outlined above, including some referrals not being appropriate, timeliness of referrals and at times decisions. However, it did highlight that clear and well understood social care threshold guidance was vital to assist partner agencies.

A threshold document was drafted and launched on the 31<sup>st</sup> March 2013.

### **Strategy Meetings**

An audit of records of strategy meetings and strategy discussions over a 3 month period took place in February 2013. The purpose of the audit was to enhance a shared understanding and review the process by which decisions are taken to initiate S47 investigations including the method, who is involved, quality of planning, timelines and recording of the event. The audit panel was multi-agency including senior representation from social care, police and health.

Key findings included:

- Quality of the content of the electronic social care recordings (Carefirst) made of the strategy discussion or meeting were variable and some were inaccurate- gender, conviction/arrest; they did not differentiate between Strategy meeting/discussion. Nor indicate that siblings live in the household and should be considered.
- Consideration of the need for a follow up strategy meeting and the explicit consideration of the need for child protection conference were not consistently recorded.
- Section 47 investigations were initiated where required but no immediate indication that the S47 may relate to LADO.
- Most cases were considered by at least a Team Manager, Social Care and a Detective Sergeant, Police (PVP Unit).
- Most strategy discussions or meetings were held in a timely way; there was one in the sample that could have been escalated to a S47 at an earlier stage.
- The recording of agreed planning and actions was variable.



- There was an example of excellent practice whereby during the course of S47 assessment on a child, it was discovered that his sibling had returned to the household which prompted a strategy discussion.
- No children were identified as requiring an immediate multi-agency response as a result of the audit.

### **c) Section 11 audit**

The last section 11 audit of the robustness of safeguarding arrangements across agencies was completed in January 2012 and a report presented to the Board. There were some areas of best practice, both in terms of the practice itself and in evidencing practice that could be shared across agencies. This was particularly evident in relation to Standard 4 'Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families'.

Areas for improvement included the need for the evidence provided by some agencies to be more detailed. Also there was little evidence of the wider audit activity that is taking place through the SSCB Audit Framework. Only a small number of agencies made the connection in terms of evidencing changes in practice and monitoring the effectiveness of policies, procedures and communications.

Proposals for the quality assurance of section 11 audits through a series of themed focus groups were accepted by the SSCB and these will be implemented from spring 2013. They will be reported on in the next annual report (for 2013-14).

### **d) Multi-agency training provision**

The training sub-group oversees and manages multi-agency training on behalf of SSCB, informed by the requirements set out in Working Together 2013, and the priorities set within the business plan.

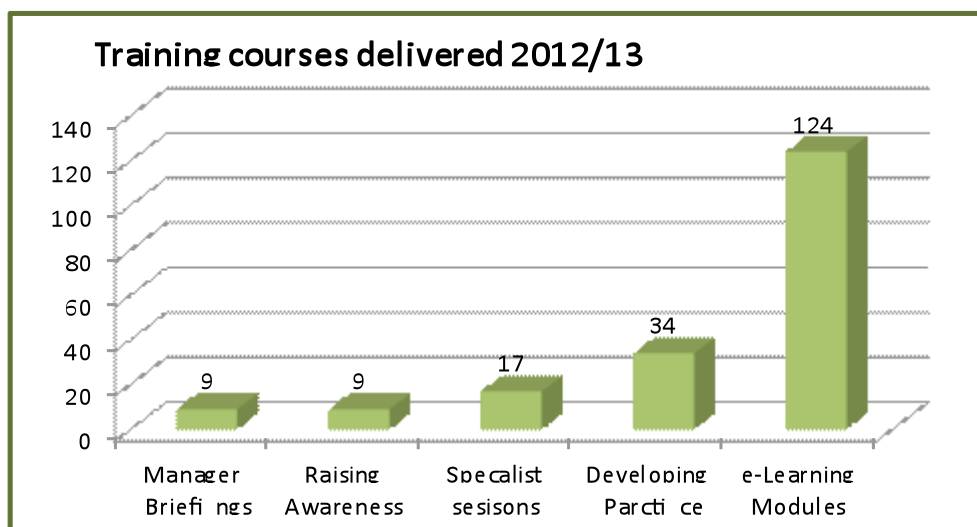
In the past 12 months the SSCB training team has planned, commissioned and delivered a varied range of training opportunities for Shropshire for large numbers of agencies (43) and practitioners).

Details are set out in **Appendix 3**.



During 2012-13:

- ✓ The Board provided multi-agency training for 1529 delegates 2012-13, compared with 1051 in 2011-12.
- ✓ The SSCB increased capacity by recruiting a young person as an apprentice to support the training team; this has been a success in every way and his contribution has been highly valued.
- ✓ The SSCB Training Co-ordinator is working closely with the Domestic Abuse (DA) County Forum and partners, to agree a common approach to domestic abuse training across Shropshire. This will establish common approaches to identifying risk, analysing impact on children and working with parental domestic abuse.
- ✓ The training pool has continued to be sustained and there have been three development sessions provided for trainers throughout the year, attended by an average of 40 trainers, which has continued to develop their skills and knowledge to deliver training for the SSCB.
- ✓ The SSCB training team and the multi-agency safeguarding training pool have delivered a wide variety of Safeguarding sessions during 2012/13, the details are shown in the chart below. The e-learning modules have proved popular and have been well received. Specialist training delivered included Suicide Prevention Training (STORM), SCIE Learning Together Review Training, and Train the Trainers Training.



- ✓ Shropshire Children Trust and Shropshire Safeguarding Children Board combined in 2012 to deliver an Annual Conference focusing on Shropshire's Early Help Offer. This Conference engaged 171 delegates from a wide range of agencies illustrating the strong commitment to early help in Shropshire.



## e) Case reviews

Working Together 2010 sets out the responsibilities of LSCBs in terms of learning lessons from and improving practice when a child has died or is seriously injured and if concerns exist about the effectiveness of multi-agency working. Two of the key mechanisms for this reviewing of cases are through the Child Death Overview Panel (CDOP) and through the commissioning of a Serious Case Review.

### i) Child Death Overview Panel (CDOP)

During 2012-13, the joint Shropshire and Telford and Wrekin Child Death Overview Panel were notified in respect of 46 child deaths, of which 40 reviews were completed. The panel concluded that 11 of these deaths had 'modifiable factors' including smoking in pregnancy and co-sleeping. In response to the modifiable factors a workshop was held regarding Safer Sleeping in Infants, the key note speaker being the Regional Advisor of the national charity, The Lullaby Trust and a local working party is being developed to agree a joint guideline on safer sleeping advice and support to families living in Shropshire and Telford and Wrekin. This work also links with smoking cessation in pregnancy, a known risk factor in premature labour.

### ii) Serious Case Reviews (SCR)

The SCR sub-group leads for the LSCB in relation to serious cases.

The current government agreed with the conclusion of Professor Eileen Munro in her *Review of the child protection system in England* that a 'systems methodology' should be used by LSCBs in Serious Case Reviews, (SCRs).

In preparation for the foreseeable changes, SSCB researched different systems models and found that the 'Learning Together' approach developed by the Social Care Institute of Excellence (SCIE) appeared to be the only current systems model that had been tried and accredited as a process for Serious Case Reviews.

An introductory day to the Learning Together model for multi-agency case reviews was held by SSCB in June 2012. It was subsequently agreed at the October 2012 Board meeting to pursue the SCIE approach and further a three day SCIE Learning Together Foundation Course was jointly undertaken with Telford & Wrekin LSCB.

Eleven members of the Board and SCR sub-group have been trained to be members of the Review Team that will facilitate the case reviews. A case has been selected to pilot the SCIE model and the review is planned for the summer 2013.





During 2012-13:

- ✓ There were no serious case reviews initiated by SSCB.
- ✓ SSCB and agencies from Shropshire are involved in two serious case reviews initiated by other LSCBs, each concerning a looked after young person who was placed with an independent care provider within the county. These have not yet concluded, but will be reported on in next year's plan.
- ✓ The sub-group considered a case which was highlighted during the Ofsted inspection in November 2012 as one that would benefit from a closer look. The case did not meet the criteria for a serious case review but a decision was taken to review the effectiveness of services in Shropshire involved in the case. A learning approach was adopted as the appropriate approach to the review of this case. The learning from this case review is being collated and a learning event involving front line practitioners is due to take place in April 2013.
- ✓ SSCB initiated a case review regarding one of its priorities – Compromised Parenting - through the Serious Case Review Sub Group and a learning approach was utilised for this review. This review continues and learning from this review will be presented to the SCR sub-group and to Board in the autumn of 2013.



**f) Child Protection Conference Quality Assurance**

Key Findings:

		Q1-Q4 (Cumulative)
	<b>Total number of Conferences</b>	<b>365</b>
		<b>% Yes</b>
→	Social Worker's report completed 3+ working days before the conference	<b>73%</b>
↓	Report gives evidence based Analysis / Summary	<b>95%</b>
→	Clear, Outcome Focused report and Recommendations	<b>87%</b>
↑	<b>Key Family Members present</b>	<b>61%</b>
↓	<b>Child/ren were present</b>	<b>21%</b>
→	<b>All Key Agencies present or provided report including Police, GP etc.</b>	<b>33%</b>
↑	Conference relates to child aged 4 years and over	<b>64%</b>
→	<b>Views of children aged 4 years and over available</b>	<b>89%</b>
↓	Conference relates to child aged 0-4 years inclusive	<b>53%</b>
↓	Is this a Review Conference?	<b>68%</b>
↑	All monthly core groups conducted	<b>97%</b>
→	All agencies attended and contributed meaningfully to the core groups	<b>92%</b>
↓	Agencies have followed the Child Protection Plan satisfactorily	<b>93%</b>
↑	The child has been seen by the social worker as detailed in the plan	<b>91%</b>



There are a number of areas of good performance. These include:

- Attendance by the police at conferences is good. Reports are consistently provided. Performance in both these areas has remained high since the appointment of a dedicated police staff member in the role of Child Protection Conference Coordinator.
- Generally the core groups appear to be working well.
- Social work reports have been of consistent quality over the past four quarters and professional analysis is evident in the reports. The timeliness of reports being shared appears to have cumulatively remained the same as last year. Where reports have not been available in the 3 days prior to a conference, the parents are made aware of the contents. There were times that these reports were not available 3+ days prior to conference due to the pace of the investigation (nearly all Review Conferences had reports shared on time).
- More is being done to enhance the voice and participation of the child in child protection conferences and a consultation form (similar to that used for LAC Reviews) has been designed with the help of young people. This is now available and should be utilised by social workers to help prepare young people for their conferences and increase their participation and attendance.

Of concern is contribution by GPs to child protection conferences. This is being addressed by the Clinical Commissioning Group for Shropshire. However, it is of course vital that GPs are invited to all conferences and that social care records are up to date as families sometimes move GP practices.

#### **g) Quality Assurance of Child Protection Chairs**

During October – December 2012 a 360 degree survey was conducted following the completion of a child protection conference. This action stemmed from the findings of the review of the Conference Chairing and IRO service (IRU) completed in September 2012 which made observations about the consistency of approach by conference chairs.

41 out of a possible 100 agency representatives across conferences held replied during this period. The majority of the feedback was very positive responses with a very small number (3) of negative responses to the question relating to consistency of chairing.

This result reassures the Board of the quality of practice and effectiveness in relation to Child Protection Conference Chairs and reaffirms their position as a key role for multi-agency quality assurance.



## 9. Issues and challenges facing safeguarding in Shropshire

### Key Challenges

The very nature of safeguarding children will always present challenges across the professional landscape, both nationally and locally.

To improve its effectiveness, the LSCB needs to do more to engage children and young people and ensure that their voices are heard and responded to across the range of its work. In addition, improved sensitivity to issues of diversity, and to the particular vulnerabilities of children with disabilities, is needed.

For partner agencies, in addition to those identified earlier in the report, challenges include:

- ✓ capacity of front-line services to respond to demand and complexity of child protection work, notably at a time of austerity, welfare reform and where the impact of poverty is likely to increase pressures within some families;
- ✓ the impact on frontline practice of continued organisational change and reform within partner organisations;
- ✓ the impact of the Family Justice Review in terms of capacity to adhere to timescales and additional requirements with family court proceedings, particularly in view of the increasing complexity of the circumstances of some children who are subject to care proceedings;
- ✓ the impact of cuts within public sector and to voluntary sector services on the provision of early intervention and some areas of more specialist assessment and intervention;

As is indicated from the evidence in the body of the report, whilst performance in children's social care is adequate, there are areas where improvement is needed, particularly at first point of contact. This is dependent on good inter-agency working with partners, in particular West Mercia Police, the NHS and schools. A 'mini MASH' (Multi Agency Safeguarding Hub) has already been developed through the work of the Partnership sub group of the Board as part of their wider work relating to the Back to Basics review and Shropshire's Children Trust. The Executive sub group of the SSCB has commissioned a task and finish group to consider how these arrangements may be developed over the next 12 months.

Shropshire Council should consider how the resources and activity associated with the 'Troubled Families' initiative (Family Solutions) could be aligned with the broader early help offer at operational and governance levels, as part of the continuum of children in need provision. At present this initiative stands separate from other provision, which reduces the overall capacity in the early help system as well as restricting effectiveness and value for money overall.



**Partner agencies** each have work to do to improve quality and impact of their work on outcomes for children, listening to the voices of children and young people, and aligning relevant processes. This applies particularly to the NHS, where the relative roles and responsibilities of NHS England, the Clinical Commissioning Groups, the local authority (in relation to public health) and providers are still being negotiated.

This will include the range of organisations (such as mental health and substance misuse services) who work with adults who parent children and/or potentially pose a risk to children, which need to develop their relationship with child protection and the early help agenda; effective use by criminal justice agencies and children services of the Person Posing Risks to Children process; and increasing the participation of GPs in the core child protection activity e.g. Child Protection Conferences.

**The Children's Trust** has a key role to play in overseeing the delivery of the early help strategy which brings together the wide range of services for children, young people and families across Shropshire into a coherent range of resources which are accessible when needed. This should include improved access to child and adolescent mental health services (CAMHS) at tiers 1 and 2, as well as adequate provision at tiers 3 and 4. The Trust should also ensure that services are commissioned which respond to the needs of children who have suffered harm and neglect, and adults whose needs and difficulties are such that they pose a risk to children.

**The Health and Wellbeing Board** must show leadership in ensuring that the Joint Strategic Needs Assessment is strengthened to provide a stronger evidence base for safeguarding activity and service commissioning. The Board must ensure that it gives appropriate priority to the needs of children and their parents and carers as part of its overall agenda, commissioning services that are well co-ordinated and effective in promoting the safety and wellbeing of children and young people resident in Shropshire, including those who are placed in the county by other local authorities.

The **Corporate Parenting Group** has a key role and will lead on developments for our children in care and leaving care to ensure that they have access to appropriate services at the right time. Corporate parents have a duty to actively safeguard and promote the welfare of the children they look after by acting as the child's champion; this will include inspiring partner agencies to engage fully in their corporate parenting responsibilities. The group must also consider its relationship towards and responsibilities for the large cohort of looked after children who are placed within Shropshire by other local authorities, some at a considerable distance.

The **Community Safety Partnership** should assist the LSCB in developing the understanding by practitioners of the impact of domestic abuse, and the commissioning of services in response to need.



## 10. Priorities 2013-2015

The current LSCB priorities will remain, but will be further focused in the light of learning and progress. This will be reviewed at the development day planned for 23<sup>rd</sup> January 2014, but will include increased attention to children with disabilities, and to diversity issues.

In addition, there will be a firmer focus on developing the voice of children and young people influencing the work of the LSCB, and assessing its effectiveness.

In addition to the above, the Board will continue to deliver on its statutory responsibilities, as well as monitoring and responding to the extensive public sector change which has already taken place in relation to public sector finance, human resources and the changes to Working Together 2013 and other statutory guidance over the next 12 months.

This range of activity is set out in the LSCB's **Business Plan 2013-2015 (appendix 4)**.



**Appendix 1**

**BUDGET 2012/13**

CONTRIBUTION TO BUSINESS MANAGERS POST	29,360
SAFEGUARDS DEVELOPMENT OFFICER - 0.6 FTE	21,190
CONTRIBUTION TO CONFERENCE MINUTING 0.5 FTE	8,120
BOARD ADMINISTRATION 0.6 FTE	10,800
INDEPENDENT CHAIR FOR BOARD	6,000
TRAINING OFFICER - 1 FTE	33,420
TRAINING ADMINISTRATOR - 0.6 FTE	12,260
TRAINING PROVISION	26,390
APPRENTICE	5,000
PUBLICITY/PROMOTION & MISCELLANEOUS	9,510
SUPPORTING SAFEGUARDING ACTIVITY	24,000
LAY MEMBERS EXPENDITURE	1,500
	<b>187,550</b>

**FUNDING FOR 2012/13**

	<b>AMOUNT</b>
	<b>£</b>
COMMUNITY TRUST NHS	32,450
POLICE AUTHORITY	25,160
PROBATION	4,550
SHREWSBURY & TELFORD HOSPITAL NHS TRUST	5,270
YOUTH OFFENDING SERVICE	1,580
SHROPSHIRE COUNCIL	88,310
TRAINING INCOME	5,000
SHROPSHIRE SECONDARY SCHOOLS	5,270
SHROPSHIRE PRIMARY SCHOOLS	5,270
CAFCASS	600
SHREWSBURY SIXTH FORM COLLEGE	1,260
DERWEN COLLEGE	1,260
SHREWSBURY COLLEGE (SCAT)	1,260
WALFORD & NORTH SHROPSHIRE	1,260
LUDLOW COLLEGE	1,260
ROBERT JONES/AGNES HUNT HOSPITAL TRUST	5,190
	<b>187,550</b>



## Appendix 2

### Sub-Groups Report – March 2013

1.0 Purpose of the report: To advise the safeguarding board of its subgroups and their current and future streams of work.

2.0 Current working arrangements by sub-group

2.1 Communications Sub-group	
<b>Membership:</b>	<p><b>Chair: SSCB Development Officer</b>            Shropshire Community Health NHS Trust Communications and Marketing Manager            Shropshire Council Communications Officer            Family Information Service            West Mercia Police Communications Officer            SSCB Community Member            Shropshire Council Early Help Implementation Lead            Shropshire Council Community Engagement Officer            Shropshire Youth Association</p>
<b>Frequency of meetings:</b>	<b>Bi-monthly</b>
<b>Activity:</b>	<p>The Communications Sub-Group developed and launched the Communications Strategy and Toolkit in autumn 2012. Other sub-groups of the Board have begun to plan their communication campaigns and these will be co-ordinated by the Communications sub-group.</p> <p>The new SSCB website was launched in March 2013 and contains information on safeguarding and child protection for children and young people, parents and carers and professionals. The launch of the website involved a number of different communications to target audiences, largely capitalising on news stories and events to promote different sections of the website relevant to the target audience.</p> <p>The sub-group is currently developing a safeguarding poster campaign to raise awareness of safeguarding issues in local communities.</p>
2.2 Training Sub-group	
<b>Membership:</b>	<p><b>Chair: Inter-agency Training Officer, SSCB</b>            Shropshire Council (SSCB)            Shropshire Council (LETS)            West Mercia Police            SSSFT (South Staffordshire &amp; Shropshire Healthcare NHS Foundation Trust), Lead Nurse for Child Protection            Shropshire Council (IRU)            Walford &amp; North Shropshire College</p>





		<p>Shropshire Council (Prevention &amp; Inclusion)          Shropshire Early Years &amp; Child Care          NSPCC          Shropshire Community NHS Trust &amp; SATH, Named Nurse for Child Protection          Shropshire Council, Joint Training for Adult Community &amp; Health Services          Shropshire Council – Shrewsbury Children’s Centre          Shropshire Council – Raising Achievement &amp; Inclusion          Shropshire Council – Social Care &amp; Safeguards</p>
	<b>Frequency of meetings:</b>	<b>Bi Monthly</b>
	<b>Activity:</b>	<p>The training subgroup has continued to support the work of the SSCB Training team, in delivering the Training Schedule for 2012/13. Attendance and engagement from all agencies including Police, Health and colleagues from the Voluntary and Community sector has been good this year.</p> <p>The Training pool that delivers Training at all levels is well attended and trainers show commitment to the work they do. The numbers of trainers is at risk of decreasing, due to the ever changing world we currently work in, with financial cuts and changes to organisations. However we currently have a strong team and feel the recruitment of social workers has been a great asset to the Training Pool. There is a robust programme of development sessions and meetings to ensure all trainers are up to date and informed of changes as they happen in Shropshire.</p>
<b>2.3</b>	<b>Audit &amp; Evaluation Sub-group</b>	
	<b>Membership:</b>	<p><b>Chair: Safeguarding Group Service Specialist</b>          SSCB Development Officer          West Mercia Police          Education Welfare          PCT          Army Welfare          Shropshire Council Performance Manager          NHS          Clinical Commissioning Group</p>
	<b>Frequency of meetings:</b>	Bi-monthly
	<b>Activity:</b>	<p>Currently implementing the Audit Framework.</p> <p>Agencies have recently completed Section 11 Audits and a focus group on the theme of Commissioning is scheduled for April 2013 to quality assure agencies returns in respect of commissioned services.</p>

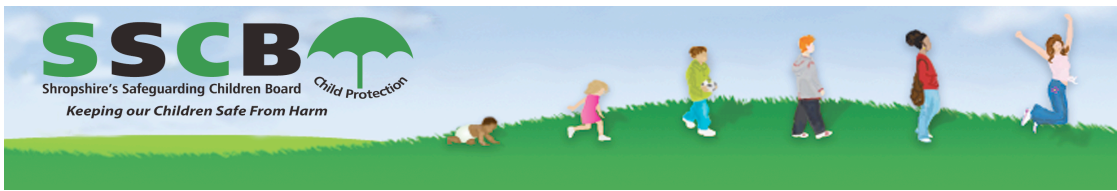
		<p>Developments have taken place with the presentation of performance dashboard to each Board meeting and work is on-going to establish a longer list of performance indicators which will sit behind the dashboard and will include data collection from a range of agencies.</p> <p>A LADO report has been presented to Board.</p>
<b>2.4</b>	<b>Serious Case Review Sub-group</b>	
	<b>Membership:</b>	<p><b>Chair: Head of Legal and Democratic Services</b>            Group Manager Safeguarding            Service Manager Safeguarding &amp; Review            Service Specialist Safeguarding            SSCB Development Officer            West Mercia Probation            West Mercia Police            Designated Nurse/Doctor</p>
	<b>Frequency of meetings:</b>	Bi-monthly
	<b>Activity:</b>	<p>This group is responsible for considering whether or not cases meet the Serious Case Review criteria or require Management Reviews to be undertaken. Other work-streams involve monitoring agencies compliance with SCR recommendations/action plans, analysing cases for key themes, learning and identifying trends.</p> <p>Two Management Reviews have been completed in the last twelve months and the sub-group has begun a Learning Review, with an event for practitioners and managers involved in the case planned for April 2013.</p> <p>This group is also considering the implementation of a systems model for undertaking SCRs and undertook training on the SCIE Learning Together approach at the end of 2012. A pilot case review using the SCIE methodology is planned to begin in May 2013.</p>
<b>2.5</b>	<b>Policy &amp; Procedures Sub-group</b>	
	<b>Membership:</b>	<p><b>Chair: Service Specialist Safeguarding</b>            Service Manager Safeguarding &amp; Review            SSCB Development Officer            Human Resources            Designated Nurse            Education Welfare            West Mercia Police            Hope House</p>
	<b>Frequency of meetings:</b>	Bi Monthly
	<b>Activity:</b>	The Policy and Procedures sub-group has revised a number of safeguarding procedures within West Mercia Consortium Child Protection Procedures.

		<p>A DBS – Duty to Refer event has been organised by SSCB and Shropshire’s Adult Safeguarding Board and is being held on the 29<sup>th</sup> April 2013.</p> <p>Development and Implementation of a Joint Working Protocol between Substance Misuse Services and Children and Family Services</p> <p>Development of a new multi-agency guidance on threshold criteria to help support children, young people and their families in Shropshire - <b>‘Accessing The Right Service @ The Right Time’</b> To be published May 2013</p>
<b>2.6</b>	<b>Child Exploitation Sub-group</b>	
	<b>Membership:</b>	<p><b>Chair: Service Specialist Safeguarding</b>  SSCB Development Officer  SSCB Training Co-ordinator  Education Welfare  PCT  West Mercia Police  Assessment &amp; Support Service  YOS  Residential  Independent Reviewing Officer  LAC Nurse  Targeted Youth Support</p>
	<b>Frequency of meetings:</b>	Quarterly
	<b>Activity:</b>	<p>The remit of this sub-group has widened to include Missing and e-Safety.</p> <p>An action plan has been developed and the group are analysing findings from Missing data and addressing the learning from the Child Sexual Exploitation Panel.</p> <p>The sub-group responded to the Children’s Commissioner’s call for evidence around groups and gangs involved in CSE and considers other LSCBs reviews in respect of CSE.</p> <p>The e-Safety working group has identified areas of risk for young people using online technologies and has supported agencies in the delivery of training and development of policies and procedures.</p> <p>e-Safety policy guidance for community settings has been launched and disseminated via the MoveITon Conference and the SSCB website.</p> <p>The Education Improvement Service’s Create IT Awards were extended this year to include the category of e-safety, with pupils from all key stages producing e-safety messages using a variety of technologies.</p>

<b>2.7 Partnerships Sub-group</b>		
	<b>Membership:</b>	<p><b>Chair: Group Manager Care &amp; Wellbeing</b>  Group Manager Safeguarding  SSCB Training Officer  West Mercia Police  Designated Nurse  Service Manager Assessment &amp; LAC  Service Specialist, Safeguarding Group  Headteacher, Oldbury Wells  Headteacher, Weston Ryn  CVS Representative  Education Welfare  Named Nurse  Inclusion Officer  Service Manager, Family Care &amp; Wellbeing  Health Development Manager, Family Care &amp; Wellbeing  Programme Lead for Childhood Obesity  Service Manager, Support Services  CAMHS  Children &amp; Specialist Services, NHS</p>
	<b>Frequency of meetings:</b>	Monthly
	<b>Activity:</b>	<p>The Back to Basics Review of Early Help has been completed. This was undertaken in order to achieve the following outcomes in Shropshire:</p> <ul style="list-style-type: none"> <li>• Early Help arrangements that target help at the most needy children, young people and their families</li> <li>• A helpful system of support for schools and other agencies</li> <li>• A clear and straight forward support and referral pathway.</li> </ul> <p>The review has been thorough, consulting over 600 practitioners including schools and over 400 families.</p> <p>Good progress has been made on all the component parts. The Safeguarding Board conference on 8<sup>th</sup> October set out this offer in more detail and it was implemented from 1<sup>st</sup> January 2013.</p>
<b>2.8 Health Governance Safeguarding Children Committee (HGSCC)</b>		
	<b>Membership:</b>	<p><b>Chair: Director of Public Health for Shropshire</b>  Group Manager Safeguarding  Designated Nurse  Director of Nursing &amp; Quality  Nurse Director (Shropshire Doctors Ltd)  Designated Nurse LAC  Named Nurse SSSFT</p>



		<p>Service Delivery Manager Safeguarding (T&amp;W)          Services Manager Safeguarding (T&amp;W)          Director of Nursing (RJ&amp;AH)          Head of Safeguarding (Powys)          Deputy Director of Child &amp; Family Support Services (T&amp;W)          Named Nurse (RJ&amp;AH)          Named Nurse for Safeguarding (SATH)          Named Midwife (SATH)          Lead Nurse (CDOP)          Joint Lead Commissioner (T&amp;W)          Consultant Paediatrician/Designated Doctor          Designated Nurse for Children in Care (T&amp;W)          Managing Director for Community Health Services (T&amp;W)          Deputy Director for Children &amp; Specialist Services          West Midlands Ambulance Service          Service Specialist for Safeguarding, Shropshire Council          Named Nurse (T&amp;W)          Director of Quality &amp; Safety/Chief Nurse (SATH)</p>
	<p><b>Frequency of meetings:</b></p>	<p>Quarterly</p>
	<p><b>Activity:</b></p>	<p>The Healthcare Governance Safeguarding Children Committee is responsible for providing assurance to the Care Quality Commission (CQC) that safeguarding children remains a key agenda item for the Shropshire, Telford and Wrekin health economy. It brings together the many services in the health economy across both Shropshire and Telford and Wrekin and will ensure that all statutory requirements are met, Healthcare standards relating to safeguarding children are performance monitored and appropriate action taken to ensure compliance.</p> <p>This group was formally requested to become a sub group of SSCB in January 2012. An extraordinary meeting of this group was convened in February 2012 and the Terms of Reference were re- drafted.</p> <p>The year has seen another wave of change for the various health organisations within the county. These included the creation of a new community trust, the creation of a shadow Clinical Commissioning Group, the creation of a Sexual Assault Referral Centre for West Mercia as well as the change-over of lead officers in in several organisations. The focal points for the Health Sub group has been two fold, firstly to maintain and develop the high level of joint working across the health sector, and secondly to respond to the lessons learned from the various inspections, peer reviews and case reviews that occurred. Particular emphasis has been given to promoting training across primary and secondary care clinicians. In addition each organisation has conducted a stocktake of its activity and outcomes in order to assess whether it is achieving the appropriate levels of training and engagement in safeguarding of children, within its own organisation and with partner agencies.</p>



2.9 Child Death Overview Panel	
<b>Membership:</b>	<p><b>Chair: Designated Nurse for Safeguarding Children and Young People</b>            Designated Doctor for Safeguarding Children and Young People            Lead Doctor for CDOP            Lead Nurse for CDOP            Consultant Paediatrician (SaTH)            Head of Midwifery (SaTH)            Bereavement Midwife (SaTH)            Service Delivery Manager Safeguarding (T&amp;W)            Service Delivery Manager Safeguarding (Shropshire)            Clinical Service Manager – Families and Children (SCHAT)            Public Health (T&amp;W)            Public Health (Shropshire)            Police (West Mercia Police)            CDOP Administrator (minute taker)</p>
<b>Frequency of meetings:</b>	6 per year
<b>Activity:</b>	<p>Since 1<sup>st</sup> April 2008, Local Safeguarding Children Boards (LSCB) have had a statutory responsibility to review all deaths of children from birth (excluding still born babies) up to 18 years, who are normally resident in their area. The duties of the LSCB regarding these processes were initially set out in Chapter 5 of <i>Working Together to Safeguard Children</i> (HM Government 2013).</p> <p>The joint Shropshire / Telford &amp; Wrekin Child Death Overview Panel continued to monitor and review child deaths during 2012/3 on behalf of both LSCBs. Reviewing child deaths includes collecting information about the circumstances of the child's death, with the overall purpose to understand how and why children die, make recommendations to protect other children and to prevent future deaths.</p> <p>In 2012/3 the Panel reviewed 40 child deaths.</p>



## Training Report

### **1 Introduction and Background**

**1.1** Given that Safeguarding is everybody's responsibility, audiences for training are vast and diverse. This includes the whole of the children and young people's workforce and those working with adults who are parents or carers. It includes paid staff and volunteers working in the statutory, voluntary, community and independent sectors.

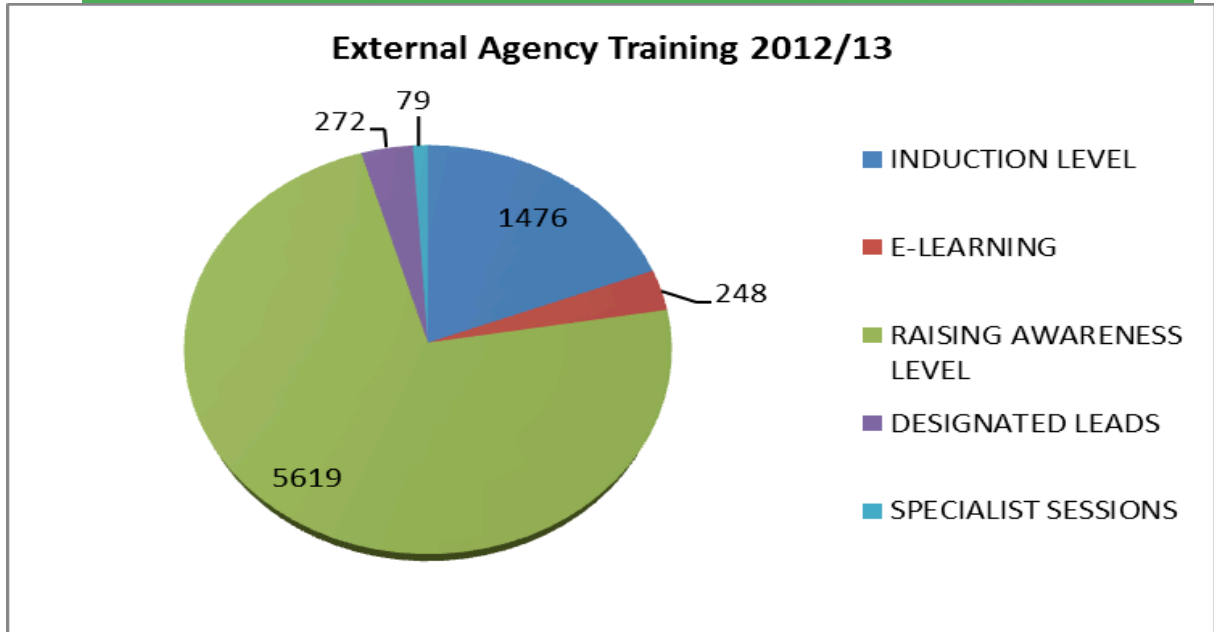
**1.2** While it is not practical for all staff in these sectors to attend multi-agency training, single agency training should still equip them to understand *working together* is an essential feature in safeguarding and promoting the welfare of children.

**1.3** The SSCB is required by Working Together (2013) to ensure both single and multi-agency training is being provided and that it is reaching relevant staff within organisations. To provide evidence of this the SSCB training team collates its own and other agencies data about what training is being delivered and who to.

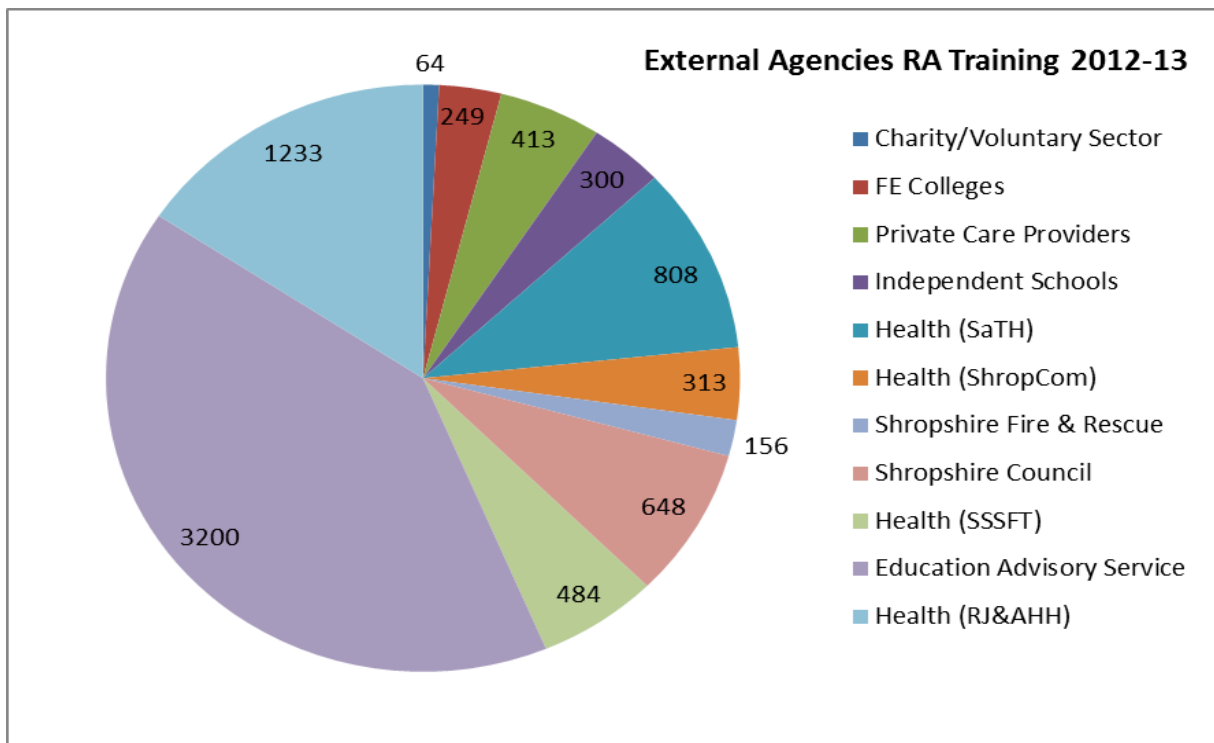
### **2 Attendance at SSCB Training**

**2.1** The SSCB Training team has continued to deliver Raising Awareness Safeguarding training to a variety of agencies over 2012/13. In total 127 delegates have been trained from 25 agencies, showing a wide range of agencies including both statutory agencies and the voluntary and communities sector. Compared to last year the number of delegates is less however the range of agencies being reached is wider.

**2.2** External agencies provide the SSCB Training Team with training data, providing evidence of the differing levels of training delivered, and the total of 7868 delegates receiving training for during 2012/13.

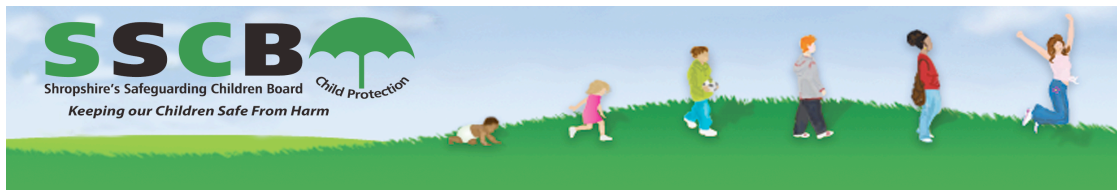


**2.3** There is evidence that agencies from a wide range of sectors and agencies are delivering Safeguarding training to the staff. There is evidence that there is a further increase in staff receiving Safeguarding training in 2012-13. There are still gaps in data.

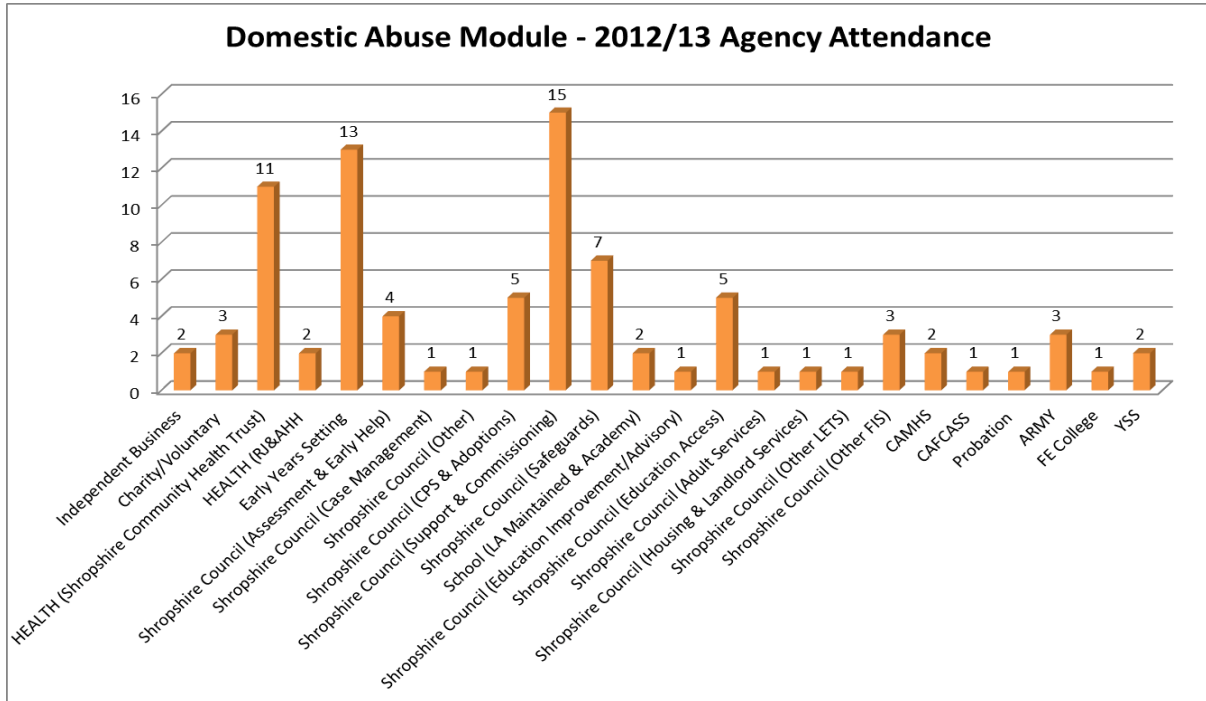


**2.4** Part way through this year the SSCB Training Sub-group introduced the Domestic Abuse e-Learning module, and 63 professionals have completed this. The e-learning provides a basic level of knowledge for professionals about domestic abuse, and completion of this is part of the application criteria for attending the domestic abuse developing practice module. During 2012/13 88 delegates in total were trained from 24

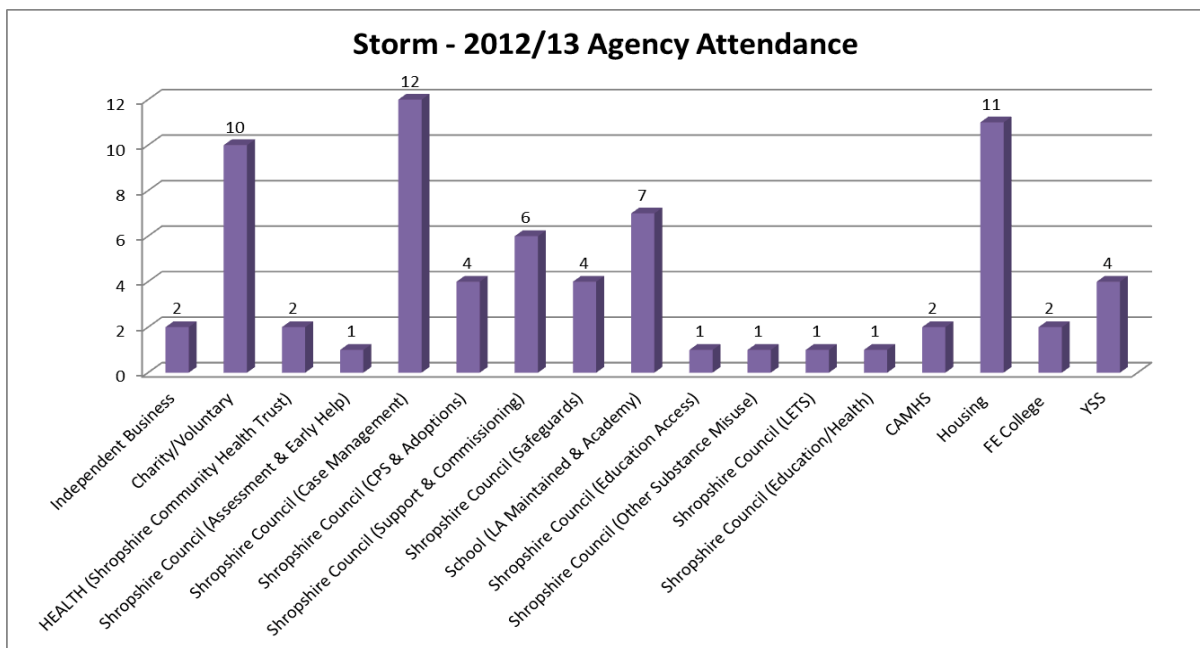


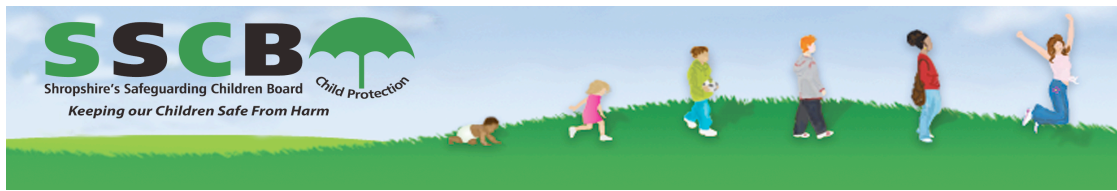


different agencies, showing good multi-agency commitment. However there are still gaps evident from some agencies missing or showing low numbers. Numbers are lower than last year, however this is possibly a reflection of the introduction of the e-learning module.

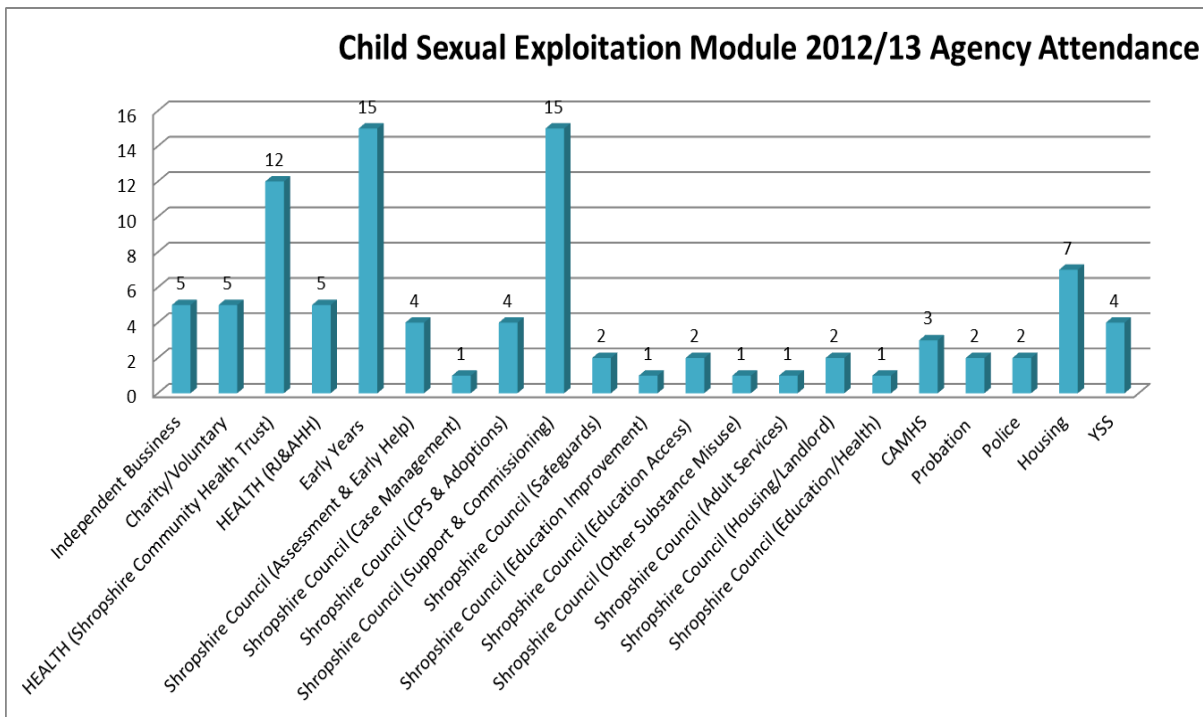


**2.5** During 2012/13 the SSCB training team has continued to co-ordinate STORM (Suicide Risk Assessment and Prevention) Training, and has supported the development of two more trainers, to increase the capacity of delivery in Shropshire. In total 71 delegates have been trained from a wide range of agencies, this is an increase on last year, and there are no longer waiting lists.



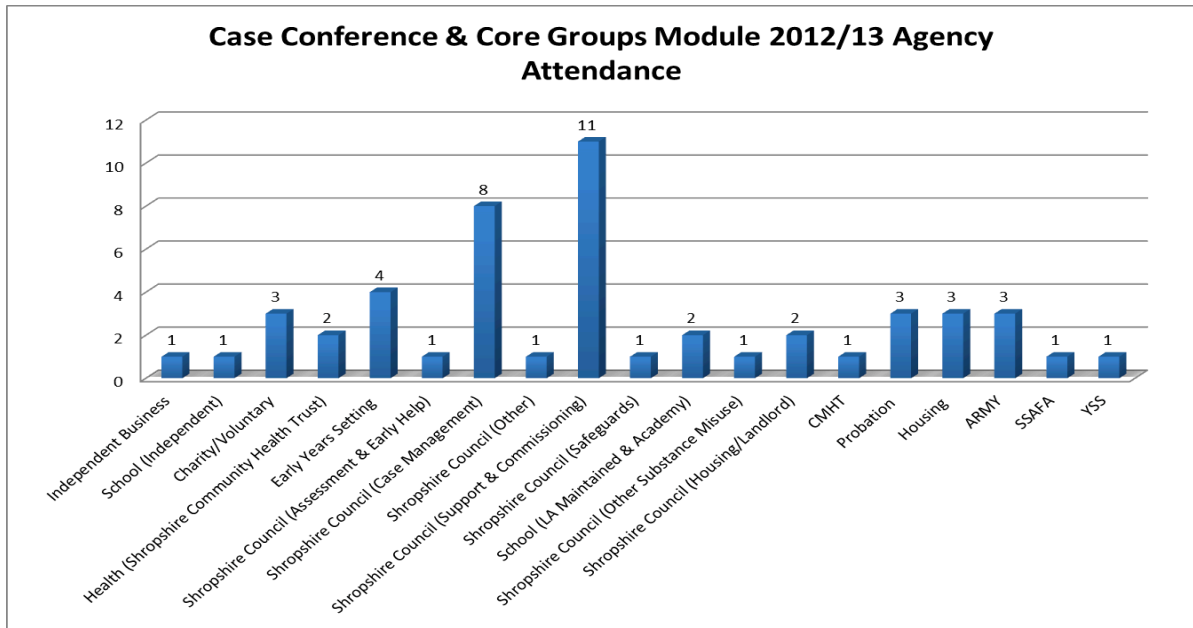


**2.6** Child Sexual Exploitation has continued to a be a priority for the SSCB and the training has continued to attract many delegates. This training has been reviewed and developed over this year (2012/13) due to the growing number of cases and reviews informing practice nationally, and the SSCB training team are happy that evaluations and feed-back from delegates has continued to be very positive. In total 94 delegates have received the CSE training from 21 agencies, this is an increase on last year and shows great commitment from all agencies in Shropshire. I am also aware that West Mercia Police have developed their own CSE Training, to be delivered across the Police force to all front line

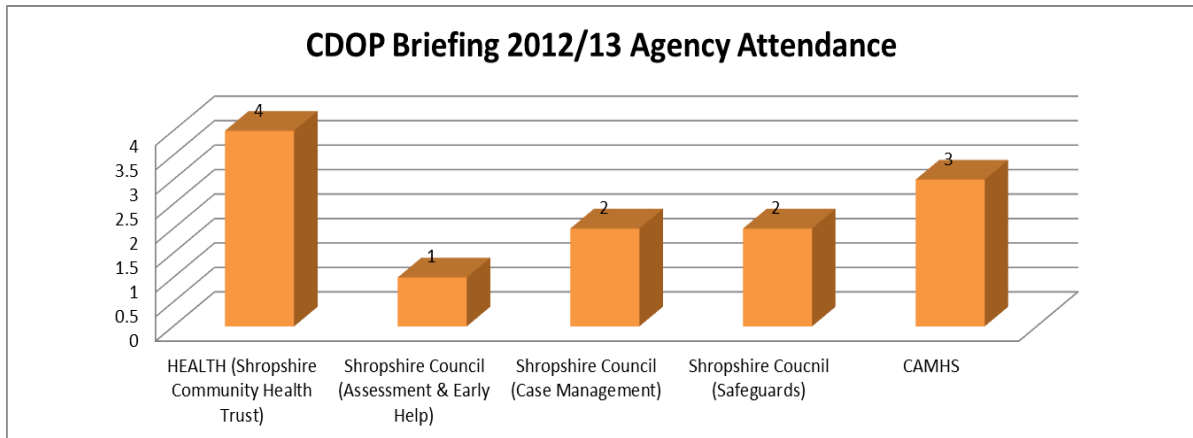


Officers.

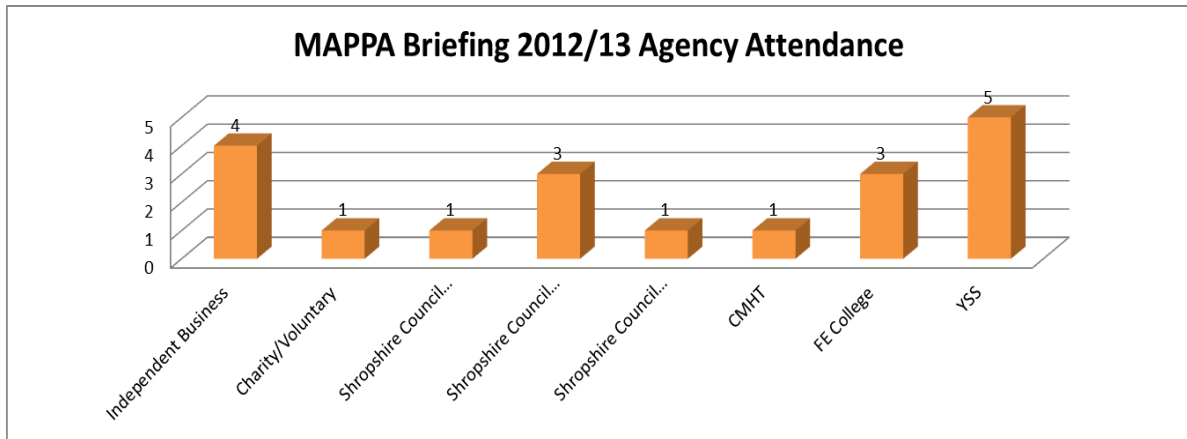
**2.7** Case Conference and Core Group Training has been delivered and developed by very committed Independent Reviewing Officers during 2012/13, receiving positive feedback from each session. In total 50 delegates, showing an increase, have attended from 19 agencies.



**2.8** Child Death Overview Panel (CDOP) Briefing sessions are aimed at those key agencies working with children and young people and their families in Shropshire. The aim of the briefing is to develop an understanding of the CDOP process. The briefings are delivered by Dr Sam Postings, the Associate Specialist Community Paediatrician and Alison Wood the CDOP Lead Nurse. Although two sessions were planned for this year, demand was low and only one session was required delivering to 12 delegates, the demand for this training has reduced.

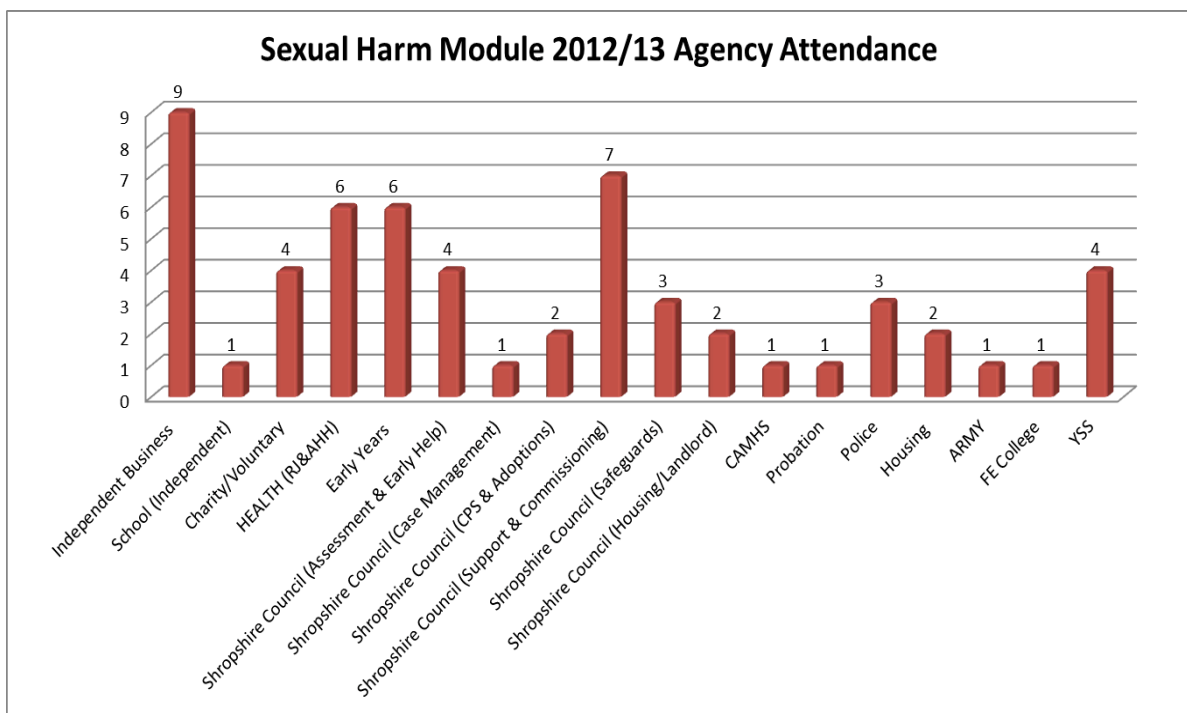


**2.9** MAPPA (Multi-Agency Public Protection Arrangements) Briefings have continued to be delivered in Shropshire, However demand for this session has been low, subsequently one session has been cancelled. In total 19 delegates have received training, from 8 agencies, which is a reduction compared to last year's figures.

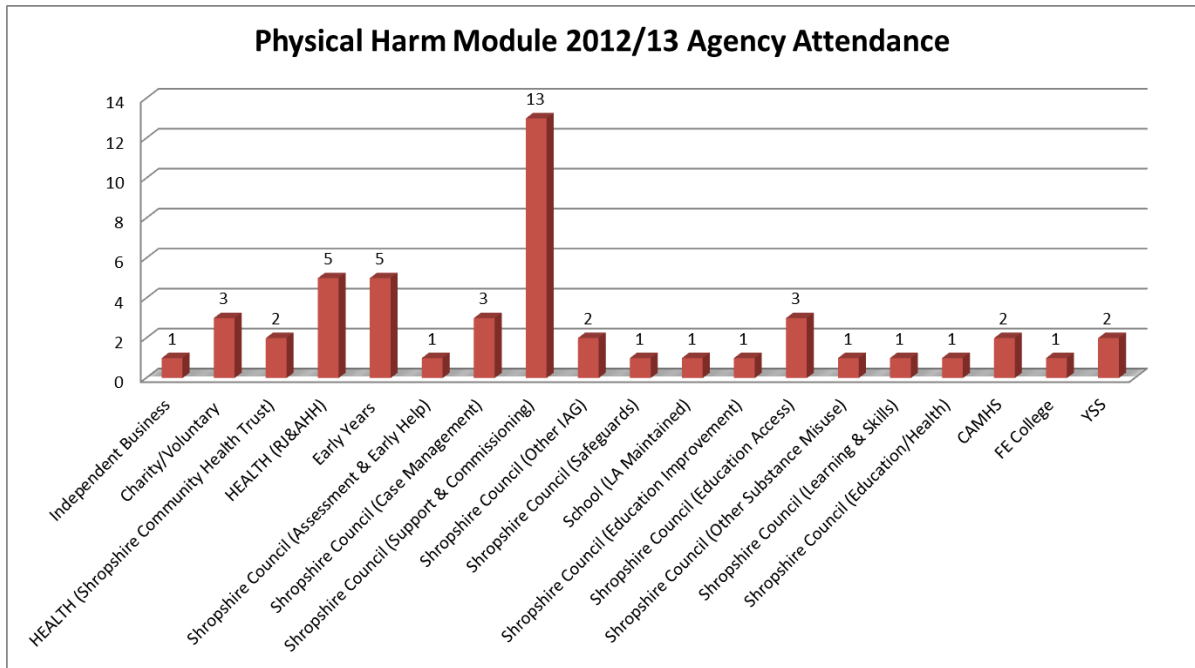


**3.1** Developing Practice Modules are a core element of the SSCB Training offer and aim to develop knowledge, skills, confidence and responses to child abuse and neglect. Overall 554 delegates have attended this training. A breakdown of the individual modules is in the following charts.

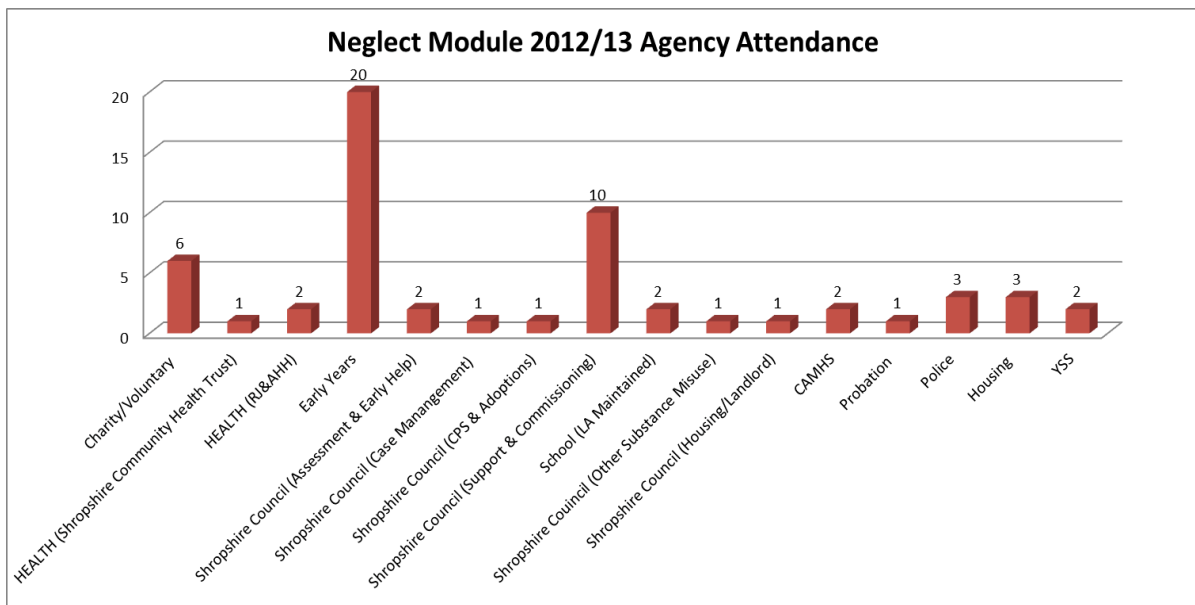
**3.2** The Sexual Harm module delivered to 58 delegates, from a range of agencies, this is less than 2011/12. The design of the session has been reviewed and the content developed. Evaluations received have been positive and this module is always well received.



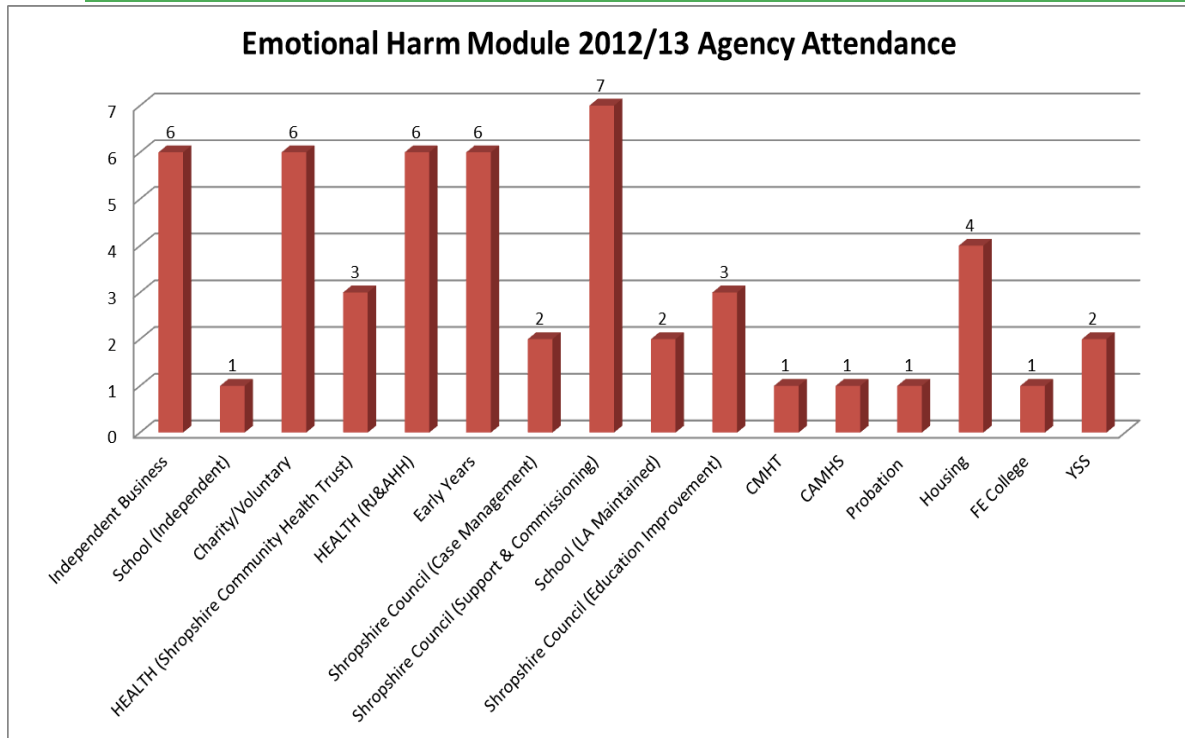
**3.3** The Physical Abuse module delivered to 49 delegates, from the range of agencies shown in the chart below. Again there is a reduction in the numbers of delegates compared to last year, however there are no waiting lists, demand is constant but not overwhelming, and evaluations are positive.



**3.4** The neglect module uses a variety of methods to explore how neglect may impact on children and young people and families in Shropshire and incorporates the SSCB endorsed Neglect strategy. The training has been delivered to 58 delegates across the range of agencies shown below.



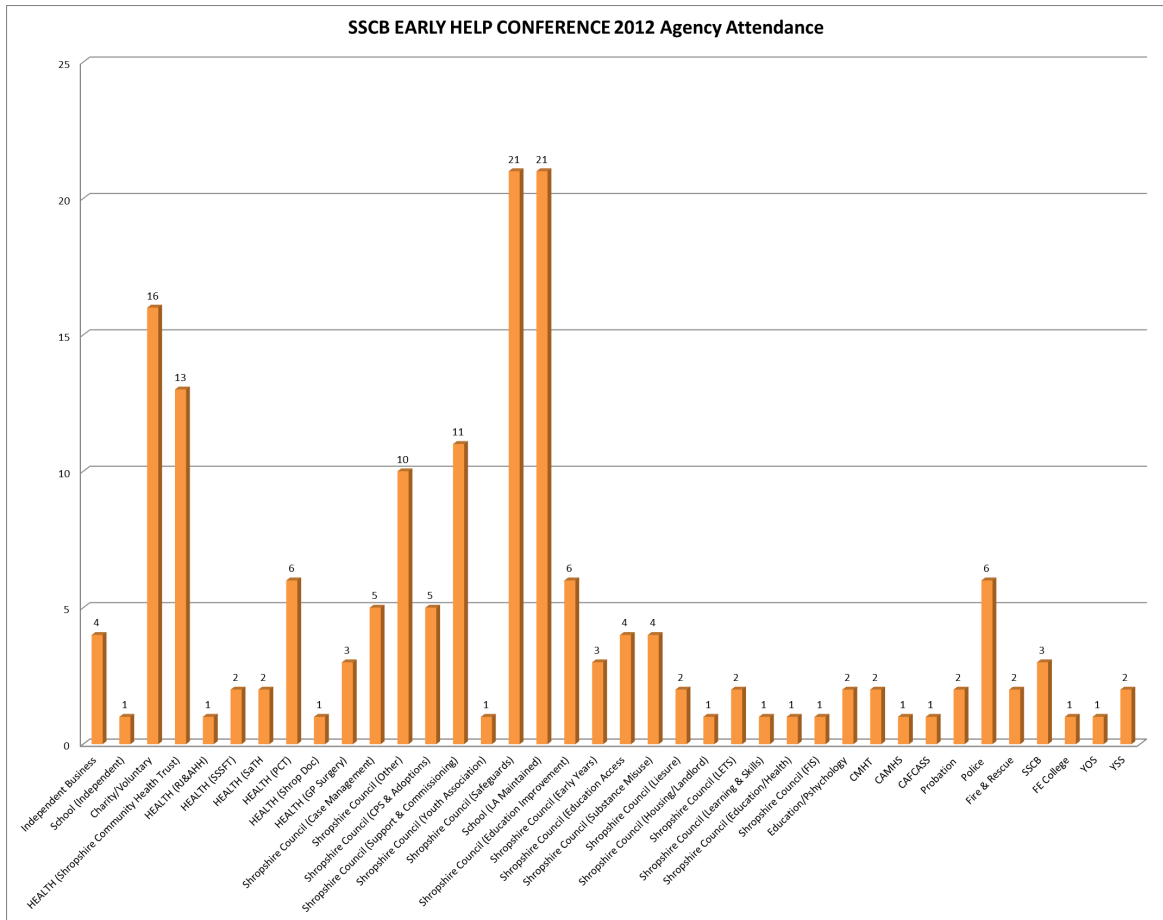
**3.4** The emotional harm module has delivered to 52 delegates across a range of agencies, shown below and again has a consistent number compared to the other developing practice modules.



#### **4 Annual Conference 2012**

**4.1** Shropshire Children Trust and Shropshire Safeguarding Children Board successfully joined efforts in 2012 to deliver an Annual Conference focusing on Shropshire's Early Help Offer. This Conference engaged 171 delegates from a wide range of agencies illustrating the strong commitment to Early Help in Shropshire.

**4.2** Early Help training has been developed with partner agencies and is currently being delivered across Shropshire managed by the Early Help Lead.



**Recommendations / Areas for Consideration**

- Work to develop stronger links with colleagues in Adults services and Police is on-going, to improve the follow of information to evidence training information.
- Evidencing effectiveness of training is a focus for 2013/14.

SSCB Business Plan 2012-2015 - Progress					
Priority	Key Activities	Measure of success	Lead Role	Timescale	RAG & progress
Governance	Strengthen the governance of the Board	Board Constitution in place and adhered to by all members	SSCB Business Manager	Apr-12	Constitution developed and signed by all agencies but will need to be refreshed given changes in WT 2013
		SSCB priorities are shared with and owned by the Area Fora	SSCB Business Manager & Group Manager for Safeguarding	During 2012	This has been a successful endeavour with all three priorities being represented
		Safe Recruitment messages communicated to partner agencies prior to launch of Protection of Freedom's Bill	SSCB Business Manager	Apr 2012 - Sept 2012	The Policy and Procedures Sub Group has been reconvened and continues to meet on a bi monthly basis. Consideration was given and responses prepared re Barring and Vetting (now DBS). Allegations against adults who work with children procedure was reviewed as was the guidance relating to safe recruitment.



**Appendix 4**

		Review the arrangements for the Independent Chair and Community Members	Successful re-appointment/ appointment of Independent Chair and Community Members	SSCB Development Officer & SSCB Members	Spring 2013	Arrangements for the Independent Chair and the Community members were reviewed in January 2013. The arrangements for the current Independent Chair have been extended to April 2014 with an increase from 20 to 30 days. A recruitment plan is in place for a replacement community member following the exit of one
	Further develop links with scrutiny/Children's Trust with reporting across partnerships	Governance arrangements in place. SCT commitment to SSCB recommendations about the service improvements.	DCS & SSCB Chair	Sep-12	A memorandum of understanding is being prepared following Executive Sub Group considering the draft protocol. This is an area of work that will be carried forward in 2013/14	
	Ensure each sub-group has terms of reference and an action plan	Documents in place for each sub-group	SSCB Development Officer	Jul-12	Complete	

**Appendix 4**

Respond to and implement Government legislation, strategies and guidance	Ensure all SSCB members are prepared for the implementation of the Disclosure and Barring Scheme.	SSCB member agencies effectively implementing the DBS	Policy & Procedures Sub-Group	Dec-12	Disclosure and Barring Service – Duty to Refer event has been organised by the SSCB through the Policy Sub Group Chair and the SSCB Training Co-ordinator. The event will take place on the 29 <sup>th</sup> April 2013
	Undertake Back to Basics Review of early intervention.	Update report to July SSCB Agencies acknowledging and agreeing to early intervention \ prevention approach.	Partnership Sub-Group	Oct-12	The Back to Basics (Early Help) review was completed in October 2012 and the outcomes launched as part of a joint SCT and SSCB conference in October 2012.
	Revise SSCB Tri X Child Protection Guidance following the revision of Working Together to Safeguard Children 2010 and the outcome of the Back to Basics Review	New procedures online and updates announced	Policy & Procedures Sub-Group	Sep 2012 - Dec 2012	Working Together was finalised and published at the end of March 2013 and took effect from the 15 <sup>th</sup> April 2013. Revisions are currently taking place to our procedures
<b>Performance</b>	Maintain the S11 Audit as a 'live' document to be updated every 6 months by agencies and carry out sample audits for quality assurance on an annual basis	Agencies produce and implement safeguarding action plans and demonstrate continuous improvement	Audit & Evaluation Sub-Group	Update June & Dec 2012 QA Sep 2012 - Jan 2013	Whilst S11 audits have been undertaken, the sampling of quality has only recently taken place in April 2013

**Appendix 4**

	standards and highlight areas for improvement	Further embed and improve the Audit Framework (Oversight, Practice, and Compliance).  Review the Audit Framework	Reports to SSCB collate findings and highlight areas for development and improvement	Audit & Evaluation Sub-Group	Sep-12	This is an on-going piece of work and the Audit Framework is currently under Review by the Audit and Evaluation Sub Group. Proposals to the revised framework will be presented to SSCB in August 2013. Reports have been presented to SSCB regularly.
	Develop the SSCB scorecard on a flexible basis to reflect audit and quality assurance activities  Consider the proposed Munro performance information and comparative data	Identifying areas for improvement and measuring the effectiveness of SSCBs work	Audit & Evaluation Sub-Group & Performance Team	Quarterly	Significant work has been undertaken and continues to evolve in this area. A new Quality Assurance and Performance Information Framework has been drafted by the Audit and Evaluation Group	

Priority 1 - Missing Children, CSE & Trafficking						
Practice	Keeping our children safe from harm by co-ordinating our response to the issues of Missing, CSE & Trafficking	Implement the Missing Joint Protocol in Shropshire through the creation of a Task/Finish Group	Reduce in the number of children reported as having been harmed when missing	Missing Task/Finish Group	May - Dec 2012	Implemented. Exploitation Sub Group has recently combined the areas of Missing, CSE and E-Safety
		Monitor and evaluate the implementation of the Missing From Home and Care Protocol.	Reduction in the number of missing episodes Greater knowledge of where missing children have been	Missing Task/Finish Group	Report to Board in April 2013	Exploitation Sub Group has recently combined the areas of Missing, CSE and E-Safety
		Improve SSCBs awareness of LAC children placed in Shropshire from other local authorities and improve notification systems	LAC Census to be reported to Board in July 2012 to better establish a baseline population count of this cohort of young people.	LAC Strategy Group	July 2012	Completed
	Establish data collection processes for Missing, CSE and Trafficking	Added to SSCB scorecard and reported on at the end of each quarter	SSCB Business Manager & Performance Team	Quarterly	This has progressed well and features in the SSCB Dashboard and the newly drafted Quality Assurance and Performance Information Framework	



Priority 2 - Communication						
Keeping our children safe from harm by communicating safeguarding messages effectively	<p>Revise Terms of Reference for Media Sub Group and re-name as Communications Sub-Group.</p> <p>Develop draft Communications Strategy to include areas of work agreed at the SSCB Development Day and begin implementation.</p> <p>Develop the SSCB website for Professionals, Parents and Children and Young People</p>	<p>Community actively involved in safeguarding children</p> <p>Workforce aware of their responsibilities, Board priorities and the contribution they can make</p>	<p>Communication sub-groups</p>	<p>May 2012 - Dec 2012</p>	<p>Completed. Communication Strategy has been launched and shared with each sub group.</p>	
		<p>Number of hits to be monitored and feedback to be collected</p> <p>Public having a realistic understanding of the role of the LSCB and safeguarding issues</p>	<p>SSCB Development Officer &amp; Communications sub-group</p>	<p>Sep-12</p>	<p>Completed in April 2013</p>	

**Appendix 4**

	<p>Engage with children and young people and seek their views to help shape the work of the Board</p>	<p>Children and young people's views are presented to the Board and are used to inform service developments</p> <p>SSCB advocates children's views to partner agencies</p>	<p>SSCB Development Officer &amp; Communications sub-group</p>	<p>On-going</p>	<p>More work is required in this area but work in the e-safety group has been an excellent example of young people's engagement in safeguarding. A group of young people with support from the SSCB Training officer and TYS prepared a presentation of their journey through services when seeking help for the joint SCT \ SSCB conference held in October 2012.</p>
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<b>Priority 3 - Compromised Parenting</b>					
<p>Keeping our children safe from harm by creating a common understanding, commitment and approach to identifying children and young people who are experiencing , or are at risk of experiencing , harm due to domestic abuse, substance misuse or adult mental health.</p>	<p>Undertake a scoping exercise/mapping of existing groups, personnel, protocols and services in respect of domestic abuse, substance misuse and adult mental health.</p>	<p>To have a better understanding of the range of services available and to have identified gaps in provision to inform the development of protocols to enable agencies to work together more effectively</p> <p>Each steering group to have identified outcomes they would like to see achieved</p>	<p>SSCB Development Officer &amp; Domestic Abuse Forum, Hidden Harm Group, Health Governance Group &amp; Area Strategic Fora</p>	<p>March 2012 for consideration by Exec Sub-Group to decide how work is progressed.</p>	<p>The scoping exercise was completed and the Joint Working Protocol between Children's Services and Adult Substance Misuse Services was launched in January 2013 and at Area Strategic Fora.</p> <p>Further work is needed and planned in relation to Domestic abuse and parental mental ill health.</p>
<p>are experiencing risk of experiencing , harm due to domestic abuse, substance misuse or adult mental health.</p>	<p>Deliver a co-ordinated response to children and young people to reduce the risk of harm from compromised parenting</p>	<p>Young person's confirmation that they feel supported/safer</p> <p>Better identification of young people at risk of harm</p> <p>Joined up approach to working with the young person</p>	<p>Partnership Sub-group</p>	<p>April 2012 for consideration by Partnership Sub-group as to how work is progressed</p>	<p>This has progressed well. Back to Basics Review (of Early Help) was completed and Shropshire's Early Help offer was launched in January 2013. Early Help Advisors (Senior Social Workers have been appointed to assist \ advise partner agencies in fulfilling their Early Help responsibilities. Training is in place and a rolling</p>



**Appendix 4**

						programme is running through 2013 to embed the Early Help agenda.
<b>On-going work streams</b>						
Understand how and why children die, make recommendations to protect other children and to prevent future deaths.	Embed CDOP Action Planning process for SSCB to ensure issues relating to preventable child deaths are addressed Multi-Agency Panel review child deaths across Shropshire. Contribute to the review and revision West Mercia SUDIC Protocol.	Promote the reduction in child deaths due to accidents  Lessons learnt incorporated in Child Death Overview Panel  Achieve consistency of response across the West Mercia area for Sudden and Unexpected Death in Childhood.	CDOP	On-going Annual report to SSCB April 2012	Annual Report was presented to SSCB in 2012 by CDOP specific health staff.  CDOP is functioning appropriately and lessons learnt are incorporated and there are good links with Public Health.  The Review of SUDIC Protocol is progressing well and is anticipated to be completed in 2013.	

**Appendix 4**

<p>Delivering the core functions required of the LSCB as detailed in Working Together through the operational sub-groups.</p>	<p>Develop a quality assurance model for SSCB training modules that measures the impact that training has on practice</p> <p>Continue to monitor the effectiveness of the PPRC process</p> <p>Consider the implications of the Domestic Homicide Review process</p> <p>Work with the Community Safety Partnership to ensure that children are appropriately safeguarded from domestic abuse and MARAC processes are working effectively</p>	<p>Positive changes in working practice as a result of training</p> <p>Referrals are sent to the appropriate contact; Staff are aware of the PPRC process</p> <p>Reduction in number of children affected by domestic abuse</p>	<p>SSCB Training Officer &amp; Training Sub-Group</p> <p>Criminal Justice Sub-Group</p>	<p>Dec-12</p> <p>Jul 2012</p> <p>On-going</p>	<p>This has progressed well, and a paper is being presented to SSCB in May 2013 to advise Board of the developments to date and future proposals.</p> <p>This was completed and Criminal Justice Sub Group was decommissioned in 2012</p> <p>MARAC report was brought to SSCB in February 2013</p>
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**Appendix 4**

					<p>There was a small increase in health reporting; arrangements are being firmed up since the SSCB held in February 13.</p> <p>Conference participation by some health staff continues to be problematic but continues to be addressed.</p> <p>Sub Groups have been updating their work plans and will be revisiting given the publication of WT 2013 and SSCB proposed changes to its architecture.</p>
	<p>Developing collaborative Health contribution to SSCB</p>	<p>Improved NHS reporting to LADO.</p> <p>Improved NHS \ PCT engagement within Child Protection Conferences</p>	<p>Health Governance Sub-Group</p>	<p>On- going</p>	
	<p>Monitor the effectiveness and productivity of the sub-groups through producing a report of progress against work plans.</p>	<p>Sub-groups review their work plans and terms of reference in light of Board developments and/or recommendations.</p>	<p>All Sub-group Chairs</p>	<p>Oct 2012 &amp; April 2013</p>	



[www.safeguardingshropshireschildren.org.uk](http://www.safeguardingshropshireschildren.org.uk)