

Agenda

Children and Young People Scrutiny Committee

Date: **Tuesday 26 September 2023**

Time: **2.00 pm**

Place: **Herefordshire Council Offices, Plough Lane, Hereford,
HR4 0LE**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

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Agenda for the meeting of the Children and Young People Scrutiny Committee

Membership

Chairperson	Councillor Toni Fagan
Vice-chairperson	Councillor Liz Harvey
	Councillor Clare Davies
	Councillor Robert Highfield
	Councillor Jim Kenyon
	Councillor Ben Proctor
	Councillor Rob Williams

Agenda

		Pages
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.	
2.	NAMED SUBSTITUTES To receive details of members nominated to attend the meeting in place of a member of the committee.	
3.	DECLARATIONS OF INTEREST To receive declarations of interests in respect of Schedule 1, Schedule 2 or Other Interests from members of the committee in respect of items on the agenda.	
4.	MINUTES To receive the minutes of the meeting held on 18 July 2023.	9 - 22
HOW TO SUBMIT QUESTIONS		
The deadline for the submission of questions for this meeting is 9.30 am on Thursday 21 September 2023.		
Questions must be submitted to councillorservices@herefordshire.gov.uk . Questions sent to any other address may not be accepted.		
Accepted questions and the responses will be published as a supplement to the agenda papers prior to the meeting. Further information and guidance is available at www.herefordshire.gov.uk/getinvolved		
5.	QUESTIONS FROM MEMBERS OF THE PUBLIC To receive any written questions from members of the public.	23 - 28
6.	QUESTIONS FROM MEMBERS OF THE COUNCIL To receive any written questions from members of the council.	
7.	EARLY HELP This report shares information with the Committee regarding the nature of both targeted and universal early help services in Herefordshire, along with additional information regarding the service offer made by the Council.	29 - 118
8.	FAMILIES' COMMISSION REPORT UPDATE To update the Scrutiny Committee on the Families' Commission report.	119 - 170
9.	WORK PROGRAMME To consider the work programme for the committee.	171 - 174
10.	DATE OF THE NEXT MEETING Date of next meeting: Tuesday 14 November 2.00pm	

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www.herefordshire.gov.uk/downloads/file/1597/hereford-city-bus-map-local-services-

The seven principles of public life

(Nolan Principles)

1. Selflessness

Holders of public office should act solely in terms of the public interest.

2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty

Holders of public office should be truthful.

7. Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Minutes of the meeting of Children and Young People Scrutiny Committee held in Herefordshire Council Offices, Plough Lane, Hereford, HR4 0LE on Tuesday 18 July 2023 at 2.00 pm

Board members present in person, voting:

Councillor Peter Hamblin

Note: Board members in attendance remotely, e.g. through video conference facilities, may not vote on any decisions taken.

Other present in person:

Simon Cann	Democratic Services Officer	Herefordshire Council
Nabeel Chaudhry	Interim Senior manager for Improvement	Herefordshire Council
Kevin Crompton	Independent Scrutineer	
Darryl Freeman	Corporate Director - Children & Young People	Herefordshire Council
Victoria Gibbs	Service Director - Early Help, Quality Assurance and Prevention	Herefordshire Council
Rachel Gillott	Service Director Safeguarding and Family Support	Herefordshire Council
Gail Hancock	Service Director Improvement	Herefordshire Council
Bart Popelier	Project Lead	Herefordshire Council
Councillor Ivan Powell	Cabinet Member Children and Young People	Herefordshire Council
Sam Pratley	Co-optee	Diocese of Hereford
Danial Webb	Statutory Scrutiny Officer	Herefordshire Council

142. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Rob Williams.

143. NAMED SUBSTITUTES

Councillor Peter Hamblin stood in for Councillor Rob Williams

144. DECLARATIONS OF INTEREST

There were no declarations of interest.

145. MINUTES

It was noted that Darryl Freeman (Corporate Director –Children and Young People), had been incorrectly listed in the Councillor section of the attendance records for the meeting of 28 February 2023.

It was noted that a response to a public question in the minutes of the last meeting required rewording and that the amended response would be reissued and included in the minutes of the meeting of 18 July 2023.

Including noted amendments, the minutes of the meeting held on 28 February 2023 were agreed as a correct record and signed by the Chairperson.

146. QUESTIONS FROM MEMBERS OF THE PUBLIC (Pages 13 - 18)

Following the public questions item the committee advised that officers and members should strive to address the root questions being asked by the public and where possible (and appropriate) try and assist them in using the correct terminology required to ask clear and pertinent questions.

147. QUESTIONS FROM MEMBERS OF THE COUNCIL

There were no questions received from Councillors.

148. WORK PROGRAMME

The statutory scrutiny officer introduced the work programme and detailed how it had been drafted. It was explained that the corporate director, assorted service directors (within the children and young people directorate), the Cabinet and Cabinet portfolio holder, along with the independent scrutineer had all been involved and invited to provide input towards the work programme.

The statutory scrutiny officer explained that a key objective in drafting the work programme had been to create a document that highlighted priorities within the improvement programme and provided opportunities for the children and young people scrutiny committee to look at these over the coming year. The number of agenda items for each meeting had been kept intentionally low at this stage, to allow for flexibility and fluidity moving forward. At this point the committee was being asked to approve items on the agenda, identify further topics that it would like to look at and highlight where additional support, training and information could be provided, to allow members to approach topics with a good understanding of them.

The Chair suggested that a 'reality checks'-style approach of visiting and engaging with frontline services over the course of the year, would be potentially beneficial in providing committee members with greater understanding and insight as to some of the issues and challenges faced by these services.

The committee discussed the need for a wider focus on schools outside of the schools capital strategy. The committee acknowledged the need for the inclusion of an item that would look at pastoral care, schools' effectiveness, the local authority's relationship with them and the academisation of schools. It would also be helpful to look at diminished maintained sector provision and the gap in school improvement resources. It was suggested that a schools item should examine pupil attainment and progress made during the time a child is at primary and secondary school.

The statutory scrutiny officer explained to the committee that additional agenda items for the work programme could be discussed and shaped in future workshop sessions and that the work programme was a fluid document, which the committee would be able to review, change and update at each of its meetings.

Resolved: The committee agree the draft work programme, which will be subject to periodical reviews, as the basis of their primary focus for the forthcoming municipal year.

Following discussion during the course of the meeting the committee agreed that the following items should be included on the work programme:

- **Early Help and Prevention**
- **Restorative Practice**
- **Responding to the rising level of unaccompanied asylum seekers in Herefordshire (possible dedicated workshop for this)**
- **Neglect (building on existing items)**
- **Schools: The committee should consider an item that looks at pastoral care, schools' effectiveness, the local authority's relationship with them and the academisation of schools. Also consider diminished maintained sector provision and gap in school improvement resources.**
- **Examining pupil attainment and progress made during the time a child is at primary and secondary school.**
- **Data and dashboard - monitoring source, presentation and impact.**
- **Equality Auditing**
- **When the next annual HSCP annual report is published it would be helpful to invite the police and NHS to discuss their arrangements for evaluating contractor effectiveness in more detail.**
- **A future agenda item relating to the serious abuse case reviews could look at the recommendations that came from them and how/if they were actioned.**
- **A look at the future development of the Joint Strategic Needs Assessment.**

149. CHILDREN'S SERVICES IMPROVEMENT PLAN - IMPLEMENTATION REVIEW UPDATE

The corporate director for children and young people and interim service director for improvement introduced the report.

The interim service director provided an overview of the improvement plan progress update that had been presented to the Children's Improvement Board in June 2023.

Detail was provided on the blue, red amber, green (BRAG) scoring system in relation to progress being made regarding the 10 priority improvement areas. The BRAG system was also being used to monitor and track improvement impact, to ensure that tasks being completed as part of the plan were making a positive difference to improve outcomes for children, young people, carers, parents and family members.

It was explained that following the June meeting of the improvement board (and six months after the launch of the plan) a rationalisation exercise had been undertaken which aimed to: streamline and coordinate the improvement infrastructure, improve the accountability of reporting to the improvement board and to increase the pace of improvement.

The interim service director stated that with regards to accountability, the forthcoming July meeting of the improvement board would be the first occasion where senior responsible officers and service leads for each of the work streams would be reporting directly to the board.

A pitfall of 'feeding the beast' was identified, which highlighted the potential risks of focusing too heavily on implementing and achieving elements of the plan, whilst losing focus on the impact of implementing objectives, the 'so what?'. It was pointed out that the rationalisation exercise would ensure that those working on the plan would be able to see more clearly what the work they were engaged in was achieving and how it impacted young people and their families within the county.

The discussion was opened up to the committee for questions.

The committee asked what was being done to tackle the crucial issue of recruitment and retention, especially in relation to social workers and social work managers, within the county.

It was explained by the interim service director that the authority was promoting the point of difference in terms of what it had to offer over other authorities and that this was being achieved by:

- The development of the Spirit of Herefordshire website to promote the benefits of living in the county and working for the local authority.
- Creating competitive remuneration and bonus schemes.
- Introducing apprenticeships and career progression schemes and building on the existing 'grow your own' model to improve learning, development and recruitment at a local level.
- Ensuring caseloads were manageable and creating conditions where social workers and managers could forge trusting and confident relationships with their colleagues and other stakeholders.

The corporate director highlighted the common misconceptions about the quality of work carried out by agency and temporary staff, but pointed out that all the senior leadership roles and most of the heads of service and senior management positions were fully permanent. It was hoped that this stability would aid recruitment in a challenging market and give assurance to: young people, their families and the local community, that the directorate was in a more stable position moving forward.

It was also pointed out that two recent Ofsted monitoring visits had returned positive feedback in relation to improving staff morale.

The committee congratulated those involved in stabilising the top three layers of management within the directorate and were hopeful that having people in permanent posts would make a significant and positive difference.

The committee noted the high levels of expenditure involved in employing temporary staff and emphasised the importance in developing a robust 'grow your own' approach to running training courses locally, as this was a problem that was not going to go away. It was felt that in the long term it was vital, from a cost and quality of service perspective, that there was a readily available pool of locally trained social workers and managers available for recruitment within the county and that engagement with appropriate surrounding higher education establishments was needed to see what could be provided within Herefordshire.

The committee felt that if social workers lived locally, were trained locally and employed locally then there was less likelihood they would qualify as a social worker and then seek employment outside of the county.

The corporate director agreed that tackling recruitment issues was one of the key factors in ensuring the improvement plan was successful and noted that the authority already had capacity for 12 new qualified social workers each year and had a business case proposal going through to increase that figure to 22-25 for the year ahead.

The committee acknowledged that there was often a need for agency/temporary staff to meet peaks in resourcing demand, but that the mix was still not right and needed to be tackled to reduce overspend within the directorate.

When asked about when identifiable savings from restructuring to a more permanent resourcing model would materialise, the corporate director explained that the Q1 report

was still being finalised and that providing identifiable savings would be unlikely in the current financial year.

The corporate director also pointed out that, even after planned restructuring of the workforce, the percentage of temporary staff would stand at around 20%, which was a normal and acceptable figure nationally, even in outstanding authorities.

The committee noted that there was scope for schools and multi-academy trusts to provide a base for social workers, which might provide flexibility in linking social workers more clearly with schools.

The committee asked if the improvement board should be providing the scrutiny committee with a written report identifying what its concerns were, as this could avoid duplication of work between the scrutiny committee and the board.

The committee also noted that the improvement plan had many actions, but that it was difficult to determine what, if any, impact these were having at ground level.

The corporate director explained that regarding linking social workers more closely with schools, conversations about early help hubs and basing social workers in or around schools were taking place and that was something that needed to be exploited more. It was noted that autism hubs were due to commence operation in autumn of 2023.

The corporate director explained that the improvement board was not responsible to the scrutiny committee, but was responsible to the Department for Education. However avoiding overlap and duplication of work was important to ensure that the best value was obtained from the board. The chair of the children and young people scrutiny committee was a member of the improvement board, so this would hopefully prevent any obvious duplication of work.

The corporate director pointed out that the improvement board did more than just review the feedback report, but also challenged a number of partnership agencies on their performance and impact.

The corporate director pointed to examples of positive impacts resulting from actions in the plan. It was explained that significantly fewer children were coming into care as a result of management practice and the number of children on child protection plans had dropped by approximately 100 since last September 2022, which was as a result of improved management and multi-agency responses.

In summer 2022 there had been concerns about multi-agency response to risk, but there were now robust systems and enough capacity in place to ensure that multi-agency responses happen and happen quickly.

Some historical cases remained unresolved, but the directorate and cabinet portfolio holder were working to try to bring those to a conclusion. The work being done with and feedback from Leeds was also proving useful in ensuring actions had successful impact.

The committee enquired about whether information coming out of exit interviews of staff leaving the service could be acted on.

The corporate director stated that the interviews were optional and that much of the feedback centred on travel, infrastructure and the need to be in the office. The authority had put in place robust plans to make it easier for employees from outside of the county to tailor their attendance patterns to suit their work/life balance. Heavy caseloads and supervision issues had been identified as potential problems areas. Some colleagues from minority groups had experienced racism in Herefordshire and this was something the Council, agencies and the community needed to tackle and address.

The committee asked why fewer children were now being taken into care.

The corporate director pointed to improved quality of practice, assessments and management oversight as factors in the reduction. The growing capacity and investment in resources for family group conferences was also a factor and it was noted that further to what was stated in the June report there were now 26 conferences in place.

The corporate director noted that there had been a significant increase in the number of unaccompanied asylum seekers arriving in the county and that this would become an increasingly important issue over the coming months and years, and one that the scrutiny committee would be well advised to add to the work programme and monitor closely.

The committee asked about the availability of support for social workers who were suffering with stress and didn't want to let colleagues know they were struggling, as they felt they would be letting the side down.

The service director for safeguarding and family support explained that personal and professional support was available to all social workers. The employee assistance programme was a private confidential service, which was in place to ensure that staff were supported and had help in identifying and managing common occupational hazards such as burnout, compassion fatigue and trauma. Principle social workers, forums and staff reference groups were also available to help develop conditions to flourish and encourage best practice.

The committee asked what would happen once additional funding being given to the directorate to implement the improvement plan began to drop off.

The corporate director stated that care for children and young people had been and continued to be a key priority for the past and present administrations. It was explained that as practice improved, the number of children in care and high level interventions would go down, which in turn would reduce costs. Making sure public money was being spent wisely and effectively would continue to be paramount through the improvement journey.

The cabinet member for children and young people added that the improvement journey needed to happen at pace.

The committee identified neglect as key area that would need to be focused on and addressed.

The corporate director, independent scrutineer and cabinet member echoed this and agreed that the proper adoption/implementation of the neglect strategy, early help measures and restorative practice would be key to ensuring the success of the improvement plan. The importance of effective multi-agency engagement and coordination would also be of paramount importance in terms of the successful implementation of the plan.

The committee discussed and considered the quality, sources and visualisation of data contained in the reports and suggest the following actions for the directorate to consider:

Actions:

Data Presentation - Where possible the committee and officers should strive for consistency and commonality in the way data is collected, calculated and presented.

Impact Statements from Care Experienced Families – Engage with families who had been involved with the service before and after to obtain feedback as to whether or not the improvement plan is making a positive difference to service.

Data Visualisation – Present data in a way that makes it clear and easy for external and internal users to be able to establish the longitudinal direction of progress and sequential relationships of activities.

Data Visualisation – Employ a simple colour coded traffic light system for KPIs (key performance indicators).

Feedback Sources – Encourage feedback from children as well as parents.

Dashboard and data - Share the monthly dashboard in a similar way to the old performance challenge meetings and provide regular updates on the longitudinal view to keep members up-to-date on performance, with particular focus on impact data and quality auditing.

150. HEREFORDSHIRE SAFEGUARDING CHILDREN PARTNERSHIP (HSCP) ANNUAL REPORT 2021-22

The independent scrutineer introduced and gave a summary of the report. It was explained that there had been a pressing need to reset the partnership and that this had been recognised and acknowledged by the partners.

It was explained that governance of the partnership had been complicated, especially with an improvement board involved. There had been significant work involving alignment between the boards and synergy between the relevant plans.

The report focused on the lived experience of families, children and young people in Herefordshire.

It was stated that there was a shared and equal responsibility between the council, care board and police constabulary to ensure safeguarding arrangements were in place.

In putting the report together various pictures of Herefordshire had emerged and there were real signs that Herefordshire was trying to change. It was noted that 82% of early health assessments were done by other partners, which was healthy in terms of the strength of partnership working.

The independent scrutineer brought the board's attention to several key areas where things had changed:

- The MASH had definitely improved and this was backed up by new data and assessments from Ofsted.
- There had been a real challenge made to the police regarding the MASH and the police had changed their practice as a result of this.
- There had been a challenge to health, particularly in relation to initial annual health assessments for looked after children

The independent scrutineer concluded that there was more to do in 2023-2024, but that green shoots of change and improvement were in evidence. The committee was invited to ask questions about the 2021-22 report and forthcoming 2022-23.

The committee lamented the closure of 'No Wrong Door' and enquired how the voices of young people in the city centre and rural communities were being captured. The question was asked whether it was possible to get the partnership to look at youth work and request that the partners invest in youth work in Herefordshire.

The independent scrutineer explained that many local authorities including Hereford had reduced/ceased funding for young people's services and that this had come back to haunt them. However, the first thing the partnership needed to focus on getting in place was the relationship between the partners.

The corporate director for children and young people explained that the safeguarding partnership was not a commissioning body in terms of services. Over a period of many years funding for youth services in Herefordshire from the partnership had ceased. It was stated that part of the improvement plan in the long term was to create a child friendly Herefordshire and to achieve this it would be necessary to open the door for conversations with partners about what that meant for young people.

The committee pointed out that there were various youth services, such as Close House, South Wye Police Boxing Club and the Scouts doing some excellent work with young people locally and that if savings were made within the budget it would be good to see finances being redistributed to these types of services.

The committee pointed out that many youth clubs/services were funded and operated by volunteers, but had a weekly or monthly subscription, which meant some families were locked out via costs. It was felt this could potentially be fixed by a local authority subsidy.

The committee also noted that not all children like uniformed and organised activities, and that perhaps youth drop-in centres would be helpful. The city council had done good work in this area and the question was raised as to whether the local authority owned any assets that could be used for such activities in geographically isolated areas and small parishes.

The independent scrutineer acknowledged that assisting with youth services was undoubtedly important and would reap benefits, but these issues needed to be raised when the partnership was in a more mature state and that building the partnership up to maturity from a reset was the current priority.

The committee enquired as to what level of maturity the partnership was at and when would it be mature enough to engage in wider activity such as those being discussed.

The independent scrutineer explained that this was a case of going back to basics and that the partnership had already developed from where it had been in September 2022, by resetting its governance and priorities. However, although the board meetings set good ambitions and reports, not enough was happening in relation to work and progress being made by the sub groups.

The independent scrutineer suggested that it could be a matter of sub groups having too much to do with limited resources. It was therefore necessary to nail down the basics. Reducing the number of priorities, aligning them with the improvement plan and then delivering on them was key to continued growth and success.

The independent scrutineer explained to the committee that a decision had been taken earlier in 2023 to ensure that if Ofsted returned and exclusively looked at whether the partnership was delivering Working Together 2018 then the partnership would be in a position to demonstrate this was the case. It was anticipated that it would probably take another six or, more likely, twelve months until the partnership had achieved the desired level of maturity.

The committee referenced the deep dive into peer on peer abuse, which highlighted how partners were not communicating with each other. The question was asked as to whether there were too many partners involved and whether or not a process of rationalisation needed to occur to aid in the triangulation of information.

The corporate director pointed out that the safeguarding partnership was a statutory partnership, but the independent scrutineer was there to assess whether it was effective. The director of public health was currently looking at the children and young people partnership and there was a live debate on how partnerships should be structured and how they should fit in with the Integrated Care Board. Potentially there might be opportunities to reduce/streamline the number of boards and meetings officer and councillors were required to attend.

The partnership itself was also looking at the way it worked. An example was cited concerning how MASH progress had, until recently, been being reported to multiple boards, but was now being monitored by one group within the partnership and then disseminated from there.

The committee asked where, other than to scrutiny, did the partnership report go and whether or not it went to Cabinet.

The independent scrutineer stated it was good practice for the report to go to scrutiny, but that there was no requirement for it to go anywhere else, although it could. Working Together 2018 did not specify how the report should be delivered, but did state that the delivery of effective safeguarding arrangements must be demonstrated.

The committee asked if the independent scrutineer felt effective changes had been made.

The independent scrutineer responded that they felt the changes that had been made were positive and that everyone involved was committed to playing their part to improve things. However, there were still some concerns that needed to be discussed in relation to the pace of delivery. It was stated that the next report was due around autumn and mid-September 2023.

The committee suggested that it would like to see more support for small towns, as many services in geographically isolated areas had to be funded by parents.

The corporate director suggested this was a potential issue for discussion as a future agenda item, but pointed out that the safeguarding partnership did not organise or commission services. It was there to measure the effectiveness of the partnerships' response to safeguarding risks.

The committee welcomed the report looking at altering the police process for referrals as this had been an issue for a long time.

The committee expressed befuddlement at the resources section. It was felt the lack of detail about how each of the partners worked and how much each partner brought to the table in terms of resources, made it difficult to determine how and if things were working effectively. The 'No Wrong Door' service was used as an example of how there was no way of seeing what the plan for that service was at the end of its external funding period.

The independent scrutineer explained the focus within the report was on the fact that the partners had a statutory duty to adequately fund the safeguarding arrangements and that that tended to focus on the business unit support given to make sure they were complying with Working Together 2018. The challenge in this respect was that there was no national funding model to guide on what the appropriate proportion of funding should be for that specific piece of work. It was noted that some of the concerns being raised were more closely related to the children and young people partnership and not the safeguarding board.

The committee voiced concerns about how effective the Clinical Commissioning Group (now the Integrated Care Board) was in using resources, based on the attitude that it said it simply contracted for services.

The independent scrutineer said that they had met with most of the partners and they generally claimed to have arrangements in place to evaluate the effectiveness of contractors. It was the job of the board to ask how these partners know the contractors are effective.

The committee suggested as an action that when the next annual report was published it would be helpful to invite the police and NHS to discuss their arrangements for evaluating contractor effectiveness in more detail.

The committee stated that with regards to the safeguarding review of peer on peer abuse, it would be useful to hear what issues had been identified by those serious case reviews and how those issues could be fed into the committee's work programme.

The independent scrutineer suggested arranging a meeting outside of the committee to focus on that and look at the recommendations. A future agenda item relating to the serious case reviews could look at the recommendations and how/if they had been actioned.

The committee observed that the actual work of safeguarding is usually conducted by groups of professionals who are often some way away from the individuals who turn up to meetings.

The independent scrutineer explained there was a sub-group structure in place, but partners needed to get people to step up and chair those boards as the work was falling on too few people.

One particular point of concern was the lack of connection between schools and the safeguarding partnerships. The role of schools was crucial, but the service director for education, skills and learning had informed the scrutineer that schools were almost self-regulating on safeguarding; they would conduct a 175 review about the effectiveness of keeping children safe in education, but this was not being connected to the board. This urgently needed to be joined up.

The committee asked when a teacher spotted and reported signs of neglect, whether that would go through the right channels to get actioned.

The corporate director explained that when the proportion of contacts and referrals that came into the MASH and early help services were examined, there was a higher proportion of those that result in a service. Schools were generally getting things right compared to some of the other agencies. The corporate director was confident that schools would refer appropriately in most cases.

The committee asked if there was any data/evidence to support the corporate director's confidence.

The corporate director explained that the board looked at the attrition rates and the proportion of contacts that didn't go anywhere, the safeguarding partnership looked at that data. It was stated that the MASH conducted weekly quality assurance and looked at contact referrals. Schools were typically not shy if they thought MASH was not providing adequate service. The corporate director wasn't aware of a discreet report that could be shared, but was aware of indicators from a number of sources and that school feedback was solid.

The committee enquired about schools that have low attrition rates in terms of referrals and whether the service looked at the number of referrals that come from particular schools? Was there any kind of pattern linked to areas of significant deprivation? Were referrals higher in such places to reflect that or were they desensitised?

The corporate director explained that the service did filter data by school, EHCP, SEND and children missing from education and that the information was layered. Some schools did generate more referrals than others and the service had dedicated social care/early help officers covering such areas. Some schools had more resources to deliver pastoral care or early help intervention, but it was important to note that the numbers didn't always tell the story.

The committee enquired what it could expect from the neglect strategy and how that would fit in regarding the safeguarding partnership.

The independent scrutineer explained that the current strategy was agreed as an interim strategy, which was well meaning, but had recently been reviewed. Following the review, work was underway in the quality and effectiveness group and the learning and development group to see if the strategy could be improved.

The scrutineer stated that the Joint Strategic Needs Assessment (JSNA) did not provide the depth of information required. There was a need for analysis of the data and work on intelligence, which could then be linked back into practice.

The committee asked if there was a plan to work on a system that would pull out and analyse the data from the JSNA.

The corporate director confirmed they were looking at the future development of the JSNA and would engage with the director of public health in relation to this.

The independent scrutineer explained that they had seen the community safety partnership profiles and that they contained more multi-agency data than the safeguarding profiles. It would potentially be necessary to go back to basics and visit certain partners to ask them directly for the data they use and incorporate this into the safeguarding profiles.

The independent scrutineer noted that it felt like there was not an understanding of what a multi-agency data set should like, especially compared with other authorities that used that data well.

The committee asked if work on data was something that the committee could be updated on and alerted to when the time was ripe for looking at partnership data.

The independent scrutineer pointed out that the data going to the improvement board from safeguarding was fairly comprehensive, but still lacked multi-agency figures.

The service director for early help, QA and prevention explained that the data set being produced was creating curiosity about impacts and outcomes. The wider ambition would be to grow that data set and to develop it into a multi-agency data set moving forward.

The independent scrutineer stated that multi-agency auditing needed to be conducted on a regular basis and that Herefordshire Council was currently ill prepared for multi-agency. There would be a thematic audit of eight cases of children who were subjected to sexual abuse and a deep dive to see how the authority responded, this would be completed by early October 2023. There was a need not just for quantitative, but also qualitative data to get the line of sight of what practice actually meant to lived experience children, families and young people in Herefordshire.

151. DATE OF THE NEXT MEETING

Date of Next Meeting: 26 September 2023 2-5pm

The meeting ended at Time Not Specified

Chairperson

Supplementary Questions CYPSC 18 July 2023

Questioner:	Ms Reid Herefordshire
Scrutiny Meeting:	July 2023 - (submitted via email)
<p>Question:</p> <p>The response states:</p> <p style="padding-left: 40px;">“A scrutiny committee may co-opt non-voting people as and when required, for example for a particular meeting or to join a scrutiny group.”</p> <p>However two “church” co-optees and three parent-governor co-optees are statutory requirements and two co-optees are required by the Constitution (4.5.7):</p> <ul style="list-style-type: none"> • “One representative from the teaching sector” • “One representative from a family who are or have been supported by social workers” <p>I repeat:</p> <p style="padding-left: 40px;">“How will the Committee ensure that the seven co-optees - especially the teaching sector co-optee and “representative from a family” co-optee who are not nominated or elected (by the relevant sector) - are appointed and able to attend the next meeting of the Committee on 26 September 2023? Please give details, for example, dates, where the positions will be advertised (eg Hoople’s website and/or the council’s Facebook) and so on.”</p>	
<p>Response: Disallowed.</p> <p>It was explained to the committee that the monitoring officer had disallowed this supplementary question as it was a straight repeat of the original question, which had already been responded to.</p>	

Questioner:	Hannah Currie
Scrutiny Meeting:	July 2023 - (submitted via email)
<p>Question:</p> <p>The committee needs to be aware that the families that attended the commission did so following a press release which rejected the terms of reference as binding or effective remedies. At least two families questions put to the council are missing in the report published in June, I'm aware of at least two individuals who didn't receive a letter from the service director (one of whom ex partners received a letter).</p> <p>Given this position of the families that did attend had in advance rejected the terms of reference as binding. I will ask you which is it:</p> <p>The system used for reporting is not fit for purpose; the staff using the system are not fit for purpose or the data cleansing is not fit for purpose?</p>	
<p>Response:</p> <p>The independent panel overseeing the Families’ Commission met with a total of twenty families. The report which was subsequently prepared by the independent Commission was written from</p>	

the perspective of the families, using their own words wherever possible, whilst balancing the need to maintain anonymity.


During the independent panel process the chair approached the council with specific questions in relation to eleven families. It is these eleven families who received a letter from the Service Director.

The independent Families' Commission process and subsequent report was necessarily independent of the council and the Children and Young People's Scrutiny Committee. The council had no input into the format, structure or content of the report or about the supplementary questions which were raised by the independent Commission in relation to individual families.

If any individual or family has issues to raise around specific matters following the publication of the Families' Commission report they should contact Cllr Powell and raise the matter with him. Cllr Powell has clearly stated his commitment to endeavouring to reach resolution for families alongside the improvement journey.

Questioner:	Jennie Hewitt
Scrutiny Meeting:	July 2023 - (delivered verbally in person at the meeting)
Question:	Can the committee now resolve to get some analysis as to why there was a spike in children placed for adoption between 2021 and 2022?
Response:	The committee reviews its work programme after each meeting and welcomes suggestions from members of the public for topics to include in the work programme. We will include this suggestion in the next committee work programme meeting but we cannot provide any guarantee that your suggestion will be included in the committee's programme of work.

Questioner:	Eddy Parkinson
Scrutiny Meeting:	September 2023
Question:	
<p>Is the scrutiny committee satisfied all staff, including agency, at social services have been properly qualified and have the necessary enhanced DBS to work while in the councils employment? Have any unqualified, unvetted staff been in contact with the public?</p> <p>thank you</p>	
Response:	
<p>The council ensures that pre-employment checks are completed for permanent and agency staff in line with safer recruitment practices during the hiring process. These include Disclosure and Barring Service (DBS) checks for all staff working directly with children, young people and vulnerable adults and verification of Social Work England registration for social workers.</p> <p>To practice as a social worker, whether contracted through an agency or working as a council employee, social workers must be suitably qualified and this is a requirement of their registration with Social Work England. The requirement for appropriate checks is identified as part of the job description. We also perform regular audits every 6 months and the most recent audit indicated that we were fully compliant with all necessary information being in place to make sure staff have appropriate qualifications, registration and checks. The audit indicated that no unsuitable staff have been in contact with members of the public. If any questions or queries are raised about staff qualifications, registration or vetting these are escalated and risk assessed.</p> <p>Not all children's services staff who have contact with the public are social workers and will have a broad range of qualifications and/or experience. Everyone with significant contact with children and young people has an enhanced DBS check.</p>	

Questioner:	Rachel Gallagher
Scrutiny Meeting:	September 2023
Question:	<p>"There is no policy for the reunification of families. How can the service be working towards reducing the number of children in care when there's no reunification procedure to work towards?"</p>
Response:	<p>The Service does have 'Reunification Practice Guidance' which was developed and approved in April 2022 as part of the refreshed overarching Permanence Policy. The Reunification Practice Guidance is developed in accordance with the NSPCC (2015) 'Evidence-Informed Framework for Return Home Practice' which is a well-established framework used in many other local authorities. The Children's Services Permanence Panel oversees children in care with a permanence plan, and includes children who are already living at home and subject to Placement with Parent Regulations as well as those who are 'potentially suited' to a plan of reunification.</p> <p> Reunification_HFD4 100v2 final.pdf</p>

Questioner:	Hannah Currie
Scrutiny Meeting:	September 2023
Question: <p>An Independent Visitor (IV) is a volunteer who visits and befriends a child or young person living in care.</p> <p>What percentage of looked-after children in the care of Herefordshire Council have an Independent Visitor and in what period.</p> <p>When providing the answer please provide:</p> <ul style="list-style-type: none">• Number of children in care• Number of children in care who have an Independent Visitor• Percentage of children in care who have an Independent Visitor "	
Response: <p>An Independent Visitor is a volunteer who befriends and visits a child or young person living in the care of the Local Authority. Independent Visitors can provide support, advice and guidance as well as positively engaging with the child or young person in activities.</p> <p>As at 18th September 23 there are 396 children in the care of the Local Authority. At the current time 24 children in care in Herefordshire have an Independent Visitor.</p> <p>Therefore, 6% of Children in Care have an Independent Visitor (although many more are offered an Independent Visitor if they wish to have one).</p>	

The Child or young person's Social Worker should seek to ensure that Children in Care are able to have access to positive relationships with a trusted adult, and to form appropriate friendships with peers. Other key sources of support for Children in Care can be family members and extended family members, the child's Foster Carer or residential worker.

The Independent Reviewing Officer should consider within the Looked After Children's Review whether a child or young person would benefit from an Independent Visitor and should seek to ensure that children and young people are able to form meaningful attachments to trusted adults.

Children in Care can be supported by a variety of other means in relation to enabling their voice to be heard and represented. This could be via a Children's Advocate, a Social Worker, Carer or another trusted adult or professional who may advocate on their behalf.

Questioner:	Ms Reid, Herefordshire
Scrutiny Meeting:	September 2023
<p>Public question for the 26/9/2023 CYP Scrutiny Committee meeting</p> <p>I welcome that Early Help is on the agenda of the 26 September 2023 CYPSC meeting (Item 7).</p> <p>However, I am disappointed that Family Group Conferences (FGCs) are <u>not</u> mentioned in the Early Help report nor the three appendixes. This omission might, in part, be explained by the fact that the <i>Early Help and Prevention Strategy</i> is dated March 2023.</p> <p>Please detail <u>how</u> and <u>when</u> Family Group Conferences will be an integral part of the <i>Early Help and Prevention Strategy</i>?</p> <p>Incidentally:</p> <ul style="list-style-type: none"> • The appendix <i>Right Help Right Time: Levels of Need</i> was published (by HSCP) in November 2020 with a review date of September <u>2022</u>. • The <i>Herefordshire Children's Services Improvement Plan</i> which was updated on 7 June 2023 (including 1.3 about Early Help) is still <u>not</u> linked to webpage: <p>https://www.herefordshire.gov.uk/social-care-support/childrens-services-improvements</p> <p>and has <u>not</u> replaced the older version (updated on 19 December 2022).</p>	
<p>Response:</p> <p>The Herefordshire Early Help and Prevention Strategy sets out our ambition to strengthen our prevention and early help offer within local communities. The strategy was completed following extensive consultation with children, young people and their families, partner agencies, the community, faith and voluntary sector. There were 1054 questionnaires completed, 14 focus groups and 18 engagement activities.</p>	

Our approach to Family Group Conferences (FGC's) is led by the Safeguarding and Family Support service. FGC's are currently being facilitated to support children who are in need, and those who are in need of protection and care.

At this time FGC's are not currently being facilitated at an early help level of need. The model used in early help is to work with the whole family, including those wider adults who play a key role in the child's life. Support through early help is agreed with the explicit consent of the family. This starts with an assessment of the whole family's strengths and needs, then an outcome focused plan of the work is drawn up and agreed with the family. The services involved form the Team around the Family (TAF) approach. The plan is regularly reviewed with the family at TAF meetings.

Some of the principles of Family Group Conferencing are used in targeted early help work including asking the family who their network of support is and if they do not have a network, part of the work will be to help the family to identify support within their community.

When the work with the family has ended the family is supported with a family wellbeing plan which celebrates the successes of the support and identifies where the family can go within their network and community if they need help in the future.

The Council has provided additional investment to grow the existing FGC resources. Two additional FTE FGC Coordinators have already been recruited and trained. There is also additional FGC capacity that has been made available through new commissioning arrangements. At the time of writing, there are 40 Family Group Conferences being co-ordinated.

The Right Help Right Time: Levels of Need document is currently under review by the Herefordshire Safeguarding Children's Partnership. The Government has undertaken a national consultation on Working Together to Safeguard Children. It is anticipated that the results of the consultation will be published in Autumn 2023 and following this the Government is expected to publish revised guidance as Working Together to Safeguard Children 2023. The revised statutory guidance will inform the revision of the Right Help Right Time: Levels of Need document.

Thank-you for alerting the Council to the matter of the Children's Services Improvement Plan. The Council will update the webpage.

Title of report: Early Help

Meeting: Children and Young People Scrutiny Committee

Meeting date: Tuesday 26 September 2023

Report by: Statutory Scrutiny Officer

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

This report shares information with the Committee regarding the nature of both targeted and universal early help services in Herefordshire, along with additional information regarding the service offer made by the Council.

Recommendation(s)

That:

- a) **The Committee notes the report, and**
- b) **The Committee scrutinises how partners work together to identify and support children and families who need early help.**

Alternative options

1. None identified.

Key considerations

2. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
3. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.
4. Effective early help relies upon local organisations and agencies working together to:

Further information on the subject of this report is available from
Democratic Services, Tel: 01432 260659, email: bboswell@herefordshire.gov.uk

- Identify children and families who would benefit from early help.
 - Undertake an assessment of the need for early help.
 - Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.
5. Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.
- In Herefordshire this means keeping the child or young person at the centre of decision making and offering the right help, at the right time, at the right level of need.
 - Early help targeted services work with children and their families who are level 3 on the continuum of need
 - Early help is offered in partnership with children, young people and families.

Community impact

9. The Early Help and Prevention Strategy has a direct and indirect effect on the lives of both current and future children and families in Herefordshire.
10. The County Plan 2020–2024 includes the ambition to ‘strengthen communities to ensure everyone lives well and safely together’ and more specifically, the council aims to:
- a) Ensure all children are healthy, safe and inspired to achieve;
 - b) Ensure that children in care, and moving on from care, are well supported and make good life choices.

Environmental Impact

11. There are no specific environmental impacts arising from this report.

Equality duty

12. Under section 149 of the Equality Act 2010, the ‘general duty’ on public authorities is set out as follows:
- A public authority must, in the exercise of its functions, have due regard to the need to –
- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
13. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are

paying 'due regard' in our decision making in the design of policies and in the delivery of services.

14. As a committee report this will not have an impact on our equality duty.

Resource implications

15. There are no resource implications associated with providing this report to the Children and Young People Scrutiny Committee.

Legal implications

16. There are no explicit legal implications in respect of this report.

Risk management

17. The Council will consider risks and opportunities and manage these through relevant partnership governance structures.

Consultees

- None

Appendices

- Appendix 1 - Scrutiny presentation 7th September 23
- Appendix 2 - Early Help and Prevention Strategy Final
- Appendix 3 - Right Help Right Time Levels of Need Framework 2020

Background papers

- None

Please include a glossary of terms, abbreviations and acronyms used in this report.

Early Help
Presentation to Scrutiny
7th September 2023

Definition

- Early help and early intervention are forms of support aimed at improving outcomes for children, young people and their families or preventing escalating need or risk
- These services are part of a “continuum of support” and provide help to families who do not, or no longer, meet the threshold for a statutory intervention
- Early help and early intervention services can be provided at any stage in a child or young person's life, from the early years right through to adolescence. Services can be delivered to parents, children, or whole families

Working Together to Safeguard Children 2018

‘Early Help is everyone’s responsibility’ Working Together 2018.

- Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.
- Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Working Together to Safeguard Children 2018

Effective early help relies upon local organisations and agencies working together to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help
- Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child.

Local authorities, under Section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children

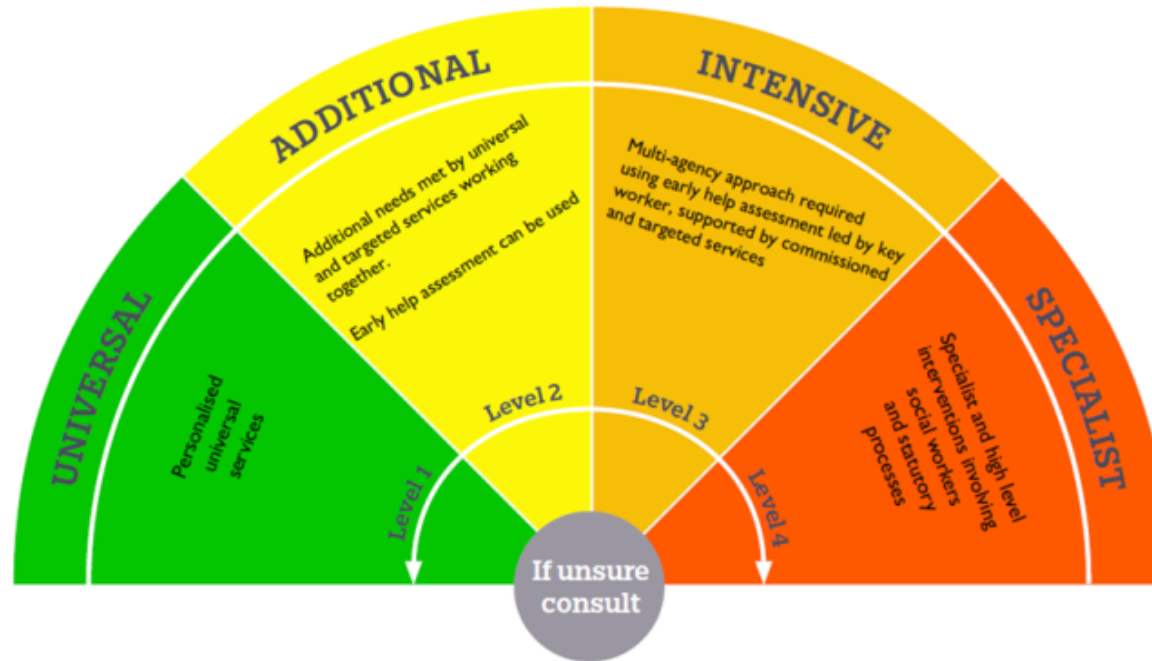
Herefordshire's Early Help Offer

- In Herefordshire this means keeping the child or young person at the centre of our decision making and offering the Right Help at the Right Time, at the Right Level of need

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- Early Help targeted services work with children and their families who are level 3 on the continuum of need
- Early help is offered in partnership with children, young people and families

Herefordshire Windscreen



Early Help & Prevention Strategy



- The Herefordshire Early Help & Prevention strategy sets out our ambition to strengthen our prevention and early help provision within local communities.
- The strategy was completed following extensive consultation with children, young people and their families, partner agencies, the community, faith and voluntary sector.
- 1054 questionnaires completed, 14 focus groups and 18 engagement activities.

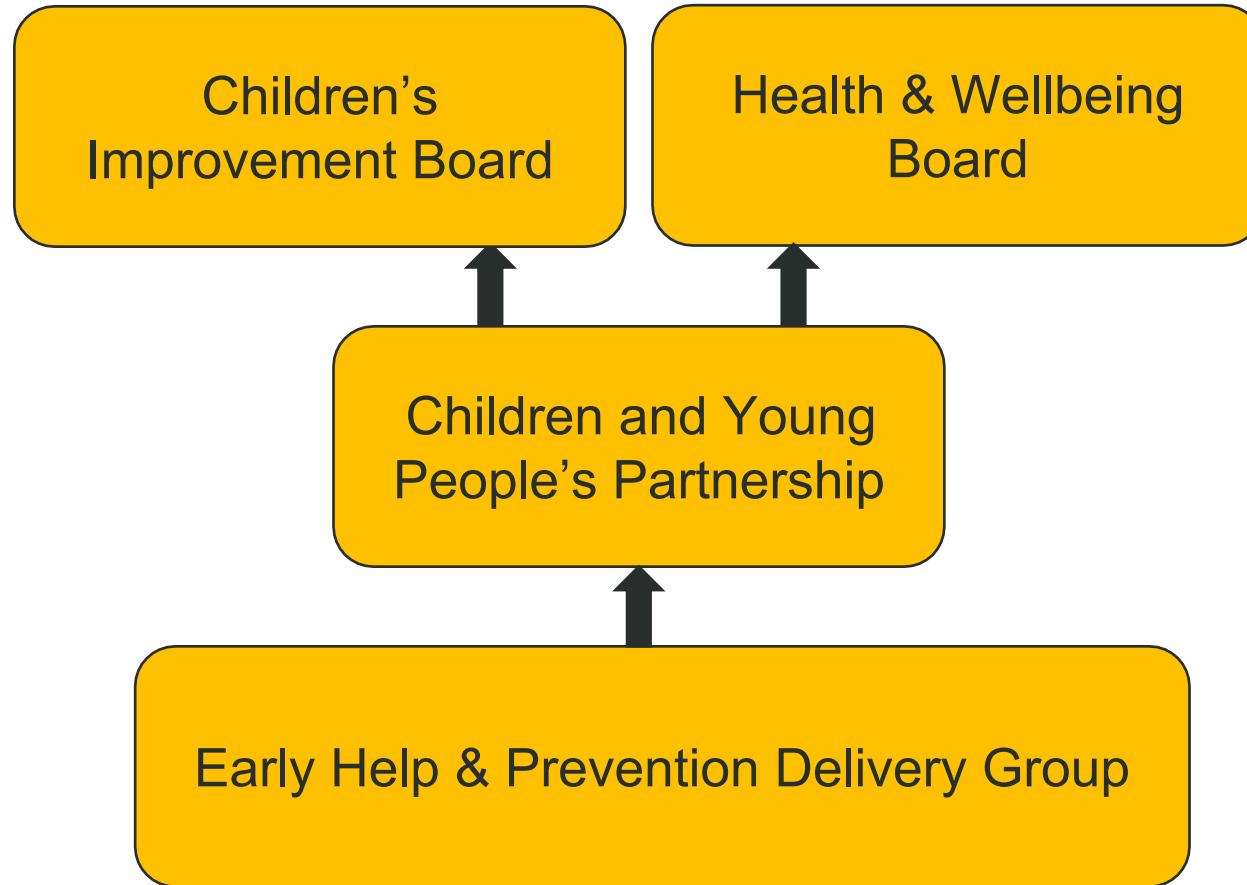
Early Help Strategy Ambitions

In order to achieve this we need to work together with our partners, communities, faith and voluntary sector, children, young people and families, staff and elected members, to get the right building blocks in place to move the **culture and practice to prevention, self-help and early support.**

Early Help Delivery Plan

- Leadership and Governance
- On line Virtual Offer and Communications
- ⁴¹- Volunteer Model
- Workforce Development
- Talk Community Hubs

Governance



Local Authority Targeted EH Services

Children's Help & Advice Team (CHAT)

- Spans the levels of need 1-3
- ⁴³Manages contacts coming into C&YP, screened by MASH at level 2 or 3
Advice- Guidance-Signposting
- Direct telephone line for children and their families and professionals to seek advice and self help solutions
- Where there are more complex needs CHAT can recommend completion of an EHA, by a professional who knows the family.

Local Authority Targeted and Preventative EH Services

Children Centre Services

Work with families, who have children aged 5 or under. The service works in line with the Best Start in Life initiative and offers:

- Targeted support to families with complex needs who have an EHA or where the children have either a Child in Need or Child Protection Plan.
- 'First Steps' an innovative multiagency programme for young parents under 21⁴⁴ years and for new parents who have left care. Delivered together with midwifery, health visiting and Nationwide Community Learning Partnership (NCLP)
- Play & Learn and Baby Play universal sessions in areas of most need where there is no community offer or when there is a Health Visitor drop in session. This helps to deliver key preventative messages
- Evidence based targeted group support for children and families where there is an emerging need around attachment or child development
- The Solihull Parenting Programme

Local Authority targeted EH services

Early Help Family Support

Provides targeted support to children and their families who have been identified through an EHA with the most complex of needs below threshold of requiring statutory intervention or who have stepped down from statutory social care services using evidenced based models of working, tools and programmes.

Delivers evidenced based parenting approaches

Early Help Coordinators & Supporting Families Teams

- **The Early Help Coordinator Team** – oversees Early Help Assessments
- Complete EHA's if no identified Lead Professional
- Deliver training on the Early Help Offer, completion of EHA's and managing Team around the Family meetings
- **Supporting Families Team** administer the Supporting Families Programme

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Evidence based models of working, tools and programmes

- Relationship based practice
- Motivational interviewing
- Respect programme
- Family mediation
- Reducing Parental Conflict programmes
- Triple P parenting techniques and programmes
- Solihull parenting
- Elklan Let's Talk with your Baby & Let's Talk@Home
- Bookstart Corner
- Widget – tool for working with children with additional needs
- Signs of Safety

Supporting Families Programme

- The Supporting Families programme (formerly the Troubled Families programme) is government funded with a grant and payment by results for work completed with families
- The programme is run by the Department of Levelling Up, Housing & Communities but is moving to the Department of Education April 2024
- The programme runs until March 2025
- Funds received in 2022/23, £477k grant and £128k payment by results.

Commissioned Early Help offer

- A Mentoring Service, provided by Vennture. This incorporates a professional link worker and volunteer model, to support families with an EHA who have emerging needs.

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- A Befriending Service, provided by Homestart, a volunteer based model

Population and Data

*Child Population 0-18	35,687
No of Children with an EHA	943
No. of Children in Need	380
No. of Children with a CP Plan	248
No. of Children in Care	398

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*From office of National Statistics

Children's Help & Advice Team Data

- CHAT contacts have steadily increased over the last 12 months
- The implementation of the direct telephone line in January has increased activity
- There are on average 70 telephone calls to CHAT a month, this is in addition to the contacts
- CHAT to complete 95% of contacts from MASH screened at level 2 or 3 within 72 hours

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July 2023	553 up 29% from 2022	90% completed in time
June 2023	428 up 51% from 2022	86.4% completed in time
May 2023	455 up 41% from 2022	83.7% completed in time
April 2023	295 up 62% from 2022	82.0% completed in time

Early Help Assessment data

Open EHA's July data: Total number EHA's: 923

Month 2022-2023	Oct	Nov	Dec	Jan-23	Feb	Mar	Apr	May	June
Total number of EHA's	971	723	765	690	755	833	856	938	898

52 New EHA's July data: New EHA's 107

Month 2022-2023	Oct	Nov	Dec	Jan-23	Feb	Mar	Apr	May	June
New EHAs	89	138	81	158	103	113	65	102	136

Early Help Assessments

Data from 01/10/22 – 31/08/23 (Data from Mosaic started on 01/10/23)

Total EHA's completed: 940 – data is for children

Main organisations completing EHA's:

Primary Schools	310	33%
Internal teams	265	28%
Secondary schools	186	20%
Health visitors	97	7%
Early Years providers	30	3%
Midwifery	3	0.3%
Housing providers/internal	Nil	Nil

Children Centre Services Performance

In the last year we have achieved:

- **122,314** hits on our Children Centre Facebook page
- **87%** with our NEF uptake which is above the national average of 72% (2022 data)
- Baby Health and Play sessions, “Best Start in Life” **over 7,500 attendances**
- Delivery of targeted EHA support to **253** children and their families, by our Early Years Support Workers, a **65%** increase on the previous year
- Our First Steps Services, led by EYSWs, has supported **63** young parents in their journey into parenthood and family life , **32%** as part of a Level 4 plan

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Homestart & Vennture Performance data 2022 - 2023

Target to work with 70 families per year.

	Vennture	Homestart
No. of families carried over	18	21
No. of new families supported	64	58
No. of families intervention finished	58	41
No. of PbR's	25	12

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Early Help targeted Services performance highlights

- Relunched the direct helpline for CYP & their families into CHAT. Since Jan 2023 approximately 414 calls have been received, over 50% from families.
- Since October 2022 when data started to be collected through PowerBi, professionals have completed 66% of all EHA's. The remaining 34% have been completed by Early Help co-ordinators and Early Help Family Support Workers. The highest number of EHA's completed by professionals was in May 23 when 79% were completed by external organisations. (These figures do not include step downs from social care).
- For the period of October to March 23 on average 76% of children and family needs were met at the point of closure
- Offered support to all Ukrainian families coming to Herefordshire – 234 contacts
- During 2022/23 the service achieved the Payment by Results (PBR) target set by (DLUHC), and achieved successful outcomes and sustainable change for **160** Families.
- Over the past 12 months the Early Help Family Support teams (EH FS) have worked with 1119 children from 545 families across the county to the end of July 2023.
- EH FS supported and completed assessments for 56 young carers and their families over the last 12 months to the end of July 2023.
- EH FS delivered termly Triple P parenting groups and 88 parents completed, across the county over the last 12 months to the end of July 2023.

Waiting times

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	No. Families Waiting	No. Children Waiting	Longest Waiting Time
Internal Teams	34	70	7 weeks
Commissioned Services	10	14	7 weeks

Feedback on the service

- *'The aim of the visit was to support myself and my colleague to complete an Early Help assessment with a family at our setting, which was something we had not completed before (We had completed CAF training a long time ago!!).*
- *xxxx communication was excellent throughout, and she arrived promptly for our appointment. She was able to advise of the preparation beforehand e.g. signing up to the mosaic system (which was a very simple process too!), and sent through some notes to consider for the EHA from speaking to the family prior to the meeting.*
- *xxx was very helpful and supportive throughout the meeting with our family, and explained everything to us clearly.'*
- *'Very happy and felt listened to & voice of the child heard'.*
- *'Mum was happy dad was able to speak about the difficulties he is experiencing (Struggling with Mental Health)'*

Feedback on the service

- 59 • *As a mum, I cannot ever say thank you enough for the huge part you have played in helping X. You have helped her in so many ways, to return to herself, stronger, more aware, more resilient, just by being the kind, caring, understanding, non-judgemental person that you are. I would never of thought at this point one year ago, that my daughter would have come as far as she has today. To have ambitions, dreams and a fire back in her belly is something amazing – much of this is down to you fighting beside us and not giving up and having her back no matter what. For this you will always be held in the highest regard. Thank you for everything these past months, for always being on board not just for X, our whole family has had such a positive impact of you being around’.*
- *From a teenager – ‘My worker is one of the best family support workers and I’m really sad that she is leaving and she’s helped my life improve so much..... she’s just like family’.*
- *‘It has had a massive impact for me and the kids, things have improved and made us all happier. Sad that it has to end. It has been really good and we feel that you have gone above and beyond and been better than anyone else that we have had from children’s services before’.*

West Mercia Police – Early Help & Prevention in Herefordshire

Herefordshire police have a Prevention Assessment Officer (formerly Early Help Officer) and two Intervention and Prevention Officers:

- These roles come under the local Problem Solving Hub and the Prevention Assessment Officer is co-located with partnership colleagues within the MASH
- One of the primary functions of the Prevention Assessment Officer role is to support the I&P officers by working with partners in the early help setting to review referrals, provide advice and identify young people who are suitable for police early help interventions.
- All youth stop and search records are reviewed, with follow up intervention visits to families
- On receipt of a referral the role of the I&P officers is to take a problem-solving approach to understand the needs of the child and identify supporting interventions
- I&P officers coordinate interventions, which may be delivered by other policing teams or organisations. The diversionary database
- Where any offences are disclosed the I&P officers record these, ensure any necessary immediate safeguarding in place and conduct initial investigations where appropriate, managing a transfer to the most appropriate police agency for longer-term management.



West Mercia Police - Early Help & Prevention Herefordshire

Q1 2023 the Prevention Assessment officer completed 88 reviews. This includes cases where a child has been: recorded as an 'involved party' in a crime on non-crime incident on more than one occasion:

- subject of stop and search;
- referred through Prevent;
- referred through an EH referral.

⁹/₁ Every review includes information sharing with partners to ensure well-informed decision making and avoid duplication.

In Q1 a total of 28 I&P problem solving plans were created and 20 were finalised. Of these, 13 had a 'situation improved' outcome, 7 had a 'situation unchanged' outcome and none were finalised with a 'situation worsened' outcome.

Types of intervention include:

- Home visit with family and ongoing engagement with parents
- School visits and engagement with Education professionals
- Referral to Steer Clear programme, Strong Young Minds (anger management) and other programmes
- Diversionary activity (e.g. South Wye Police Boxing Club, 'Going For Goal')



West Mercia Police - Early Help & Prevention Herefordshire

Commissioned services to support:

- Steer clear
- Various diversionary activities through CCF fund (PCC funding £20k administered by Local Policing Commander Supt Wain)



**The Healthy Child Programme 0-19 yrs
(Health Visitors & School Nursing Service)
A universal Offer For ALL Children In Herefordshire**

3 The Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews (0-5 years) supplemented by advice around health, wellbeing and parenting

Current offer

- Delivery of Community Health Visiting Services 0-5 yrs with 5 mandated Health checks: (Antenatal visit from 28 weeks of pregnancy, New baby visit at 10–14 days after the birth, 6–8 week check and provision of support and advice, –12 months child development review, 2–2½ years: child development review)
- 4 levels of intervention: **Community, Universal, Targeted, Universal Plus**
- Additional Support with The First Steps Programme - All young parents 21 and under accessing the First Steps programme will be supported by a PH worker contact every month for the first 6 months, then every 2 months until baby is 1yr and then quarterly until child is 2yrs
- 5-19yrs School Nursing Service – A school nurse supporting every high school with 2 weekly drop in clinics. Referral service for Primary schools
- Delivery of the National Child Measurement Programme (NCMP)
- The service will support **ALL** early years' settings across Herefordshire with each setting having a named PH Service worker
- Drop in clinics and baby weighing at children centres

New Service offer from 1 April 2024 (following recommissioning) A Universal Offer For ALL children

Delivery of Community Health Visiting Services 0-5 yrs with 5 mandated health checks: (Antenatal visit from 28 weeks of pregnancy, New baby visit at 10–14 days after the birth, 6–8 week check and provision of support and advice, –12 months child development review, 2–2½ years: child development review).

A further 2 additional Health Checks: - 4-6 month review & 3yrs/3.5yrs Pre school review

4 levels of intervention: **Community, Universal, Targeted, Universal Plus**

Additional Support with The First Steps Programme - All young parents 21 and under accessing the First Steps programme will be supported by a PH worker contact every month for the first 6 months, then every 2 months until baby is 1yr and then quarterly until child is 2yrs.

5-19 Public Health Service For Young People – A public Health worker supporting every high school with weekly drop in clinics and supporting every primary school with termly face to face meetings.

Delivery of the National Child Measurement Programme (NCMP)

New Service offer from 1 April 2024 (following recommissioning) A Universal Offer For ALL children

The service will work with all primary and secondary schools to develop a yearly School “Health & Wellbeing Plan” addressing the needs of the children/families with evidence based actions This should be reviewed annually with the school in terms of changing need

All secondary schools receive post-16 transition workshops & support package.

The service will support school staff including PSHE leaders with training in health related issues/prevention during lunchtime/twilight sessions which are planned and form part of the School’s Health & Wellbeing Plan.

- g Delivery of termly community workshops as needed in PCN areas e.g. asthma, epilepsy, supporting good mental health, drug & alcohol, smoking, dangers of vaping, healthy eating, eating disorders etc

Supporting all schools with child absenteeism where there is a health related issue (mental, emotional or physical).

The PH Service will deliver termly community workshops in each PCN area e.g. oral health, school readiness, toileting, weaning, accident prevention, speech & language, safety in the home, Housing issues/damp, supporting wellbeing etc Partnership working is strongly encouraged with e.g. schools, Talk Community and third sector organisations.

Year 7 Transition workshops in all High Schools

New Service offer from 1 April 2024 (following recommissioning) A Universal Offer For ALL children

The service is required to use a model with a greater skill mix with Public Health Nurses taking on a more leadership/strategic role whilst a broader mix of staff e.g. school nurse assistance, family support workers, Nursery Nurses & volunteers.

The service will deliver a evidence based weight management programme in each PCN areas.

The service will deliver community-based “School Readiness” workshops to be held yearly in each PCN area of Herefordshire.

The service will support all early years’ settings across Herefordshire with each setting having a named PH Service worker and in addition quarterly face to face visits to settings to assess needs and offer support.

The PH Service will set up “Baby Self Weigh Stations” in suitable venues in all Herefordshire market towns of Leominster, Hereford, Ross on Wye, Bromyard, Kington, Ledbury and in Golden Valley.

Community development and partnership opportunities with Talk Community Hubs to be utilised.

The PH Service will set up “Baby Self Weigh Stations” in suitable venues in all Herefordshire market towns of Leominster, Hereford, Ross on Wye, Bromyard, Kington, Ledbury and in Golden Valley.

Engagement, Consultation & Feedback

This has formed part of the commissioning process for the new service and included:

Stakeholder Engagement Workshops & Feedback to shape the service specification

Consultation with parents (on line survey 60 respondents) & Face to Face consultation in the community 56 families

Consultation with current service staff

Schools on line survey – 66 schools responded

Feedback from the Prevention & Early Help In Communities Project Consultation (2022) over 1,000 respondents

0-19 Needs Analysis

Latest Performance: Mandated Health Checks

April – July 2023

- **New Birth Visits** - 370 eligible with 340 visited
- **New birth visits completed within 10-14 days** - 81.5%. 21 babies were admitted to the special care baby unit post-delivery. All babies that were admitted to SCBU or hospital would have received telephone support from the Health Visitor with plans to see them at home upon discharge.
- **Breastfeeding rates at 6-8 weeks** - 60% of babies being breastfed by 6-8 weeks. This is higher than the national average (49%)
- **12 month reviews completed by 15 months** - 95% of which 89% of children were seen by 12 months
- **2/2.5 year review** - 90% of which 18% of children seen through the “integrated review pathway” (with the nursery). Data from the 2.5 year development review demonstrates that communication continues to be where children are developing at a slightly lower rate in addition to gross motor skills. The data shows that 83% of children who attended for their review achieved above the expected level in communication skills and 82% of children who attended for their review achieved above the expected level in gross motor skills compared with the other areas and skills assessed.

Education Update

- Schools have traditionally worked in locality based clusters across Herefordshire, largely grouped around market towns and the city
- Schools have established a range of early help strategies across individual settings, academy trusts and localities. Some schools offer parenting support and other services such as counselling
- Some established voluntary and community groups working with schools including Leaf and Vennture

Early Help and Prevention Strategy

March 2023

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Introduction

The Herefordshire and Prevention and Early Help strategy sets out our ambition to strengthen our prevention and early help provision within local communities.

The strategy is aligned to the Children & Young People's Plan 2019 – 2024, **Children and Young People's Plan** – Herefordshire Council the aim of which is to improve outcomes for children, young people and their families and to contribute to the safeguarding of children and young people. The four pledges that drive the Herefordshire Children and Young People' Plan are:

1. Keeping children and young people safe – BE SAFE FROM HARM
2. Improving children and young people's health and wellbeing – BE HEALTHY
3. Helping ALL children and young people succeed – BE AMAZING
4. Ensuring that children and young people are influential in our communities – FEEL PART OF THE COMMUNITY

Herefordshire Children's Services Improvement Plan (IP) focusses on ten key priority areas considered crucial to delivering the change needed to ensure that children are well supported and safeguarded in Herefordshire.

Improvement plan (Appendix B) Priority area 1.3 of the IP to 'Re-establish the Children and Young People's Partnership (CYPP) to create a multi-agency/cross sector forum to develop an Early Help offer with families'.

Research shows that effective preventative services offer children, young people and families help before any problems arise or when low level problems emerge. Our ambition in Herefordshire is to ensure that children and young people receive the Right Help at the Right Time in order to reduce the likelihood of adverse childhood experiences.

Vision

Herefordshire Children's Services have worked alongside children, young people, families, community, faith & the voluntary sector and partner agencies to create a shared vision that maximises opportunities to access the right help at the right time.

Working together to ensure Herefordshire is a great place for families to thrive and that our children and young people get the best start in life

In order to reach families at the very earliest point that they may require help we are working with our community, voluntary and faith sector to enable help to be available wrapped around universal provision. Providing help to prevent escalation of needs will also be part of our ambition to enable families and communities to remain independent of statutory services, meaning only those that really need to have statutory intervention do so.

We are exploring a new way of working called Community Paradigm. Empowering communities involves public services reaching a different understanding of power. It recognises that when your overarching goal is to prevent illness, crime, or personal crisis arising in the first place, then power needs to be 'shared' with individuals and communities. Prevention can ultimately only be successful when those at risk of illness, crime or crisis take the necessary steps to prevent it themselves, with the supportive influence of communities and networks around them. We are keen to shift resources in to those communities to help facilitate early prevention and support.

What is prevention?

Prevention, in its simplest terms, can be defined as “the action of stopping something from happening or arising”. Research shows that effective preventative services offer children, young people and families help before any problems arise or when low level problems emerge. From a child or young person’s point of view the earlier they receive help the less likely they are to undergo adverse experiences. (Munro, 2011)

In Herefordshire, Prevention refers to universal and community help being offered at the right time in order to increase the protective factors and decrease the risk factors facing children, young people and families. Preventing problems from occurring or offering help quickly helps to build resilience in families, promotes safety and wellbeing and ultimately reduces the need for involvement more specialist services.

What is early help?

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“Providing Early Help is more effective in promoting the welfare of children than reacting later. Early Help means providing support or services as soon as a problem emerges, at any point in a child’s life..... Early Help can also prevent further problems arising”. Working Together (2018)

Early help is Everyone’s responsibility

Local authorities, under section 10 of the Children Act 2004 [5], have a responsibility to develop joined up early help services based on local needs. However collaborative inter-agency working is essential to improving the welfare of all children. Effective Early Help relies upon local organisations and agencies working together to: Identify children and families who would benefit from early help, undertake an Early Help

Assessment and provide targeted Early Help services to address the assessed needs of a child and their family.

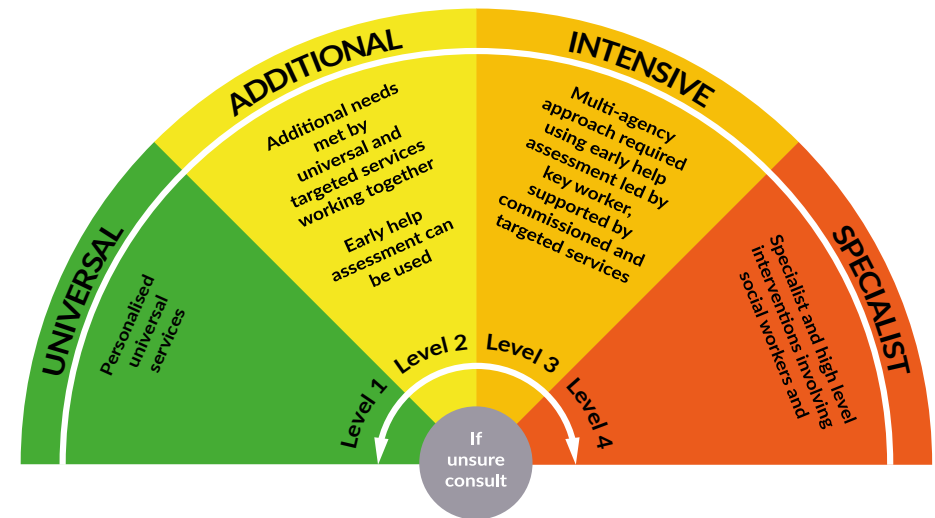
In Herefordshire this means keeping the child or young person at the centre of our decision making and offering the Right Help at the Right Time to meet their needs.

Right help right time

Most children will have their day to day needs met by their parents or carers and from within their own community. These children will have access to universal services that are there for everyone.

For some children and their families there are times when they will require additional or intensive help and support and a smaller number of children may require specialist intervention, including protection from likely or actual significant harm.

The Herefordshire Safeguarding Children Partnership have developed the Right Help Right Time Levels of Need framework to help practitioners and partner agencies to gain a collective understanding of how to



identify need and offer the Right Help to enable children and young people to achieve their potential Herefordshire Right Help Right Time Levels of Need guidance

The Continuum of need sets out the 4 levels of need used to ensure the right help is provided to children and families at the right time.

Why is early help important?

Early Help can offer children the support needed to reach their full potential. It can improve the quality of a child's home and family life, enable them to perform better at school and support their mental health. (EIF, 2021). Furthermore research shows that that Early Help offered at the right time can:

Protect children and young people from harm

Improve children's long term outcomes

Reduce the need for a referral to specialist services

National context

Nationally several high profile reviews highlight the importance and need for early help for families. These include:

- The Field Review on preventing generational poverty (2010)
- The Allen review on intervening early in a child's life (2011)
- The Munro review of children's care services (2011)

All describe the significance of identifying needs early on and how preventative work can maximise opportunities to give children the best start in life and prevent problems from developing and impacting on life experiences.

Graham Allen's review 'Early Intervention: The Next Steps' (2011) paved the way for an independent Early Intervention Foundation (EIF) to be established. The EIF's most recent strategy (2018 - 2023) validates the pivotal role of Early Help in helping children and young people reach their full potential.

HM Government's report The Best for Life (2021) acknowledges that The 1,001 days from pregnancy to the age of two are critical in setting "the foundations for an individual's cognitive, emotional and physical development". Furthermore the mental health and wellbeing of mums, dads, partners and carers is highlighted as an important factor in a baby's development. The review identified several catalysts to ensuring the best start in life.

"Science tells us that a child's experiences from conception through their first five years will go on to shape their next 50. It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow" (Knouf, 2020)

Families have access to the services they need

1. Seamless support for families: a joined up Start for Life offer available to all families.
2. A welcoming hub for families: Family Hubs as a place for families to access Start for Life services.
3. The information families need when they need it: designing digital, virtual and telephone offers around the needs of the family

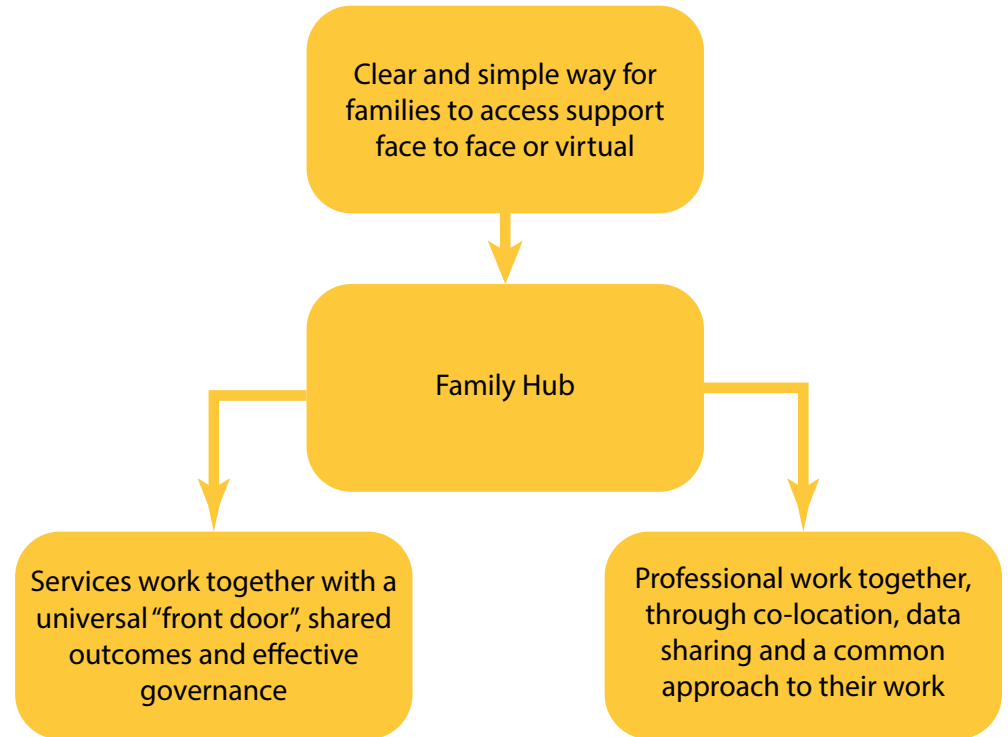
National context-family hubs

The Government advocate Family Hubs as a key driver of its vision for the Best Start in Life. A National Centre for Family Hubs has been established and is led by the Anna Freud Centre. **National Centre for Family Hubs**

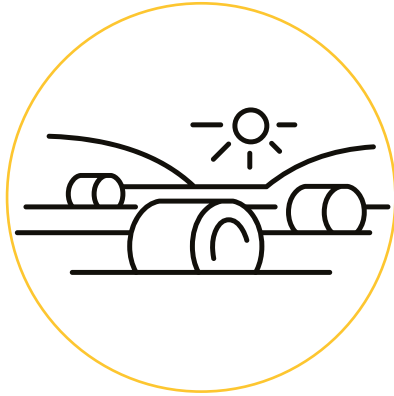
A Family Hub is a system-wide model of providing high-quality, whole-family, joined up family support services. Family Hubs deliver these support services from pregnancy, through the child's early years and later childhood, and into early adulthood until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities).

Relationships are at the heart of everything that is delivered in Family Hubs and the approach builds on family strengths. Each Family Hub will be unique and bespoke to the local community it serves, however there are three key delivery principles that should be reflected in all Family Hubs:

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Local context - what is it like to live in Herefordshire



Herefordshire is a predominately rural county, with the fourth lowest population density in England (89 people per square kilometre)



As of mid 2020 Herefordshire resident population was estimated to be 193,600. Migration has been the sole driver of the population growth since the early 90's

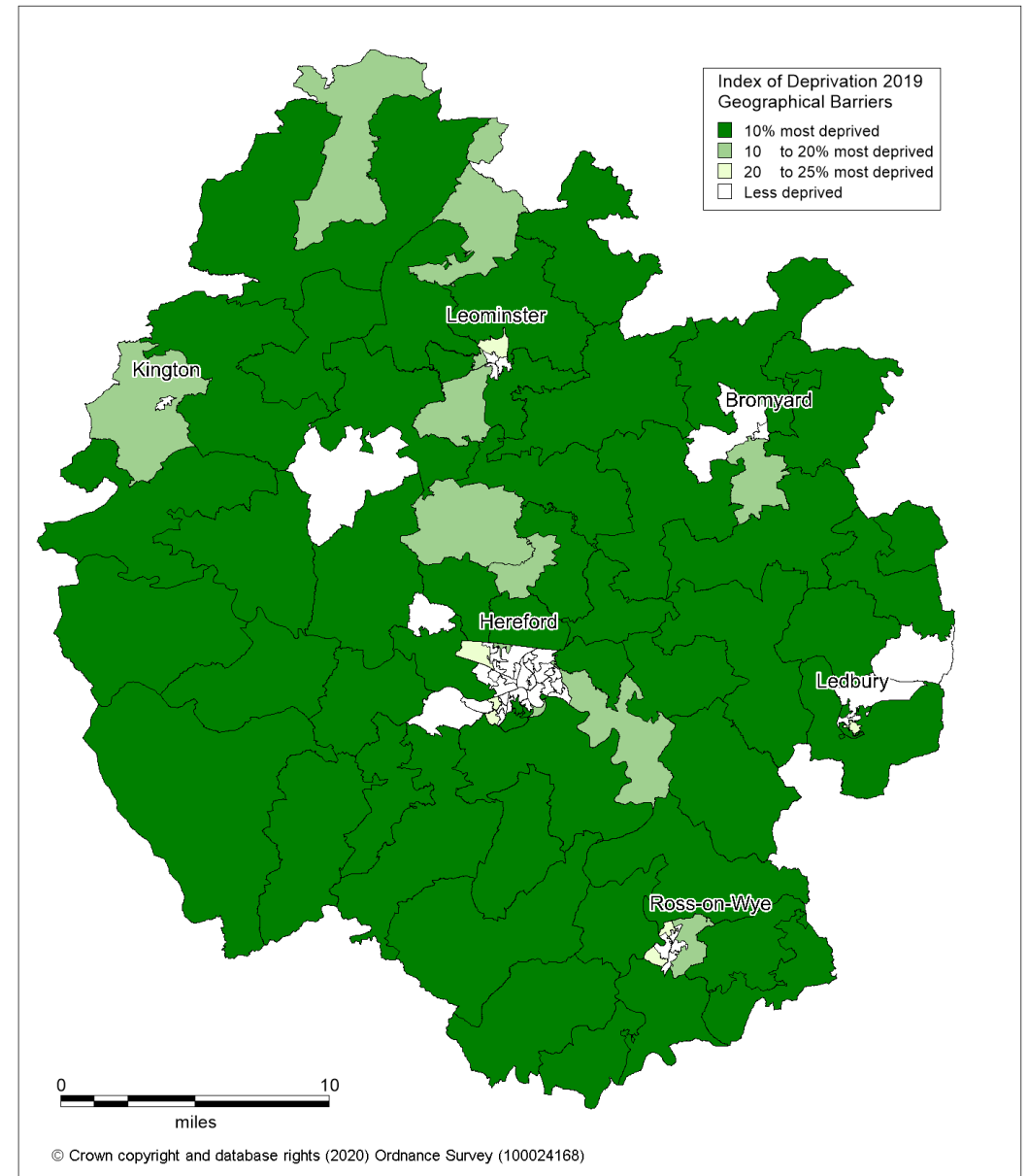


The county has relatively older age structures compared with the national figures with a quarter of the population aged 65 or over. Number of older people are set to continue growing at a higher rate than younger age groups

Whilst Herefordshire is widely regarded as being an affluent county, this masks issues of deprivation, poverty and a continued widening of the gap between the most and least deprived

Close to two thirds of the county are amongst the 25% most deprived in England with respect to geographical barriers to services and the average income of residents is significantly below the regional and national averages

There are pockets of severe deprivation in parts of Hereford and Leominster, as well as potentially 'hidden' deprivation in rural areas. Newton Farm in Hereford City is recognised as the most disadvantaged in the county and is the only 10% SOA



Herefordshire is home to around 35, 900 young people aged under 18, this is projected to rise to 37,000 by 2025. Home - Understanding Herefordshire

Area*plus surrounding areas	0-15	%age for named area
Hereford City	11,500	19%
Leominster	2,100	18%
Ross	1,800	16%
Ledbury	1,600	16%
Kington	500	15%
Bromyard	800	17%
Other Urban/Fringe *	1,400	18%
Rural Village/Dispersed	12,000	15%
Herefordshire Total	31,800	17%

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Education

Children in Herefordshire generally do well throughout school compared to children across England. 22% of schools are rated as Outstanding, 74% as good and only 4% require improvement. However some groups who do less well than their peers due to a range of factors such as the family environment and the neighbourhood in which they live. In terms of social mobility Herefordshire is ranked 271 out of 324 Local Authorities

The proportion of children eligible for Free School Meals (FSM) achieving a good level of development by the by the end of reception year, almost doubled to 59% between 2014 and 2017. However there is still a notable gap when their achievement is compared to children not eligible for FSM. This figure is 77% locally and 73% nationally. For older children 34% achieved the expected standard at GCSE, slightly lower that the national average of 37%. Current data shows that 6.5% of Herefordshire's 16 and

17 years olds are NEET, very slightly above the national average.

There remains a gap locally and nationally for children with SEND and children in Herefordshire with an Education and Health Care Plan (EHCP) and eligible for FSM do not make as much progress as their peers nationally.

HEALTH

In Herefordshire one in ten six year olds and one in five 11 years are considered obese on the BMI. In 2019 reception age children with a combined proportion of obese and overweight BMI's was 23.7% and in year 6 the figure was 47%. Furthermore **Herefordshire's Joint Strategic Needs Assessment - Understanding Herefordshire** identifies that; Obesity doubles between ages 4-5 (10%) and 10-11 (20%) in Herefordshire

The oral health of children in Herefordshire is consistently poor when compared to the rest of England, this has not improved in the last 10 years. Almost a third of 5 year olds have some signs of tooth decay, this is amongst the highest 25% in the country.

Health and wellbeing strategy – Herefordshire Council has identified 7 priorities which include:

- Mental health and wellbeing and the development of resilience in children, young people and adults
- For children starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children

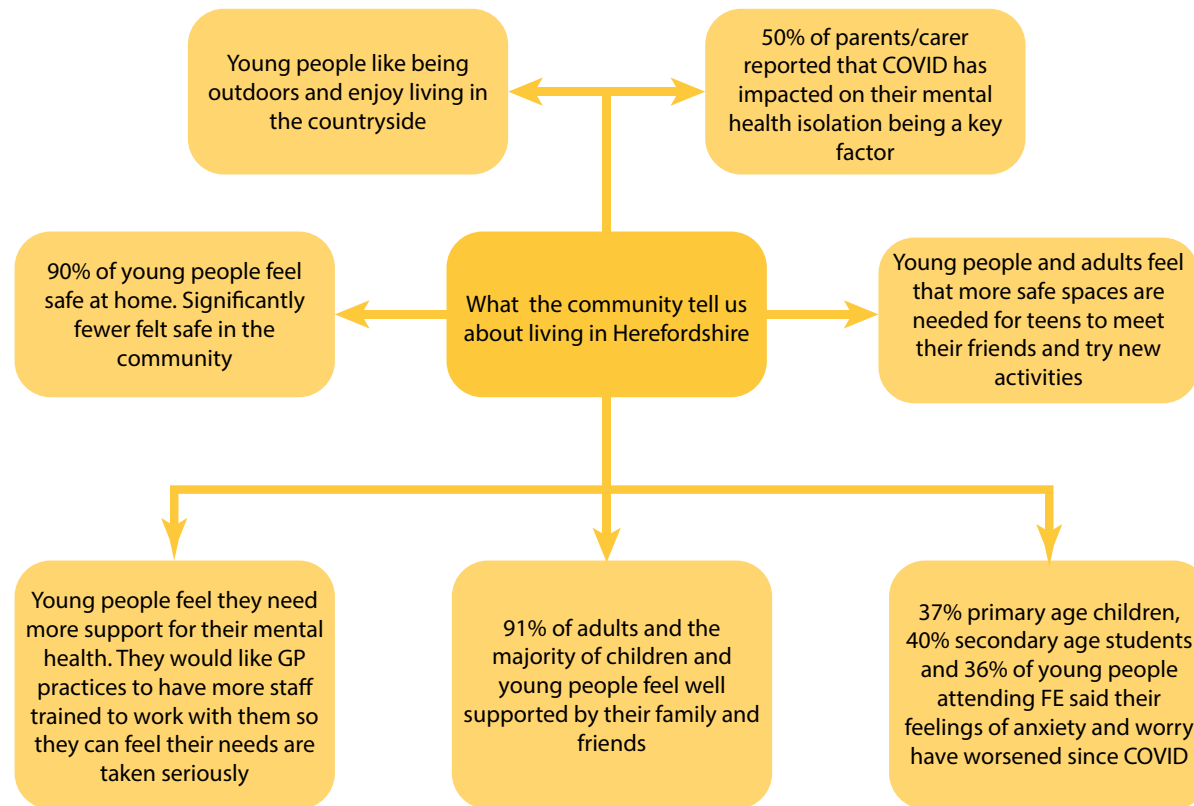
Prevention and self-help are highlighted as key drivers to improvement within the Health and wellbeing strategy.

Children and young person's voice - what is it like to live in Herefordshire?

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Working Together, 2018

Herefordshire recognises the importance of gaining the child's voice and lived experience and the Signs of Safety approach is embedded in our work with children, young people and families. Signs of Safety is a strength based approach that supports family members and professionals to work together to meet children and young people's needs in the best way possible. It puts children, young people and their parents at the heart of the work.

Through initiatives such as Let's Talk Children and Families Project (2022) and the Children's and Young People Quality of Life Survey (2021) we have gained the views of almost 5000 school age children and over 1000 responses from parents and carers. This is what they tell us about living in Herefordshire.



Specialist early help family support services currently provided Herefordshire Council

Herefordshire Council Early Help Team sits under the Children and Young People Directorate and consists of 70 staff lead by the Head of Service for Early Help. The team provide specialist support, all of which is underpinned by the Supporting Families programmes and team. The main functions and processes of each team can be found in the Early Help Practice Framework.

The Children's Help and Advice Team (CHAT)

The Early Help Hub is now called the CHAT Team (Children's help and advice team) has been established to improve communication, information sharing and to support more effective delivery of services where there is a need for multi-agency responses. The team are embedded in the MASH working in close partnership with partner agencies, other professionals, children, young people and families. CHAT screen all EH contact in line with the Right Help Right Time levels of Need and ensure that children and families received the appropriate level of response for their need.

What has worked well...?

The CHAT Advice has helped us all to communicate better at home

After talking to CHAT my child now has the right support in place at school

Prevention: Between April 2021 and March 2022 the CHAT supported just over 3500 children and young people. On average just over 50% of contacts are screened with an outcome of advice, guidance, signposting and the right support in place (levels 1 and 2). A further 15% are recommended as level 3 with an EHA as the outcome. Quarterly feedback shows that the majority of families are really happy with the service they received.

The early help co-ordinators

The Early Help Co-ordinators team work in partnership with the CHAT, MASH, social workers, professionals, partner agencies and families. They coordinate support for families through the Early Help Assessment (EHA)

WHAT HAS WORKED WELL...?

The support I have had from the EHA has been vital for the healing and growth of the whole family. The regular meeting gave me a safe place to feel heard and supported

Early Help EHA's: On average the amount of EHA's open at any one time is 1240 (April 2021 to Mar 2022). Although this figure has started to reduce. It is early days but it is likely that this reduction is due to changes to the single front door, threshold application and the preventative help given by the Early Help Hub and other agencies.

One Young Person shared this feedback with their Early help Family Support Worker "You've made our family stronger and happier, we believe in a lot more people because you supported us to feel safer. I'm a lot happier and I can trust more people and I didn't think that would ever happen. The way we have been guided I feel like I can say what I feel and

I know I'll be listened to now. You helped us to see the rainbow and thank you for that, I will really miss you".

Panel and allocation of cases requiring support from early help services

A weekly panel meeting considers all requests for support from Early Help via Early Help Assessment's. This panel comprises at least two Team Managers and a Social Worker from the Early Help Service.

The Early Help Family Support Team

The Early Help Family Support Team work directly with children and families who have been referred. Support is holistic and outcome focussed in line with the EHA plan. In addition to the internal team two commissioned services Vennture and Homestart also provide direct work support.

8 What has worked well...?

The Early Help Family Support team worked with 1052 children and young people between April '21 and March '22 helping families to achieve and improve their outcomes. The team provided holistic support for the whole family with the child/young person at the centre of everything we do. Working with other professionals to provide a team around the child and completing direct work and support with the children to ensure that their voice is heard.

Children Centre Services

Children Centre Services support the targeted delivery of early childhood services in order 'to improve outcomes for young children and their families, with a particular focus on the most disadvantaged. This helps children to get the best start in life and support school readiness.

What has worked well...?

96 parents have accessed Children Centre Services First Steps Programme. Parents report feeling more confidence in their parenting skills

Parenting Programmes:

Parenting Programmes: The Early Help teams deliver 6 parenting programmes across the county on a termly basis:

- The Solihull Approach – 0-5 year old
- Standard triple P – 2 - 11 year old
- Teen Triple P – 11 - 18 year old
- Stepping Stones – 5-11 year old, for children with additional needs.
- Fearless – for parents to help manage their child's anxiety
- Transitions – for separating parents

Talk Community Hubs

50 Talk Community Hubs are now open across the county and are beginning to extend their support and services to children and families. The Talk Community Directory provides information about some local support services and families can access this via the website.

The Supporting Families Programme

The Supporting Families Programme is a programme in England administered by The Department for Levelling Up, Housing and Communities (DLUHC) **Supporting Families Programme**

The SFP supports targeted interventions for families experiencing multiple problems including domestic abuse, crime and antisocial behaviour, poor school attendance, unemployment, mental and physical health and children in need of help and protection. Supporting Families are central to and fully integrated with Herefordshire’s Early Help Offer. Successful family outcomes are the way the programme records positive change at a family level and these outcomes are measured through a Payment by Results (PbR) claim.

Supporting Families payment by results (PBRs) claim rose steadily throughout the year. In 2021-2022 Herefordshire’s SFP achieved the PBR target.

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Early Help In Herefordshire

Early Help is part of a continuum of responses from universal services through to acute, all of which are aimed at improving the lives of children.

The objective in Herefordshire is to develop a co-ordinated preventative and early help offer, embedded within a whole family approach.

- Improved digital Offer
- Improved self-help Offer
- Development of the local Talk community offer
- Families with more complex needs having easier access to early help assessments that builds protective factors and family resilience and reduces expenditure on costly reactive services.

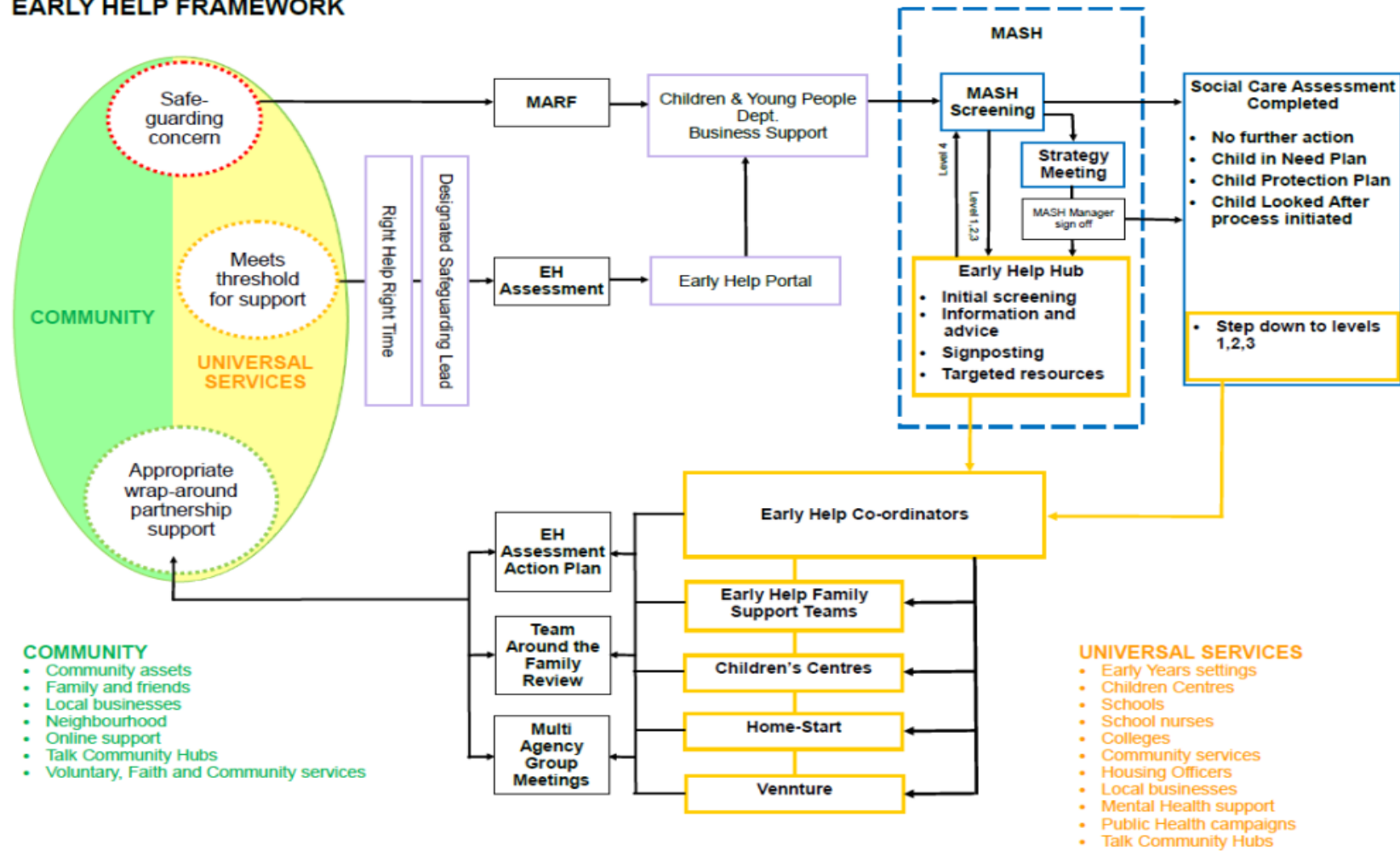
The Early Help Practice Framework supports the development of high-quality practice through application of across the partnership.

The delivery of an effective early help offer is not the responsibility of a single agency. It requires a whole family approach owned by all the stakeholders working with children, young people and their families in Herefordshire

In many instances universal and additional support is offered by partner agencies and community provision to prevent problems arising or to address emerging issues. (Level 1 and 2 on continuum of need).

Where more targeted or intensive support may be needed (level 3) practitioner can initiative and Early Help Assessment (EHA) or request further support via Herefordshire Single Front Door.

EARLY HELP FRAMEWORK



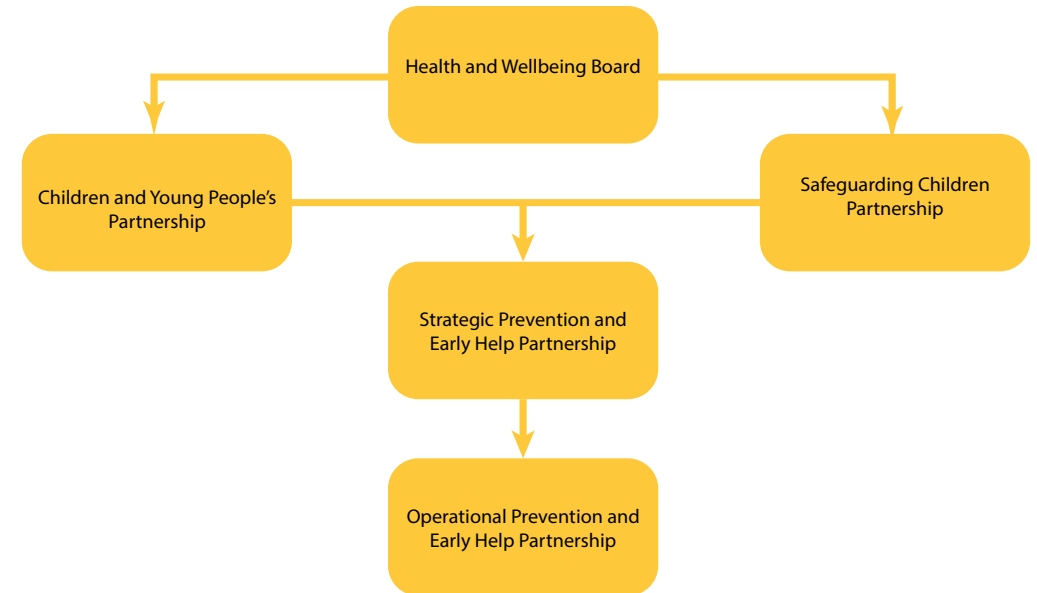
What we would like to achieve

Whilst we have much to celebrate about our current Early Help offer in Herefordshire, we are mindful that Our County Plan (2020-2024) sets out the council's commitment to the children and young people of Herefordshire and our ambition for a whole system transformation that puts all children and young people at the heart of all that we do.

In order to achieve this we need to work together with our partners, communities, faith & voluntary sector, children, young people and families, staff and elected members, to get the right building blocks in place to move the culture and practice to prevention, self-help and early support.

Phase 2 of our improvement journey will help shape our work with our partners and stakeholders, into a more preventative approach that supports our ambition for a child centred county for the future.

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FURTHER INFORMATION-KEY DOCUMENTS THAT SUPPORT OUR STRATEGY

[Children and Young People's Plan – Herefordshire Council](#)

[Herefordshire's Children's Services Improvement Plan- Herefordshire Council](#)

[Growing up - Understanding Herefordshire](#)

[Herefordshire's Joint Strategic Needs Assessment - Understanding Herefordshire](#)

[Health and wellbeing strategy – Herefordshire Council](#)

[Munro review of child protection: a child-centred system - GOV.UK \(www.gov.uk\)](#)

[Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](#)

[Herefordshire Survey 2021](#)

[Children Act 2004 \(legislation.gov.uk\)](#)

[Home | Early Intervention Foundation \(eif.org.uk\)](#)

[The Foundation Years: preventing poor children becoming poor adults \(bristol.ac.uk\)](#)

[Early intervention: the next steps - GOV.UK \(www.gov.uk\)](#)

[Our strategy | Early Intervention Foundation \(eif.org.uk\)](#)

[The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](#)

[National Centre for Family Hubs](#)

[Herefordshire Right Help Right Time Levels of Need guidance](#)

[Early Help Assessment - resources for practitioners and professionals – Herefordshire Council](#)

[Being a parent – Herefordshire Council](#)

[Supporting Families Programme guidance 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

[Herefordshire Supporting Families Framework 2022](#)

[Children and families - Talk Community Directorate](#)



Safeguarding

Herefordshire Safeguarding
Children Partnership

Right Help Right Time Levels of Need

A framework for providing effective support for children, young people and families – making a difference

Publication Date:	November 2020
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1. Opening Comments

A Multi Agency Framework for Providing Effective Support to Children, Young People and Families

The Herefordshire Safeguarding Children Partnership have developed this document to support practitioners at all levels working in statutory, public, voluntary and independent sectors in Herefordshire.

The document is intended to enable practitioners:

- to make decisions about how best to respond to the needs of children and young people and families;
- to give families access to the right help at the right time;
- to provide children and families with access to the most appropriate services for their needs.

This document replaces “Herefordshire Levels of Need Threshold Guidance - *Multi agency guidance on meeting the needs of children, young people and their families in Herefordshire*” and meets the requirements of the statutory guidance in Working Together 2018.

2. Introduction

Children and young people live in diverse and sometimes complex family systems. Most children will have their day to day needs met by their parents or carers and from within their own community. These children will access universal services that are aimed to support all children.

For some children and their families however, there are times when they will require additional or intensive help and support and a further smaller number of children will require specialist intervention, including protection from likely or actual significant harm.

This framework describes potential indicators of need for children, young people and their families and so provides the basis for services to have a good and shared understanding of the “lived experience of the child”. The framework can also be used to inform “professional conversations” between services and practitioners and so promote collective understanding of the type and nature of support that is needed to enable children and young people to achieve their potential.

Working Together guidance (2018), requires the 3 partners with statutory responsibility for developing local safeguarding children partnership arrangements to produce a document that outlines the continuum of need and the local criteria for action and safeguarding. This framework sets out the continuum of need that all services will work to in Herefordshire as well as the action to be taken to respond to the needs of children, young people and their families.

This framework will support professionals and services to work together to improve the wellbeing of children as required by Section 10 of the Children Act 2004. It will also support agencies to deliver their statutory responsibilities to safeguard children and young people as set out in legislation and statutory guidance

Local safeguarding procedures that have been devised by the Herefordshire Safeguarding Children Partnership compliment this framework and support front line staff and services to identify and respond to a range of issues that will impact on the safety and wellbeing of children.

These procedures can be accessed at <https://westmidlands.procedures.org.uk/>

3. Vision

The Herefordshire Safeguarding Children Partnership vision is “Children are safely cared for by their family. Where needed services will work well together with them to achieve this”.

This vision can only be successfully achieved by supporting the right children and their families, at the right time, in the right place for as long as is needed.

Herefordshire Safeguarding Children Partnership recognises that in order to achieve its vision, services need to:

- Support children and families when they first need help
- Build strong relationships with children, parents, extended family and local communities so children are safe
- Listen to children and parents to understand their strengths and needs and offer support that they know can make a difference
- Provide support so change happens, and children can be cared for by their parents/family

Partner agencies deliver a range of services to support children and families and recognise the need for collaboration with children and families and each other when so doing.

For children and families with more complex needs, Herefordshire partners have developed the Early Help Assessment to assess the needs of the whole family and offer the right support at the right time. Multi-agency services will work collaboratively to support families before their difficulties escalate. Most children and families supported by an early help assessment do not need council or more specialist services to achieve positive change.

There are three specialist whole early help family support services provided through Herefordshire Council: the internal Early Help Family Support team which work with the most complex cases, a commissioned Family mentoring Service and a commissioned Family Befriending Service. These services work within the family home or work with families in the community to support children who are living in families with for example there is domestic abuse, the mental ill health of a parent or carer, parental drug or alcohol misuse, the risk of Child Exploitation, the threat of or actual exclusion from school etc. The Early Years Support Service works with those families who have a child from pre-birth to 5 years delivering evidence based programmes to individual families and universal Let’s Play and Baby let’s Play in areas throughout the county where there is an identified need.

The council’s children and families directorate has also established the Edge of Care / Home (ECHO) team helping families in crisis to strengthen and to focus on their children’s safety and welfare. Where children cannot remain with their families or where children’s social care services and partners are working to enable them to return home, the ECHO team provide intensive help for parents to support the changes that must happen before reunification is safe.

The statutory social work service is available for children who have been harmed or who are at risk of harm or significant harm.

4. Principles

In Herefordshire, practitioners in all services are committed to the following principles which inform the work with children, young people, their families and carers:

- Wherever possible, children and families' needs will be met by universal services
- As soon as any professional is aware that a child has any additional needs he/she will talk to the child and their family and offer advice and support to meet that need
- Families will be encouraged to identify their own difficulties, strengths, needs and solutions.
- In most cases, outcomes for children will only be improved by supporting and assisting parents and carers to make changes
- Partners and professionals should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support and that it is coordinated.
- Support and services will be offered to help families to find their own enduring solutions. Once improvements happen, services will reduce or end so as not to create a dependency on services

5. Practice Framework: Signs of Safety

Each child and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement.

'Signs of Safety' provides a framework for us to do this together, by considering seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

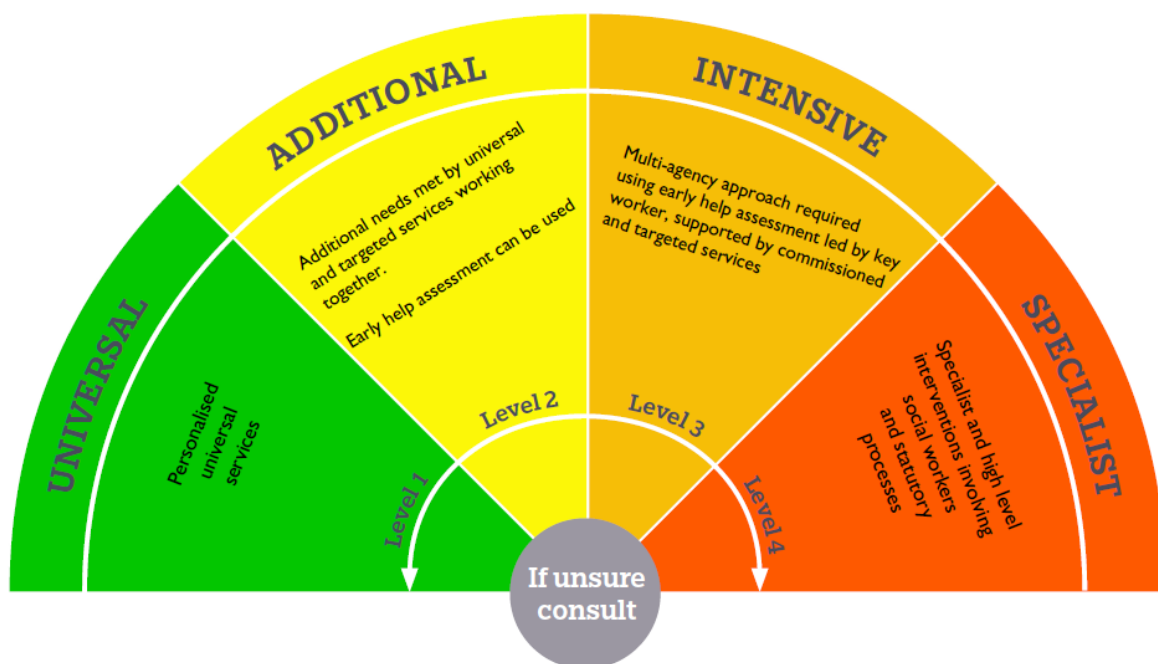
In Herefordshire, we are committed to developing collaborative working relationships with families to help us to understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain a clear and relentless focus on safety and protection.

6. Voice of the Child

In order to understand a child's world, all practitioners will need to maintain a relentless focus on the experiences of the child and seek to understand and record the wishes and feelings of the child. The voice of the child should be evident throughout any assessment and inform planning and the type of support provided.

7. Continuum of Need

The diagram below sets out the 4 levels of need that services and professionals will use to ensure the right help is provided at the right time to the right children and families.



Level 1. Universal

Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.

Level 2. Additional

Children, young people and their families are experiencing emerging problems, or have additional needs that require some targeted support. They are likely to require early help for a time limited period, to help them move back to Universal (level 1) and reduce the likelihood of needing level 3 more intensive support.

Level 3. Intensive

Children, young people and families with identified vulnerabilities who are experiencing multiple and complex needs and are likely to need intensive multi-agency co-ordinated approach. They are likely to require longer term help.

Level 4. Specialist

Children, young people and their families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety.

This may be as children in need - CIN (Section 17 of the Children Act 1989) or as children in need of protection- CP (under section 47 of the Children Act 1989). Children, young people and families receiving intervention at level 4 need are supported, where possible, to reduce the seriousness and complexity of need and are then enabled to step down to Early Help support or Universal services as appropriate.

Appendix 1 provides further guidance to support professionals to work collaboratively to identify the needs of children and their families. At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services and settings who work with families should feel able to consult with one another at any time before deciding on a course of action or way forward.

As with all guidance and criteria relating to access for help and support for vulnerable people, the most important and complex task is the making of a professional judgement about next steps. This will always be informed by any known evidence, discussions with other professionals, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing.

The criteria at Appendix 1 are neither exhaustive nor weighted. They should be used to guide professional discussions and not to support fixed and inflexible positions. Their core purpose is to help practitioners and managers make a next steps decision about how a family and its associated network are able to safeguard and promote the welfare of a child or children.

8. How to Respond

The table below identifies what action to take once the level of need is identified using the practice guidance at Appendix 1. It provides information about when an Early Help Assessment is required, who provides support to the family and how to access support and advice when completing an assessment.

Levels and Referral Routes	Needs	Services (examples)	Outcome
Level 1 Universal Open access to provision	All children and families who live in the area have core needs such as parenting, health and education	Early years, education, primary health care, maternity services, housing, community health care, children centre services Let's Play & Baby Let's Play and leisure services. Children are supported by their family and in universal services to meet all of their needs. WISH – Wellbeing, Information & Signposting Herefordshire website	Children and young people make good progress in all/ most areas of development
Level 2 Additional Two or three services work together to meet child and family needs, co-ordinated by a service and/or people who know the child/family best It may be helpful for these professionals to complete an Early Help Assessment but not essential at level 2. If no EHA a plan of actions with a review timeline to make sure that the help on offer is making a difference. This would be a plan established and managed by the leading agency	Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve their material situation	Parenting programmes School holiday and short breaks provision for disabled children Extra health support for family members; behavioural support Housing support Additional learning support CAMHS tier 2 support to schools SEN support and help to find education and employment Speech and language therapy Children's centre services Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation)	The life chances of children and families will be improved by offering additional support
Level 3 Intensive An Early Help assessment to be completed by the agency which knows the family best or who the family trust with an outcome based support plan agreed by the family. There will be an identified Key Worker who will be the main link for the family and hold all the agencies involved to account to deliver their agreed support. Support from the special educational needs and disability service	Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: <ul style="list-style-type: none"> • have a disability resulting in complex needs • exhibit anti-social or challenging behaviour, including the expression of radicalised thoughts or intentions. • suffer some neglect or poor family relationships • have poor engagement with key services such as school and health • are not in education or work long- term 	Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a Key Worker and the service is provided ONLY with the consent of the parents/carers A wide range of services might be involved in meeting the family's needs, e.g. CAMHS tier 3, adult mental health or drug/alcohol team Families needing substantial support to care for a disabled child, usually with the help of a social worker from the children with disability service	Life chances will be significantly impaired without co-ordinated multi-agency support

Level 4 Specialist Access requires a MARF Children`s social care Child protection Care proceedings Children in need Disposals with the Youth Justice Service Tier 4 CAMHS Hospital or hospice in-patient	<p>Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect.</p> <p>This will include victims of child exploitation and also those at high risk of female genital mutilation (FGM)</p> <p>Children with significant impairment of function/learning and/or life limiting illness</p> <p>Children whose parents and wider family are unable to care for them</p> <p>Families involved in crime/misuse of drugs at a significant level</p> <p>Families with significant mental or physical health needs</p>	<p>Children`s social care, youth offending service</p> <p>Criminal justice system</p> <p>Tier 3 and 4 CAMHS In-patient and continuing healthcare</p> <p>Fostering and residential care</p> <p>Health care for children with life limiting illness</p> <p>Services for children with profound and enduring disability</p> <p>Referrals have to be made to services with the power to undertake statutory non- voluntary intervention and services with specialist skills</p>	<p>Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers</p>
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9. Children in special circumstances

Working together 2018 identifies that professionals should be particularly alert to a child who:

- Is disabled and has specific additional needs.
- Has special educational needs.
- Is a young carer.
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups.
- Is frequently missing from care or home.
- Is at risk of modern slavery, trafficking or exploitation.
- Is in family circumstances presenting challenges for the child such as substance misuse, adult mental health and domestic abuse.
- Is misusing alcohol or drugs themselves.
- Has returned home from care.
- Is a privately fostered child
- Is an unborn child
- Children that are in a health setting for a continuous period of more than 90 days.

There are a range of services and guidance to support practitioners to respond the needs of these groups of children and these are listed at Appendix 2

10. Early Help

Working Together (2018) states that:

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life..... Early help can also prevent further problems arising”.

“Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child”.

The Early Help Hub in Herefordshire has been developed to promote children and their families get the right help at the right time. The Early Help Hub sits alongside the Multiagency Safeguarding Hub and will be responsible for contacts which come into the local authority at level 3 or below and for contacts that MASH have assessed as not needing level 4 intervention.

The Early Help Hub will proactively work with families and referrers to ensure the right support is offered this will include signposting, offering advice and guidance and facilitating the completion of an Early Help Assessment, where appropriate, with those families whose needs meet level 3 or high level 2 and who give their consent.

The contact number for the Early Help Hub is (01432) 260261.

11. Access to Level 2 services – Additional Services

All children, young people and families with additional needs at level 2 have access to universal services and additional services identified by each agency. The council have commissioned a specialist Befriending Service for families with identified needs at level 2. Other services include:

Children Centre Services – support with parenting, speech and language
Parenting Programmes – Solihull, Triple P Standard, Teen & Stepping Stones (for parents of children with additional needs).
Young Carers Support Service
Women’s Aid – programmes for children and young people – Helping hands and Crush
Schools – Behaviour Support, support with attendance.
Health: Health Visitor +, School Nurse service
Mental Health services: CAMHS, Kooth
CLIMB: Support for children and young people at risk of Exploitation / Anti-Social Behaviour
Finance & Debt: Christians Against Poverty
Access to Work: Department for Work and Pensions
Substance misuse: Wearewithyou.
Youth drop in centre: No Wrong Door
Bereavement services e.g. St Michael’s Hospice, Phoenix Bereavement Support

These services are accessed in different ways and practitioners should use [WISH – Wellbeing, Information & Signposting Herefordshire](#) to obtain further information

12. Access to Level 3 services - Intensive Services

All children, young people and families can access all universal services and additional level 3 services identified by any agency. The council have the internal Early Help Family Support service for the most complex cases and have commissioned a specialist Family Mentoring service for lower level 3 cases. Other services include:

Children Centre Services – support with parenting, speech and language
Parenting Programmes – Solihull, Triple P Standard, Teen & Stepping Stones (for parents of children with additional needs).
Young Carers Support Service
Women’s Aid programmes for children and young people – Helping hands and Crush
Schools – Behaviour Support, support with attendance.
Health: Health Visitor +, School Nurse service
Mental Health services: CAMHS, Kooth
CLIMB: Support for children and young people at risk of Exploitation / Anti-Social Behaviour
Finance & Debt: Christians Against Poverty
Access to Work: Department for Work and Pensions
Substance misuse: Wearewithyou.
Youth drop in centre: No Wrong Door
Bereavement services e.g. St Michael’s Hospice, Phoenix Bereavement Support

Where a child/family have met level 3 need, an Early Help Assessment should be completed by the professional who has recognised the challenges facing the family – the [EHA and supporting information](#) can be found on the Herefordshire Council website.

13. Statutory thresholds: The Children Act 1989

The Children Act 1989 provides the statutory guidance for Local Authority intervention in the life of a child and their family.

As outlined above, when a child has additional needs, individual services should take swift action to support the child and their family. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need).

The legal definition of a Child In Need of statutory services is:

“..a child shall be taken to be in need if –

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled,

and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.”

Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm), local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act.

The legal definition is:

Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or

(ii) is in police protection;

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child’s welfare

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable and parental factors such as history of significant domestic abuse, substance misuse or mental ill-health will always be significant in influencing the professional judgements that need to be made.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

14. Consent and information sharing

All practitioners need to work honestly and openly with families, discuss needs and concerns with them and ensure that they are involved in decision making about next steps. To support trusted relationships, parental consent should be the accepted norm unless in gaining their consent to share information and to make enquiries would create risk or further risk of harm to a child.

If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence.

To share information effectively, all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent:

- If it is not possible to gain consent.
- It cannot be reasonably expected that a practitioner gains consent, or.
- If to gain consent would place a child at risk, e.g. suspected CSA and Fabricated & Induced Illness

In cases where consent is not given, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

15. Access to Level 4 services - specialist children's social care

If, after considering the guidance at Appendix 1, a professional is concerned that a child is or may be, suffering significant harm, they should make an immediate referral to Herefordshire Multi Agency Safeguarding Hub during office hours and out of hours the referral should be made to the Emergency Duty Team

MASH team - (01432) 260800

Emergency Duty Team - (01905) 768020 (out of hours number for when MASH are unavailable)

[Multi Agency Referral Form](#) (MARF)

New referrals should be made using the [Herefordshire multi agency referral form](#). Additional information or concerns on open cases should be shared with the allocated social worker (or in their absence the manager or the duty social worker). If you are unsure who the social worker or team is, you can contact the MASH to find out or to pass the information on.

Where there is doubt about the most appropriate response, anyone concerned about the welfare of a child should consult with their own manager and/or designated member of staff and, where they remain unsure, contact the MASH and ask for a consultation with a MASH social worker.

16. Consultation with Children's Social Care

If you have concerns about a child and want an opportunity to talk these through with children's social care before deciding the best course of action, please contact the MASH on (01432) 260800 and ask for a consultation with a social worker in the MASH team.

Whatever the outcomes or decisions, the consultation must always be recorded by the MASH team. The names of the professionals having the consultation must be included. If, following a consultation, a professional wishes to make a formal referral, they should do this separately.

17. What happens when a referral is made to MASH

Telephone calls to MASH are received by a Contact Worker in Business Support. The Business Support Contact Workers are not social workers, but they are able to respond to queries and give information about whether a child is known to Children's Social Care. Such discussions do not constitute a consultation because these need to be undertaken with a social worker. All calls/emails into the MASH are logged onto the electronic case records system as contacts (provided the call or referral does not relate to an open case, in which case, the details are recorded on open case notes and passed to the allocated worker).

Where a contact is potentially a child in need referral or a child protection referral (i.e. in need of intensive support and help), the MASH will gather further information that day, having a statutory duty to respond to the referrer within 24 hours to explain what is going to happen next.

Where the call or referral suggests that a child is at risk of immediate harm, the details will be passed to the assessment team for immediate action under the supervision of the team manager for the assessment team. Every attempt is made to see the child on the same working day.

All contacts will be considered by a manager or managing practitioner within 24 hours to decide a course of action.

Next steps will include:

- Advice and information given
- Sign-posting to other help or targeted services, for example targeted youth or West Mercia Women's Aid
- Arranging a consultation between the referrer and a qualified social worker where next steps are not immediately clear
- Held in the MASH for 24 hours (at most) to gather more information
- Accepted as a referral and allocated to a social worker in the assessment team
- No further action.

A decision is made within 24 hours and the referrer will be notified of the outcome thereafter.

When a referral is accepted, it will usually be allocated to a social worker in the assessment team. In most cases, a children and families assessment will be undertaken.

During an assessment, UNLESS there are concerns that the child is at risk of harm or significant harm or has already been harmed AND the decision has been made that the nature of the assessment is that it is a child protection enquiry (section 47 of the Children Act 1989), parental consent must always be sought, gained and recorded before seeking further information from other agencies as part of the assessment.

The outcome of an assessment may be the provision of advice or help from an existing service, a child in need plan, request for the Early Help Team to support the child/ family, or no further action. The outcome of the assessment will be shared with the referrer and any agencies from whom information has been sought.

Statutory guidance (Working together 2018) gives up to 45 working days for the completion of an assessment which allows for detailed information from other agencies and family members to be sought, detailed exploration into the family background to be carried out, and the needs of the children to be fully understood. In Herefordshire, the time an assessment takes is agreed at the start between a manager and practitioner. It will be wholly dependent upon the presenting risk and uncertainty, the family history and the judgement about the welfare and safety of the child or children at that time.

Whenever there are child protection concerns, a 'section 47 (Children Act 1989) enquiry' is undertaken. This involves liaison with the police and other agencies and will ALWAYS be started following a strategy discussion, often through a multi-disciplinary meeting, to decide and plan next steps.

An assessment of the child's circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a child in need plan, or to some form of statutory intervention often through an initial child protection conference (which needs to take place within 15 working days of the strategy meeting).

If those in attendance at the child protection conference agree, a child protection plan is written and becomes the agreed working arrangement for everyone to protect the child. This includes the parents, carers and extended family. The child protection plan will make clear to the parents what changes they need to make to ensure the child does not suffer significant or further harm. The plan will also set out what will happen if the changes are not made.

Should the circumstances of the child not improve or where further serious incidents occur, a decision may be made to apply to the court for care proceedings. The first step in this process is usually to have a legal planning meeting and issue parents with a formal public law outline (PLO) letter stating what must improve to avoid care proceedings.

Once children's social care and other specialist help have successfully reduced the risk of significant harm for the child, targeted and/or intensive services may be asked to continue to support the child and family through the 'effective support' processes already described above.

18. Remember

To provide effective support to children, young people and families:

- Offer help and support early on.
- Keep offering help and support.
- Use your Designated Safeguarding lead for advice, support and guidance.
- Contact the Early Help Hub (01432) 260261 if you feel the case does not meet Level 4, or you need help and advice.
- Contact MASH (01432) 260800 if the child is a child in need or at risk of significant harm.

There is a [resolution of professional differences policy](#) available which should be followed in the event of differing professional opinions or differences as to how best to respond to the needs of the child.

Appendix 1: Practitioners guide to determining need - *A Practitioners Guide*

Features	Level 1 Universal Needs Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level 1 'Universal': children, young people, carers and families with no additional needs who may from time to time require support that can be met within Universal Services.</p> <p>106</p>	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • General development is age appropriate • Achieving education key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age <p>Health</p> <p>Good physical health with age appropriate development, and language</p> <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Good mental health and psychological wellbeing • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active <p>Family and social relationships</p> <ul style="list-style-type: none"> • Stable families where parents are able to meet the child's needs <p>Self-care and independence</p> <ul style="list-style-type: none"> • Age appropriate independent <p>Family and environmental factors</p> <ul style="list-style-type: none"> • Family history and wellbeing • Supportive family relationships 	<ul style="list-style-type: none"> • Health visiting service • Midwifery • School Nursing • Police • Housing • Voluntary and Community Sector • Early years childcare settings • Schools • Online counselling services • Parenting groups • Adult mental health universal services • SALT and drop in • Sexual health services • Dentist Ophthalmic services

- Housing, employment and finance
- Child fully supported financially
- Good quality stable housing/amenities

- Social and community resources
- Good social and friendship networks exist
- Safe and secure environment
- Access to consistent and positive activities

Parents and carers

Basic care, safety and protection

- Parents able to provide care for child's needs appropriately

Emotional warmth & stability

- Parents provide secure and caring parenting - praise and encouragement

Guidance boundaries and stimulation

- Parents provide appropriate guidance and boundaries to help child develop appropriate values

Features	Level 2 Additional Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level 2 - a family's needs can be met by a universal service offering extra support within its own remit or by signposting or working together with another service where applicable. They are likely to require early help / intervention for a time limited period, to help them move back to Universal (Level 1) and reduce the likelihood of being moved to level 3 and level 4.</p> <p>108</p>	<p>Development Needs</p> <ul style="list-style-type: none"> • Learning/education • Limited access to books, toys or educational materials • Occasional truanting or non-attendance and poor punctuality • Poor stimulation • Some fixed term exclusions • Identified language and communication difficulties • Few or no qualifications NEET • SEN support at school level <p>Health</p> <ul style="list-style-type: none"> • Slow in reaching development milestones • Overdue immunisations or checks • Minor health problems • Dental problems and untreated decay - poor dental hygiene • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to the procedure • Overweight/Underweight <p>Social, emotional, behaviour, identity</p> <ul style="list-style-type: none"> • Difficulty making and sustaining relationships with peers • Early onset of sexual activity or at risk of early pregnancy • Lack of confidence/low self-esteem which affects behaviour • Social isolation • Lack of positive role models • Child subject to persistent discrimination • Exhibits antisocial/anti-authoritarian behaviour • Emerging concerns in relation to attachment • Low level mental health or emotional issues 	<ul style="list-style-type: none"> • Health visiting service • Midwifery • School Nursing • Adolescent support services • Police • Housing • Voluntary & Community Sector • Early years childcare settings • Schools (including SEN support) • Online counselling services • Parenting groups • Adult mental health universal services • SALT and drop in • Sexual health services • Dentist Ophthalmic services

Features	Level 2 Additional Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
109	<p>Family and environmental factors</p> <p>Family and social relationships and wellbeing</p> <ul style="list-style-type: none"> • Parents/carers have relationship difficulties which affect the child • Low level inter-sibling violence and aggression • Child has some young carer responsibilities • Unresolved issues arising from parents separation • Family is socially isolated <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Overcrowding in poor housing conditions • Families financial resources impact negatively on child's basic physical needs • Housing arrangements are temporary or unstable and child's needs not being met • Unstable or unknown immigration status • Serious debt or rent arrears <p>Social and community resources</p> <ul style="list-style-type: none"> • Families are victim of hate crime • Associating with anti-social or criminally active peers • Poor access to leisure and recreational amenities and activities • Risk of gang involvement or vulnerability to gang activity/ exploitation <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Inappropriate child care arrangements • Some exposure to dangerous situations in the home or community • Low level concerns about parental alcohol or substance use • Young or inexperienced parents • Parental lack of insight into effects of child's exposure to parental conflict 	

	<p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting, but development not significantly impaired • Inconsistent responses to child/young person • Failure to pick up on the child's emotional cues <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Lack of routine and inconsistent boundaries • Poor supervision within the home • Low level physical chastisement that does not cause physical injury • Inappropriate parental chastisement e.g. puts child in stress positions 	
Features	Level 3 Intensive Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
<p>Level 3 - Young people, carers and families with identified vulnerabilities who are experiencing multiple and significant complex needs and are likely to require a multi-agency coordinated approach.</p> <p>They are likely to require longer term intervention to help them move to Level 2 or Level 1 services.</p>	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Short term exclusions or at risk of permanent exclusion, persistent absence from school • SEN school support or EHCP truanting • No access to books, toys or educational materials • Children who are electively home educated where there are concerns that their educational needs are not being consistently met • Inadequate stimulation leading to developmental problems • Parent does not engage with school and actively resists support 	<p>Where practitioners identify that a child and their family would benefit from a more intensive response than they can provide, they should discuss this with the family and complete an Early Help Assessment to help to identify the child's, young persons and/or family's needs and develop a plan to address these. Guidance and support can be accessed through the Early Help Hub</p> <p>A more intensive level of family support may be needed from Early Help Specialist Family Support Services</p> <p>These indicators are meant as a guide but clearly rely on professional analysis and interpretation.</p>

Health

- Child has some chronic/recurring health problems or a disability where treatment is not being sought, addressed or adhered to
- Mental health issues emerging e.g. conduct disorder, ADHD, badly managed anxiety, depression, eating disorder, self-harming
- Developmental milestones not being met due to parental care
- Failure to engage in antenatal services
- Persistent substance misuse
- Obesity as a contributory factor to other issues including neglect
- Lack of food
- Parent has undergone female genital mutilation (FGM) procedure but risk of child being subject to procedure is unknown and needs to be further assessed
- Sexual activity / sexual behaviour that is potentially harmful to self or others and may be at risk of sexual exploitation
- Self-harming behaviours
- Mental ill-health concerns not being addressed or acknowledged
- Concern about explained injury

Social, emotional, behaviour, identity

- Evidence of regular/frequent drug use which may be combined with other risk factors
- Child under 18 is pregnant
- Evidence of gang affiliation and gang related activities
- Low or medium level indicators of child exploitation or peer on peer abuse
- Concern about child being radicalised or exposed to extremism
- Child or young person engaging in risk taking behaviours
- Child or young person is starting to commit offences
- Mental health/physical needs impact adversely on the care of the child
- Prosecution of offences resulting in court orders
- Child is engaging in cyber activity that potentially places others or themselves at risk of harm
- Significant low self esteem
- Clear concerns about parent and child attachment

If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for advice and support from the Early Help Hub

Features	Level 3 Intensive Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
112	<p>Self-care and independence</p> <ul style="list-style-type: none"> • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety <p>Family and environmental factors</p> <p>Family and social relationships and family wellbeing</p> <ul style="list-style-type: none"> • Parental illness or disability leading to inability to provide basic care • History of ongoing domestic violence • Risk of relationship breakdown leading to child possibly becoming looked after • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Child is a young carer and this is adversely impacting on their development and welfare • Destructive or unhelpful involvement from extended family <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Severe overcrowding, temporary accommodation, homeless • Intentionally homeless • Unemployment <p>Social and community resources</p> <ul style="list-style-type: none"> • Family require support services as a result of social exclusion • No recourse to public funds • Parents socially excluded, no access to local facilities • Family financial resources seriously compromise child's basic physical needs being met/their general wellbeing <p>Parents and carers</p> <p>Basic care, safety and protection</p> <ul style="list-style-type: none"> • Child is left at home alone but this does not seriously place them at significant risk • Inappropriate child care arrangements which are consistently prejudicing the child's safety and welfare • Health and safety hazards in the home • Escalating concerns that parental alcohol or substance use is adversely impacting on the child • Parent fails to prevent child's exposure to potentially unsafe situations through cyber activity 	

	<p>Emotional warmth & stability</p> <ul style="list-style-type: none"> • Inconsistent parenting impacting emotional or behavioural development • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child <p>Guidance boundaries and stimulation</p> <ul style="list-style-type: none"> • Parent provides inconsistent boundaries or responses 	
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Features	<p>Level 4 – Specialist</p> <p>Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation</p>	Key Partner Support Agencies
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<p>Level 4 Serious complex needs; Children, young people and families who are experiencing very serious, prolonged or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These acute needs may require statutory intensive support for children and young people to be protected.</p>	<p>Development Needs</p> <p>Learning/education</p> <ul style="list-style-type: none"> • Chronic non-attendance, children persistently missing from education, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to engage with services at the early help level to address this • Children where there are significant concerns that the child's educational needs are not being met • Inadequate stimulation leading to significant developmental delay <p>Health</p> <ul style="list-style-type: none"> • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/ underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions • Concern about serious unexplained injury • Persistent presentation to professional with injuries: raising concerns about child safety/ parental behaviour • Child is at serious risk of FGM • There is evidence of FGM from a lead clinician • Refusing medical treatment endangering life • Poor nutrition / hygiene • Repeat/patterns of injuries, infestations/infections • Growing professional concern about potential fabricated and induced illness and there may be evidence of significant harm 	<p>Referrals to services with the power to undertake statutory non voluntary intervention or services with specialist skills For immediate safeguarding concerns/child protection: If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH.</p> <p>Where an immediate response is required because of the child's physical/ medical health dial 999 for an ambulance.</p> <p>Where a child's safety is at immediate risk contact the police by dialing 999. After any immediate protective action has been taken you need to refer to MASH. If this incident occurs out of hours contact EDT service.</p> <p>You will be required to complete the Multi-Agency Referral Form.</p>
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Social, emotional, behaviour, identity

- Serious persistent offending behaviour attributable to neglectful absent parenting
- Allegations of child on child sexually harmful behaviour
- Serious concerns/evidence that the child is being exploited
- Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks
- Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent
- Child goes missing and child's age/level of vulnerability means that welfare and safety is seriously compromised
- Frequently missing from home which seriously compromises the child's safety and wellbeing
- Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology
- Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent
- Sexual activity that may constitute criminal activity

Self-care and independence

- Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm

Features	Level 4 – Specialist Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are then enabled to access early Help or Universal services appropriately	<p>Family and environmental factors</p> <p>Housing, employment and finance</p> <ul style="list-style-type: none"> • Clear evidence that a family is destitute/ No recourse to Public Funds <p>Social and community resources</p> <ul style="list-style-type: none"> • High levels of domestic abuse that put the child at serious risk of significant harm (This could include extreme coercive and controlling behaviour in the household) • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after. • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child’s needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse. • Child is privately fostered • There is nobody with parental responsibility to ensure the child’s wellbeing and stability of care • Unaccompanied minors • Trafficked children 	

Parents and carers**Basic care, safety and protection**

- Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child
- Parent has a history of being unable to care for previous children
- Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs
- Parental disclosure of serious harm to the child
- Parent is unable to assess and manage serious risk to the child from others within their family and social network

Emotional warmth & stability

- Inconsistent parenting significantly impairing emotional or behavioural development

Guidance boundaries and stimulation

- Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child

Appendix 2: Guidance to support practitioners to respond to children and young people living in special circumstances

	Guidance
• Children with disabilities.	Children with disabilities
• Children with special educational needs.	SEND
• Young carers.	Young Carers Young Carers assessment - advice for professionals
• Children involved in anti-social or criminal behaviour.	Anti- Social Behaviour
• Children missing from care or home.	Children missing from care, home and education
• Children who are/at risk of being harmed by modern slavery, trafficking or exploitation.	Children affected by Exploitation and Trafficking (including Gangs) See also exploitation tools and pathways *select Herefordshire
• Children affected by parental substance misuse	Children of parents who misuse substances
• Children affected by domestic abuse	Domestic violence and abuse * select Herefordshire
• Children affected by parental/carer mental health.	Children of parents with mental health problems
• Children who are misusing alcohol or drugs	Alcohol and Drugs

• Children who have returned home from care.	Looked after children and child protection conferences
• Privately fostered children.	Children living away from home
• Unborn children	Pre-birth assessment *select Herefordshire

Title of report: Families Commission

Children and Young People Scrutiny Committee

Meeting date: 26 September 2023

Report by: Service director, improvement

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose

To update the Scrutiny Committee on the Families Commission report.

Recommendation(s)

That:

- a) **The update on the Families Commission be considered; and**
- b) **The committee determine any recommendations it wishes to make to relevant bodies to secure further improvement in safeguarding children and young people in Herefordshire.**

Alternative options

1. The committee could not consider the Families Commission report. This is not recommended as the Commission raised a number of concerns following their meetings with families.

Key considerations

2. Herefordshire Council Children's Services were inspected by Ofsted in July 2022 and found to be inadequate across each area of the inspection framework. The inspection report was published on 21 September and a Statutory Notice was issued by the Department for Education.
3. As part of the statutory notice, a Children's Commissioner was appointed to review the Council's capacity and capability to improve services within a reasonable timeframe. The Commissioner's report was published on 1 March 2023 and included several recommendations including the need for the Council to resolve, as far as is possible, all outstanding historic complaints
4. Whilst the review was being undertaken from September to December 2023, they became aware of a number of families with longstanding concerns about their experience of Children's Services in Herefordshire, some from several years ago and some much more recent. Many had complained and also raised questions at public Council meetings but families continued to feel that their views were not listened to or responded to.
5. As a result of these longstanding concerns, an independent families commission was agreed and a number of meetings were held. Details of the arrangements for the commission and the findings are attached at appendix 1.
6. The committee are requested to consider the findings of the commission as set out in appendix 1.

Community impact

7. The families commission was set up as a result of the recommendation of the children's commissioner and the improvement notice. Feedback from the commission which inform improvement in children's services, which has a direct and indirect effect on the lives of both current and future children and families in Herefordshire.
8. The County Plan 2020–2024 includes the ambition to 'strengthen communities to ensure everyone lives well and safely together'. Specifically, the council aims to:
 - a. Ensure all children are healthy, safe, and inspired to achieve;
 - b. Ensure that children in care, and moving on from care, are well supported and make good life choices; and
 - c. Protect and improve the lives of vulnerable people. Set out any considerations relating to community impact including contribution made to corporate plan / health and wellbeing strategy or other local or national strategies or policies

Environmental Impact

9. There are no specific environmental impacts arising from this report.

Equality duty

10. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
11. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Whilst this is an update to the scrutiny committees and will in itself have minimal equalities impacts, consideration has been made in the consideration of Executive decisions and the Executive Responses provided by the Cabinet.

Resource implications

12. There are no direct resource implications arising from this report which is for information and discussion.

Legal implications

13. This section is to be completed in its entirety by the legal services team.

Risk management

14. There are no specific risks directly associated with activity referred to in this report. The Herefordshire Safeguarding Children Partnership and Children's Services each maintain their own risk registers.

Consultees

15. There has been no public consultation on the report.

Appendices

Appendix 1 The arrangements and findings of the Families Commission.

Background papers

None identified

Report Reviewers Used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Click or tap here to enter text.	Date Click or tap to enter a date.
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	Click or tap here to enter text.	Date Click or tap to enter a date.
Communications	Click or tap here to enter text.	Date Click or tap to enter a date.
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.
Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.

Glossary of terms, abbreviations and acronyms used in this report.

Families Commission – progress update

1.0 Introduction

- 1.1 Herefordshire Council Children’s Services were inspected by Ofsted in July 2022 and found to be inadequate across each area of the inspection framework. The inspection report was published on 21 September and a Statutory Notice was issued by the Department for Education. In September 2023, Eleanor Brazil was appointed as Children’s Commissioner to review the Council’s capacity and capability to improve services within a reasonable timeframe. The Commissioner’s report was published on 1 March 2023 and included several recommendations including the need for the Council to resolve, as far as is possible, all outstanding historic complaints:
- 1.2 Whilst the Commissioner had been undertaking her review from September to December 2023, she became aware of a number of families with longstanding concerns about their experience of Children’s Services in Herefordshire, some from several years ago and some much more recent. Many had complained and also raised questions at public Council meetings but families continued to feel that their views were not listened to or responded to.

2.0 The Families’ Commission

- 2.1 As part of her improvement work with the Council, the Commissioner felt it was important to find a way to hear about the experiences of families and with the agreement and support of the Council and the Herefordshire Safeguarding Children’s Partnership, a Commission was established. The Commission consisted of an independent panel who were able to hear directly from families with the express purpose of being able to:
 - Give parents and families an opportunity to tell their story to an independent panel.
 - Identify any steps that the Council and partners can and should take as a result of hearing families’ testimonies, either in relation to individual cases or in respect of general issues.
 - Learn from their experiences and to ensure that this knowledge is used to inform improvements to Children’s Services.
 - Ensure that, as far as possible, families feel that their concerns have been heard and addressed, and that this is as much as can be done to resolve matters
- 2.2 The Panel comprised of three appropriately qualified and experienced individuals, independent of Herefordshire, who were appointed directly by the Commissioner. The Commission carried out its work in March and April 2023, during which time ten day-long sessions were held and 20 individual families came to speak with the panel. The Independent Scrutineer of the Safeguarding Children’s Partnership, Kevin Crompton, and the Commissioner attended all the sessions as observers.

- 2.3 The family members who attended the Independent Panel had a range of experiences of Children’s Social Care, Adult Social Care, Police, Health and Mental Health Services for both children and adults, as well as specialised independent services, some of which were outside Herefordshire. Family members varied in age, circumstances and in their position within their family. Some described many years of contact with statutory services, some had more recent involvement. The majority of children from the families who made representation to the Independent Panel were still allocated and open to Children’s Services, or had been open in the last few years. Most had been impacted by the effect of the COVID 19 pandemic in relation to how services had been delivered during this time.
- 2.4 What every family member expressed was the desire to ensure that their painful personal experiences should be used to improve services for everyone and to ensure that ‘nobody else should ever have to go through what I have gone through.’ The Independent Panel heard difficult stories of poor practice, failures to respond appropriately to requests for help, complaints not responded to and children and their parents let down by professionals who should have done more to help them. The Independent Panel’s report goes into considerable detail, written from the perspective of families and using many quotes taken directly from them to illustrate the points that were made. Whilst families found it distressing to tell their story many said that they felt listened to and valued the work of the Independent Panel.
- 2.5 The Independent Panel met with twenty families. The Independent Panel Chair, Karen Manners, requested responses to several questions and queries in relation to eleven families. Responses to the questions and queries were prepared by the Service Director for Improvement, Gail Hancock, on behalf of the Children’s Directorate Leadership Team. In consultation with the Independent Panel Chair and Commissioner, the response letters were sent to parents on 2 June 2023.
- 2.7 Both the Independent Scrutineer and the Commissioner, in their different roles, will continue to monitor and support the Council and its Partners as part of the ongoing improvement journey.

3.0 The Families’ Commission published report

- 3.1 The report entitled ‘The Commission to consider families’ experience of children’s services in Herefordshire’ was published on 6 June 2023 on the Herefordshire Safeguarding Children’s Partnership website. Please click [here](#) to see the full report.
- 3.3 At the point of publication the Director of Children’s Services, Darryl Freeman, Lead Member, Councillor Powell, and Kevin Crompton, Independent Chair and Scrutineer of the Herefordshire Safeguarding Children’s Partnership, all issued public statements to express gratitude to the families who had been willing to make representation to the Commission and share what were emotional and upsetting accounts of their experiences. Sincere apologies were offered to

families for the failings outlined in the report and there was a stated commitment, as part of the Children’s Services improvement journey, to learn from the mistakes of the past. There was an acknowledgement that a significant cultural shift, characterised by different and better ways of working with families, would need to be an integral part of the improvement journey.

- 3.4 The intervening period of time following the publication of the report until now has allowed the Council and the Herefordshire Safeguarding Children’s Partnership to reflect on the full nature and extent of the issues and concerns contained in the Families’ Commission report. It was considered inappropriate and insensitive to rush to quick responses or stock answers which would belie the magnitude, complexity and implication of the families concerns and the failings. Considered responses to these matters are now starting to emerge, although more detailed work is clearly required and will be the subject of a further update in three months’ time.

4.0 Questions for Consideration:

- 4.1 In section 11 of the Commission’s report there are seven questions for the Council and the Herefordshire Safeguarding Children’s Partnership to consider. Three of these are directed to the Council and four are directed to the Safeguarding Children’s Partnership. The excerpt of section 11 is outlined below for ease of reference:

11.0 Summary of Questions for Consideration

11.1 How will the Council and its partners provide a meaningful and responsive early help service which is accessible to families, regardless of which agency they contact first for help?

11.2 How will the Council support its social workers to practise in ways that demonstrate empathy, perseverance, authority, professional confidence and capability; working with people to enable full participation in discussions and decision making?

11.3 How will the Herefordshire Safeguarding Children Partnership ensure that professionals are working together in the best interests of children and their families, to the highest standards of professional practice, informed by good quality research and evidence?

11.4 What actions will the Herefordshire Safeguarding Children Partnership take to satisfy itself that there is good understanding across all ‘frontline’ agencies of domestic violence and abuse and its impact on individuals and families?

11.5 How will Herefordshire Children’s Services support social workers to establish and maintain the trust and confidence of parents and families and enable their participation in planning to keep their children safe and promote their wellbeing?

11.6 What will the Herefordshire Safeguarding Children Partnership do to promote a ‘Think Family’ approach across the partnership?

11.7 What will the Herefordshire Safeguarding Children Partnership do to ensure that the complaints procedures in every agency across the partnership are accessible to families, work well, and findings are recorded and acted on?

4.2 The following information sets out how each of the seven questions are currently being addressed, by way of a progress update and it is recognised that these are significant issues and will require further consideration and more work on the parts of the council and the partnership to bring about meaningful change, including setting clear timescales for action:

4.2.1 How will the Council and its partners provide a meaningful and responsive early help service which is accessible to families, regardless of which agency they contact first for help?

The council and the partnership is still developing its approach and response to this question as it is recognised that early help and intervention services in Herefordshire are underdeveloped. The Children’s Help and Advice Team (CHAT) now have a direct telephone line for families and professionals which means that families can now contact the service directly for advice and guidance, signposting or support. Professionals are also able to contact CHAT if they need support or information about services that are available. Additional support has also been put in place to support professionals undertaking Early Help Assessments

The partnership is currently reviewing and will re-launch the Early Help and Prevention Strategy to ensure that all agencies share a commitment to meeting need at the earlier point of presentation in any agency. It is also looking at options through the work of the Children and Young People Partnership to increase early help capacity across partner agencies and the community, voluntary and faith sectors. In line with the activity to develop and embed a restorative practice approach within children’s social care services the partnership will take a strengths-based and relational approach to working with children, young people and their families to seek to provide help and support at the earliest point of opportunity and by the least intrusive means – the right help at the right time.

4.2.2 How will the Council support its social workers to practise in ways that demonstrate empathy, perseverance, authority, professional confidence and capability; working with people to enable full participation in discussions and decision making?

Confirmation of the long term sector led improvement partnership with Leeds City Council’s Relational Practice Centre, which was announced on 3 July 2023 and launched on 24 July 2023, provides a key opportunity to enable and support social work practitioners and managers to acquire, develop and promote Restorative Practice skills. Leeds have proven the benefits of relational and restorative practice and are well respected in the sector for

having been on their own journey of improvement to ‘Outstanding’, and for helping several other improving local authorities. Programme planning and coordination has now been completed for the first phase of the improvement partnership between Leeds and Herefordshire. Intensive Restorative Practice training for all staff is scheduled to commence in October alongside a range of other learning and development opportunities for leaders, managers and practitioners. One of the key principles of Restorative Practice is about working ‘with’ people rather than doing ‘to’ or ‘for’ them. There is an emphasis on the importance of relationships centred on the use of restorative language and attitudes to influence the way people think and feel. One of the benefits of taking a Restorative Practice approach is that it helps to repair harm to people and when relationships have been damaged. In turn this helps to prevent future harm and rebuild trust and confidence which is particularly important in respect of responding to the messages from the Families’ Commission. In this way it is anticipated that all of the attributes that are listed in terms of improved empathy, perseverance, authority, professional confidence and capability will be achieved and mark a shift in the cultural approach that is required.

4.2.3 **How will the Herefordshire Safeguarding Children Partnership ensure that professionals are working together in the best interests of children and their families, to the highest standards of professional practice, informed by good quality research and evidence?**

The Partnership will further strengthen its quality assurance and Senior Officer review activity focussing on;

- Implementing a multi-agency line of sight audit and assurance process (including ‘test and challenge’ events with frontline practitioners and with strategic partners ‘walking the floor’) that seeks to understand the lived experience of children, young people and families alongside evidenced based practice and research. This will also include increased opportunities to hear the voice of children and young people directly.
- developing and implementing a multi-agency dataset to:
 - identify and analyse areas of concern and good practice
 - evidence impact and measure how partnership activity and influence is making a difference
- ensuring that any commissioned training is supported by evidence based practice promoting a relational and restorative approach
- working with the Director of Public Health and the Health and Wellbeing Board to develop trauma informed ways of working to support children, young people and their families

Further, the Partnership is working closely with the Children’s Improvement Board to deliver the children services Improvement Plan and to work towards implementing the Restorative Practice approach being developed through the partnership with Leeds.

Through the Section 11 audit and Section 175 Audits, the partnership will seek assurance from partners and agencies that they can evidence:

- how the strategic priorities and learning from multiagency training are being implemented and become embedded into practice (e.g. learning from reviews)
- how training and development is positively impacting on outcomes for children and young people

4.2.4 What actions will the Herefordshire Safeguarding Children Partnership take to satisfy itself that there is good understanding across all ‘frontline’ agencies of domestic violence and abuse and its impact on individuals and families?

- The Partnership will seek assurance from the Herefordshire Domestic Abuse Partnership that the Domestic Abuse Strategy is having a positive impact for children and families.
- The Partnership will seek assurance from the Herefordshire Domestic Abuse Partnership of the knowledge, and understanding of domestic abuse across frontline agencies and practitioners
- The Partnership will seek assurance from the Herefordshire Domestic Abuse Partnership on the effectiveness of multi- agency working and case audit.
- The Partnership will continue to promote and offer its Domestic Abuse Training Programme and will seek evidence of the impact of this training, in particular the understanding of domestic violence and its links to neglect, exploitation, and substance misuse, by staff and volunteers across Herefordshire.
- In addition to seeking increased assurances from the Domestic Abuse Partnership, the partnership will integrate assurance and responses to each of the Commission questions into the increased line of sight arrangements already described in this paper.

4.2.5 How will Herefordshire Children’s Services support social workers to establish and maintain the trust and confidence of parents and families and enable their participation in planning to keep their children safe and promote their wellbeing?

This is going to take time to achieve and families who made representation to the Families’ Commission will ultimately decide whether they feel trust and

confidence has been restored in ways that enable them to participate in the planning to keep their children safe and to promote their wellbeing. Repairing harm is a necessary first step however and although challenging to achieve given the context, this will be a key barometer of progress.

Some targeted activity has been underway in attempt to address outstanding matters. Shortly before the publication of the Families' Commission report, there was a local election on 4 May 2023, which resulted in a change of political administration with newly appointed elected members. The new Leader of the Council, Councillor Jonathan Lester, and new Lead Member, Councillor Ivan Powell, in consultation with the Chief Executive, Paul Walker, and Director of Children's Services, Darryl Freeman, wrote to all of the families who made representation to the Families' Commission on 25 July 2023. The Leader of the Council and Lead Member for Children's Services offered to meet with families to discuss any outstanding matters.

Of the twenty families who made representation to the Families' Commission, responses were received from six families. Individual meetings were organised with parents/family members, their representatives, Councillors Lester and Powell plus the Service Director for Improvement. Of the six families who responded to the offer to meet Councillors Lester and Powell, all six had previously received a letter from the Service Director for Improvement.

At the time of writing, meetings with four of the six families have already taken place with Councillors Lester and Powell. One other scheduled meeting is yet to take place and another meeting is being rescheduled at the request of the family. Individual issues, concerns and 'bottom lines' are discussed and further enquiries and actions are being / will be followed up. Although it is clearly inappropriate to refer to individual circumstances, early feedback from some parents has confirmed that they are appreciative of this opportunity and felt it was helpful.

4.2.6 What will the Herefordshire Safeguarding Children Partnership do to promote a 'Think Family approach across the partnership?

The Partnership's commitment to the 'Think Family' approach is evident in the adoption of Restorative and Trauma Informed practice.

- The Partnership will work with the Safeguarding Adults Board to ensure a Think, Child, Think Parent, Think Adult and a Think Family Approach in delivering its functions and oversight of the safeguarding system

- The current core safeguarding training will be reviewed to ensure it better reflects a “Think Family Approach” balancing the needs and vulnerabilities of parents and carers to support them in their care of their children.
- Suitable impact measures will be developed and introduced to demonstrate over time the difference that this approach is making.

4.2.7 What will the Herefordshire Safeguarding Children Partnership do to ensure that the complaints procedures in every agency across the partnership are accessible to families, work well, and findings are recorded and acted on?

The Safeguarding Partnership recognises that this is about building trust, and doing what we say we will. Given the different approaches and systems in place across a range of partner agencies, there is more still to do to fully understand how we can best get the learning from across the partnership. This work continues. In the short term we will produce an easy to understand guide to the complaints processes of the safeguarding partners and the HSCP>

We will in addition seek assurance through the Section 11 challenge and audit processes that agencies have a robust complaints procedure in place that seeks to learn positively from complaints evidencing how this has influenced and improved the experiences of children, young people and their families.

Report of the Commission to Consider Families' Experience of Children's Services in Herefordshire

June 2023

1 Introduction

1.1 Background

- 1.1.1 Following the publication in September 2022 of Ofsted’s report on its inspection of Herefordshire local authority Children’s Services, in which it found the authority to be inadequate in all areas, the Secretary of State appointed Eleanor Brazil as Commissioner for Children’s Services in September 2022. The Commissioner was given the responsibility of reviewing the Council’s capacity and capability to improve its children’s services within a reasonable timeframe.
- 1.1.2 In the course of her work, the Commissioner became aware of a number of families who had significant concerns about their experiences of Children’s Services, and the consequences for their families. A number approached her directly with details of their specific circumstances. Many had attended council and public meetings to raise their concerns publicly or had written and made complaints to their local MPs and Councillors.
- 1.1.3 Recognising the urgent need to restore confidence and learn from what had happened in past years, and to try and resolve issues for families, the Commissioner proposed establishing a Commission to give an opportunity for families to be heard by an independent panel and for their experiences to inform the learning about what needs to improve.

1.2 The Commission to consider families’ experience of Children’s Services in Herefordshire

- 1.2.1 The independent commission comprised a panel of three appropriately qualified and experienced individuals, independent of Herefordshire, who were appointed directly by the Children’s Services Commissioner. The commission carried out its work in March and April 2023, during which time ten day-long sessions were held.
- 1.2.2 The terms of reference for the commission set out its purpose as follows:
- To give parents and families an opportunity to tell their story to an independent panel.
 - To identify any steps that the Council and partners can and should take as a result of hearing families’ testimonies, either in relation to individual cases or in respect of general issues.
 - To learn from their experiences and to ensure that this knowledge is used to inform improvements to Children’s Services.
 - To ensure that, as far as possible, families feel that their concerns have been heard and addressed, and that this is as much as can be done to resolve matters.

- 1.2.3 The Panel met in private in neutral premises in Hereford and Leominster. The Children’s Services Commissioner and the Independent Scrutineer of the Herefordshire Safeguarding Children Partnership (HSCP) attended each session as observers. The Safeguarding Partnership is a statutory forum that brings together the local authority, police and health services to work together to ensure that local arrangements to safeguard children and young people are effective. The Independent Scrutineer provides separate oversight of those arrangements.
- 1.2.4 Families were identified by the Commissioner in tandem with the Council and were offered the opportunity to present to the Panel in person or to submit written statements. Each parent or carer who wished to address the Panel was able to bring someone to support them. Any children who wished to address the panel were supported to do so. Each individual meeting lasted up to 2 hours.
- 1.2.5 The terms of reference for the Commission are attached as Appendix A.

1.3 Who was seen by the Commission

- 1.3.1 A total of twenty individuals attended panel meetings, one of whom was a young person. Six chose to be accompanied by a supporter, three of whom were family members. Some provided written information to the panel following their meeting. A further three provided written testimony to the panel following contact from the Commissioner.
- 1.3.2 The people who attended the panel had a range of experiences of Children’s Social Care, Adult Social Care, police, health and mental health services for both children and adults, and specialised independent services, some of which were outside Herefordshire. They varied in age, circumstances, and in their position within their family. Some described many years of contact with statutory services, some had more recent involvement. The majority of cases were either still open or had been open in the last few years. Most had been impacted by the effect of the Covid 19 pandemic on how services were delivered.
- 1.3.3 The children of these families again varied in age and circumstances. Some lived with one or both of their parents, some were or had been looked after, were in care or had been or were in the process of being adopted. Many had physical or mental health concerns or disabilities.
- 1.3.4 All the people who spoke with the panel were well-prepared, articulate, and engaged in good faith, despite their past experiences of feeling discounted and unheard. Many of the individuals who came to speak with the panel described having sleepless nights before coming. Some could not face coming at all, realising that telling their story once more was more than they felt able to do. What was very striking to the panel was how honest and self-aware every person was in recounting their history, despite the extremely distressing experiences that they had had, facing up to their own shortcomings with humility, and reflecting on what was best for their child or children.

- 1.3.5 What every person expressed was the desire to ensure that their painful personal experiences should be used to improve services for everyone and ensure that ‘nobody else should ever have to go through what I have gone through.’
- 1.3.6 The panel are deeply grateful to all the families for sharing their experiences with such honesty, and recognise that, for every person, telling their stories came at a significant personal emotional cost.

2 Professional Standards

- 2.1 The three main agencies that have a statutory duty to work together to safeguard and promote the wellbeing of children are health, police and children’s social care. Each work to the seven ‘Nolan Principles of Public Life,’ namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership. Each service also has its own set of professional standards or codes of conduct which expand on these. The Commission kept the Nolan Principles in mind when listening to each family’s account of their experiences with the various agencies with which they came into contact.
- 2.2 Because all the families spoken with had significant experience of Children’s Services, the Commission were also particularly mindful of Social Work England’s ‘Professional Standards for Social Workers,’ which are to:
- Promote the rights, strengths and wellbeing of people, families and communities.
 - Establish and maintain the trust and confidence of people.
 - Be accountable for the quality of one’s own practice and decisions made.
 - Maintain continuing professional development.
 - Act safely, respectfully and with professional integrity.
 - Promote ethical practice and report concerns.
- 2.3 Where relevant, these standards are referred to below, when considering what the families told the Commission. The standards, and the behaviours and activities associated with them, are included as Appendix B.
- 2.4 The following is written from the perspective of the families, using their own words wherever possible, whilst balancing the need to maintain anonymity.

3 “I was asking for help and it was refused...”

3.1 “I thought Social Services was a support service.”

3.1.1 Many of the individuals the panel heard from described approaching Herefordshire Children’s Services or its partners for help. Be it struggling with bereavement, demonstrating self-awareness of their own deteriorating mental health, struggling with their child’s/children’s behaviour, their child’s complex medical needs, or a combination of such issues, they were taking positive action to address it. Support was not forthcoming. Requests for help were ignored, and at worse, individuals were told their problems or concerns were not a matter for that department or organisation. When the problems inevitably escalated and resulted in a response from Children’s Services, the family was then considered from the point of view of safeguarding.

“Not everyone fits a single pathway...”

3.1.2 If the multi-agency response resulted in immediate action and visits to homes or police protection, which was the position in the majority of the cases, the individuals were met with coldness, at times hostility and were given minimal explanations as to what was happening and why. This was during some of the most difficult times in a family’s life.

“I felt so powerless.”

3.1.3 The individuals who spoke to the panel were very balanced in their views. They understood agencies had a job to do, especially in relation to ensuring children were safeguarded. How the key agencies undertook those roles though was, in their view, shocking. For example, police officers undertaking police protection being judgemental, abusive to wider family members, not showing any empathy or understanding as to why people were anxious, upset and, at times, shouting; and social workers being unable or unwilling to give explanations as to why things were happening.

“I thought social workers were supposed to help.”

3.1.4 Families felt that the professionals’ responses exacerbated and escalated the situation, rather than diffusing and calming it down. One recently bereaved family member was reduced to tears by the attitude of a police officer in their home. These poor initial interactions between professionals and families fostered an atmosphere of distrust and a lack of confidence with Herefordshire Children’s services and wider agencies.

Question for Consideration

- How will the Council and its partners provide a meaningful and responsive early help service which is accessible to families, regardless of which agency they contact first for help?

3.2 “They [Children’s Services] remove a child first, ask questions later.”

3.2.1 Many families described having their children removed from their care very quickly after they approached Children’s Services for help.

“They didn’t understand I needed a break. I lost them forever instead.”

3.2.2 Several families believed that no meaningful assessment of individual children’s needs was completed to determine the best course of action for the child(ren). They described how their child(ren) were consistently not spoken to or asked their opinion as to the actions being taken, despite some of them being old enough to have a clear voice.

“My children’s voices have never been listened to.”

3.2.3 In the cases of rapid family separation, individuals described how they were given no explanation as to what was happening at the point their child(ren) was taken away. Family members described decisions being made to the detriment of the child(ren) including placement with extended family the child(ren) did not get on with, or with family members who had their own challenges, or who didn’t have the child(ren)’s best interest at heart. Families also described urgent placements that, at times, necessitated the splitting-up of siblings, which caused additional trauma to the children and wider family.

3.2.4 Parents felt pressured to sign documents they did not understand and on occasion lacked the independent support needed to assist their understanding.

“Nothing was explained. We were kept in the dark.”

3.2.5 Due to the speed and nature by which a number of families were separated, with little or no explanation, family members described feelings of confusion, anger and upset.

3.2.6 The families described seeing detrimental changes in their child(ren). As parents, they couldn’t properly explain what was happening to them and what the long-term outcome would be. Parents described toddlers stopping talking, teenagers’ mental health deteriorating, and some children exhibiting self-harm behaviours and/or suicidal thoughts and risks.

3.2.7 Some parents described being encouraged to sign Section 20 papers ‘to give them a break,’ only to find out later that this would be used against them and, at times, used as a means of longer-term separation. Parents explained how they did not understand the consequences of signing documents and a constant theme of a lack of explanation which continued throughout their engagement with children’s social care.

“I was hoodwinked into S20 and then a Care Order...”

Question for Consideration

- How will the Council support its social workers to practise in ways that demonstrate empathy, perseverance, authority, professional confidence and capability, working with people to enable full participation in discussions and decision making?

[Professional Social Work Standard 2.4]

3.3 “I felt like the council were just seeking evidence to reinforce their prior views [which were negative].”

3.3.1 Identifying and assessing both strengths and risks to children’s safety within families is a core task of social workers, supported as appropriate by their professional partners. Families described how, without meeting individuals or visiting the home, practitioners produced reports and assessments of poor quality.

“Every time I see a social worker, it’s like they’re looking for flaws: they’re not focussing on the children.”

3.3.2 Families described rarely seeing social workers and a high turnover of social worker staff. It was not unusual for a family to experience in excess of five or six social worker changes in less than two years. The changes brought a lack of consistency, or worse, a complete alteration in approach and expectation. Individuals described social workers moaning at them about their high caseloads and lack of time. Families described no rapport building by social workers, especially with their child(ren) and never having the time to properly assess families, or worse, a lack of desire or motivation to do so.

“I thought I’d make an effort; I usually finish at 5.” (Said by a visiting social worker at 5.30pm)

3.3.3 Families described how social workers failed to explore or consider information from agencies that could have given an unbiased, factual view of the children, such as schools, GPs, and health specialist reports.

“My views have never been heard.”

3.3.4 Families told the panel about the inaccurate documents they saw, including inaccurate family tree details, incorrect ages and genders of children and content of reports being cut and pasted that were factually wrong. Factual inaccuracies of real significance to a given case and that could be shown not to be true were left unchanged despite having been challenged, such as when a person could prove they were in another place to that stated, or independent medical reports could disprove a theory.

“It’s laziness... a cut and paste culture.”

3.3.5 People described professionals using unevidenced judgements to their detriment. If a family member gave some information about themselves, it would be used to label them and this label would remain on file. Examples included:

- Struggling due to the impact of covid – labelled ‘unable to cope.’
- An acknowledgement they were drinking too much – labelled ‘an alcoholic.’
- Admitting taking an illegal substance once – labelled ‘a drug addict.’
- Asking too many questions – labelled ‘aggressive.’

“[They referred to me as] coercive... controlling... aggressive We weren’t being aggressive, we were worried.”

3.3.6 In the cases the panel heard about, there were no examples of early help intervention being offered to families asking for help; on the contrary, the concerns raised by individuals were used in assessments and reports as ‘labels’ about the parent that would follow them through the system, sometimes for years of social care involvement. ‘Overly anxious’, ‘fabricating and inducing illness’ (FII), ‘alcoholic’, ‘drug addict’, ‘aggressive’ and ‘parental acrimony’ became the regularly repeated shorthand for some individuals.

“It felt like a witch hunt against me.”

3.3.7 On too many occasions, the label remained despite independent evidence to the contrary like hair sampling.

“I’m not a liar.”

3.3.8 Family members believed these labels became the central ‘truth’ within reports. The focus of reports was not the child(ren) and their needs, but what were perceived to be the problems of the parent(s) that needed resolving.

“All about what can you put on mum.”

3.3.9 Importantly, families felt that any positive actions were not recognised or considered when assessing risk. Records were not updated when significant changes had occurred, such as when police national computer records had been amended or parenting courses had been completed with distinction.

“We’d done everything we’d been asked to do [i.e. parenting classes, etc.]”

3.3.10 Individuals described a feeling of powerlessness with nothing being good enough: assessment after assessment with little or no recognition of change. Then, the social worker would change, no handover would have taken place and the social worker would arrive completely unsighted on the family, care plan or casefile. Rarely would rapport building be done with children or the family and the cycle would start again, frequently with different outcomes set.

“One more issue and it won’t be one child we will take, but all of them.”

“If you don’t take the first house you’re offered, the child will be removed.”

3.3.11 Due to the non-availability of courses or support agencies, much exacerbated by Covid, a number of families decided to access their own support programmes to try and move their case on to get their child(ren) returned to them. Examples included private medical treatment at significant cost to the family in order to meet assessment requirements to have a child(ren) returned to them, all to no avail.

“I’ve completed four parenting courses, some with distinction, I’ve come a long way in five years.”

3.3.12 One child old enough to have a clear voice never understood why it took thirteen months in care and a decision to “vote with their own feet” to be allowed back home to the person who meant the most to them. The child was never asked what they wanted.

“I felt persecuted. My child was not listened to.”

3.4 'It's like a snowball...'

3.4.1 The talisman of labelling individuals continued within the documentation seen by families. It did not matter if it was an initial assessment, paperwork for conference or court papers, the inaccuracy of content was a major issue to all the people the panel spoke to.

"Be careful to be accurate about the contents of reports."

3.4.2 Families with a child or children with complex medical needs described a process of continually being disbelieved. More than one individual described how they were labelled as 'FIL' when seeking to get a proper assessment of a child's health and educational needs. No one listened to the child(ren), despite them being of an age deemed to have a strong voice. The child(ren) were often only seen once or on a handful of occasions by social workers, despite being a live case for years.

"I just want [my child] to be the focus, not me."

3.4.3 The fixation of the 'FIL' label, contrary to independent medical and education reports, has resulted in some families spending years trying to get social work files corrected via freedom of information and subject access requests, to show how inaccurate records were or are and that the 'FIL' label permeated throughout professional opinion, completely losing sight of needs of the child(ren). In one case, after three major complaints which were found in the complainant's favour, it required the parent to demand an apology and, despite no evidence of 'FIL,' the records have still not been amended to date.

"Everything is a fight."

Question for Consideration

- How will the Herefordshire Safeguarding Children Partnership ensure that professionals are working together in the best interests of children and their families, to the highest standards of professional practice, informed by good quality research and evidence?

3.5 “One size fits all’ is just wrong in domestic violence cases... It’s not about children being exposed to ‘parental acrimony.’”

3.5.1 The consequence of poor assessment and failure to follow proper process carries a long tail, no more so than in the cases which had a significant element of unidentified domestic violence at their core.

“I’m a little woman in the corner with no voice.”

3.5.2 The panel heard from a number of individuals who had been in, or were still in, abusive relationships who feel they have been failed by Hereford Children’s Services. A failure to complete comprehensive assessments, thereby failing to identify the history and full complexity of the case, has resulted in further damage to families. Individuals described being labelled as malicious complainants, or being part of an acrimonious separation when the reality was or is ongoing coercion and control. The concept of parental alienation appears to be poorly understood.

“I was being accused of a theory [parental alienation].”

3.5.3 The lack of full assessment has had severe and ongoing consequences for some individuals and their child(ren). The risk to the child(ren) was not properly assessed, individuals were left unsupported and physical and emotional abuse was allowed to continue. Such findings of failure have been substantiated through individuals using the Herefordshire Council complaints process, albeit having to wait many months, if not years, to obtain any conclusion.

“I was told I had to support contact [with the other, abusive, parent] or it would be taken very seriously.”

Question for Consideration

- What actions will the Herefordshire Safeguarding Children Partnership take to satisfy itself that there is good understanding across all ‘frontline’ agencies of domestic violence and abuse and its impact on individuals and families?

4 “It was so humiliating... everybody had to give me a score.”

[Re: signs of safety]

- 4.1.1 The majority of individuals seen by the panel described Children’s Social Care meetings as having unbalanced representation: sixteen council representatives in one online meeting but not the family health visitor or the key family member labelled as ‘the acrimonious parent.’ Vulnerable individuals were not supported in the meetings and described how they had to listen to professionals ‘scoring’ them.
- 4.1.2 Individuals described being notified at the last minute that a meeting was taking place and that they understandably could not always attend due to work and other commitments. Alternatively, meetings were cancelled at the last minute.
- 4.1.3 Individuals described paperwork arriving the night before a key meeting with little or no explanation of the content. Many found the contents to be inaccurate.
“The [Child Protection Conference] report was full of lies.”
- 4.1.4 Families described how no one gave any thought to the impact on family members and the stress caused by such poor treatment. The majority of individuals described an unresponsive system. Phone calls were not returned, emails were not replied to and at times responses to families were rude and abrupt.
“I’ve got more important things to do.” (Social worker)

Question for Consideration

- How will Herefordshire Children’s Services support social workers to establish and maintain the trust and confidence of parents and families and enable their participation in planning to keep their children safe and promote their wellbeing?

[Professional Social Work Standards 1 & 3]

5 “Nothing was explained. We were kept in the dark.”

- 5.1.1 ‘Once labelled always labelled.’ The inaccurate records, outdated assessments, cut and paste documents found their way into court proceedings.
- 5.1.2 Individuals described being placed into an alien environment trying to obtain appropriate legal support with an unsupportive Children’s Services adding to their problems.
“I met the social worker in court for the first time.”

- 5.1.3 It was not uncommon for parents at the early stages of hearings to be advised to attend the wrong court in a completely different town! This sometimes even prevented parents from reaching the correct court in time.
- 5.1.4 Families reported how judges would describe Children’s Social Care doing everything at the last minute, presenting incomplete documents and inaccurate assessments. “Forget you’ve ever seen that letter; you don’t want anything affecting your court hearing.” (Social worker when an individual advised she had received someone else’s paperwork)
- 5.1.5 Families spoke about social workers not adhering to the directions of a judge by altering the frequency of contact, invariably by reducing it, without explanation. Sibling groups ordered to be kept together were separated. One individual described a social worker who sat with the ex-partner and counsel in court and parroted back the words of the ex-partner, which was experienced by the parent as secondary abuse.
- 5.1.6 Families described the court process and outcomes in some cases as being unfairly balanced, particularly when one party could not afford the legal representation needed. This felt particularly egregious to individuals in contested child access cases where one party was more able to fund their case. Individuals described feelings of worthlessness, as they were not believed due to their status compared to the other party in the case. “...trial by over-zealous social workers.”
- 5.1.7 Individuals, some with significant vulnerabilities, struggled to cope with the timescales of court procedures, especially given the impact of Covid and virtual courts. Vulnerable individuals were left with no advocacy or support in very stressful situations and were unable to articulate the issues in their lives that had brought them to where they were that day. They very much feel let down by the system. “They made me feel like I was Baby P’s mum, a monster. I’m not. I was a struggling mum, I needed help. Now I’m broken.”
- 5.1.8 Court outcomes, especially a decision for adoption, understandably have devastating, life-altering consequences for the adults and children involved in the case. To have reached this point after feeling as though you have not had a fair chance, have not been represented accurately and have not been listened to, destroys all faith in that system. “I’m watching my kids slip away from me.”

5.1.9 Thereafter, for goodbyes to be managed poorly is unforgiveable. Individuals described partners not having a goodbye in person and receiving unclear advice as to what future contact arrangements would be and why.

5.1.10 Relationships with professionals have broken down so far by this point that it arguably becomes irrevocable for both sides. Empathy, compassion, and minimisation of damage to the families is lost.

“We’ve got power over people” (Social worker)

5.1.11 In other ongoing court cases, some individuals are still awaiting decisions on the status of a child or children with no clear understanding of their position. Other individuals have decided to take legal action themselves.

“[The SW made lots of promises of support] ...but [they] didn’t happen.... The next time I saw [the SW] was the day before court.”

5.2 “We’ve changed our minds; they are not coming home.” (Social worker)

5.2.1 The majority of the individuals who spoke to the panel felt they were given false hope. Examples included: being told adoption was not on the table, only for the decision to be turned on its head shortly afterwards; being told children would return home on a certain date, only to be let down again and again; parents being advised they could see a child or children for a special date, such as a birthday or Christmas for it then not to happen.

“[The social worker] kept blaming someone higher up [for decisions].”

5.2.2 The impact of such actions was devastating not only for the children but the adults too. Some particularly vulnerable adults described feelings of despair, loss of hope, deterioration in their mental health and, at worst, suicidal thoughts.

“I was in despair.”

Question for Consideration

- What will the Herefordshire Safeguarding Children Partnership do to promote a ‘Think Family’ approach across the partnership?

6 “No parent should have to fight the system on behalf of their child.”

6.1.1 The majority of the individuals seen by the panel had instigated one, if not several, complaints to Herefordshire Council. No individual has had a complaint resolved within the correct timescales. Many reported being ‘fobbed off’ and felt the need to continually escalate through the complaints procedure and involve their Councillors and MPs to try and achieve some form of resolution. Others spoke about being confused about which complaints procedure they should use and then being directed towards the Council rather than the statutory Children’s Service complaints procedure.

“I was told to stop complaining.”

6.1.2 Even when complaints have been substantiated, usually following protracted processes, subject access, freedom of information requests and people becoming ‘their own researcher,’ apologies are taking too long and very little, if any, change is demonstrated to the families.

“I never know if it is cock up or conspiracy.”

6.1.3 In some cases, the local authority has failed to implement the findings of a complaint. Some of the historic timelines for stage two and three complaints have taken years and only conclude due to the persistence of the individuals concerned. It is felt that different stories are being treated the same way. A multi-agency coordinated approach was not used during the complaints process resulting in lots of parallel and overlapping activity.

“Toothless tiger of a complaints system.”

6.1.4 The reality for some individuals is that they now have no faith in Herefordshire Council: they do not want their complaints resolved internally and believe that the only thing that will satisfy them is an independent review.

“I never wanted to do this, I wanted to work with social services.”

Question for Consideration

- What will the Herefordshire Safeguarding Children Partnership do to ensure that the complaints procedures in every agency across the partnership are accessible to families, work well, and findings are recorded and acted on?

7 “The social worker spoke properly with them, didn’t call them weird, gained their trust.”

7.1.1 In telling the panel about their experiences with agencies, families were asked what had worked well for them. Several individuals described pockets of good practice by individual social workers, such as social workers who took the time to build relationships with a child or several children, properly assessed the case and worked with a family. Unfortunately, this was the exception rather than the norm and usually only applied to one social worker amongst the many that a family might have had in their lives.

“Social workers who got to know you well.”

7.1.2 Similarly, individuals mentioned individual contact centre workers who had done a good job.

“Contact centre staff were amazing, well-documented sessions.”

7.1.3 Individuals stressed the importance of independent charities and bodies that had supported them and re-gained some of their lost confidence in professionals. Women’s Aid was positively highlighted a number of times and other charities, including the National Autistic Society, were praised for their help and support.

“Women’s Aid was fantastic.”

“Court approved independent assessment was positive. They listened to my children.”

“Initially didn’t understand the role, but an advocate, truly independent.” (Young person describing the IRO role).

7.1.4 Several individuals praised the vital work of schools in the safeguarding world and the role they performed in providing the day-to-day assessment of the children in their care.

“Schools were very supportive and helpful but were not allowed to be at the core meetings.”

“Education challenged the local authority and then were accused of protecting mum”.

“School brilliant.”

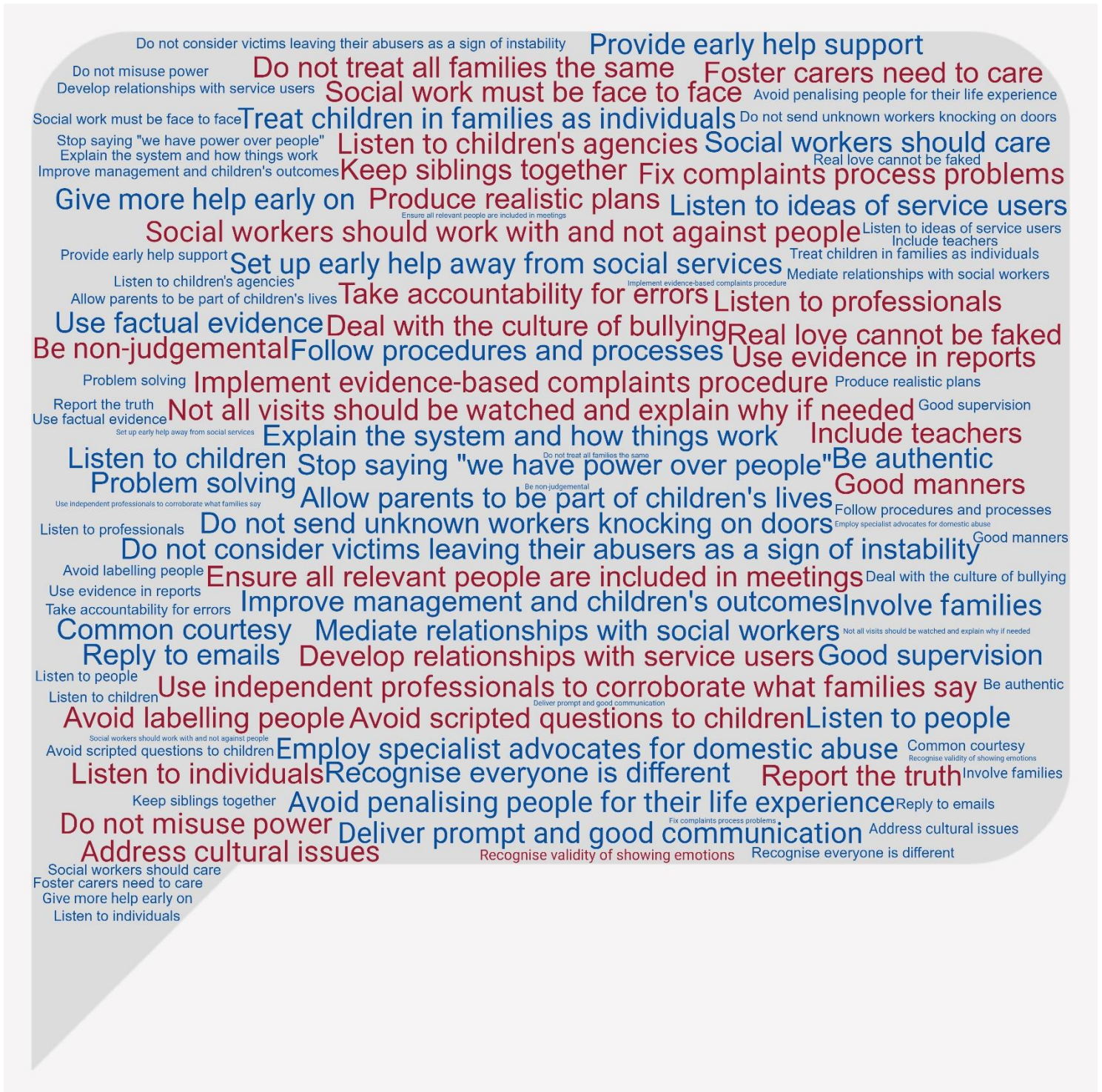
7.1.5 Similarly, individuals within the health sector were recognised by parents for their independence, support and care at very difficult times.

“GP brilliant.”

“I had good rapport with the health visitor.”

7.1.6 Birmingham Children's Hospital specialists were highlighted by parents for delivering high quality patient care and support while producing independent reports of each case's facts. However, the caveat remains that this information was not always used in assessments and social worker reports.

8 What Could Have Been Done Differently



9 Reflections from the Commission

- 9.1 The commission members are only too aware that the results of their work reflect the significant concerns already raised through audit and inspection of Herefordshire Children's Services sector, and of the potential for the report to be dismissed as yet another in a sequence of equally negative reports. They urge that this does not happen.
- 9.2 This unique lens for considering the impact of services is powerful, palpable and compelling. The panel members, with nearly 120 years of public service between them, were moved by the accounts they heard.
- 9.3 The consistent nature of the themes brought out by articulate, intelligent individuals, in a predominantly balanced way, produced credible accounts which the panel believed. There is no doubt that cases of the nature the panel heard will be multifaceted, complex, time demanding, and result in outcomes that can be traumatic for those families involved. However, the panel was compelled by the totality of the examples cited of core failings in the system. This is particularly concerning as most of the cases are still open with Children's Services.
- 9.4 While the panel was not able to assess to what degree the poor experiences described by the families may be indicative of widespread poor practice, the panel did directly experience delays and poor-quality communication when following up issues directly with Children's Services. This suggests that the issues are significant and systemic.
- 9.5 For the individuals in question, nothing can change the experiences they have had, and the impact on their families. Their loss of faith in the services and systems that they believed were there to help and support them is profound. They have found the complaints procedures inadequate, not least because, where they have had their complaints upheld, the promised actions have rarely materialised. Neither have they been recorded on case files, meaning that the same injustices can be perpetuated. Whilst some families may well feel that the opportunity to be heard and believed by the panel has been sufficient in itself, there may still be a small number of individuals who believe that a further review of their case is the only way to help them resolve their long standing complaints. For some, such a course of action may well serve to prolong their distress. However, where there remain unresolved issues in respect of open cases, they may well be right. It is the panel's view that any decision about whether or not to proceed with a review should be made with great care, and with the full involvement of the individuals concerned.

- 9.6 There is no doubt that the period in question included particular challenges given the impact of Covid on both individuals and families, both privately and professionally, and on the ability to deliver services of a consistently high standard. Herefordshire also has unique challenges, including its size and rurality, its distance from large centres of population, with the consequent implications for staff recruitment, and its proximity to Wales. Cross border issues were evident in several of the cases the panel was told about.
- 9.7 Despite these caveats, the impact on parents and children of not being heard or believed was significant and longstanding. It was a sobering reminder of the importance of treating people respectfully and well, no matter what the circumstances, and of how easy it can be to destroy lives when in a position of power and authority.
- 9.8 As well as the damage to individuals and families of poor multi-agency practice as detailed above, the testimony of families clearly identified negative impacts for agencies too. These included:
- Loss of confidence in the professional reputation of individual agencies and their ability to work effectively.
 - Lack of professional challenge within and between agencies.
 - Overall strengthening of poor, negative and damaging culture across all partner agencies.
 - High risk of legal challenge.
 - High cost of compensation.
 - Institutional acceptance of poor practice.
 - Reputational damage.
 - Professional disrespect locally and nationally.

The work of the Herefordshire Safeguarding Children Partnership will be crucial in providing the leadership to address these issues.

9.9 The panel recognise that this report will be difficult to read for all the dedicated social workers and managers working in Herefordshire, but there were also concerns raised about health and police services. No one comes to work to do a bad job and the panel hope that all practitioners see this report as an opportunity for reflection to improve their own practice. The overarching themes from the interviews with families are clear. It is vital that people are treated as individuals and that time is taken to build a rapport with each family by listening carefully and listening again. Ensuring that all opinions in reports are based on evidence - ideally from several sources - and that they capture the views of each family was also a priority. Families should also expect respectful, prompt and polite responses to calls and emails. Getting all these basics right sets the tone for developing positive working relationships with families.

10 What Next?

- 10.1 The Commission has posed questions for the Council and its partners to consider. These are included throughout the report. Due to the way in which families were identified to come and speak to the commission though, panel members are conscious that the report focuses predominantly on the Council's children's social workers and managers. However, they also heard of poor practice in other services and departments, including Adult Social Care, NHS settings (including mental health provision) and the police.
- 10.2 Families were eloquent in describing what they wanted from services (please see the infographic above). This will require wholesale change, which the Herefordshire Safeguarding Children Partnership is well placed to lead by promoting a jointly owned safeguarding culture across agencies, based on clear 'Think Family' principles.
- 10.3 For Children's Services, relationship based social work can only be achieved within organisations that commit to meaningful and respectful engagement as their cultural norm. This way of working needs to be owned at all levels within any organisation. In times of high turnover of social workers, it is imperative that respect, tolerance and empathy underpins every contact with individuals. The organisation must recognise, own and ensure that behaviours at the front line are consistently maintained.
- 10.4 All families are unique and professionals who have been given the responsibility to help others adapt and strengthen their parenting need the requisite skills to engage with all family members meaningfully. They need to listen, understand and respond to all participants to ensure sensitive inclusion, to achieve a constructive form of intervention that has the potential to address all the strengths and shortfalls within family units.

- 10.5 Assessments must be complete, accurate and understandable with the full engagement of every family member. Recognition of individual needs and conflicts of interests need to be openly explored and addressed to seek acceptable solutions. Records must be fully recorded and shared in a timely way with opportunity for ongoing discussion and development of any plan.
- 10.6 It is evident that this has not been achieved in Herefordshire to date, at least for the families seen by the commission. To achieve such a major cultural change would necessitate all the workforce to understand and work to the basic principles of good practice.
- 10.7 The questions posed throughout the report are designed to promote this process of change.
- 10.8 As a final note, many of the parents and family members we spoke with were ambitious for the Council and its partners to deliver excellent services. They have such a breadth of experience and insight that they are willing to contribute. As one parent said: [“I want to be proud of Herefordshire Children’s Services.”](#)

11 Summary of Questions for Consideration

- 11.1 How will the Council and its partners provide a meaningful and responsive early help service which is accessible to families, regardless of which agency they contact first for help?
- 11.2 How will the Council support its social workers to practise in ways that demonstrate empathy, perseverance, authority, professional confidence and capability; working with people to enable full participation in discussions and decision making?
- 11.3 How will the Herefordshire Safeguarding Children Partnership ensure that professionals are working together in the best interests of children and their families, to the highest standards of professional practice, informed by good quality research and evidence?
- 11.4 What actions will the Herefordshire Safeguarding Children Partnership take to satisfy itself that there is good understanding across all ‘frontline’ agencies of domestic violence and abuse and its impact on individuals and families?
- 11.5 How will Herefordshire Children’s Services support social workers to establish and maintain the trust and confidence of parents and families and enable their participation in planning to keep their children safe and promote their wellbeing?
- 11.6 What will the Herefordshire Safeguarding Children Partnership do to promote a ‘Think Family’ approach across the partnership?
- 11.7 What will the Herefordshire Safeguarding Children Partnership do to ensure that the complaints procedures in every agency across the partnership are accessible to families, work well, and findings are recorded and acted on?

12 Appendix A

Terms of Reference for a Commission to consider families' experience of children's services in Herefordshire

The Commission will be an independent review into the concerns and issues about children's services in Herefordshire that have been raised by a number of parents and families in recent months. This will be an opportunity for families to be heard by an independent panel and for their experiences to assist with learning about what needs to improve.

Background

Herefordshire's children's services have been publicly criticised in recent years. The recent Ofsted Inspection also highlighted concerns about the effectiveness of the safeguarding partnership.

In 2018 a High Court judge published his judgement relating to the inappropriate use of Section 20 for children in long term care in Herefordshire, and in March 2021 the same judge published a highly critical judgement relating to very poor practice regarding a sibling group of four. More recently, in April 2022, the BBC broadcast a Panorama programme, which covered the negative experience of five families who had been receiving social work intervention in Herefordshire.

One of the mothers featured in the Panorama programme, set up a group called A Common Bond. She was and is supported by one Councillor in particular and the local M.P. In October she organised a public meeting for families to present their stories to councillors (about 12 attended this meeting) and myself as Children's Commissioner. About 15 families had prepared statements which they presented. There were some common themes: unsympathetic social workers, lack of knowledge or response to children's special needs, children removed at short notice and wider family not considered. Several of those who presented their story had come to an extraordinary council meeting held a few weeks previously to debate children's services, and have continued to ask questions at subsequent Council meetings.

Managing 'legacy' cases is challenging given the numbers involved, the high profile following the Panorama programme, the historic poor decision-making and the frequent changes in social workers. The publicity following the recent inspection has further increased lack of confidence in the Council and the Safeguarding Partnership. A small number of parents continue to take opportunities to publicly raise their concerns at council meetings and through emails and complaints to the local M.P.s and Councillors.

Given this background and context the Council, with the Children's Commissioner and the safeguarding partners, have considered what more can be done to try to resolve issues for

families, to restore confidence and to learn from what has happened. The proposal to establish a Commission is intended to do this.

Purpose of setting up a Commission

- a. To give parents and families an opportunity to tell their story to an independent panel.
- b. To identify any steps that the Council and partners can and should take as a result of hearing families' testimonies, either in relation to individual cases or in respect of general issues.
- c. To learn from their experience and to ensure that that knowledge is used to inform improvements to children's services.
- d. To ensure that, as far as possible, families feel that their concerns have been listened to and responded to, and that this is as much as can be done to resolve matters.

Parameters for the Commission

1. The Panel will consist of 3 individuals, not connected to Herefordshire Council, with appropriate knowledge and experience, identified by the Children's Commissioner.
2. The Panel will meet in Hereford in private as circumstances relating to individual children will be discussed.
3. Families will have the opportunity to present to the Panel in person or to submit written statements.
4. Any parent or carer who wishes to address the Panel will be able to be accompanied by someone to support them.
5. If any children wish to address the Panel we will look at each situation individually to ensure that they are fully supported to do this.
6. If any families are currently involved in care proceedings, the Panel will not be able to consider any request to impact on those proceedings, but will hear from parents who wish to tell their story of what led up to the initiation of proceedings.
7. The Panel will not be able to consider any request to review a case where a child has been adopted, but will hear from parents who wish to tell their story of what led up to an adoption outcome
8. Where families have already had their concerns investigated through the Council's complaints process the Panel will have access to all the documentation relating to the complaint investigation and outcome, as well as hearing directly from the families.
9. The Children's Commissioner will support the work of the Panel and will attend the meetings..
10. The Safeguarding Partnership will be represented by the Independent Scrutineer who will attend as an observer. He will follow up any specific issues that are raised in the relation to the Partnership.

Process

- The Council will identify families who have raised their concerns through a number of routes, including directly to their M.P., councillors, Chief Executive, Children's Commissioner, at Council meetings and scrutiny committee meetings.
- If the parameters above are met, families will be offered the opportunity to present to the Panel.
- The Panel will meet for between 3-6 days, depending on the numbers of families who wish to be involved, during March if possible.
- The Council will provide administrative support to the Panel
- The Panel will produce a written report identifying general themes and recommendations, which will be published.
- The report will be received by the Council and the safeguarding partners
- The Panel will write separately to individuals, the Council, and safeguarding partners if there are specific recommendations in relation to their case.

Eleanor Brazil, Children's Commissioner



Professional Standards

1

Professional standards

Promote the rights, strengths and wellbeing of people, families and communities.



As a social worker, I will:

- 1.1 Value each person as an individual, recognising their strengths and abilities.
- 1.2 Respect and promote the human rights, views, wishes and feelings of the people I work with, balancing rights and risks and enabling access to advice, advocacy, support and services.
- 1.3 Work in partnership with people to promote their wellbeing and achieve best outcomes, recognising them as experts in their own lives.
- 1.4 Value the importance of family and community systems and work in partnership with people to identify and harness the assets of those systems.
- 1.5 Recognise differences across diverse communities and challenge the impact of disadvantage and discrimination on people and their families and communities.
- 1.6 Promote social justice, helping to confront and resolve issues of inequality and inclusion.
- 1.7 Recognise and use responsibly, the power and authority I have when working with people, ensuring that my interventions are always necessary, the least intrusive, proportionate, and in people's best interests.

2

Professional standards

Establish and maintain the trust and confidence of people.



As a social worker, I will:

- 2.1 Be open, honest, reliable and fair.
- 2.2 Respect and maintain people's dignity and privacy.
- 2.3 Maintain professional relationships with people and ensure that they understand the role of a social worker in their lives.
- 2.4 Practise in ways that demonstrate empathy, perseverance, authority, professional confidence and capability, working with people to enable full participation in discussions and decision making.
- 2.5 Actively listen to understand people, using a range of appropriate communication methods to build relationships.
- 2.6 Treat information about people with sensitivity and handle confidential information in line with the law.
- 2.7 Consider where conflicts of interest may arise, declare conflicts as early as possible and agree a course of action.

3

Professional standards

Be accountable
for the quality of
my practice and the
decisions I make.



As a social worker, I will:

- 3.1 Work within legal and ethical frameworks, using my professional authority and judgement appropriately.
- 3.2 Use information from a range of appropriate sources, including supervision, to inform assessments, to analyse risk, and to make a professional decision.
- 3.3 Apply my knowledge and skills to address the social care needs of individuals and their families commonly arising from physical and mental ill health, disability, substance misuse, abuse or neglect, to enhance quality of life and wellbeing.
- 3.4 Recognise the risk indicators of different forms of abuse and neglect and their impact on people, their families and their support networks.
- 3.5 Hold different explanations in mind and use evidence to inform my decisions.
- 3.6 Draw on the knowledge and skills of workers from my own and other professions and work in collaboration, particularly in integrated teams, holding onto and promoting my social work identity.
- 3.7 Recognise where there may be bias in decision making and address issues that arise from ethical dilemmas, conflicting information, or differing professional decisions.

As a social worker, I will:

3.8 Clarify where the accountability lies for delegated work and fulfil that responsibility when it lies with me.

3.9 Make sure that relevant colleagues and agencies are informed about identified risks and the outcomes and implications of assessments and decisions I make.

3.10 Establish and maintain skills in information and communication technology and adapt my practice to new ways of working, as appropriate.

3.11 Maintain clear, accurate, legible and up to date records, documenting how I arrive at my decisions.

3.12 Use my assessment skills to respond quickly to dangerous situations and take any necessary protective action.

3.13 Provide, or support people to access advice and services tailored to meet their needs, based on evidence, negotiating and challenging other professionals and organisations, as required.

3.14 Assess the influence of cultural and social factors over people and the effect of loss, change and uncertainty in the development of resilience.

3.15 Recognise and respond to behaviour that may indicate resistance to change, ambivalent or selective cooperation with services, and recognise when there is a need for immediate action.

4

Professional standards

Maintain my
continuing
professional
development.



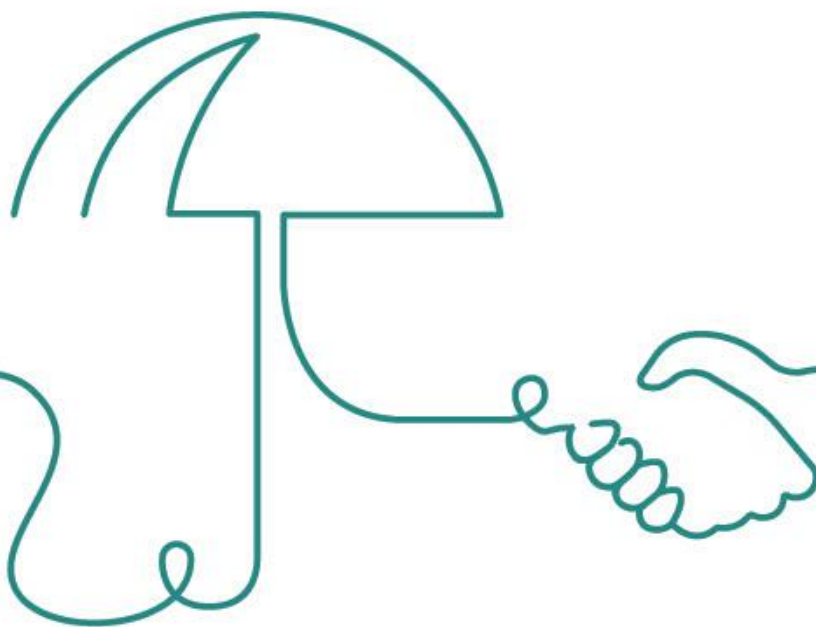
As a social worker, I will:

- 4.1 Incorporate feedback from a range of sources, including from people with lived experience of my social work practice.
- 4.2 Use supervision and feedback to critically reflect on, and identify my learning needs, including how I use research and evidence to inform my practice.
- 4.3 Keep my practice up to date and record how I use research, theories and frameworks to inform my practice and my professional judgement.
- 4.4 Demonstrate good subject knowledge on key aspects of social work practice and develop knowledge of current issues in society and social policies impacting on social work.
- 4.5 Contribute to an open and creative learning culture in the workplace to discuss, reflect on and share best practice.
- 4.6 Reflect on my learning activities and evidence what impact continuing professional development has on the quality of my practice.
- 4.7 Record my learning and reflection on a regular basis and in accordance with Social Work England's guidance on continuing professional development.
- 4.8 Reflect on my own values and challenge the impact they have on my practice.

5

Professional standards

Act safely,
respectfully and
with professional
integrity.



As a social worker, I will not:

- 5.1 Abuse, neglect, discriminate, exploit or harm anyone, or condone this by others.
- 5.2 Behave in a way that would bring into question my suitability to work as a social worker while at work, or outside of work.
- 5.3 Falsify records or condone this by others.
- 5.4 Ask for, or accept any money, gifts or hospitality which may affect or appear to affect my professional judgement.
- 5.5 Treat someone differently because they've raised a complaint.
- 5.6 Use technology, social media or other forms of electronic communication unlawfully, unethically, or in a way that brings the profession into disrepute.

6

Professional standards

Promote ethical practice and report concerns.



As a social worker, I will:

- 6.1 Report allegations of harm and challenge and report exploitation and any dangerous, abusive or discriminatory behaviour or practice.
- 6.2 Reflect on my working environment and where necessary challenge practices, systems and processes to uphold Social Work England's professional standards.
- 6.3 Inform people of the right to complain and provide them with the support to do it, and record and act on concerns raised to me.
- 6.4 Take appropriate action when a professional's practice may be impaired.
- 6.5 Raise concerns about organisational wrongdoing and cultures of inappropriate and unsafe practice.
- 6.6 Declare to the appropriate authority and Social Work England anything that might affect my ability to do my job competently or may affect my fitness to practise, or if I am subject to criminal proceedings or a regulatory finding is made against me, anywhere in the world.
- 6.7 Cooperate with any investigations by my employer, Social Work England, or another agency, into my fitness to practise or the fitness to practise of others.

14 Appendix C

Meet the Panel



Karen Manners QPM BSc (Tech)Hons

Karen retired in August 2018 as Deputy Chief Constable (DCC) for Warwickshire Police after 32 years' service.

In May 2018, she was appointed as one of the inaugural members of the National Child Safeguarding Review Panel. This panel has oversight of the child safeguarding system, meeting regularly to oversee local reviews and to determine whether to commission national reviews of child safeguarding cases that are notified to them. The panel has its own statutory powers, independent of government. In March 2020, Karen was appointed interim chair.

Karen is an independent safeguarding consultant. She has recently concluded a piece of work for Chief Constable Simon Bailey, national police lead for child protection, updating the national vulnerability action plan (NVAP 2020-2022) for forces. In November 2020, Karen concluded a scoping piece of work on vulnerability to radicalisation as the 14th strand of public protection on behalf of Chief Constable Simon Bailey and Simon Cole (national Prevent lead) in response to a HMICFRS recommendation following their national thematic inspection in regard to Prevent.

In September 2020, Karen was appointed a subject matter advisor on behalf of the College of Policing to deliver input to training on Public Protection and Safeguarding Leadership course which has been supported by the Home Office. She is now a College of Policing Associate.

Karen has a wealth of experience and knowledge gained from her various leadership roles within the police service. As DCC for Warwickshire Police, Karen led the vulnerability strategy for the force and its alliance partner, West Mercia Police, leading the delivery of innovative frontline vulnerability training. She also led nationally for the NPCC on Child Neglect and Coronial matters and the creation of the National Vulnerability Action Plan. During her tenure as Assistant Chief Constable for the alliance of Warwickshire and West Mercia Police, she chaired two strategic boards for the Multi-Agency Public Protection Arrangements (MAPPA).

Prior to joining Warwickshire Police Karen also served within the Met and Hampshire Police.

Karen's national work on neglect and vulnerability was recognised in the Queen's Birthday Honours 2017, when she was awarded the Queen's Police Medal.



Sally Halls

Qualified as a social worker in 1980 and worked for many years for child and family services in the voluntary sector and local authorities, in a range of front-line, middle and senior management roles. Following three years working as an adviser for the (then) Department of Schools and Families, she worked for the Local Government Association, leading for the Children's Improvement Board on the social care sector response to policies in areas including adoption, care and family justice.

Since 2010, she has worked as a consultant specialising in supporting improvement in services to children and families, nationally and internationally, chaired a number of Local Safeguarding Children Boards, and both led and contributed to safeguarding audits in schools and the Anglican church. In these roles, she has always prioritised finding ways to engage with and listen to those who use services, to learn from their experiences and ensure they inform improvement.



Mairead MacNeil

Qualified as a Social Worker in 1983 and worked in both the voluntary sector and Local Authorities, as social worker and in management positions in three London authorities.

From 2002 she was senior manager for children's services in three separate authorities across the UK, and led and implemented each of the children's improvement plans where those authorities had been deemed to be failing through OFSTED inspection. All three authorities successfully came out of out of intervention to achieve Good and Outstanding ratings

She participated in various national children's services working groups with the DFE and OFSTED and contributed to policy development on a range of safeguarding children issues.

More recently, as a consultant, she has undertaken practice improvement roles with several Local Authorities, focussing on excellence and driving the improvement in the quality of Social Work and inter-agency planning to deliver better safe and sensitive services for children and their families.

Children and Young People Scrutiny Committee draft work programme

26 September 2023 **report deadline 18 September 23**

Topic and Objectives	Evidence required	Attendees*
Early help <ul style="list-style-type: none"> - Understand the nature of both targeted and universal early help services in Herefordshire. - Further understand the offer made by the council and other agencies. - Scrutinise how partners work together to identify and support children and families who need early help. 	“Right Help Right Time” framework for support Herefordshire Council Early Help Strategy	<ul style="list-style-type: none"> • Director of Public Health • Service Director Early Help, Quality Assurance and Prevention • West Mercia Police • Independent Care Board
SEND action plan <ul style="list-style-type: none"> - Scrutinise the action plan. - Identify gaps in action and progress in delivering the plan. 	SEND strategy and action plan Pre-meeting briefing session with service director	<ul style="list-style-type: none"> • Director of Education, Skills and Learning • Parent Carer Voice • Maria Hardy Health • Roz Pither – head of service SEND • Rachel Gillett - Safeguarding
Families’ Commission Report <ul style="list-style-type: none"> - Scrutinise progress in responding to the seven challenges contained in the report 	Families’ Commission Report	<ul style="list-style-type: none"> • Independent Scrutineer, Herefordshire Safeguarding Partnership

14 November 2023 **report deadline 6 November 23**

Topic and Objectives	Evidence required	Attendees*
Child and Adolescent Mental Health Services <ul style="list-style-type: none"> - Investigate access to and the availability of appropriate mental health services for children and young people. - Identify gaps in provision and explore opportunities for more effective commissioning of services. 	Directory of mental health support services in Herefordshire Service specification for CAMHS CAMHS performance information	<ul style="list-style-type: none"> • Herefordshire and Worcestershire NHS Trust • Director of safeguarding • Director of all-age commissioning

Education Matters		•
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23 January 2024 **report deadline 15 January 2024**

Topic and Objectives	Evidence required	Attendees*
Workforce, fostering and adoption sufficiency <ul style="list-style-type: none"> - Understand the shortages faced by the council and its partners in workforce recruitment. - Identify challenges in recruitment of foster families. - Make recommendations to support improved rates of recruitment. 	Current staffing levels Fostering and adoption rates of recruitment Payment rates for fostering and adoption	<ul style="list-style-type: none"> • Head of Service, Fostering and Adoption
Schools Capital Strategy <ul style="list-style-type: none"> - Understanding how the local authority determines its investment in new and existing schools. - Review the impact of the 2016 capital investment strategy. - Seeking assurance that capital investment is aligned to implementation of the Local Plan. 	Capital Investment Strategy Schools investment programme	<ul style="list-style-type: none"> • Director of Education, Skills and Learning

12 March 2024 **report deadline 04 March 23**

Topic and Objectives	Evidence required	Attendees*
Looked after children <ul style="list-style-type: none"> - Identify the factors resulting in the current rate of children being looked after. - Further identify areas of focus for the committee to pursue. 	Current and historical numbers of children looked after by the local authority Comparison with statistical neighbours and other local authorities in West Midlands region.	<ul style="list-style-type: none"> • Director, safeguarding
Corporate Parenting Board <ul style="list-style-type: none"> - Scrutinise the current constitution and activity of the corporate parenting board. 	Corporate Parenting Strategy Corporate Parenting Board agendas and minutes % care leavers who are: <ul style="list-style-type: none"> - In suitable accommodation 	<ul style="list-style-type: none"> • Chair, Corporate Parenting Board • Service Director Early Help, Quality Assurance and Prevention

	<ul style="list-style-type: none"> - in education, training or employment 	<ul style="list-style-type: none"> • Head of service, looked after children • Your Voice Matters representatives
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*The Corporate Director, Children and Young People and Portfolio Holder, Children and Young People, both have a standing invitation to the meeting. It is assumed that the portfolio holder will attend each meeting.

