Solihull Local Safeguarding Children Board

Statutory Annual Report

1st April 2015 until 31st March 2016

The effectiveness of partners’ work to safeguard and promote the welfare of children in Solihull.
About this report

Every year, the LSCB (Local Safeguarding Children Board) publishes a report accounting for our work. This is our account for 2015-2016.

In this report we aim to provide a rigorous and transparent assessment of performance and effectiveness of local services to safeguarding children. We aim to describe the challenges we have identified and their causes. We set out what we are doing about them and what we have learned from our reviews of practice across all our participating agencies.

The report begins by analysing our progress in relation to the priorities set in 2015-2016. We show how our learning has led to improvements, informing our decision to have a sustained focus on the same priorities for the coming year for 2016-2017 with a shift in emphasis and focus in the coming year 2016-2017.

An analysis of key child protection performance indicators for the year 2015-016 is then provided, followed by our overall analysis of the current LSCB effectiveness and future challenges.

This year the independent chair led the debate on what “authoritative oversight” means to Solihull LSCB. This resulted in a sound accountability mechanism for individual members. This is reflected in this report through member’s individual contributions.

The improvement plan is the core working document for the LSCB and ensures the business is clear, priorities are robustly monitored and that we make a difference to children and young people as we create impact from local and national learning.

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Forward from LSCB independent Chair, Edwina Grant OBE

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I am delighted to introduce the Annual Report of Solihull Local Children Safeguarding Board covering our period of activity from April 2015 to March 2016 and commenting on our plans for our future work in 2016-2017.

This has again been a busy year for the Board. We have focused on addressing those priorities we know will support children and families best. We have included in this report our evaluation of how well we have focussed on our priorities and what we have achieved.

We have listened to your feedback and have refocused our training offer and our website. We have continued to work in partnership to continue to improve the way we listen to children and young people and children’s services practitioners.

Building on what we have learnt this year we will continue to improve our work in the future, not only by working on our priorities but by engaging with our community more. We are particularly proud of our work with faith groups which we have introduced this year.

We hope that this report will be useful to you and that you will take it back into your organisations to inform your work.

If you have any comments or questions about this report, I shall be pleased to hear from you. If you do have any comments please write to me at edwina.grant@solihull.gov.uk

I am grateful to all our partners and supporters who have contributed to the work of the Board during the year. I am particularly grateful to the LSCB Board staff who work so hard behind the scenes to ensure that our programme works efficiently.

I look forward to working with you during the next year.

Edwina Grant OBE
1. Facts about Solihull

1.01 Solihull is a broadly affluent borough characterised by above-average levels of income and home ownership. A high proportion of residents (50%) are classified as belonging to the Prosperous Suburbs socio-demographic classification. 22 of the Borough’s 133 Lower Super Output Areas (LSOAs) are in the most 20% deprived areas in the country and just 2 are in the bottom 5%.

1.02 Solihull has significant geographic and infrastructure advantages, lying at the heart of the West Midlands motorway network, with excellent public transport connections with the Birmingham city conurbation and linked to European and global markets by Birmingham International Airport. Economically, this supports a strong service sector economy with a thriving Solihull town centre and key regional strategic assets, for example the NEC complex, Land Rover and the Birmingham & Blythe Valley Business Parks.

1.03 Solihull is challenged by a prosperity gap, with performance indicators in the Regeneration Area, framed by the wards of Chelmsley Wood, Kingshurst & Fordbridge and Smith’s Wood to north of Birmingham International Airport, significantly lagging the rest of the Borough. The Regeneration Area contains the 20 most deprived LSOA neighbourhoods in Solihull, with 24 of the areas 29 LSOAs in the bottom 25% nationally. The impact of this felt across a broad range of outcomes including educational attainment, employment, crime and health. We therefore take care in the Board to understand the postcode variations. Solihull is in the midst of dynamic and rapid socio-demographic change. The Black and Asian Minority Ethnic (BAME) population has more than doubled since the 2001 Census and now represents nearly 11% of the total population. Yet the Borough is less diverse than England as a whole and significantly less so than neighbouring Birmingham, but with BAME groups representing a relatively higher proportion of young people in Solihull (over 15% of those aged 15 and under) this representation is set to increase. Whilst Solihull’s population is ageing, the age profile of the North Solihull regeneration wards is significantly younger than the rest of the Borough. 29% of the population in north Solihull are aged 19 years and under and 20% aged 20-34 years, compared to 23% and 15% respectively in the rest of the Borough. At the other end of the spectrum just 14% of the North Solihull population is aged 65 and over and 1.4% is aged 85+, compared to 20% and 3% in the South. This difference in age profile is important in our deliberations about the development of services. Particularly as they relate to the development of early help support to families.
2. LSCB Effectiveness; An account of progress made on priorities set for 2015/2016

2.01 The LSCB agreed on 3 key priorities for 2015-2016;

- To safeguarding children from sexual exploitation.
- To safeguard children living with neglect.
- To support the delivery of Early help services.

2.02 Progress made by the LSCB in each priority area is described below:

2.1 LSCB priority: Safeguarding children from sexual exploitation (CSE):

Achievements

2.1.1 There is sustained collective ambition among partners and leaders making a difference to children in Solihull as the arrangements develop and the appetite for continual improvement and training continues. The web of support created in past years is proving it’s impact on young people as emerging projects, such as the Renewal project summarised below, demonstrate collective awareness and the use of intelligence to deliver preventative initiatives. Solihull continues to lead the west midlands region in identifying and helping children at risk of sexual exploitation. In March 2016, 34 children had been helped by the local arrangements with demonstrable reduction in risks to them seen during the course of our work with them. The following elements enable partnership working to achieve this;

2.1.2 Across the West Midlands region, Solihull’s Chief Executive (CEO) provides the CEO lead and Solihull’s Director of Children’s Services (DCS) provides the DCS lead on CSE. This ensures sound local direction and accountability. The Council’s portfolio holder for Children’s services is an active member of the CSE steering group and has led in ensuring that ward members can be informed of general progress and issues specific to their ward.

2.1.3 A clear governance structure, (see TABLE 1 diagram below) enables development through strategic, tactical and operational levels and provides transparency and visibility. This enables the LSCB chair to provide challenge to enable swift remedial action when needed.

2.1.4 Multi-agency Sexual Exploitation (MASE) meetings are a part of our routine response to children at risk. Their effectiveness is seen through the reduction of risks to individual children as a result of partnership effort and specialist support.

2.1.5 The CSE and Missing Operation Group (CMOG) is a multi-agency task group which meets to direct medium and long term actions to safeguard, disrupt and reduce opportunity for children to be harmed through sexual exploitation and missing episodes. Increasing attention is being paid to children missing from home or care to ensure they are safe.

2.1.6 The CSE steering group, a sub group of the LSCB, is chaired by the Detective Chief Inspector for Coventry and Solihull, who is the Child Abuse Lead in the Police Public Protection Unit. This group ensures sound governance and links with regional developments and provides overall strategic direction to the work. It routinely monitors the delivery of the CSE strategy and has a performance framework directly linked to the strategic objectives. This group links to the regional “Problem profile” sharing local
intelligence for use by the CMOG group to target preventative interventions. The Police have identified a range of civil and criminal avenues to disrupt potentially offending behaviours and this is reflected in the performance framework.

2.1.7 The Local Authority’s CSE team provides a clear offer to children and young people working in collaboration with partners.

2.1.8 The CSE performance framework has been revised to better reflect the CSE strategy objectives and will now include the work being done to raise awareness among parents about CSE and the newly revised training for taxi drivers.

2.1.9 Awareness-raising continues and is now a regular feature in all training and awareness agendas in the borough

- The majority of our schools have “safe and healthy relationships” as part of the PHSE curriculum and training for governors regularly features in schools safeguarding programmes. We are aware of the schools who still have work to do in this area.

- The police have visited over 123 business establishments in order to raise awareness and encourage a response to concerns.

- Politicians receive regular briefings on CSE.

- CSE training is directly influenced by the experience of young people. A CSE event for young people (Summer 2015) informed the LSCB CSE training programme. Modules have been reduced from 3 to 2 and are honed to ensure practitioners can link to the experience of the child and gain the essential awareness and skills needed to work with them.

- As a result, the CSE training has been successful, and at the time of writing, a total of 71 professionals from a wide variety of agencies, including the voluntary sector, have received high quality awareness-raising and skills acquisition training around CSE. (More on training on page 19).

### Renewal project

Local concern by professionals led to a series of multi-agency workshops. This resulted in the use of shared intelligence and targeted preventative actions targeting children and young people and parents to help them understand and reduce the risks.
TABLE 1

Safeguarding Adults Board
Regional CSE Group
Health and Wellbeing Board
Community Safety Partnership

LSCB
Strategic overview

LSCB Executive sub group (Chairs)
Performance Activity

LSCB CSE Steering Group
Delivering LSCB CSE Strategy
Whole borough training,
communications and intelligence
gathering.

CMOG
(CSE and Missing Operational
group). Overview, support and
challenge on a number of cases

MASE
Multi agency sexual
exploitation meetings (case
specific)
2.1.10 **CSE: Areas for improvement:**

2.1.11 The LSCB independent chair has provided challenge around the need to improve the multi-agency response to children missing from home or care. Also making links between agencies to collate information about children missing time from school. At the time of writing, the LSCB has set standards and is planning a workshop with the objective of producing a further comprehensive action plan. There are two strategic leads for delivering this action plan, the Head of Service for the Child Protection and Review Unit in the Local Authority and the Detective Chief Inspector in the Public Protection Unit in the Police. They will work together to coordinate and deliver the action plan in 2016-2017. They will prioritise the sharing of intelligence from return interviews so that this information can be used to identify and act to prevent exploitation.

2.1.12 Young people at risk of CSE maturing into adulthood were prioritised by the group in 2015-2016 and the business manager from the Safeguarding Adult Board is now a regular member. Work has begun with the Health and Well Being Board, and the Safer Solihull Partnership to accelerate work and to establish how we can better safeguard young adults at risk.

2.1.13 The infra-structure necessary to further this work will be fine-tuned to ensure effective delivery.

2.2 **LSCB Priority: Neglect**

**Achievements**

2.2.1 A serious case review relating to neglect was published in October 2015 and the action plan has been incorporated into the LSCB improvement plan. This case review has largely influenced the LSCB priority around neglect. Many children living with parents with mental health problems, substance misuse and/or domestic violence will experience conditions which may lead to neglect and many children with child protection plans are living with one or more of these features. The **neglect strategy** will be reviewed in November 2016 and has consistently been the LSCB reference point for delivering this priority. The objectives of the strategy are to:

- "Improve the awareness and understanding of neglect, both within and between agencies working in Solihull. This includes a common understanding of neglect and the thresholds for access to agencies.
- Improve the recognition and assessment of children and young people living in neglectful situations before statutory intervention is required, including the use of appropriate assessment tools". (Solihull LSCB neglect strategy November 2014)

2.2.2 Three young people prepared a presentation to a LSCB conference for leaders and managers in November 2015. One young person gave the presentation which provided direct insight from the child about what they wish practitioners and managers would learn to do to help children living with neglect. The conference was held to raise awareness about the learning from this serious case review as well as national experience. Over 200 delegates attended and were inspired by the young person’s presentation. The conference generated awareness about the
important role of managers and leaders in providing challenge and support to practitioners. The importance of supervision is now understood by schools and the LSCB safeguarding children in education settings sub-group is supporting schools to develop supervision models to provide support and challenge to practitioners in their safeguarding work.

2.2.3 The new LSCB training strategy was implemented in September 2015. Neglect, domestic violence, parental mental health and substance misuse are featured on all LSCB training and module 6 concentrates exclusively on neglect. The new training design is based largely on the need to develop communications skills among practitioners and is influenced by the experience of children looked after who provided their views on neglect to the LSCB manager. The new style enables highly challenging practice dilemmas to be explored through group activity and emphasises the identification and management of non-compliance and disguised compliance. The training also provides practitioners with the skills and confidence to challenge in practice and helps them navigate the complexities of working with highly challenging families through effective partnership working. Module 6 (Neglect) has now operated 4 times, training 69 practitioners from 10 agencies. The tables below show there has been a positive impact on practice.

<table>
<thead>
<tr>
<th>Date</th>
<th>Attendees</th>
<th>No. Completed evaluation forms</th>
<th>Average overall satisfaction</th>
<th>Stage 1 Knowledge Average</th>
<th>Stage 1 Skill Average</th>
<th>Stage 1 Confidence Average</th>
<th>Stage 2 Knowledge average</th>
<th>Stage 2 Skill average</th>
<th>Stage 2 Confidence average</th>
<th>Stage 1 &amp; 2 Knowledge variance</th>
<th>Stage 1 &amp; 2 Skill variance</th>
<th>Stage 1 &amp; 2 Confidence variance</th>
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<tr>
<td>20th Oct. 2015</td>
<td>16</td>
<td>16</td>
<td>8.56</td>
<td>5.00</td>
<td>4.67</td>
<td>4.67</td>
<td>7.94</td>
<td>7.38</td>
<td>7.44</td>
<td>2.94</td>
<td>2.71</td>
<td>2.77</td>
</tr>
<tr>
<td>11th Nov. 2015</td>
<td>19</td>
<td>18</td>
<td>7.89</td>
<td>5.20</td>
<td>5.27</td>
<td>5.27</td>
<td>7.17</td>
<td>7.06</td>
<td>7.17</td>
<td>1.97</td>
<td>1.79</td>
<td>1.90</td>
</tr>
<tr>
<td>10th Feb. 2016</td>
<td>17</td>
<td>17</td>
<td>8.27</td>
<td>5.81</td>
<td>5.50</td>
<td>5.19</td>
<td>7.65</td>
<td>7.47</td>
<td>7.35</td>
<td>1.83</td>
<td>1.97</td>
<td>2.17</td>
</tr>
<tr>
<td>10th March 2016</td>
<td>17</td>
<td>17</td>
<td>8.44</td>
<td>5.00</td>
<td>5.00</td>
<td>5.15</td>
<td>7.88</td>
<td>7.35</td>
<td>7.41</td>
<td>2.88</td>
<td>2.35</td>
<td>2.26</td>
</tr>
</tbody>
</table>

1 The LSCB undertakes evaluation of all training and learning opportunities that it offers. Overall satisfaction scores are subjective and rated a maximum of 10 with 0 being the lowest score and 10 the highest. Impact on skills acquisition, knowledge and confidence is measured by assessing the variance between a pre course pitching questionnaire and post course evaluation. This incorporates consideration of what has been learned and what actions now need to be taken to embed the learning.
2.2.4 A case study involving the same family runs through modules 1, 2 & 6. This helps ensure that the learning from SCR1 is embedded through all of the modules, and includes the presence of domestic abuse, adult mental health issues and adult substance misuse. Practitioners therefore learn to navigate the thresholds together. It has become evident that several practitioners struggled to understand the subtleties around coercion and control and the various behaviours between the perpetrator and victim of domestic violence. In response to this, the LSCB is working with Women’s Aid, SMBC Domestic Abuse Co-ordinator and the Safeguarding Adults Board to develop a course to cover the new legislation around coercion and control and how best to engage victims of domestic abuse. Consideration will be given to how the DASH (Domestic Violence Stalking and Harassment) and DVRIM (Domestic Violence Risk Identification Matrix) can help inform the work undertaken with victims and their families. This course will run in future as module 6C.

2.2.5 An audit of agencies’ compliance with domestic abuse standards was also initiated and was reported to the LSCB in July 2015 with the majority of partner agencies complying with those standards. A further S11 audit demonstrated a commitment by members to self-audit against the newly published domestic abuse standards published by the Safer Solihull partnership in January 2016.

2.2.6 The LSCB now has a communications strategy and plans communication for each of the academic terms. Such communications place emphasis on the need for widespread understanding of neglect and the application of the threshold document. The new LSCB website enables partners to access to a range of professional materials and tools and provides practitioners with up to date information on safeguarding from both national and local perspectives. Work with Faith Groups is ongoing.

2.2.7 The LSCB has selected 2 Key performance indicators to monitor drift and delay in practice. These are the duration a child has a child protection plan and the rate of children with repeat plans. These are regularly scrutinised by the LSCB executive sub-group. Further analysis of these is provided on page 17. In summary performance is at acceptable levels and careful scrutiny of these indicators will continue.
2.2.8 Multi-agency case audits carried out in this period demonstrate the need for sustained communications around the threshold document as well as a need to refresh the audit document. At the time of writing, this is underway. The audits also demonstrated a need to continue the improvements around core group working and the importance of a sustained focus on the prevention of drift and delay.

2.2.9 The graded care profile;

2.2.10 The graded care profile is a tool that helps practitioners make a professional judgement about whether what they are observing constitutes neglect.

2.2.11 Solihull is involved in phase 2 of Graded Care Profile (GP2) with the NSPCC and the following progress has been made;

2.2.12 The LSCB trainer and the Local Authority trainer are now qualified as trainers to licence practitioners to use GCP2.

2.2.13 A group of 10 practitioners from partner agencies have come forward to pilot the tool and champion implementation. They will first carry out a table top exercise to test out the tool’s applications and this will be followed by using the tool with a family to help inform the roll out of training design and delivery.

2.2.14 Training will be rolled out from late autumn onwards and will be an important part of LSCB communications in 2016 and 2017.

2.2.15 “DV triage”

2.2.16 When the police are called out to a domestic violence incident, their duties include the completion of a Domestic Violence Stalking and Harassment (DASH) risk assessment tool, informing the family that they will share the information with the Local Authority and then doing so swiftly and efficiently. Arrangements for sharing information have changed in 2015-2016. The LA “engage” services appointed a co-ordinator to assess the incoming information using the threshold guidance to gain an immediate understanding of whether the child is in need of help and/or protection. All children assessed as level 4 of the LSCB threshold guidance are immediately referred to MASH. These arrangements take place in close proximity to the MASH team, and so can avail of immediate social care risk assessment skills quickly. A monitoring group oversees the processes and this monitoring will continue into 2017.

2.2.17 The LSCB will monitor developments closely, with a view to supporting the uptake of DV triage by all partners, and so ensuring compliance with the DASH tool, and the Domestic Violence Risk Assessment Matrix.

2.2.18 The executive group will also monitor the numbers of police calls outs for DV incidents involving children and the percentage of those where a DASH was carried out.

2.2.19 The executive group will also monitor practitioners understanding of consent and information sharing to ensure this is clearly understood and applied
2.2.20 LSCB priority Neglect; Next steps

2.2.21 Roll out the graded care profile tool.

2.2.22 Performance monitor the DV triage at LSCB executive level.

2.2.23 Revise the neglect strategy.

2.3 LSCB PRIORITY: Early Help

Achievements

2.3.1 The LSCB has provided support and challenge to the development of early help arrangements. Oversight has included the approval of an early help strategy and implementation plan. An “active engagement strategy” to ensure the voice of children and young people impact and influence the changes being made was also approved. Young people have directly influenced developments. Six thousand young people have voted in the Young People’s Parliament elections. As well as make their choice for who would represent them, they voted for their top concerns as a young person. The outcomes were;

1) Cyber-bullying
2) Sexting and grooming
3) Autism
4) Radicalisation

2.3.2 Six young people were part of the Heart of England Trust working group that planned and organised the Healthy Self Conference and Youth Takeover Challenge. With support from Engage, young people delivered a conference where ‘Loudmouth Theatre Group’ presented. There was music and entertainment as well as round table discussions led by young people in partnership with a number of different agencies.

2.3.3 Engage hosted two groups of young people on work experience. They have been instrumental in the review and revision of leaflets making them more appealing to young people. These leaflets will now be included in the Engage volunteers toolkit.

2.3.4 The local authority has completed a major organisational re-structure to prepare for long term cultural change and to begin supporting partners to think differently about local multi-agency working to prevent long term problems for families. The strategy is ambitious, embracing a range of primary, secondary and tertiary preventative activities in order to impact on long term morbidity and mortality outcomes as well as those around safeguarding children and young people. While the strategy is wide ranging, the implementation plan has provided an incremental practical approach to ensure sustained delivery. A sound governance structure is provided through the Early Help programme board, chaired by the Director of Public Health. A new quality assurance framework will measure progress on key performance indicators and a structure is in place to ensure management oversight of performance.

2.3.5 The platform for cultural change has been created, and is supported, by the development of local collaboratives. These groups share local information and intelligence, provide support and challenge and co-ordinate prevention activities locally. The children’s needs assessment provides the evidence base for targeted activities and supports strategic planning.
2.3.6 The LSCB focus in relation to these developments has been to ensure that the “Front Door” element of early help arrangements provides safe and effective responses to children needing early help. Upon implementation of the new arrangements, the board commissioned an independent audit to gain an understanding of the effectiveness of decision making in MASH and the robustness of multi-agency early help provision. The audit concentrated on those children referred to MASH, and considered to be at level 3 of the LSCB threshold guidance. This report provided challenging recommendations, enabling early help services to prioritise areas for immediate action. The resulting action plan has been delivered and, a further assurance visit by the independent auditor is being arranged. The LSCB retains a focus on children who do not meet the criteria for MASH but who need co-ordinated multi-agency work with a particular focus on the “front door” arrangements. The LSCB independent chair has followed up the audit with a visit to the early help desk and will revisit throughout 2016-2017 to seek assurance about the quality and speed of decision making.

2.3.7 The foundations for fundamental change in local partnership arrangements have been created. Significant activities have been undertaken to engage with partners reinforcing the commitment to the shared outcomes agreed at a multi-agency away day. While it is too early to assess any global impact, a locally determined quality assurance framework will be populated and tracked in the coming year to ensure a swift and robust multi-agency response to children in need of early help. Early indicators on volume and filtration are seen in the child protection data analysis on page 15 showing reduced volume in MASH with an associated increase in volume of contacts to the early help desk.

2.3.8 Multi-agency training has been implemented and over 167 professionals have so far attended from health, Community Children’s Nursing, Public Health, police, housing, schools, fire service, infant feeding team, Women’s Aid, SOLAR, and Primrose Hospice. Evaluations are showing positive impact on professionals’ commitment to partnership working.

“Clear presentation of service, expectations and delivery”

“The whole experience from start to finish, experiencing other professionals’ views, their thoughts etc, things that work for some rather than all”

“Ideology behind the methodology”

“Was all interesting and useful information”

“I have more clarity about the service – it was all useful – thank you”

2.3.9 An IT (Information Technology) system has been designed and will be procured in 2016-2017 to provide software to facilitate efficient assessments as well as data collection to inform incidence and quality assurance functions.

2.3.10 246 “Engage” (Early Help) Assessments were completed in 2015-16, most of them in the latter two quarters of the financial year.
2.3.11 The arrangements for information around DV triage have been reviewed and are now aligned to the MASH process, enabling immediate access to skilled social work input as required. The threshold guidance is used to aid decision making and all those at level 4 are swiftly referred to MASH Processes. Arrangements will need continual monitoring and refinement in 2016-2017 to ensure it is robust and efficient as the system becomes embedded.

2.3.12 Early help;

Areas for development

- A relentless focus on children in need of high level multi-agency interventions is provided through management oversight of early help services. Sustained challenge from the LSCB will include a detailed review of the arrangement of the processes to ensure high quality, safe and robust responses to these children.
- Children and young people will continue to directly influence developments.
- An IT system will be procured and delivered.
- The early help programme board accounts to the to the health and well-being board for its wider preventative remit. It will be held to the account by the LSCB for safeguarding. It will continue to consolidate governance arrangements to ensure transparent accountability and to provide challenge to, and accept challenge from both boards.
- A whole system communications strategy will ensure all those working with children are aware of developments and engage in the debate.

3. Child Protection Performance Analysis

3.1 Child protection remains at the core of the LSCB members’ responsibilities. This analysis looks at key performance indicators selected by the LSCB to inform members about child protection performance.

3.2 Referral rates

3.3 Referral rates per 10,000 (612.18) are higher than statistical neighbours (427.6) and England average (548.3) and are higher than the period 2015-2016 (563.62). Caution needs to be taken when drawing conclusions about this. MASH, established in October 2016, gave rise to a change in how data is collected with “contacts” and “referral” definitions changing. Improved and consolidated data on this will be delivered in 2016 allowing a more accurate assessment. The LSCB will monitor this and also the numbers of early help contacts made. It will also analyse the relationship between the two during 2016-2017.
3.4 Repeat referral rates

3.5 There will always be children who need to be referred on more than one occasion, but any rise in re-referral rates tells us that initial referrals may not be dealt with effectively. Repeat referral rates are lower than last year, 20.5% compared to 23.4% in 2014-2015. This is a consistent pattern over the last 3 years. These rates compare favourably to statistical neighbours (22.2%) and England averages (24%).
Proportion proceeding to S47 or Single assessment

% of referrals to children's social care going on to a Single Assessment or S47

- 87% in 2014-15
- Target: 74%
- Quarter 1: 74%
- Quarter 2: 63%
- Quarter 3: 71%
- Quarter 4: 65%
- Quarter 5: 67%

2761 referrals
- 1848 (67%) proceed to either a single assessment or S47.
- 913 (33%) did not result in assessment.
- 580 proceeded to S47.

- There are 203 children with a child protection plan.
- Of the children with repeat plans, 24 out of 228 (10.5%) were started within 2 years of the original plan.
- There are 361 children looked after.
3.6 A measure of the success of embedded early help arrangements is a reduction in child protection referrals accompanied by an associated increase in the proportion of those referrals proceeding to either an initial assessment or a section 47 enquiry. This shows that practitioners are making appropriate child protection referrals.

3.7 In 2015-2016 the proportion of referrals proceeding in this way was lower than expected (66.9% compared to 87% in 2014/2015). The figures for 2014-2015 were inflated due to a lack of front door filtration. This year’s low proportion will be examined carefully by the Local Authority who will report on this to the LSCB.

3.8 Rapid improvements in the early help processes are likely to lead to improvements.

3.9 The LSCB provides training on how to make referrals and will examine the quality of referrals to MASH in 2016-2017 to establish if this is an area for improvement.

3.10 The LSCB threshold audit will be followed up in 2016 to check that progress has been made and to seek assurance about the interface between early help and MASH processes.

3.11 The LSCB threshold document will be revised and promoted across the borough in the autumn of 2016 to help practitioners identify levels of need. LSCB multi-agency training will continuously help to embed this in practice.

3.12 The performance diagrams will in future show the links between Early Help contact volume increase and a decrease in referrals to MASH. The LSCB hopes to see a reduction in the proportion of referrals proceeding to Section 47 enquiries.

3.13 Monitoring drift and delay

3.14 The serious case review published in October 2015 identified the importance of preventing drift and delay in decision making. Multi-agency case audits were constrained by a small cohort, but indicated a need for continual improvement. The LSCB has selected just KPI’s to indicate the timeliness of decision making to prevent drift and delay in delivering child protection plans. These are:

3.15 The length of time a child has a child protection plan and whether they have a repeat plan. These issues are connected. If decision making leads to the ceasing of a plan too soon or if a plan is not sufficiently robust, then the child may need a repeat protection plan later. This will lead to an increase in repeat plans particularly in a 2 year timeframe.

3.16 The proportion of children with child protection plans for 18 months is another KPI monitored by the LSCB. The LA have put in place management scrutiny, and child protection teams have action plans, to reduce the risk of drift and delay. Solihull’s rate in 2015-2016 (7.4%) is higher than 2014-2015 (3.7%) This was as a result of two large families but this KPI will be monitored to ensure a positive trajectory.
3.17 The proportion of children with repeat child protection plans is also slightly higher (10.5%) than last year (9%). As numbers are low there is considerable distortion. This will be monitored throughout 2015/2016 to ensure this is not a trend.

### % Children with active CPP registration and registered for over 18 months

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<tbody>
<tr>
<td>End of Year 14/15</td>
<td>3.7%</td>
<td>8.3%</td>
<td>8%</td>
<td>3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Quarter 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.0 Regulation 5: LSCB Functions

4.1 Regulation 5 of the Local Safeguarding Children Boards regulations 2006 sets out the functions of the LSCB in relation to its objectives under Section 14 of the Children Act 2004. This is an account of those functions.

4.2 Policy development; (Regulation 5 1(a))

4.3 The following procedures were updated during 2015/16:-
• Missing children to include the involvement of a contractor to carry out return interviews
• DV triage arrangements which changed with the new Early Help arrangements.
• Clarification of tools- agreement that the DASH and DVRIM tools should be applied.
• Templates for recording Core Group and children in need meetings were agreed.

4.4 In 2016-2017 the policy sub-group will carry out the following policy reviews;

• Dispute Resolution procedure
• Threshold guidance
• Neglect strategy
• Surrogacy
• Prevent guidance.
• Sexually inappropriate behaviours

4.5 The LSCB policy sub-group has agreed to join the regional procedures working group providing efficiencies and reducing costs of on line procedures.

4.6 Thresholds; (Regulation 5 1(a) (i))

4.7 Multi-agency case audits show a need for sustained communications to ensure practitioners are aware of the threshold guidance and know how to apply it. The document will be revised to ensure clarity and the policy sub-group will deliver on this. The LSCB communications and training strategies incorporate and prioritise this area.

4.8 Training (Regulation 5 1(a) (ii))

4.9 Introduction

4.10 This section of the annual report provides a summary account of the LSCB multi-agency training developments in the period March 2015-March 2016. The full LSCB annual training report can be found here. The training strategy is describes 9 connecting modules (see page 29). This means that 2015-16 has been a transitional year with a change from the original level 2 & 3 training courses to the new modular approach in the training strategy. The LSCB training officer was appointed and started in post in June 2015. Her task was to develop and deliver the new modular programme and introduce plans for impact evaluation.

4.11 LSCB Multi-Agency Training Pool

4.12 In December and January the LSCB commissioned the NSPCC to run a train the trainer course for 16 multi-agency participants. This was funded by the Local Authority. Those trained have joined the LSCB trainers’ pool to support the delivery of early help training and the LSCB training programme.
4.13 Learning Faculty

4.14 The LSCB training strategy involves the active engagement of practitioners in training design. The purpose of the faculty is to provide an open consultative forum to enable multi-agency practitioners and managers who access LSCB/SSAB (Solihull Safeguarding Adult Board) training programmes to review previous training, monitor existing training and engage in the planning and design of future training provision. This ensures that training meets front-line needs as well as national and local drivers including legislation, policy and practice development. The faculty is an opportunity for practitioners to influence training. It is not a committee. 46 practitioners have now taken part and joined the distribution list for the faculty. There have been 3 meetings through 2015-16 and there are a further 3 planned for 2016-1. Information is available on the website and practitioners are encouraged to submit thoughts and information related to topics of discussion, even if they are unable to attend the meetings.

4.15 Attendance on LSCB multi-agency training

4.16 A total of 640 people participated in the LSCB multi-agency training between April 2015 and March 2016. The chart below demonstrates the agencies represented in the delegates that attended:
### Attendance at LSCB training courses in 2015/16 (1 April 2015 - 31 March 2016)

<table>
<thead>
<tr>
<th>Course Description</th>
<th>SNSC Childcare Social Care</th>
<th>SNSC Adult Social Care</th>
<th>YOSSYouth Services/SSCS</th>
<th>SNSC Early Help</th>
<th>SNSC Other Staff</th>
<th>MOSEFT Acute Service</th>
<th>MOSEFT Community Services</th>
<th>Solihull NHS Commissioning Group</th>
<th>Birmingham and Solihull Mental Health NHS Foundation Trust</th>
<th>West Midlands Police</th>
<th>Community Rehabilitation Company</th>
<th>National Probation Service</th>
<th>Solihull Community Housing</th>
<th>Schools and Colleges</th>
<th>Early Years</th>
<th>CAFCAASS</th>
<th>UK Visa and Immigration</th>
<th>Third Sector/Associate Sector</th>
<th>Other (not Private)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LSCB2 Working Together To Safeguard Children &amp; Young People (2-days) [5 courses]</td>
<td>7</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>14</td>
<td>1</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>37</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>20</td>
<td>5</td>
<td>108</td>
</tr>
<tr>
<td>LSCB2 Working Together To Safeguard C &amp; YP Refresher (half-day) [1 course]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>LSCB3 Child Sexual Exploitation Awareness (half-day) [1 course]</td>
<td>2</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>LSCB3 Understanding and responding to Child Sexual Exploitation (1-day) [2 courses]</td>
<td>4</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>39</td>
</tr>
<tr>
<td>LSCB3 CSE: Skills for Working with Vulnerable Young People (1-day) [1 course]</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Managing Allegations Against Staff (half-day) [3 courses]</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Module 1 Early Help (1-day) [2 courses]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>1</td>
<td>123</td>
</tr>
<tr>
<td>Module 2 Child Protection: An introduction to multi-agency working (1-day) [5 courses]</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>44</td>
<td>28</td>
<td>1</td>
<td>1</td>
<td>17</td>
<td>2</td>
<td>129</td>
</tr>
<tr>
<td>Module 5A Child Sexual Exploitation Awareness (half-day) [3 courses]</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>53</td>
</tr>
<tr>
<td>Module 5b CSE: Working with vulnerable young people (1-day) [1 course]</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Module 6 Neglect: Impact on child development (1-day) [4 courses]</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>14</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>30</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>69</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>0</td>
<td>25</td>
<td>7</td>
<td>41</td>
<td>1</td>
<td>79</td>
<td>8</td>
<td>7</td>
<td>18</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>241</td>
<td>66</td>
<td>11</td>
<td>2</td>
<td>68</td>
<td>16</td>
<td>640</td>
</tr>
</tbody>
</table>
4.17 Evaluation of LSCB training

4.18 The LSCB undertakes evaluation of all training. Overall satisfaction scores are subjective and rated a maximum of 10, with 0 being the lowest score and 10 the highest. Impact on skills acquisition, knowledge and confidence is measured by assessing the variance between a pre course pitching questionnaire and post course evaluation. This incorporates consideration of what has been learned and what actions now need to be taken to embed the learning. The tables below show there has been a positive learning variance and so real impact on practitioner’s competencies for the courses offered.

4.19 April- September Level 2 & 3 courses

4.20 The last of the Level 2 courses took place in the first half of the financial year. A survey of participants indicated positive impact on knowledge, skills and confidence.

4.21 Managing Allegations

4.22 The LADO (Local Authority Designated Officer) has continued to offer the managing allegations course with the support of the LSCB business unit. The table below demonstrates the learning achieved from the courses that ran in 2015-16:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Attendees</th>
<th>No. Completed evaluation forms</th>
<th>Average overall satisfaction</th>
<th>Stage 1 Knowledge Average</th>
<th>Stage 1 Skill Average</th>
<th>Stage 1 Confidence Average</th>
<th>Stage 2 Knowledge average</th>
<th>Stage 2 Skill average</th>
<th>Stage 2 Confidence average</th>
<th>Stage 1 &amp; 2 Knowledge variance</th>
<th>Stage 1 &amp; 2 Skill variance</th>
<th>Stage 1 &amp; 2 Confidence variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 June 2015</td>
<td>Managing Allegations</td>
<td>19</td>
<td>18</td>
<td>8.65</td>
<td>5.33</td>
<td>4.89</td>
<td>5.22</td>
<td>7.61</td>
<td>7.22</td>
<td>7.76</td>
<td>2.28</td>
<td>2.33</td>
<td>2.54</td>
</tr>
<tr>
<td>11 Feb 2016</td>
<td>Managing Allegations</td>
<td>14</td>
<td>14</td>
<td>8.23</td>
<td>5.00</td>
<td>3.71</td>
<td>4.36</td>
<td>7.14</td>
<td>7.07</td>
<td>6.71</td>
<td>2.14</td>
<td>3.36</td>
<td>2.36</td>
</tr>
</tbody>
</table>

4.23 Modular training October 2015- March 2016

4.24 Module 1- Early Help See para 2.3.8 Early Help on page 13

4.25 Module 2- Child Protection- An introduction to multi-agency working

4.26 This module provides competencies around making sound, evidence informed communications, child protection referrals and contributions to child protection conferences and core groups and ensuring the voice of the child impacts on the multi-agency actions. It helps practitioners to identify and challenge drift and delay with specific reference to the complexities of the child’s experience when living with
domestic violence, substance misuse and/or parental mental health problems, and using dispute resolution procedures.

4.27 When designing this module young people from the youth council and children in care council were asked what messages they would like to give to professionals being trained to keep them safe. These messages are included in the training.

4.28 The table below shows the number of courses offered and the positive learning variance from pre and post course evaluations:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Attendees</th>
<th>No. Completed evaluation forms</th>
<th>Average overall satisfaction</th>
<th>Stage 1 Knowledge Average</th>
<th>Stage 1 Skill Average</th>
<th>Stage 1 Confidence Average</th>
<th>Stage 2 Knowledge Average</th>
<th>Stage 2 Skill average</th>
<th>Stage 2 Confidence Average</th>
<th>Stage 1 &amp; 2 Knowledge variance</th>
<th>Stage 1 &amp; 2 Skill variance</th>
<th>Stage 1 &amp; 2 Confidence variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 Oct 2015</td>
<td>Module 2</td>
<td>23</td>
<td>23</td>
<td>8.55</td>
<td>5.14</td>
<td>4.71</td>
<td>4.76</td>
<td>7.48</td>
<td>7.39</td>
<td>6.91</td>
<td>2.34</td>
<td>2.86</td>
<td>2.15</td>
</tr>
<tr>
<td>10 Nov 2015</td>
<td>Module 2</td>
<td>17</td>
<td>17</td>
<td>8.41</td>
<td>4.75</td>
<td>4.56</td>
<td>4.50</td>
<td>7.65</td>
<td>7.12</td>
<td>7.06</td>
<td>2.90</td>
<td>2.56</td>
<td>2.56</td>
</tr>
<tr>
<td>19 Nov 2015</td>
<td>Module 2</td>
<td>23</td>
<td>22</td>
<td>8.68</td>
<td>5.52</td>
<td>5.15</td>
<td>5.42</td>
<td>7.36</td>
<td>7</td>
<td>7.18</td>
<td>1.84</td>
<td>1.85</td>
<td>1.76</td>
</tr>
<tr>
<td>20 Jan 2015</td>
<td>Module 2</td>
<td>23</td>
<td>21</td>
<td>8.67</td>
<td>5.14</td>
<td>4.91</td>
<td>4.73</td>
<td>8.05</td>
<td>7.86</td>
<td>7.50</td>
<td>2.91</td>
<td>2.95</td>
<td>2.77</td>
</tr>
<tr>
<td>9 Feb 2016</td>
<td>Module 2</td>
<td>18</td>
<td>17</td>
<td>5.94</td>
<td>5.72</td>
<td>5.72</td>
<td>8</td>
<td>7.53</td>
<td>7.59</td>
<td>7.06</td>
<td>1.81</td>
<td>1.87</td>
<td>1.67</td>
</tr>
<tr>
<td>9 March 2016</td>
<td>Module 2</td>
<td>26</td>
<td>25</td>
<td>8.68</td>
<td>5.69</td>
<td>5.52</td>
<td>5.19</td>
<td>7.71</td>
<td>7.42</td>
<td>7.71</td>
<td>2.02</td>
<td>1.90</td>
<td>2.52</td>
</tr>
</tbody>
</table>

4.29 Retrospective evaluation

4.30 The LSCB website includes software to ensure retrospective evaluation takes place. The issuing of certificates will be contingent upon the completion of the evaluation tool. In the interim a survey of practitioners provided some insight into overall impact with learners indicating that they felt more confident about their safeguarding role and had a better understanding of multi-agency work and the range of agencies available to support children, young people and families.
“Threshold levels revisited which enables my setting to plan for those children who need additional support but do not meet the threshold for child protection.” (Schools & College)

“It was helpful to discuss safeguarding with multi-agency professionals, and explore thresholds of harm” (SMBC-Children’s Social Care)

“I have a more focused approach when evaluating the suitability of inter-agency referrals and understand that relevant information needs to be passed on to partner agencies to contribute towards ‘the whole picture’ ” (National Probation Service)

“Better awareness and understanding of the current referral process.”(HoEFT- Community Services)

“We have reviewed and updated our policies and procedures as a result of the course” (Early Years)

“I know how to deal with safeguarding concerns”

“It has encouraged me to emphasise the importance of everybody being a good positive member/ role model and it highlighted the importance of making sure we are all approachable.” (Early Years)

“I feel the training has benefited the team and widened our knowledge to the different services available.”(Schools and Colleges)

“Helped me work as part of a DMS team”

“Improved my understanding of next steps when a situation occurs” (School & Colleges)
4.31 Module 5- Protecting children & young people at risk of sexual exploitation

4.32 This module consists of 2 parts. Module 5A is an awareness raising half day course. A video clip produced by young people in the London Boroughs is included in this training to ensure the voice of the child is heard. Module 5b is a CSE course for those working with vulnerable young people. Some young people from Solihull provided thoughts and comments for professionals working with them and these are included within the training. The table below shows the positive variance in learning from pre and post course evaluations for these courses:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Attendees</th>
<th>No. Completed evaluation forms</th>
<th>Average overall satisfaction</th>
<th>Stage 1 Knowledge Average</th>
<th>Stage 1 Skill Average</th>
<th>Stage 1 Confidence Average</th>
<th>Stage 2 Knowledge Average</th>
<th>Stage 2 Skill Average</th>
<th>Stage 2 Confidence Average</th>
<th>Stage 1 &amp; 2 Knowledge variance</th>
<th>Stage 1 &amp; 2 Skill variance</th>
<th>Stage 1 &amp; 2 Confidence variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 Nov 2015</td>
<td>Module 5A</td>
<td>27</td>
<td>27</td>
<td>8.60</td>
<td>4.93</td>
<td>4.04</td>
<td>3.89</td>
<td>7.30</td>
<td>6.78</td>
<td>8.60</td>
<td>2.37</td>
<td>2.74</td>
<td>4.71</td>
</tr>
<tr>
<td>25 Feb 2016</td>
<td>Module 5A</td>
<td>27</td>
<td>26</td>
<td>8.48</td>
<td>4.40</td>
<td>3.85</td>
<td>3.81</td>
<td>7.46</td>
<td>6.84</td>
<td>6.69</td>
<td>3.06</td>
<td>2.99</td>
<td>2.88</td>
</tr>
<tr>
<td>25 Jan 2016</td>
<td>Module 5B</td>
<td>18</td>
<td>17</td>
<td>8.3'</td>
<td>5.13</td>
<td>4.40</td>
<td>4.40</td>
<td>7</td>
<td>6.35</td>
<td>6.47</td>
<td>1.87</td>
<td>1.95</td>
<td>2.07</td>
</tr>
</tbody>
</table>

4.33 On the day and retrospective evaluations demonstrated positive impact on professional confidence

• “Review of record keeping for all pupils and working collaboratively with a local school” (Schools & Colleges)
• “Notifying the Police with intelligence” (Schools and Colleges)
• “Think the unthinkable and if in doubt seek support” (Schools and Colleges)
• “Understanding of extent and forms of CSE” (Other- West Midlands Fire Service)
• “Recognising some of the more subtle signs of CSE and having some of the tools to address the issue with young people who are at risk as well as educate young people of the potential risks” (Schools and Colleges)
• “I have more of an understanding of the screening tool and have been able to download them and send them to agencies to discuss their concerns (when on duty for example)” (SMBC- Engage)
4.34 **Module 6 Neglect; Impact on child development**- this is summarised in the section on Neglect on page 8

4.35 **TRAINING: NEXT STEPS**

4.36 **Modules 3 Child protection; the challenges of multi-agency working**

4.37 This module is currently under development with contributions from Childrens social care and CAFCASS and will enable practitioners and managers to;

- Identify and manage common impediments to partnership working.
- Understand and respect multi agency difference and manage conflict.
- Understand the multi-dimensional nature of risk, including issues impacting on parenting, such as substance misuse, Domestic Violence and adult mental health.
- Recognise and respond to drift and delay and non-compliance and develop professional alertness to risk while working in partnership with parents.
- Recognise how to interact with these elements and use supervision effectively.
- Seek and provide challenge with partners.
- Support staff to use the LSCB dispute resolution procedures.
- Engage partners to enable sound judgement based on all evidence, including recent evidence and challenge inability to consider new evidence.

4.38 Delivery will start in the autumn of 2016.

4.39 **Module 4 Child Protection; Analysis, judgement and leadership in partnership working**

4.40 This module is currently under development with contributions from Childrens social care and CAFCASS. The module will enable experienced practitioners, supervisors and managers to:

- Provide professional support and supervision to practitioners and colleagues leading or contributing to multi-agency risk assessment.
- Work with partners to analyse risks, review child protection plans, challenge drift and delay and manage conflict.
- Lead and deliver on the escalation procedures.
- With partners, set standards for multi-agency audit and audit against them.

4.41 Delivery will start in the autumn of 2016.

4.42 **Module 7 Physical abuse: Impact on child development**

4.43 This half day module is for those who carry out or contribute to assessments where physical abuse is suspected, they will be able to use national research and practice experience to refer to the impact on the child’s development, use evidence informed assessment tools and use contributions from partner agencies to inform assessment. Dr Alan Stanton, the designated paediatrician has designed and will deliver this course and dates are available through 2016-17.
4.44 Module 8 Emotional abuse: Impact on child development

4.45 This course has been designed and developed with contribution from SOLAR (Solihull Commissioned Child & Adolescent Mental Health Services and Support). A clip provided by the NSPCC will ensure the voice of the child is heard. It is for those who carry out or contribute to assessments where emotional abuse is suspected and they will be able to use national research and practice experience to refer to the impact on the child’s development, use evidence informed assessment tools and contributions from partner agencies to inform assessment. Dates are available through 2016-17.

4.46 Module 9 Sexual Abuse: Impact on child development

4.47 This module is being designed and developed with contribution from Probation colleagues. It is for those who carry out or contribute to assessments where emotional abuse is suspected. They will be able to use national research and practice experience to refer to the impact on the child’s development, use evidence informed assessment tools and use contributions from partner agencies to inform assessment. The course will be available in the autumn 2016.

“I feel that the forum has helped me consider adults, as information from the adults board would not have reached me before, and this has helped me in making better links for families in school.” (School DSL).

4.48 Training; Conclusion

4.49 The LSCB multi-agency safeguarding workforce development strategy set out to achieve enhanced multi-agency competencies by March 2017. There is evidence in the feedback from practitioners that training is helping with the application of thresholds, information sharing and record keeping and is enhancing multi-agency understanding:

“Well organised day, I benefited from the range of other professionals experience” (Survey Monkey additional information-HoEFT)

“I thought the training was very informative and the ability to speak to people from a very wide professional field was extremely helpful. I came away with information to help me in a situation at work from two different people also attending the training course, and gathered details for further multi-agency support.” (Survey Monkey additional information- Schools & Colleges)

“Lots of group work which enabled insight into others roles and exchange of knowledge and skills” (Survey Monkey additional information-Solihull Clinical Commissioning Group)

“It was a very positive day meeting other agencies and sharing experiences helped; there were some agencies that people never knew existed.” (Survey Monkey additional information- Early Years)

“Lots of time to work with colleagues from other agencies who may see things differently or have different protocols in place” (Survey Monkey additional information- Schools & Colleges)
4.50 Training: Areas for development

4.51 The professional community in Solihull has responded very well to the improvements and changes to the training courses as well as new administrative arrangements. All of the 9 modules introduced in the 2015-2017 LSCB strategy will be translated into courses 2016-2017. Practitioners are beginning to make positive choices about their learning, choosing modules to suit their professional development and the needs of their organisation. Specific modules aimed at experienced practitioners and leaders will attract those with management roles, providing a rich source of learning for each other and enhancing managerial skills to lead, develop and challenge in addition to improved assessment and analytical skills.

4.52 Learners are encouraged to take ownership of their own learning. The LSCB will soon launch a new web-based training portal where practitioners will be able to log on and create their own account from which they will be able to book and track their LSCB multi-agency training. Learners will complete a pre-course questionnaire to assess their knowledge about the subject when booking onto a course, and they and their managers will receive an evaluation 3 month after participating in a course. An official certificate will only be issued upon completion of both of these, to enable the LSCB to routinely evaluate the impact of training in the workplace. This entire process will be web-enabled enhancing efficiency and confidence.
<table>
<thead>
<tr>
<th>Module</th>
<th>Who does this training?</th>
<th>When you have done this training, you will be able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foundation</strong> (Agency Specific, In-house)</td>
<td>Every one</td>
<td>Recognise and respond if you are worried about a child, using your organisations procedures.</td>
</tr>
</tbody>
</table>
| **Module 1: Early Help** | Those who identify additional needs and carry out early help assessments. | • Apply Solihull local thresholds.  
• Respond appropriately to concerns about children with additional needs by effectively interacting with partner professionals.  
• Carry out early help assessments. |
| **Module 2: Child protection: An introduction to multi-agency working.** | Those who identify child protection concerns and make child protection referrals. | • Make sound, evidence informed communications and child protection referral.  
• Make sound evidence informed contributions to child protection conferences and core groups.  
• Identify and challenge drift and delay with specific reference to the complexities of the child’s experience when living with Domestic violence, substance misuse and/or parental mental health problems.  
• Use escalation procedures. |
| **Module 3: Child protection; The challenges of multi-agency working.** | Those above who also regularly attend child protection conferences and core groups and/or supervise or manage those who do, or lead organisations that do. | • Identify and manage common impediments to partnership working.  
• Understand and respect multi agency difference and manage conflict.  
• Understand the multi-dimensional nature of risk, including issues impacting on parenting, such as substance misuse, Domestic Violence and adult mental health.  
• Recognise and respond to drift and delay and non-compliance and develop professional alertness to risk while working in partnership with parents.  
• Recognise how you interact with these elements and use supervision effectively.  
• Seek and provide challenge with partners.  
• Support staff to use the LSCB escalation procedures.  
• Engage partners to enable sound judgement based on all evidence, including recent evidence and challenge inability to consider new evidence. |
| **Module 4: Child Protection; Analysis, judgement and leadership in partnership working.** | Those above who also may provide evidence in criminal and civil proceedings and those who lead or contribute to serious case reviews and those involved in the LSCB including sub-groups. | • Provide professional support and supervision to practitioners and colleagues leading or contributing to multi-agency risk assessment.  
• Work with partners to analyse risks, review child protection plans and challenge drift and delay and manage conflict.  
• Lead and deliver on the escalation procedures.  
• With partners, set standards for multi-agency audit and audit against them. |
<table>
<thead>
<tr>
<th>Module</th>
<th>Module</th>
<th>Module</th>
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</thead>
</table>
| Module 5: Protecting children and young people at risk of sexual exploitation. | Those who work with young people and who are responsible to identify and respond to child sexual exploitation. | • Apply Government guidance and legislation relevant to CSE to inform work with young people.  
• Identify and respond appropriately to children and young people who are at risk of CSE.  
• Apply local and national risk assessment tools.  
• Engage with partners appropriately, communicating effectively.  
• Use local resources and national support agencies to help children and young people at risk of CSE. |
| Module 6: Neglect; Impact on child development. | Those who identify and assess child protection concerns and regularly attend and report to child protection conferences and core groups and/or supervise or manage those who do. | Carry out or contribute to assessments of children where neglect is suspected,  
• using national research and practice experience  
• refer to the impact on the child’s development  
• use evidence informed assessment tools  
• use contributions from partner agencies to inform assessment. |
| Module 7: Physical abuse: Impact on child development | Those who identify and assess child protection concerns and regularly attend and report to child protection conferences and core groups and/or supervise or manage those who do. | Carry out or contribute to assessments where physical abuse is suspected,  
• using national research and practice experience  
• refer to the impact on the child’s development  
• use evidence informed assessment tools  
• use contributions from partner agencies to inform assessment. |
| Module 8: Emotional Abuse; Impact on child development | Those who identify and assess child protection concerns and regularly attend and report to child protection conferences and core groups and/or supervise or manage those who do. | Carry out or contribute to assessments where emotional abuse is suspected,  
• using national research and practice experience  
• refer to the impact on the child’s development  
• use evidence informed assessment tools  
• use contributions from partner agencies to inform assessment. |
| Module 9: Sexual Abuse; impact on child development | Those who identify and assess child protection concerns and regularly attend and report to child protection conferences and core groups and/or supervise or manage those who do. | Carry out or contribute to assessments of children where sexual abuse is suspected;  
• using national research and practice experience  
• referring to the impact on the child’s development  
• use evidence informed assessment tools  
• use contributions from partner agencies to inform assessment. |
4.53 Local Authority Designated Officer (LADO) report *(Regulation 5 1(a) (iii) and (IV))*

4.54 Throughout 2015/2016, the LADO has been supported by officers of the Child Protection and Review Unit to manage referrals, chair Position of Trust (POT) meetings, and, in the provision of advice. Changes made to the LADO arrangements in 2014-2015 are now widely understood and are in line with the revised statutory guidance *(Working Together 2015).*

4.55 Reporting from the LADO has been on a calendar year basis. The next report was due to focus on the period 01 January 2015 to 31 December 2015. It was agreed however that it would be beneficial to bring the reporting in line with other annual reports. The report therefore focuses on 01 January 2015 to 31 March 2016 – with future reporting being on a financial year basis.

4.56 The report provides detailed analysis of the numbers of allegations in that period (data currently shows an increase in referrals compared to previous reporting periods - the majority being from the Local Authority and the Education provider sectors). Previous reports noted that there were no referrals from health and enquiries were made into the reasons why and referrals have been encouraged and monitored. Data shows that referrals have been received from Health colleagues during the current period. Similarly there has been an increase in referrals from Police colleagues.

4.57 The LADO provided 3 formal training sessions on behalf of the LSCB on the managing allegations process. These have been positively received. Additionally the LADO has responded to requests from Education colleagues to support better understanding of the LADO role and agency responsibility in relation to managing allegations against staff. Additional bespoke briefings were offered to Head Teachers and Governors and the LADO attended meetings of each of the school collaborative groups within the Borough.

4.58 The LADO is actively involved in the regional LADO network. The West Midlands Regional group is arranging the 2017 National LADO conference – Solihull LSCB has agreed to support this event.

4.59 In addition to providing support, advice and training around safeguarding children in all organisations in Solihull, the LADO also provides challenge. For example, concerns around one institution led to the LADO working with the LSCB to seek assurance around systemic safeguarding arrangements and this was provided

4.60 Private fostering *(Regulation 5 1(a) (v))*

4.61 At the time of writing, there are 2 children known to the local authority currently in private fostering arrangements in Solihull. They received a visit within 7 days of the LA being informed. Private fostering is managed through one of senior social workers in the fostering service.

4.62 Publicity materials on private fostering are on the Council website and promoted to schools via Designated Safeguarding Leads training. The LA will carry out further work to promote awareness about private fostering in the community.
4.63 **The LSCB communications function (Regulation 5.1(b))**

4.64 The LSCB’s role is to communicate 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. Key highlights for work carried out in 2015/2016 are as set out below.

4.65 A LSCB website with pages for use by practitioners, children and young people and families has been delivered and is regularly used by practitioners. It is the central core of the LSCB communications strategy and supports the LSCB’s termly communication plans.

4.66 A conference for leaders and managers promoted the learning from the published serious case review and led to widespread understanding among partners on the important role managers play in providing support and challenge to practitioners working with non-compliant families, domestic violence, substance misuse and parental mental health problems.

4.67 **Communications; Next steps**

4.68 Communications plans for each academic term will be agreed by the LSCB executive group, with key messages for delivery. Key messages for consistent delivery throughout the autumn and spring terms will be around signs of safety, the threshold revision, the revised dispute resolution procedure and information sharing.

4.69 Children and young people will engage more with the LSCB, and, at the time of writing are actively engaged in deciding on how best to deliver a campaign on “sexting”.

4.70 **The LSCB is a learning organisation (Regulation 5.1(c))**

4.71 The Learning and Improvement framework has provided a clear understanding of how the LSCB improves practice from learning and provides the evidence rationale for members’ decisions and priority setting.

4.72 The quality assurance framework is linked closely to the objectives in the Early Help, CSE and neglect strategies. This ensures effective use of available data and provides succinctness. New measures will be created to reflect observations in 2016/2017 and these are provided in the analysis and conclusions below.

4.73 Following a self-assessment carried out by the LSCB independent chair, the LSCB discussed how to go about getting “authoritative oversight” of performance around safeguarding children. This resulted in in agreement to develop a rota of presentations by each agency to either the LSCB executive sub-group or to the full LSCB. A rota has been agreed and members will evaluate this approach later in the year.

4.74 The learning log created in 2014-2015 has now grown into a viable improvement plan which identifies the source of learning and the associated action

4.75 **LSCB participating in planning of services for children; (Regulation 5.1(d))**
4.76 The LSCB training faculty is a joint faculty with the safeguarding adults’ board and the Safer Solihull partnership, providing a forum for practitioners from children and adults to discuss practice improvements and influence training programmes.

4.77 Work on a joint protocol between the Health and Well Being Board and the LSCB was signed off. A protocol for working between the LSCB, the Safeguarding Adults Board and the the LSCB and the Community Safety Partnership (Safer Solihull Partnership) are, at time of writing, being signed off. A workshop is planned to look at areas of common interest.

4.78 **Serious case reviews (Regulation 5.1(e))**

4.79 A serious case review was published in October 2015 and the recommendations included in the LSCB improvement plan. Learning from this serious case review has heavily influenced the work of the LSCB including the neglect strategy, training and new quality assurance arrangements.

4.80 A further 2 serious case reviews have been commissioned by the LSCB independent chair. One cannot be published for legal reasons and a second is currently underway.

4.81 **Child Death Overview Panel (CDOP) ;(Regulation 5, (2)**

4.82 The panel provides an annual report to the LSCB which can be found [here](#).

4.83 **Children Missing Education**

4.84 Schools rigorously monitor children who are not regularly in school with particular reference to the child’s safety. This includes children who are persistently absent, children whose attendance has dropped below the national average figures and continues to slip, and children who are not attending but have not been removed from school roll. Schools are also supported to use a Behaviour and Attendance tool to promote good attendance. This applies to all vulnerable groups, including those in need of safeguarding, at risk of CSE or in need of early help. A specialist Children Missing Education Team supports schools in working to ensure children missing education are safe and that procedures are followed. School Improvement Advisors discuss and challenge attendance/persistent absence termly and during their annual safeguarding visit.

5 **Statutory Partners accounts of their safeguarding responsibilities**

5.01 Section 11 of the Children Act 2004 spells out the responsibilities of each statutory partner member of the LSCB in relation to safeguarding children. The LSCB carried out an audit to assess the compliance by partners in February 2016. The fire service and the border agency’s safeguarding responsibility are described in different legislation and they carried out a self-assessment against these using a similar process. Overall, the findings indicate compliance by most agencies with most of the requirements with areas for development including improvements in supervision arrangements and a commitment to delivering on auditing themselves against the new domestic violence standards. Below is a summary of statutory partners contributions to safeguarding children in 2015-2016.

5.1 **West Midlands Police (WMP)**

33
5.1.2 WMP Local Police Unit and Public Protection unit are both committed to responsibilities around safeguarding children. There is comprehensive safeguarding children, domestic violence and CSE training for both units and a continual training needs analysis. The WMP S11 audit for Solihull LSCB showed compliance with S11 duties with a plan to self-audit against the new domestic violence standard in the summer of 2016.

5.1.3 WMP have taken an active role in the LSCB multi-agency case audit process and are delivering on the learning from these and planning with the case audit group on the next round of audits.

5.1.4 Voice of the Child training has been refreshed across the force, including senior strategic level managers and frontline officers. This means that officers attending domestic abuse incidents and any other concerning incidents take appropriate action to ensure children are safe.

5.1.5 The force contributions to the LSCB priorities are as follows;

5.1.6 *Safeguarding children from Sexual exploitation*

5.1.7 WMP Force CSE team is in the public protection unit (PPU) and continues to target the most prolific perpetrators across the region through investigations and operations, which are tasked through the Force Tasking process. Each local authority area has a CSE police lead with dedicated resource aligned to tackle CSE.

5.1.8 Solihull LSCB CSE steering group is chaired by the police (PPU) Detective Chief Inspector covering Solihull. The group continues to deliver against the Regional Framework and the local strategy.

5.1.9 CMOG has reported a decrease in CSE reports from Solihull. The steering group will work to analyse this in the coming year. The local CSE team in the PPU has now increased in number to a Detective Sergeant and six Detective Constables. They have been trained around civil tools and new legislation and have already taken out several civil orders across a neighbouring local authority area.

5.1.10 Intelligence sharing around *children missing from home or care* continues to be the challenge across the partnership. Police will jointly lead a LSCB workshop to devise an action plan to improve how we work together to respond when children go missing from home or care.

5.1.11 This includes the need to refresh intelligence sharing guidance across all partners with a focus on educational staff and Designated Safeguarding Leads. Discussions will also consider a proposal to establish a clear focus on children missing from home or care and what arrangements need to be put in place to enable CMOG to carry this out.

5.1.12 Changes to the COMPACT system have superseded the missing and absent pilot where all episodes are now recorded on the system allowing the automated alerts to be sent to local authorities. Solihull opted out of this until a further review by the Force and partners later in 2016 brought the area into the plan.
5.1.13 CSE work is informed by regional developments. For example, the CSE steering group is looking at the transitions into adulthood. It is also reviewing the CSE screening tool and risk matrix.

5.1.14 The police work with practitioners and leaders in partner agencies to support the Renewal project, led by the local authority engage team. This project used shared local intelligence to target preventative activities.

5.1.15 The police are working with the Local Authority to ensure domestic abuse incidents involving children are notified swiftly, DASH forms are completed and the DA triage system is working safely and there is no confusion around information sharing and consent. This is under continual review.

5.1.16 MARAC continues to be supported by the force with all children and victims safeguarding being managed for High risk Domestic Abuse cases.

5.1.17 Training for PPU and LPU officers includes the importance of the voice of the child and understanding the life of the child and his/ her vulnerability.

5.1.18 The MASH is becoming embedded and a review is underway currently to ensure it is functioning as per the original processes following its initial implementation.

5.1.19 Solihull LSCB has been advised of an increase in cases police identified as potential CSE crime from last year. This reported increase will be validated and monitored and will be the subject of further scrutiny in 2016.

5.2 NHS Solihull Clinical Commissioning Group (NHS CCG)

5.2.1 Achievements

5.2.2 NHS Solihull CCG continues to be visible and maintain strong partnership working. Colleagues work closely with Solihull Safeguarding Adults & Childrens Boards, Safer Solihull & Birmingham Community Safety Partnership, Solihull Health & Wellbeing Board, Solihull Special Needs & Disabilities Board, Solihull Domestic Violence Priority Group, Troubled Families & Early Help Board and Solihull Prevent Partnership Group. In addition, they work collaboratively with neighbouring CCGs, the Care Quality Commission and local authorities.

5.2.3 Legislation and national guidance sets out our safeguarding responsibilities, requiring the Governing Body to oversee a clear policy and regular reporting to ensure that the CCG meets its duties in line with its statutory duties.

5.2.4 In support of the Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (June 2015) for both safeguarding children and adults and to support quality improvements across primary care practices, NHS Solihull CCG have undertaken audits across our Member Practices to ensure recommendations from serious case reviews, domestic homicide reviews and adult reviews have been implemented into practice.

5.2.5 Ensuring a skilled and safe workforce

5.2.6 NHS Solihull CCG has a stable workforce and retains its employed staff therefore staff turnover is low for the CCG. Performance Development Reviews are mostly
undertaken between March-April of each year; reviewed during the same year. These are additional to the monthly one to one management sessions.

5.2.7 During 2015/16 NHS Solihull CCG have also checked and reviewed the vetting & barring requirements and those who require DBS have had these completed.

5.2.8 NHS Solihull CCG also reviewed our safeguarding policies, domestic abuse and prevent policies and learning needs and in April 2016 published the CCG Overarching Public Protection & Safeguarding Policy. This policy applies to all CCG staff and those who commission on their behalf.

5.2.9 The policy and procedures are embedded into internal training. Training offered is in line with the respective Intercollegiate Documents for Safeguarding Children, Looked after Children, Adult Safeguarding and Prevent; and in addition training is informed by the West Midlands Domestic Violence & Abuse Standards (2015) and Solihull safeguarding board’s standards and faculty of learning.

5.2.10 Designated Professionals and Named Professional have on-going learning opportunities and supervision to maintain their higher levels of competencies.

5.2.11 In respect of safeguarding adults and children’s training NHS Solihull CCG have achieved an uptake of 100% for level 1, 2 and 3 training. Programmes remain in place for those staff groups to retain their levels of competencies.

5.2.12 NHS Solihull CCG offers support and advice, and a programme of learning and development. As a member organisation, it has a responsibility to ensure that Practices are supported to deliver their safeguarding responsibilities. From a governance point of view, they do this through the establishment of the Practice Safeguarding Network Meetings and giving wider opportunities to attend safeguarding workshops and multi-agency training.

5.2.13 Assurance

5.2.14 All health providers, including the CCG are required to have effective arrangements in place to safeguard children and adults vulnerable to abuse or neglect and to assure themselves, regulators and their commissioners that these are working. NHS Solihull CCG have tested this through undertaking audits and themed reviews, reporting into our governance structures and also the respective Safeguarding Boards and Community Safety Partnership Boards.

5.2.15 In addition, and through collaborative working with Birmingham CCGs and sub groups of the Safeguarding Boards, NHS Solihull CCG have continued to seek and test implementation of referral pathways into Multi-agency Safeguarding Hubs (MASH), early help, child sexual abuse exploitation process, Prevent, Mental Capacity Act, Care Act 2014 (including Making Safeguarding Personal), quality around residential and nursing care homes and multi-agency information sharing through single and multi-agency forums and audit programmes. These activities help to assess if improvements are embedded through the system from the strategic level to front-line practice: from policy to practice. If not, outcomes inform Local Improvement Schemes (LIS) and Delivering Excellence in Solihull (DEiS).

5.2.16 During the year 2015/16 NHS Solihull CCG has undertaken themed reviews. The latest was a table top suicide review which is being reported to the SCCG Mortality
5.2.17 Going Forward: 2016-17 work streams include:

- Supported visits and audit to primary care practices.
- Development of the internal ‘live’ web-based safeguarding policy and procedures for primary care practices.
- Continuation of the assurance visits to all our commissioned services.
- Strengthening the clinical pods. Pods include mental health, community services, developing general practice and acute. Members are drawn from across the health economy, reporting into the CCG Clinical Cabinet.
- Strengthening the role of the Patient Panel and mapping across the partnership, connecting the links to other people with care and support needs and carers forums.
- Research focused on those aged 16 plus and who have complex medical conditions, advanced or progressive illness where, in the future, ability to understand something or consent maybe reduced. At the time of writing, this research is moving through the Integrated Research Application Process for health and social care research approval.
- Working with partners focusing on protecting people who are particularly vulnerable because of their complex health needs and disabilities.
- Developing needs led DEiS and Improvement initiatives.
- Working with SMBC regarding implementing the Child Protection-Information System (CP-IS).

5.3 Birmingham and Solihull Mental Health Foundation Trust

5.3.1 In 2014, Birmingham and Solihull Mental Health Foundation Trust’s Executive Director for safeguarding commissioned an external review of the safeguarding team in order to discern how improvements could be made to service delivery. The review suggested that the safeguarding team needed additional staffing capacity and an improved governance structure. The Trust appointed a new Head of Safeguarding and agreed to increase the number of staff to improve the capacity of the safeguarding team. During this financial year the Trust responded to an unprecedented number of investigations, such as serious case reviews and domestic homicide reviews. Changes related to commissioning, a revision of children’s safeguarding arrangements and the introduction of the Care Act have all impacted upon the workload of the safeguarding team, as has the political landscape of austerity on public service provision.

5.3.2 As a result of the above 2015/16 was a challenging year, however the safeguarding team are now settling into new ways of working. They are not as yet fully staffed, but now have a full time trainer and two safeguarding facilitators, one for adults and one for children. The named nurse provision had increased from 2 nurses to 3.

5.3.3 Training:

5.3.4 In 2014 it was identified that training provision was hampered by a lack of staff capacity. From November 2014 Birmingham and Solihull Mental Health
Foundation Trust has employed a full time trainer and has reviewed and rewritten the training package to comply with Intercollegiate (2014) requirements and Working Together 2015.

5.3.5 Birmingham and Solihull Mental Health Foundation Trust deliver safeguarding training at level 1, 2 and 3 (level 3 training was introduced in January 2015). At level 3 the offer is 45 places per month to external candidates, most of which come from early help services. The purpose of this was to comply with intercollegiate guidance and to improve staff understanding of early help and partnership working.

5.3.6 Training includes “Think Family” SCIE 30 Guidance and aims to incorporate “the voice of the child”. This meets the section 11 peer challenge to improve training provision. The Safeguarding Team have recently commissioned a training needs analysis to determine specific areas for targeted training above and beyond statutory requirements. An evaluation exercise is due to be conducted in July. Evaluations to date are very positive. However, Birmingham and Solihull Mental Health Foundation Trust are aiming to assess the impact of training on staff competency this year.

5.3.7 Training Compliance at end of Quarter 4 2014/15

<table>
<thead>
<tr>
<th>Safeguarding Children</th>
<th>Training % Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>94.0%</td>
</tr>
<tr>
<td>Level 2</td>
<td>70.5%</td>
</tr>
<tr>
<td>Level 3</td>
<td>Σ625</td>
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5.3.8 Audit:

5.3.9 Birmingham and Solihull Mental Health Foundation Trust have conducted an audit in Solihull to ascertain how staff identify children with young carer responsibilities and who may be in need of support due to limited parenting capacity.

5.3.10 Planned improvements for 2015/16 are:

- **Improving our understanding of the safeguarding experience of children and service users.** We have engaged with patients within Trust youth services to produce a safeguarding leaflet. We have offered to make this available in other languages (there has been no demand for this to date). Our new training package has more emphasis on “the child’s voice”. **A 2015 priority is to develop this aspect of service delivery.**

- **Implementing a new supervision policy.** In 2014-15 we offered supervision in the form of Action Learning Sets to targeted areas with a high proportion of young service users or where there were significant numbers of children on Child Protection Plans. However, the Trust has undergone some service changes and therefore a new approach needs to be introduced. The Trust’s external review has recommended that all appropriate staff are trained in NSPCC supervision – this is planned for 2015-16.
- **Domestic Abuse.** Birmingham and Solihull Mental Health Foundation Trust will be recruiting a Domestic Abuse Named Nurse and implementing a domestic abuse strategy.

- **Improving data collection and retrieval.** The system used in 2013-14 was reviewed and was not fit for purpose. Currently we are able to flag children known to be on child protection plans on our alert system. We are able to record numbers of referrals via our incident reporting system. We are not able to accurately measure families with child in need or early help plans. We aim to review our data retrieval systems within the next eighteen months.

### 5.3.11 BSMHFT Safeguarding Team structure from April 2015

- **Director of Nursing**
  - Sue Hartley

- **Head of Safeguarding**
  - Catherine Evans

- **Named Nurse for Adults**
  - Lynne Johnson

- **Named Nurse for Children**
  - Arvi Sagoo

- **Named Nurse for Domestic Abuse**
  - To be appointed

- **Named DOCTOR**
  - Giles Berrisford

- **Child Facilitator**
  - Gemma Cowan

- **Adult Facilitator**
  - Jacqui Ashfall

- **Trainer Safeguarding Coordinator**

- **Personal Assistant**
  - Claire Totterdell
5.4 Heart of England NHS Foundation Trust

5.4.1 Heart of England NHS Foundation Trust works closely with Solihull LSCB and with other partners to ensure that local arrangements for safeguarding are robust.

5.4.2 During 2015-16 the Trust has:

- Invested considerably in the Specialist Safeguarding Team in recognition of the growing organisational statutory and regulatory requirements.
- Increased the effectiveness of partnership safeguarding by establishing a safeguarding specialist presence in both Solihull and Birmingham Multi-Agency Safeguarding Hubs. This has improved the timeliness of information sharing and increased capacity for joint decision making.
- Expanded the scope and scale of safeguarding supervision within the organisation helping to support staff and enhance their decision making.
- Engaged the whole workforce in safeguarding learning and has achieved and maintained levels for safeguarding education at level 1, 2 and 3 at over 85%. The Trust has continued to expand safeguarding education and development opportunities in relation to Child Sexual Exploitation, Serious Case Reviews and Prevent.
- Updated Safeguarding Policies in view of changes highlighted in Working Together (2015); the Lamphard Review (2015) and Mandatory reporting of Female Genital Mutilation has been introduced for registered NHS staff.
- Continued to lead a well-established Safeguarding Audit Programme which focuses on transition points or areas of identified risk.
- Monitored patterns of safeguarding activity and demonstrated substantial improvements in the quality of information provided in safeguarding referrals (particularly those from community midwifery services).
- Increased mechanisms to provide service user feedback in relation to safeguarding within the organisation.
- The Trust can provide examples of specific cases where children were identified as vulnerable/ at risk of abuse or neglect and due to sharing of information effective multi-agency responses were put in place to safeguard children.

5.4.3 During 2016-17 the Trust will be seeking to:

- Improve the effectiveness of the safeguarding assessments carried out on 16-18 year olds presenting to adult services.
- Further embed best practice in relation to identification and response to Child Sexual Exploitation and Domestic Abuse.
- Promote and support Early Help to families and children through use of appropriate assessment tools.
- Promote use of appropriate tools to support families and staff where neglect is an identified feature impacting on the wellbeing or development of children.
- Further improve the quality of referral information with a particular focus on the Emergency Departments.
- Further the expansion and uptake of safeguarding supervision.
- Develop the Team of Specialists for Safeguarding in the Trust.
- Contribute to the new Joint Assessment/ Inspection Process.
5.5 CAFCASS

5.5.1 Cafcass (the Children and Family Court Advisory and Support Service) is a non-departmental public body sponsored by the Ministry of Justice. The role of Cafcass within the family courts is: to safeguard and promote the welfare of children; provide advice to the court; make provision for children to be represented; and provide information and support to children and their families. It employs over 1,500 frontline staff.

5.5.2 The demand upon Cafcass services grew substantially in 2015/16 with a 13% increase in care applications and an 11% increase in private law applications. The grant-in-aid provided by the Ministry of Justice was smaller than the previous year. Notwithstanding this, Cafcass has met all of its Key Performance Indicators.

5.5.3 The following are examples of work undertaken by Cafcass in 2014/15 to promote the continuous improvement of our work and support reform of Family Justice:

5.5.4 Revision of both the Quality Assurance and Impact Framework and Supervision Policy which together set out the organisation’s commitment to delivering outstanding services, and the ways in which staff are supported to achieve this and the quality of work is to be monitored. The Framework integrates the impact of the work on the child into the grade descriptors so that evidence of positive impact is to be present, alongside compliance with the expectations of Cafcass and the Court, for an outstanding grade to be achieved.

5.5.5 Implementation of the Equality and Diversity Strategy. This entails: a network of Diversity Ambassadors who support the development of staff understanding and skill; the holding of workshops; a themed audit on the impact of diversity training on practice.

5.5.6 Extending the Child Exploitation Strategy introduced in 2014-15 to include trafficking and radicalisation as well as sexual exploitation. Key elements of the strategy include: Ambassadors (at a service area level) and Champions at a team level to have a ‘finger on the pulse’ of local issues and to support learning; training and research (including a study of 54 cases known to Cafcass in which radicalisation was identified as a feature).

5.5.7 Working with a range of partners across family justice, children’s services and the voluntary sector. Examples include Local Family Justice Boards (Cafcass chairs 12 of the 46 of these), the judiciary, the Adoption Leadership Board and the Association for Directors of Children’s Services with whom Cafcass has developed the social work evidence template for use in care cases, and with whom we are developing good practice guidance for children who are accommodated by the local authority.

5.5.8 The development of innovations that are aimed at improving our practice and supporting family justice reform. These include: piloting the provision to our Family Court Advisers of consultations with a clinical psychologist; the extension of Family Drug and Alcohol Courts; the supporting separated parents in dispute helpline (a pilot across five service areas aimed at promoting out-of-court settlements of disputes where safe to do so).
5.5.9 Contributing to the government review of Special Guardianship Orders, including a small piece of research that was included in the government’s response to the consultation.

5.5.10 A Service User Feedback Survey, which looked at the interim outcomes of children six to nine months after private law proceedings concluded. Specifically the survey looked into whether arrangements ordered by the court had sustained; how effective communication was between parents before and after court proceedings; and whether participants believed that the court order was in their child’s best interests.

5.5.11 Solihull is part of the Cafcass A12 area which also covers Birmingham and the Black Country. Solihull is one of the six Local Authority stake-holders we work alongside, and we have representatives on all six Safeguarding Boards. Cafcass has a strong presence on both of our areas Local Family Justice Boards, chairing the Black Country Board and having representatives on both the Public and Private Law Sub-Groups in both areas.

5.5.12 Private Law in A12 – Year to date (April 2016) we have received 1848 Private Law C100 applications. This is a 15.1% increase from the previous year. Our Family Court Advisors have completed 1113 Section 7 reports to court, which is 7.2% increase from the previous year; however overall it is a 4.4% decrease in the number of Section 7 reports being required. This is starting to evidence our increased utilisation of Dispute Resolution skills at early stages of Private Law cases, which in turn is preventing children becoming the subjects of long running Private Law cases.

5.5.13 Public Law Locally in A12 - Year to date (April 2016) we have received and responded to 611 Public Care applications which is a 4.6% increase from the previous twelve months. In total year to date, we have had to open 900 Public Law cases, which is 12.9% more than the previous year. We undertake work with Local Authorities to host IRO workshops which are aimed at improving the effectiveness of Cafcass Guardians and IRO’s working together.

5.5.14 We currently have seventy-three Family Court Advisors working in both Public and Private Family Law across our area.

5.6 SOLIHULL COMMUNITY HOUSING

5.6.1 Solihull Community Housing (SCH) is an Arm’s Length Management Organisation (ALMO), which provides landlord and other housing services on behalf of Solihull MBC.

5.6.2 SCH is governed by a Board of 12 members, a third of whom are Council nominees, one third tenants and one-third independent representatives, chosen for their specialist skills and experience. A Scrutiny Sub-Committee made up of tenants and leaseholders assists in reviewing performance across all areas of our business. The Chair of the Scrutiny Sub Committee reports directly to the SCH Board on a quarterly basis.

5.6.3 In addition to providing traditional landlord services for Council tenants, SCH delivers a cross tenure anti-social behaviour service, housing options and homelessness services, together with home adaptation and support services to help those with mobility problems or other support needs, to continue to live safely.
and comfortably in their own homes. This includes, for example, adaptations for the benefit of children with physical disabilities.

5.6.4 SCH continues to be committed to safeguarding. We have been a member of the Local Safeguarding Children Board since 2006 and our Chief of Operations currently represents SCH on the Board. We recognise the important role that housing can plan within a framework of effective multi-agency safeguarding activity, which is reflected in our engagement in a range of joint working arrangements including, for example, the LSCB Audit Sub-Committee and the Multi Agency Safeguarding Hub (MASH).

5.6.5 We have an internal Safeguarding Champions Group and safeguarding updates and newsletters are disseminated via a combination of Business Bulletins, e-mail and postings on SCH’s safeguarding intranet pages.

5.6.6 2015-16 has been a challenging year for SCH as we continued to strive to deliver high quality services against a background of on-going implementation of welfare reform and the need to prepare for more significant changes in national housing policy. From April 2016, all social housing providers will face year on year reductions in rental income over the next four years. SCH has been working closely with the Council to respond to this challenge and 2016-17 will see a continuing transformation in the way that housing services are structured and delivered.

5.6.7 SCH’s Delivery Plan sets out our key delivery objectives for 2016-17, including how we will contribute to the Council’s priorities. SCH frontline staff have many contacts with customers who have children, both in their homes and in our offices. Early identification of issues and appropriate referrals for support or intervention, together with continued engagement with multi-agency working, including the early help framework, the Domestic Abuse Triage, MASH, CMOG and the work of the Renewal group, all contribute to the LSCB’s priorities on CSE, neglect and early help.

5.7 Solihull Early Years and Education Improvement Service (SEYEIS)

5.7.1 Evidence of the effectiveness of safeguarding in Solihull early years and childcare provision.

5.7.2 Early Years and Childcare provision within Solihull:

<table>
<thead>
<tr>
<th>Provision</th>
<th>Total</th>
<th>Ofsted No. Inspections</th>
<th>Ofsted Inadequate</th>
<th>Ofsted Not met</th>
<th>Ofsted Requires Improvement</th>
<th>Ofsted Good</th>
<th>Ofsted Met</th>
<th>Ofsted Outstanding</th>
<th>Childminders83% Good or Better PVI and school run settings: 93% Good or Better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childminders</td>
<td>181</td>
<td>26</td>
<td>1</td>
<td>3</td>
<td>23</td>
<td>103</td>
<td>12</td>
<td>13</td>
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<tr>
<td>PVI/EY maintained</td>
<td>243</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>14</td>
<td>192</td>
<td>10</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

5.7.3 Solihull Early Years and Education Improvement Service (SEYEIS)

5.7.4 There is a statutory requirement for the local authority to work with providers who receive an Inadequate or Requires Improvement Ofsted judgement. The Early Years team within SEYEIS uses a Setting Improvement Strategy (SIS) to focus the support given to settings across all Ofsted judgement categories. Currently less
than 1% of settings have safeguarding identified as an area for improvement during an inspection.

5.7.5 All PVI (Private and Voluntary Independent) settings including Childminders should receive a minimum of one SIS visit per year; schools receive an annual Early Years Adviser visit. Safeguarding practice is monitored and evaluated part of the discussion held during the visit; this would include exploration of the practitioner knowledge and understanding of issues such as abuse and neglect, Prevent, and CSE, and checking out that they are using the Thresholds to support referrals to the right service at the right time.

5.7.6 Training

5.7.7 Safeguarding Awareness training is offered to all providers. The training explores key aspects of safeguarding including abuse and neglect, Prevent, CSE and FGM. Reference is also made to Early Help. Delivery of Prevent workshops for Leaders and Managers is on-going. Safeguarding is included within the Childminding Induction programme. The agenda at Leaders and Managers termly meetings always includes a section on Safeguarding to ensure it remains at the forefront of practitioners’ minds. Settings receive regular safeguarding email updates and signposting to websites such as LSCB and Engage.

<table>
<thead>
<tr>
<th>October 2015 – April 2016</th>
<th>Safeguarding Awareness</th>
<th>Safeguarding Refresher</th>
<th>Prevent</th>
<th>LSCB Modular training</th>
</tr>
</thead>
<tbody>
<tr>
<td>PVI providers</td>
<td>91</td>
<td>103</td>
<td>84</td>
<td>52</td>
</tr>
</tbody>
</table>

5.7.8 Ofsted Inspections

5.7.9 The Ofsted guidance for inspectors “Inspecting safeguarding in early years, education and skills settings” (September 2015) sets out very clearly the expectations on providers in terms of their roles and responsibilities to safeguard children and young people. Early Years advisers meet with the Regional HMI on a termly basis to discuss provision within the borough.

5.7.10 Safeguarding in Education Provision

5.7.11 There is 100% compliance to the 157/175 audit process. All 93 education providers in Solihull engaged in the process in Summer 2015. This included Local Authority maintained schools, academies, independent schools and Post 16 provision.

5.7.12 Governance of safeguarding is strong in education. School leaders are reflective of their practice and harsh critics of their work. Designated Safeguarding Lead (DSLs) attend training regularly to keep up to date. Safeguarding governors attend safeguarding training around their statutory duties provided by the local authority.

5.7.13 Education providers are clear on the importance of safer recruitment processes. Education leads (Headteachers, governor, bursar or admin) attend training, which focuses on safer recruitment and maintaining a culture of vigilance, provided by the local authority. Health and safety audits and fire assessments are in place and up to date.

5.7.14 All education providers in Solihull have clear oversight of pupil numbers where there are child protection concerns and the level of risk. Education providers are
increasingly well skilled at identifying pupils at risk of harm using the Solihull multi-agency thresholds. This is as a result of the work promoting educations providers’ understanding of early help and safeguarding being everyone’s business, and the rigorous application of Solihull’s multi-agency thresholds criteria in identifying pupils at risk and providing an appropriate level of support.

5.7.15 All education providers understand the requirements of the Prevent Duty. The Preventing Radicalisation and Extremism pathway in the DSL Handbook supports staff in ensuring staff are trained, the PSHE curriculum includes teaching pupils about radicalisation and extremism, and how to act in the event of a concern.

5.7.16 Education leads on the prevention of CSE. On-going training in this area (both multi-agency through the LSCB and sector specific through SEIS) strengthens their work. The CSE screening tool informs their decision making around safeguarding pupils considered to be at risk of or being subject to CSE.

5.7.17 Education engagement in the early help domestic abuse triage process is positive. Education providers liaise well with the education MASH representative, providing prompt responses about school attendance, presentation, concerns and parental engagement.

5.7.18 Education providers are aware of their duty to report known FGM (letter issued to all education leads). DSL’s have received awareness training based on the FGM pathway in the DSL Handbook, input from the Headteacher at Parkfields Community primary school (Ofsted best practice case study) and West Midlands Police FGM lead. Current development work includes the development of an FGM screening tool for education providers and a plan to develop lesson plans for Year 5 and 6 pupils.

5.7.19 Education providers are becoming increasingly skilled in identifying neglect and communicating the level of concern, using the Solihull Multi-agency Thresholds criteria. The Neglect strategy has been shared across the sector. Education staff receive multi-agency training on neglect (LSCB) and sector specific training (SEIS). A neglect pathway has been produced for education providers to support them in their work which is included in the DSL Handbook.

5.7.20 LSCB education sub-group has representation from across each collaborative as well as post 16 and independent schools. This group provides a mechanism for dissemination of key information from the LSCB board and a forum for raising any queries and issues around safeguarding and ensuring an appropriate level of response.

5.7.21 The PSHE work in education has been strengthened through the embedding of healthy safe relationships work and the DSL Handbook which focuses on specific safeguarding issues and how pupils can be taught about these in the curriculum and make safe choices/know how to act in the event of a concern about a peer or sibling.

5.8 Community Rehabilitation Company (CRC)

5.8.1 This has been a year of transition for Solihull Community Rehabilitation Company (CRC). A restructure has been underway for the past year and puts into place Our
Plan to Change Lives, Staffordshire and West Midlands (SWM) CRC’s new operating model. Our Plan can be accessed here.

5.8.2 It is predicated on an approach to reducing re-offending that can be summarised as Whole Person, Whole Journey, Whole System. In order to make Our Plan a reality, the organisation’s staffing is being restructured. In addition, Solihull probation will move into new offices as well as onto a new IT platform.

5.8.3 Against this background of considerable change, Solihull CRC has continued to deliver services to its service users, some of whom have support needs, particularly with their mental and emotional health. Solihull CRC works in partnership to ensure that vulnerable service users are supported towards reducing their reoffending however for those who do not engage as required by their court order or prison release conditions, breach or recall to custody is the end result.

5.8.4 Solihull CRC proactively seeks service user engagement and achieves this through its links with User Voice, a service user led organisation commissioned by SWM CRC to improve our service by creating service user councils through which feedback from service users is gathered and fed back to SWM CRC’s Executive Team. Nathan Emanuel, User Voice Midlands Programme Manager, said in Our Plan to Change Lives:

“I think one of the biggest changes for the CRC in the last 12 months is the value of co-production between Service Users and the CRC. The Service User is being valued by the new business and is giving them a real opportunity. More people will be switched on by the willingness of probation to assist in their change and give them a platform to transform their lives.”

5.8.5 Establishing Our Plan to Change Lives has been the main priority for the organisation however this has not compromised our stance on frontline officers contributing to the child safeguarding system in the Borough. This is a position that the CRC will not compromise on, owing to the fact that many on our caseload are adults with vulnerable children. In the same vein we continue to contribute to the Multi-Agency Risk Assessment Conference (MARAC) as well as to the Domestic Violence triage systems in Solihull. These, together with our domestic violence programmes, partnership working and routine use of home visits, also contribute to identifying and addressing safeguarding issues.

5.8.6 In the coming year, we will be focussing on the implementation of Our Plan to Change Lives and this will continue our focus on Solihull CRC’s contribution to safeguarding children in the Borough.

5.9 National Probation Service

5.9.1 2015/16 saw the second full year of the existence of the National Probation Service, (NPS). The NPS works with high risk of harm sexual and violent offenders and all sexual and violent offenders qualifying for management under the MAPPA (Multi Agency Public Protection Panel Arrangements). It is also responsible for all public interest decisions in relation to offender assessments and management, such as court reports, parole reports and the breach of cases supervised by Community Rehabilitation Companies, (CRCs).
5.9.2 The NPS team in Solihull is responsible for:

- Assessing the risk of serious harm posed to children by offenders due to their actual offending, including targeting children or the impact it has on them, for example domestic abuse.
- Highlighting concerns in relation to potential harm e.g. substance misusing parents /carers, challenging environments.
- Identifying children at increased risk of exposure to victimisation including CSE, Honour Based Violence, Female Genital Mutilation, Organised Crime and Serious Group Offending as either victims or perpetrators.
- Identifying children at risk of anti-social behaviour and other negative behaviour due to the behaviour of parents and others.
- Taking account of the impact of caring responsibilities on the parents/carers ability to comply with the proposed sentence of the Court.
- Considering the impact imprisonment will have on the child/ren's welfare when custody is a stated option of the Court.
- Supporting families to access services to support rehabilitation for parents/carers and positive outcomes for children and families.
- Sharing information to support the safeguarding, protection and welfare of children at both strategic and operational levels.
- Responding to requests for Serious Case Reviews, including archived cases, and reviewing involvement in the management of the cases including court process and allocation.
- Liaising directly with CRC colleagues to complete risk escalation processes and support the completion of Serious Case Reviews to include court process and allocation.

5.9.3 During 2015 -16 the NPS in Solihull has prioritised establishing core operational practices in the new organisation. These have included:

- engaging with LSCB to establish business prioritises
- ensuring that the office systems for child safeguarding are in place and taking action to ensure staff are following the systems.
- monitoring the checking and referral tracking system and supporting offender managers in chasing responses and when necessary escalating the referral to a manager in Children Services.
- assuring that each member of staff has read the Working Together Guidance 2015 along with other key NPS documents developed to support public protection.
- providing staff with the opportunity during their line management meeting or as part of routine consultation, to discuss concerns they have for the children of the people they supervise, and supporting them in clarifying what actions are required to manage the risks posed.
- reviewing all the relevant safeguarding children cases being managed by their team with any case with a named child at high risk being highlighted to the Senior Probation Officer with regular updates.
- contributing to the development and engagement with multi agency arrangements including MAPPA, MARAC, Children Protection Conferences, Multi-Agency Safeguarding Hubs and Youth Offender Services.
• setting up arrangements for transfers of young adults cases, to include an up to date risk assessments and if possible, three way way meetings.
• liaising with CRC colleagues to set up and maintain arrangements for the purpose of risk escalation
• ‘baselining’ core child safeguarding training to ensure that all NPS employed staff have received up to date core training.

5.10 Youth Offending Services

5.10.1 The YOS’s prevention service YISP, and Child Sexual Exploitation Team have now become part of Early Help. In a response to these changes YOT Officers are allocated both preventative and statutory duties to ensure that children, young people their families receive a seamless, swift and efficient service delivered through offering bespoke programmes to young people and help desist against offending.

5.10.2 The impact of YOS aligning with Early Help has been carefully considered since January 2016 by the senior leadership team. As a result risk management strategies have been put in place, looking at arrangements to devolve YOS from Early Help. These arrangements will take place from April 2016.

5.10.3 A further priority has been the implementation of ASSET Plus, which is the national assessment tool developed by the Youth Justice Board to assess the desistance of young people from offending. This has been an intense programme of work which has required project managing through out the change process. Implementation is now scheduled for July 2016 which was postponed from September 2015.

5.10.4 Throughout this period of change the YOS have continued to deliver on its key priority of preventing offending by children and young people through:
• preventing and reducing offending
• reducing reoffending
• increasing victim and public confidence
• ensuring the safe and effective use of custody

5.10.5 Quality assurance continues to be high on the list of priorities. The YOS undertook two themed audits, resettlement from custody, and self national standard audit into prevention and first time entrants:

1. **Resettlement from custody**: The audit provided evidence of good practice in the delivery of resettlement through robust risk management, working flexibly and proactively with all stakeholders and communicating clear expectations to the children and their parents/carers in the planning and decision making process.

2. **National Standard Audit – Prevention and First time Entrants**: The audit determined that the YOS is compliant with National Standard 1 and there are recommendations for improvement in specific areas. The full report is available from the YOS Management Board if further detail is required.

5.10.6 Performance Summary

5.10.7 Within Solihull the number of young people entering the young justice system has been low, therefore small movements can lead to significant changes in
performance indicators. The throughput of total disposals between April 2015 and March 2016 was 145 and the number of offences committed was 165. The overall numbers of young people offending has decreased from 176, but the number of offences committed has seen marginal increase of 7% to 133.

5.10.8 Annual performance data to date at the end of the financial year is as follows:

- First Time Entrants to the Criminal Justice System - At the end of quarter 4, the number of First Time Entrants to the criminal justice system had shown an increase of 44%, compared to the same period this time last year. However this is an increase of only 5 from the same period 2013-2014. Further analysis of the increase is currently being undertaken by the YOS and partners including the Police. However there appears to be a suggestion that the drastic reduction in 2014-2015 was an anomaly. Solihull is now in line with national average of FTE’s.

- Re-Offending – Similarly, binary (actual) rates of re-offending, measured from a period in 2013-2014 have seen a slight increase in reoffending from the previous year’s data. The increase is as result to the fewer number of offenders in this cohort committing fewer offences, compared to more offenders committing e same numbers of offences. Albeit there was a slight increase in the frequency of reoffending, the baseline was significantly lower for Solihull in comparison to others and remains well under the national average.

- Use of Custody following Sentence: 2015-2016 has also seen a slight increase in custody rates, which was the equivalent of one young person entering custody during that period. Baseline information identifies that per 1,000 of the 10 to 17 population, Solihull has a considerably lower use of custody than our regional and statistical neighbours and national averages.

5.10.9 Young people entering the Youth Justice System lead complex and troubled lives. Therefore, in line with LSCB priorities the YOS continue to operate across thresholds and will work in partnership with key agencies to support vulnerable young people. The YOS will offer preventative and statutory support to young people on Children in Need Plans, young people known to CSE services, and will continue to support young people at risk of offending to support both the Youth Justice and the Early Help agenda through YISP.

5.10.10 Of the 2015-2016 cohort of young people working with the YOS the following were also open to the specialist teams

<table>
<thead>
<tr>
<th>Specialist Childrens Services Teams</th>
<th>Number of young people open to YOS and specialist teams April 2015- March 2016</th>
<th>Percentage of overall YOS cohort April 2015 – March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIN</td>
<td>23</td>
<td>16%</td>
</tr>
<tr>
<td>LAC</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>CSE</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>

5.10.11 Moving forward into 2016-17 further work needs to be undertaken within the YOS to ensure services to children and young people remain robust and effective, as well as implementing key recommendations from the audits.
5.10.12 Key strengths within the team include:
- Excellent assessment and analysis skill which support the planning of bespoke programmes for young people
- Holistic health triage
- Good risk management

5.10.13 To enhance our offer to child and young people, the team will participate in a facilitation workshop delivered through Business Transformation for the devolution from Early Help. This will support the redefining of the team, roles and responsibilities. The YOS is committed to delivering high quality services and therefore exploring further training and development opportunities to enhance previous skills.

5.10.14 In addition the government launched a national review of Youth Justice. In July 2016 Charlie Taylor will be publishing his recommendations for youth justice which may have an impact on the delivery of youth justice locally.

5.11 **LSCB effectiveness: Summary Analysis**

5.11.1 Combined and individual efforts to safeguard children are supported by a sharp focus on the LSCB priorities and an associated succinct performance framework. The LSCB infra-structure provides visibility and transparency, enabling challenge by partners and the independent chair. Progress is being made on all 3 priorities and the regulation 5 duties of the LSCB continue as normal business. The voice of the child is increasingly evident in the work of the board. Young people are consulted directly and regularly around training and the LSCB’s developments. They provided direct input to the LSCB conference and individual LSCB members engage them in service planning and their involvement will grow in 2016/2017. Learning from case audit, the learning faculty, the serious case reviews and the performance framework is incorporated into the improvement plan demonstrating the impact of the learning and improvement framework. The new training strategy is well received. Practitioners and managers in partner agencies are beginning to gain confidence through the new competencies they acquire in training.

5.11.2 A summary of areas for development: In 2016/2017. In addition to delivering on the 3 key priorities the LSCB will:

- Increasingly engage young people by delivering a campaign on “sexting” using methods determined by them.
- Accelerate and scrutinise the work on missing children to improve intelligence sharing.
- Work with the Safeguarding Adults Board to explore the best way to ensure that children at risk of sexual exploitation get the help and protection they need when they mature in to adulthood.
- Revise and promote the thresholds document.
- Roll out the graded care profile training.
• Ensure practitioners are aware of the implications of the Signs of Safety methodology.

• Closely scrutinise the DV triage, early help duty desk arrangements.

• Influence the MASH review process.

• Roll out the remaining modules of the LSCB safeguarding training strategy.

• Deliver tangible products from the protocol with the safer Solihull Partnership, the Health and Well Being Board and the Safeguarding Adults board.

5.11.3 The adapted LSCB performance framework include the above.

5.11.4 Resourcing LSCB business

5.11.5 The LSCB business unit is made of 4.5 WTE. There is a full time trainer, 2 administrators and a 0.5 WTE performance officer post in addition to the LSCB manager. This year saw the appointment of a graduate intern to the performance officer post and this was highly successful. Web enabled training administration and a drive towards paperless working has reduced costs. The Local Authority has provided funding for the LSCB website, training for trainers, the SCR Chronolator and the S11 audit tool producing further efficiencies for that period. The Local Authority has also funded independent chairs of SCR’s filling the deficit produced by emerging work streams. The business unit strives to support the LSCB using existing resources. The LSCB manager will work with those who provide funding to the LSCB to create a sound business case to support the safeguarding partnership agenda following the government’s review of LSCB’s.
## LSCB Budget and Spending 2015/16

<table>
<thead>
<tr>
<th>Contributions Made</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solihull MBC – Children’s Services</td>
<td>151,520</td>
<td>109,310</td>
</tr>
<tr>
<td>Schools Forum</td>
<td>13,540</td>
<td>13,540</td>
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<tr>
<td>Solihull Partnership</td>
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<td>0</td>
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<tr>
<td>West Midlands Police</td>
<td>12,400</td>
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<tr>
<td>Child Death Grant</td>
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<td>Solihull Clinical Commissioning Group</td>
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<td>Heart of England Foundation NHS Trust</td>
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<td>Solihull Specialist Careers Service</td>
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<td>CAFCASS</td>
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<td>Safer Solihull Partnership</td>
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<td>Staffordshire and West Midlands Probation Trust</td>
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<td>External Income</td>
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<tr>
<td>Serious Case Review funded by Solihull MBC</td>
<td>0</td>
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<tr>
<td>Carried Forward from previous year</td>
<td>0</td>
<td>69,000</td>
</tr>
<tr>
<td>Shortfall - met by SMBC</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>294,130</td>
<td>331,548</td>
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</tbody>
</table>

### 2015/16 Summary

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay and Overheads</td>
<td>202,423</td>
</tr>
<tr>
<td>Training</td>
<td>10,355</td>
</tr>
<tr>
<td>Professional fee’s - SCR</td>
<td>21,239</td>
</tr>
<tr>
<td>Office Expenses including car allowance, general office expenses, furniture, IT Equipment, ICT, building maintenance and telephones</td>
<td>27,646</td>
</tr>
<tr>
<td>Other fees - CDOP</td>
<td>13,000</td>
</tr>
<tr>
<td>Other fees - Independent Chair</td>
<td>24,330</td>
</tr>
<tr>
<td>Grants and Subscriptions and advertising/publicity</td>
<td>14,760</td>
</tr>
<tr>
<td>Internal Room Hire (including Training venues)</td>
<td>12,989</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>326,742</strong></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td><strong>331,548</strong></td>
</tr>
<tr>
<td><strong>Net Underspend</strong></td>
<td><strong>-4,806</strong></td>
</tr>
</tbody>
</table>
## LSCB Attendance at Board Meetings 2015/16

<table>
<thead>
<tr>
<th>Attendance at LSCB meetings 2015/16 (1st April 2015 – 31st March 2016)</th>
<th>Attendance by Designated LSCB Representative</th>
<th>Agency attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham &amp; Solihull Mental Health NHS Foundation Trust</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>CAFCASS</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Clinical Commissioning Group</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Community Rehabilitation Company</td>
<td>16%</td>
<td>50%</td>
</tr>
<tr>
<td>School Representatives</td>
<td>83%</td>
<td>100%</td>
</tr>
<tr>
<td>Heart of England NHS Foundation Trust</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>National Probation Service</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>NHS England</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Solihull Metropolitan Borough Council</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Solihull Community Housing</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Third Sector</td>
<td>75%</td>
<td>83%</td>
</tr>
<tr>
<td>UK Visa and Immigration</td>
<td>33%</td>
<td>33%</td>
</tr>
<tr>
<td>West Midlands Police</td>
<td>83%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Also the Lead Member for children and young people is a participant observer and attended 100% of meetings in 2015/16.
**Appendix A PERFORMANCE DATA**

**Solihull Local Safeguarding Children Board; Monitoring effectiveness 2015-2016**

*LSCB Priority: Early Help* See also detailed performance framework being presented today.

“The LSCB should; critically evaluate the effectiveness of early help and publish these findings in the LSCB annual report” (Whose responsibility? Ofsted 2015) Increased early help provision and a sound understanding of the threshold document will reduce workflow volume through social care while ensuring children get the services they need.

<table>
<thead>
<tr>
<th>LSCB objective</th>
<th>Data Owner</th>
<th>Key Performance indicator</th>
<th>2014-15</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver high quality early help assessments.</td>
<td>T McGrath</td>
<td>Nos of early help assessments.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>869 requests for help (Oct-March)</td>
</tr>
<tr>
<td>Assess the impact of early help on volume of referrals to social care.</td>
<td>S Stubbs</td>
<td>Inappropriate referral rates to social care</td>
<td>TBC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Referral rate to social care (per 10,000 population)</td>
<td>Eng 548.3</td>
<td>SN 472.1</td>
<td>563.6</td>
<td>90</td>
<td>156</td>
<td>253</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Re referral rate to social care</td>
<td>Eng 24%</td>
<td>SN 22.2%</td>
<td>23.4%</td>
<td>14.6%</td>
<td>15.6%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of referrals proceeding to S47 enquiries or assessments</td>
<td>Eng 74.4%</td>
<td>SN 75.9%</td>
<td>83.6%</td>
<td>63%</td>
<td>70.6%</td>
<td>65%</td>
</tr>
<tr>
<td>Ensure sound management oversight and supervision in relation to early help.</td>
<td>S Stubbs</td>
<td>LSCB Case audit programme Training in design</td>
<td>Case audit in progress</td>
<td>80% of audited cases evidenced management oversight and support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate the effectiveness of the LSCB threshold document</td>
<td>S Stubbs</td>
<td>LSCB case audit programme Practitioner survey</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**CSE data set SOLIHULL LSCB Quarter Four 1st January - 31st March 2016**  

### CSE strategic objective one: Children and young people have an increased awareness of safe and healthy relationships.

<table>
<thead>
<tr>
<th>Action</th>
<th>Data Owner</th>
<th>Percentage of schools where health and safety relationships is embedded as part of the PHSE curriculum: 95% (cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise awareness among children and young people about safe and healthy relationships, including on line safety.</td>
<td>Bev Petch</td>
<td>Nos. of schools where governors have had training on: 1) CSE: 29 2) Online safety: 16 3) Relationships and sex education: 0 (Total No's 15/16: CSE: 52, Online Safety: 16, Relationships and Sex ed.: 18)</td>
</tr>
</tbody>
</table>

### CSE strategic objective two: Increase community awareness about CSE

| Raise awareness in business establishments | Shabnam Beattie | Nos of businesses reached: CSE Awareness campaign carried out, leaflets and posters given out to the public on CSE Awareness Day in March. |

### CSE strategic objective three: Children and young people who are being sexually exploited are effectively supported (March 2015)

<table>
<thead>
<tr>
<th>Target children at risk</th>
<th>Early Help</th>
<th>Nos at risk of CSE: 64 Total (11yrs = 0) (12yrs = 2) (13yrs = 9) (14yrs = 10) (15yrs = 18) (16yrs = 16) (17yrs= 5) (18yrs = 0) (19yrs= 4) By gender: M = 5 F = 59 By ethnicity: WB 49 B-British 2 Chinese: 1 Mixed Parentage: 6 Other: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess quality of help to these children by ensuring the risks are reduced.</td>
<td>CMOG J. Edmunds</td>
<td>Total Nos: 19 discussed Level 1- 44 Level 2- 14 Pending - 9 CIN – 16 CP – 5 LAC - 12</td>
</tr>
<tr>
<td>Number of children (and number of episodes of) missing from:</td>
<td>Children s social work</td>
<td>No. of children missing from home : 56 No. of missing episodes - 65 (total numbers 15/6) No. of children missing from care LAC: 26 No. of missing episodes – 106 (total numbers 15/6) No. of children with unauthorised absences from LAC: (total numbers 15/6)</td>
</tr>
<tr>
<td>Number and % missing episodes with completed return interviews</td>
<td>Children s social work</td>
<td>Welfare Return Interviews Completed 74 (67%) Welfare Return Interviews not required 1 (1.2%) Welfare Return Interviews offered and refused 35 (31.8%)</td>
</tr>
</tbody>
</table>

### CSE strategic objective four: Perpetrators are disrupted and/or held to account using appropriate criminal and/or civil interventions

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use available criminal and civil interventions to disrupt local perpetrator activities.</td>
<td>Police J. Edmunds</td>
<td>No of harbouring notices 3 No of those on remand 0 Other civil interventions. 0 No of arrests 2 No of criminal investigations/prosecutions 4</td>
</tr>
</tbody>
</table>
This data informs the LSCB about the impact of the neglect strategy using high level key performance indicators. Data on the impact of communications and training is provided. The majority of children with child protection plans will be living with domestic violence, substance misuse and/or parental mental health problems violence. Data on children with child protection plans for 18 months or more provides insight into actions taken to prevent drift and delay.

<table>
<thead>
<tr>
<th>LSCB objective</th>
<th>Data Owner</th>
<th>Key Performance indicator</th>
<th>2014-15</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>To promote the neglect strategy through training and communications</td>
<td>Denise Lewis</td>
<td>Nos of professionals reached through communications.</td>
<td>400 through consultation</td>
<td>27 through Learning Faculty</td>
<td>TBA</td>
<td>37 reached through Level 2 training</td>
<td>35 reached through Module 6: neglect training</td>
<td>34 reached through Module 6: neglect training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nos of professionals attending all LSCB training.</td>
<td>698 from 18 agencies</td>
<td>150 from 16 agencies</td>
<td>72 from 11 agencies</td>
<td>137 from 13 agencies</td>
<td>281 from 13 agencies</td>
<td>640 from 17 agencies</td>
</tr>
<tr>
<td>Ensure high quality training on neglect including the impact of domestic violence, substance misuse and parental mental health and including the &quot;Graded Care Profile&quot;</td>
<td>Denise Lewis</td>
<td>Toxic trio embedded in training. See narrative report. Practitioner evaluation. Training evaluations on the 2 day course are consistently positive with enthusiastic support for new model of training and emphasis on neglect and non-compliance. See narrative report.</td>
<td>87 professionals from 15 agencies received Level 2 and refresher training with increasing emphasis on neglect.</td>
<td>37 professionals from 9 agencies received Level 2 training</td>
<td>35 professionals from 8 agencies received Module 6 on neglect and 63 professionals from 11 agencies reached through Module 2 training</td>
<td>34 professionals from 5 agencies received Module 6 on neglect and 66 professionals from 10 agencies reached through Module 2 training</td>
<td>69 professionals from 10 agencies received Module 6 on neglect and 129 professionals from 13 agencies reached through Module 2 training</td>
<td></td>
</tr>
<tr>
<td>Assess the impact of management oversight in enabling reflective practice and challenge.</td>
<td>Simon Stubbs</td>
<td>Case audit.</td>
<td>Annual Audit report provided to May 2015 meeting</td>
<td>Audit process agreed. Common supervision standards set Audit in progress. Interim report to November LSCB and full report to March LSCB</td>
<td></td>
<td></td>
<td>80% of audited cases evidenced management oversight and support.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Simon Stubbs</td>
<td>Children with child protection plans for 18 months</td>
<td>8.3% (A rise from 4 % end April</td>
<td>8%</td>
<td>3%</td>
<td>7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
www.solihulllscb.co.uk

lscb@solihull.gov.uk