

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 26th November 2015

Committee:
HEALTH AND WELLBEING BOARD

Date: Friday, 4 December 2015
Time: 9.30 am
Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Corporate Head of Legal and Democratic Services (Monitoring Officer)

Members of Health and Wellbeing Board

Karen Calder (Chairman)	Dr Helen Herritty
Ann Hartley	Dr Julian Povey
Lee Chapman	Jane Randall-Smith
Professor Rod Thomson	Brigid Stacey
Stephen Chandler	Paul Tulley
Karen Bradshaw	Rachel Wintle

Your Committee Officer is:

Karen Nixon Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

To receive apologies for absence and any substitutions that have been notified.

2 DISCLOSABLE PECUNIARY INTERESTS

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

3 MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the previous meeting held on 23 October 2015, which are attached.

Contact Karen Nixon Tel 01743 257720.

4 PUBLIC QUESTION TIME

To receive any questions, statements or petitions from the public, notice of which has been given in accordance with Procedure Rule 14.

5 WHOLE SYSTEMS TRANSFORMATION - FUTURE FIT, COMMUNITY FIT, RESILIENT COMMUNITIES, BETTER CARE FUND

A presentation will be made.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704 or Paul Tulley, Chief Operating Officer, Shropshire CCG, Tel 01743 277500.

6 BETTER CARE FUND UPDATE AND PERFORMANCE

A report WILL FOLLOW.

Contact Stephen Chandler, Director of Adult Services Tel 01743 253704.

7 STRENGTHENING FAMILIES THROUGH EARLY HELP

A presentation will be made.

Contact Karen Bradshaw, Director of Children's Services Tel 01743 254201 or Kay Smallbone, Troubled Families Strategic Co-Ordinator Tel 01743 251677.

8 SHROPSHIRE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) TRANSFORMATION PLAN

A report WILL FOLLOW.

Contact Dr Julie Davies, Director of Strategy & Service Redesign, Shropshire CCG Tel 01743 277500 or Fiona Ellis, Commissioning & Redesign Lead - Women & Children, Shropshire CCG, Tel 01743 277500.

9 EVERYBODY ACTIVE EVERYDAY YEAR OF PHYSICAL ACTIVITY
(Pages 7 - 18)

A report is attached.

Contact Miranda Ashwell, Programme Lead, Physical Activity, Tel 01743 453537.

10 DRAFT ANNUAL REPORT OF THE SHROPSHIRE SAFEGUARDING CHILDREN'S BOARD (SSCB) 2014/15. (Pages 19 - 78)

A report is attached.

Contact Sally Halls, Independent Chair, SSCB, Tel 01743 254370.

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Public Document Pack Agenda Item 3



Committee and Date

Health and Wellbeing Board

4th December 2015

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 23 OCTOBER 2015 9.30 - 11.35 AM

Responsible Officer: Karen Nixon
Email: karen.nixon@shropshire.gov.uk Tel: 01743 257720

Present

Councillor Karen Calder (Chairman)
Councillors Ann Hartley, Lee Chapman, Professor Rod Thomson, Stephen Chandler, Karen Bradshaw, Dr Helen Herritty, Rachel Wintle, Carole Hall (substitute for Jane Randall-Smith) and Brigid Stacey (substitute for Dr Caron Morton)

Also in attendance:

Penny Bason, Andy Begley, Charlotte Cadwallader, David Coull, Jan Ditheridge, Gill George, Dr Irfan Ghani, Janet Gittins, Karen Gregory, Peter Latchford, David Sandbach, Madge Shingleton and Sam Tilley.

43 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Apologies for absence were received from Dr Julie Davies, Dr Bill Gowans, Dr Caron Morton, Jane Randall-Smith and Paul Tulley

Brigid Stacey, Acting Accountable Officer, Shropshire Clinical Commissioning Group, substituted for Dr Caron Morton and Carole Hall substituted for Jane Randall-Smith (Healthwatch).

44 DISCLOSABLE PECUNIARY INTERESTS

Members were reminded that they must not participate in the discussion or voting on any matter in which they had a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

45 MINUTES

RESOLVED: That the minutes of the meeting held on 11 September 2015, be approved as a correct record and signed by the Chairman.

Arising thereon;

At Minute 39 the Chair requested the evaluation information again and The Acting Accountable Officer for Shropshire CCG undertook to provide this after the meeting.

46 PUBLIC QUESTION TIME

Four public questions were received; two from Mr David Sandbach and two from Mrs Gill George. A full copy of each question and the formal responses were circulated at the meeting (copies attached to the signed minutes).

Question 1 – by way of a supplementary question Mr Sandbach asked when he would see results for people with mental health illnesses in terms of for example a reduction in the number of admissions? The Chair answered that unfortunately there was no simple answer to this and perhaps this matter could be discussed in more depth at a later date with mental health colleagues. The Director of Public Health also added that mental health prevention was currently being promoted and that he would endeavour to supply Mr Sandbach with information about admission rates and mental health after the meeting.

Question 2 – by way of a supplementary question Mr Sandbach asked if the Health and Wellbeing Board had been briefed on how many empty beds may be left in the event that a, b, c1 and c2 did not go ahead. He stated that 'toxic real estate' may be left empty and he felt that the public needed to know what was happening.

Brigid Stacey, Acting Accountable Officer, Shropshire CCG undertook to take this question back to the Future Fit Core Group for consideration.

Question 3 – by way of a supplementary question Mrs George asked how far lobbying for enhanced health funding had got with NHS England. The Director of Public Health responded that some progress had been made for example in respect of Health Visiting, whilst evidence for other areas continued to be gathered. The Chair endorsed this by saying that lobbying with local MP's continued against rural health inequalities; it was a battle constantly being fought.

Karen Gregory (NHS England) undertook to take this question back to colleagues in NHS England and report back to the next Board.

Question 4 – by way of a supplementary question Mrs George asked if the Health and Wellbeing Board would also push for additional funding for Shropshire because of it's elderly age profile if at all possible. The Chair confirmed that yes the Board would.

47 BETTER CARE FUND - UPDATE AND PERFORMANCE

The Director of Adult Services gave a verbal update on recent developments on the Better Care Fund and Performance. He briefly made the following main points which were duly noted by the Board;

- Confirmation had been received from central government that the Better Care Fund would continue and guidance for 2016/17 was awaited.
- The Better Care Fund Task and Finish Group were currently deciding what national support would be appropriate to take up.

- Current Better Care Fund priorities were going through a refresh and re-prioritisation, whilst working groups were looking at key areas.
- The effectiveness of monitoring activities linked to the Better Care Fund were being looked at. It was hoped to make metrics simpler in future with better connections between activity and results.

48 PREVENTION, WINTER PRESSURES & JOINT PLANNING

A report giving an overview and direction of travel of partnership working between Adult Social Care, Health and Housing was noted by the Board. The housing aspect of the report was introduced and amplified by the Head of Adult Social Care Operations, who also circulated an update on Shropshire Heatsavers Evaluation including an update on the Bulk Buying Fuel Scheme (copies attached to the signed minutes).

Great progress had been made to date, especially over the past nine months, which had seen a significant transformation within housing services and operational relationships continued to build and develop across Adult Social Care, Health and Housing. A discussion ensued and the following main points were made;

- Promotion of the Community Energy Scheme, which aimed to reduce health inequalities, was to be promoted.
- The key link between Housing and Children's Services was to be highlighted.
- Look at initiatives for private landlords.
- Work with larger housing providers stressing the 'fit for purpose' aspect and the 50+ housing market and getting that message out.
- Noted that working with Planning colleagues and private developers had been highlighted at a recent Better Care Fund workshop.
- Encourage landlords to work in a more socially aware way in the future.
- Suggested to engage with the private nursing sector too.

In respect of the Immunisation update, Irfan Ghani, Consultant in Public Health, gave a presentation on the Shropshire Immunisation Profile (copy of presentation attached to the signed minutes) which briefly covered;

- The delivery model
- UK immunisation model
- Childhood immunisations (0-5)
- Adolescent immunisations
- Adult immunisations
- Seasonal influenza immunisation (including uptake for 2014/15)
- The routine immunisation schedule from Summer 2015
- Communications report for 2013/14 - for information

Generally vaccine levels in Shropshire were good in Shropshire; all target figures were better than the national average, which was welcomed by the Board.

There were some anomalies which were explained as follows;

- HPV vaccination levels for Year 8 school girls had reduced in 2013/14 compared to the previous year – firstly, this was thought to be due in part to using a new provider and secondly because the vaccine was now given in 2 doses, instead of 3.
- It was noted that there was a level of resistance amongst health and care staff to come forward for immunisation which was of concern. It was agreed that there needed to be a sea change in attitude to reverse this trend, so that uptake improved. Officers confirmed they were working on improving this.
- It was highlighted that social care workers were not currently included in the take-up stats and that could they be included if possible – it was explained that the immunisation programme sat with NHS England nationally and therefore this could not be influenced locally.

RESOLVED: That subject to the foregoing, the report be noted.

49 **COMMUNICATION AND ENGAGEMENT GROUP UPDATE**

An update report on the Communication and Engagement Group was introduced and amplified by the Health and Wellbeing Co-ordinator (copy attached to signed minutes).

Everyone was reminded to try and attend Communication and Engagement Group meetings as far as possible.

It was noted that the Group worked closely together in respect of winter messaging, including working with local members. Promotion of the Health and Wellbeing Board Strategy was also included.

RESOLVED:

- a) That the work and approach of the Health and Wellbeing Board's Communications and Engagement Group; to work collaboratively, as far as possible, on a local communication and engagement programmes be noted.
- b) That the local winter messaging campaign be discussed.

50 **FUTURE FIT & COMMUNITY FIT**

A report summarising the status of the NHS Future Fit Programme following a meeting of the Programme Board on 1st October (copy attached to the signed minutes) was received by the Board.

It was noted that Finance Directors were being asked to look at a system-wide deficit.

Future Fit would continue and the offer of accelerating Community Fit would be announced in the next few weeks – following the November Project Board meeting.

The Acting Accountable Officer for Shropshire CCG said she would take the Board's report to Chief Officers that afternoon and convey their concerns.

RESOLVED: That the report be noted and that a report considering system transformation would be presented to the Health and Wellbeing Board at their next meeting on 4th December 2015.

51 HEALTH AND WELLBEING BOARD GOVERNANCE UPDATE & TERMS OF REFERENCE UPDATE

The Chair introduced a report (copy attached to the signed minutes) updating the Board on Health and Wellbeing Board Governance and new Terms of Reference for the Health and Wellbeing Board and the Health and Wellbeing Board Delivery Group. She asked for comments on the draft terms of reference, particularly those regarding membership, which were briefly made as follows;

- To consider how Housing would be represented.
- The principle of joined-up working was generally supported.
- Was there a role for the Local Joint Committees to get the message out to everyone? It was agreed that the Chair would take this matter up with George Candler after the meeting.
- NHS England had a statutory place on the Board and whilst ideally they would want to attend if they could, it was not always possible and it was stressed that their role would be filled by CCG representatives locally, as happened in other Health and Wellbeing Boards nationally.
- It was requested that system leaders be invited to attend meetings as needed.
- Cllr Hartley requested more obvious connections to other delivery boards such as the Children's Trust.

It was noted that the key change was at paragraph 2.2 where the Better Care Fund formerly had two Groups, which was now reduced to just the one; The Health and Wellbeing Delivery Group.

RESOLVED:

- a) That subject to being able to invite as and when required certain individuals to contribute to the Health and Wellbeing Board, the updated draft terms of reference for the Health and Wellbeing Board be approved.
- b) That the updated draft terms of reference for the Health and Wellbeing Delivery Group be approved.
- c) That a further report be made to the Health and Wellbeing Board containing more detailed arrangements for devolved decision making in relation to the Better Care Fund.

<TRAILER_SECTION>

Signed (Chairman)

Date:



Health and Wellbeing Board 4th December 2015

EVERYBODY ACTIVE EVERYDAY YEAR OF PHYSICAL ACTIVITY

Responsible Officer Miranda Ashwell,
Email: miranda.ashwell@help2changeshropshire.nhs.uk

1. Summary.

1.1 The Health and Wellbeing Board made 2015 a 'Year of Physical Activity'; a planning year to address physical inactivity as a major risk to health be based on Public Health England's evidence-based 'Everybody Active Everyday' (EAED) framework. Organisations are assessing their contribution to the physical activity agenda in relation to 'Everybody Active Every Day', with actions plans produced to optimise opportunities across organisations, departments and services, within existing resources. The HWBB physical activity strategy is to be comprised of these Everybody Active Everyday action plans

1.2 Progress:

Examples of EAED activity to date (includes both completed and 'in progress' initiatives):

- Neighbourhood Life
- Stand Up For Yourself
- WO@WD: early intervention physiotherapy programme (workplaces)
- Addressing Sedentary Behaviour workplace pilot.
- Care Home staff training (SPIC)
- Vol sector survey (VCSA)
- Home Exercise Buddies (falls prevention)
- GP Champions (PHE)
- Care Home physical activity survey (H2C/SPIC)
- Healthy Child 0-5 Working Group 'Advocates programme'
- Review of physical activity care pathways (GP & secondary care)
- ipande Workplace Wellbeing charter group
- EAED seminar for primary schools (spring '16)

1.3 Action Plans completed:

Shropshire Wildlife Trust, Shropshire Partners in Care, Shropshire Council Planning Policy, Shropshire Community Leisure Trust, Market Drayton Infant School

1.4 Action plans awaited/in development:

- CCG (workforce and commissioning)
- Adult social care
- RJAH
- Leisure Services
- Outdoor Partnerships
- Transport
- School Nursing service (SCHT)
- Energize STW (CSP)
- RCC
- SaTH (workforce)

1.5 Year of Physical Activity has been a planning year, with plans based on optimising opportunities across organisations, departments and services, within existing resources

Everybody Active Everyday action planning involves maximising opportunities through commissioning or policies and service delivery areas, staff training and workplace initiatives and is dependent on organisational ownership. It requires that partners give sufficient recognition to the relevance of physical activity to their sector and services in order that action plans that are long-term, realistic and can be delivered within existing resources.

1.6 Engaging in EAED action planning has been a challenge at a time of significant organisational restructure, together with budget reductions and external pressures, and requires time to build into organisations' planning cycles. There is therefore a need for EAED action planning to continue beyond the 2015 'year of physical'. Please see Appendices A and B for example Shropshire Action Plans.

2. Recommendations:

- a) The HWBB continues to lead a cultural turnaround in attitudes to physical activity amongst partners, raising the profile of physical activity in health and wellbeing, and the role all sectors play in creating a more active society
- b) HWBB to expect, encourage and support organisations, services and departments yet to complete their EAED action plan to do so.
- c) EAED action planning to continue beyond 2015.
- d) Bi-yearly reports to Health and Wellbeing on EAED action planning progress and actions delivered.
- e) Physical activity to be included as part of the work of Health and Wellbeing Sub-groups, Better Care Fund,
- f) Physical activity to be embedded into key HWB strategies and plans e.g. carers strategy, mental health strategy

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

4. Financial Implications

None

5. Background

See the link to Everybody Active Every Day
[HWBB Paper November 2016](#)

6. Additional Information

7. Conclusions

See above

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

[Everybody Active Every Day](#)

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Cabinet Member (Portfolio Holder)

Karen Calder

Local Member

Appendices

Appendix A – Market Drayton Infant School Action Plan

Appendix B – Planning Policy Action Plan

Active Society			
Everybody Active Every Day Action	A: Active Society 1. Consistently promote the benefits of healthy lifestyles across the curriculum at primary, secondary and higher education levels	A. Active Society 2. Promote campaigns for cycling and walking to schools, college, university	A. Active Society 1. Engage local community groups /orgs to maximise imaginative use of school, college or university facilities such as playing fields, gyms, dance halls, swimming pools
Current implementation	<ul style="list-style-type: none"> - http://5-a-day.tv/ used in class - Wide range of sporting opportunities available, which go beyond the curriculum e.g. Tri-golf, Arrows Archery, Swimming in Y2 to broaden range of activities available - Outdoor gymnastics equipment - Equipment to raise the profile of cookery and health eating 	<ul style="list-style-type: none"> - School participates in walk to school week on annual basis - Cycling/road awareness part of a 10 week enrichment block in Year 1 in the summer term 	<ul style="list-style-type: none"> - School uses local swimming pool - Wide range of external clubs use the school facilities to offer after school clubs – gymnastics, jujitsu, Impact Tennis, Stoke City Football in the Community. Clubs every night after school. - Children in receipt of PPG are supported to attend up to 2 extra-curricular activities, including swimming to increase participation levels (highlighted in PP Report)
Page 10	<ul style="list-style-type: none"> - http://5-a-day.tv/ is used more effectively in some classes than others - Outdoor gym equipment needs to be better utilised across the curriculum/clear boundaries marked - Equipment purchased but not used as regularly as it could be 	<ul style="list-style-type: none"> - Car parking is an issue and this is something that takes up a lot of time in school as many children who could walk to school don't 	<ul style="list-style-type: none"> - Use of facilities in school holidays and in the evenings
Development opportunities & Timescale for implementation	<ul style="list-style-type: none"> - http://5-a-day.tv/ - use 5 a day as a Wake and Shake activity so that it is non-negotiable across the school – by end of Spring Term 2016. - PE co-ordinator to look at how gym equipment can be used with staff across the curriculum, trial and roll out to staff – PE & School Sport Plan 2015-16 - Use kitchen staff to deliver whole class healthy eating/cookery classes with whole classes in hall. Start with Reception children in November. Review. Roll out across KS1 in spring/summer 2016. 	<ul style="list-style-type: none"> - Look at reviving Walk Once a Week (WOW) to encourage walking to school http://www.livingstreets.org.uk/walk-with-us/walk-to-school/primary-schools/walk-once-a-week Spring/Summer 2016 - Meet with Ray Hughes to review Travel Plan and for support with this Spring Term – implement ideas Summer/Autumn 2016 - Ray Hughes - Help with Walk and Bike to School Weeks and other walk, scoot, bike active travel challenges, events and activities. - Consider a walking bus once per week/once per half term for one week from Youth Centre 	<ul style="list-style-type: none"> - Long term – widen use of facilities in school holidays and in evenings through use of extended schools room as a base. Promote for summer holiday schemes 2016.
Constraints/ Dependencies	<ul style="list-style-type: none"> - Curriculum time – consider it as the register is taking place but this could impact on 	<ul style="list-style-type: none"> - Walking bus – lack of pavements on the walking routes into school is something that makes 	<ul style="list-style-type: none"> - Access to keys. Ensuring agreements are in place. Managing lettings.

	<p>another focused task.</p> <ul style="list-style-type: none"> - Opportunities to try using gym equipment if it is not made explicit - most obvious links to science/maths in first instance? - Hall time/staff will 	<p>encouraging walking a challenge</p> <ul style="list-style-type: none"> - Staffing/parent support for walking bus - Management of WOW – could this be part of admin apprentice role? 	
Leader/responsible officer	Headteacher - S Scott PE Lead - R line	Headteacher - S Scott Teacher - N Lewis	SBM – Louise Follett
Commitments (short, medium long term)	<ul style="list-style-type: none"> - Payment for playground markings around new gym equipment - Cost of paying kitchen staff to deliver cookery sessions 	<ul style="list-style-type: none"> - Cost of implementing WOW and how this will be funded in the short/long term 	<ul style="list-style-type: none"> - Charges for letting of building/contracts for use etc

Moving Professional: making use of networks

Everybody Active Every Day Action	<p>B: Moving professionals</p> <p>1. Schools/teacher training to train education staff to understand link between Health and wellbeing and educational attainment, and ensure they have skills to deliver PHSE effectively</p>
Current implementation	<ul style="list-style-type: none"> - Through use of PE and School Sport Funding staff have had a lot of CPD with PE Specialist and this has resulted in a high quality provision - Several staff in EY and School are Forest School trained or equivalent - PSHE lead in school ensure that there is an overview of the curriculum
Gaps	<ul style="list-style-type: none"> - Teacher to take national PE qualification so that there is sustainable leadership in the school beyond PE & School Sport funding - Increase the number of staff that have had outdoor learning training/forest schools - Respect Yourself – Eat Better, Move More, Relationship and Sex Education needs implementing across school and into PSHE SOW
Development opportunities & Timescale for implementation	<ul style="list-style-type: none"> - National PE Qualification 2015-16 - Outdoor Learning Summer Term 2016 - Respect Yourself – Spring/Summer Term 2016. Full implementation in Autumn Term 2015
Constraints/Dependencies	Costs
Leader/responsible officer	Headteacher S Scott Teacher/PSHE lead Lauren Edwards
Commitments (short, medium long term)	PE Qualification £1900 Release for staff £800 supply

Active Environments creating the right spaces		
Options for Action		
Everybody Active Every Day Action	C: Active Environments 1. Design playground to enhance physical activity	C: Active Environments 1. Take part in national cycle to work scheme, support adults to take up cycling classes
Current implementation Active Environments creating the right spaces Options for Action	<ul style="list-style-type: none"> - Awards for All Grant purchased outdoor gym equipment - Climbing wall/monkey bars/tyres etc. lead to range of physical activity - Play equipment purchased 	<ul style="list-style-type: none"> - Has been put on staff notice board before but not actively promoted to staff
Gaps	<ul style="list-style-type: none"> - Lack of leadership for playground games - Lunchtime organisation is currently under review 	<ul style="list-style-type: none"> - Make each member of staff aware in person by giving them information personally
Development opportunities & Timescale for implementation Page 18	<ul style="list-style-type: none"> - Carry out SWOT analysis of lunchtimes, including opportunities for physical activity and how the playground design supports this. - Liaise with school council so that they - Training for lunchtime supervisors to encourage playground games 	<ul style="list-style-type: none"> - Spring Application May/June 2016
Constraints/Dependencies	<ul style="list-style-type: none"> - Staff/pupil ratios to support change - Cost of training 	
Leader/responsible officer	Headteacher S Scott Deputy Headteacher K Simmons	SBM – Louise Follett
Commitments (short, medium long term)	Cost for training	

Active Environments creating the right spaces		Options for Action		
Everybody Active Every Day Action	Ensure planning policies promote physical activity, social interaction and a feeling of safety and security	Ensure land allocated for development in Local Plan is located close to existing services (shops, schools), accessible by public transport and within walking distance of green infrastructure.	Ensure all new development does not create barriers or sever existing links to existing environmental networks but increases connectivity. Secure developer contributions to improve environmental network and to manage and maintain it in the long term.	Ensure design of new development promotes physical activity, social interaction and a feeling of safety and security
Current implementation	<p>Sustainability Appraisal (SA) is compulsory for all Local Plans. Policies in the Plan are assessed against how well they meet a number of sustainability objectives. Where negative effects are predicted, policies should be modified to remove this effect. If this is not possible, mitigation measures should be proposed. A report of the assessment must be made available for public comment. The results of the assessment are then taken into account during the process of adopting the Local Plan</p> <p>The policies in the current Local Plan have been assessed against the following sustainability objectives:</p> <ul style="list-style-type: none"> • Promote safer communities • Provide a sufficient quantity of good quality housing which meets the needs of all sections of 	<p>During the preparation of the Local Plan, all land proposed for development was assessed against a wide range of criteria to determine the most suitable sites. These criteria included the following:</p> <ul style="list-style-type: none"> • Site not well related to the current development boundary (where applicable) of; Shrewsbury; a market town; a key centre; a hub or an area covered by a cluster (<i>if yes, then the site is less suitable</i>) • Bus stop on a route which has a service on 5 or more days, within 480m* of site boundary (<i>if yes, then the site is more suitable</i>) • Primary school within 480m* of site boundary (<i>if yes, then the site is more suitable</i>) • Site more than 480m* from <ul style="list-style-type: none"> – a local park or garden – an area of natural and semi-natural open space – an amenity green-space – a children’s play area – a young people’s recreational facility 	<p>Policy CS6 of the adopted Core Strategy includes the following: <i>To create sustainable places, development will be designedto achieve an inclusive and accessible environmentThis will be achieved by:</i></p> <ul style="list-style-type: none"> • <i>Requiring proposals likely to generate significant levels of traffic to be located in accessible locations where opportunities for walking, cycling and use of public transport can be maximised and the need for car based travel to be reduced;</i> <p><i>And ensuring that all development:</i></p> <ul style="list-style-type: none"> • <i>Contributes to the health and wellbeing of communities, including safeguarding residential and local amenity and the achievement of local standards for the provision and quality of open space, sport and recreational facilities.</i> <p>Policy CS17 of the adopted Core Strategy includes: <i>Development will identify, protect,</i></p>	<p>Policy MD2 of SAMDev (with suggested modifications) includes: <i>Further to Policy CS6, for a development proposal to be considered acceptable it is required to:</i></p> <p><i>5. Consider design of landscaping and open space holistically as part of the whole development to provide safe, useable and well-connected outdoor spaces..</i> <i>.....including....</i></p> <p><i>ii. providing adequate open space of at least 30sqm per person that meets local needs in terms of function and qualityFor developments of 20 dwellings or more this should comprise an area of functional recreational space for play, recreation, formal or informal uses including semi-natural open space;</i></p> <p><i>iv. ensuring that ongoing needs for access to manage open space have been provided and arrangements are in place for it to be adequately maintained in perpetuity.</i></p>

	<p>society</p> <ul style="list-style-type: none"> Promote community participation in a diverse range of sporting, recreational and cultural activities Create active and healthier communities for all and reduce inequalities in health services 	<p><i>(if yes, then the site is less suitable)</i></p> <p>* 480m is the average distance walked in 10 minutes and is derived from the Accessibility Standards set out in Shropshire Council's PPG17 Study.</p>	<p><i>enhance, expand and connect Shropshire's environmental assets, to create a multifunctional network of natural and historic resources. This will be achieved by ensuring that all development:</i></p> <ul style="list-style-type: none"> <i>Protects and enhances the diversity, high quality and local character of Shropshire's natural, built and historic environment, and does not adversely affect therecreational values and functions of these assets, their immediate surroundings or their connecting corridors.</i> <i>Does notcreate barriers or sever links between dependant sites;</i> <i>Secures financial contributions, in accordance with Policy CS8, towards the creation of new, and improvement to existing, environmental sites and corridors, the removal of barriers between sites, and provision for long term management and maintenance. Sites and corridors are identified in the LDF evidence base and will be regularly monitored and updated.</i> 	
<p>Gap</p>	<p>Active lifestyles are not specifically mentioned</p>	<p>Criteria are focussed mainly on access to services and facilities. This has an incidental link to activity in daily life but is not the main focus.</p>	<p>The promotion of an active lifestyle is an incidental result of these policies rather than the focus.</p>	<p>The promotion of an active lifestyle is an incidental result of this policy rather than the focus.</p>
<p>Development opportunities & Timescale for implementation</p>	<p>A new SA framework is needed for the Partial Review of the Local Plan. This provides opportunities to include baseline data on physical</p>	<p>Site assessment will be needed during the Partial Review of the Local Plan. There is an opportunity to incorporate more specific criteria within this to encourage active</p>		

	<p>activity with a view to developing a sustainability objective aimed at increasing levels.</p> <p>Timescale: The Plan Review process began this year (2015) and will last at least 2 years. The SA framework is one of the first pieces of work to be completed in the process and will shape the Plan policies thereafter.</p>	<p>lifestyles. Timescale: Mid-way through the Plan Review process.</p>		
<p>Constraints/ Dependencies</p>	<p>SA process is derived from the European Directive on Strategic Environmental Assessment (SEA) and must cover defined topics. This means that sustainability objectives must stay within the limits set by the Directive.</p> <p>Whilst the SA process is a statutory requirement it is possible to have policies which do not meet its objectives provided that mitigation measures are implemented. In some circumstances this may reduce expected gains.</p>	<p>Site assessment criteria need to be linked to matters relevant to land use planning - notably those covered by the National Planning Policy Framework. This emphasises the provision and protection of open spaces, sports and recreation facilities, public rights of way and sustainable transport rather than specifically promoting a more physically active lifestyle. Care needs to be taken to ensure that any criteria promoting active lifestyles are justifiable in a planning context.</p> <p>Site assessment balances many different criteria, some of which carry more weight than others e.g. flood risk, access, protection of designated historic or environmental assets. Criteria promoting active lifestyles are likely to be weighted as less significant and so may have less influence on site choice.</p>	<p>The implementation of policy is dependent on the development management system. As this seeks to balance the delivery of development against a wide variety of environmental, social and economic constraints, policy objectives may not be always be met in full.</p> <p>The Partial Review of the Local Plan may not include a review of these policies. This limits the opportunity to include more specific requirements based on the promotion of more active lifestyles.</p>	<p>SAMDev is not yet adopted so this policy does not have full weight.</p> <p>The implementation of policy is dependent on the development management system. As this seeks to balance the delivery of development against a wide variety of environmental, social and economic constraints, policy objectives may not be always be met in full.</p> <p>The Partial Review of the Local Plan may not include a review of this policy. This limits the opportunity to include more specific requirements based on the promotion of more active lifestyles.</p>
<p>Leader/responsible officer</p>	<p>Joy Tetsill</p>	<p>Joy Tetsill</p>	<p>Joy Tetsill</p>	<p>Joy Tetsill</p>

<p>Commitments (short, medium long term)</p>	<p>Review opportunity to incorporate information on physical activity in baseline data for new SA framework. Assess possibility of developing a sustainability objective to promote more active lifestyles. Timescale: before end of 2017</p>	<p>Review opportunity to incorporate a criterion in the site assessment process measuring the contribution development on that site would make to increasing levels of physical activity. Timescale: before end of 2018</p>	<p>If these policies form part of the review of the Local Plan, explore opportunities to increase levels of physical activity through appropriately policy wording. Timescale: before end of 2018</p>	<p>If this policy forms part of the review of the Local Plan, explore opportunities to increase levels of physical activity through appropriately policy wording. Timescale: before end of 2018</p>
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Health and Wellbeing Board 4th December 2015

DRAFT ANNUAL REPORT OF THE SHROPSHIRE SAFEGUARDING CHILDREN BOARD 2014/15

Responsible Officer

Email: lisa.charles@shropshire.gov.uk

Tel: 01743 254251

Fax:

1. Summary

- 1.1 The draft annual report for the Shropshire Safeguarding Children Board (SSCB) 2014/15 is attached for your information. It covers the reporting period between April 2014 and March 2015 and evaluates the work and impact of the Board whilst identifying priority areas of work for the period 2015– 2016.
- 1.2 The report sets the local background and context for safeguarding children in Shropshire and outlines the core functions of the SSCB in undertaking its safeguarding responsibilities.
- 1.3 The business plan for 2014-15 falls into two main sections: the priority areas for improvement in services to and outcomes for children; and the development and strengthening of the SSCB, including meeting its statutory responsibilities.
- 1.4 **The three priority areas for 2014-15 are:**
 1. **Compromised parenting, to include domestic abuse, parental substance misuse, and parental mental ill health;**
 2. **Missing children, to include child sexual exploitation and trafficking;**
 3. **Communication.**
- 1.5 Close examination is given to the performance and effectiveness of local safeguarding arrangements in NHS organisations, the Child and Adolescent Mental Health Service (CAMHS), education and schools, West Mercia Police, the Youth Offending Service, National Probation Service, Community Rehabilitation Company, Multi Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and Shropshire Council.
- 1.6 An insight into the learning and improvement that is undertaken across the agencies and the framework for audit that is used in developing a cumulative picture of practice, to share good practice and plan for further improvement is provided. It also shows how

the multi-agency training that is provided has impacted on practice. The report identifies that the Children's Trust continues to be important in overseeing the

1.7 development and delivery of a number of services for children living in Shropshire including the Early Help offer. The Health and Wellbeing Board is increasingly influential and needs to show robust leadership in ensuring that the Joint Strategic Needs Assessment (JSNA) is used effectively to provide a strong evidence base for wider safeguarding activity and service commissioning

1.8 The development, capacity and impact of CAMHS at all tiers, including the interface with schools remains an issue, although there have been a number of encouraging developments. A challenge from schools via the SSCB resulted in the CCG completing an extensive review of the CAMHS service to identify and further understand the concerns and issues raised by service users/their families and professionals. The Shropshire CAMHS Transformation Plan is now being developed, led by a multi-agency group which includes contribution from service users. Likewise, services for perpetrators of domestic abuse and sexual abuse are also underdeveloped, and this will need addressing in order to improve outcomes for children and young people.

1.9 The LSCB will be seeking assurance during 2015-16 regarding:

- improvements in access to and impact of CAMHS
- health (including mental health) provision for looked after children placed in Shropshire from elsewhere
- effective information sharing and engagement with child protection processes across the health system.

1.10 The report concludes that, overall, agencies in Shropshire prioritise the safety and welfare of children and work constructively together to safeguard children and promote their wellbeing. The children and young people of Shropshire are generally receiving a good service but there remain areas where improvements can and must be made. The SSCB will therefore continue to look for improvements in practice whilst monitoring the effectiveness of policies, procedures and communications. Its plans are set out in the strategic plan for 2014 – 17, which is included as an appendix to the main report.

Recommendation

The Health and Wellbeing Board is recommended to note and comment on the information in the attached Shropshire Safeguarding Children Board Draft Annual Report 2014/15

REPORT

2. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3. Financial Implications

4. Background

5. Additional Information

6. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Local Member
Appendices Draft Shropshire Safeguarding Children Board Annual Report 2014/15

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SHROPSHIRE SAFEGUARDING CHILDREN BOARD

DRAFT ANNUAL REPORT

2014- 2015

Shropshire Safeguarding Children Board annual report 2014- 15, provides an account of the activities, development and impact of the Board and its partners in fulfilling their statutory responsibility of safeguarding and promoting the welfare of children and young people in Shropshire.

Sally Halls, Independent Chair
Lisa Charles, Acting SSCB Business Manager

October 2015
Version 6



Foreword

I am pleased to be able to report positively about the work of Shropshire's Safeguarding Children Board in 2014/15 and to set out the progress made during the year.

The vision of Shropshire's Children's Trust, as set out in the Children, Young People and Families Plan, 2014, is that: *All children and young people will be happy, healthy, and safe and reach their full potential, supported by their families, friends and the wider community.*

The LSCB contributes to the fulfilment of that vision by working to hold its partner organisations to account, seeking always to improve the experience and outcomes for children and young people.

There has been good progress on the Board's priorities, particularly in extending the reach and quality of early help services. The Board itself is also moving forward, becoming increasingly open, self-reflective and challenging, with Shropshire's schools, in particular, becoming increasingly important partners.

The climate in which the Board does its work has continued to be challenging, as partners face resource constraints and increasing demands for their services. Nevertheless, their commitment to the Board and its work has remained constant.

There is, of course, always more to do and many challenges still to be faced in 2015/16 and beyond, but the report demonstrates the way in which, individually and collectively, partners are working to improve the way they protect children and young people and safeguard their welfare.

What we do know is that it is crucial that everything we do is informed by the views, aspirations and experiences of children and young people, and dependent on the commitment of the children's workforce. I thank them all, children, young people and staff and volunteers alike for their continuing commitment and resilience, and look forward to continuing progress in the year to come.

Sally Halls
Independent Chair



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6.	Conclusion and assessment of effectiveness of multi-agency safeguarding arrangements	page 49

Appendices:

Appendix 1	SSCB Constitution
Appendix 2	About the LSCB & Budget
Appendix 3	Strategic Business Plan 2014 – 2017
Appendix 4	Multi Agency Training Annual Report
Appendix 5	Glossary of terms



1 Introduction

- 1.1 This is the annual report for the Shropshire Safeguarding Children Board. It covers the reporting period between April 2014 and March 2015 and evaluates the work and impact of the Board whilst identifying priority areas of work for the period 2015– 2016.
- 1.2 Shropshire Safeguarding Children Board (SSCB) is a statutory body established under the Children Act 2004. It is independently chaired (as required by statute) and consists of senior representatives of all the principle stakeholders working together to safeguard children and young people in the City. Its statutory objectives are to:
 - (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
 - (b) to ensure the effectiveness of what is done by each such person or body for those purposes.
- 1.3 LSCBs also have a number of core functions, which are set out in [Working Together to Safeguard Children \(DfE, 2015\)](#). LSCBs also have a responsibility for oversight of early help arrangements, clarifying thresholds, and developing a local framework for learning and development, which includes adopting a learning approach to case reviews by utilising systems methodologies.
- 1.4 The Chair is required to publish an annual report on the effectiveness of arrangements to safeguard and promote the welfare of children and young people in the local area, providing an assessment of the performance and effectiveness of local services, identifying areas of weakness and their causes and the action being taken to address them as well as other proposals for action, and including lessons from reviews undertaken within the reporting period.
- 1.5 The report is ratified by the Shropshire Safeguarding Children Board and is presented in final version 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.
- 1.6 The annual report is published on the LSCB website and is disseminated to partner organisations electronically. Paper copies are not made available. Any questions relating to the content, publication, sources or accessibility of the report should be addressed to:

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2 Context and strategic overview

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 310,100 (ONS, mid-year estimates 2014). Shropshire's population is largely of White British ethnic origin. The numbers of residents from minority ethnic groups is low; at 4.6% of the population (this includes white other, gypsy/traveller and Irish). 40.1% of Shropshire's population live in the main market towns of Shrewsbury, Oswestry, Whitchurch, Market Drayton, Ludlow and Bridgnorth. (Census 2011)

Shropshire has approximately 66,400 children and young people under the age of 19 years. This is 21.4% of the total population (ONS, mid-year Estimates 2014). The proportion entitled to free school meals is 10% 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 6.1% of the 0-19 population, compared with the English average of 24.2%. (Census 2011). In January 2015, the number of children whose first language is not English was 1040. This equates to 2.9% of the school population (figures exclude nursery aged children).

Shropshire has 153 state funded schools: 110 primary schools, 5 infant schools, 5 junior schools, one all through school, 7 secondary schools, and 2 special schools. There are also 42 local authority maintained nurseries. There are 23 Academy Schools consisting of 8 primary, 13 secondary, 1 special and 1 free school.



According to the Indices of Deprivation Affecting Children Index 2010, Shropshire had approximately 13% of children aged 0-15 years considered to be living in income deprived households, low compared to national figures. However, this statistic masks pockets of deprivation where 6 areas, each covering up to 1500 people, are amongst the 20% most deprived nationally in terms of income affecting children. Within these six areas it is estimated that 751 (40% of the total number of children living within these 6 areas) are classed as living in households which are income deprived.

The Children and Young People's Plan

The vision of the Children's Trust set out in Shropshire's Children, Young People and Families Plan, 2014, is that:

All children and young people will be happy, healthy, safe and reach their full potential, supported by their families, friends and the wider community.

The LSCB contributes to the fulfilment of that vision by working to hold its partner organisations to account, seeking always to improve the experience and outcomes for children and young people.

The child's journey

Children and young people in need of additional support are able to draw on a range of services from universal provision through to more targeted services. Ideally, children are responded to as early as possible, to avoid their needs increasing and their safety and wellbeing being compromised.

The child's journey in numbers

In 2014/2015:

- 577 Early Help Assessments were completed, compared with 424 the previous year
- As of end of February 2015, 960 children were receiving a targeted Early Help Plan
- 2,626 referrals were received by Children's Social Care, 7.7% resulted in no further action
- 90% single assessments were completed within 45 days
- The rate of Section 47 child protection investigations has increased from 74 in 2013-2014 to 84 per 10,000
- 85.5% of initial child protection conferences were held within 15 working days
- 249 children were subject of a child protection plan

- 0.8% of child protection plans lasted for 2 years or more
- 10% of children were subject of a child protection plan for a second or subsequent time within 2 years – a decrease on the previous year's figure of 13%
- There were 313 looked after children, an increase of 15.5% on the previous year's figure
- 34.5 per 10,000 offences against children were reported – a rise from 22.3 per 10,000 the previous year.

Challenges for the public sector

Public sector organisations face the twin challenges of managing with reducing resources whilst facing increased demand for their services. Board members have recognised this and determined to work collectively to minimize any unintended consequences for children and young people – and for partners when making difficult decisions about the future of services. The local authority chief executive has been asked formally by the Board to exercise leadership in this respect, and is supported in this task by the Children's Trust.

To assist with this, partners have worked hard to develop the range of effective early help services which can support children and their families at an earlier stage, reducing demand for the more specialist and expensive services. The Joint Strategic Needs Analysis, produced by public health and overseen by the Health and Wellbeing Board, plays an increasingly important role in assisting partnerships and local organisations to identify and respond to need. The recent developments in aligning the work of Shropshire's 5 multi-agency partnerships (the Health and Wellbeing Board, Community Safety Partnership, Children's Trust, Safeguarding Adults Board and the LSCB) are already beginning to make an impact.

Challenges for local partners

Partners recognise the challenges they face and are working to respond. Many are restructuring their services. Despite the constraints, there remains a clear commitment to safeguarding children, and progress is continuing in the following areas:

- Developing a comprehensive approach to early help
- Aligning work on the national 'troubled families' agenda (known in Shropshire as Strengthening Families)
- Developing a single point of access to early help and more specialist services
- Strengthening the Children's Services 'front door'.

In addition, some partners have even managed to increase the resources available to safeguarding children, which is hugely commendable.



3 The Local Safeguarding Children Board

The Board's primary role is to hold agencies to account by challenging performance and making clear where improvement is needed.

The LSCB itself is not directly accountable for the operational work of partners, nor does it have the power to direct other organisations. Each Board representative from a partner organisation retains their own existing line of accountability for safeguarding.

Membership of the LSCB is prescribed, together with arrangements for governance and resourcing. LSCB members are senior managers who are able to:

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

This is set out in detail in Chapter 3 of [Working Together to Safeguard Children, 2015](#).

3.4 The LSCB core budget for 2014-15 was £195,480. A breakdown of this, showing contributors and expenditure, is included as Appendix 2, together with further details about Shropshire's LSCB arrangements, including governance and accountability, membership and attendance.

3.5 In order to meet its objectives, the LSCB is informed by performance data and carries out a range of activities which includes:

- assessing the effectiveness of the help being provided to children and families, including early help
- assessing whether LSCB partners are fulfilling their statutory obligations
- quality assuring practice, including through joint audits of case files involving practitioners and identifying lessons to be learned
- monitoring and evaluating the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

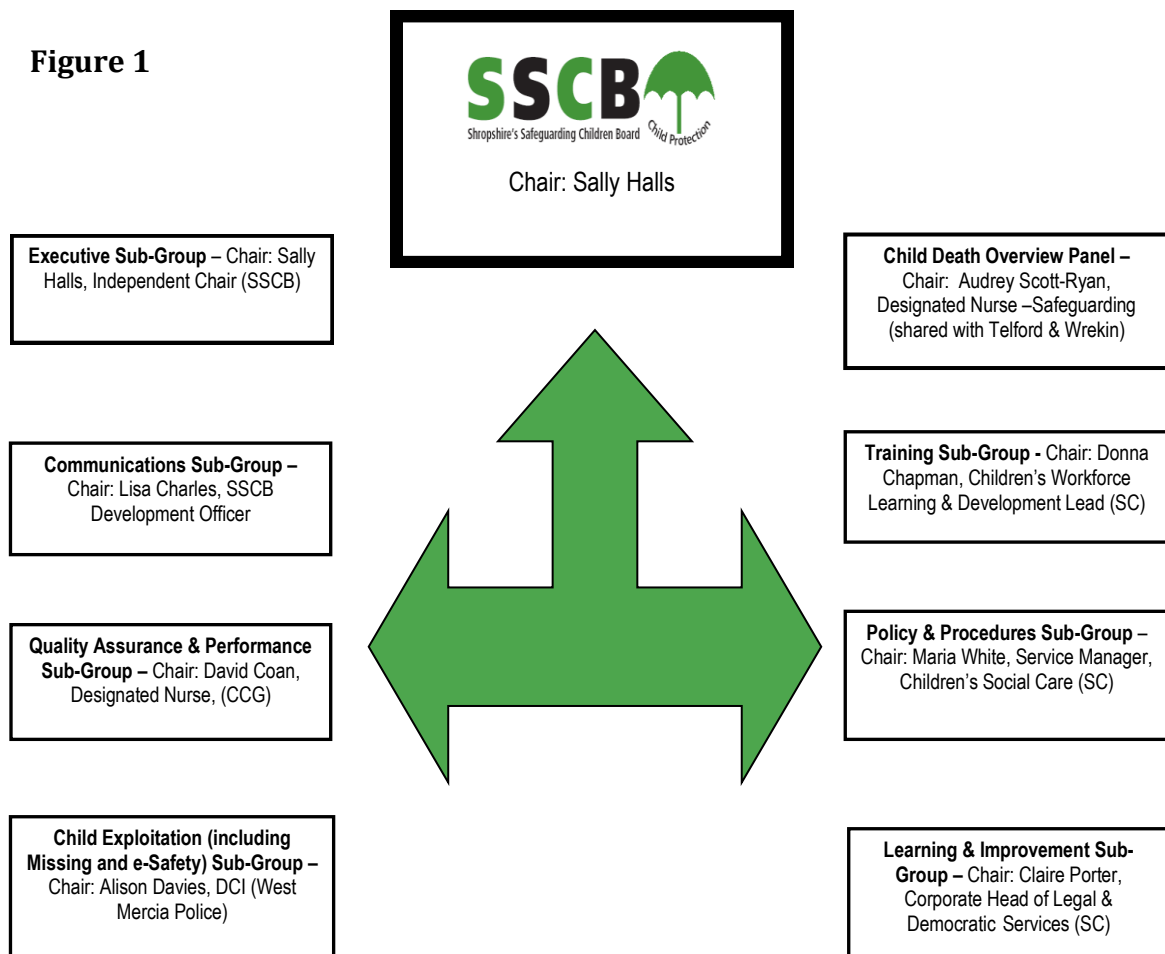


3.6 The SSCB carries out much of its work through a number of subgroups and task and finish groups, supported by the LSCB Business Unit. These are illustrated at Figure 1. The Executive group has the responsibility of monitoring and co-ordinating the work of the LSCB; the subgroups support the work of the Board through progressing the relevant actions and fulfilling the functions of the SSCB, including specified activity as directed by the Board and the business plan. Progress on the objectives and tasks within the LSCB Business Plan are monitored through Executive Group meetings and reported on a regular basis to the Board. Subgroups are well supported by a wide range of agencies, including schools, colleges and voluntary sector organisations as well as the larger statutory organisations who also contribute to the main Board. The terms of reference for all subgroups have been updated and strengthened and the work plans have been revised to ensure they align with fulfilling the objectives of the SSCB Business Plan 2014-2017.

3.7 There are also a number of reference groups related to the LSCB which contribute significantly to progressing the safeguarding agenda in Shropshire. These include:

- the health safeguarding governance group, which brings together safeguarding leads from across all the NHS providers working in Shropshire and beyond its borders;
- the private providers' forum, which promotes safeguarding of looked after

Figure 1





- children placed within Shropshire from elsewhere;
- the schools' safeguarding forum, which provides a close link with schools across all phases, from early years to further education.

3.8 Ensuring effectiveness

Every LSCB is expected to maintain a learning and improvement framework which is shared across local organisations which work with children and families. This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result, as well as give the LSCB a comprehensive overview of the quality, timeliness and effectiveness of safeguarding practice across the partnership, enabling it to challenge where improvements in performance are required. The SSCB's Learning and Improvement subgroup takes a lead on behalf of the LSCB in promoting a culture of continuous learning and improvement across its partner organisations, working alongside the Quality Assurance and Performance subgroup.

3.9 Shropshire's Learning and Improvement Framework has three strands:

- Quality Assurance and Performance Activity
- Multi-agency learning and improvement from case reviews, Serious Case Reviews, Case Reviews, Child Death Reviews and Domestic Homicide Reviews
- External reviews of LSCB effectiveness and self-evaluation (MARAC, SCIE, Peer Reviews, risk register).

3.10 Quality Assurance

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 that agencies' safeguarding work is effective and of high quality, demonstrates continuous improvement and results in consistently good outcomes for children.

3.11 The framework sets out three tiers of activity – oversight, practice, and compliance. The associated tools enable a better capture of this information:

Oversight and Analysis

- ✓ Multi-agency audit;
- ✓ Deep dive;
- ✓ Audit is undertaken by relevant Quality Assurance & Performance subgroup members and frontline practitioners, file audits per term (September – December, January – April, May– July).

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.



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 on specified 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*".

3.12 Assurance from partners about the quality and effectiveness of their safeguarding arrangements is sought and provided through annual reporting and other measures. This includes information about training, service accessibility and any information relating to external inspection and regulation. This allows the LSCB to challenge the arrangements, identify areas for improvement, monitor that work and then seek further assurance about sustained change.

3.13 Work continues a core dataset for the LSCB. The list of key performance indicators to be considered for inclusion on the SSCB scorecard has been reviewed and a 'dashboard' developed of key performance information which is presented at each Board meeting, supported by an exception report highlighting key areas for the attention of partners.

3.14 Performance information is included that reflects:

- SSCB's priorities for 2014 – 2017;
- 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);
- Proposals from the West Midlands Improvement and Efficiency Board;
- Partnership working activity.

3.15 **Section 11 audit**

Agencies are requested to complete the Section 11 audit on an annual basis with the most recent submission of Section 11 audits being reported to the SSCB in March 2015. The SSCB has recognised the need to build capacity to quality assure the audit returns with more rigour. The Board has agreed to commission an online auditing tool to facilitate the ease of completion and analysis of the Section 11 audits, freeing up capacity to focus on quality assurance. The audit tool itself will be revised so that it is consistent with the approach of other LSCBs in the West Mercia region to provide comparative analysis and potential regional themes and to aid those partner agencies that span more than one LSCB.

3.16 The online audit tool will be commissioned in 2015 and the SSCB Annual Report 2015-2016 will report on progress, analysis of 2015 audit returns and mechanisms for quality assurance.

3.17 **Case reviews**

The Learning and Improvement subgroup incorporates the functions of a serious case review (SCR) panel and also considers a range of cases that fall below the criteria for an



SCR. The subgroup takes the lead in ensuring that learning derived from the Board's activities, as well as from national reviews, research, etc. is translated into practice. This subgroup also works closely with the LSCB's Child Death Overview Panel (CDOP).

3.18 Case reviews are conducted regularly, both on cases which meet statutory criteria, and also on other cases which can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children. These include:

- Child Death Reviews;
- Serious Case Reviews;
- Learning reviews (e.g. of an incident which falls below the threshold for an SCR).

3.19 A case consideration form has been introduced to enable practitioners to refer a case to the LSCB if they consider that it:

- meets the criteria for a serious case review;
- falls below the threshold for a SCR but would benefit from a case review in order to learn lessons; or
- does not meet either of the above points but would be a useful case to audit or include in a themed multi-agency audit.

This has resulted in the following reviews being completed in 2014-2015:

- 1 serious case review
- 3 multi-agency audits with 1 resulting in a follow up learning event

3.20 SSCB has developed and publishes learning and improvement briefings on the website to disseminate learning from national serious case reviews, local case reviews and information regarding new legislation and guidance for professionals and volunteers.

3.21 **Child Death Overview Panel (CDOP)**

Shropshire LSCB's Child Death Overview Panel is conducted jointly with Telford and Wrekin LSCB. The CDOP has specific functions and works within the statutory requirements for LSCBs. These include:

- Reviewing all deaths (up to 18 years) to determine if the death was preventable
- Collecting a minimum data set for each child death
- Frequent meetings to review data for lessons learnt / trends / concerns
- Monitoring the appropriateness of professional's response
- Refer to Chair of LSCB if any case requires further investigation
- Monitoring the support / assessment offered to families
- Identifying any public health issues and feeding into national data set

3.22 This year the CDOP worked with colleagues from Herefordshire and Worcestershire to review and update the West Mercia Multi-Agency Protocol for the Management of Sudden and Unexpected Death in Infants and Children. This protocol is vital in ensuring all agencies are aware of their role and responsibilities when responding to an expected death of a child, a process often referred to as 'Rapid Response'. The focus of this process remains



the care of the bereaved family, ensuring that whilst their child's death is investigated thoroughly, it is also done with the upmost care and sensitivity.

- 3.23 The CDOP Panel provides an opportunity for multi-agency discussion and recommendations in order to reduce avoidable child deaths. Topics includes; reducing smoking in pregnancy, availability of cots in holiday caravans, road safety, antibiotic use in the community, young drivers and safer sleeping
- 3.24 During the year, CDOP worked in partnership with Sandwell CDOP to provide some quality assurance regarding use of the national scoring tool. This involved exchanging several anonymised cases to ensure that our CDOP was using the scoring tool consistently with other CDOPs. This piece of work was accepted for presentation at the national CDOP Conference in Warrington in December 2014 and also at the British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) Congress in April 2015 in Edinburgh.
- 3.25 **Policies, Procedures & Protocols**
One of the ways that the LSCB coordinates safeguarding arrangements in Shropshire is through the development of policies and procedures for use by professionals, which is carried out in conjunction with the other LSCBs in West Mercia. *Working Together 2015* is supported by the [West Mercia Consortium Child Protection Procedures](#), a comprehensive electronic manual which translates the broad principles of the national document into specific guidance for those working with vulnerable children. This includes provision for cross border working, and the procedures also contain large volumes of practice guidance.
- 3.26 There have been a number of areas of development over the year, including:
- ✓ Revision of the SSCB Sexually Active U18's Protocol;
 - ✓ Development of a strategy for children affected by domestic abuse;
 - ✓ Revision of the West Mercia Joint Protocol for Missing Children.
 - ✓ Revision of the SSCB Self-Harm Pathway
- 3.27 **Planning and Commissioning**
In the current financial climate an ever increasing number of services are being commissioned by agencies in order to meet local needs in a more cost effective manner. As a result the LSCB is strengthening its oversight of local commissioning arrangements. Agencies are asked to report how their commissioning arrangements give due regard to safeguarding in accordance with Standard 2.3 of the Section 11 audit and through regular assurance reports.
- 3.28 **Multi-agency training provision**
LSCBs are responsible for developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to training of persons who work with children or in services affecting



the safety and welfare of children. SSCB both commissions and provides multi-agency training. *Working Together 2015* also sets a requirement for LSCB's to monitor and evaluate the effectiveness of training for all professionals in the area.

- 3.29 Despite numerous fiscal and organisational challenges SSCB have consistently delivered training that has been well received by delegates. The training remit continues to expand and training is reviewed in response to legislation, guidance and national and local reviews.
- 3.30 In total from April 2014 to March 2015 SSCB has delivered **42 multi-agency training sessions plus 1 e-learning module to 948 delegates**. These figures are higher in-comparison to 2013/14 figures showing the SSCB multi-agency training continues to meet the needs of the workforce. (2013/14; 35 multi-agency learning sessions reaching 699 delegates). The link to the full multi-agency training report for 2014-2015 is in Appendix 4.
- 3.31 During 2015-2016 the SSCB expects to see:
- Increase in the number of submissions of single agency training data to the SSCB.
 - An improved return rate from delegates for the 3 monthly post course evaluation process.
 - Issues of underrepresentation at multi-agency training to have been addressed.

4 Performance and effectiveness of the LSCB

- 4.1 The LSCB set out its intentions for 2014-15 in a business plan which was published together with last year's annual report. The plan set out a number of areas of activity which were agreed following assessment of the effectiveness of the LSCB and its partners, consideration of information and evidence, and reflecting areas of weakness and challenge set out in last year's LSCB annual report. Its three main priorities during the year were:
- Compromised parenting (to include domestic abuse, parental substance misuse and parental mental ill health)
 - Missing children (including child sexual exploitation and trafficking) and
 - Communication.

- 4.2 The SSCB Business Plan identifies five strategic objectives which incorporate these three SSCB priorities:

Strategic objective 1

- Shropshire has an effective LSCB which fulfils its statutory responsibilities and promotes a culture of collective accountability, respectful challenge and continuous learning.

Strategic objective 2

- Shropshire has high quality safeguarding systems and practice in place which are effective in helping, protecting and caring for children and are delivered by a knowledgeable, experienced and well trained workforce

Strategic Objective 3



- Shropshire has effective arrangements for identifying and responding to the needs of children and young people living in homes where the parenting abilities of their parents/ carers are compromised due to domestic abuse, substance misuse or mental ill health, including promoting early help to prevent escalation of risk and harm.

Strategic Objective 4

- Shropshire has effective arrangements for responding to key safeguarding risks (particularly missing children, child sexual exploitation and trafficking), and through education and training aimed at increasing awareness and resilience.

Strategic objective 5

- SSCB is active and influential through effective engagement with other strategic partnerships, statutory and other partners, front line practitioners, children and young people, parents, carers and the wider public.

Progress is monitored by the Board and reviewed annually.



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 in 2014-2015?

- Revised the **Joint Working Protocol** between Substance Misuse Services and Children and Family Services along with the development of a proposal for monitoring the effectiveness of the protocol.
- **Compromised Parenting Training** has been delivered to 54 delegates.
- Begun work on developing a **strategy for children affected by domestic abuse**. A task and finish group of key partners has been established and is currently working on referral pathways for practitioners who are in contact with children and young people, adult victims and perpetrators with children.
- Held a **SSCB Conference** in November 2014 on the theme of Compromised Parenting, which included a keynote speech from Dr Liz MacDonald, Chair of the Royal College of Psychiatry, Section of Perinatal Psychiatry and a leading expert in this field; a theatre performance by Saltmine Theatre Company and focussed agency workshops. 179 delegates attended and the feedback was extremely positive. Further details can be found in the multi-agency training report - see link in Appendix 4.
- Early Help implementation and effectiveness – see more on page 44
- Secured funding, in partnership with the Community Safety Partnership and the County Domestic Abuse Forum, to provide a Voluntary Perpetrators of domestic abuse Programme.
- Embedded the Solihull Parenting Approach in Shropshire; 'Understanding your Child' courses are running for different cohorts of parents.

What difference have we made?

- A selection of feedback from delegates regarding the Compromised Parenting conference:
 - "Better understanding of lived experience of children exposed to parental substance misuse"*
Children's Services – Case Management Team
 - "Heart rendering, however, demonstrates how the right services at the right time can make a difference. Ensure young people in families affected by loss have access to services/referral on"*
Drug and Alcohol Action Team
- *Feedback from a parent who undertook the 'Understanding your Child' course - 'I feel my daughter is able to accept advice or help more readily than she was before I came to this group. She talks to me more openly about her feelings and any troubles she might have.'*

What will we do next?

- Launch the SSCB Strategy and practitioner toolkit for responding to Children affected by Domestic Abuse.
- Launch the Voluntary Perpetrators Programme and receive an effectiveness report.
- Together with the Health and Wellbeing Board, Safeguarding Adults Board, Community Safety Partnership and Children's Trust, run a workshop in November 2015 on the subject of emotional well-being and mental health.



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

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 313 looked after children, an increase of 15.5% on last year, and approximately 486 looked after children placed in Shropshire with private providers.

Understanding of the complex issues associated with going missing, the increase in vulnerability to other risks such as Child Sexual Exploitation (CSE) and the subsequent response by professionals and their agencies is, therefore, vital.

What have we done?

- Revised the **West Mercia Joint Protocol for Missing Children** in response to the Department for Education's (DfE) new ['Statutory guidance on children who run away or go missing from home or care'](#), January 2014 and the Association of Chief Police Officer's change to the definition of 'Missing', which was implemented across West Mercia in September 2014.
- The **notification form used by private care providers** to inform the local authority of a child moving to their establishment has been revised, agreed and implemented. It now includes a risk assessment for CSE.
- Published a SCIE Learning Review which determined the effectiveness of the CSE Strategy and CSE Panel. Learning has been shared with frontline practitioners through multi-agency training and briefings.
- Delivered **CSE training** to practitioners, Elected Members and the Licencing Group.
- Continued to **deliver Empower** (a 2 day 'keep safe' programme for young people at risk of CSE).
- Locally identified the **links between missing, missing from education and CSE**, with proposed new guidance for schools for children on part-time timetables being issued in April 2014.
- Undertaken an annual **online e-Safety survey for young people** and analysed the responses.
- Held a **multi-agency e-safety Conference** in March 2014 for over 120 delegates, with keynote input from South West Grid for Learning and the Beck Bednar Foundation.
- Benchmarked agency responses to CSE against the See Me, Hear Me Framework.
- Launched the Say Something if You See Something campaign for the commercial sector and raised awareness of CSE in the community.
- Established CSE 'locations' meetings linking to Safer Neighbourhood Bronze Level Tasking Groups.
- Contributed to the revision of the Taxi Licencing Policy and delivered child protection train the trainer course to the Licencing and Public Protection Team to be disseminated to all taxi drivers in 2015-2016.

What difference have we made?

- A total of 50 cases have been referred to CSE Panel in the last 12 months, an increase on last years' figure of 11 referrals, demonstrating increased awareness.





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

- A further 8 sessions of the Empower Programme¹ have been delivered to 42 girls. The follow up information gathered from the agencies who referred these girls to Empower, has largely been positive. Most have made significant progress and their risks have reduced. The winning formula of the programme is that it is delivered *with* the young women not *to* them. They are not lectured, they are consulted with for their views and understanding, and encouraged to challenge and question the scenarios that are put to their characters.
- On the whole, the work that has been done over the years by SSCB and partner agencies on e-safety for young people has had a positive impact. Survey findings from February 2015, when compared with survey findings from February 2014, showed that less young people are meeting up with people they don't know in the 'real world' and children and young people are now more likely to report their concerns to parents, teachers and friends than previously.
- SSCB continued to support the e-safety element of the Create IT Awards – a schools competition to produce online media with e-safety messages for children and young people and their parents.

What we will do next:

- Work with the West Mercia Consortium of LSCBs to monitor the effectiveness of the West Mercia Joint Protocol for Missing Children.
- Ensure that CSE awareness reaches more schools, young people, commercial sector and the community.
- Implement a youth CSE campaign through delivery of Chelsea's Choice theatre production to schools and the NWG 'Say Something' Youth Campaign.
- Continue to gather intelligence and data to inform the work of SSCB and its partner agencies in order to respond appropriately to children who go missing and/or are exploited, ensuring that links are made to the JSNA.
- Work with PACE (Parents against Child Exploitation) the leading national organisation, to provide support to parents whose children are at risk of CSE.
- Transfer the CSE Panel to operational services.
- Build capacity within the SSCB Business Unit to identify gaps in service provision and implement effective strategies to address them, to include victim support and work with perpetrators.
- Develop the involvement of children and their families in the CSE Panel process.
- Celebrate the positives from the e-Safety survey findings and work with young people to develop further e-safety interventions to address their concerns.
- Work with children's care homes and private providers to enable improved management of issues and incidents (e.g. children who go missing) thereby reducing exposure to vulnerability and reducing the demands on Public Services.

¹Empower is a an awareness project designed for young women aged between 13 to 17 years old who have been assessed to be at risk of, or involved in unhealthy, abusive or exploitative relationships.



3. Priority – Communication

Working Together to Safeguard Children 2015 gives LSCBs a statutory responsibility to communicate and raise awareness about safeguarding children: ‘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’ (page 66).

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

What have we done in 2014-2015?

- Continued development of the SSCB website, including uploaded videos of young people talking about e-Safety.
- Supported the Create IT Awards e-Safety category. Entries were made using various forms of software with the aim of conveying e-safety messages to parents and/or pupils.
- Continued Development of Learning and Improvement Briefings for practitioners.
- The **Say Something if You See Something (SSSS)** campaign was launched in March with significant raising awareness activity throughout the month which included:
 - The creation of a SSSS Communications Campaign Pack for partner agencies.
 - Police Officers distributing posters to the 36 hotels in Shropshire with 8+ rooms.
 - Production of a flyer for raising awareness of CSE in the community which was included in the Shrewsbury Town Football Club programme (5,000 crowd)





3. Priority – Communication cont...

- Supporting the #Helping Hands national campaign.



- Raising awareness of online exploitation through e-safety conference for professionals (100 delegates)
- Twitter campaign via Shropshire Council Twitter account with the following statistics reported:
 - Average reach per tweet – 21,392
 - Campaign reach – 427,821

Voice of Practitioners

- SSCB heard the views of practitioners with regards to a learning review which was chosen to pilot the SCIE system methodology. This required practitioners in the case group to have individual conversations whereby they are asked for their 'view from the tunnel' in order to understand what was influencing their decision-making and perception of the case at the time. This proved invaluable when reviewing the case and highlighted a number of practice and systems issues which enabled practitioners to reflect on their practice and learn lessons throughout the process of the review.

Feedback from parents

- The following comment was received from a parent in relation to the parents' e-safety section of the SSCB website: *'I've been researching into how to keep my daughter's privacy safe as it's been a growing concern of mine. She's only 10 years old and is already spending more time than me on the internet! The difficulty I have is that I'm not that savvy when it comes to technology..... however, it's something that I've forced myself to learn as children seem to have access to this so much earlier in life. So I want to thank you for putting this page together. I have found it to be especially helpful:*

http://www.safeguardingshropshireschildren.org.uk/scb/par_esafety.html

Good and accurate information is hard to come by so information like yours is really appreciated!



3. Priority – Communication cont...

Community engagement

During April and May 2015 the Shropshire Safeguarding Children Board and the Children's Trust organised three workshops across the county. The purpose of the workshops was

- To encourage staff working in agencies close to local communities to “Take up the challenge from the SSCB that the welfare and safeguarding of Shropshire’s children is ‘Everyone’s business’”, and
- To inform staff and explain the development of strategies and initiatives to deliver national policies concerning providing Early Help for families with children and the Troubled Families Programme.

The workshops were well attended and reflected the diversity of agencies from the statutory and voluntary sectors working with families in local communities. The staff attending were encouraged to bring with them examples of the work their agencies do with families in the local communities of Shropshire.

The work being done to develop a tool to evaluate need and provide help with identifying thresholds was described and the three Shropshire Safeguarding Children Board priorities of addressing compromised parenting, missing children and communication were explained.

Other presentations focused on the progress made in delivering the Troubled Families Programme launched by the Prime Minister in 2011 and intended to ensure that families characterised by repeated generational patterns of poor parenting, abuse, violence, drug use, no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour are “turned around” - Families with multiple problems who would benefit from an integrated and whole family approach.

Success depended on effective engagement with and by staff in agencies working close to local communities and engagement and increased awareness within the communities. Research showed that when communities are aware they are likely to report circumstances that would benefit from concerted help: a “see something – say something” approach.

Shropshire Council Councillors had been briefed on the approach and steps are being taken to engage with Parish and Town Councils which are close to their communities to encourage their involvement.



3. Priority – Communication cont...

There was a very positive response to the messages being given and there were enthusiastic and lively debates. Participants had a real interest and appreciation for being made aware of strategic policies and the arrangements for their practical delivery through local services. There was keen support for being part of making a difference for vulnerable children and an eagerness to learn about the development of thresholds and moving the principles forward with “something earlier – something simpler.”

Table discussions in groups involved staff from diverse agencies and generated lively discussion as participants considered case scenarios and identified statutory and voluntary agencies and professionals who might provide the early help in the circumstances described.

All the posters designed to inform about child sexual exploitation and what to do if it was suspected were taken away to display in prominent positions where members of communities as well as other professionals would see them.

Report provided by David Spicer, Chair of Ryton XI Towns Parish Council

What we will do next:

- Review the Communications Strategy.
- The effectiveness of time limited communications campaigns which direct people to the website will be measured on their completion and analysed by the Communications subgroup with performance reports being presented to the Board.
- Consider a new SSCB website host and involve young people in the development of pages for children and young people.
- Raise awareness of the new SSCB website with young people, parents and the community.
- Implement and monitor the effectiveness of a series of CSE campaigns for the commercial sector, parents/carers and the community, including Chelsea’s Choice for all secondary schools and alternative education provisions.
- Develop a junior LSCB in conjunction with FE Colleges.
- Continue to hear the voice of the child through regular development sessions for SSCB members.



- 4.3 At the last review (in January 2014), partners concluded that, whilst the SSCB could evidence that much progress had been made on its priority areas over the last three years, there was still scope for further developments and as such these three areas should remain a priority during 2014/15. Progress and priorities will be further reviewed in September 2015.

In addition, partners also recognised that there needed to be additional focus in the following areas:

i) **Developing a more co-ordinated approach to the safeguarding of disabled children within Shropshire.**

A task and finish group was set up to lead on this piece of work in 2014 with the following aims:

- To explore the collation of baseline data of children with a disability in Shropshire.
- To raise awareness amongst professionals of the additional vulnerabilities of children with disabilities to all forms of abuse.
- To propose a series of recommendations which will seek to address any gaps in provision of service against the 53 standards for safeguarding of disabled children set out in the *Safeguarding Disabled Children Practice Guidance 2009*.

The task and finish group are due to report their findings to the SSCB in 2015 and progress will be reported in the SSCB Annual Report 2015-2016.

ii) **Hearing the voice of children and young people in order to inform practice and to monitor performance of services.**

Whilst some progress has been made, this remains an important area for development in Shropshire, at the LSCB itself and across the partnership.

iii) **Developing and strengthening the LSCB**

In October 2014 a new SSCB and Children's Trust Business Manager post was created to increase capacity of the Business Manager for the Board and to develop closer links across the SSCB and Children's Trust. This has already proved beneficial in terms of improved communication and better alignment of business. Further developments have included:

○ **Reviewing structure and representation**

To support the drive for improved effectiveness, the Board has agreed further improvements to the structure of the wider LSCB, reviewed partner representation and revised the terms of reference of all the subgroups. Work continues to ensure that LSCB members are able to represent their agencies and help to take work forward in a meaningful and effective way.

○ **Developing the culture**

Board culture has been developing to reflect a more challenging and rigorous approach. This needs to be sustained and further enhanced in order to continue to improve effectiveness



and impact. A challenge log continues to be used to monitor impact. A risk register is under development to highlight and act upon areas of risk that may compromise SSCB's ability to safeguard and promote the welfare of children and fulfil its core functions effectively.

○ **Strengthening governance**

Shropshire has retained a Children's Trust and there is also a Health and Wellbeing Board in place. A formal protocol has been developed which sets out the relationship between the LSCB and the Children's Trust. Areas for future focus in relation to governance include closer working with the Health and Wellbeing Board, Safeguarding Adults Board and the Safer, Stronger Communities Partnership to ensure that common areas of interest and responsibility are developed appropriately and are mutually reinforcing (for example, the multi-agency response to domestic abuse, supporting vulnerable adults who are parents, and the transition from children's to adult services for vulnerable individuals). This is being taken forward through the development of a 'Pentagon of Partnerships' meeting of Chairs and Business Managers. This group is planning a joint workshop in October 2015 focused on emotional well-being and mental health, which is a common theme across all Boards.

An SSCB Community Member's Reflections

It has been a valuable 18 months since becoming a community member of the Board.

Whilst it is clear that the Board is tackling a huge variety of issues, I do feel that more work needs to be done in respect of talking to the young people directly about how they feel supported in the community.

Young people in the community need to feel that they are being listened to and not dictated to.

An excellent demonstration of this was the e-safety campaign. Children & young people delivered first-hand information to the Board that they had collected themselves. Frontline information from the young people is vital and some of the subject areas that they brought certainly gave the Board something to think about.

Being part of the Children with Disabilities Task & Finish Group has also been very valuable and seeing the Chair's passion for improving services for children with disabilities is inspiring. This is an area that has previously been overlooked. This is an important area of work for the Board which must be resourced appropriately in order to drive it forward and address important issues.



4.4 Next steps

Areas that the SSCB has identified as being in need of further work:

- Developing the quality assurance of Section 11 audit self-assessments;
- Capturing and responding to the voice of the child;
- Ensuring robust management oversight and supervision arrangements are in place in partner agencies;
- Improving engagement of community members in LSCB meetings, enabling them to feel more confident to raise questions and challenge from a community perspective.
- Strengthening the multi-agency auditing process to ensure a systematic programme of audits reflecting the 'child's journey' through the system is undertaken and results reported to each Board meeting.

These have informed the SSCB Business Plan for 2014-17 (Appendix 3), and will be further reviewed in September 2015.

- 4.5 A planned LGA Peer Review of Shropshire's safeguarding children arrangements will take place in June 2015 as part of the preparation for the unannounced Ofsted inspection for children's services and the review of the LSCB. The findings of the LGA Peer Review, recommendations and improvements to outcomes for children and families will be reported in the SSCB Annual Report 2015-2016.



5 Performance and effectiveness of local arrangements

5.1 In order to evaluate the effectiveness of arrangements to safeguard and promote the welfare of children and young people in Shropshire, evidence is drawn from a wide range of sources which are analysed together to assess the whole system:

- Engagement with children and young people
- Monitoring and reviewing services
- Performance management and quality assurance of safeguarding services and practice.

5.2 Engagement with children and young people

One example of how SSCB has engaged with children and young people was through the first SSCB development session for members. This featured presentations from young people on e-safety, which included a number of videos that they had created with messages for children, parents and professionals.

The young people told SSCB:

- Young people have x-box, laptops and mobile phones in their bedrooms, maybe they should be downstairs in the living room, so parents are able to monitor their children's usage and who they are talking to?
- The e-safety videos which are shown in schools aren't effective enough, as cyberbullying and sexting still goes on in schools, therefore they wanted to make a video which was straight to the point and was very strong.
- Pupils are given talks and videos to watch, but they concentrate on the negatives and not the personal consequences, therefore more education on personal consequences would be good. They felt that more frequent preventative input in schools would be helpful.

Board members were challenged on their approach to preventative education and the SSCB e-safety working group will be completing a number of actions as a result of the young people's input.

5.3 Monitoring and reviewing services

Local authority services have not been externally reviewed during 2014-15, although a number of other services have been. The various inspections indicate areas of good practice and a number of areas for improvement in order to achieve a consistently good quality of service to children, young people and their families.



5.4 **Child deaths and serious incidents**

During the year CDOP met 5 times and reviewed a total of 20 cases across Shropshire.

As seen in previous years the age range with the largest number of deaths is within the 0-28 day range, with the majority of these deaths being babies who have never left hospital. The numbers decrease with age which mirrors the national picture.

5.5 **Serious Case Reviews (SCR)**

LSCBs are required to undertake reviews of serious cases when abuse or neglect of a child is known or suspected; the child has either died been seriously harmed and there is cause for concern as to the way in which the authority, their board partners or other relevant persons have worked together to safeguard the child.

5.5.1 SSCB and agencies from Shropshire were involved in a serious case review initiated by another LSCB, concerning a looked after young person who was placed with an independent care provider within the county. The case highlighted the vulnerabilities of looked after children, when placed far from home.

Findings from the SCR were as follows:

- There was insufficient thorough investigation in to repeated allegations of physical abuse made by the young person. This included missing opportunities to speak to the child alone and to speak to her siblings about the allegations.
- Once looked after insufficient curiosity and enquiry in to the root causes of the young person's behaviour led to a lack of understanding about the lived experience of the child and an absence of hearing the child's voice.
- There was unacceptable delay in the provision and funding of services, particularly in relation to the young person's mental health needs. Evidence of insufficient monitoring of prescribed medication to reduce risk of overdose.
- There was a lack of co-ordinated robust assessment to help understand the needs of the young person, increased risk taking and the reviewing arrangements of her care plan lacked sufficient scrutiny.
- Robust monitoring to ensure safe, responsive, good quality care is being provided is essential. The option of secure accommodation must be regularly and robustly considered when the frequency and intensity of violent behaviour and absconding increases.



- 5.7 The multi-agency action plan continues to be monitored by the Learning and Improvement sub-group. Progress is being made in respect of challenge from the Police and the Local Authority to responsible authorities where placements are deemed to not be suitable for a young person. Improvements are also being made in understanding the health needs of looked after children, particularly in the timely commissioning of mental health assessments.









5.8 Quality Assurance of Child Protection Conferences

Child protection conferences bring together all relevant agencies with a role to play in protecting individual children. A range of quality assurance activity is undertaken to ensure quality and consistency in core child protection processes. This has included auditing aspects of child protection conferences. Key findings are set out in the table below.

	Total number of Conferences	13/14	14/15
		371	426
		% Yes	% Yes
↓	Social workers reports completed 3+ working days before the conference	72%	67%
↓	Parents saw the report 3+ working days before the conference.	64%	62%
↑	If negative to Q2, had parent/s been made aware of Assessment Services' view?	57%	89%
⇒	Report gives evidence based Analysis / Summary	96%	95%
↑	Clear, Outcome Focused report and Recommendations	85%	90%
↑	Key Family Members present	69%	80%
↓	Child/ren were present	32%	23%



	Appropriate social work representation	98%	95%
	All Key Agencies present or provided report including Police, GP etc.	33%	57%
	All monthly core groups conducted?	97%	90%
	All agencies attended and contributed meaningfully to the core groups (Please give details)	96%	91%
	Agencies have followed the Child Protection Plan satisfactorily	96%	91%
	Agencies have been able to secure sufficient resources to follow the plan?	96%	91%

- 5.9 Overall, there has been a significant increase in the frequency of having all relevant professionals at CP conferences. This has increased over the last year from 36% to 57%. However, GPs remain consistently underrepresented in their contributions to Child Protection Conferences. Out of the total 243 conferences where professionals were not adequately represented, 44% of the absences were recorded due to GP absence.
- 5.10 In 2015-16 a more sophisticated analysis of individual core agencies and review of the process and mechanisms by which agencies can attend and provide reports will be implemented.
- 5.11 A slightly smaller percentage (62%) of parents are seeing the social worker's report to the case conference 3 working days beforehand. The LSCB understands that, where reports



have not been available in the 3 days prior to a conference, the parents are made aware of the contents before the conference the majority of the time.

5.12 Performance data will be reviewed and more meaningful performance indicators presented in 2015-16.

5.13 **Multi-agency auditing**

SSCB quality assurance and performance monitoring showed that there was a rapid rise in the number of children subject to a 2nd child protection plan in a two year period from June 2013 (2 children) to March 2014 (40 children). The SSCB commissioned a multi-agency audit in order to understand the reasons for this, with specific reference to its priority area of 'compromised parenting.'

The audit was carried out in September 2014, and showed:

- There was some evidence of good analysis of risk.
- Whilst some of the children's views were captured in social worker's reports to conference, there was little evidence of hearing the voice of the child directly at case conferences.
- Some cases demonstrated that little had changed since the previous period of child protection planning and the second or subsequent plan simply replicated what had been in the previous plan.
- More could be done in understanding the child's journey and hearing the voice of the child.
- Child protection plans could be sharpened and SMARTer.
- Core groups could be strengthened as there was evidence that they need to be more effective in monitoring the child protection plan.
- The recording of decision-making at child protection conferences, particularly in relation to de-planning and consequent step-down plans need to be more robust and implemented effectively.

These findings were fed back to managers and practitioners.

5.14 Since then, the number of children subject of a second child protection plan in two years has continued to rise and the SSCB has commissioned a further multi-agency audit to further understand the reasons for this.

5.15 **Allegations against professionals**

Working Together 2015 underlines the importance of the arrangements for dealing with allegations against adults who work with children. 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. County level and unitary local authorities are expected to have a local authority designated officer (LADO) involved in the management and oversight of individual cases.

- 5.16 The management of allegations should be seen in the wider context of safer employment practices, which have three essential elements:
- Safer recruitment and selection practices;
 - Safer working practices;
 - Management of allegations or concerns.
- 5.17 Allegations against staff may come to attention under a different title, i.e. '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 LADO. The LADO should provide advice and guidance to employers and voluntary organisations, liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.
- 5.18 The first six months of the year saw an increase of 36% of LADO referrals on the previous whole year figure. This can be attributed to an increased awareness of the LADO reporting process across private providers, improved recording and tracking systems within the authority and improved access to a dedicated LADO. The number of joint evaluation meetings, (otherwise known as 'position of trust' meetings), also increased by over 100% on last years' figure.
- 5.19 The number of police investigations taking place has also increased, demonstrating that certain types of referrals are being appropriately managed within the criminal justice system.
- 5.20 An increasing number of employers have suspended a member of staff when an allegation has been made, thus demonstrating that employers understand the reasons for suspension – to protect the child, the employee and the organisation.
- 5.21 Areas for development by the LADO in 2015-16 include:
- Continuing to raise awareness within educational establishments and with private providers to ensure that staff turnover does not affect appropriate referrals being made;
 - Exploring the reasons for a lack of referrals from Health sector and faith organisations;
 - Collecting data on the organisation within which an employee who is the subject of an allegation is located, to increase opportunities for data analysis.



5.22 **NHS organisations**

NHS organisations are subject to 'section 11' duties set out in *Working Together 2013*. Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. They are regulated by the Care Quality Commission (CQC), and local commissioning and delivery is overseen by NHS England. There have been some welcome investment in specialist capacity across the NHS system, for example **Shropshire Community NHS Trust** now has a Nurse Specialist (Safeguarding Children) to support the Named Nurse role, who commenced in post in November 2014.

5.23 **Shrewsbury and Telford NHS Trust** was given an 'outstanding' rating by the CQC in their recent inspection for the Trust Safeguarding Procedures and Policies. The report highlighted that the Trust had outstanding safeguarding procedures in place including the fact that the safeguarding team had links in every department where children were seen and there was good sharing of safeguarding information. The Trust was also deemed to have excellent liaison by having both an on-site Independent Domestic Violence Advisor (IDVA) and a Health visitor co-ordinator on site who liaises with Accident & Emergency and the Children's Ward for health visiting services and schools.

5.24 **The Health and Wellbeing Board** is responsible for the development and delivery of the Health and Wellbeing Strategy. Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health including early help for families <http://www.shropshiretogether.org.uk/>

5.25 **Shropshire Clinical Commissioning Group** is the local NHS organisation which is responsible for meeting the health needs for most of Shropshire's population. Comprising of a membership organisation of 44 GP practices, the CCG commissions and monitors the quality and care of children services including:

- Community health services for children
- Mental health services for children at Tier 3
- Specialist health services for people with learning disabilities
- Acute hospital services.
- The CCG have been granted by NHS England full delegated responsibility for some primary care services in 2015/16 this included GP practices.

5.26 QA activity has shown a number of areas in need of improvement. These include: **Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)** - information sharing regarding children on child protection plans and improved attendance at safeguarding meetings.

5.27 Shropshire is engaged with piloting the Child Protection Information Sharing project. This is expected to improve communication between NHS organisations and the local authority, resulting in improved protection for children.



- 5.28 As a result of work carried out in 2013-14, the LSCB has been particularly interested in the following:
- The plans for the transition of the health visiting service to the local authority;
 - The contribution of health professionals, particularly GPs and midwifery services, to the core child protection processes;
 - The development, capacity and impact of CAMHS at all tiers, including the interface with schools;
 - The use of section 136 for young people;
 - Engagement of health services with early help, including EHAF
 - Work to be undertaken around self harm
- 5.29 The health visiting service is currently commissioned by NHS England who is currently in local negotiation with Public Health to look at commissioning arrangements from October 2015. The establishment of a Family Nurse Partnership in Shropshire has been beneficial. **The plans for the transition of the health visiting service to the local authority** appear to be proceeding satisfactorily. The Health and Social Care Act 2012 has led to the transfer of the school health service commissioning responsibility to public health. The new commissioning arrangements will be reported on in 2015-2016.
- 5.30 There is still room for improvement in the **contribution of health professionals, particularly GPs and midwifery services, to the core child protection processes:** monitoring shows that GPs remain consistently underrepresented in their contributions to child protection conferences. Out of the total 243 conferences where professionals were not adequately represented, 44% of the absences were recorded due to GP absence.
- 5.31 **The development, capacity and impact of CAMHS at all tiers, including the interface with schools** remains an issue, although there have been a number of encouraging developments. Improving mental health is a priority of the Health and Wellbeing Board, a key action in the Shropshire's Children, Young People and Families Plan 2014 and part of the Early Help Strategy 2013. Reaching out to mental health providers and service users, to increase choice of mental health provision and support is one of the key priorities for the CCG and the importance of 'parity of esteem' is identified within the CCG's 2015/16 mandate and operational plan.
- 5.32 The schools safeguarding group presented a report to the SSCB highlighting the views of head teachers and designated child protection leads in relation to existing mental health provision for children and young people in Shropshire across the four tiers of mental health provision.
- 5.33 Issues for schools included:
- Being overwhelmingly concerned that timescales for CAMHS to work with children are too long.



- Schools felt that thresholds were too high. Where cases are turned down this can be without a specialist assessment and with no access to an alternative for help.
- Most schools felt that they were being expected to do work with children when it is beyond their capability to do so safely.

5.34 As a result in 2014/15 the CCG completed an extensive review of the CAMHS service to identify and further understand the concerns and issues raised by service users/their families and professionals. The audit and review used different types of analysis to result in the identification of common themes to be addressed, which include:

- Increasing/ improving access, choice and personalisation
- Early promotion of mental wellbeing and preventing mental ill health
- Decreasing waiting times
- Improved transitions
- Parity of esteem between people with mental health and physical health
- Increase in evidence based therapies.

5.35 The Shropshire CAMHS Transformation Plan is being developed, led by a multi-agency group which includes contribution from service users. Its aims are:

- To ensure joined up strategic commissioning across the four tiers of child and adolescent mental health services and into adult mental health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that strategic commissioning activity leads to the development and delivery of joint outcomes.
- To develop joined up solutions to any issues across the four tiers of child and adolescent mental health services and into adult mental health services for children and young people up to the age of 25 years and above where appropriate.
- To ensure that the views of service users and potential service users are taken account of and inform the work of this group.

5.36 Progress is being overseen by Shropshire Children's Trust, which has delegated responsibility from Shropshire Health and Wellbeing Board for mental health in relation to children and young people. Ensuring the effectiveness of existing work with schools is already within the remit of this group and will be a key element within the local transformation plan.

5.37 **Use of section 136:** As part of the mental health crisis care concordat all the partner agencies in the health and social care local economy have devised a plan to enhance mental health crisis care for children and adults. As such a national plan has been submitted and a group regularly meet to discuss progress and monitor compliance. For more details see <http://www.crisiscareconcordat.org.uk/areas/shropshire/>

5.38 The use of police cells to detain children and young people with mental health problems has dropped following the development of a more suitable place of safety ('136 suite'). The figures for the numbers of children and young people aged under 18 held under section



136 show an increase over the years to the highest total in the most recent financial year of 27. From February 2014 to January 2015 94% of under 18s held under section 136 received follow up from CAMHS. Following recommendations for 136 detentions all children should be transported via ambulance with police in attendance. 72% of young people were transported by ambulance under section 136 to the Redwoods Place of Safety, (latter percentage is across both Shropshire and Telford & Wrekin).

Detention area	2010-11	2011-2012	2012-2013	2013-14	2014-2015
Police cell	15	13	12	4	1
136 suite	Not In use	7	12	21	26

5.39 The LSCB will be seeking assurance during 2015-16 regarding:

- improvements in access to and impact of CAMHS
- health (including mental health) provision for looked after children placed in Shropshire from elsewhere
- effective information sharing and engagement with child protection processes across the health system.


5.40 **Education and Schools**

Section 175 of the Education Act 2002 places a duty on local authorities (in relation to their education functions and governing bodies of maintained schools and further education institutions, which include sixth-form colleges) to *exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who are students under 18 years of age attending further education institutions*. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same Act.

5.41 As a result of work carried out in 2013-14, the LSCB has been particularly interested in the following:

- The contribution of schools to the early help and child protection services;
- The oversight of vulnerable groups, including those who are educated at home, or are missing from education;
- Safeguarding arrangements in independent schools;
- Progress in implementing PSHE which addresses issues of sexual exploitation.

5.42 There have been some significant developments across the education system in Shropshire during 2014-15, with strong leadership by the council's Education Improvement Services (EIS) and the Schools Safeguarding Group. All maintained secondary, primary, special schools as well as academies, free schools, early years' settings and child care providers are monitored regularly to ensure compliance with safeguarding requirements, as follows:

- 
- Annual auditing enables the service to maintain an overview of schools and other providers for compliance and to identify non-compliance, therefore enabling targeted support to be offered
 - Targeted support is recorded and monitored quarterly
 - Ofsted reports are reviewed to further ensure compliance
 - From September 2015 reports will be made through a quality assurance framework to the Learning and Skills Safeguarding group to enable effective monitoring of provision
 - In addition, all schools are inspected by Ofsted in relation to behaviour and safety. Inspectors gather evidence from children to assess whether they feel safe when in school. Parents are also asked to feedback as to whether they feel their child is safe at school. Out of the 20 schools inspected from April 2014 – February 2015 95% of the total number of parents who replied agreed that children were safe in school, with only 5% reporting they disagreed or didn't know. All inspection reports judged that children felt they were safe whilst in school and knew how to report their concerns to staff.
 - Of the 20 schools that were inspected no school was inadequate but three were graded as requires improvement under 'behaviour and safety'. Upon analysis of the reports there were no safeguarding concerns and the issues were related to behaviour of some pupils in lessons. Had there been any safeguarding concerns the safeguarding team would target appropriate support.
 - Continuous monitoring enables EIS to identify schools who may be non-compliant and ensure appropriate action is taken. Currently 100% of schools are compliant with training requirements.

5.43 **Section 11 compliance audits:**

➤ **Schools are 98% compliant with criteria**

Key areas identified by schools for non-compliance were RSE and Equal Opportunities training.

➤ **Early Years settings are 42% compliant**

Through the annual auditing process and the recent support given by Children Centres' workers an increased number of practitioners are compliant in all areas compared with 2013 -2014 a significant increase in compliance is expected for 2015 -2016 due to the allocation of two Children Centre workers since September 2014.

5.44 **Section 9 Practice audit**

This is the termly process for schools and early years' settings to review the minimum of three files held on identified vulnerable children. Identified concerns are addressed through individual actions, early help, multi-agency working or other targeted support.

A revised quality assurance framework has been developed with the aim of co-ordinating the assessment and monitoring of the quality and overall effectiveness of safeguarding arrangements in Shropshire schools and assessing their impact on outcomes for children.



The quality assurance framework will ensure safeguarding compliance of all schools and early years' settings from September 2015 and assist with identifying areas for targeted support. The data will be used to make informed judgements for the Education Access Services, the Education Improvement Services and HR so that schools may continue to be presented with appropriate and consistent safeguarding challenges.

5.45 Extended relationship with Independent Schools

The Independent Schools safeguarding group was set up in March 2014, to raise the importance of safeguarding for all young people in Shropshire. Two members were elected at the first meeting to represent the Independent schools on the Schools Safeguarding group.

5.46 In 2005-2006, LA monitoring showed attendance of independent schools at appropriate child protection training was 8% (2 independent schools); in 2011 – 2012 this had increased to 25% (6 independent schools), and in 2014 – 2015 had increased substantially to 75% (19 independent schools).

(NB: Some independent schools have in-house trainers and also access training from other agencies)

5.47 School attendance

Non-attendance at school can leave children vulnerable; support for school attendance and analysis of and effective intervention to tackle non-attendance is therefore significant in supporting the safeguarding of children.

5.48 Primary and secondary school attendance in Shropshire saw an upward trend to a combined total of 95.8% and continues to be above the national average. The overall attendance at Special schools has also increased; pleasingly, it is now above the national average for special schools. In line with national trends, children with special educational needs have lower attendance than those with no special educational needs; schools are encouraged and supported to address this. Gypsy Roma Traveller (GRT) children continue to be Shropshire's largest ethnic minority group and have lower attendance than their peers who are not GRT. In common with the national picture, more GRT families coming into Shropshire are choosing to home educate their children rather than enrol them in a school. All Shropshire schools have an LA Education Welfare Officer assigned to them apart from our one Free School and member schools of the Shrewsbury Academies Trust.

5.49 Exclusions

School exclusions historically have been low in Shropshire. Compared with the corresponding period last year, primary, secondary and special school fixed term and permanent exclusions have seen a slight reduction. The placing of permanently excluded pupils in new schools continues to present challenges; however the Education Access Service (EAS) has developed services to support this process following fair access principles, which are becoming embedded across the schools.



5.50 Children Missing Education

The local authority has a statutory duty to ensure that all children resident in Shropshire are engaged with education; those children not attached to an education provision or who have moved and whose whereabouts are not known are classed as children missing education (CME).

5.51 Certain groups of already vulnerable children are at particular risk of missing education, including: pupils at risk of harm or neglect; children of Gypsy, Roma and Traveller families; children of the armed forces; missing children and runaways and those in the youth justice system.

5.52 Currently there are 243 CME cases (13 are not Shropshire children) on the CME register, this is an increase on the same period last year. During the year an additional 13 cases have been closed. Of these 8 were children with child protection concerns and 15 were GRT (a reduction on last year); there were no LAC children. Some of these cases will be purely a data exercise ie incorrect or no transfer evidence has been provided and this has to be tracked; however there are cases of concern in this cohort and the tracking and placing of these children takes priority.

5.53 Part time attendance

Alongside children who are in the category of CME there are those pupils who do not access full time education whose vulnerability is increased, for example the majority of school age children presented to the CSE panel have reduced or non-attendance at their education provision. The EAS is working in partnership with schools and other agencies to ensure that no young person slips out of sight.

5.54 To further address this and ensure children are safeguarded the EAS has devised a process, implemented in January 2014 that requires schools to: inform the LA of any part time education arrangements; keep every child on the school register, regardless of circumstances unless parents have decided to educate their child at home; avoid unlawful 'grey' exclusions and respond quickly to early signs of raised anxiety or dips in their attendance. Currently there are 53 pupils recorded as attending mainstream schools on a reduced timetable, 6 of whom are primary aged children.

5.55 Elective Home Education

In Shropshire it is usual to have up to 200 electively home educated pupils on the EHE register but it is likely there are more who are not registered with the local authority. Many of the pupils registered are in receipt of an education appropriate to their needs and there is a good relationship between the local authority and the families. These families engage with a LA programme of EHE monitoring, advice and support which will always include discussion with the young person receiving home education. However, there has been an increase in families who refuse to engage at all with the LA, and currently there are 5 families and a total of 10 children known to be home educating who do not engage with the LA.



- 5.56 There will usually be a number of cases where the decision to withdraw children from school is a cause for concern, where education provision is unsatisfactory and those where the only report on the education delivered is from parents. As part of service redesign in September 2014, an Engagement Officer was appointed and the development of this role is helping to address this issue and contribute to safeguarding this group of children.
- 5.57 There are 6 children currently on Shropshire's EHE register where education is deemed by the LA to be unsatisfactory. Where this is the case, efforts are made to re-engage the children with education through enrolment at a school. School Attendance Orders (SAO) are also sought through the courts to ensure these children are in receipt of a suitable education. Currently, there are four School Attendance Orders progressing through the courts, all relating to secondary age children.
- 5.58 The LSCB will be seeking assurance during 2015-16 regarding the safety of children outside mainstream education provision.
- 5.59 **Public Protection**
Public protection services in Shropshire are delivered by West Mercia Police, the National Probation Service, Warwickshire and West Mercia Community Rehabilitation Company, and West Mercia Youth Offending Service. All of these organisations work across a number of local authority and LSCB areas, which has an impact on their capacity and resourcing which needs to be addressed during 2015-16.
- 5.60 As a result of its work in 2013-14, the LSCB has been particularly interested in progress in the following areas:
- The impact of the reorganisation of the Probation Service, including the contribution of the two new partners (NPS and CRC) to the LSCB and Shropshire's safeguarding arrangements;
 - The availability of 'voluntary' programmes to support perpetrators of domestic violence;
 - The contribution of the two services to the identification of offenders who potentially pose a risk to children, and to the 'hidden harm' agenda.
- 5.61 **West Mercia Police**
Warwickshire Police and West Mercia Police Strategic Alliance is now well established. The vision for the Alliance remains Protecting People from Harm. The structure described in the annual report for 2013-14 provides the foundation for ongoing development of service.
- 5.62 The last twelve months nationally has seen considerable focus on protecting people from harm, with child sexual exploitation, child protection, forced marriage, female genital mutilation, domestic and sexual violence at the forefront of reporting.
- 5.63 The publication of the Independent Enquiry into Child Sexual Exploitation in Rotherham 1997-2013, Alexis Jay OBE, in August 2014, coincided with the Alliance's commitment to significant investment in resources and staff to focus on the highest harm areas of policing.



This commitment has resulted in additional investment to create three dedicated CSE investigation teams across the Alliance, based within Warwickshire, Worcestershire and Herefordshire, and Telford and Shropshire. This local response is supported by further investment centrally, as the West Midlands Regional Organised Crime Unit introduces CSE Analyst and Co-ordinator posts. Child Sexual Exploitation will remain a priority for the Alliance, as will the Alliance's response to domestic abuse, rape and sexual assault, as detailed in the Control Strategy for 2015-16. This reinforces the Alliance's commitment to retaining the appropriate focus on the investigation of serious offences against children, and working with partners to ensure that every opportunity is taken to safeguard those at risk of harm. It also reaffirms that the appropriate resources will continue to be invested in the safeguarding of children and young people through this period of financial challenge.

- 5.64 The increasing investment in the West Midlands Regional Organised Crime Unit, the need to identify more efficient means of working and share best practice in order to avoid costly duplication of effort, and the clear evidence of cross border CSE offending between Warwickshire, West Mercia and West Midlands Police areas mean that closer regional collaboration between agencies should be explored at every opportunity. A number of forums exist in which such matters are being progressed, but there remain opportunities to enhance this move towards more efficient and effective working.
- 5.65 There has been considerable inspection activity regarding quality of policing in relation to public protection. The Alliance has been subject of Her Majesty's Inspectorate of Constabulary (HMIC) inspections on recording and management of crime, effectiveness and efficiency, including the police response to Forced Marriage, Female genital mutilation and Honour Based Violence, and culminating in a HMIC child protection inspection of West Mercia Police in November 2014, published in March 2015. The Alliance invited the College of Policing to carry out a peer review regarding the police response to CSE in January 2015. Positive inspection findings include reference to recording of crime, response to honour based violence and forced marriage, and FGM; trusted adult response to children, information sharing with partners and investigative response to complex crime involving children as victims. Warwickshire Police and West Mercia Police will continue to update the SSCB with progress against recommendations from these inspections and reviews. This is complemented by an additional strategic resource to support the delivery of improvement plans, and provide an additional level of expertise for supervisors.
- 5.66 One particular element of the HMIC Child Protection inspection focused on children in police custody. As a result, systems to monitor this area and report to the SSCB on performance have recently been developed. This data shows the number of persons under eighteen years of age who are held in police custody for more than four hours following charge between 10:00pm and 6:00am, and reasons for that. Four such cases fitting those criteria have been identified for the Shropshire area between November 2014 and July 2015.
- 5.67 Every incident that police attend which relates to domestic abuse is subject to a Domestic Abuse Stalking and Honour Based Violence risk assessment (DASH).



- 5.68 Q10 of the DASH risk assessment asks *'are there any children, step-children or dependents either in the household or elsewhere?'* Where the response is positive there is then a requirement for the officer to obtain and record the following information:
- children present;
 - children who witnessed incident;
 - children seen safe and well;
 - children subject to child protection plan;
 - which school do they attend?
- 5.69 Every DASH risk assessment is subject to review and prioritising by risk, and referral to other agencies as appropriate. Every domestic related crime or incident where children are part of the family unit (whether present or not at the time) is subject to referral to Children's Social Care.
- 5.70 Operation Encompass is also in operation within West Mercia and specifically Telford and Shropshire. Where children of school age are identified a referral is also being made directly to Education so that the safeguarding officer at the educational establishment is aware of the incident. In the majority of cases this information is shared by 09:00 hours the morning after the incident. Where risks are such that a more expeditious response is required, effective contact is made with Children's Social Care Emergency Duty Team.
- 5.71 Shropshire Policing Area has established a small team of officers who will work on an initiative aimed at improving resilience in Care Homes, with a particular focus on private providers. Over 400 children from across the United Kingdom are placed in Care Homes within the County. Each child will have individual safeguarding needs and this has a significant impact upon public service demand, particularly in situations where Care Homes are not staffed and equipped to meet those needs. The aims of the initiative are to work with care homes and providers to reduce exposure to vulnerability, reduce the potential for criminalisation of children in care and reduce the demands on policing services.
- 5.71 Development work is underway with partners to drive the introduction of Multi- Agency Safeguarding Hubs across the Alliance, in order to provide a more effective service to children and adults at risk.
- 5.72 **National Probation Service & Community Rehabilitation Company**
In July 2014, the government's Transforming Rehabilitation programme split the 35 Probation Trusts into two parts - a National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). Warwickshire and West Mercia merged to become Warwickshire and West Mercia Community Rehabilitation Company (WWMCRC) which has since become privatised. The NPS structured into divisions and a Midlands Division was created which covers West Mercia.



- 5.73 A protocol has been drawn up to establish this new way of working and to ensure that both the NPS and CRC continue to fulfil their responsibilities to safeguard the welfare of children.
- 5.74 A national inspection of safeguarding within probation work found a range of shortcomings which have been accepted locally and are the subject of an action plans within the NPS.
- 5.75 Strategic deficits included limited management oversight and audit mechanisms for safeguarding issues, minimal influence on Safeguarding Board agendas and an absence of direction in relation to safeguarding in standalone Unpaid Work requirements.
- 5.76 Operationally, systems for cross checking with Children's Social Care were not always robust, some staff showed a restricted understanding of their safeguarding role and of referral processes; home visits were not routinely used to assess or monitor risks to children. Risk to children in domestic abuse situations was often poorly assessed and referrals to Children's Social Care were often not followed-up.
- 5.77 Locally, although the former West Mercia Probation Trust was not part of the inspection, no specific evidence is available to suggest that the findings are not applicable to practice in the National Probation Service. Action plans have therefore been installed to address the identified concerns. These are being monitored both internally and by the LSCB.
- 5.78 In addition, in August 2014, the Inspectorate has published an inspection of Adult Offending Work; an aggregate of six inspections focused on protecting children. Significant safeguarding findings were deficits in:
- Levels of home visiting
 - Sending of standard checks to Children's Social Care
 - Attendance levels at or reporting to child protection conferences
 - Evidencing management oversight
 - Attention to ongoing risk to children
- 5.79 NPS raised a concern with SSCB in respect of checks with children's services to enable risk analysis to be undertaken. Checks were not always received in a timely manner and this information is needed prior to sentencing. COMPASS took over the processing of probation checks within Children's Social Care and the response time has vastly improved, ensuring that more children are now safeguarded.
- 5.80 **Youth Offending Service (YOS)**
The YOS is a multi-agency service responsible for the supervision of children and young people subject to pre-court interventions and statutory court disposals. The YOS in Shropshire also covers the Telford and Wrekin council and LSCB area.
- 5.81 An Inspection of the work of Probation Trusts and Youth Offending Teams to protect children and young people took place in August 2014. The Inspection Report was



considered by the Youth Offending Service Management Team and the findings and recommendations were the subject of a report to the SSCB.

Key Recommendations

YOT Managers should:-

- Ensure that staff work together with other relevant agencies to assess, plan and intervene to protect young people
- Involve parents/carers where appropriate in the protection of young people
- Ensure that police intelligence is used effectively in joint working to protect young people
- Demonstrate an improvement in safeguarding outcomes for young people who have offended through their contribution to the work of LSCBs

YOT Representatives on LSCBs should work with other members to:

- Ensure that multi-agency arrangements for information sharing work effectively and consistently
- Establish and monitor outcome data that demonstrates effective joint working to safeguard young people
- Promote better understanding across social care staff of the roles and responsibilities of YOT staff

5.82 Meetings are planned with the Head of Service/Assistant Director for Children's Social Care in each local authority across West Mercia to take forward any issues relating to information exchange and joint planning between the YOS and Social Care.

5.83 Children who abuse others

During the period 01/07/13 to 30/06/14 there were 48 young people who were suspects of sexual offences, 3 of these young people were suspected of 2 offences each. Most offences were relating to inciting a minor to take part in a sexual act.

Of these 48:

- 3 were charged
- 34 cautioned
- 2 received community resolutions

5.84 Further work and analysis is planned to scope the nature and context of young people perpetrating sexual offences which is to be reported to the Board during 2015/2016.

5.85 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, National Probation Service, 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 hostels and housing associations can be invited to participate.

5.86 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.

5.87 The MAPPA Annual Report 2013-2014 identifies 1,329 MAPPA eligible offenders as of 31st March 2014. This figure is across the whole of West Mercia, (Shropshire, Telford & Wrekin, Herefordshire and Worcestershire) and currently no local data is available for analysis.

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

A MARAC is a coordinated partnership approach to tackling the most high risk domestic abuse, consisting of a voluntary meeting where information is shared between local agencies and a coordinated safety plan or risk management plan efficiently and effectively pulled together. The MARAC is made up of representatives from both statutory agencies, including Police, Probation, Children's Services, NHS and non-statutory organisations, including housing associations and domestic abuse specialist services. The report *Saving Lives and Saving Money* (2010), explains:

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.

5.89 Shropshire MARAC data for 2014-2015 shows that 175 cases of domestic abuse were discussed, 26 of these were repeats and overall 207 children were affected. Currently agencies say they do not have the capacity to carry out analysis of this data in order to formally report outcomes. This is being challenged by SSCB in order that the effectiveness of MARAC can be monitored.

5.90 During 2015-16 the LSCB expects to see evidence of:

- A reduction in offences against children and young people
- Effective support and intervention with young people who pose a risk to others
- Improved and consistent engagement by public protection agencies with child protection processes
- Evidence of effective contributions by all public protection agencies to the 'hidden harm' agenda.

5.91 **Shropshire Council**



As a result of its work in 2014-15, the LSCB has monitored closely:

- The impact of budget reductions on safeguarding services
- The rate of referrals and re-referrals to children's social care
- The impact of the early help strategy
- The rate of children with a second or subsequent child protection plan.



Effectiveness of Early Help

As at 26th February 2015, there were approximately **960** children/young people with a targeted Early Help plan in Shropshire.

From April 2014 – December 2014 there were:

- **543** Early Help Targeted Referrals
- **577** Early Help Assessments completed
- **737** new episodes of support (through a targeted Early Help plan)
- **304** Initial Webstars¹ completed
- **107** Early Help Closure Summaries completed

Audits

Three Early Help audits have been undertaken as follows; ***Effectiveness of Early Help, Stepping into Early Help, Quality of Assessment tools***. The findings were as follows:

- Practitioners captured the voice of the child much more consistently when the new Webstar Score was used. However, there were quality issues, regarding the context and analysis of the wider needs within the Webstar Assessment.
- Assessments completed that were supported by a consultation from an Early Help social worker or primary mental health worker were good quality assessments and had good plans.
- There were good examples of multi-agency approach, using clear assessment, plan and review process together. However, there was a need for more collaborative working in some cases.
- Early Help processes are well used and used appropriately. The threshold for Early Help was appropriate with 'Children getting the right support at the right time'.

1.1.1 Early Help and Resource Panel

Panel reported to be slightly less effective (54%: a decrease of 4.3%) than in 2013. Follow up on this has identified the issue as being one of expectation for another service to always be allocated, when panel outcome has challenged the assessment of need, and or responsibility of the referring agency.

¹ Webstar is an Early Help tool to ascertain a measure of wellbeing, at the start of an Early Help intervention.



A practitioner feedback survey conducted in December 2014 demonstrated an improvement in practitioner's confidence compared with the results from the Back to Basics review in 2012.

Outcomes summary

The Webstar and Think Family tools show positive outcomes are being achieved for children/young people, parents and carers and families. The main Webstar outcomes where children and young people improved were in feeling accepted, valued, part of their community and being responsible.

The main Webstar outcomes where parents improved were feeling healthy, accepted and valued.

The main issues identified for families were around relationships and of these, 91% of families improved following the Early Help intervention.

Development of single 'front door'

In November 2014 COMPASS, Shropshire's single point of co-ordination into Children's Services Early Help, and the Initial Contact Team, for child protection referrals, came together to form one single point of access for all child welfare and safeguarding concerns.

Plans for 2015-2016

- The vision for Early Help to 'help people help themselves promoting engagement of the community and voluntary sector to identify and meet the needs of the local community' will be furthered strengthened by the development of the commissioning portfolio of Early Help.
- Making use of troubled families performance data to inform service development and future commissioning of early help.
- Further methods of gathering feedback are being explored to ensure views are being captured from a broad range of service users as follows:
 - an online survey for young people and parents/carers
 - user-friendly pre-paid postcards for children and young people
 - follow up calls 3 months later to see whether changes have been sustained
 - a service user activity event to elicit child and young people's feedback



5.92 Children's Services 'front door'

There has been an increase in the rate of referrals during the year, although this remains below its statistical neighbour group and the All England average. However, during 2014/5 the proportion of re-referrals rose, increasing from 21% to 27.2%.

5.93 In 14/15 the recording of outcomes of referrals was developed by Children's Social Care to include the "professional conversation" as an outcome, whereas previously a large number had been simply recorded as No Further Action (NFA). As a result, the statistics for NFA fell from 44.5% at the end of March 2014 to 7.7% at the end of 2015. The outcome of a referral "professional conversation" reflects an agreed action by the referrer and social worker to continue to work with the child/family either in universal service or exiting Targeted Early Help. Performance data showed increased referrals into Early Help and a mirrored decrease into ICT. These collective developments and approach have resulted in increased referrals and also re-referrals where professionals come back to discuss progress. SSCB has challenged this reporting measure as an outcome of a referral, together with a lack of information about contacts with regards to professional conversations. Neither gives information about the outcome for a child. As a result, outcomes of referrals will be reported differently in 2015-2016.

5.94 When comparing like for like, the % of referrals not proceeding to assessment has fallen in 2014/15 (from 44.5% to 39%) which shows thresholds that are increasingly well understood.

5.95 Between November 2014 and February 2015, using performance data Children's Social Care continued its redesign of the 'front door' to bring the Initial Contact Team and COMPASS together. In 2015/2016 agreed plans are in place for 'front door' services to be joined by Police, National Probation Service, Community Rehabilitation Company and Health, developing for Shropshire a multi-agency front door where information sharing and joint decision making can take place in a timely and coordinated way.

5.96 Child protection processes

In 2014/15 903 strategy discussions took place, 395 (43.75 %) of which were from case management teams (these are existing cases in case management team where levels of risk and concern meant a strategy discussion was appropriate for child protection).

5.97 In-service changes in the development of case management teams (April 14) also impacted as the new teams reviewed a high number of child in need, (CIN), cases (redistributed into case management teams) that had previously been held as CIN but on review met the threshold for S47 following strategy discussion where concerns were identified that a child was at risk/likely risk of suffering significant harm.

5.98 There has been a decrease in the number of Section 47 enquiries that are resulting in the need to progress to an Initial Child Protection Conference and an increase in those that close. This pattern needs more analysis to ensure the appropriate threshold is being used



for undertaking Section 47 enquires. This will be subject to multi-agency audit as well as internal review by team and individual managers.

5.99 **Rate of child protection**

Shropshire's rate per 10k of children subject of a child protection plan has increased more quickly than comparators, from 18.7 in 11/12 to 50 in 13/14. The rate for end of 14/15 was 55.5 and is now in line with comparators.

Work is on-going to ensure that children who are made the subject of child protection plans are 'the right children at the right time.' This means ensuring evidence of significant harm in each case and that where the significant harm continue beyond 9mths (2nd review) and there is no evidence of sustained improvement in outcomes for the children that proactive action is taken via a legal planning meeting to consider the threshold for pre proceedings.

Subsequent Child Protection Plans

Children's Social Care have been doing work on ensuring that individual children in families meet the threshold for registration to ensure that a family sibling group approach is not being applied for the need for a child protection plan rather ensuring, in line with working together, each individual child meet thresholds for significant harm.

In September 2014 the findings of a multi-agency audit on children subject of a second child protection plan in two years were reported to the SSCB. This showed that there was insufficiently focused work being carried out with some children and families, and indicated a need for more focused planning and clearer criteria for progress. Since this time the number of children subject of a second child protection plan in two years has continued to rise and as such SSCB is carrying out another multi-agency audit to further understand the reasons behind this.

Looked After Children (CLA)

As of 14th November 2014, Shropshire's CLA population was 317; by the end of March 2015 it was 313. Overall this evidences a slight reduction and significant stability in the LAC population. This is a result of the edge of care process and support being put in place.

Shropshire's CLA strategy has focused on:

- reducing the need for children to be looked, offering early help services to prevent increased risk of need and harm
- reducing the % of CLA accommodated under s20 (voluntary care) offering alternatives when faced with family breakdown
- reducing the period of time that children are looked after (permanency planning)
- Increasing options for a care placement for children who can remain in contact with their family and community where it is safe to do so



Early help developments include support from social workers to partner organisations to help manage risk at lower levels. More support is being provided to the children on the edge of care, with targeted resource aimed at 8-16year olds. These include residential short breaks, outreach and family group conferencing.

Of the 29 children who received planned short breaks during 2014-15, only 2 subsequently became looked after, and of the 13 who received crisis short breaks, 6 became looked after in the six month pilot period. A further audit is being undertaken of the same cohort to monitor sustained prevention of care.

For children received into care there is a new focus on permanency, ensuring their care planning is concluded without delay, and promoting permanency options such as adoption and special guardianship.

In 14/15, there was a reduction in the number of children looked after under a voluntary (Section 20) arrangement from 40% in April 2014 to 36% in March 2015. This indicates a successful strategy to provide a range of alternative support to children and families to remain at home in the care of their parent(s).

Private Fostering

2014-2015 saw an 11% decrease in the number of new private fostering notifications received during the year (from 9 to 8).

Although children were visited in accordance with regulations, none of these visits were completed within 7 days, largely due to delay in allocation. Of the arrangements that began before 1st April 2014 and were continuing after that date, 100% of scheduled visits were completed in the required timescales. This is an increase in performance from 60% in 2013-2014.

An additional priority area is to gain feedback from the children and young people who are privately fostered, to understand their experiences and develop the service further.

This performance is not acceptable, and the LSCB will expect to see improved performance during 2015-16.



6 Conclusion and assessment of effectiveness of multi-agency safeguarding arrangements

TO BE COMPLETED FOLLOWING DEVELOPMENT SESSION 17TH SEPTEMBER

In assessing the effectiveness of Shropshire's safeguarding system, and to demonstrate the impact of the LSCB, it is helpful to consider a series of questions:

- 1) Are we doing the right things?
- 2) Are we making enough progress?
- 3) Are risks being consistently identified, managed and mitigated?
- 4) Is the LSCB making sufficient progress?
- 5) What impact is the LSCB having?

6.1 Developments, summary of challenges and evidence of impact

TO BE COMPLETED FOLLOWING DEVELOPMENT SESSION 17TH SEPTEMBER

Challenges to strategic bodies for 2015-16

- To the Children's Trust
- To the Health and Wellbeing Board, the Safer Stronger Communities Partnership and the Safeguarding Adults Board
- For the LSCB

Appendices

All appendices can be found on the SSCB website by following the links below: (to be hyperlinked)

- | | |
|-------------------|--|
| Appendix 1 | SSCB Constitution |
| Appendix 2 | About the LSCB & Budget |
| Appendix 3 | Strategic Business Plan 2014 – 2017 |
| Appendix 4 | Multi Agency Training Annual Report |
| Appendix 5 | Glossary of terms |



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