

# Agenda

## Children and young people scrutiny committee

Date: **Monday 2 October 2017**

---

Time: **10.15 am**

---

Place: **The Council Chamber - The Shire Hall, St. Peter's  
Square, Hereford, HR1 2HX**

---

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

For any further information please contact:

Matthew Evans, Democratic Services Officer

Tel: 01432 383690

Email: [matthew.evans@westsussex.gov.uk](mailto:matthew.evans@westsussex.gov.uk)

---

If you would like help to understand this document, or would like it in another format, please call on or e-mail in advance of the meeting.

# Agenda for the meeting of the Children and young people scrutiny committee

## Membership

**Chairman**                    **Councillor CA Gandy**  
**Vice-Chairman**           **Councillor FM Norman**

**Councillor JA Hyde**  
**Councillor JF Johnson**  
**Councillor MD Lloyd-Hayes**  
**Councillor MT McEvelly**  
**Councillor A Seldon**

## Co-opted members:

Mr P Burbidge  
Mrs A Fisher

Mr A James  
Mr P Sell

Archdiocese of Cardiff  
Parent Governor Representative: Primary  
Schools  
Parent Governor Representative  
The Diocese of Hereford

## Agenda

		Pages
1.	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence</p>	
2.	<p><b>NAMED SUBSTITUTES</b></p> <p>To receive details of members nominated to attend the meeting in place of a member of the committee.</p>	
3.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest from members in respect of items on the agenda.</p>	
4.	<p><b>MINUTES</b></p> <p>To approve and sign the minutes of the meeting held on 5 July 2017.</p>	5 - 10
5.	<p><b>COMMISSIONING INTENTIONS FOR UNIVERSAL AND EARLY HELP SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES</b></p> <p>To preview the draft decision report concerning the commissioning intentions for universal and early help services for children, young people and families.</p>	11 - 88
6.	<p><b>HEREFORDSHIRE SAFEGUARDING CHILDREN'S BOARD (HSCB) ANNUAL REPORT 2016/17 AND BUSINESS PLAN 2017/19</b></p> <p>To consider the annual report 2016/17 and the business plan 2017/19 of the HSCB. The committee is asked to scrutinise the recommendations and strategic priorities contained in the attached appendices and consider if they provide assurance.</p>	89 - 192
7.	<p><b>OUTCOMES OF CASEWORK PEER REVIEW</b></p> <p>To consider and provide views on the outcomes and recommendations from the casework peer review, which took place between 13 and 15 June 2017, and to consider if the outcomes provide assurance to the committee that there is a robust environment in which good quality social work can take place.</p>	193 - 206
8.	<p><b>CHILDREN'S WELLBEING SELF-ASSESSMENT</b></p> <p>To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further.</p>	207 - 272
9.	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC</b></p> <p>To receive any written questions from members of the public.  <i>Deadline for receipt of questions is 5:00pm on Wednesday 27 September.</i>  <i>Accepted questions will be published as a supplement prior to the meeting.</i>  <i>Please submit questions to: <a href="mailto:councillorservices@herefordshire.gov.uk">councillorservices@herefordshire.gov.uk</a>.</i></p>	
10.	<p><b>QUESTIONS FROM MEMBERS OF THE COUNCIL</b></p> <p>To receive any written questions from members of the council.  <i>Deadline for receipt of questions is 5:00pm on Wednesday 27 September.</i>  <i>Accepted questions will be published as a supplement prior to the meeting.</i></p>	

Please submit questions to: [councillorservices@herefordshire.gov.uk](mailto:councillorservices@herefordshire.gov.uk).

**11. WORK PROGRAMME REVIEW**

To review the attached work programme for 2017/18 and update as appropriate.

273 - 276

**12. DATE OF NEXT MEETING**

The date of the next meeting is 4 December 2017.

**Minutes of the meeting of Children and young people scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Wednesday 5 July 2017 at 10.00 am**

**Present:** Councillor CA Gandy (Chairman)  
Councillor FM Norman (Vice-Chairman)

**Councillors:** JA Hyde, JF Johnson, MD Lloyd-Hayes and D Summers

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Seldon, Councillor McEvelly, Mrs Fisher, Mr Sell and Mr Burbidge.

**2. NAMED SUBSTITUTES**

Councillor Summers attended the meeting as a substitute for Councillor Seldon.

**3. DECLARATIONS OF INTEREST**

The following members of the committee declared non-pecuniary interests in agenda item no. 4, corporate parenting strategy 2017-2020:

- Councillor Hyde as the support team member (looked after children), the chairman of the corporate parenting panel and a member of the fostering panel.
- Councillor Norman as a member of the corporate parenting panel.

**4. CORPORATE PARENTING STRATEGY 2017 - 2020**

The committee considered a report by the head of looked after children which provided the draft corporate parenting strategy 2017 – 2020. The report was introduced by the cabinet member young people and children's wellbeing, the assistant director safeguarding and early help and the head of looked after children.

The cabinet member outlined the significant responsibility that members of the council and all officers had as corporate parents to looked after children (LAC) in Herefordshire. The assistant director safeguarding and early help explained that the strategy had been considered by the corporate parenting panel and would be presented to the cabinet for formal approval. The annual reports for the adoption and fostering services were listed as background papers to the report which provided valuable detail concerning the allocation of resources for LAC. The head of looked after children explained that

individuals who were LAC tended to face disadvantage in life which the strategy sought to address. Through the children in care council priorities had been developed by LAC to which the strategy responded.

The committee heard from two young people regarding their experiences of care and support provided. Comments included: the importance of expediting processes through the care system; the need for greater contact between LAC and social workers; rules governing the activities of children in care tended to be too strict and the reasons for the rules were not adequately communicated; the importance of communicating face-to-face with LAC but an acknowledgement of the value of other forms of interaction such as texting; the turnover of social workers had been high previously but there had been consistency over the last two years; the importance of being clear and honest whilst communicating with LAC; and the elements required to support care leavers which included a personal adviser, a good network of friends and continued contact with groups such as the foster forum.

The committee made the following queries and comments in regard of the strategy:

- The annual reports relating to the fostering and adoption services should be received by the committee as separate agenda items in future years. An important role of the committee was to understand and consider the annual reviews of these services to provide assurance that the structures in place and resources allocated were sufficient to meet the needs of LAC;
- The strategy referred to the virtual school and it was requested that a briefing note be prepared for circulation to members of the committee on the subject.
- The current situation regarding number 4 in Blackfriars Street was raised and when a permanent new location would be identified. The temporary measure was not felt to offer good accommodation and a better longer term solution was required. *The head of looked after children confirmed that an alternative location was being sought and in the interim the venue in Bath Street would be opened shortly as a drop-in centre. It was anticipated that this arrangement would operate for one year.*
- The number of LAC in Herefordshire was higher than the national average, this was queried and an explanation requested. *The assistant director safeguarding and early help commented that the level of LAC was a consequence of the period of intervention, leading to a culture of risk aversion and the lowering of thresholds to take children into care. Recent initiatives such as changes to the methods for admitting children to care and clarifying decision-making around admissions had resulted in a reduction in the number of LAC which should decrease over time to a level comparable with statistical neighbours.*
- Detail regarding the primary reasons for the admission of children into care were sought by the committee. *The majority of children taken into care was due to emotional abuse and neglect; a small number due to physical and sexual abuse. Emotional abuse was often as a result of factors including domestic abuse, substance misuse and mental health; in such cases support was prioritised but where there was a significant impact upon the child, admission to care was necessary. This was similar to national trends which were adjusting following a judicial ruling critical of the voluntary arrangements for admitting children to care.*
- The committee queried how businesses could be engaged in corporate parenting priorities particularly concerning work experience and employment. The work that had been undertaken to date to explore employment and training opportunities within the council and partner organisations was also queried. *Local businesses could be engaged but there was significant scope to work within the council and with partner organisations to explore opportunities for LAC. Following the approval of the strategy by the cabinet and the CCG board apprenticeships for LAC would be identified.*

- Early intervention and how the council could work with the local community to address issues, such as mental health, affecting children admitted to care. How issues could be anticipated prior to the application of formal care processes. The impact of rurality and social isolation on children and young people and remote children centres. *The Children and Young People Plan would have a focus on early help and through the Early Help Strategy would embed the principles of early intervention and prevention in local communities.*
- The engagement of councillors and the role that could be undertaken in support of the strategy; councillors would be willing to contribute to the implementation of the strategy and fulfil the role of being a corporate parent but an understanding of how this could be achieved was required. *Training for members would be undertaken and tangible roles for members had been included in the action plan.*
- Mentoring young people and how councillors could undertake this role in accordance with safeguarding principles. *Members would be supported to mentor LAC and talk to them about potential opportunities. Safeguarding issues would be clarified before any mentoring occurred.*
- The proposed training for teachers to identify mental health issues and the potential for further detail on the proposal in due course. *The scheme would be rolled out by public health and form part of child health and wellbeing programme. The item could be added to the work programme of the committee.*
- It was reported that some local schools were funding referrals to child psychologists which had been identified through the work of the children's mental health task and finish group. *This issue would be investigated.*
- The number of unaccompanied asylum seeker children present in Herefordshire was projected to increase and the ability of the council to provide for the children was queried. *The county had accepted seven children under the scheme, recruitment for foster carers had been undertaken and the provision of shared housing for older children investigated. The issue would be considered at the next meeting of the corporate parenting panel with young people talking about their experiences and the panel assessing whether their needs had been met.*
- More information was sought regarding the extension of leaving care services and the additional resources that would be required. *The Keep On Caring strategy was due for implementation but had been suspended due to the recent general election. Once introduced the strategy would extend the responsibilities of local authorities to care leavers up to the age of 25. This was likely to require the provision of a personal adviser to care leavers up to this age and the introduction of a care leavers offer. More detail regarding the strategy was awaited but it was understood that greater resource would be required.*
- The availability and quality of data in the strategy and needs assessment was queried. *The strategy sought to develop and strengthen the quality of data of relevance to LAC. The current needs analysis shows the broad range of information available and has also highlighted areas where additional information is required, for instance the potential CSE risks for our LAC placed out of county should they go missing. Within Herefordshire this risk is well understood.*
- A potential role for the committee under the action plan of the strategy could be to provide a forum for young people to hold their corporate parents to account.
- The committee requested that annual performance reports relating to the strategy be submitted to future meetings. Such reports should include definitive baselines to assist the committee to assess performance in relation to the introduction of the strategy. *It was confirmed that the action plan was an emerging document which would incorporate appropriate baselines and tangible measures over the course of the forthcoming year.*

Councillor JF Johnson proposed and Councillor MD Lloyd-Hayes seconded the following recommendations:

- The committee welcomes the strategy, supports the priorities identified and agrees to provide a summary of comments and recommendations to the cabinet member;
- The committee requests annual performance reports relating to the action plan in the strategy;
- The committee provides a forum, where appropriate, for children and young people in care and care leavers to hold their Corporate Parents to account;
- The members of the committee facilitate training, with officers, on corporate parenting to all members of Herefordshire Council;
- The committee recommends that the cabinet member reviews the measures for success and outcomes sought in the action plan on a regular basis to see whether any measures need to be strengthened;
- The committee recommends that procedures are introduced to ensure that significant decisions of the council take account formally of likely implications for looked after children;
- The committee recommends that members undertake a mentoring role, where appropriate, for looked after children to share skills and experience to help enhance personal development and there is consideration of how this is best facilitated and publicised; and
- The committee recommends that methods and strategies are investigated to engage partners and businesses in corporate parenting.

The committee agreed the recommendations unanimously.

Resolved – that the committee provides comments and recommendations (as listed above) to the cabinet member for consideration in the finalisation of the corporate parenting strategy.

The committee considered the annual reports for the fostering and adoption services. The following comments and queries were raised in relation to the reports:

- Does the fostering service share best practice? *The service was engaged in a network of regional fostering services through which best practice was shared.*
- Was the fostering service seeking to work with Taurus healthcare? *The service was in communication with Taurus.*
- Was the reduction in the level of regulation 24 carers viewed as a positive trend? *Yes. Regulation 24 arrangements were temporary and arose when a placement was required at very short notice. The service goal was to reduce short notice accommodations by highlighting potential kinship carers earlier in the intervention and completing their assessment as potential carers before the need for accommodation was confirmed.*
- How were complaints, including informal complaints, taken account of? *Young people were informed of their right to complain and their Independent Reviewing Officer ensures that this is understood at each review. The local authority also commissions an advocacy service whose details are given to every LAC. The directorate recently implemented MOMO, an app to enable young people to share their views using modern media.*
- The committee was concerned by a trend reported in the adoption report where children were subject to safeguarding processes but remained at home and at risk of significant harm. *The Assistant Director explained that courts were more reluctant to grant interim care orders during care proceedings, preferring to wait until the conclusion of the hearing before deciding whether a child is removed*



*from parental care. This was a matter subject to discussion with the Local Family Justice Board.*

- The 'lifestory books' provided to LAC and the lateness of providing these books was raised by the committee. *It was acknowledged that there had been a high turnover of staff in certain teams causing some delays. Additional resource had been made available to ensure outstanding work was completed and the importance of lifestory work would be discussed with the recently appointed managers of the teams.*
- The Panel referred to the regional adoption agency and requested more detail in the form of a briefing note. *It was confirmed that the local authority had applied to join the Adoption Central England RAA however the recent general election had delayed the formal response. It was hoped that an indication as to whether the application was acceptable in principle would be forthcoming shortly. This would be followed by detail regarding the terms of membership which would need to be accepted by the local authority. Provisionally, the process would be concluded in the spring of 2018.*

Resolved – that:

- a) the committee notes the annual reports from the adoption and fostering services and agrees to feedback comments to the cabinet member; and
- b) the adoption and fostering reports are considered as separate agenda items in future years.

## **5. QUESTIONS FROM MEMBERS OF THE PUBLIC**

No questions were received from members of the public.

## **6. QUESTIONS FROM MEMBERS OF THE COUNCIL**

No questions were received from members of the council.

## **7. WORK PROGRAMME REVIEW**

The committee noted the work programme for items of business for meetings in the current municipal year and noted that a briefing note on the virtual school and the regional adoption agency would be provided. It was commented that timings for the key decision to tender for new health visiting and school nursing services meant that the committee would be unable to scrutinise the draft decision in advance of publication. A briefing note would be provided on the decision and the committee could determine if a future agenda item on the subject was required.

## **8. DATE OF NEXT MEETING**

The committee considered a proposal to hold pre-meetings ahead of formal meetings. It was agreed that the practice would be trialled and that a pre-meeting start at 9.30 a.m. with the start-time of the committee meeting scheduled for 10.15 a.m.

The next meeting would be on 2 October 2017.

The meeting ended at 12.25 pm

**Chairman**



<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>2 October 2017</b>
<b>Title of report:</b>	<b>Commissioning Intentions for universal and early help services for children, young people and families</b>
<b>Report by:</b>	<b>Democratic Services</b>

## Classification

Open

## Key decision

This is not an executive decision.

## Wards affected

Countywide

## Purpose

To preview the draft decision report concerning the commissioning intentions for universal and early help services for children, young people and families before it is presented to the meeting of cabinet on 12 October. The committee's views on the proposals contained in the draft decision report are sought.

## Recommendation(s)

**THAT:**

- (a) **the committee considers the draft decision and agrees recommendations to the cabinet members for health and wellbeing and young people and children's wellbeing on proposals for the commissioning of public health and early help services.**

## Alternative options

None. It is open to the committee to review the report and determine whether it wishes to make any recommendations.

## Reasons for recommendations

The committee is responsible for the scrutiny of Statutory health scrutiny powers including the review and scrutiny of any matter relating to the planning, provision and operation of health services for children and young people and to make reports and recommendations on these matters. This report and its recommendation enable the committee to fulfil its function.

## Key considerations

- 1 The committee is asked to consider the draft report and appendices contained in the annex to this covering report, having regard to the following points:
  - The proposal for an integrated public health nursing service based upon principles of integration and prevention/early intervention;
  - The use of the Public Health Outcomes Framework to assess the performance of an integrated public health nursing service;
  - The specification for a new public health nursing service contract and the procurement strategy employed to appoint a provider; and
  - The reprocurement of family mentoring services and family befriending services, and the extension of one existing contract for family befriending services for the duration of this process.

## Community impact

- 2 The committee's considerations should have regard to what matters to residents of Herefordshire. The community impact of the proposal is set out in the appended draft report.

## Equality duty

- 3 The committee's considerations must have regard to equality issues in view of the public sector equality "general duty" to:
  - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it."
- 4 Further detail regarding the implications of the Equality Act 2010 are set out in the appended report together with a full Equality Impact Assessment.

## Financial implications

- 5 There are no direct financial implications arising from this report. The cost of any resulting committee work will be subject to assessment and expected to be met within existing resources.

## **Legal implications**

- 6 The council is required to deliver a scrutiny function. Detail regarding the legal implications arising from the proposal is set out in the attached draft report.

## **Risk management**

- 7 There is a reputational risk to the council if the scrutiny function does not operate effectively. Detail regarding the risk management implications arising from the proposal is set out in the attached draft report.

## **Consultees**

- 8 None in relation to the recommendations.

## **Appendices**

Annex – Commissioning intentions for universal and early help services for children, young peoples and families, main report.

Appendix 1 – Early Years' Service Redesign Survey Report

Appendix 2 – Herefordshire's Families Outcomes Framework

Appendix 3 – Children and Young People's Partnership priorities for early years and early help

Appendix 4 – EYEH Whole System Approach

Appendix 5 – Equality Impact Assessment

## **Background papers**

None identified.



<b>Meeting:</b>	<b>Cabinet</b>
<b>Meeting date:</b>	<b>Thursday 12 October 2017</b>
<b>Title of report:</b>	<b>Commissioning intentions for universal and early help services for children, young people and families</b>
<b>Report by:</b>	<b>Cabinet member health and wellbeing and Cabinet member young people and children's wellbeing</b>

## Classification

Open

## Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

And

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

## Wards affected

(All Wards);

## Purpose and summary

To approve the commissioning intentions for public health nursing and early help services. These will be part of Herefordshire's approach to supporting families and providing early help for children and young people aged 0 to 19 and up to 25 for young people with a disability and/or

additional health needs. This includes public health nursing (encompassing health visiting and school nursing) and an approach which supports greater integration with children's centre services, early years and early help services together with wider family befriending, mentoring and third sector services from April 2018.

## **Recommendation(s)**

**That:**

- a) a new 0 to 25 integrated public health nursing service for a period of up to five years, to commence on 1 April 2018 at a maximum cost of £13,070,700 over this term, be procured;**
- b) the director for adults and wellbeing, following consultation with the directors for children's wellbeing and public health, be authorised to take all necessary operational decisions, including award of contract, to implement the above recommendation within the budget set;**
- c) family mentoring services be procured for a period of up to two years at a maximum cost of £160k for 2018/19, with an option to extend for a further year, subject to continued funding being available;**
- d) pending the procurement referenced at recommendation C above; existing service delivery arrangements for family befriending services provided by Homestart and Vennture be extended to the end of March 2018 at a cost of £167k in 2017/18; and**
- e) the director for children's wellbeing be authorised to take all necessary operational decisions including award of contract to implement recommendations C and D above.**

## **Alternative options**

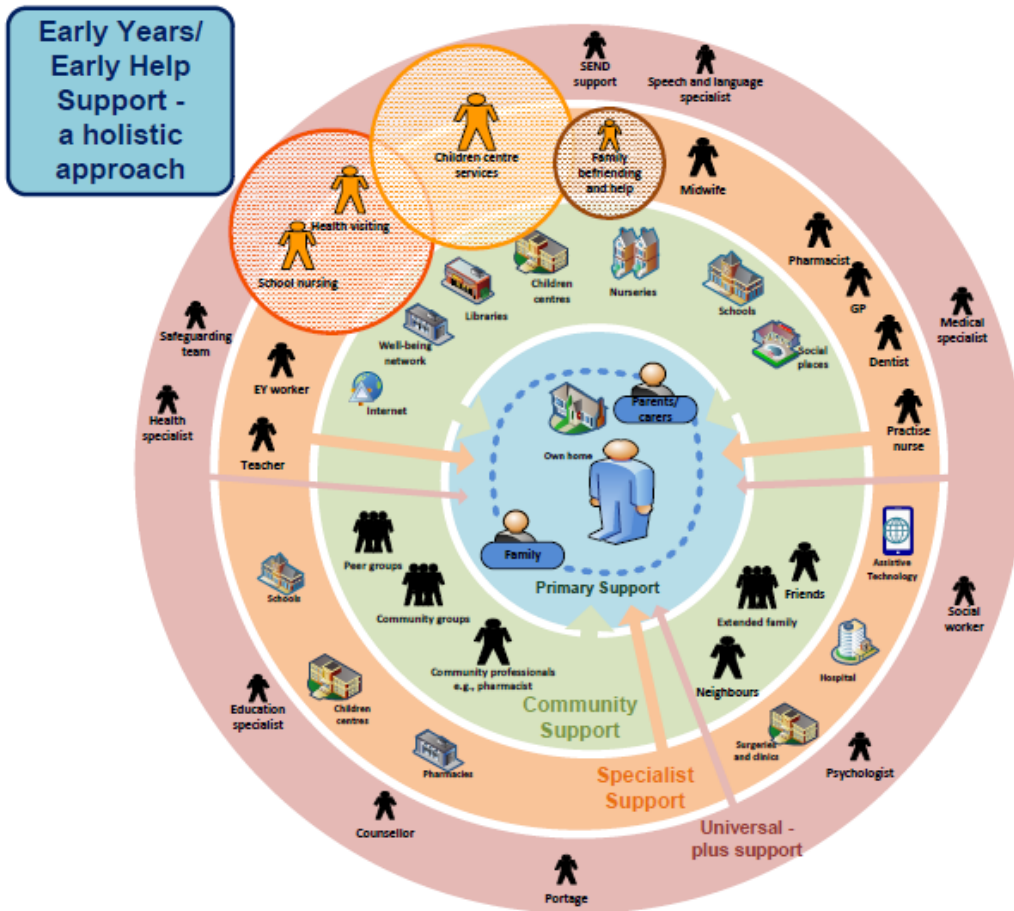
1. Combine all elements into a single competitive tender: this would create potential risks around flexibility for the council in terms of the offer for children and families or where there are changes to funding, policy direction or the council's approach. In response to a soft market testing exercise in 2017, ten provider organisations expressed an interest in delivering some elements of an integrated service. The soft market test showed a number of providers with sufficient experience to deliver individual elements, but only one provider with sufficient experience across all elements. Having only one potential provider could make it more difficult for the council to change the service if it needed to apply a different approach or had to reduce funding. By contrast, a number of organisations would be capable of delivering the public health nursing service. The results of the market engagement exercise therefore support a procurement approach involving separate lots.
2. All services could be brought in-house: this would create clinical, financial, legal and statutory risks in relation to health visitor and school nursing services, since these require considerable specialist expertise, which is not currently available within the council. This could significantly increase the overall costs due to having to bring in specialist clinical expertise and potentially reduce the resource available to spend on front line delivery. This option is not recommended at this time.



## Key considerations

3. The Healthy Child Programme is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life (see Appendix 1). The programme recognises the importance of building on support in the early years and sustaining this across the life course for school aged children and young people to improve outcomes and reduce inequalities through universal provision and targeted support. Universal and targeted public health services provided by health visiting and school nursing teams are crucial to this.
4. Responsibility for commissioning health visiting services (0 to 5's) fully transferred from the National Health Service (NHS) to councils on 1 October 2015. Health visiting and children's centre services have shared outcomes and both support universal and targeted support for families. In Herefordshire, therefore, the intention is to integrate these services with established targeted and early help services as much as possible, through co-location, shared information and systems and greater use of digital technology to increase accessibility. There is an opportunity to provide a more efficient integrated service by aligning teams in children's centre reach areas and improving data sharing protocols. Currently, this is a challenge and a barrier to improving outcomes for young children.
5. The proposed new 0 to 25 public health nursing approach fits strategically within the Children and Young People's Partnership Plan outcomes, Herefordshire's Health and Wellbeing Strategy to reduce health inequalities for children and young people, the Public Health Outcomes Framework, Understanding Herefordshire, Joint Strategic Needs Assessment and the Early Help (EH) offer for children with additional needs, and provides a focus for council service transformation.
6. The 0 to 25 public health nursing service will place continued emphasis on communities and families being assisted to help themselves in the context of resilient communities, thus getting information and support early; the right help at the right time and reducing demand on publicly funded services. In terms of the focus of the service, outcomes will reflect the need for highlighting support for children to be "ready to learn" at age two and "ready for school" at age four / five, and for young people to gain life skills and experience to enable them to be as independent and prepared for adulthood as possible.
7. The existing school nursing and health visiting contract specifications were in large part based on national models developed by NHS England. There is now an opportunity to develop a more localised approach which focuses on achieving health outcomes. The proposed specification for a new contract will:
  - ensure an approach which tailors services to what is needed within localities and communities across the county
  - focus on improving accessibility of services
  - enable continuity through transition points for children and young people
  - deliver improved child health outcomes in Herefordshire
8. The council's in-house early help services, including family support and children's centre services, have already been realigned to provide a more holistic approach to children and families. This can be built on to provide a more cohesive integrated approach to supporting improved outcomes for children and families by aligning them with any

commissioned services. This ‘whole systems’ approach is demonstrated by the diagram below.



9. Within Herefordshire’s early help approach, the council has funded family befriending and family mentoring services through contract and grant arrangements. In 2017/18, this involved council resources of £66k per year, which funded a family befriending service delivered by Homestart. Since 2015/16, it has also included £160k over two years through the national troubled families programme, which has been used to fund the family mentoring service, delivered by Vennture4Families. The two arrangements deliver broadly similar functions. There is a need for this type of service to continue into 2018/19, however at this stage, the availability of central troubled families resources cannot be confirmed beyond 2018/19. The national programme is expected to end in March 2020. Given the uncertain medium term availability of central funding, it is intended to procure services for 2018/19 with an option to renew the contract or contracts for a further year, subject to satisfactory performance and available funding. Services will be procured based on a single ‘family mentoring’ service specification, which will be tendered in two lots. Lot 1 will be funded up to £66k per year from council resources and lot 2 will be funded up to

Further information on the subject of this report is available from Lindsay MacHardy  
Tel: 01432 260554, email: Lindsay.MacHardy@herefordshire.gov.uk

£100k per year from national troubled families resources. The single service specification will support the payment by results approach of the national troubled families programme. During the contract period, the troubled families programme will be leading a process of service transformation, which will be led locally by the council's families' first service. Through the service transformation work, the intention will be to mainstream practice in appropriate and locally sustainable ways and to avoid a cliff-edge scenario when the national programme does end.

10. Where there is an option to extend a contract, key considerations prior to any decision will be the quality and cost of the service, the outcomes achieved and fit with the developing strategic direction of the council. The timeline for the procurement is set out below:

<b>Action</b>	<b>Timescale</b>
Tender pack development, TUPE information and specification / contract development complete	30 September 2017
Decision to procure taken (milestone)	28 September 2017
Official Journal of the European Union (OJEU) notice published	4 October 2017
Tender published on Procontract for 30 days (1 month)	9 October 2017
Tender closes (milestone)	13 November 2017
Tender evaluation (1 month)	13 November 2017 - 11 December 2017
Tender intention to award (milestone)	11 December 2017
Standstill period (10 days) and officer decision sign off (14 days) (to run concurrently - approximately 14 days overall)	11 December 2017 – 22 December 2017
Tender award (milestone)	23 December 2017 - 27 December 2017
Contract signed, implementation and TUPE (up to 3 months)	January 2018
Contract start	1 April 2018

11. The Public Health Outcomes Framework identifies key targets and outcomes for ensuring the best start in life and in order to achieve greater accountability against outcomes: these

include, for example, improved dental health in under five's with reductions in the number of children with decayed, missing or filled teeth (currently 41% ); and action to improve children's physical health, resulting in fewer children at age five and 11 who are overweight or very overweight (currently 22.6% and 33.8% respectively). This outcomes framework and Herefordshire's Families Outcomes Framework, which is a requirement of the national troubled families programme, will support new and integrated ways of working for services and against which the above services, together with children's centre services, will be assessed. This approach will be underpinned by robust contract management and performance reporting to agreed outcome measures and fully aligned with the paper to Cabinet on 14 September 2017.

## Community impact

12. The Children and Young People's Plan (CYPP) identifies early years and early help among its priority strategic planning areas (Appendix 3). Briefly, these involve improving outcomes for children, young people and families through:

### Early years

- Integrated approaches and continuity of support
- Better transitions between services and age groups
- Early education and childcare
- Being school ready
- Delivery of the healthy child programme
- Effective parent support

### Early help

- Improved early identification
- Breaking cycles of intergenerational inequality
- Targeted and co-ordinated interventions with lead workers
- Improved take-up of community and universal support
- Delivery of the government's troubled families initiative

13. The recommendations support both the council's Health and Wellbeing Strategy and Children and Young People's Plan's aim to keep children safe and give them the best start in life. They will also support the council's Corporate Plan priorities to enable residents to live safe, healthy and independent lives by increasing family capacity and skills; to keep children and young people safe and give them a great start in life by supporting parents to develop their expertise and skills and by providing direct work with children and families focusing on those with emerging need; support the growth of our economy through advice and guidance on how to make the most of local opportunities and state benefits; and to secure better services, quality of life and value for money by establishing new outcome focused contracts and service specifications to make better use of the resources the council spends on preventative services.
14. This approach will contribute to the achievement of improved outcomes for children and families, as described by the current and future Children and Young People's Plan and the Joint Strategic Needs Assessment. It will also support the council's role as a corporate parent and ensure that the health and development needs of looked after children are prioritised across agencies.

## Equality duty

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

---

Further information on the subject of this report is available from Lindsay MacHardy  
Tel: 01432 260554, email: Lindsay.MacHardy@herefordshire.gov.uk

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
16. Herefordshire Council has a mandatory duty to commission universal health reviews and provide targeted support to families. The revised approach continues to pay due regard to the council's public sector equality duty. As the proposed service delivery model does not represent any significant change in the council's responsibilities, there is no anticipated negative impact on individuals with protected characteristics as identified under the Equality Act 2010.
17. The proposed service delivery model will apply to all individuals equally, regardless of protected characteristics.
18. The new service delivery model, including easy read versions, will be made available to the public on the council's website and will be communicated to the public and providers through updates at forums and events, which the council regularly participate in (e.g. workforce development group and provider forums).
19. An Equality Impact Assessment (EIA) is attached as Appendix 5.
20. 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. Our providers will be made aware of their contractual requirements in regards to equality legislation.

## **Resource implications**

21. The current (2017/18) contract value for health visiting is £2,182,000 and the contract value for school nursing is £513,336 giving a total value for both services in 2017/18 of £2,695,000, which is counted against the public health grant.
22. Due to reductions in the public health grant, the proposed new integrated public health nursing contract is designed to ensure efficiency savings of a further 3%, through co-location, greater skill mix of staff, better co-ordination and information sharing.
23. After adjusting for the 3% saving the total value of this contract will be £13,070,750 for the full five year period.
24. The ring-fenced public health grant is confirmed until 2018/19. Although the ring-fencing will come off and future funding is likely to be affected by changes in business rate retention, the commissioning of public health nursing services will continue to be a statutory obligation for the council and it is expected that this will be taken fully into account in future funding settlements.
25. Tenders for the new 0 to 25 public health nursing service will need to take account of TUPE regulations and any IT implications related to ensuring more effective and integrated communications across services, or any relocation of services.

26. Grant funding of the family mentoring project, delivered by Vennture4Families, has been provided through the council's troubled families grant scheme, which is a nationally resourced payment by results programme. Over the two years to March 2017, the council has granted £160k of troubled families monies to deliver the project. In the same period, the council's contract for family befriending services, delivered by Homestart Hereford, was valued at £141k. In 2016/17, the value of the family befriending contract was reduced by 5%.
27. Up to £100k of national troubled families funding will be available in 2018/19 and a similar level is expected to be available in 2019/20, however national arrangements beyond then are currently unknown. Up to a further £66k has been budgeted for a commissioned service in 2018/19. It is therefore intended to explore the opportunities to achieve efficiency savings from these two approaches, with a view to achieving sustainability with available resources in the longer term. It is expected that a commissioning exercise will deliver services in 2018/19 up to the average combined costs, of the previous two years, of £150k. Commissioning for these services will take account of any staffing issues and TUPE regulations.

## Legal implications

28. The Health and Social Care Act 2012 sets out a local council's statutory responsibility for delivering and commissioning public health services for children and young people aged 5 to 19 and up to 25 for young people with a disability or life limiting condition. Responsibility for children's public health commissioning for 0 to 5 year olds, specifically health visiting, transferred from NHS England to councils on 1 October 2015.
29. The council will undertake a competitive tendering process to select a provider for these services. The value of the contract requires compliance with the Official Journal of the European Union (OJEU) tendering process, as set out in the council's contract procedure rules.
30. As this service is being re-procured, consideration has to be given to any implications under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

## Risk management

31. The financial allocations listed above are based on current approximate values, with the health visiting and school nursing budgets coming from the ring-fenced public health grant. The absence of the expected bill on business rate localisation in the June 2017 Queen's Speech has left the future position of public health funding uncertain. There had been an expectation that from April 2019, locally retained business rates would be used to fund public health budgets, this is no longer clear. However, councils will continue to have a statutory responsibility to commission services for 0 to 19 year olds (and up to 25 years old for those with a disability or special health needs).
32. External commissioning of public health nursing services means that insurance liabilities, for example for clinical negligence, sit with the provider. If these health services were brought in-house then the insurance liabilities, including clinical and death liabilities would

sit with the council. The current provider is covered by NHS insurance and indemnities as part of the contract, at no additional cost to the council. It is expected that the future provider will similarly ensure its own cover, within the contract value.

33. In order to maintain flexibility within a potentially changing financial environment, individual contracts will include appropriate conditions regarding possible contract extension, as well as clear terms for early termination, for example there is a risk that changes in national policy and funding may require significant shifts in the services. We will build flexibility into our contracts to deal with this.
34. It is proposed that performance management and the oversight of contracts is tightly controlled across early years, early help and public health nursing in order to ensure that the relevant contributions to outcomes are identified and achieved. In order to achieve contracts that deliver the intended outcomes and performance, budgets will include an allowance of up to 2% to provide robust contract performance and management.

## Consultees

35. As part of the early years integration of services project, a focused review of public and professional perspectives on early years services for children and families in the county was undertaken between November 2016 and May 2017. These activities were intended to help determine public and professional views on current services and specific areas/themes for development.
36. During the engagement period, 19 discussion meetings and three professional workshops were held as well as an online questionnaire to inform the way forward. Parents and carers were engaged in localities. Full detailed analysis of the engagement activity can be found in Appendix 1. The key areas for development were identified as:
  - Advice, guidance and information for parents/carers - establish the reliable sourcing of advice, information and guidance for parents, carers and families
  - Professional/specialist support - develop professional support based on wider wellbeing conversations with children and families
  - Community development - empowerment and enablement of local communities to help and support families within their locality and make links with professionals where/when appropriate
  - Access to services - develop community based support to address rural isolation
  - Shared information and partnership working – integrate services through measures that support appropriate sharing of intelligence, communication and co-ordination of support for children and families
  - Service and systems transformation - develop professional systems and administrative processes that support confident, safe and appropriate data sharing
37. Consultation with political groups is underway and closes on 29<sup>th</sup> September. The proposals outlined in this paper were contained within the council's commissioning intentions discussed at the Health and Wellbeing Board meeting on 16 May 2017, and is fully consistent with comments made at the time.

## **Appendices**

- Appendix 1: Early Years' Service Re-design Survey Report
- Appendix 2: Herefordshire's Families Outcomes Framework
- Appendix 3: Children and Young People's Partnership priorities for early years and early help
- Appendix 4: Early Years Early Help Whole System Approach
- Appendix 5: Equality Impact Assessment

## **Background papers**

Additional background papers are available for members.



# Early years service redesign survey report

## Final report

30<sup>th</sup> January 2017

Paula Kemp-Jones (Business Improvement and Transformation)

Sakunthala Chandrasekara (Strategic Intelligence and Research)

---

## **Contents**

<b>1.</b>	<b>Foreword</b>	<b>3</b>
<b>2.</b>	<b>Introduction</b>	<b>3</b>
<b>3.</b>	<b>Engagement Activity</b>	<b>3</b>
<b>4.</b>	<b>Public on-line questionnaire [results]</b>	<b>4</b>
<b>5.</b>	<b>Professional discussions</b>	<b>13</b>
<b>6.</b>	<b>Parent/carer discussions</b>	<b>24</b>
<b>7.</b>	<b>Research objectives – summary of delivery suggestions</b>	<b>30</b>

## **1 Foreword**

- 1.1 As part of the Early Years integration of services project, a focussed review of public and professional perspectives on early years services for children and families in the county was undertaken between November 2016 and January 2017. This was intended to help determine public and professional views on current services and determine specific areas/themes for development.
- 1.2 In carrying out the review, the project team undertook face to face interviews with both parents/carers and professionals throughout the county. Additionally, an on-line survey [questionnaire] was conducted, aimed, primarily, at parents, carers and families with children. The planned foci for the this engagement included:
- What parents/carers might do to support themselves
  - What family and friends might do to support children and their parents/carers
  - What local communities might provide in support of children and their families
  - What professionals might do and how these services can be best accessed
- 1.3 It is hoped that this engagement research will provide essential information to help inform the redesign and development of the Early Years/Early Help services.

## **2 Introduction**

- 2.1 The Herefordshire Council's early years services aim to significantly improve the lives of children and families at the earliest opportunity, ensuring that every child has the best start in life. In order to support this, Herefordshire Council would like to understand how it can support parents, their children, families and carers to access information, local support, including community and voluntary groups, health and education services.
- 2.2 The early years service re-design engagement activity seeks to gather views from parents, carers, families and professionals about what parents and carers can do for themselves what support families, friends, community and voluntary groups can provide and how professional services might be able to help, if and when needed.
- 2.3 The engagement activities have provided a significant amount of information and feedback about early years services from parents/carers, families and professional and this report will provide a summary of the key areas of development identified from this engagement.

## **3 Engagement Activities**

- 3.1 The summary of findings within this report have been arranged in sections so as to make clear the research activity undertaken and the source group providing comment. Sections 4, 5 and 6 outline the main findings from each of the research activities undertaken:

Section 4: Public on-line questionnaire [quantitative data]

Section 5: Professional discussions [qualitative data]

Section 6: Parental/carer discussions [qualitative data]

## **4 Public on-line questionnaire [results]**

### **4.1 Methodology**

4.1.1 An online questionnaire was published on the Herefordshire Council website and people were invited to complete it between 21 November 2016 and 13 January 2017. A printable version was also made available for people to download. The questionnaire was primarily aimed at parents, families and carers. Drop in sessions were held at Hereford, Ledbury, Leominster and Peterchurch during the consultation period to enable professionals to share their views and assist people to complete the questionnaire.

4.1.2 This section presents the results of the responses to the questionnaire only. Unless stated otherwise, percentages are calculated using the number of respondents to each question as a base. Note that percentages are rounded to the nearest whole number in the tables; but charts are based on unrounded percentages. Respondents could select more than one answer to a particular question, therefore percentages may add up to more than 100 per cent.

### **4.2 Questionnaire Results**

4.2.1 The following analysis represents 236 responses received to the consultation questionnaire.

#### **Q1. As a parent or carer, you may sometimes need help from different professionals. If you wanted advice and guidance, would you ask / visit the following?**

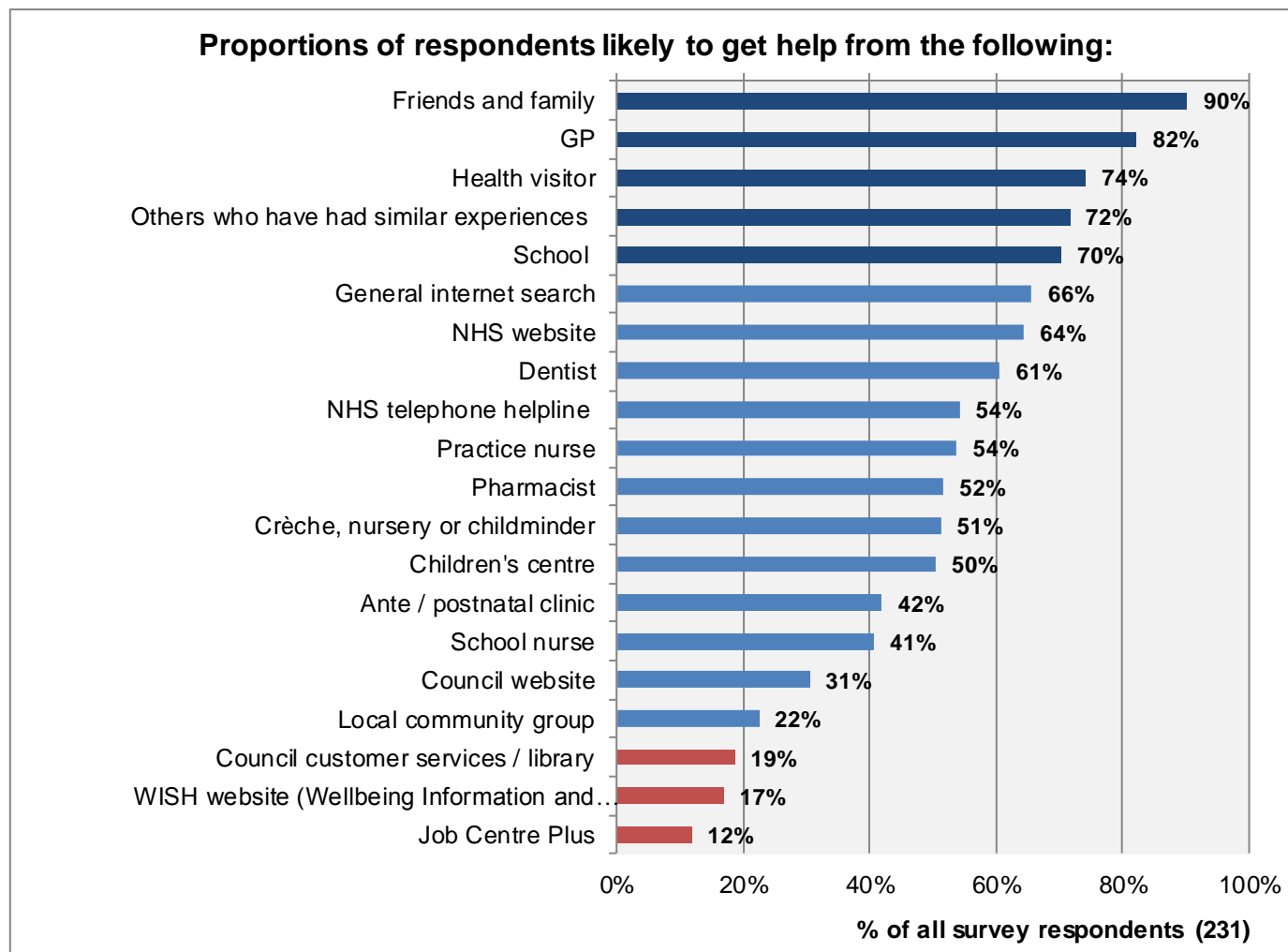
Over seventy per cent of respondents stated that they would seek advice and guidance from 'friends and family' (90 per cent), from a 'GP' (82 per cent), from a 'Health visitor' (74 per cent), 'others who have had similar experience' (72 per cent) or from 'school' (70 per cent) when they need help. Among the other sources of advice and guidance, 'school', 'general internet search', 'NHS website' and 'Dentist' were popular.

The sources that respondents are less likely to seek advice and guidance from include 'Job centre plus', 'WISH website', 'Council customer services / library' and 'Local community group'.

**Table 1: Responses to Q1**

	Likely	Unsure	Unlikely	Total respondents	Not answered	Base* (total survey respondents)
Friends and family	<b>90%</b>	3%	3%	96%	4%	236
Others who have had similar experiences	<b>72%</b>	14%	7%	93%	7%	236
Ante / postnatal clinic	42%	21%	27%	90%	10%	236
Health visitor	<b>74%</b>	9%	13%	96%	4%	236
GP	<b>82%</b>	6%	8%	97%	3%	236
Dentist	<b>61%</b>	15%	17%	93%	7%	236
Practice nurse	54%	18%	20%	92%	8%	236
School nurse	41%	21%	27%	88%	12%	236
Pharmacist	52%	19%	19%	90%	10%	236
Council website	31%	25%	34%	90%	10%	236
General internet search	<b>66%</b>	12%	13%	90%	10%	236
WISH website (Wellbeing Information and Signposting for Herefordshire)	17%	30%	<b>42%</b>	89%	11%	236
Council customer services / library	19%	21%	<b>47%</b>	87%	13%	236
Crèche, nursery or childminder	51%	17%	22%	91%	9%	236
School	<b>70%</b>	13%	11%	94%	6%	236
Children's centre	50%	22%	19%	92%	8%	236
NHS telephone helpline	54%	22%	15%	92%	8%	236
NHS website	<b>64%</b>	15%	13%	92%	8%	236
Job Centre Plus	12%	15%	<b>61%</b>	88%	12%	236
Local community group	22%	26%	<b>41%</b>	89%	11%	236

**Chart 1: Proportion of respondents likely to get help from different sources**



## 4.2 Questionnaire Results (continued)

### Q2. To what extent do you agree or disagree that the council's health and education services should provide support to:

Please note that the term “**Agreement**” is calculated as the sum of those answering “**Strongly Agree**” and “**Agree**”. Similarly “**Disagreement**” is the sum of those answering “**Strongly Disagree**” and “**Disagree**”.

According to table 2, there is a very high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of all these services, 'Improve children's learning, thinking and problem solving skills' (91 per cent), 'Improve children's social and emotional development' (90 per cent), 'Improve children's mental health and wellbeing' (90 per cent) and 'Improve children's speech and language' (90 per cent) were selected by the highest proportion of respondents.

Around 25 per cent of respondents disagree that the council's health and education services should provide support to 'Increase breastfeeding rates', 'Manage budgets and finances' and 'Help residents to stop smoking'.

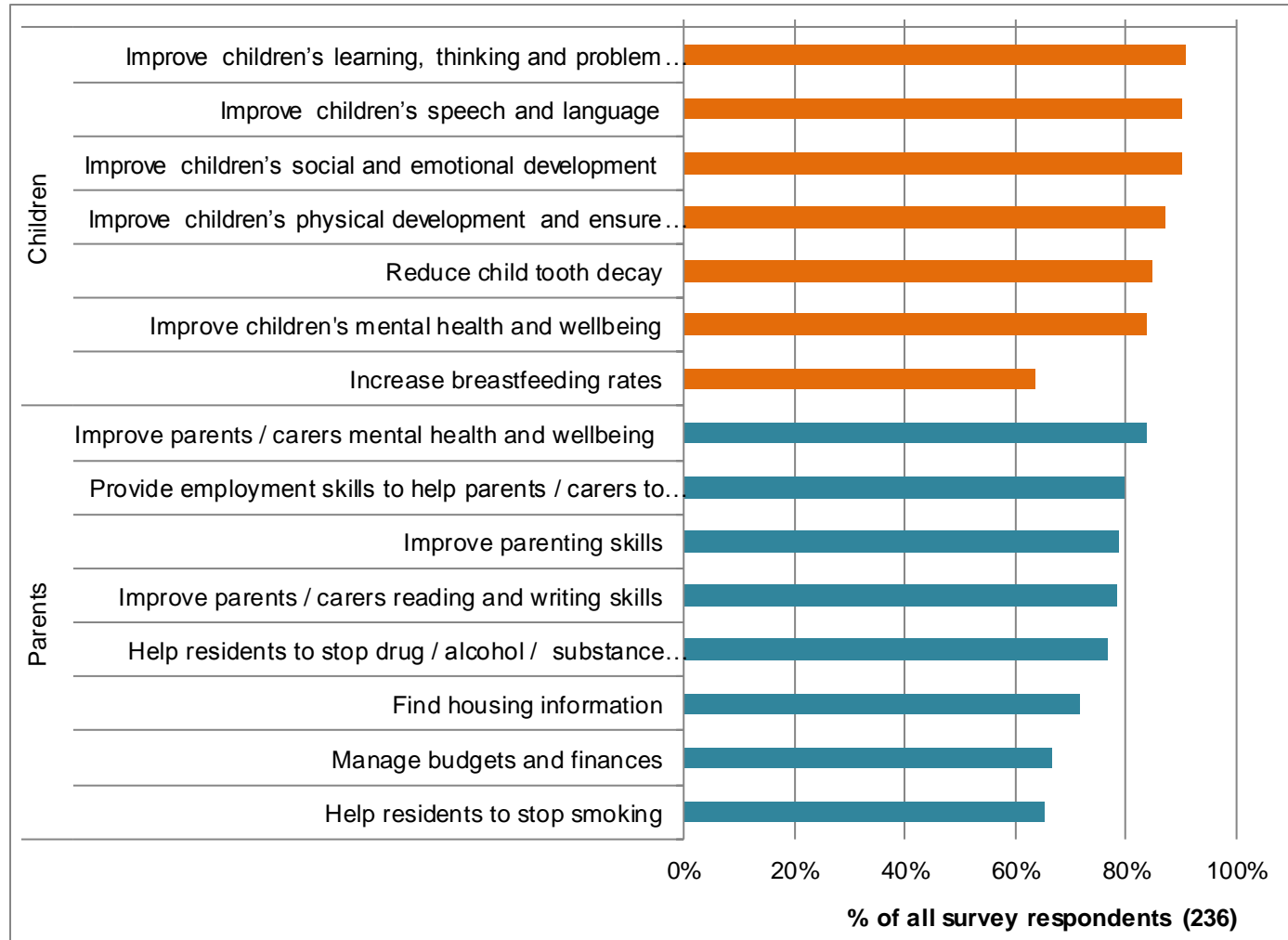
**Table 2: Proportions of respondents to Q2**

Number of responses	Agreement	Neither agree or disagree	Disagreement	Not answered	Total respondents	Base*
Improve children’s learning, thinking and problem solving skills	91%	0%	8%	1%	99%	100%
Improve children’s social and emotional development	90%	1%	8%	1%	99%	100%
Improve children’s speech and language	90%	0%	8%	1%	99%	100%
Improve children's mental health and wellbeing	90%	0%	8%	2%	98%	100%
Improve children’s physical development and ensure they're a healthy weight	87%	0%	11%	1%	99%	100%
Reduce child tooth decay	85%	3%	12%	1%	99%	100%
Improve parents / carers mental health and wellbeing	84%	3%	12%	2%	98%	100%
Provide employment skills to help parents / carers to get into work	80%	5%	14%	1%	99%	100%
Improve parenting skills	79%	2%	17%	2%	98%	100%
Improve parents / carers reading and writing skills	78%	3%	17%	2%	98%	100%
Help residents to stop drug / alcohol / substance misuse	77%	6%	16%	2%	98%	100%
Find housing information	72%	7%	19%	2%	98%	100%
Manage budgets and finances	67%	5%	25%	3%	97%	100%
Help residents to stop smoking	65%	8%	25%	2%	98%	100%
Increase breastfeeding rates	64%	6%	28%	3%	97%	100%

\*Base=all survey respondents (236).



**Chart 2: Proportion of respondents who agreed on the services that the council's health and education services should provide support to**



## 4.2 Questionnaire Results (continued)

### **Q3. We want to make services as easy as possible to access. Which of these locations would you use to access the listed information / support / services? (Please tick all that apply)**

Eighty six (86) per cent of respondents to the survey answered at least one statement of this question.

General internet search was the most common place to access information, support or services; especially for 'help to finding work' (indicated by 56 per cent of respondents), 'help with money and budgeting' (53 per cent), 'information about starting school' (53 per cent) and for finding 'family activities' (51 per cent)- see table 3.

Over half of respondents stated that they would use children's centre to access 'up to date parenting information, advice and guidance' (51 per cent) and 'leisure and children's play facilities' (53 per cent). The majority of respondents would use GP and dental surgery/health clinic for 'pregnancy support and care' (79 per cent) and 'health support including health checks, immunisations, breastfeeding and nutrition advice' (69 per cent).

The most common location for accessing information about 'help with housing' (44 per cent) and 'information about starting school' (36 per cent) was the council customer service centre/library.

The school and nursery were the most common locations that respondents would use to access 'Information about starting school' (57 per cent) and 'Nursery or crèche care' (52 per cent). Around a quarter of respondents stated that they would use village hall or community buildings for 'family activities' (28 per cent) or 'Access to leisure and children's play facilities' (24 per cent). Fifty seven (57) per cent of respondents indicated that they would use Job centre to access information/support/services to 'Help with finding work' and a further 20 per cent would use it to access 'Help with money and budgeting'.

The general consensus was that respondents used their own home to access information, support or services listed in the question.

**Table 3: Proportions of respondents to Q3**

Number of responses	Your own home	Children's centre	GP and dental surgery / health clinic	Council customer service centre/ library	School / nursery	Places to meet e.g. cafes	Village hall or community buildings	Job centre	General internet search	Base*
Up to date parenting information, advice and guidance	49%	<b>51%</b>	36%	14%	42%	11%	15%	4%	<b>52%</b>	100%
Health support including health checks, immunisations, breastfeeding and nutrition advice	33%	48%	<b>69%</b>	9%	22%	8%	11%	3%	36%	100%
Pregnancy care and support	33%	40%	<b>79%</b>	11%	11%	9%	14%	5%	40%	100%
Nursery or crèche care	23%	40%	14%	19%	<b>52%</b>	11%	12%	4%	41%	100%
Family activities	35%	48%	9%	22%	29%	22%	28%	5%	<b>51%</b>	100%
Advice on improving reading and writing skills	25%	30%	10%	28%	42%	6%	12%	11%	46%	100%
Help with parenting and managing behaviour	32%	48%	35%	16%	39%	7%	12%	5%	41%	100%
Help with money and budgeting	39%	16%	6%	23%	7%	6%	9%	20%	<b>53%</b>	100%
Help with housing	22%	12%	6%	44%	5%	6%	9%	14%	48%	100%
Help with finding work	20%	11%	4%	22%	4%	6%	9%	<b>57%</b>	<b>56%</b>	100%
Access to leisure and children's play facilities	27%	<b>53%</b>	10%	27%	32%	18%	24%	6%	50%	100%
Information about starting school	22%	33%	9%	36%	<b>57%</b>	5%	9%	5%	<b>53%</b>	100%
Early help when things go wrong	31%	45%	45%	19%	29%	8%	10%	8%	44%	100%

Base\*= all survey respondents (236)

Note: respondents could select more than one answer; therefore the percentages will add up to more than 100%

## 4.2 Questionnaire Results (continued)

**Q4. Some parents / carers may need additional parenting support from time to time. Please list any ways you believe the following groups could help, such as parent and child support groups or children's activities.**

- a) **Parents / carers, family members, local community and voluntary groups and organisations**
- b) **Council health and education services.**

Comments and suggestions received from questionnaires have been collated and categorised along with the comments and information captured during the organised discussions with parents. Please refer to Section 6 for details of comments and suggestions contributed by parents.

## 4.3 Questionnaire Respondents

- 4.3.1 Eighty eight (88) per cent of respondents completed the survey in the capacity of a parent, including 8 per cent who were single parents and 7 per cent who were grandparent/extended family members.
- 4.3.2 Eighty eight (88) per cent of respondents have a child or children aged 0-5 years, 29 per cent have child/children aged 6-10 years, 17 per cent have 11-18 year old child/children. Four per cent of respondents have child/children with special educational needs (SEN) or a disability.
- 4.3.3 Six per cent of respondents were males and 94 per cent were females.
- 4.3.4 Forty six per cent were aged 25-34, 33 per cent were aged 35-44 years, 13 per cent were aged 14-64 years and 6 per cent were 16-24 years old.
- 4.3.5 Of the respondents who answered the question about their ethnicity, 85 per cent identified themselves as 'English/Welsh/Scottish/Northern Irish/British', four per cent as 'Other white background, two percent as 'Asian/Asian British', two per cent as 'Black/African/Caribbean/Black British' and one per cent as 'other ethnic group'.

## 4.4 Key points

4.4.1 The responses received to the consultation questionnaire show:

- The most common sources of advice and guidance received are from 'friends and family', 'GP', 'Health visitor', 'others who have had similar experience' or from 'school' when respondents needed help.
- There is a high level of agreement that the council's health and education services should provide support to **all** of the services listed. Of these services, 'Improve children's learning, thinking and problem solving skills', 'Improve children's social and emotional development', 'Improve children's mental health and wellbeing' and 'Improve children's speech and language' were selected by more than 90 per cent of respondents.

## 5 Professional discussions

5.1 During the engagement period, 19 discussion meetings were held so as to gather views from a range of professional teams. Professional teams included:

- Health visitors
- Midwives
- Council staff including family support, portage, social worker and education teams
- Public health
- Early years nurseries and providers
- Early Years Strategy group
- Hope Centre, Bromyard
- Withington Primary School
- Marlbrook Primary School
- Childminders
- Third sector, i.e., Homestart, Jumpstartkidz
- Voluntary sector

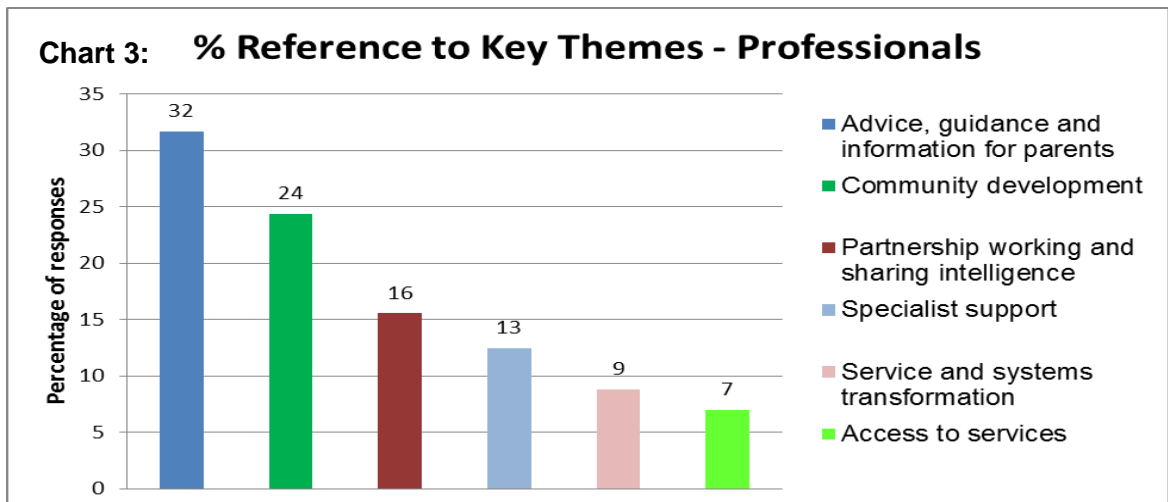
5.2 The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements
- **Service Approach Suggestions** – suggestions for specific approaches to service design
- **Delivery Suggestions** – suggestions for specific forms of delivered service

5.3 From discussions with professionals the following key development themes were identified

- Advice , guidance and information for parents/carers
- Specialist support
- Community development
- Access and accommodation
- Shared information and partnership working
- Service and systems transformation

5.4 The percentage of the total comments captured that refer directly to each theme is shown in the table below:



5.5 Tables summarising professional commentary for each key theme are set out below:

**Table 4 : Advice, guidance and information for parents/carers**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• It is important that parents/carers can access the information that they need to support their children. Getting the right information is key.</li> <li>• Parents/carers want the listening ear to have empathy</li> <li>• Within some families there is an acceptance of development issues of children - not challenged or sought advice or support for</li> <li>• Parents/carers may need guidance and help finding right support - signposting to support organisations</li> <li>• Parents/carers need support for clear understanding of the integrated assessment</li> <li>• Careful balance and timing required when giving out information</li> <li>• Parents/carers will seek support from the range of settings and also ask to be sign-posted.</li> <li>• Parents/carers look on-line and social media [e.g., Face Book] for some information.</li> <li>• Parents/Carers may bring issues to the group activities to share</li> <li>• Through discussion within groups, parents/carers can be supported in their decision making.</li> <li>• Not all parents/carers read the information that is sent home: often verbal delivery to a gathered group has more impact.</li> <li>• Volunteers' supporting role for parents/carers can be very empowering.</li> <li>• Support from charities can enrich the experiences of family learning/sharing</li> <li>• Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support</li> <li>• WISH, as a key source of information and available services, needs to be more widely promoted and utilised</li> <li>• The difficulty with on-line support, that do not get that good modelling of practice and exchange of knowledge.</li> <li>• Consider how can break cases of perpetuating cycle of negative, incorrect advice and guidance from peers and family</li> </ul>	<ul style="list-style-type: none"> <li>• Personnel to signpost parents/carers to appropriate support</li> <li>• Make available a self-help referral process</li> <li>• Be prepared to offer advice when personal: provide emotional, informal support</li> <li>• Provide physical and practical help</li> <li>• Promotion of well-being and health advice is offered through community activities and venues</li> <li>• Make professional contact available through social media</li> <li>• Develop on-line/digital resources/blogs</li> <li>• Develop local social media and networks e.g. Facebook, Twitter</li> <li>• Text messages and phone calls to support families in between meeting with professionals can be very supportive.</li> <li>• Develop/support for generations working together</li> <li>• Promote and support all family members to engage with their family, community and available activities</li> <li>• Support parents to be honest and open, share problems and be confident in speaking out and acknowledge/accept help when needed</li> </ul>	<ul style="list-style-type: none"> <li>• An early help telephone line</li> <li>• A WISH telephone line</li> <li>• Parent drop-in service [face-to-face]</li> <li>• Develop self-help quiz to enable parents to find out what support they actually need and show what's available</li> <li>• Develop self-help books</li> <li>• Develop on-line tools e.g., CAB, housing</li> <li>• Develop and promote resource for parents being aware of what's available</li> <li>• Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood</li> <li>• WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date</li> <li>• Make available use of computers if not available to parents</li> <li>• Develop overview of what support available – WISH?</li> <li>• Provide on-line training for parents using Facebook and support groups</li> <li>• Make links to existing on-line communities and support groups</li> <li>• Create Herefordshire on-line help forum for advice</li> <li>• Develop Facebook and social media groups [securely administered] to offer self-help and support network</li> <li>• Use FaceTime and Skype to support families in rural isolation</li> </ul>

<ul style="list-style-type: none"> <li>• Give consideration to introducing rewards/motivations for parents attending groups, and supporting children to achieve milestones, e.g., toilet trained</li> <li>• Acknowledgment that families can feel undermined and that their voices are not heard. They have no or very little medical knowledge but they know their child well.</li> <li>• Grandparents play a big part in the role as carer, supporting parents back to work with no child care costs involved. Grandparents need to be well informed with up to date relevant child development information.</li> <li>• Some parents struggle with literacy, reading is difficult and then hard to support their children's development.</li> <li>• Currently, the information hub [WISH] is not fully developed and/or applied: access to information is limited</li> <li>• Parents/carers are often looking to attend an activity or venue on a daily basis but the range and frequency of activities is variable in different areas</li> <li>• Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement</li> <li>• On-line support can produce negative and positive results, depending how it is used.</li> <li>• Use of IT digital-ware may be having impact on face-to-face services - needs to be balanced</li> <li>• Facebook can present negative information and effect but it can be great at connecting people</li> <li>• Parents access the Internet for information; they also ask their Health Visitor and visit their Doctor's Surgery.</li> <li>• Parents refer to information/notice boards which can include details for MASH, SaLT and how to self-refer.</li> <li>• Have to be mindful that not all parents have positive support or role-models.</li> <li>• Positive support is provided when family and friends listen and have their own personal knowledge to support.</li> <li>• Family and friends can also give misleading information which may cause worry</li> <li>• Family and friends can be very judgemental and outspoken whereas professionals may be more sensitive.</li> <li>• Professionals can promote parents accessing on-line information. Levels of education or not being able to speak English does not seem to be a problem</li> <li>• Promotion of EYFS at an early stage informs parents/carers and may help them to consider the learning that can take place at home too.</li> </ul>	<ul style="list-style-type: none"> <li>• Support parents to be open to suggestions, make use of advice given, visit local children centre and attend appointments</li> <li>• Need to foster a change in social influence for some families - signpost to parenting tool for advice</li> <li>• Develop and promote use of technology such as the use of phone apps to support parents' choices, e.g., shopping for family/children with app check of sugar content in foods</li> <li>• Use step by step approach to empower the families to take back control of their lives following interventions.</li> <li>• Develop peer support groups to create opportunities for a parent/carers, e.g., to attend appointments, ongoing support discussions</li> <li>• Assign dedicated staff to actively update social media and on-line information and support resources</li> <li>• EAL – Care and consideration that information is presented appropriately to families and assumptions not made on their reading skills</li> <li>• Settings use Internet to access information to support families.</li> <li>• Partnerships between settings, health visitors and Children Centres would support effective, valuable sign-posting and guidance.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop information and support app for smart devices</li> <li>• Call family regularly to offer information, advice and a friendly voice</li> <li>• Offer parenting classes before birth of children</li> <li>• Support for making parents aware of issues that impact on children</li> <li>• Support for grandparents and families to be up-to-date about information and the support recommended professionally</li> <li>• Regular repeated information groups giving advice on finance, housing, feeding, dental health</li> <li>• Support for help with identifying when support is needed, e.g., self-help tool on-line [WISH?]</li> <li>• Establish regular repeat of baseline information for parents</li> <li>• Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club'</li> <li>• Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools</li> <li>• Support for making parents aware of issues that impact on children</li> <li>• Develop phone support service to offer regular support and 'friendly voice'</li> <li>• Settings to provide story sacks for families.</li> <li>• Professionals support/advice, e.g., behaviour management, offered through a guide with strategies</li> <li>• Parents and Carers use the settings' Facebook pages and chat to each other or ask for information.</li> <li>• Before Children Centres there was the Learning Alliance Provision which disappeared. It would be good if something similar could be introduced.</li> </ul>
---	--	---

**Table 5 : Community development**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Community groups can play key role in supporting families in rural locations</li> <li>• Community development will provide opportunities for parents/carers to talk to other parents/carers including families who have a child with a disability or special needs</li> <li>• Parents/carers may seek support from family and friends who could possibly help with identifying issues early</li> <li>• Not all families have their immediate family around them</li> <li>• Parents/carers may need support and encouragement to attend groups available</li> <li>• Look at transport issues and rural isolation</li> <li>• Professionals to build links with communities and understand the links</li> <li>• Some 'non-professionalism' concerns with community groups. E.g., confidential practice, appropriate advice</li> <li>• CC targets not applicable and/or not working in some rural areas</li> <li>• Support pathways may be variable dependant on setting or location</li> <li>• Some nurseries resistant to integration with other services</li> <li>• Demographic features within all areas need to be understood</li> <li>• Styles of communities are very different and need to be taken account of, e.g., town/city living compared to rural</li> <li>• Community roles/coordinators need to have appropriate training for the supporting role they take on</li> <li>• Access to computers and on-line features is variable across the county</li> <li>• Wider communities need to know of families who live in their locality and who may feel isolated or have specialist support, e.g., they have a child with special needs</li> <li>• Some families and children may be unable to access or use/travel on public transport</li> <li>• Available resources are an issue, e.g., families do not have access to books and/or do not share books with their children for pleasure.</li> </ul>	<ul style="list-style-type: none"> <li>• Create meeting place or arena for families to link together</li> <li>• Develop locality groups</li> <li>• Improve communication networks within community</li> <li>• Advertise and promote community events/activities, e.g., through WISH</li> <li>• Advertise local events and community activities in regularly attended places, e.g., EY settings and GP surgeries</li> <li>• Promotion of well-being and health advice is offered through community activities and venues</li> <li>• Be able to make use of school premises, nurseries and housing association community venues</li> <li>• Support 'piggy-backing' of existing services, e.g., playgroups in rural locations</li> <li>• Use principles of existing models of good practise [e.g., Peterchurch] in development of other community networks</li> <li>• Professionals to ask what the families want in their communities. Where do they want it and who with?</li> <li>• Signpost communities to support the development of groups/activities and access available funding</li> <li>• Make links with existing networks and support organisations , e.g., JumpStartKidz</li> <li>• Settings can enable other groups to use spaces available and share expertise to support families with information and help.</li> <li>• Settings can be involved with local Community</li> </ul>	<ul style="list-style-type: none"> <li>• Develop parental peer support opportunities</li> <li>• Buddy system using family and friends to support working parents</li> <li>• Establish good park and recreational facilities</li> <li>• Develop community transport schemes, e.g., car sharing</li> <li>• Family/friends to offer 'babysitting' and respite, so parents/carers can rest and/or attend course and training</li> <li>• Develop more accessible groups, e.g., mother and toddler, and more available in the evening for working parents</li> <li>• Develop parent and family support through church groups and children's groups [Brownies, Cubs, mother &amp; toddler groups, sports groups, etc.]</li> <li>• Create small hubs in local venues to provide children centre outreach</li> <li>• Develop a 'community coordinator' to support development of connections and networks in rural communities</li> <li>• Train and develop ambassadors within communities</li> <li>• Introduce concept of 'community mothers' - community role models who can be a point of contact for parents and carers</li> <li>• Develop free drop-in help groups</li> <li>• Develop local community notice boards.</li> <li>• Develop holiday clubs</li> <li>• Develop a hub or meeting space where families can meet up and exchange</li> </ul>



<ul style="list-style-type: none"> <li>• Specific areas/sites have their own issues, e.g., the Grafton GRT site users find it really difficult to get into town because of the lack of access</li> <li>• Family and friends may provide childcare and respite.</li> <li>• Family and friends may provide financial support.</li> <li>• Family and friends may provide transport.</li> <li>• Further afield we know that parents, that are able, will drive to other early years activities based in rural areas.</li> <li>• Recognise that referrals can include other services, e.g., Education, Sport, Children Centres, Mental Health, GRT, Woman's Aid and Foodbanks.</li> <li>• Older children may take on caring roles, e.g., collect children from Nursery, especially if the parents are single</li> <li>• Some city settings do not have the interaction with parents/carers that other setting enjoy, e.g., does not have families engaging and staying for activities.</li> <li>• In some settings situations in which individual adults with children attending cannot have contact with other adult[s], which can make event organising and family group working difficult.</li> <li>• Some groups rely on Children Centres for support and there is recognition that to support families attending, access to Professional support and sign posting is key.</li> </ul>	<p>Centres, engaging and delivering events for all ages.</p> <ul style="list-style-type: none"> <li>• Activities such as Stay &amp; Play may offer opportunities to promote health and well-being through invitation to other agencies to attend such as dental practises and music groups.</li> <li>• More activities outside of Children Centres - HUBS would support areas in need. Children Centres can, for some, seem too 'clicky' and away from their area.</li> </ul>	<p>information and make friendships</p> <ul style="list-style-type: none"> <li>• "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys.</li> <li>• Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding.</li> <li>• Aspect of supporting the Community could perhaps be providing/supporting communities with grants that should be spent in support of evidencing the LA Priorities - supporting the CYP PLAN</li> </ul>
--	---	---

**Table 6: Partnership working and intelligence sharing**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Importance in sharing information between professionals especially for safeguarding within families</li> <li>• Acute services, such as MASH, need to have correct, up-to-date information available: Data not always available to all professionals who work closely with the family</li> <li>• Issues and concerns such as confidentiality and data protection exist when considering sharing of information between professionals and with community groups</li> <li>• Some forms and/or features of 'smart' information not always applicable</li> <li>• Thoughtful selection of language for parents and carers is required when information is shared with and about them</li> <li>• Families have to repeat information or their story to a range of professionals as there are limitations on what information can be shared.</li> <li>• HV are well placed to identify 'bottom line' needs of families</li> <li>• It is important that the family's voice is heard.</li> <li>• There are a high proportion of eastern Europeans in the county some of which feel very isolated and don't know where to go for information and activities.</li> <li>• Support agencies such as nurseries can be so busy that they can only signpost to an Information Board</li> <li>• Information and data sharing regarding children is difficult and inconsistent: The data systems do not share across the entire data-base or are not mutually compatible</li> <li>• Information sharing and development of digital records requires careful management to ensure family histories not shared inappropriately with a) professionals who may have/need access to records or b) the child as they become adults and access their own records.</li> <li>• All professionals to work together, to share information and maintain awareness of other services - not to be concerned just with their own profession, criteria, roles and waiting lists</li> <li>• Professional partners require clearer understanding of individual professional roles</li> </ul>	<ul style="list-style-type: none"> <li>• Better data sharing between professionals which ensures needs met quickly and not weeks later when needs may have changed</li> <li>• Develop 'smart' information that helps to inform and determine support for children and families - needs to be shared between agencies</li> <li>• Relevant historical information is made available from on-set of ante-natal care</li> <li>• All health professionals to be aware of a baseline [tier 1] to apply including, e.g., mental health</li> <li>• Support and information needs to be available in accessible language[s]</li> <li>• Develop processes for sharing of information to support transition, e.g., starting and changing school</li> <li>• Being mindful of historical information within families.</li> <li>• Professionals need to be aware of the whole picture and have an understanding of all the issues that can impact on members of the whole family</li> <li>• Information about available funding for specific support needs to be readily available to families and professionals, e.g., funding for 2yr old nursery placements</li> <li>• Develop inter-agency working building on professional relationships</li> <li>• Create joined up services so that everyone knows what is available, e.g., through a hub or website</li> <li>• Commitment to co-production and equality of access</li> </ul>	<ul style="list-style-type: none"> <li>• Information Board, leaflets and who to contact for professional support.</li> <li>• Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves</li> <li>• Establish common, shared outcomes for children and families</li> <li>• Establish common, shared language and use of terminology</li> <li>• Develop shared assessment tools</li> <li>• Health professionals could signpost to other services on offer</li> <li>• Regular professional support with the same person, giving time to get to build trust with the families and their children, e.g., portage worker or health visitor</li> </ul>

<ul style="list-style-type: none"> <li>• Training needed to update/widen knowledge of all professionals</li> <li>• Time needs to be given to nurturing relationships between professionals and families</li> <li>• Health partnerships have responsibility to ensure that health outcomes are met.</li> <li>• New young parents need to feel supported through secure reliable relationships</li> <li>• Build confidence in partnerships - families knowing and trusting professionals: professional individuals knowing and trusting their professional partners</li> <li>• Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination.</li> <li>• Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not have a positive support network or may not believe their child has additional needs.</li> <li>• There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, nursery, EHCP</li> <li>• Parents may feel undermined by professional guidance and intervention</li> <li>• Ensure that professional direction is fulfilling the needs of the family, e.g., parents with CWD offered nursery placements as “respite” when this is not the respite required</li> <li>• Families need flexibility</li> <li>• It is vital that parents are continually communicated with and reassured, - needs to be recognised that timescales can feel very different for parents compared to professionals.</li> <li>• Having continuity of staff ensures relationships are formed with families: Staff are then able to signpost with confidence and parents have confidence to accept guidance</li> <li>• Establishing positive relationships with families supports thinking ahead in order to pre-empt issues that may arise, which, in turn, supports early intervention and tackling difficulties before escalation</li> </ul>	<ul style="list-style-type: none"> <li>• Establish/assign accountability to roles</li> <li>• Information needs to be shared across the range of professionals</li> <li>• Professionals need to keep parents up to date with the current situation, e.g., place on CDC groups, social care parent/ carer assessments, OT waiting lists, EHCP process</li> <li>• It should be a holistic approach where the whole family's needs are recognised within the whole environment</li> <li>• Offers of support for families could include involvement of extended family and friends, and may also include support for social and respite activities as well as support for other children, e.g., older siblings</li> <li>• Develop shared use of facilities</li> <li>• Professionals to make links with settings to ensure that families understand what is expected of them.</li> <li>• Sharing information with settings, e.g., about children on CAF, may support a more holistic approach to supporting the family.</li> </ul>	
---	--	--

**Table 7 : Specialist support**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Homelessness is a big issue but there is currently no independent advice available</li> <li>• How do we measure that % of people not currently captured within held data?</li> <li>• Speech and language development in young children is of particular concern</li> <li>• Consider how will address specific issues and barriers for deprived/vulnerable families</li> <li>• How can children and families with EAL be supported with speech and language assessment</li> <li>• Need to identify families that most vulnerable and support required</li> <li>• There are financial implications for nurseries taking on NEF funded 2 yr olds: some nurseries won't allow NEF funded on waiting lists; also, taking on high numbers impacts nursery financially</li> <li>• Families may be so fearful of the future which, in turn, makes it difficult to focus on the here and now. They may, then, need support to help them with dealing with present concerns and planning for the future.</li> <li>• Transport issues/difficulties, due to additional safety requirements, are of major concern and impact significantly on accessing support</li> <li>• Families with specific difficulties require independent advice on housing and finance, and will require signposting to direct support services, e.g., food banks</li> <li>• It is difficult to communicate with some families as they may not be receptive to external advice and support</li> <li>• It is important that positive relationships built on trust are established</li> <li>• Some settings may struggle to support children and families with additional or special needs due to financial and/or staffing restraints</li> <li>• Children aged 0-5 are often at the diagnosis stage and there may be a lack of clarity for the family. Some families may not believe their child has additional needs.</li> <li>• There may be lack of clarity of who is involved with their child and what the next steps are, e.g., diagnosis, referrals, attending CDC, EHCP</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure have understanding of all barriers to accessing range of support</li> <li>• As part of universal services, how will we signpost those with particular need?</li> <li>• Many issues relate to attachment - ante-natal support provides opportunity to provide early help with emerging attachment issues</li> <li>• Speech and language referrals are taking &gt;12 months - what can be done in the interim?</li> <li>• Numbers and ratios of specific target children/families need to be considered and used to assign support EY providers, i.e., higher numbers of 2yr old placements require additional support/finance</li> <li>• Need to identify what support network will work best for vulnerable parents/carers</li> <li>• Apply funding for 2yr nursery placements more creatively, e.g., provide funding for CWD to get developmental support via childminder when rurally isolated</li> <li>• Support parents to feel confident about making contact with health visitor or others, e.g., Hereford Carers</li> <li>• Develop services that are flexible enough to meet family needs</li> <li>• Professionals who support children with additional needs rely on the communities to support and promote inclusion. Partnerships between communities, charities and businesses can considerably help support children with disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND</li> <li>• Development of EH team and EH coordinator [based on Kent model]</li> <li>• Review [survey] of access to information for EAL families</li> <li>• Use CC's to provide required 'face-to-face' support</li> <li>• Possible roll-out of 'Bookstart' universally</li> <li>• Local news letters</li> <li>• Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships</li> </ul>

- Ensure that advice is fulfilling the needs of the family, e.g., parents with CWD offered appropriate “respite”
- Support given for the wider community to be non- judgmental towards families with CWD - often feel particularly disadvantaged through prejudice, judgement and discrimination.
- Some families they have to wait a long time for support, e.g., SaLT
- Housing may be an issue for a family and it is known for a family to live with older generation until housing becomes available.
- Support for speech and language delay is frequently requested.
- Information on dummy use and how interferes with speech and language is needed as, currently, there is not a universal message outlining links between tooth decay and speech and language.

**Table 8: Service and systems transformation**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Current services are focused on having a label</li> <li>• Ongoing budget restrictions and limitations create difficulties for support provision</li> <li>• Impact of austerity and continued demand for change - negatively impacting EY providers and services</li> <li>• Consideration to be given to children post 2yr assessment, who are not NEF funded - what support can be put in place to support their readiness for school?</li> <li>• Extension of 15hrs placement to 30hrs has been problematic in processing/applying</li> <li>• Currently, there are limitations on availability of digitally based information</li> <li>• Digital systems and data-bases are not compatible for linking up so that information can be easily shared</li> <li>• Professionals need to recognise that our processes/ assessments/ criteria's/ waiting lists/ meetings etc., can be overwhelming and, for parents/carers, is hard to understand or decipher difference</li> <li>• There is often too much of a delay for funding coming through to support universal plus children - bespoke support is being applied when staff/finances are stretched.</li> </ul>	<ul style="list-style-type: none"> <li>• Children centres to support all not just 'critical'</li> <li>• Apply whole family approach to support</li> <li>• Develop procedures for teams to support picking up on early identification of emerging issues or low level support</li> <li>• Establish clear strategic direction on what can be and what can't be transformed within support/services</li> <li>• Time given to build on relationships between families and, e.g., CC personnel and HV's and personnel continuity to be maintained</li> <li>• Prioritise families with NEF funded 2yr olds for additional support</li> <li>• Consideration to be given to cost effectiveness of services and the impact they have on children's outcomes</li> <li>• Ensuring deadline for assessments i.e., 2 year checks carried out at age 2</li> <li>• Ensure that families are required to seek minimum number of professionals to contact</li> <li>• Establish good communications based on individuals' requirements and interactions rather than service</li> <li>• Too many referrals to different contacts – being 'passed pillar to post' - a link-person role is key for families</li> <li>• Improve response times</li> <li>• Professionals need to be creative in how and when they work with families, e.g., home visits, visits to settings and groups</li> <li>• Process for service referrals needs improvement</li> <li>• Reduce paperwork to help speed up process for referral</li> <li>• HV move on-line – no more paperwork getting lost</li> <li>• Develop simple IT solutions for flagging of alerts</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of partnerships, organisations, and service arrangements needs adequate time to embed in practise</li> <li>• Professional drop-in sessions – cut down paperwork and paper chasing</li> </ul>

**Table 9 : Access to services**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Rural isolation is main concern in terms of deprivation, access to services, access to on-line information and support, e.g., mums that are without transport during the day because partners are out working or seeking work</li> <li>• Access to an available nursery for NEF funded children living in isolated rural areas is an issue</li> <li>• Other childcare commitments prevent parents/carers from accessing groups, e.g., medical appointments,</li> <li>• Difficult for parents to find group/ activities which are affordable and safe in some areas</li> <li>• Families move around and can be very hard especially for travelling families; outreach has to play a part in provision.</li> <li>• Families value having venues are at a walkable distance to them - help keep the costs down and encourage access and engagement</li> <li>• For most families, transport is a huge issue when support is being put in place. Whilst it is the parents' responsibility to attend appointments we need to acknowledge the barriers that families face in accessing services. In that initial phase when appointments are made we need to be clever in the way that we organise this. Volunteers may be able to support the parents to get to the appointments and have the skills and empathy to ensure emotional wellbeing.</li> <li>• Similarly, children (16+) and adults have no access to work opportunities because of these reasons – an example of Early Intervention being essential to supporting best Outcomes for Children and families</li> <li>• Within rurally isolated groups many parents/carers do not have family nearby to ask about issues, use as support/child care or have an opportunity to have time to themselves without the children.</li> <li>• Consider how the accommodation and environment impacts on parents, carers and families – what messages about public health issues are being presented?</li> </ul>	<ul style="list-style-type: none"> <li>• Improve and make access easier for the more isolated groups [requires provider request forms currently]</li> <li>• Provide outreach approach for some services</li> <li>• Develop one-stop shop – all services in the area together</li> <li>• Access 'captive audiences' such as ante-natal clinics to offer other advice, information and support services</li> <li>• Improved application and sharing of accommodation to help break barriers</li> <li>• Involve use of libraries to support S&amp;L development in children</li> <li>• Develop shared use of facilities and venues</li> </ul>	<ul style="list-style-type: none"> <li>• Children centres on the move to reach rural areas, like 'library on the move'</li> </ul>

## 6 Parent/carer discussions

6.1 During the engagement period, 6 organised discussion meetings were held so as to gather views from parents/carers across a range of localities:

- Widemarsh Children Centre
- Ledbury Children Centre
- Greencroft Children Centre
- Peterchurch Community Centre
- Hinton Community Centre
- Belmont Community Centre

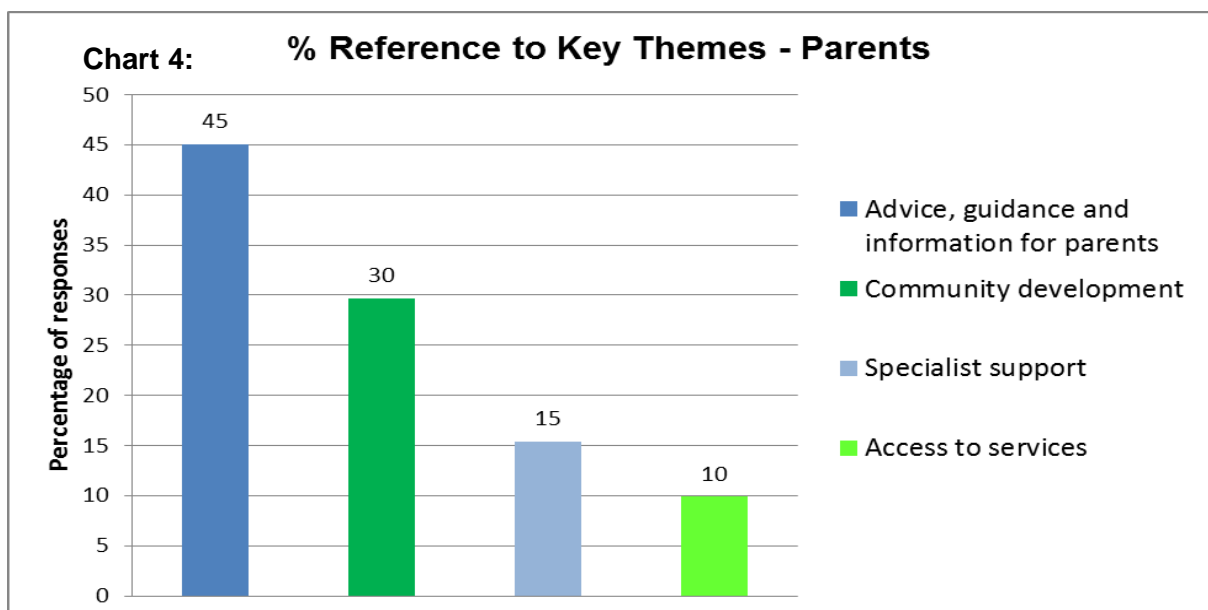
6.2 The range of views and comments collected have been broadly categorised as:

- **Key considerations** – comments and suggestions relating to specific issues underpinning support arrangements
- **Service Approach Suggestions** – suggestions for specific approaches to service design
- **Delivery Suggestions** – suggestions for specific forms of delivered service

6.3 From discussions with parents/carers and from the comments contributed via the on-line survey, the following key development themes were identified

- Advice , guidance and information for parents/carers
- Specialist support
- Community development
- Access and accommodation

6.4 The percentage of the total comments captured that refer directly to each theme is shown in the table below:





6.5 Tables summarising parent/carers' commentaries for each key theme are set out below:

**Table 10: Advice, guidance and Information**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Being able to talk to others is important including both family/friends and professionals</li> <li>• Listening and sharing experiences provides valuable support</li> <li>• Parents use a mix of information sources which includes self-researched information and direct professional advice</li> <li>• Support from family for help with childcare is often limited because of family members' work and commitments</li> <li>• Parent would need to feel confident about who and where they get information from in order to be able to support children.</li> <li>• Parents use a mix of information sources which includes self-researched information and direct professional advice, including researching problems before seeing GP</li> <li>• Support from extended family is varied and often dependent on when needed - week or weekend</li> <li>• Ultimately, it is the Parents decisions about choices to be made. As a Parent they would do all that they could to give their child the very best start possible.</li> <li>• General internet searches can be very inconsistent and varied in reliability of information sources - may lead to more anxiety and worry in parents. Known, reliable sites such as NHS offer parental/carer confidence</li> <li>• Some parents/carers are suspicious or lack confidence in internet sourced information - prefer face-to-face</li> <li>• Networking of parents/carers/peers can be helpful</li> <li>• Family/friend networks can play valuable role in supporting parents/carers' confidence in finding more information for themselves</li> <li>• Specific site offering information about what is happening in Herefordshire would be useful</li> <li>• Recognise that information between generations can be different - need to ensure parents/carers are receiving most up to date information</li> <li>• Parent'/carers recognise that professional perspective is important</li> </ul>	<ul style="list-style-type: none"> <li>• Parent accesses a variety of sites for information including Google and specific sites that can offer advice based on facts, such as NHS.</li> <li>• Parents can get information and activity ideas from the groups attended, e.g., reading, writing and numeracy activities</li> <li>• Partnership between parents/carers and professionals is key in ensuring best outcomes</li> <li>• Ensuring the support is offered meets all the family's needs and is followed up. May leave parents/carers feeling vulnerable and worried if not followed up adequately.</li> <li>• Would expect the council to be able to signpost those in need to the relevant organisations verbally as well as on the website as not everyone has access to a computer.</li> <li>• Better explanation on how + when health visitors can be accessed for advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Support with budgeting, claiming benefits and deciding childcare option would be helpful</li> <li>• Focused parents groups, supporting particular groups of parents/carers, e.g., young parents</li> <li>• Maintain a good array of play groups at children's centres.</li> <li>• CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning</li> <li>• Support and guidance on feeding would be helpful</li> </ul>

<ul style="list-style-type: none"> <li>• Some parents/carers are willing to engage in training and accreditation to support specialised services, e.g., breastfeeding</li> <li>• EAL families may rely solely on professional services such as HV clinics. May not be able to fully access other information sources or services, and not necessarily aware of what's available</li> <li>• Some parents rely intensively on extended family support for childcare and advice</li> <li>• Some parents prefer not to engage in formally organised learning programmes</li> <li>• Recognise that parents/carers emotional wellbeing needs to be supported and that parenting styles differ</li> <li>• Parents should be informed of what is expected in term of their children's development require good level of development guidance to support parenting skills and knowledge.</li> <li>• Setting off on the right foot is essential for Parents to feel comfortable in supporting their children, especially with behaviour issues. Ensuring that Parents/Carers are supported with all developmental issues that may arise.</li> <li>• Professionals that know the parent/carer/family more likely to get the best outcome.</li> <li>• Parents may want help with selecting the right school for their child</li> <li>• It is especially important and reassuring to be able to contact people about health concerns and gain advice about education.</li> <li>• Parents are not always confident that support agencies such as volunteers have sufficient knowledge to help with concerns and enquiries</li> </ul>		
--	--	--

**Table 11: Community Development**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Some parents do not want to be actively involved in in community groups or activities as they do not want to be tied to anything specific</li> <li>• Some parents will access groups not in their immediate area or community</li> <li>• Professionally run activities/groups aimed at families with babies and very young children have positive impact on children's outcomes, e.g., Library Bounce and Rhyme</li> <li>• Some parents prefer to access activities and events on a daily basis</li> <li>• Accessing group activities is good way for both parents and children to socialise</li> <li>• Parents/carers having positive support experiences recognise the value of these experiences and can contribute to further support others</li> <li>• Play Areas are used less and felt this should be explored. It was a missed opportunity for children and families to enjoy being outdoors.</li> <li>• Doing things like organising or getting involved in activities may help parents/carers to make friends.</li> <li>• Ensuring that all communities recognise the value of early years groups, especially to support families who cannot access more expensive activities.</li> <li>• Links to local support groups, be more proactive in support rather than leaving it to parent motivation, vulnerable parents such as those new to an area can be intimidated going to established groups etc. Support groups could be developed in schools / nurseries where families are seen regularly and get to see regular familiar faces</li> <li>• CC's are good source of knowledge for parents and promote friendships and networking</li> <li>• Some parents/carers are not confident in current education and care support systems - can new service structure reflect more cooperative approach, giving consideration to parents' style and preferences</li> <li>• Access to more workshops and classes to support parents/carers would be useful</li> </ul>	<ul style="list-style-type: none"> <li>• More outdoor led opportunities to engage in for pre-school children, such as Forest School would be valuable. Would also like to see more Jungle/Soft Play places.</li> <li>• Volunteers or peers with EAL involved in activity/community groups positively supports integration of other EAL families into the community</li> <li>• Group/community activities are a good way for parents/carers to learn from each other</li> <li>• More Information Boards around the area with relevant info' about what is happening</li> <li>• Making outdoor spaces welcoming and accessible. As a Parent being outdoors in places such as Queenswood is important.</li> <li>• Find ways to sustain groups so that they continue</li> <li>• Having had good practice modelled helps parents/carers and volunteers to maintain a professional, inclusive approach to all who would like to access and support group.</li> <li>• More volunteers would ensure a better coverage of community support.</li> <li>• Provide help and advice on setting up volunteer support groups if setting up a group that does not already exist.</li> <li>• Promote inclusion by having more groups/activities/CC led activities in rural locations and for difficult to reach families</li> <li>• Recognised that the council should target support for more disadvantaged children and families</li> <li>• Organise more groups and activities for localities, supporting parents, carers and families to get together</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive directory of family assistance available, for tailored support.</li> <li>• Access to nurseries and/or crèches in CC's would be helpful</li> <li>• Further education/hobbies such as swimming lessons, music lessons, drama. Useful sports that can include parents encourage them time with their child or relation.</li> </ul>

**Table 12: Specialist Support**

<b>Key Considerations</b>	<b>Service Approach</b>	<b>Delivery Suggestions</b>
<ul style="list-style-type: none"> <li>• Parent/carers need to feel confident that communications with professionals is two-way, and time and focus provided by professionals to ensure good communication</li> <li>• Parents within Hereford city area generally find easier to access services and information</li> <li>• Good dialogue between families, schools and a range of professionals help ensures confidence of parents/carers and their children</li> <li>• LA has a role/responsibility to inform families about services available and on offer</li> <li>• Communications and information provided by different professionals can be inconsistent</li> <li>• Some specialist support is very effective in support and information offered, e.g., hearing</li> <li>• Families recognise and value professional support such as CC's and HV</li> <li>• Parents/carers who are also professionals can have positive role in supporting peers and their communities</li> <li>• Parents need ongoing support for children's welfare throughout - includes education and training or parents, child milestones and what to expect, help with physical and mental health problems, teenage health and safeguarding.</li> <li>• Parents value having right information, advice and guidance from start - ensuring babies are developing correctly and getting the right health support and advice</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing dialogue between professionals needs to ensure that relevant information about available services is shared and up to date</li> <li>• Explanation from Professionals of what parents can do for themselves when addressing issues is important, right from the beginning.</li> <li>• Being fully informed by professionals is supported with relevant literature/ modelling/discussion.</li> <li>• Professional support for parent run groups will ensure policies, statutory regulations and safeguarding requirements are met</li> <li>• Groups need to know that there is professional support with issues that may arise.</li> <li>• Parents would value having clearly structured outline of support available and a well indicated 'gateway' for specialised services</li> </ul>	<ul style="list-style-type: none"> <li>• Drop-in crèche to support parents with little or no family/friend networks would offer valued respite and help, e.g., for attending GP appointments</li> <li>• Parents/carers would value have easy access to advice and guidance on adult issues such as housing, money and jobs</li> </ul>

**Table 13: Access to services**

Key Considerations	Service Approach	Delivery Suggestions
<ul style="list-style-type: none"> <li>• Parents/carers living in Hereford can access further afield activities more easily - this does not necessarily support local community development and parents appreciate having activities closer to home</li> <li>• being able to talk to others is important including both family/friends and professionals</li> <li>• Families from the Deer Park area of Ledbury have difficulty accessing the Children Centre and a more centrally based Community space would enable those families.</li> <li>• Working parents have limited opportunities to access groups/activities as often scheduled during week days</li> <li>• Parent/carers are not always confident to go somewhere new or different, including attending new groups/activities</li> <li>• Families living outside of Hereford may have difficulty in attending city based services, e.g., hospital appointments</li> <li>• Access to professionals can be difficult, e.g., GP appointments at time of need</li> <li>• Consideration is given to timings of appointments made and access to them may need additional, adequate support.</li> <li>• Being in the City has advantages; there is more choice if you can get to the Groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited opportunities for children to learn and play together in a structured way outside of term periods. What is available can be expensive [NEF funding not available for nurseries in holiday periods]</li> </ul>	<ul style="list-style-type: none"> <li>• EAL families can support peers through language specific chat communities</li> <li>• Develop more play and stay type activities around Ledbury area</li> </ul>

## 7 Research objectives – summary of delivery suggestions

7.1 Addressing the original foci underpinning this research, the following table categorises the potential delivery solutions offered by respondents:

**Table 14: Potential Solutions**

What parents/carers might to support themselves	What local communities might provide in support children and their families	What family and friends might do to support children and their parents/carers	What professionals might do and how these services can be best accessed
<ul style="list-style-type: none"> <li>• EAL families can support peers through language specific chat communities</li> <li>• Develop self-help quiz to enable parents to find out what support they actually need and show what's available</li> <li>• Develop self-help books</li> <li>• Develop on-line tools e.g., CAB, housing</li> <li>• Develop a universal tool that supports parents/carers understanding of what to expect as a parent and key milestones in their child's journey to adulthood</li> <li>• WISH, resource for signposting and information sharing, needs to be developed so that it is comprehensive and the content is accurate and up-to-date</li> <li>• Make available use of community computers to parents/carers</li> <li>• Develop overview of what support available – website, hard copies</li> <li>• Develop information and support app for smart devices</li> <li>• Offer parenting classes before birth of children</li> <li>• Support developing parents/carers' knowledge of issues that impact on children</li> <li>• Regular repeated information groups giving advice on parenting, child development, finance, housing, feeding, dental health</li> <li>• Support for help with identifying when/if support is needed, e.g., self-help tool on-line</li> </ul>	<ul style="list-style-type: none"> <li>• Develop more play and stay type activities</li> <li>• Make links to existing on-line communities and support groups</li> <li>• Create Herefordshire on-line help forum</li> <li>• Develop social media groups [securely administered] to offer self-help and support</li> <li>• Develop phone support service to offer regular support and 'friendly voice'</li> <li>• Parents and Carers use the settings' Facebook pages and chat to each other or ask for information..</li> <li>• Learning Alliance Provision - would be good if something similar could be introduced.</li> <li>• Focused parents groups, supporting particular groups of parents, e.g., young parents</li> <li>• Maintain a good array of play groups at children's centres.</li> <li>• CC's and other children service venues could possible offer additional courses for parents/carers, as well as support for children's learning and development, i.e., reading, writing and maths; play for learning</li> <li>• Establish good park and recreational facilities</li> <li>• Develop community transport schemes, e.g., car sharing</li> <li>• Develop more accessible groups, e.g., more available at weekends for working parents</li> <li>• Develop parent and family support through church groups, Brownies, Cubs, mother &amp;</li> </ul>	<ul style="list-style-type: none"> <li>• Use FaceTime and Skype supporting technology to support families in rural isolation</li> <li>• Support for grandparents and families to be up-to-date about information and the support/care approaches recommended professionally</li> <li>• Buddy system using family and friends to support working parents</li> <li>• Family/friends to offer 'babysitting' and respite, so parents/carers can rest, attend courses/ training, get to appointment and interviews</li> <li>• Develop a hub or meeting space where families can meet up and exchange information and make friendships</li> <li>• Call networks within friends/ family - call regularly to offer information, advice and a friendly voice</li> </ul>	<ul style="list-style-type: none"> <li>• Children centres on the move to reach rural areas, like 'library on the move'</li> <li>• An early help telephone line</li> <li>• A WISH telephone line</li> <li>• Parent drop-in service [face-to-face]</li> <li>• Provide on-line training for parents using social network and on-line communities</li> <li>• Settings to provide story sacks for families.</li> <li>• Professionals support and advice on behaviour management could be offered through a guide with strategies and tactics</li> <li>• Support with budgeting, claiming benefits and deciding on childcare</li> <li>• Support and guidance on feeding</li> <li>• Offer limited free childcare (2-12yrs) to vulnerable families that can't access funding.</li> <li>• Development of digital records [digital 'passport'] accessible by range of professionals and, ultimately, individuals themselves</li> <li>• Establish common, shared outcomes for children and families</li> <li>• Establish common, shared language and use of terminology</li> <li>• Develop shared assessment tools</li> <li>• Health professionals could signpost to other services on offer</li> <li>• Regular professional support with the same person, giving time to get to build trust with</li> </ul>

<ul style="list-style-type: none"> <li>• Develop a parenting programme - supported and delivered by peer parents and family workers; develop as more universal 'parenting club'</li> <li>• Develop training and learning programmes for adolescents [parents to be] - develop parenting skills learning in schools</li> <li>• Develop parental peer support opportunities</li> </ul>	<p>toddler groups, sports groups, etc.</p> <ul style="list-style-type: none"> <li>• Create small hubs in local venues to provide children centre outreach</li> <li>• Develop a 'community coordinator' to support development of connections and networks in rural communities</li> <li>• Train and develop ambassadors within communities</li> <li>• Introduce concept of 'community mothers' - community role models who can be a point of contact for parents and carers</li> <li>• Develop free drop-in help groups</li> <li>• Develop local community notice boards.</li> <li>• Develop holiday clubs</li> <li>• "Drop In" sessions could be set up within buildings - could also support Library access, swap shop for clothing and toys.</li> <li>• Provide communities with grants that should be spent in outcomes [CYPP]</li> <li>• Access to more nurseries and/or crèches in CC's</li> <li>• Further education /hobbies such as swimming lesson, music lessons, drama, sports - activities that can include parents.</li> <li>• Information Board, leaflets and who to contact for professional support.</li> <li>• Local news letters</li> <li>• Develop a hub or some form of meeting space where families with CWD can meet up and exchange information and make friendships</li> <li>• Drop-in crèche to support parents with little or no family/friend networks, e.g., for attending GP appointments</li> <li>• Easy access to advice and guidance on adult issues such as housing, money and jobs</li> </ul>		<p>the families</p> <ul style="list-style-type: none"> <li>• Create liaison officers or coordinators for target families i.e., EAL, mental health support and SEND</li> <li>• Development of EH team and EH coordinator [based on Kent model]</li> <li>• Review access to information for EAL families</li> <li>• Use CC's to provide required 'face-to-face' support</li> <li>• Possible roll-out of 'Bookstart' universally</li> </ul>
--	---	--	--

7.2 The research undertaken has presented substantial data and information to support the scheduled redesign of early years services. Specifically, respondents' contributions have provided some valid considerations and service approaches that should aid development of key principles for shaping service organisation, and respondents have also offered valuable suggestions for actual service delivery. However, it is recognised that suggestions and comments collated and summarised within this report are not exclusive or exhaustive, and continued co-productive activity will provide further contribution.





## Herefordshire's Family Outcomes Framework

**This document is Herefordshire's first iteration of a family outcome framework which directly supports the delivery of local strategic outcomes, primarily contained within the new Health and Wellbeing Board Strategy 2015-2018 and the Children and Young People's Plan 2015-2018.**

**This outcomes framework will evidence the impact of Herefordshire's revised approach to helping families earlier.**

**This document is designed to act as an overarching guide for practitioners, staff, managers and auditors to ensure families achieve significant and sustained improvement which will meet the requirements of the national Troubled Families programme. There will be training and a shorter practitioner's guide developed to support delivery of this document.**

**The outcomes framework will be approved in September 2015 and will then be reviewed regularly to ensure it meets changing local and national requirements**

## **Herefordshire's approach to helping families**

Herefordshire is committed to supporting the most vulnerable and challenged families and their children, which is articulated as key priorities within the Health and Wellbeing Strategy and the Children and Young People's Plan. We are dedicated and focused on ensuring all Herefordshire residents live safe, healthy, independent lives and children have a great start in life.

The new Children and Young People's Plan will help to drive forward an agenda of service transformation and early help across the council and its partners, so that there is a greater emphasis on addressing needs at the earliest opportunity and embedding outcomes-focused family plans using evidence based interventions.

One key action will be to streamline assessment processes so that the assessment stays with the family throughout; whether there are step-ups or step-downs, changes of worker or whether the case is active with universal services or within social care teams. The assessment and outcome plan provides accurate, timely and efficient monitoring and avoids families having to re-tell their story.

Below is Herefordshire's Family Outcome Framework which has been agreed locally, and provides a partnership-wide outcomes framework encompassing strategic objectives, the needs of our families and the needs of local partner organisations. It strives to achieve better outcomes for families, reduce demand and costs for public services but also reducing risk, harm and vulnerability.

By successfully achieving sustained and significant change for families we are confident of demonstrating the fiscal savings for all partners by seeing a reduction in the reactive, statutory and specialist services. The national cost savings calculator will be utilized along with data and intelligence gathered by partners to enable a greater targeted focus on families who are the most challenging and challenged within the county.

## Development of the Herefordshire Family Outcomes Framework

- From the beginning of this plan's development, partners from across the Health and Wellbeing Board and Children and Young People's Partnership were clear that this plan had to reflect the county's ambition to achieve better outcomes for families and provide a consistent way of measuring that. Supplementary to that, this framework also acts as a response to the national Troubled Families (TF) programme. The framework is a tool to drive performance and quality as well as for the purposes of drawing down government funding.
- The framework has been developed and approved in tandem with the production of the county's Health and Wellbeing Strategy and Children and Young People's Plan (CYPP). This document should be read in conjunction with the CYPP annual business plans for early help.
- Herefordshire Health and Wellbeing Board and its sub-group, the Children and Young People's Partnership, agreed to participate in phase 1 of the national TF programme and achieved its 3 year target of improved outcomes for 310 families in February 2015. As a result of the national and local impact, the partnership, and Herefordshire Council's Cabinet as lead accountable organisation, agreed to participate in the extended TF programme to 2020. Over this 5 year period our aim is to support over 1000 families.
- Guidance from the TF Financial Framework and exemplar outcomes plans from early starter authorities have supported the production of this first framework for Herefordshire.
- The public health outcomes framework has been used where possible to ensure that strategic outcomes are already measurable and evidenced.
- There has been an extensive consultation on this framework with individual partners, services and teams plus partnership groups and boards between November 2014 and up to approval in September 2015.
- Following the initial draft of the outcomes framework and before its final approval, Herefordshire Council's internal auditors were also consulted to ensure that the framework is robust enough to provide the evidence of significant and sustained progress in families to support any payment by results claims made to the Department of Communities and Local Government.
- Once this framework is approved there will be further development work undertaken to ensure these outcomes are used in practice by front line staff, through revised tracking tools, individuals and family outcomes plans, training and ICT systems. This will be crucial to connect improvements in individual families back to the strategic county goals.

## Identifying and working with families



- Families will be identified by a number of means across the 6 main headline areas above – through information sharing of data sets with partners or through nominations or referrals from individual professionals. The specific issues across the 6 headings are detailed in the appendix below along with the data sources for identifying issues in families.
- Herefordshire’s early help approach is currently being developed as part of the priorities within the new Children and Young People’s Plan and will include actions around workforce development; referral, assessment and planning processes; market and community development and establishing an early help offer of service. A key part will be the establishment of an early help intelligence function that will triangulate intelligence from partners to understand the issues within the family. Where the family is not already assessed and / or receiving support then their situation would be risk assessed to be able to prioritise families for assessment and support where appropriate.
- Practitioners working with families will undertake a well conducted family assessment, working with all family members to identify the issues that need to be addressed. This will form the basis of an holistic family outcomes or action plan which will address the issues and what outcomes the family is aiming to achieve. This in turn facilitates the actions to achieve those outcomes in a well-coordinated and effective approach using evidence based techniques and practices.
- The presence of at least 2 of the main headline areas above, suggests that a family may need help and meets the DCLG requirements for a troubled family. Practitioners will need to work with families to agree their outcomes, including outcomes from the appropriate sections of the outcome framework below, and write them in to the individual family outcome plan.
- If an additional issue arises, or becomes apparent, during the course of any support intervention with a family, an outcome must also be achieved for those issues to demonstrate the family has achieved significant and sustained progress.

## **Evidencing outcomes and long term impact**

The achievement of outcomes within this framework demonstrates a commitment to a proportionate and pragmatic approach that reflects genuine improvement in the family's outcomes. Where the term "family member" is used in the framework this means either a child or an adult within the family group.

We will be using a variety of sources to confirm families have achieved positive outcomes.

- The family assessment, outcome plan and review processes will provide a qualitative measure of change for families that will assess the overall wellbeing of the family as well as progress against outcomes across the six headline problems identified as appropriate. Partners may have different tools and recording processes that will achieve this.
- The outcome framework for Herefordshire (below) sets out the core outcomes and measures that indicate the Herefordshire agreed standard of significant and sustained progress.
- Evidence from those practitioners working directly with families will enable them to make a judgement on whether a family has improved significantly and can sustain that improvement long-term, so that intensity of support can be reduced and then eventually stopped.
- The views of family members through self-assessment tools will also help to confirm that significant improvements have been made and that they can be sustained.

Achievement of the outcomes for families will be monitored and reviewed by the early help intelligence function working with practitioners. This process will confirm that at the final review point the family has achieved the outcomes agreed, that support could potentially be reduced or stopped and therefore a claim can be made to DCLG. Outcomes generally will have been achieved between the time the family were identified and an intervention started, and the final review period.

Achievement of outcomes for families against this framework should ensure that significant and sustained improvement for that family has been achieved. However families will be monitored by the early help intelligence function for a longer period of time after an intervention has ended because sometimes situations arise in families that can cause a re-escalation of issues. It is better to catch those issues quickly to resolve them before they reach any crisis point.

## 1. Parents and children involved in crime and anti-social behaviour

### Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Probation and Youth Offending Services

### Strategic goals and indicators:

- To reduce the number of first time entrants to the youth justice system \*
- To reduce the level of police call outs
- To reduce the percentage of offenders who re-offend \*

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
1. There is a 50% reduction compared to the previous 6 months in the number of recorded offences committed by the family	Recorded offences by the police
2. There is a 60% reduction compared to the previous 6 months in the number of incidences of anti-social behaviour committed by the family	Recorded incidents of anti-social behaviour from police, youth offending service, housing providers, environmental health teams
3. No siblings of young offenders have engaged in anti-social behaviour and / or criminal activity in the previous 6 months, and do not enter the youth justice system for the first time.	Recorded incidences from youth offending service and police

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

## 2. Children who have not been attending school regularly

### Lead partnership / agencies:

- Herefordshire Strategic Education Board
- Schools, Herefordshire Council

### Strategic goals and indicators:

- To reduce the number of children and young people with permanent and fixed exclusions at school
- To increase the % of children and young people that make expected rates of progress in English and Maths

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
4. Each school age child in the family has attended school for at least 90% of sessions across the last three school terms	Schools census collected by Children's Wellbeing Directorate Attendance data from individual schools
5. Each school age child in the family has fewer than three fixed term exclusions within the last three school terms	Schools census collected by Children's Wellbeing Directorate Exclusions data from individual schools

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

### 3. Children who need help

**Lead partnership / agencies:**

- Herefordshire Children and Young People’s Partnership
- Herefordshire Council Children’s Wellbeing Directorate

**Strategic goals and indicators:**

- To reduce the number of children and young people needing to be looked after
- To increase from 60% to 80% the proportion of all children achieving a Good Level of Development at the end of the Early Years Foundation Stage

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
6. Families who are eligible are taking up the 2 and 3 year old offer of nursery places and attended 85% of their sessions in the last 6 months	Early years take up figures – Children’s Wellbeing Directorate QA+ database - Hoople
7. There is an appropriate de-escalation or step-down of a safeguarding plan – ie from child protection (CP) to children in need (CIN) to Common Assessment Framework (CAF) and there is no re-referral to social care after 6 months following the end of the plan	Social care FWI records - Children’s Wellbeing Directorate
8. Children in the family are making good progress at school or a good/expected level of development in Early Years	Early Years Foundation Stage Profile Annual Results 2 Year Assessment Results and Integrated Reviews Teachers reports/assessments
9. Six months after an intervention, parents report improved confidence and competence in parenting	Family assessment and outcome plan Practitioner case notes



	Parents self-assessment / self-reporting
10. Six months after an intervention, the family continue to take part in a wider range of community activity	<p>Family assessment and outcome plan</p> <p>Examples could include library membership, joining sport/leisure groups or involvement in specific activities</p>

^see appendix 1 for specific issues under this heading

## 4. Adults out of work or at risk of financial exclusion, and young people at risk of worklessness

### Lead partnership / agencies:

- Herefordshire Council, Jobcentre plus

### Strategic goals and indicators:

- To reduce the number of people reliant on out of work benefits
- To increase the % of 16-18 year olds who are in education, employment or training \*
- To reduce the % of low-income families with children\*

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
11. An adult or young person in the family has secured and maintained a job (full or part time) for 6 months (individuals claiming JSA) and 3 months (individuals claiming other benefits as per the Troubled Families guidance)	Individual no longer claiming out of work benefits, evidenced through DWP automated benefits check; young person not registered as NEET
12. An adult or young person in the family have made progress to work through volunteering placement, progression into an apprenticeship, traineeship or further accredited learning	Practitioner records Family outcome plan
13. An adult or young person in the family has completed and achieved a qualification, apprenticeship or achieved other milestones that supports progression into continuous paid work	Practitioner records Family outcome plan
14. Family have reduced debt or risk of financial exclusion, e.g. reduced council tax or housing arrears and are accessing eligible benefits including free school meals	Practitioner records Family outcome plan

\* Public Health Outcomes Framework

## 5. Families affected by domestic violence and abuse

### Lead partnership / agencies:

- Herefordshire Community Safety Partnership
- Police, Housing providers, West Mercia Women's Aid

### Strategic goals and indicators:

- To increase reporting of domestic violence and abuse into formal reporting routines

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
15. There is a reduction in domestic violence or abuse within the family for at least 6 months	Practitioner case notes; local risk assessment tools  Family outcome plan  Recorded police call-outs to domestic incidences  No reports of incidences from other agencies eg West Mercia Womens Aid (WMWA), Housing Associations
16. Families that are affected by domestic violence and abuse are actively engaged with support services, such as WMWA	WMWA attendance records Practitioner case notes Family outcome plan
17. Perpetrator of domestic abuse is actively engaged and successfully completes a perpetrator program	WMWA attendance records  Practitioner case notes  Family outcome plan

^see appendix 1 for specific issues under this heading

## 6. Parents and children with a range of health problems

### Lead partnership / agencies:

- Herefordshire Health and Wellbeing Board
- GPs, Clinical Commissioning Group, Wye Valley NHS Trust, 2Gether Foundation Trust

### Strategic goals and indicators:

- To reduce the prevalence of dental decay at age 5 so that the mean is equal or better than the England mean\*
- To increase to 95% the take up for all routine immunisations in 0-5 year olds\*
- To reduce hospital admissions for unintentional and deliberate injuries in 0-4 year olds from the 25<sup>th</sup> percentile to between 25<sup>th</sup> – 75<sup>th</sup> percentile\*
- To reduce the proportion of pregnant women who are smokers at the time of delivery to above the 75<sup>th</sup> percentile for England\*
- To reduce the prevalence of young people smoking, drinking and misusing substances

INDIVIDUAL FAMILY OUTCOME MEASURES:	MEASURED BY / DATA SOURCE:
18. Family is registered with local GP	Family outcome plan Practitioner notes / assessment GP practice confirmation
19. Family is registered with local dentist and attended a check-up in the last 12 months	Family outcome plan Practitioner notes / assessment Dental practice confirmation
20. Children have received age appropriate health immunisations / vaccinations	Family outcome plan

	<p>Practitioner notes / assessment</p> <p>GP practice confirmation</p> <p>Child Health hand held record (red book)</p>
21. Family member has engaged with a smoking cessation programme and is demonstrating progress towards cessation (shown by progress over the previous 6 months)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p> <p>Help to quit service records</p>
22. Family member has engaged with a drug / alcohol treatment programme and is demonstrating progress towards reducing harmful behavior (shown by progress over the previous 6 months)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
23. Family member has engaged with a healthy weight programme and is demonstrating progress towards a healthy lifestyle (shown by progress over the previous 6 month period)	<p>Family outcome plan</p> <p>Practitioner notes / assessment</p>
24. Pregnant women are under the care of a midwife and have had an ante-natal assessment by a Health Visitor	<p>Maternity and health visiting records</p> <p>Family outcome plan</p>
25. All children in the family aged 2½ years have had an ages and stages health assessment	<p>Health Visiting records or Nursery records</p> <p>Family outcome plan</p>

\* Public Health Outcomes Framework

^see appendix 1 for specific issues under this heading

## Appendix 1 – Specific family issues and identifying data sources

The indicators below are taken from the DCLG Troubled Families Financial Framework March 2015. Those in italics indicate where additional Herefordshire indicators have been added.

Who are the families we need to support in Herefordshire and how do we identify them?		
Family Problem (min of 2)	Indicators - what issues could be present in a family	Who will provide the information
<b>1. Parents and children involved in crime or antisocial behaviour.</b>	A child who has committed a proven offence in the previous 12 months.	Information provided by Youth Offending Service and the Police.
	An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months.	Information provided by the Police, anti-social behaviour teams and housing providers.
	An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release.	Information provided by probation providers and prisons.
	An adult who is currently subject to a licence or supervision in the community, following release from prison, and has parenting responsibilities.	Information provided by probation providers and prisons.
	An adult currently serving a community order or suspended sentence, who has parenting responsibilities.	Information provided by probation providers.

	<p>Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators above. <i>For example:</i></p> <ul style="list-style-type: none"> <li>- racial and hate crime incidences</li> <li>- repeat police call outs to the same address/location over a 6 month period</li> <li>- incidences of sexual violence</li> <li>- incidences of noise nuisance, fly tipping</li> </ul>	<p>Nominations from the Police, multi-agency gang units, probation providers, Serious Organised Crime Partnerships, Integrated Offender Management Teams and CHANNEL coordinators; environmental health services; Council diversity team; Herefordshire Safeguarding Adults and Children's Boards; Community Safety Partnership</p>
<p><b>2. Children who have not been attending school regularly.</b></p>	<p>A child who is persistently absent from school for an average across the last 3 consecutive terms.</p>	<p>Information compiled locally for submission to the Department for Education for the School Census and Alternative Provision Census. Information provided by Education Welfare Officers.</p>
	<p>A child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.</p>	
	<p>A child who is in alternative educational provision for children with behavioural problems.</p>	
	<p>A child who has been permanently excluded from school within the last 3 school terms.</p>	
	<p>A child who is neither registered with a school, nor being educated in an alternative setting</p>	<p>Information compiled locally from within the local authority</p>
	<p>A child nominated by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education.</p>	<p>Nominations from teachers and education welfare officers (or equivalent).</p>

<b>3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.</b>	A child who has been identified as needing early help	<p>Information from local authority early years providers (e.g. children's centres) about children who don't take up the Early Years Entitlement, by cross-referencing a list of those children eligible with those who are not in an early years setting.</p> <p>Information from local schools, academies and education welfare teams, Special Educational Needs Coordinators (SENCOs) or equivalent about children identified in the School Census as having social, emotional and mental health problems .</p> <p>Information from the Police and Children's Services (including youth services) about children who have been reported missing from home and identified as of concern</p>
	A child who has been assessed as needing early help.	<p>Information from Children's Services or related multi-agency teams about children who are:</p> <ul style="list-style-type: none"> <li>- repeatedly assessed under Section 17 or 47, of the Children Act 1989, but not deemed ' a child in need', or</li> <li>-subject to Early Help Assessments or Common Assessment Framework (CAF) , or equivalent</li> </ul>
	A child 'in need' under Section 17, Children Act 1989.	<p>Information provided by Children's Services.</p>
	A child who has been subject to an enquiry under Section 47, Children Act 1989.	
	A child subject to a Child Protection Plan.	



	<p>A child nominated by professionals as having problems of equivalent concern to the indicators above. <i>For example:</i></p> <ul style="list-style-type: none"> <li>- children experiencing / at risk of poor parenting</li> <li>- children with developmental delay</li> <li>- children at risk of exploitation (including sexual exploitation)</li> <li>- children identified as not achieving expected levels of attainment in school</li> <li>- children with challenging behaviour</li> <li>- teenage parents</li> <li>- young looked after mother / father who have already had children removed</li> <li>- young carers</li> </ul>	<p>Nominations from schools, social workers, early years providers, (including Children's centres), health visitors, education psychologists, school Special Educational Needs Coordinators (SENCOs), Youth Offending Service and the Police. Information from the Closing the Gap project, Herefordshire Carers Support</p>
<p><b>4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.</b></p>	<p>An adult in receipt of out of work benefits or</p> <p>An adult who is claiming Universal Credit and subject to work related conditions.</p>	<p>Department for Work and Pension's Automated Data Matching Solution (ADMS) for the Troubled Families Programme.</p>
	<p>A child who is about to leave school, has no/ few qualifications and no planned education, training or employment.</p>	<p>Information drawn from Personal Learner Records and the local authority's Client Caseload information System (or equivalent)</p> <p>Information collected by local schools, academies and alternative providers for the Department for Education's School Census and Alternative Provision and Youth Contract providers.</p> <p>Key Stage 4 data compiled by schools and academies' pupil level for the production of published school performance tables.</p>

	A young person who is not in education, training or employment.	Local authorities' Client Caseload Information Systems (or equivalent), which indicates whether young people have been identified as not in education, training or employment (NEET) or whether their activities are 'not known'.
	Parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic / unmanageable levels and forms of debt and those with significant rent arrears. <i>Could also include, for example:</i> - families with housing difficulties e.g. overcrowding, under notice of eviction or homeless - repeat attendance at food banks	Nominations from organisations specialising in debt and finance, such as the Money Advice Service, Jobcentre Plus and housing providers. Council enforcement team, providers/services that distribute food bank vouchers
<b>5. Families affected by domestic violence and abuse.</b>	A young person or adult known to local services has experienced, is currently experiencing or at risk of experiencing domestic violence or abuse.	Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	A young person or adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months.	Local Police data and intelligence. Referrals from local domestic violence and abuse services or professionals, such as Independent Domestic Violence Advisors (IDVAs), housing providers, health services, the Police, Children's Services and Youth Offending Service.
	The household or family member has been subject to a police call out for at least one domestic incident in the last 12 months.	Information from the Police, Multi-Agency Safeguarding Hubs (MASH) and Multi-Agency Risk Assessment Conferences (MARAC).
<b>6. Parents and children with a range of health problems.</b>	An adult with mental health problems who has parenting responsibilities or  A child with mental health problems.	Referrals from Community Mental Health Services, Child & Adolescent Mental Health Services, local GPs, education psychologists and school Special Educational Needs Coordinators (SENCOs).

	<p>An adult with drug or alcohol problems who has parenting responsibilities, or</p> <p>A child with a drug or alcohol problem.</p>	<p>Information drawn from the National Drug Treatment Monitoring System.</p> <p>Referrals from local GPs, the Police or local substance misuse support services.</p>
	<p>A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership</p>	<p>Referrals from health visitors, midwives, family nurses or local GPs.</p> <p>Information from the Local Child Health Information System.</p>
	<p>Adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes.</p> <p><i>Other examples could include:</i></p> <ul style="list-style-type: none"> <li>- children repeatedly not attending medical appointments</li> <li>- individuals identified as attending A&amp;E repeatedly over a sustained period</li> </ul>	<p>Referrals from health professionals, including GPs, midwives, health visitors, family nurses, school nurses, drug and alcohol services and mental health services.</p>



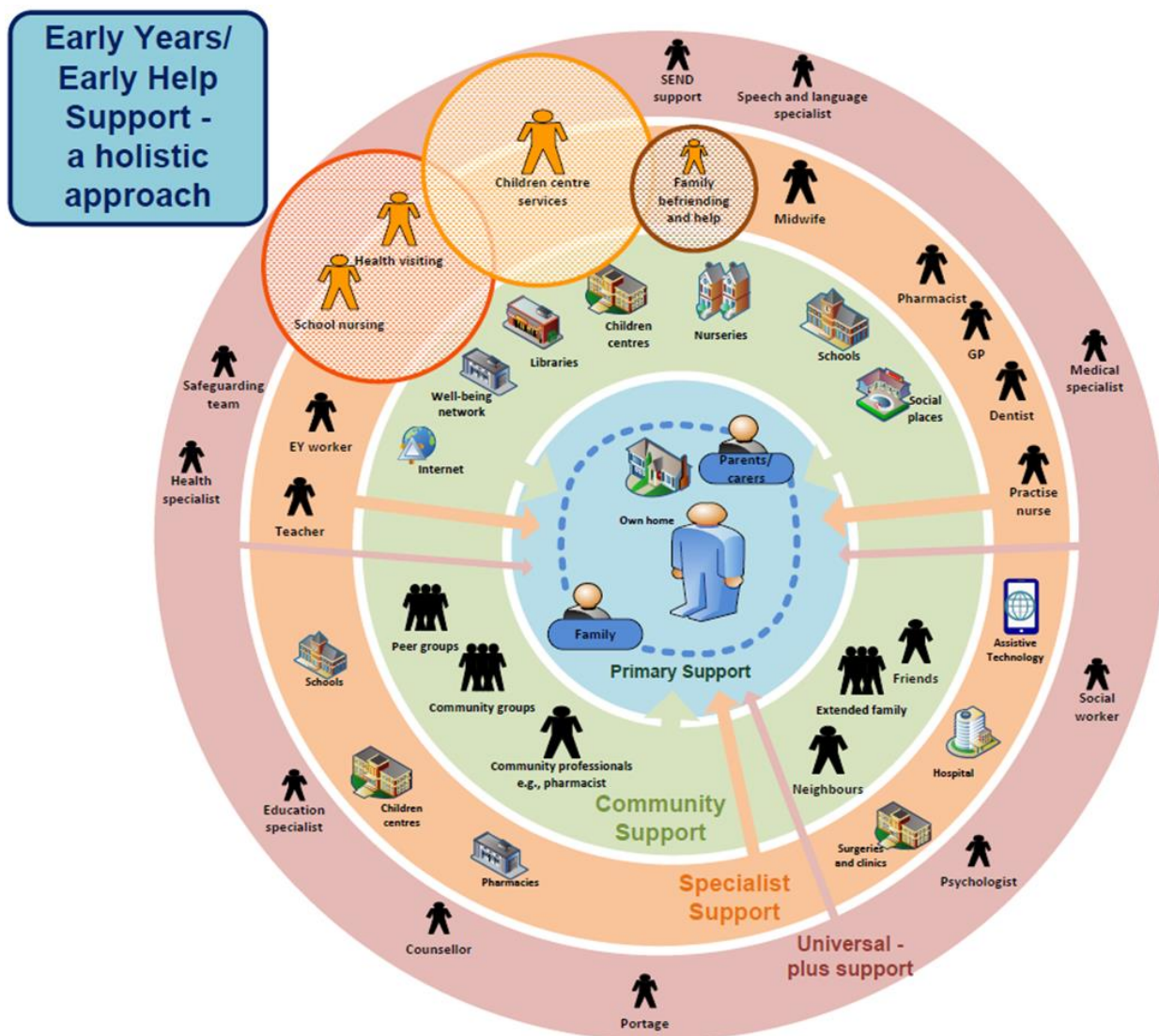
### Appendix 3: Children and young people’s partnership priorities for early years and early help

Early Years	Early Help
<ul style="list-style-type: none"> <li>• To develop an integrated approach to improving the health, wellbeing, developmental and educational outcomes of children aged 0-5 years</li> <li>• To ensure better continuity of provision and services across the 0–5 age range with clear and agreed pathways between services and between levels of service (for example, between universal and universal plus or targeted services)</li> <li>• To ensure smooth transitions across the life course – i.e. between maternity services and 0-5 early years services and 5-19 years services</li> <li>• To ensure increasing numbers of children are ready for school at the end of the Early Years Foundation Stage (EYFS) and make a successful transition to school</li> <li>• To mitigate the effects of poverty, inequality and disadvantage through the provision of high quality early education and childcare, the Healthy Child Programme 0-5 years, more effective support for parents and narrowing of the early development achievement gaps for the most disadvantaged children</li> </ul>	<ul style="list-style-type: none"> <li>• Improving the early identification and response to some critical issues that affect the development of children and young people, breaking the cycle of inter-generational inequality through working collaboratively with the whole family to:               <ul style="list-style-type: none"> <li>• Improve physical and mental ill health of both children and their parents and carers</li> <li>• Reduce crime and anti-social behaviour</li> <li>• Reduce worklessness</li> <li>• Reduce domestic violence</li> <li>• Tackling the effect of poverty on children’s outcomes</li> </ul> </li> <li>• Putting in place targeted models of effective intervention which will work alongside and with universal services, with a clear lead worker for each family who will co-ordinate those services to meet their needs.</li> <li>• Reducing the need for children and families to need help and intervention from statutory services and to work with families who are stepping down from statutory interventions to enable them to effectively work with universal provision.</li> <li>• Providing early help to 600 families with support from the Government’s “Troubled Families” initiative) £1.8m of new funds to continue this work.</li> </ul>



## Appendix 4: Herefordshire Early Years and Early Help System

Herefordshire’s whole system approach to early years and early help involves a wide-range of services operating within and across four levels of support, as illustrated below. This includes the commissioning intentions for public health nursing, children’s centres services in Bromyard, and family befriending and mentoring services from April 2018, which are described by the key decision report to be presented to Cabinet.









## Equality Impact and Needs Assessment Form

### A) General Information

#### Name of service, function, policy (or other) being assessed

Public Health universal and early help services for children, young people and families

#### Directorate or organisation responsible (and service, if it is a policy)

Adults & Wellbeing

#### Date of assessment

September 2017

#### Names and/or job titles of people carrying out the assessment

Lindsay MacHardy Public Health Commissioning Lead

#### Accountable person

Martin Samuels, Director of Adults and Well Being

### B) Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes:

This new service organisation for Public Health nursing and early help services sets out Herefordshire's approach to supporting families and providing early help for children and young people aged 0-19, (and up to age 25 for young people with a disability and/or additional health needs).

The aim of this new approach is to secure a public health nursing service that focuses on outcomes for health and wellbeing, based on robust measures by which to identify progress. The new arrangements will be driven by the need to achieve measurable outcomes in relation to:

- reducing health inequalities;
- improving public health outcomes, including 'readiness to learn at 2' and 'readiness for school at 4 years and six months'; dental health; childhood obesity and childhood accidents;
- providing children with the best start in life;
- supporting improved emotional health and well-being for children and young people;
- enhancing the skills of parents and carers to be able to responsively parent their children and forge strong bonds;
- providing a universal offer of support to all children, young people and their families;
- providing health assessments and screening at appropriate times in the child's life;
- promoting and supporting healthy family lifestyles;
- developing community-based support and networks;
- establishing/maintaining effective links with partners and voluntary sector agencies;
- improving perinatal mental health;
- encouraging care that keeps children healthy and safe;
- protecting children from serious disease, through screening and immunisation;
- reducing childhood obesity by promoting healthy eating and physical activity;
- identifying health issues early so support and/or referrals can be provided in a timely manner;
- making sure children are prepared for and supported in all child care, early years and education settings and support school readiness.

**C) Context - describe, in summary;**

<b>The number of people and/or providers that may be affected by the proposal.</b>	<p><u>Children, young people and their families</u> This a universal service and will affect all children and young people aged 0 – 19 years [up to 25 years for young people with disabilities]</p> <p><u>Support Provider</u> The contract is currently delivered by Wye Valley Trust.</p>
<b>What are the values of the contract(s) affected by the proposal? (if appropriate).</b>	<p>The current annual contract value is:</p> <ul style="list-style-type: none"> <li>• Health visiting - £2,182,000</li> <li>• School Nursing - £575,000</li> </ul> <p>Total: £2,695,000</p> <p>Future Service Provision: The remodelled service will be re-procured with a new total budget of £2,425,500 pa for an initial period of 3 years with the option to extend up to two further 12 month periods.</p>
<b>What are the geographical locations of those that might be affected by the proposal?</b>	Herefordshire – county wide.

**D) Who are the main stakeholders in relation to the proposal?**

<ul style="list-style-type: none"> <li>• Children, young people and their families</li> <li>• Current provider</li> <li>• Adults and Wellbeing Directorate</li> <li>• Children's Wellbeing Directorate</li> </ul>
---

**E) What are the anticipated impacts of the proposal?****Positive impacts.**Provide opportunities for earlier intervention

The 0-25 public health nursing service will place continued emphasis on communities and families being assisted to help themselves in the context of resilient communities, thus getting information and support early; the right help at the right

time and reducing demand on publicly funded services.

#### Developing communities

The previous/current contract specifications for the various services covered by the existing contract agreement were in large part based on national models developed by NHS England. There is now an opportunity to develop a more localised approach which focuses on achieving health outcomes. The proposed new specification for a new contract will:

- ensure an approach which tailors services to what is needed within localities and communities across the county;
- focus on improving accessibility of services

#### Improved quality of life & increased independency

Service outcomes will reflect the need for highlighting support for children to be “ready to learn” at age 2 and “ready for school” at age 4/5, and for young people to gain life skills and experience to enable them to be as independent and prepared for adulthood as possible. In addition, the new service will:

- enable continuity through transition points for children and young people,
- deliver improved child health outcomes in Herefordshire.

#### Financial impact

There has been a 10% reduction in the Public Health ring-fenced grant and this reduction is reflected in the budget available for the new service [from March 2018]. It is anticipated that efficiencies will be made through co-location, shared information and systems, and a greater use of digital technology to increase accessibility. There is an opportunity to provide a more efficient integrated service by aligning teams in children’s centre reach areas and improving data sharing protocols.

#### Promoting Choice & Control

Public Health nursing services are universal health services which will be tailored and delivered according to individual, family and community need. These services will ensure high visibility and accessibility within their local communities.

#### Continuity of Service

There will be a seamless transition from the current contract to the new contract, ensuring no inconvenience to families in Herefordshire.

## **Negative impacts**

### Potential negative perception

Redesign of services may be perceived as detrimental to families because it could be seen as a cost-cutting exercise. However, the basis of the redesign is about improving access to services and having a more flexible service.

### Mitigation

A comprehensive communications plan is being developed with particular regard to briefing the public, health professionals, partners and media.

**F) With regard to the stakeholders identified and the diversity groups set out below;**

	<i>Is there any potential for (positive or negative) differential impact?</i>	<i>Could this lead to adverse impact and if so what?</i>	<i>Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason?</i>	<i>Please detail what measures or changes you will put in place to remedy any identified adverse impact.</i>
Age	No	No. The composition of service is universal for babies/children, young people and their families		
Disability	No	No. The composition of service is universal [as above] and for young people aged 19 – 25 years with a disability or additional health need.		
Race	<i>No. This is a universal service but will offer targeted support for minority groups, e.g., Gypsy/Traveller families</i>			
Gender	<i>No. This is a universal service</i>			
Sexual Orientation	<i>No. This is a universal service</i>			
Religion/ Belief / Non Belief	<i>No. This is a universal service</i>			
Pregnancy / maternity	<i>No. There will be opportunities for greater integration with midwives and children centre services</i>			
Marital Status	<i>No. This is a universal service</i>			
Gender Reassignment	<i>No. This is a universal service</i>			

**G) Consultation**

**Please summarise the consultation(s) undertaken with stakeholders regarding this proposal**

**A. Survey for families of young children**

A questionnaire and discussions inviting parents, carers and families of young children to offer their views and preferences regarding requirements for support, early help, information and signposting were completed in December 2016

**B. Professional Engagement Events**

There were a total of 19 discussion meetings and 3 professional workshops were held to inform the way forward regarding new ways of working and integration of services. Additionally, the current provider staff have been engaged in these events and discussions.

**H) Additional information and / or research**

Include here any references or other sources of data that you have used to inform this assessment.

Are there any gaps in your evidence or conclusions that make it difficult for you to quantify the potential adverse impact(s) of this proposal? If yes, please list them here

If you have identified gaps in your evidence or conclusions, how will you explore the proposal in greater depth. Or, if no further action is required, please explain why.

- The Public Health Outcomes Framework identifies key targets and outcomes for ensuring the best start in life and in order to achieve greater accountability against outcomes. This framework and Herefordshire's Families Outcomes Framework, which is a requirement of the national troubled families programme, will support new and integrated ways of working for services and against which the above services, together with children's centre services, will be assessed. This approach will be underpinned by robust contract management and performance reporting to agreed outcome measures
- Commissioning guidance documents published by Public Health England recommend commissioning of 0 – 19 (25) Healthy Child Programme.







<b>Meeting:</b>	<b>Children and Young People Scrutiny Committee</b>
<b>Meeting date:</b>	<b>Monday 2 October 2017</b>
<b>Title of report:</b>	<b>Herefordshire Safeguarding Children Board (HSCB) Annual Report 2016/17</b>
<b>Report by:</b>	<b>Cabinet member young people and children's wellbeing</b>

### **Classification**

Open

### **Decision type**

Non-key

### **Wards affected**

(All Wards);

### **Purpose and summary**

To present the 2016/17 annual report of the Herefordshire Safeguarding Children Board (HSCB), which addresses the work of multi-agency partners in Herefordshire in safeguarding and promoting the welfare of children and young people within the county, including achievements and areas for improvement, and priorities identified for 2017/19.

To ensure the scrutiny committee is aware of the work of the board and future priorities, and has the opportunity to assess the compatibility of any future council activity with those ongoing priorities.

### **Recommendation(s)**

**That:**

- a) the annual report and effectiveness of the safeguarding arrangements for children and young people in Herefordshire as assessed by the board be noted;**
- b) the strategic priorities identified by the board be noted; and**
- c) any further areas that the safeguarding board should be focusing attention upon to provide challenge regarding the council's functions to safeguarding children and**

---

Further information on the subject of this report is available from  
 Bill Joyce 01432 260720 email: bill.joyce2@herefordshire.gov.uk

**young people be identified.**

## **Alternative options**

1. This report is to inform and enable the scrutiny committee to consider the HSCB annual report. The scrutiny committee could therefore suggest alternative activities or priorities for consideration by the board.

## **Key considerations**

2. The information provided below in relation to the safeguarding children board's annual report should be considered within the context of safeguarding within Herefordshire.
3. From a children and young person's perspective the impression can be one, influenced perhaps by ongoing national coverage, that abuse is perpetrated by 'strangers', or is historic in nature. Although this is correct to an extent, the reality both in Herefordshire and elsewhere is that it is very much a current and ongoing problem, and that the vast majority of child protection issues happen within the family, and in the child's home. It is also important to recognise that the abuse can take many forms, it is not only physical and sexual abuse that the board and agencies seek to protect children from, emotional abuse and serious neglect is a very real problem in the county, as it is across the country. These forms of abuse can provide particular challenges for professionals to recognise, respond to and deal with, but can be as damaging to the child or young person's long term health and wellbeing as better recognised and understood forms of abuse. It is of note that emotional abuse and neglect remain the main reasons for children being made the subject of a child protection plan. Additionally, children and young people find themselves increasingly exposed to, and at risk from, harmful individuals and material as a result of the accessibility of the internet and social media at a younger and younger age.
4. The work of the board is a critical element of the ongoing challenge to keep the most vulnerable members of our Herefordshire communities safe from harm. It is well known to both the board and the various partner agencies involved in the safeguarding of these children and young people that a number do regrettably come to serious harm. As such the importance of an effective board and the effective co-ordination of high quality services, as reflected in the annual report should be recognised.

## **HSCB annual report 2016/17**

5. The HSCB annual report details a number of developments in 2016/17 within the priorities set for that period. Key developments, impact and continuing areas for development are detailed below.
6. Priority 1 – To improve the recognition and response to child sexual exploitation (CSE) and missing children and young people.
  - a. Assessment – Mainly achieved, with the awareness and understanding of practitioner guidance an ongoing area of work. Furthermore, it will be important to establish how best the sub-group can support the Herefordshire Community Safety Partnership priority of reducing sexual offending against children in the county.
7. During the year, the HSCB child sexual exploitation (CSE) and missing sub-group has

continued to drive improvements in our collective response to this threat within Herefordshire.

8. The CSE Strategy and Delivery Plan was reviewed, updated and was signed off by the HSCB in January 2017. It has been informed by the local and regional problem profiles and has drawn on evidence about effective practice from local and national research, policy and guidance, including a report 'Local profile of children assessed for Child Sexual Exploitation' commissioned by the HSCB and delivered in October 2016.
9. On 27 April 2016, HSCB held a conference which focussed on the theme of child sexual exploitation. A total of 110 multi-agency professionals attended the conference, which was well received, and contributed greatly to raising the understanding of CSE amongst professionals in Herefordshire.
10. HSCB's work with licensing continued throughout 2016/17. The HSCB arranged for safeguarding questions to be added to the compulsory "Conditions Test" that every taxi driver has to pass before they are granted their licence. HSCB also commissioned an awareness raising sticker, which is displayed within every licensed Herefordshire taxi. CSE awareness training for taxi drivers regularly took place, the sessions were well attended and included the two major taxi firms within Herefordshire. Over 160 taxi drivers have now been trained, and all have been issued with a sticker for the back of their identity badge, which provides them with the number to call for the MASH Team, if they have any safeguarding concerns regarding a young passenger, and the Adult Referral Team (ART) if they have safeguarding concerns regarding an adult.
11. During 2017/18, the HSCB CSE and missing sub-group will be supporting the Herefordshire Community Safety Partnership in achieving its new priority for 2017 – 2020 of reducing sexual offending against children in the county. The sub-group will be reviewing how best it can contribute to preventing sexual offending against children more generally, and then incorporating this into their action plan for the coming year.
12. Priority 2 – The child's journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm.
  - a. Assessment – Steady progress, but with areas for improvement remaining. Specifically during 2017/19, the HSCB will be working to ensure we improve our response to children and young people living with domestic abuse, learning from the child protection conference observations is embedded through further member attendance, our board procedures are in line with regional arrangements and statutory guidance, so children receive the correct response. We use multi-agency performance data well to monitor the effectiveness of local safeguarding practice and the quality of child protection plans, we get feedback from children and young people who have experienced the child protection journey to understand the effectiveness of the local safeguarding system and learning from our serious case review and practice learning reviews is used appropriately to improve the journey of the child through the child protection process.
13. In October 2016, the quality assurance sub-group conducted an audit of services provided locally for children living in a household where domestic abuse is present. Although the audit found examples of outstanding practice, a number of areas for improvement were also identified, and the HSCB will be monitoring the response to these

areas, which is being led by the domestic violence and abuse delivery group within the Community Safety Partnership.

14. During 2016, members of the HSCB attended various child protection review conferences and recorded their observations. The feedback was captured within a number of specific areas, for example the quality of the multi-agency work, how well the child's views and experience were captured and then taken into account, and the quality of the conference process and resulting child protection plan. Since the visits and feedback there have been a number of changes made which will improve the child's and family members' experience of child protection conferences and also improve the effectiveness of planning and sharing of information within the meeting.
15. During 2016/17, the council's Children's Wellbeing Directorate built on the improvements of the previous year by reviewing key elements of its safeguarding practice to ensure it was as effective as possible. An extensive review of our Multi-Agency Safeguarding Hub (MASH) led the board to agreeing revisions to its purpose, emphasising its role in managing requests for a social work service and ensuring that children at risk received a prompt response. A MASH Governance Board was established and this has overseen the revision of guidance and the move from Bath Street to Nelson House.
16. Schools remain critically important partners in our collective responsibilities towards safeguarding children. The Multi-Agency Safeguarding Hub education posts and the safeguarding services provided to schools by the learning and achievement service are fundamental to the effectiveness of safeguarding in schools, and from April 2017 Herefordshire has introduced new funding arrangements for these services. These arrangements have been negotiated through 2016/17, and although it has met with challenges, they are now in place. The academic year 2016/17 saw the ongoing participation of professionals in workshops to raise awareness of the Prevent duty; the implementation of the CSE pre-checklist and toolkit and the completion of the audit process of policy and practice with regard to Keeping Children Safe in Education. In addition, the Head of Learning and Achievement has overseen the review of over half of Herefordshire's schools' safeguarding policies to ensure that they are fit for purpose and understood by staff.
17. Priority 3 – Identification and response to childhood neglect.
  - a. Assessment – Some progress, however tackling childhood neglect remains a key challenge for the HSCB, as Herefordshire reflects the national pattern where neglect is the most common reason for children being made the subject of a child protection plan. Furthermore, the HSCB's review processes continue to highlight areas for development in our identification of and response to childhood neglect.
18. A serious case review commissioned by the HSCB, in relation to a family of children who had suffered neglect over a long period of time, delivered a final report in December 2016. The circumstances of the incident covered within the serious case review reinforced the importance of the identification and response to childhood neglect being a priority for the HSCB, and made a number of recommendations to the board on how the response could be improved. The first of these recommendations was that the HSCB should ensure that there is an effective multi-agency childhood neglect strategy in place. As a result, the board has developed a childhood neglect strategy which is available on the board's website.
19. The neglect strategy sets out the strategic aims and core objectives of the HSCB in relation to the prevention, identification and response to childhood neglect, and how the

broader partnerships support and contribute to those. This strategy also sets out the key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to improve our collective response to neglect, and sets a number of objectives for the HSCB to achieve. The strategy forms part of Herefordshire's approach to early Help, which is led by the Children and Young People's Partnership, and complements other key strategies within the partnerships, including Herefordshire's Health and Wellbeing Strategy, the Community Safety Partnership Strategic Plan, and the Herefordshire Levels of Need Threshold Guidance.

20. In order to ensure that these objectives are achieved, the HSCB has formed a neglect task and finish group to drive activity and improvement. In addition, throughout 2017/18 there will be an update on the progress of the work of this group at every board meeting, as it is important that the momentum is maintained. This work is also being supported by another group working to the HSCB, which has been tasked with assessing the effectiveness of safeguarding arrangements for children and young people with disabilities, a group particularly vulnerable to neglect.
21. During 2017/18 work will continue to introduce an effective childhood neglect assessment tool that can be used by all partner agencies, train practitioners in the use of the tool to effectively responding to childhood neglect, and increase the awareness among partners of the problem of neglect and their responsibilities in tackling it. The effectiveness of this work and impact will be measured through audit activity conducted by the HSCB quality assurance sub-group.
22. Priority 4 – The early help services effectively identify needs and concerns relating to children and families, and services address these needs through effective planning and interventions to enable families to function effectively and children's needs are met and they are supported to achieve their full potential.
  - a. Assessment – Steady progress, with a continuing area of focus being to develop the knowledge of the workforce in relation to the use of the Levels of Need document, and to promote the move to an emphasis on early help.
23. The Levels of Need document is a guide to support professional judgement when considering the help that children and families need and when to refer concerns. The HSCB policy and procedure group has reviewed and revised the Levels of Need Threshold guidance during 2016/17, with a greater emphasis on early help. To help the board understand how well the Levels of Need document is understood and being used within Herefordshire, the board ran a survey audit for practitioners which asked a number of questions of staff. 246 responses were received from ten different partner agencies. 78% of respondents reported that they knew how to access the document, and reassuringly the majority of those that had needed to make a contact or referral had used the Levels of Need to inform that submission.
24. The HSCB has continued to support and challenge the development of early help services within Herefordshire. The board received a report from the Children's Wellbeing directorate on the development of the early help response, and was reassured that the effectiveness of this response continues to develop.
25. HSCB adopted an Early Help Strategy in the spring of 2016 and its implementation is being led by the Head of Educational Development, who chairs a multi-disciplinary group. The Head of Additional Needs now manages an integrated 0 to 25 special educational needs and disability (SEND) service, which will give children and their families a more consistent and coherent service.

26. During 2016, the HSCB conducted a multi-agency audit of early help cases which involved examining in detail how the cases had been dealt with by partner agencies. This audit highlighted outstanding practice in some of the cases, for example excellent and sustained engagement from schools, good engagement with the family, stability in the membership of the team working with the family, and being able to provide the right service to families at the right time. It also highlighted some areas for development, for example better inclusion of fathers in the Common Assessment Framework process, when appropriate.
27. Within education, the tracking down of children referred to as 'missing from education' (CME) has been increasingly successful over the past four years, with fewer children remaining as 'missing' from one quarter to the next. There has been a steady improvement in the tracking and location of CME year on year. In relation to Elective Home Education (EHE), 2016/17 saw a further increase in numbers of children known to the local council being educated at home; from 118 the previous year to 170. The EHE officer continues to offer guidance and to make robust monitoring visits about outcomes for children.
28. In support of the development of early help in Herefordshire, in 2017/18 the board will continue to embed and enhance the understanding of the Levels of Need for children and families across Herefordshire, particularly within the multi-agency training offered to partners, and ensure that HSCB procedures support the early help strategy. The board will also be supporting the work of the Children and Young People's Partnership in ensuring that the workforce is sufficiently prepared for the shift in emphasis towards early help by ensuring that HSCB training products promote understanding of the early help offer. The HSCB quality assurance sub-group will also be developing a set of assurance questions for use in assessing the effectiveness of the changes to early help arrangements and will be carrying out a further audit of early help cases during 2017/18.

### **Priorities for 2017/18**

29. Reflecting on the achievements of the board through 2016-2017, and using a range of sources of information, which has included inspections, self-assessments, learning from reviews and consultation with our partners in Herefordshire, highlighting areas where development is required, the board has set five priorities for 2017 – 2019. These are:
  - a. Priority 1: Neglect.
  - b. Priority 2: Child sexual abuse and exploitation (including children who go missing).
  - c. Priority 3: Safeguarding vulnerable children.
  - d. Priority 4: Early help.
  - e. Priority 5: Strong leadership, strong partnership.
30. Further information on the priorities and how these are to be achieved is provided within the HSCB Business Plan 2017/19, attached at Appendix 2

### **Community impact**

31. The partners represented on the board have statutory responsibilities for services in Herefordshire that safeguard and promote the wellbeing of children, young people and vulnerable adults. The board has a statutory duty to scrutinise, challenge and support this work. The HSCB is key mechanism for challenge, supporting and promoting improvement of these services within the council. The annual report and priorities going forward not only identify areas of safeguarding that require sustained focus and

improvement, but also complement and support the work of the other partnerships in Herefordshire such as the Children and Young People's Partnership's focus on early help, neglect and safeguarding, and the Community Safety Partnership's focus on domestic abuse.

## **Equality duty**

32. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:
33. A public authority must, in the exercise of its functions, have due regard to the need to -
  - eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
34. 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. As this is a decision on back office functions, we do not believe that it will have an impact on our equality duty.
35. The safeguarding board pays due regard to The Equality Duty on public bodies and others carrying out public functions, specifically that public bodies consider the needs of all individuals in their day to day work. This is particularly evident for example within the HSCB in that there is a particular emphasis on ensuring that the child and parent(s) have the appropriate opportunity to express their views within child protection conferences, so their needs can be fully considered within the decision making.

## **Resource implications**

36. The HSCB receives contributions from partner agencies to fund its organisation and work. A budget is set out and reviewed throughout the year and any risks identified.

## **Legal implications**

37. There should be a clear framework to allow the HSCB to monitor the effectiveness of local services.
38. Section 13 of the Children Act 2004 requires each local council (authority) area to establish a safeguarding board and specifies who should be represented on the board.
39. The statutory objectives and functions of the HSCB, as set out in Section 14 of the Children Act 2004, are:
  - To co-ordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children in the area; and
  - To ensure the effectiveness of what is done by each such person or body for those purposes

40. Regulation 5 of the LSCB Regs 2006 sets out the functions of the safeguarding board in relation to the above objectives.
41. Under statutory guidance, the safeguarding board has a duty to produce an annual report on the effectiveness of safeguarding children in the area. The reports should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should also identify weaknesses, causes of these and action to be taken to address them.

## **Risk management**

42. There are a number of identifiable risks associated with a reduction in the effectiveness of the safeguarding board. The board has a statutory responsibility to ensure the effectiveness of safeguarding arrangements within Herefordshire. Ineffective safeguarding arrangements directly increase risk to the most vulnerable members of our community, this risk, being both high in probability and the impact on individuals, is evident from previous high profile cases in other areas, which in turn carries legal, political, reputational and financial risks to the partner agencies involved.
43. The current identifiable risks to the effectiveness of the board continue to be financial, as the need for contributing partners to identify savings continues, and organisational as the uncertainty of future board structure remains. The financial risk is currently mitigated by the boards holding modest reserves, combined with recent efficiency savings being identified, and the organisational risk comes from the amended statutory guidance being expected towards the end of 2017, which may have a significant impact on safeguarding children boards.
44. The HSCB, together with the Herefordshire Safeguarding Adults Board and Herefordshire Community Safety Partnership, run a joint risk register in order to monitor and manage these risks where appropriate, and this is subject to regular review.

## **Consultees**

None

## **Appendices**

Appendix 1 – HSCB Annual Report 2016/17

Appendix 2 - HSCB Business Plan 2017/19

## **Background papers**

None identified





# Herefordshire Safeguarding Children Board



## Annual Report

1 April 2016 – 31 March 2017



## Contents

Section		Page
1.	<b>Foreword from the Independent Chair</b>	
2.	<b>About this report</b>	
3.	<b>Executive Summary</b>	
4.	<b>The local context</b>	
5.	<b>Progress on priorities 2016-18</b>	
a.	<b>Priority 1: To improve the recognition and response to child sexual exploitation (CSE) and missing children and young people.</b>	
b.	<b>Priority 2: The child's journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm.</b>	
c.	<b>Priority 3: Identification and response to childhood neglect.</b>	
d.	<b>Priority 4: The early help services effectively identify needs and concerns relating to children and families, and services address these needs through effective planning and interventions to enable families to function effectively and children's needs are met and they are supported to achieve their full potential.</b>	
6.	<b>How the HSCB has carried out its statutory functions</b>	
a.	<b>Policies, procedures, practice guidance</b>	
b.	<b>Training</b>	
c.	<b>Private Fostering</b>	
d.	<b>Children in Care</b>	
e.	<b>Case Reviews</b>	
f.	<b>Child Death Overview Panel</b>	
g.	<b>Communications</b>	
h.	<b>Allegations concerning persons who work with children</b>	
7.	<b>Effectiveness of agency safeguarding arrangements in Herefordshire</b>	
8.	<b>Development of HSCB and its effectiveness 2016-17</b>	
9.	<b>Conclusion and future priorities</b>	
<b>Appendix 1</b>	<b>Attendance of agencies at HSCB Board meetings</b>	
<b>Appendix 2</b>	<b>Partnership boards budget</b>	
<b>Appendix 3</b>	<b>Children exposed to domestic abuse</b>	
<b>Appendix 4</b>	<b>Number of children and young people involved with children's domestic abuse advisers</b>	

<b>Appendix 5</b>	<b>Single agency assurance reporting</b>	
<b>a.</b>	<b>West Mercia Police</b>	
<b>b.</b>	<b>National Probation Service</b>	
<b>c.</b>	<b>Community Rehabilitation Company</b>	
<b>d.</b>	<b>West Mercia Youth Offending Service</b>	
<b>e.</b>	<b>Herefordshire Clinical Commissioning Group</b>	
<b>f.</b>	<b>2gether NHS Foundation Trust</b>	
<b>g.</b>	<b>Wye Valley NHS Foundation Trust</b>	
<b>h.</b>	<b>Education and schools</b>	
<b>i.</b>	<b>Herefordshire Council: Children's Wellbeing Services</b>	
<b>j.</b>	<b>Hereford &amp; Worcester Fire And Rescue Service</b>	

## 1. Foreword from the Independent Chair

**Sally Halls**

**Independent Chair**

**Herefordshire Safeguarding Children Board**

## 2. About this report

Chapter 3, paragraph 12 of *Working Together to Safeguard Children (2015)*, requires the Chair of the Local Safeguarding Children Board to publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

The annual report is an account of the effectiveness of the LSCB and this report is published in relation to the financial year 2016-2017. It is submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the chair of the health and well-being board.

The annual report should provide a rigorous and transparent assessment of performance and effectiveness of local services. It identifies areas for improvement, and the actions being taken to address them. The report includes lessons learned from reviews undertaken in this timeframe and how the LSCB has used the learning to impact on practice.

The report also lists the financial contribution of each partner agency and provides a budget breakdown on spending.

Finally the report outlines evidence based priorities for 2017-2018.

Authors: Sally Halls – HSCB Independent Chair & Steve Eccleston, Business Unit Manager

Date of Publication: XXXXXXXX

This report can be downloaded from the HSCB website at:

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

Herefordshire Council  
Plough  
Hereford  
HR4 0LE

Safeguarding Children Board  
Offices  
Lane

Alternatively you can e-mail us on [admin.hscb@herefordshire.gov.uk](mailto:admin.hscb@herefordshire.gov.uk) or call us on 01432 260100.

### 3. Executive Summary

This report sets out how Herefordshire Safeguarding Children Board has worked to meet its statutory objectives during 2016/2017, which are to co-ordinate local work to safeguard and promote the welfare of children and young people, and to ensure the effectiveness of that work. The report also gives detail on the priority areas addressed by the Board during this period, as well as the data and reporting provided by partner agencies regarding their performance in working together to safeguard children and young people in Herefordshire. The report also sets out how effectively the Board identifies areas for improvement, including learning from case reviews and audits, and details the Board’s planned priority areas for 2017-18.

#### Progress on Priorities 2016-18

Herefordshire Safeguarding Children Board’s (HSCB) set the following priority areas for 2016/18.

<p>1) Identification, prevention, and response to Child Sexual Exploitation/children who go missing.</p>	<p>2) The child’s journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm.</p>	<p>3) Identification and response to childhood neglect.</p>	<p>4) The early help services effectively identify needs and concerns relating to children and families, and services address these needs through the effective planning and interventions to enable families to function effectively and children’s needs are met and they are supported to achieve their full potential.</p>
--	---	---	--

#### Priority 1: Identification, prevention, and response to Child Sexual Exploitation/children who go missing.

During 2016/17 the Child Sexual Exploitation and Missing Children sub-group has reviewed the Board’s strategy for tackling CSE in Herefordshire, and set a new work plan to build on the progress made during previous years. It has also reviewed the pathway for reporting CSE where someone working with a child has concerns, and the risk assessment and management processes to be used when such reports have been received.

On 27 April 2016, HSCB held a conference which focussed on the theme of Child Sexual Exploitation and covered a range of areas within this through a number of different workshops. This conference was attended by 110 multi-agency professionals and was very

## Version 1 (Draft)

well received. The Board has continued to support the roll out of awareness training for local taxi drivers, and has reintroduced classroom based multi-agency CSE training.

CSE and Missing Children will continue to be a priority for the Board in 2017/19, and we will continue to work to ensure that;

- The various CSE pathway documents and guidance for professionals in relation to dealing with CSE and missing children are well understood by practitioners and embedded in practice.
- The importance of recognising and reporting concerns in relation to CSE is well understood by local hotels and other venues.
- The CSE Operational Group is effective in identifying and responding to information on emerging patterns of risk.
- It supports the new Herefordshire Community Safety Partnership priority of reducing sexual offending against children.

**Priority 2: The child's journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm.**

During 2016 Board members attend Initial Child Protection Conferences and Review Child Protection Conferences as observers.

The Board Quality Assurance subgroup arranged and ran an audit of cases relating to children who were living in homes where domestic abuse was present. This replicated the approach of the Joint Area Team Inspection (JTAI) audits being carried out in relation to this theme by Ofsted, Her Majesty's Inspectorate of Constabulary and the Care Quality Commission.

During 2017/19 the Board will be working to ensure that;

- Learning from the Child Protection Conference observations is embedded through further Board member attendance at these meetings.
- Our Board procedures are in line with regional arrangements and statutory guidance so children receive the correct response.
- We use multi-agency performance data well to monitor the effectiveness of local safeguarding practice and the quality of child protection plans.
- We get feedback from children and young people who have experienced the child protection journey to understand the effectiveness of the local safeguarding system.
- Learning from our Serious Case Review and Practice Learning Reviews is used appropriately to improve the journey of the child through the child protection process.

**Priority 3: Identification and response to childhood neglect.**

During 2016/17 the Board completed the 'Family HJ' Serious Case Review, which is available to view on our website. This reinforced the importance of the identification and response to childhood neglect being a priority for the Board, and it made a number of recommendations. The Board has been working hard to meet those recommendations, for example it has

## Version 1 (Draft)

developed and agreed a comprehensive strategy to tackle childhood neglect in Herefordshire, which sets out the aims and objectives of the Board in relation to the prevention, identification and response to childhood neglect.

To support our understanding of the effectiveness of the response to childhood neglect in Herefordshire, the Board has held a focus group attended by professionals from a broad range of partner agencies. Feedback from this focus group has been used to help develop our plan to improve services to those who are at risk of, or being neglected.

Tackling childhood neglect is the main priority for the Board in 2017/19, and we intend to achieve this by;

- Developing a costed plan for introducing the Graded Care Profile 2 (GCP2) in Herefordshire
- Identifying the agreed number of multi-agency trainers and then delivering training in the use of GCP2.
- Ensuring that the forthcoming section 11 audits assesses the availability, quality and impact of single agency childhood neglect training within the partner agencies. This will be supported by the Board providing core training materials on neglect for use within partner agencies.
- The Board will promote the importance of this work, which will include a conference on childhood neglect for practitioners.
- The Board will be challenging agencies where practice relating to the capturing of the views of children who are at risk of or suffering from neglect needs improvement.
- The Board will be forming a specific task and finish group to examine how we can be assured of the effectiveness of the safeguarding of children with disabilities within Herefordshire, and how it can support improvements where necessary.

**Priority 4: The early help services effectively identify needs and concerns relating to children and families, and services address these needs through the effective planning and interventions to enable families to function effectively and children's needs are met and they are supported to achieve their full potential.**

During 2016/17 the Board has reviewed its Levels of Needs guidance used by practitioners to include a greater emphasis on early help. The Board also surveyed practitioners to help understand how well the Levels of Need were understood and being used in decision making.

The Board has continued to support and challenge the development of early help services within Herefordshire, receiving a report from Children's Wellbeing on the development of the early help response.

During the year the Board's Quality Assurance subgroup completed a multi-agency audit of early help cases, and the learning from that audit has been used to develop learning sessions for practitioners.



## **Version 1 (Draft)**

Early help will remain as a priority for the Board during 2017/19. As such, the Board will work to ensure that children and their families receive effective help at the right time which promotes their wellbeing by;

- Ensuring that Board procedures address the impact ‘hidden harm’ has on children and young people, and those procedures support the early help strategy.
- Assessing the impact of threshold decisions on those children who are not stepped up to higher levels of intervention.
- Evaluating the availability and effectiveness of early help support, particularly in relation to children living with neglect and domestic abuse, and children with disabilities.
- Ensuring the Board’s training products promote understanding of the early help offer with practitioners.
- Securing feedback from children, young people and their parents/carers about the experience of accessing and receiving early help.

### **How the HSCB has carried out its statutory functions**

#### **a. Policies, procedures, practice guidance updates**

The Herefordshire Safeguarding Children Board Policy and Procedures sub group has continued to grow through 2016/17 with strong representation from partner agencies.

The transformation project to introduce a collaborative West Midlands Local Safeguarding Children Board multi-agency policies and procedures resource has now been completed with the new web based facility having gone ‘live’ on 31 March 2017. This has seen the joint West Mercia arrangement for developing and hosting safeguarding procedures replaced by a wider West Midlands consortium of nine boards. The Herefordshire Safeguarding Board Policy and Procedures sub group has contributed to this work by reviewing a number of the procedures which are now shared regionally.

#### **b. Training**

During 2016/17 the Workforce Development sub group of the Board has developed evaluation procedures to ensure the quality of safeguarding training being delivered to practitioners. That process has been implemented across all training delivered to evaluate the impact of training on service delivery and outcomes for children.

We have been successful in increasing the numbers of practitioners attending the regular Practitioner Forums and increasing the variety of agencies accessing this forum. A Voice of the Practitioner report process is now in place and feeds back to the Board.

A training pool has been created to support delivery of specialist training which supports the Board priorities.

## **Version 1 (Draft)**

A Joint Workforce Development Strategy has been developed that includes a competency framework to be used to support the development of a skilled and competent workforce across Herefordshire. This includes the creation of a process to valid the training.

In 2017/18 the Board will be looking to improve how we share learning from audits and Serious Case Reviews amongst our practitioners, and we will be striving to further develop our training pool of staff in support of this.

The administration of the on-line training provision has returned to the Business Unit in order to make the Board more cost effective.

The Board now needs to develop the support from subject matter experts and sub groups to develop and deliver training events to meet requirements of key priorities and business plan objectives. These would then become part of the HSCB training programme.

### **c. The safety and welfare of children who are privately fostered**

A child under 16 (under 18 if disabled) who is cared for by someone who is not their parent or a 'close relative' is deemed to be privately fostered. Private fostering is an arrangement made between a parent and a carer for 28 days or more. The council has a legal duty to make sure that all private fostering arrangements are safe and appropriate for the child. HSCB receives an annual report about private fostering in Herefordshire. In 2016/17 the Local Authority were notified of four such private fostering arrangements.

### **d. Case reviews**

During 2016/17 one Serious Case Review has been concluded, this having been initiated in 2015/16. Learning from that review continues to be rolled out to practitioners, and work continues to ensure all of the recommendations from the report are completed. A Practice Learning Review (PLR) was also completed during 2016/17. This is a new type of review for Herefordshire intended for cases that do not meet the criteria for a Serious Case Review, but where there is significant multi-agency learning to be gained.

### **e. The Child Death Overview Panel (CDOP)**

A total of 11 deaths were recorded within the review period April 2016- March 2017, three of which are still awaiting completion of review.

The Child Death Overview Panel (CDOP) has continued to function as an effective sub group of the Board during 2016/17. Both the consideration of all referrals to the panel, and the annual return to the Department of Education have been timely, and referrals to the panel by local paediatricians continue to be of high quality. Where the completion of referral forms has been identified as being in need of improvement, training has been offered to those agencies. All recommendations from the 2015/16 CDOP report have been implemented.

**f. Communication Sub Group**

The Board shares a Joint Communications sub group with the Safeguarding Adult Board and Community Safety Partnership. The purpose of this sub group is to ensure that all the communications across the partnerships about safeguarding are as coordinated and effective as possible. The sub group is aware of the Boards priority areas and looks to ensure these are captured in communications. Importantly the group also share what each agency is doing on communications about particular topics so we can be more informed and coordinated about messages given to partners and the community. To develop this co-ordination further, the sub group is now working closely with the One Herefordshire Strategic Communication and Engagement Group, which is a forum led by the Herefordshire Clinical Commissioning Group.

**g. Allegations concerning persons who work with children**

HSCB has in place safeguarding procedures which include comprehensive procedures to manage allegations against adults who are employed to work with children or who work with children in a voluntary capacity. These procedures are in line with other key statutory documents including the Department of Education statutory guidance, Keeping Children Safe in Education (2016).

The Local Authority Designated Office (LADO) is responsible for the management and oversight of all investigations in to allegations against those working with children within Herefordshire. The LADO produces an annual report which is scrutinised by HSCB.

During 2016/17, 140 allegations against professionals were managed by the LADO, compared to 117 in 2015/16. The average for the seven year period is 137, with 140 – 159 being the usual range for Herefordshire.

Working Together 2015 sets the expectation that 80% of cases should be resolved within one month of referral, 90% within three months and all but the most exceptional cases within twelve months (measured as number of days from referral to case closure). The data for 2016/17 shows that 73% of cases have been resolved within one month of referral, and 90% of cases have been resolve within three months of referral. This represents a significant improvement on 2015/16 performance.

**Effectiveness of agency safeguarding arrangements in Herefordshire**

The Board has continued to monitor a range of performance information and carry out quality assurance activities to measure the effectiveness of local services. This work is set out in the Board's Learning and Improvement Framework and is primarily coordinated through the Quality Assurance and Performance (QA) subgroup. Practitioners and first line managers have been actively involved in the multi-agency case audits and this allows for a much richer discussion and exchange of views and understanding which leads to better learning.

## **Section 11 audit**

The HSCB conducted a full Section 11 audit in 2015/16, and the next such audit is due in 2017/18. As such there has been no full audit conducted this year, however a panel of members of the Herefordshire Safeguarding Children Board invited partners to present on how they had addressed areas for development identified within their own Section 11 audits, and the Board has also during this period been actively contributing to the development of a Regional Section 11 audit tool, to be used in the coming year.

## **Development of HSCB and its effectiveness 2016-17**

HSCB carries out its work primarily through its subgroups, supplemented by task and finish groups as required, and through scrutiny and challenge at Board meetings.

The Board also works with other multi-agency partnerships across Herefordshire to both scrutinise and challenge their activities and to pursue joint objectives. Overall engagement by partners in the work of the HSCB has continued to be positive throughout 2016-17. The Board also continues to work closely with the Herefordshire Health and Wellbeing Board, Children and Young People's Partnership, Safeguarding Adult Board and Community Safety Partnership in recognition of the wide range of factors that can impact on the safety and wellbeing of children and young people.

## **Illustrations of HSCB challenge and impact**

Throughout this Executive Summary there are details of the work of all partners in safeguarding children, and the Board's function in seeking assurance that partners are working effectively together. Examples of this activity are summarised below:

<b>Challenge</b>	<b>Impact</b>
Report of very low numbers of young people in 'staying put' placement at age 18+ in Herefordshire.	Reassurance report received from Director of Children's Services clarifying the number of young people using such arrangements and demonstrating appropriate provision and take-up within the county, so ensuring young people have the opportunity to choose to 'stay put' should they wish to do so.
A number of agencies were written to by the Chair challenging their lack of regular attendance at Board meetings.	Regular attendance now secured from those agencies. This ensures the Board makes decisions with full information available, so ensuring those decisions are likely to have the best possible impact on safeguarding children and young people.
Continued difficulty in obtaining Form B responses to child deaths in a timely fashion from several agencies.	The SUDIC pediatrician and the Chair of CDOP have written and spoken to professionals. The CDOP has considered the learning from this and have recommended the following:

	<ul style="list-style-type: none"> <li>• Professionals are made aware of their role through the development of a pathway which is on the LSCB website.</li> <li>• A good practice guide and sample is posted on the web to assist with understanding.</li> <li>• The Director of Children Services, as the accountable officer has been alerted to take the appropriate action.</li> <li>• A communication item on the CDOP agenda to agree dissemination of learning, with responsibility for this to the HSCB Communications Sub Group.</li> </ul> <p>In securing more timely submission of information, opportunities to prevent SUDIC can be taken soonest, so improving the safeguarding of children.</p>
<p>Challenge to Addaction on lack of provision and suitable premises for young people, and safeguarding of children/young people in care of service users.</p>	<p>Children and young people who are living with parents with drug or alcohol issues, or have such issues of their own, are correctly identified as being more likely to need early help as a result, and where necessary those children and young people are given access to that help at the correct level and by the most appropriate agencies.</p>
<p>Improving the response to victims of ‘peer on peer’ abuse.</p>	<p>HSCB has taken the lead for reviewing the regional ‘Children who abuse others’ procedure, ensuring the new procedure is developed with input from all relevant agencies. This will ensure children and young people who are victims of abuse by their peers are better protected through a more robust response by professionals.</p>
<p>In relation to CSE/Missing Children, members of the executive questioned the availability of guidance for Risk Management meetings. The executive also explored whether the Risk Management meetings are subject to quality assurance.</p>	<p>Children’s Social Care now have a Risk Management Practice Guidance, along with Risk Management Meeting Guidance and Agenda, which now sit within the suite of CSE procedures. This ensures children and young people who may be at risk of CSE are correctly identified and interventions that will most effectively protect them are agreed by partners, and implemented.</p>

## Conclusion and priorities for 2017/19

During 2016/17 the Board has been very active in directly promoting the effectiveness of child safeguarding arrangements in Herefordshire through the work of Board members and its sub groups. It has also however achieved notable success in contributing to the influencing of the work of other partnership forums in the county towards giving greater focus to safeguarding children in the county. Through engagement with the Herefordshire Community Safety Partnership that forum now has a priority for 2017 – 2020 of reducing sexual offending against children, whilst the Herefordshire Health and Wellbeing Board is now prioritising the dental health of children.

In reviewing progress against the 2016/18 priorities, the Board recognised that greater impetus is now required to improve our response to tackling childhood neglect, and as such this is our key priority for the coming 12 months.

The Board also recognised that our Child Sexual Exploitation strategy was in need of reviewing and refreshing, and that a renewed drive was needed to ensure we remain fully committed to tackling CSE and the risks created by children going missing.

In addition, the Board has had the opportunity to consider the extensive research that was commissioned from the Local Authority's Strategic Intelligence Team in relation to Child Sexual Exploitation and sexual offending against children and young people, and has as a result updated our priorities to reflect this. The priorities have also been simplified to ensure they are clear and easily understood.

As a result of the work of partners and challenges raised within the Board, the HSCB recognises that the collective response to 'peer on peer' abuse requires a greater focus and this will be provided through 2017/18.

The Board has also recognised that it needs to be better at making sure children and young people have a real influence and impact on what the Board does and how it works.

Reflecting on our progress and achievements in 2016/17 and considering a range of evidence and other information alongside the need to ensure continuous improvement, the HSCB has set five priorities for 2017 to 2019.

<b>Priority 1.</b>	<b>Priority 2.</b>	<b>Priority 3.</b>	<b>Priority 4.</b>	<b>Priority 5.</b>
<i>Neglect</i>	<i>Child Sexual Abuse/ Exploitation and children who go missing.</i>	<i>Safeguarding vulnerable children</i>	<i>Early Help</i>	<i>Strong leadership, strong partnership</i>

#### 4. The Local Context

The latest (mid-2015) estimate of **Herefordshire's resident population is 188100**, which represents an increase of just 900 on the year before.

Herefordshire's population is scattered right across its 2,180 square kilometres, of which 95% of the land area is 'rural'. Just under a third (60,400 people) live in Hereford city and just over a fifth (40,500) in one of the five market towns, but over two-fifths (79,400) live in areas classified as 'rural village and dispersed'.

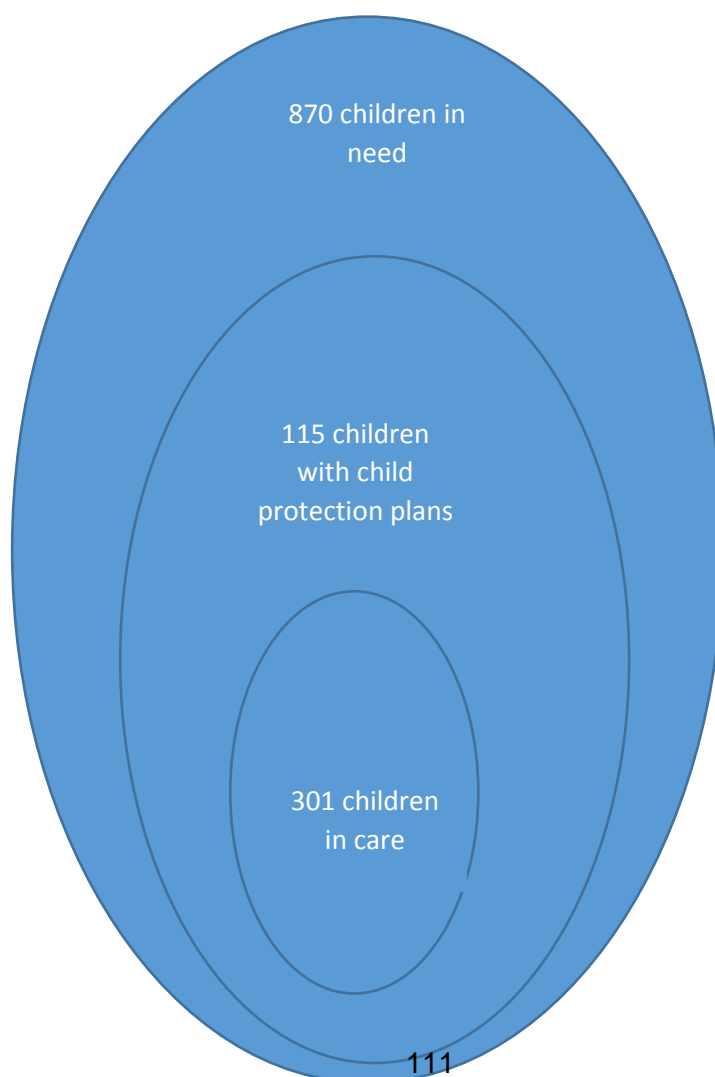
There are 39,900 (21%) children and young people (aged 0 to 19) living in Herefordshire, of whom:

- 9,900 (5%) are aged under five
- 21,900 (12%) are aged 5-15 years
- 8,100 (5%) are aged 16-19 years and

There are also

- 11,300 (6%) aged 20-25 years old.

Below is an illustration of the numbers of children assessed as in need, numbers of children with a child protection plan and numbers of children in the care of the Local Authority as at 31<sup>st</sup> March 2017.



## 5. Progress on our Priorities for 2016-18

Herefordshire Safeguarding Children Board (HSCB) set the following priority areas for 2016/18.

Priority 1.	Priority 2.	Priority 3.	Priority 4.
<p><b>Identification, prevention and response to Child Sexual Exploitation/ children who go missing.</b></p>	<p><b>The child’s journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm</b></p>	<p><b>Identification and response to childhood neglect</b></p>	<p><b>The early help services effectively identify needs and concerns relating to children and families, and services address these needs through effective planning and interventions to enable families to function effectively and children’s needs are met and they are supported to achieve their full potential.</b></p>

### **Priority 1: To improve the recognition and response to child sexual exploitation (CSE) and missing children and young people.**

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

The HSCB’s CSE and Missing subgroup oversees and challenges the work of partners to recognise and respond effectively to this issue. The CSE Strategy and Delivery Plan was reviewed, updated and was signed off by the HSCB in January 2017. It has been informed by the existing and developing regional and local problem profiles and has drawn on evidence about effective practice from National and local research, policy and guidance. It has also been developed in line with the Shropshire CSE Strategy to ensure there is as much continuity for West Mercia wide agencies as possible, and shared responses can be developed whenever possible.

The CSE dataset has been regularly updated and is monitored by the CSE and Missing subgroup and Board. Measures have been adapted to now incorporate data which reflects the prevalence and preventative measures taken to disrupt, and provide assurance to the HSCB. The dataset will be supplemented by targeted auditing to assess awareness of and responses to CSE risks and harm.

The CSE pre- checklist to help partners identify CSE concerns and refer has been updated and improved and a Risk Assessment Tool and Risk Management Practice Guidance has also been produced.



## **Version 1 (Draft)**

HSCB took part in the NWG #Thunderclap initiative during CSE Awareness Day in March 2017. The HSCB also arranged for an awareness raising screensaver to be rolled out throughout Herefordshire Council, and a communications pack was sent out to all Board Members to disseminate throughout their agencies.

### **CSE Conference**

On 27 April 2016, HSCB held a conference which focussed on the theme of Child Sexual Exploitation and covered a range of areas within this through a number of different workshops. The conference was held at The Hereford Academy, and HSCB would like to convey their thanks to them for their hospitality and their part in making the event a success.

A total of 110 multi-agency professionals attended the conference which was well received. The Keynote speakers for the conference were Dr Peter Unwin, who spoke regarding perceptions of CSE in a rural county, and Lorin LaFave, who told her own personal story of how her son, Breck Bednar, was unwittingly groomed and lured to his death by someone he met online.



Lorin LaFave

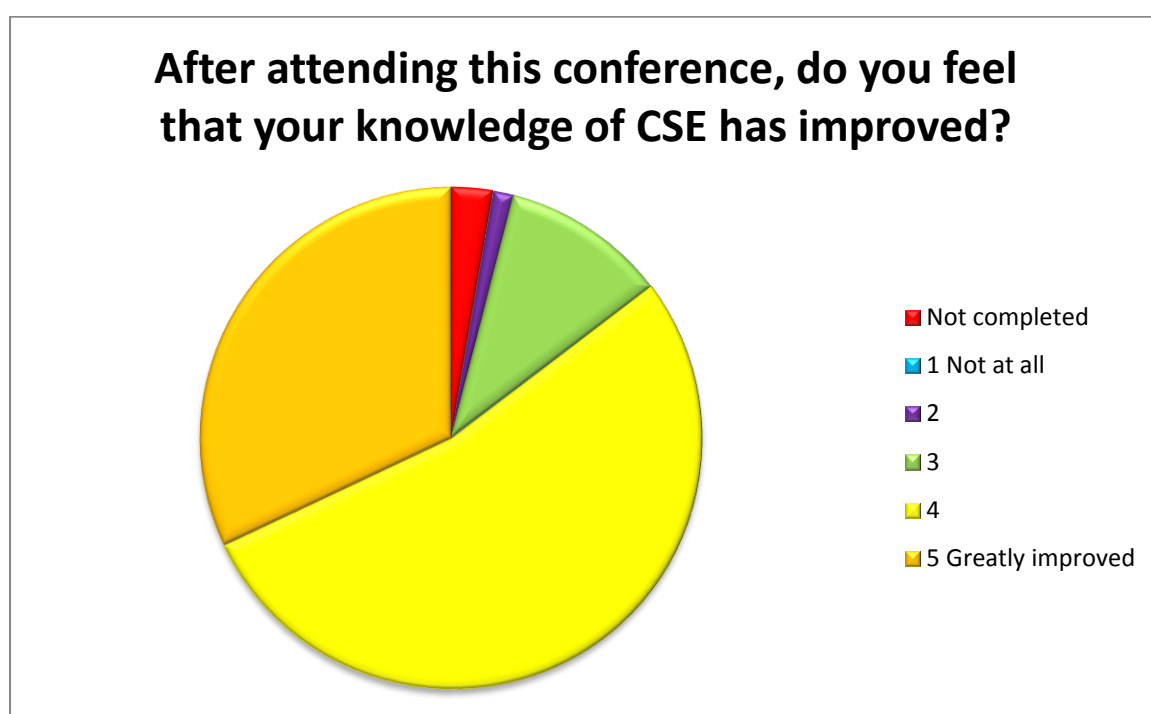
The delegates had the opportunity to attend two workshops, which focused on areas relating to CSE including:

- Understanding Local Pathways
- Sexting
- Child Trafficking
- Understanding Consent
- Toxic Bedfellows

The aim of the conference was to increase practitioner's ability to identify CSE and improve their knowledge to help and work with children and their families.

### What have we learned and what difference have we made

The impact of the conference was evident in a number of areas and course evaluation comments. Delegates said they found the workshops gave them a better understanding of each area of work which they could then include in their own practice and also commented on the powerful impact on them of the presentation from the key note speaker, Lorin LaFave. Her presentation was described as “heart-wrenching and informative” by delegates. Delegates were asked to rate whether their knowledge of CSE had improved after attending the conference with 1= not at all and 5= greatly improved. 53% marked the conference 5, and a further 32% marking the conference 4. Practitioners also highlighted the value of the learning from the workshops they attended.



As well as the CSE conference, the HSCB Business Unit joined colleagues from a range of agencies for an ‘Engaging Communities’ event in High Town, Hereford in July 2016.

The aim of the day for the Safeguarding Children Board Business Unit staff was to raise awareness of Child Sexual Exploitation and Private Fostering. The stand attracted the attention of a range of members of the public who were given verbal advice and signs and indicators leaflets.



*The Mayor of Hereford Councillor Jim Kenyon is pictured above visiting the Herefordshire Safeguarding Boards stand at the event, alongside Bill Joyce, who was Interim Manager of the Safeguarding Boards Business Unit.*

HSCB's work with licensing continued throughout 2016/17. The HSCB arranged for Safeguarding questions to be added to the "Conditions Test", which is a compulsory test that every taxi driver has to pass before they are granted their licence.

HSCB also commissioned an awareness raising sticker, which is displayed within every licensed Herefordshire taxi.



## Version 1 (Draft)

CSE awareness training for taxi drivers regularly took place, the sessions were well attended and included the two major taxi firms within Herefordshire.

Over 160 taxi drivers have now been trained, and all have been issued with a sticker for the back of their identity badge, which provides them with the number to call for the MASH Team, if they have any safeguarding concerns regarding a young passenger, and the Adult Referral Team (ART) if they have safeguarding concerns regarding an adult.

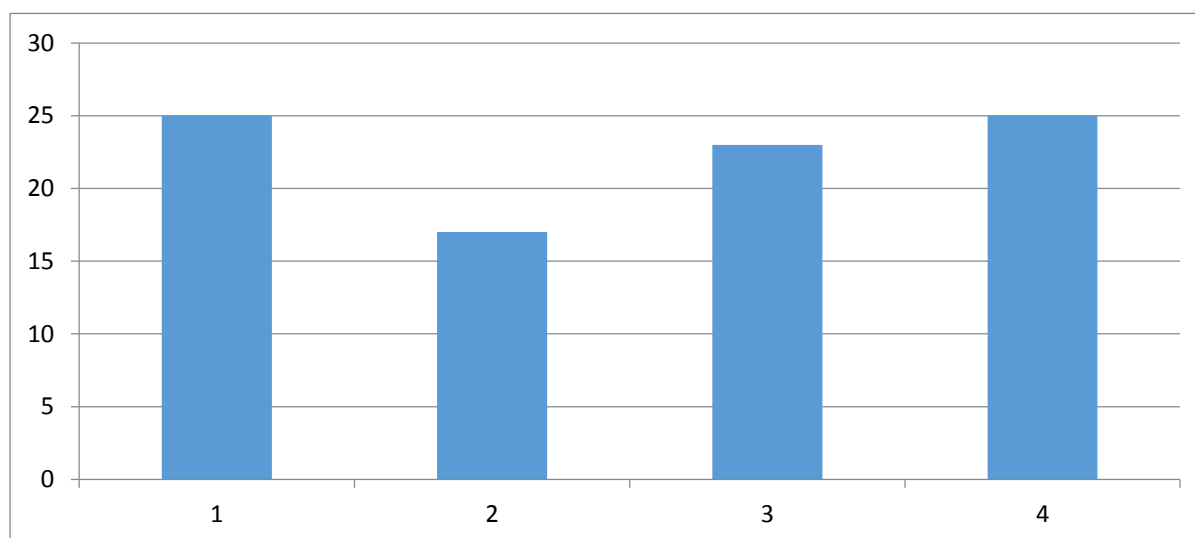
Discussions are in place for the next tranche of training, which will include hoteliers and licensed premises. The training was delivered by Young Solutions, who were commissioned by West Mercia Police. The HSCB Business Unit's input into arranging and promoting the training has been put forward as an effective process and good practice within Young Solutions.

Our plan for the year 2015-16 set out some key areas where we wanted to make a difference:

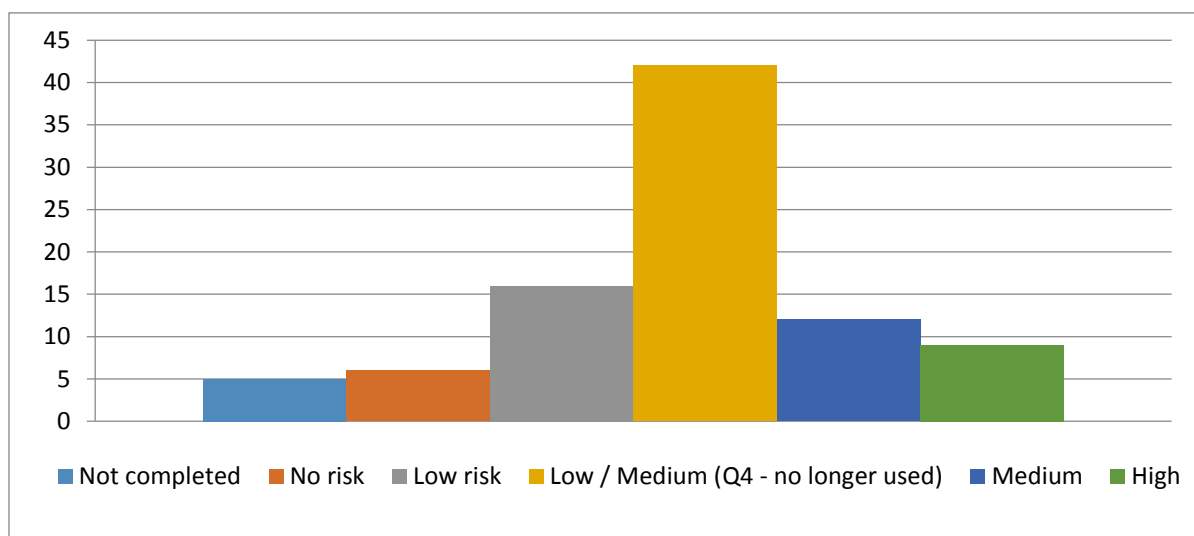
- Percentage increase in the number of welfare return interviews completed
- Increase in the disruption and/or prosecution of perpetrators

In 2016/17 **90** risk assessment tools were completed by staff in the MASH on referrals concerning possible CSE and of these **58** were deemed low or medium risk and **9** were assessed as high risk.

### CSE assessments undertaken per quarter

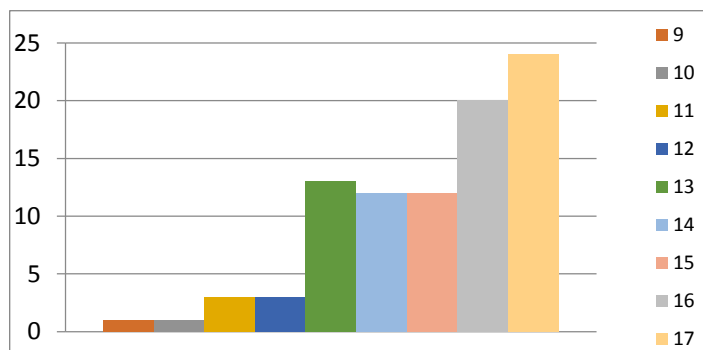
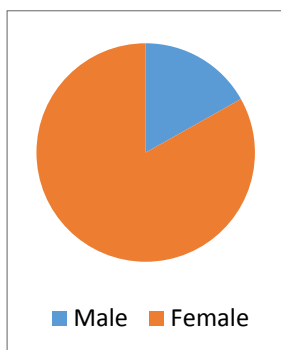


### Outcome of CSE assessments



The CSE assessment tool was amended during Q3 to remove the dual low/medium banding. This was to encourage practitioners to consider the available evidence more carefully and reach a more definitive assessment.

The charts below show the profile of those that have had CSE assessments carried out



There is a continued decrease in the number of 16 / 17 year olds being identified at being of risk of CSE.

Whilst children reported missing from home and school has remained relatively consistent, there was a decrease in reports from placement providers of children missing from care, with 96 reported missing between April and June and only 52 reported between July and September and this downward trend continued. This may be attributable to the targeted work of the police care home team in working with care homes in regarding to the missing person protocol.

## Version 1 (Draft)

### What we will do next

During 2017/18 the CSE & Missing sub group of the HSCB will be supporting the Herefordshire Community Safety Partnership in achieving its new priority for 2017 – 2020 of reducing sexual offending against children in the county.

Through 2016/17 the CSE & Missing sub-group has supported the operational group in reviewing and updating the various pathway documents and guidance for professionals in relation to dealing with CSE and missing children. In the coming year the sub group will be working to ensure that these documents are well understood by practitioners and embedded in practice.

**Priority 2: The child's journey through the child protection process ensures effective planning and intervention to improve the care, safety and wellbeing of children and reduce/eradicate actual or the risk of significant harm.**

### What we have done

#### a. Children living with domestic abuse

In October 2016 the Quality Assurance sub group conducted an audit to assess the quality and effectiveness of services provided locally for children living in a household where domestic abuse is present. The audit framework used by the Joint Targeted Area Inspection (JTAI) process, which are inspections conducted by HM Inspector of Constabulary (HMIC), Care Quality Commission (CQC) and Ofsted, was used to ensure a thorough review of the cases, and achieve the best possible learning from the process.

Six such cases involving children were selected at random. A review of the case notes for these children's cases was completed to ensure that a full range of circumstances was included within the audit, and the response of all the agencies involved with the child and their family could be considered. All of the children either were or had been within the child protection process within the previous six months, and this audit therefore gave a very clear picture of how effective the work of the agencies had been in using the child protection process to safeguard children living within a domestic abuse environment.

The audit evidenced some high quality direct work which had clearly led to improved outcomes for children and their families. Within the cases examined there was evidence of the child's voice being evident, and good communication across agencies.

There were many instances of well attended statutory child protection meetings. Strategy discussions and resulting responses and actions were timely in all but one case where a strategy meeting had been recommended with no evidence that it had taken place.

There were often more than one male included in the family make up. However, assessments and plans for the children were often concentrated on the mother, even when the male in the family had parental responsibility. During the audit males were seen as 'shadowy' figures in the background, and work needs to be done with perpetrators in relation to addressing their behaviour.

## **Version 1 (Draft)**

Compromised parenting was a common factor within the cases examined. In five out of the six randomly identified cases there was information that either both or one of the parents had issues with substance (drugs) misuse, and half of the families were noted to have adult mental health engagement.

Whilst there were many instances of proactive work, there were examples of information sharing being seen as potentially problematic, with delays in communication in two cases. In one case information sharing between nursery and school was cited as difficult too.

Vennture, a charitable organisation based in Hereford, was seen as a good support for children and families. In one case the intensive involvement of Vennture was seen as helpful, especially the positive impact they had in engaging and working with the mother and then encouraging mother to work with other agencies.

The audit highlighted how HSCB and the Community Safety Partnership Domestic Violence and Abuse Delivery Group need to ensure that there is clarity across agencies in relation to how Multi-Agency Risk Assessment Conferences (MARAC) are used when a child already has a child protection plan or child in need plan to avoid any confusion in ownership and management of risk. The audit also highlighted the need for Addaction, the drug and alcohol support service, to be seen as a service central to protecting the child, rather than having a peripheral role. Finally, the audit highlighted that professionals tend to focus on the mother and her ability to keep the child safe, and there needs to be greater focus on the perpetrator in the context of assessing the risk presented to the child.

During 2017/18 the HSCB will be monitoring how each agency responds to the recommendations on how services to children within the child protection process as a result of domestic abuse can be improved, in order to improve the safety of children living with domestic violence

In addition to the audit work, in September 2016 the Board received a report from the Domestic Violence and Abuse Delivery Group of the Community Safety Partnership. This report updated the Board on the prevalence of domestic violence and abuse in Herefordshire with a specific emphasis on children who witness and experience domestic violence and abuse.

Data in relation to the number of children in Herefordshire that have been recorded as being exposed to domestic abuse, and numbers of children and young people involved with the Children's Independent Domestic Violence Advisor are available in Appendices 3 and 4.

### **b. Child Protection Review Conferences**

Between April 2016 and November 2016 nine members of the Herefordshire Safeguarding Children Board attended various Child Protection Review Conferences and recorded their observations.

The feedback was captured within a number of specific areas, for example the quality of the multi-agency work, how well the child's views and experience were captured and then taken into account, and the quality of the conference process and resulting child protection plan. It



## Version 1 (Draft)

was helpful to all concerned to have the Board members in a position to record exactly what they saw of the child protection system being used in practice and then feedback to practitioners. Examples of comments recorded by Board members on observation sheets are;

- “The social worker had completed a comprehensive report which was circulated prior to the meeting. The report had been shared with the mother nine days before conference.”
- “The baby was well catered for, playing happily with toys, under the supervision of his grandmother. This kept the child firmly in focus throughout the conference.”
- “Child’s father attended and was very much involved in the discussions.”
- “Young person attended and made her views well known.”
- “Mother and son were very well supported during the meeting. The Chair made sure, at every stage, that they had the opportunity to contribute and that they understood what was being said.”
- “The paternal grandmother is a significant figure with regular care of the baby, but was not present. Again, it is not clear whether she had been invited.”
- “Reports were analytical to a point. However, language used in some reports, particularly the social workers, was technical and therefore questionable how much was understood really. Professional language code not helpful to families.”
- “The Chair was very clear with the child, asked him at every stage if he understood and wished to add anything. The Chair supported the child to read out part of a statement that he had written which outlined how individuals from agencies had supported him and helped him to feel better about the situation with his Mother and with life in general. The agency workers had also support the child to look forward and to plan a future for himself.”
- “In considering the risk and ongoing management of this matter, there was no recognition of or discussion about any possible course of action should the father of the child recommence their relationship with the mother, the ending of this relationship having been a significant factor in the assessment of reduced risk to the child.”
- “There was no attempt to outline the implications for parenting of continued dependence on methadone, including issues re safe storage.”
- “This baby was made the subject of a child protection plan since birth. From discussion at the conference, the correct agencies appear to have been involved, the CP plan was clearly understood by the parents, and a number of risks identified and addressed.”

Since the visits and feedback there have been a number of changes made which will improve the child’s and family members’ experience of child protection conferences and also improve the effectiveness of planning and sharing of information within the meeting. Examples of this are;

- New accommodation has been found which gives a more pleasant environment for all involved, with waiting areas, a children’s play area, and baby changing facilities.
- Changes are being made to the social worker report template to help ensure the best possible planning of conferences takes place in partnership with families.

## **Version 1 (Draft)**

- The format of the reports submitted by partners to the conference, and the information attendees are provided in the invite letters, have been updated to make expectations and process clear to all.
- Practitioners' knowledge of how they can most effectively contribute to child protection conferences is being enhanced through multi-agency training and practitioner forums.
- Further visits will be conducted in 2017/18 with the intention of looking specifically at whether progress has been made within the identified areas for development.

During the year the Board also received assurance on the effectiveness of the Independent Review Officer (IRO) service in Herefordshire, which has a key role in relation to the improvement of care planning for children. The work of the IRO's in Herefordshire, and the direction of travel for the service is positive, for example, the majority of all reviews for 'Looked After' children were held within statutory timescales, the IRO team has moved to a full set of permanent staff so providing continuity for children in care, the IRO's routinely advocate on behalf of children and young people and ensure they are aware of their rights and entitlements, that they have opportunities to participate in and contribute to the review of their care plan, and that their voices are heard and inform their planning. The significant reduction in the number of children on a child protection plan during 2016/17 through the appropriate application of the threshold guidance has supported IRO's in focusing on those children who most need their support, so improving the service those children and young people receive, and the outcomes for them.

### **c. Developments within Children's Wellbeing Services**

During 2016/17 the conduct of both Child Protection Conferences and Strategy Discussions were further enhanced by Children's Wellbeing Services as a result of review and audit work. Full details of these improvements can be found in section (i) of Appendix 6.

### **d. Multi-Agency Safeguarding Hub**

In January 2016 the Board requested a report on the practices and processes of the Herefordshire Multi Agency Safeguarding Hub (MASH) at that time. This was prompted by concerns that the MASH was not functioning as effectively as it could, and the volumes of child protection activity did not reflect our population size and statistical neighbours. This report was received and considered in April 2016, and was the result of a comprehensive review by the Assistant Director Safeguarding and Family Support in Herefordshire, which examined all aspects of the MASH function, including the application of the Threshold Guidance at point of referral, the quality referrals, information sharing and the resulting strategy discussions.

The report highlighted that the Herefordshire MASH was very fortunate to have a group of skilled, knowledgeable and experienced professionals who were committed to working together. Further, decisions were made quickly, meeting statutory expectations. However, a number of areas for development were also highlighted by the report. The Board were informed that the role of the MASH was unclear, and this was not helped by the need for an update of the MASH Standard Operating Procedures, and the need to be clear on the

## **Version 1 (Draft)**

distinction between a 'contact' and a 'referral'. The transmission of a concern had become confused with a request for service, and this was having an impact on the effectiveness of the MASH. Further, there was no shared IT system within the MASH, which contributed to slow information sharing. The Threshold Guidance was not being used consistently as the basis for decision making, and strategy meetings were focusing more on historical information and the behaviour of the parents, rather than the evidence for the impact of these upon the child. A number of recommendations were made within the report, which were accepted by the Board.

As a result of this work there have been a number changes made through 2016/17 to improve the functioning of the MASH, and so ensure that children and young people who are referred receive the appropriate service to meet their needs. The MASH Governance Board was reconstituted to oversee the delivery of the recommendations and required improvements. This board now has a smaller membership and continues to meet regularly. The MASH now clearly distinguishes between referrals and contacts, so focusing professions' efforts on the core role of the MASH, that being to enhance the management of the children and young people considered to be at Level 4 (most at risk). Discussions continue to take place with those responsible for delivering the early help strategy to make sure that those children who do not meet that level of need do receive the appropriate support. This is an area which the Board will be monitoring in 2017/18 in line with the early help priority. A forthcoming peer review in September 2017 will also help with the Board's understanding of the effectiveness of these arrangements.

The Board has continued to emphasise the importance of the Threshold Guidance document within its multi-agency training, so supporting the improvement in the quality of referrals to the MASH. Funding has been identified to pay for a MASH specific IT programme to support the work of the team and software options are currently being explored.

The challenge remains in 2017/18 for the MASH Governance Board to continue to improve strategy meeting practice, however it is recognised that this will need the support of all Board members in ensuring their organisations contribute appropriately to the referral, gaining of consent, information sharing and strategy meeting processes as required, and the Board will continue to monitor that contribution.

### **What we have learned and what difference we have made**

It was recognised by the Board that the standard Domestic Abuse Stalking and Harassment (DASH) risk assessment in use in Herefordshire was not always suited to situations where the victim of the domestic abuse was under 18 years of age. This is an issue that has also been highlighted within a Serious Case Review in another Safeguarding Board area. To ensure every opportunity was being taken to improve the safety of young people subject to domestic abuse, the Board worked with the Domestic Violence and Abuse delivery group of the Herefordshire Community Safety Partnership to introduce a bespoke DASH risk assessment form which is better suited to using with younger victims.

Throughout 2016/17 the Board has also received regular updates in relation to partners' arrangements and readiness to receive unaccompanied asylum seekers. The Board ensured

## **Version 1 (Draft)**

that both accommodation and services were in place to receive the anticipated numbers of these children and young people, recognising that their experiences would require access to particular types of specialist support.

### **What we will do next**

The results of the audit of children living with domestic abuse will be reported on in early 2017/18 and the HSCB will monitor how each agency responds to the recommendations on how services to children within the child protection process as a result of domestic abuse can be improved.

In addition, in 2017/19 the Board will be working to ensure that;

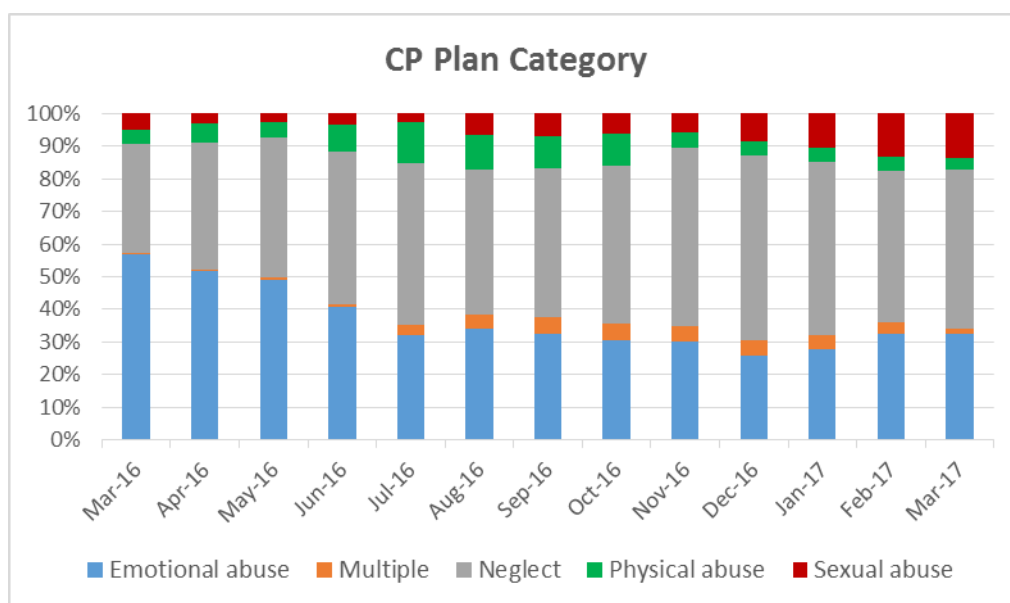
- Learning from the Child Protection Conference observations is embedded through further Board member attendance.
- Our Board procedures are in line with regional arrangements and statutory guidance so children receive the correct response.
- We use multi-agency performance data well to monitor the effectiveness of local safeguarding practice and the quality of child protection plans.
- We get feedback from children and young people who have experienced the child protection journey to understand the effectiveness of the local safeguarding system.
- Learning from our Serious Case Review and Practice Learning Reviews is used appropriately to improve the journey of the child through the child protection process.
- We will continue to monitor national events and decisions in relation to young unaccompanied asylum seekers and ensure services are in place to meet their needs when required.

**Priority 3: Identification and response to childhood neglect.**

Tackling childhood neglect remains a key challenge for the Board. As can be seen from the figures below, Herefordshire reflects the national pattern where neglect is the most common reason for children being made subject of a child protection plan.

1. Number of children subject to CP Plan by category as at the last day of each quarter 2016/17.

Category	Q1	Q2	Q3	Q4
Emotional abuse	41%	32%	26%	32%
Multiple	1%	5%	5%	2%
Neglect	47%	46%	56%	49%
Physical abuse	8%	10%	5%	3%
Sexual abuse	3%	7%	8%	14%



**What we have done**

The ‘family HJ’ Serious Case Review which was commissioned by the Board in October 2015 delivered a final report in December 2016. The circumstances of the incident covered within the Serious Case Review reinforced the importance of the identification and response to childhood neglect being a priority for the HSCB, and made a number of recommendations to the Board on how the response to childhood neglect could be improved. The first of these recommendations was that the HSCB should ensure that there is an effective multi-agency childhood neglect strategy in place. As a result the Board has developed a childhood neglect strategy, and this is now available to view on the website.

## Version 1 (Draft)

The neglect strategy sets out the strategic aims and core objectives of the Herefordshire Safeguarding Children Board in relation to the prevention, identification and response to childhood neglect, and how the broader partnerships support and contribute to those. This strategy also sets out the key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to improve our collective response to neglect. The strategy forms part of Herefordshire's approach to Early Help, which is led by the Children and Young People's Partnership, and complements other key strategies within the partnerships, including Herefordshire's Health and Wellbeing Strategy, the Community Safety Partnership Strategic Plan, and the Herefordshire Levels of Need Threshold Guidance.

The strategy also sets a number of objectives for the HSCB to achieve, and these objectives cover such things as improving the early recognition of neglect through the use of effective early assessment tools, providing training for practitioners in identifying neglect, and what then to do about it, monitoring the effectiveness of that training, carrying out audits of neglect cases to check that the response is improving, and ensuring that the views and opinions of the children and young people who may be subject to or at risk of neglect are properly taken into account.

In order to ensure that these objectives are achieved the Board has invited the members of the Policy and Procedures sub group to focus their efforts entirely on delivering the necessary changes. In addition, throughout 2017 – 2018 there will be an update on the progress of the work of this group at every Board meeting in recognition of the importance of momentum being maintained.

A further recommendation from the Serious Case Review was that the HSCB should request that Early Help and other safeguarding processes consider and reinforce the whole family approach. This is in recognition that neglect very rarely happens in isolation, and is often caused or exacerbated by other problems and challenges already existing within the family. As a result of this recommendation Herefordshire's Early Help Strategy, which reinforces the 'whole family' approach, has been endorsed by the HSCB, the Health and Wellbeing Board and the Children and Young People's Partnership. This will be supported by delivery of whole family approach training to practitioners.

To support our understanding of the effectiveness of the response to childhood neglect in Herefordshire, in February 2017 HSCB Quality Assurance Group held a focus group attended by professionals from a broad range of partner agencies. The session comprised of ten questions which were put to the members, who then discussed these based on their experiences of actually working with children, young people and their families within the current partnership structures. The questions asked of the groups are set out below;

- How well do we understand the nature and scale of neglect in Herefordshire?
- How far are children, young people, parents and carers able to seek and receive help?
- How well are the public supported to report concerns about child neglect?

## Version 1 (Draft)

- How well do staff in universal and targeted services recognise and work together to help children at risk of, or currently experiencing, neglect?
- How well do staff in specialist services recognise and work together to help children at risk of, or currently experiencing, neglect?
- How effective are local systems and mechanisms to assess a range of intelligence about concerns for a child and support informed decisions about when, how and who should intervene?
- How well are practitioners equipped to recognise and intervene in cases of neglect, supported by local guidance and evidence based assessment tools; able to access reflective supervision?
- How far do services commission/provide accessible, high quality, evidence based targeted support for children/young people and parents/carers with additional needs?
- How is the neglect strategy and toolkit embedded in agencies that don't predominantly work with children?
- How effective is the strategic leadership of the local response to neglect?

A number of themes emerged from this exercise, and the key ones are summarised below.

- There is a need to ensure that the definition of neglect and how thresholds relate to neglect is well understood across agencies, and reassurance is needed that these are applied consistently.
- A suitable toolkit to support the assessment of neglect cases is needed.
- The understanding of the resolution of professional disagreement policy needs to be strengthened across agencies, and work is needed to strengthen practitioners' confidence in the policy.
- There are differing views between practitioners in relation to the willingness to share family information without appropriate consent.
- Concerns were expressed in relation to the provision of commissioned service for tiers 1 and 2 (emotional support). Additionally, there is a need for greater understanding amongst practitioners in relation to CAMHS and their need to focus specialist services on those at greater risk of harm, rather than providing a universal service.

### **What we have learned and what difference we have made**

In relation to learning for the HSCB, the Serious Case Review and feedback from practitioners has highlighted the need to focus on the response to childhood neglect, embed the neglect strategy and a common toolkit for identifying and assessing levels of neglect, and providing multi-agency training which addresses the identified themes.

## **Version 1 (Draft)**

This has led to a series of roadshows being held for practitioners to raise the awareness of childhood neglect, how to recognise it and when and how to report it.

Specific learning came from the 'Family HJ' serious case review in relation to children with disabilities. The Board has learned that there is a need to improve the knowledge of disability amongst practitioners, including how current procedures and good practice relate to situations involving children with disabilities, to review the appropriateness of the current 'Levels of Need' guidance to assessing children with disabilities, and to ensure that disagreements about cases can quickly be resolved using the 'resolution of professional disagreements' procedure.

### **What we will do next**

Tackling childhood neglect in Herefordshire is the key priority for the Board in the coming year. As such the Board will be working hard to achieve the objectives set out in the strategy, and an implementation group has been formed to drive this activity. Specifically this group will be;

- Developing a costed plan for introducing the Graded Care Profile 2 (GCP2) in Herefordshire
- Identifying the agreed number of multi-agency trainers and then delivering training in the use of GCP2.
- Ensuring that the forthcoming section 11 audits assesses the availability, quality and impact of single agency childhood neglect training within the partner agencies. This will be supported by the Board providing core training materials on neglect for use within partner agencies.
- The Board will promote the importance of this work, which will include a conference on childhood neglect for practitioners.
- The Board will be challenging agencies where practice relating to the capturing of the views of children who are at risk of or suffering from neglect needs improvement.
- The Board will be forming a specific task and finish group to examine how the Board can be assured of the effectiveness of the response to children with disabilities within Herefordshire, and how it can support improvements where necessary.

The Graded Care Profile (GCP) will form an important part of the development of our response to childhood neglect. During 2016/17 the HSCB multi-agency training on childhood neglect was reviewed to include a section on the use of this tool, however a more comprehensive approach to implementation of the most up to date GCP assessment tool across partner agencies will be one of the Board's key aims during 2017/18.

The HSCB, via the Quality Assurance sub group will also be collecting data against the agreed scorecard, which is closely linked with Herefordshire's 'Families First' dataset, in order to measure the effectiveness of the changes.



**Priority 4: The early help services effectively identify needs and concerns relating to children and families, and services address these needs through effective planning and interventions to enable families to function effectively and children's needs are met and they are supported to achieve their full potential.**

This priority area continued the Board's support for the Herefordshire Children and Young Person's Plan, which has established early help as a key priority.

Early help arrangements are important for the children and families of Herefordshire. There are children and young people at risk of harm but who have not yet reached the "significant harm" threshold for whom a preventative service would reduce the likelihood of that risk of harm escalating. These children and young people might be identified by local authorities, youth offending teams, probation trusts, police, adult social care, schools, primary, mental and acute health services, children's centres and local safeguarding children's board partners including the voluntary sector.

### **What we have done**

#### **a) Thresholds for intervention**

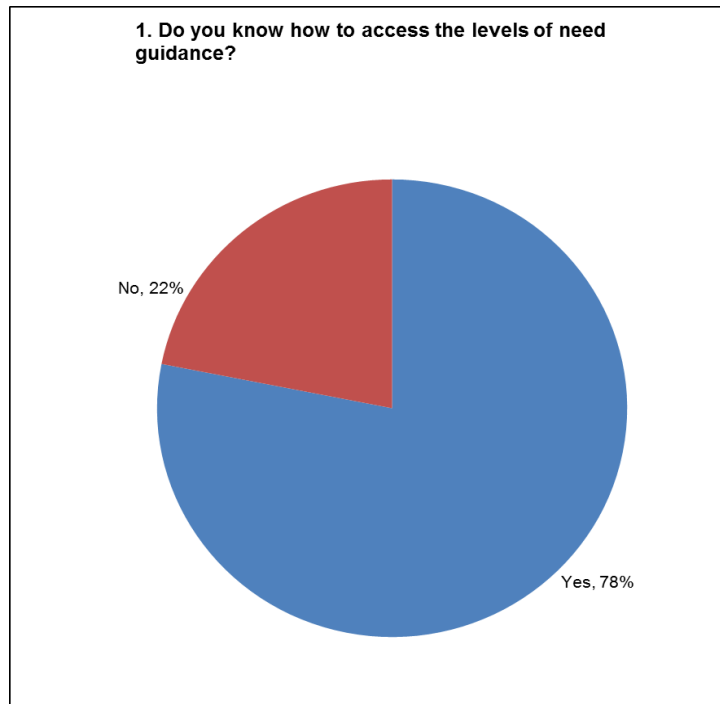
Following the development of the 'Levels of Need' during 2105/16, a guide to support professional judgement when considering help that children and families need and when to refer concerns, the HSCB Policy and Procedure Group has reviewed and revised the Levels of Need Threshold guidance and the Multi-Agency Referral Form during 2016/17. A task and finish group was held to address this work at the end of October with good and enthusiastic representation from across the partnership. The conclusion of the group was that a revision was required rather than a major re-write to ensure HSCB levels of need were compliant with Working Together 2015 and gave greater clarity to practitioners to inform their decision making on a child's level of need. It was recognised for example that the 'Levels of Need' document needed to include a greater emphasis on early help, to include links to service provision, to give greater clarity to the needs of children whose health and development are impacted by compromised parenting, and clarification of criteria for eligibility for Children with Disabilities social work service.



To help us understand how well the Levels of Need document is understood and being used within Herefordshire, the Board's Quality Assurance sub group ran a survey audit for practitioners which asked a number of questions of staff. 246 responses were received from ten different partner agencies, and examples of the questions and responses can be seen below.

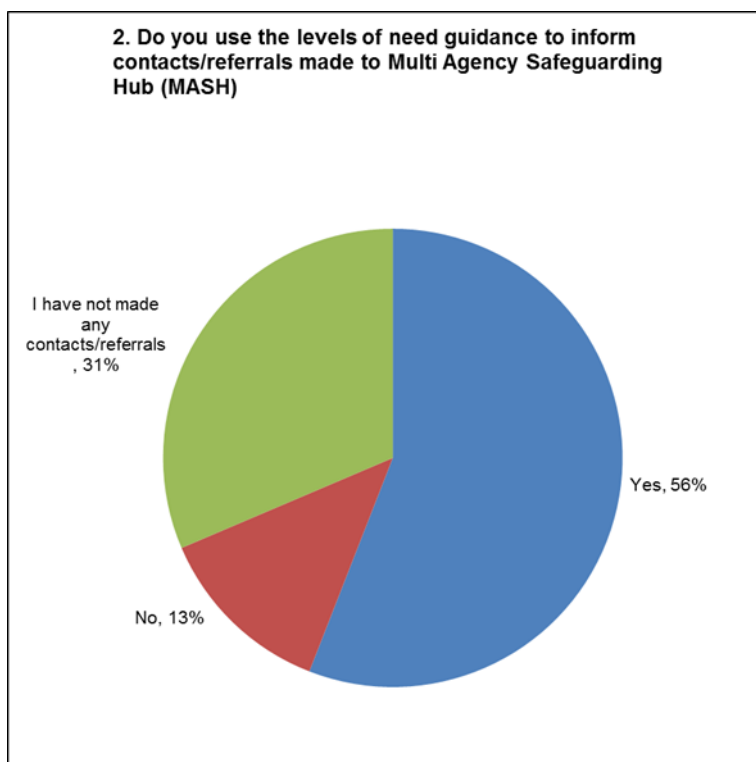
**1. Do you know how to access the levels of need guidance?**

	Number of respondents	Per cent of respondents
Yes	189	78%
No	53	22%
Total respondents	242	100%
Not answered	4	



**2. Do you use the levels of need guidance to inform contacts/referrals made to Multi Agency Safeguarding Hub (MASH) where you have concerns for the welfare or safety of a child?**

	Number of respondents	Per cent of respondents
Yes	137	56%
No	31	13%
I have not made any contacts/referrals	77	31%
Total respondents	245	100%
Not answered	1	



As can be seen from the charts, 78% of respondents reported that they knew how to access the document, and reassuringly the majority of those that had needed to make a contact or referral had used the Levels of Need to inform that submission.

Practitioners were also asked whether they had received feedback on their referral, or whether they had ever used the Levels of Need guidance to challenge decision making on the outcome of a referral or contact they had made.

The focus on improving the awareness and understanding of the Levels of Need amongst practitioners, together with the ongoing drive to ensure that they are correctly applied in assessment and decision making has contributed significantly to the reduction in the number of children and young people in Herefordshire on a child protection plan. The data monitored by the Board tells us that in January 2016 there were 277 children on a plan, however this had reduced to 117 by 31 March 2017. This means that children and young people are now being supported and safeguarded at the appropriate level, and practitioners are able to provide sufficient focus on those that are most in need of help, so improving the outcomes for those children and young people.

**b) Early Help**

HSCB adopted an Early Help Strategy in the spring of 2016 and its implementation is being led by the Head of Educational Development. The Head of Additional Needs now manages an integrated 0-25 SEND Service which will give children and their families a more consistent and coherent service. The Head of Learning and Achievement has overseen the review of over half of Herefordshire's schools' safeguarding policies to ensure that they are fit for purpose and understood by staff.

The HSCB has continued to support and challenge the development of Early Help services within Herefordshire. The Board received a report from Children's Wellbeing on the development of the Early Help response, and was reassured that the effectiveness of this response continues to develop. Specifically, strategic and operational groups with clear terms of reference have been formed and are reporting to the Children and Young Person's Partnership. Specifically, these groups are examining carefully how need is identified, who it is that assesses, what they do with the information, how it is shared, the permission to share and what happens as a result. We know there are many universal services such as schools and health visitors supporting children and families with significant need along with local authority family support and commissioned services like Vennture and Homestart. These operational groups are now working to ensure all of these arrangements are coordinated effectively, and some examples of work undertaken and progress being made are as follows;

- An overall early help strategy has been developed and was approved by Herefordshire Council in October 2016. Operationally the Council continues with the multi- agency group (MAG meetings) and the oversight and management of common assessment framework (CAF) procedures.
- The CAF assessment and support plan has been married up to the families first eligibility criteria and the Herefordshire outcomes framework (Families First) so the maximum number of families are identified, engaged and are being supported to work towards achieving sustainable change.
- Audit arrangements with HSCB Quality Assurance sub group have been trialled, and an audit tool has been developed to support this activity.
- Extensive engagement work with professionals, parents and community representatives has been undertaken to explore the early years and early help delivery. This is an important strand of the approach as it provides opportunities for communities to develop support arrangements that will in the long term reduce the likelihood of circumstances and risks of poor outcomes escalating.

From 26 to 30 September 2016, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Herefordshire to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection was led by one of Her Majesty's Inspectors (HMI) from Ofsted. The team members were an Ofsted Inspector and a Children's Services Inspector from the CQC.

## Version 1 (Draft)

Inspectors spoke with children and young people who have special educational needs and/or disabilities, parents and carers, representatives of the local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors also met with leaders from the local area for health, social care and education. Inspectors reviewed performance data and evidence about the local offer and joint commissioning.

As with all such inspections, there was a considerable amount of feedback from Ofsted, and the overall positive nature of this feedback has been highlighted by the resulting contact received by Herefordshire from other areas wishing to learn from the local practice.

A summary of some of the key findings is provided below;

- Leaders have a clear understanding of the strengths and weaknesses of the different partners who contribute to the implementation of the reforms. This, combined with a strong sense of purpose and aspiration to improve outcomes for children and young people who have special educational needs and/or disabilities means that partners are taking increasingly effective action to ensure that the reforms are implemented well.
- The service provided by the tier 3 child and adolescent mental health services (CAMHS) is of a very high quality.
- The children and young people who spoke with inspectors indicated that they are happy, safe and well supported. Their independence is being developed well and they have high aspirations for themselves.
- The local area has clear procedures in place to check that children and young people who have special educational needs and/or disabilities are safe.
- Health visitors deliver the healthy child programme well. A two-year integrated review enables appropriate intervention and support for children and their families where progress is less than expected.
- Leaders acknowledge that some schools' identification of the needs of older children is not precise enough. Herefordshire has a higher proportion of children and young people identified by schools as requiring special educational needs support than the English average.
- Systems are in place to ensure that the needs of vulnerable groups are met. For example, the dedicated nurses work creatively to engage children looked after by the local authority in their health care assessments. This has resulted in almost all young people looked after attending their health assessment in the last year.

## Version 1 (Draft)

- The views of parents are not used consistently in assessing the needs of children and young people. Parents do not feel fully consulted and parents' groups have not been suitably involved in strategic planning.

### **c) Single Agency Assurance Reporting**

The Board has continued to monitor the effectiveness of agencies individual contributions to safeguarding, including the early help support they provide, through regular assurance reporting. An example of the assurance reporting process and challenge resulting from the Board was in relation to the Addaction report considered in October 2016. Addaction are the commissioned provider for drug and alcohol services in Herefordshire, and had recently been awarded the contract for this work. Addaction recognised the need to make a number of fundamental changes in the way services were being delivered, and highlighted these within the assurance report to Board. The Board in turn challenged Addaction in relation to the lack of provision for young people, the lack of premises in which to deliver a service to young people, and the safeguarding of young people in the care of adults known to the treatment services. Following these challenges, Addaction were later able to update the Board that their young people's service had been brought up to full strength and that services were being delivered in appropriate accommodation in line with best practice. Finally, Addaction were able to reassure the Board that processes were in place to establish the parental status of the service user, and then if a parent, explore their capacity to fulfil their responsibilities to the child(ren). This is supported by a very good working relationship with the Multi-Agency Safeguarding Hub.

In challenging Addaction in this manner, the Board has been able to ensure that children and young people who are living with parents with drug or alcohol issues, or have such issues of their own, are correctly identified as being more likely to need early help as a result, and where necessary that those children and young people are given access to that help at the correct level and by the most appropriate agencies. It also gave the Board the opportunity to review its own hidden harm policy to ensure it supported and complemented the work of partner agencies.

During 2017/18 the Board will continue to seek assurance that Public Health as service commissioner receives suitable assurances from Addaction that children living with people who abuse substances are identified and safeguarded.

### **What we have learned and what difference we have made**

From the Levels of Needs survey we now better understand the use of the Levels of Need by practitioners when they make a referral. We also now know that we need to raise the awareness of the Levels of Need document for practitioners within certain areas, for example within the Police.

During 2016 the HSCB Quality Assurance sub group conducted a multi-agency audit of six randomly selected early help cases which involved examining in detail how the cases had been dealt with by partner agencies.

## **Version 1 (Draft)**

This audit highlighted outstanding practice in some of the cases, for example excellent and sustained engagement from schools, good engagement with the family, stability in the membership of the team working with the family, and being able to provide the right service to families at the right time. It also highlighted some areas for development, for example better inclusion of fathers in the Common Assessment Framework process when appropriate, and use of a chronology in certain circumstances.

Through the multi-agency audit team examining these cases in detail, further opportunities were identified to help two of the children, and this help has now made a significant difference to them.

One of the families included within the audit was from the Traveller community. The audit highlighted that the expectations set for the family within their Common Assessment Framework discussions had not taken into account the conditions under which they were living. As a result of this finding, multi-agency awareness sessions were provided in order to raise the understanding of practitioners in Herefordshire of the Traveller community, with the intention of improving outcomes for children and young people from this community

### **What we will do next**

As a result of the Levels of Need audit the Board via the Workforce Development sub group has ensured that sufficient emphasis is placed on their use within the various training courses provided. Board representatives have also been asked to reflect on how they can support increasing the knowledge and use of this document within their own agencies. The Board will also complete its review of the Levels of Need, and then promote awareness of those changes across the partnership.

The Board will be supporting the work of the Children and Young Person's Partnership in ensuring that the workforce is sufficiently prepared for the shift in emphasis towards early help by ensuring that HSCB training products promote understanding of the early help offer.

The HSCB Quality Assurance sub group will also be developing a set of assurance questions for use in assessing the effectiveness of the changes to early help arrangements and will be carrying out an audit of early help cases during 2017/18.



## 6. How the HSCB has carried out its statutory functions

LSCBs have a statutory responsibility to:

- *Co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area, and*
- *ensure the effectiveness of what is done by each such person or body for those purposes.*

LSCB's also have a number of statutory functions to fulfil, and this section of the report provides details of work against those functions and the wider areas of safeguarding additional to the priority areas for 2017/19.

### a. Policies, procedures, practice guidance updates

By far the most significant achievement for the HSCB Policies and Procedures sub group for 2016/17 is the successful implementation of the West Midlands Regional Safeguarding Procedures Project. The West Midlands Regional Safeguarding Children Procedures website was launched on the 01 April 2017.

Herefordshire Safeguarding Children Board has joined eight other safeguarding boards across the region to develop the regional procedures, procure a host platform for the procedures and collaboratively launch the project. The initiative has provided policy consistency across boards in the region, economies of scale (significantly reducing the cost of providing multi-agency procedures), and accessed regional expertise on policy development.

The HSCB Policies and Procedure sub group oversaw the development of the project from the Herefordshire perspective, providing Board governance and the sub group ratified several procedures to be adopted by the region.

The functionality of the web site allows professionals to access procedures on three levels. Level 1 procedures are those that are overarching child protection procedures, Level 2 procedures are those agreed at a regional level, and Level 3 procedures are area specific, including referral guidance, local levels of need, and named contacts.

The Regional Safeguarding Procedures Group (RSPG) continues to meet regularly with HSCB representation. RSPG has a rolling programme in place to refresh and update the West Midlands procedures.

Notable local Herefordshire policy developments during 2016/17 include the development and publication of the parental Substance Misuse, Hidden Harm and the Impact on Children and Young People, and the Suicide Prevention Pathway. Also on behalf of the region, the HSCB Policies and Procedures sub group has developed the regional policy and guidance on Sexually Active Children and Young People (including under age sexual activity).

**b. Training**

**Multi-agency training**

The Multi-Agency Workforce Strategy has been developed which determines the workforce development plans for all who work with and support children and young people at risk to ensure that they are skilled and competent. It includes learning from serious case reviews and changes to legislation. The updated workforce strategy also includes a validation process and competency framework.

Provider services / training providers are invited to apply to have their training programmes validated as meeting the requirements of the strategy and new competency framework. This new strategy and validation process has been developed to support the HSCB to fulfil its statutory functions under regulation 5:

“monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children”. (WTSC 2015 page 67)

The new evaluation process has been established and used with learning events delivered on behalf of the HSCB. This will enable the sub group to measure if the learning events have made an impact on the knowledge and skills of the workforce to enable families to function effectively and ensure children’s needs are met and they are supported to achieve their full potential.

The HSCB has established a series of multi-agency “Practitioner Forums” aimed at front line practitioners and managers. The aims of these forums are:

- To support practitioners to take professional judgement-based approach to safeguarding rather than a purely process driven approach;
- To share good practice across agencies to improve standards;
- To share learning from audits, investigations and serious case reviews
- To act as a conduit for the HSCB to share key messages and information with front line practitioners, and to receive feedback so that the voice of the practitioner is taken into account in the work of the HSCB

Improving numbers attending the Joint Safeguarding Practitioner Forums is encouraging with the last 2 forums being booked to capacity. We have had 330 bookings and 236 practitioners attended over the 7 sessions this year who have represented 48 agencies. This forum programme included dissemination of learning from serious case reviews, informing practitioners about the work of the Board, Care Act and Making Safeguarding Personal. From each Practitioner Forum a Voice of the Practitioner report is developed and presented to HSCB Executive Group.

The specialist conference “Silent Victim” was held this year at The Kindle Centre on Oct 19th and was attended by 122 practitioners drawn from over 30 agencies based in Herefordshire. Evaluations from the event were positive, particularly for two presenters who were talking

## Version 1 (Draft)

from their own personal experience and the session highlighting the barriers faced by people from the minority communities.

The Training Pool was launched in June with over 30 people showing an interest in joining and supporting the group. A full programme of development activities was developed to support the trainers but unfortunately due to a very low uptake these were cancelled. A new approach to the Training Pool has now been agreed and for the coming year; subject matter expert will work with the HSCB training resource to develop the specialist training and agree the delivery programme. This will make best use of resources and provide opportunities to extend the training offer to meet the requirement of the new competency framework.

### Numbers attending HSCB multi-agency training courses 2016-17

Course	Numbers
Targeted Working Together to Safeguard Children, 1 day	157
Targeted Working Together to Safeguard Children half day refresher	38
Targeted Course Understanding Neglect	40
Child Sexual Exploitation, half day	32
Child Protection Conferences	17
Domestic Abuse 3 day course	43
HSCB/HSAB Practitioner Forums	236
Serious Case Review Learning Event	48

#### c. The safety and welfare of children who are privately fostered

A child under the age of 16 (under 18 if disabled) who is cared for by someone who is not their parent or a 'close relative' is deemed to be privately fostered. Private fostering is an arrangement made between a parent and a carer for 28 days or more. The council has a legal duty to make sure that all private fostering arrangements are safe for the child, that they are being looked after properly, that appropriate arrangements are agreed between parties and that everyone involved knows who to ask for help if advice or support is needed. Parents and carers also have a legal duty to inform their local Council about any private fostering arrangements. HSCB receives an annual report about private fostering in Herefordshire.

The team responsible for managing private fostering arrangements have continued to work hard to increase the awareness of what constitutes private fostering and the need to notify such arrangements. This has included the production and circulation of leaflets, training to practitioners, regular communication with their colleagues in health, schools and other agencies, the use of social media and a quick guide on private fostering has been developed and is now available to staff. In July 2016 the HSCB Business Unit supported this by providing information about private fostering at a public event in High Town, Hereford.

In 2016/17 there were four private fostering arrangements notified to the Local Authority. Although this is a slight increase on last year's figure, the number does still appear low, and demonstrates the need for awareness raising to continue in this area.

#### d. Children in care

Although the local authority has the lead responsibility for children in care, the HSCB take an active interest in the numbers of children in care in Herefordshire, how this compares with a statistic neighbours, and most importantly the quality of service that children and young people receive whilst in the care of the local authority.

Month	LAC Numbers
Apr-16	276
May-16	271
Jun-16	275
Jul-16	279
Aug-16	281
Sep-16	286
Oct-16	284
Nov-16	289
Dec-16	294
Jan-17	295
Feb-17	305
Mar-17	302

Figure 1

During 2016/17 there has been a steady increase in the number of looked after children (LAC) in Herefordshire (Figure 1). We know from regional in-year benchmarking and other additional analysis, that our number of looked after children per population is approximately 7% higher than other West Midlands authorities, 60% higher than our statistical neighbours and double that of those with similar levels of deprivation. The average number of new looked after children admitted to care each month has been reduced (from an average of 10.2 during 2015/16 to 8.8 during 2016/17), but there has also been a decrease in the rate at which children cease LAC resulting in an overall rise. Focus during 2017/18 will be on ensuring that where it is in the children's best interests there is a focus upon rehabilitation to home or moving into Special Guardianship Orders to reduce the number of looked after children whilst maintaining the threshold for admission to care.

The Board received an annual report on Corporate Parenting from the Head of Looked After Children, which detailed the ongoing areas of safeguarding in relation to looked after children, and activity to ensure children are being kept safe. Looked after children who enjoy stability in placements are more likely to do well at school, and are less likely to misuse alcohol and drugs, or fall victim to exploitation. The Board were therefore encouraged to hear that only 3.5% of looked after children had been in 3 or more placements in the last 12 months. This is well below the regional (10.9%) and national (10%) average.

During the 12 month period October 2015 to October 2016 there were a total of 106 missing episodes recorded which related to Herefordshire looked after children. Of these, 67 return

## Version 1 (Draft)

from missing interviews were completed for Herefordshire's looked after children. All children are now offered a return interview. The direct work service has been responsible for completing all return from missing interviews and analysis from these interviews is shared with the operational child sexual exploitation and missing group.

The HSCB's CSE and Missing sub group has continued to monitor and support this work, including the development of recording practices for children placed out of Herefordshire who go missing. Further, the work of the Board on producing a high quality risk assessment tool and practitioner guidance, and the forthcoming introduction of standard agendas and guidance for Risk Management Meetings contributes to better outcomes for looked after children who do go missing and/or are at risk of CSE as the understanding of the specific risks they face, and the planning to reduce those risks is robust.

The Board was also updated as to the number of looked after children who are engaged with the Youth Offending Service. It has been agreed that the Youth Offending Service will complete a more detailed analysis of offending within this small group so that an understanding of how a child's care status and offending behaviour are linked. The Board will take a particular interest in this work as the 'Children living with Domestic Abuse' audit also showed a strong correlation between the perpetrators and their being previously involved with the Youth Offending Service.

The Children in Care Council has once again been very active in making sure that children and young people's voices are heard in relation to the services they receive, and the work of this group has taken a number of forms.

A young person in Local Authority care was given the opportunity to chair their own Looked After Child Review meetings. This came about after the point was made by one young person that they did not feel listened to, especially not in LAC Reviews. The feedback from this initiative has been very positive;

*"My Social Worker asked me if I wanted to chair my own Looked After Child Review. I did not know what this meant. My social worker is really supportive so she helped me to understand what I would need to do and what I did not need to do if I did not want to. The bit my social worker did which was the best was; she gave me a list to remind me what I wanted to talk about."*

*So then I chaired my own Looked After Child Review and it made me really happy! I felt in control of my life, I felt really powerful - you should all definitely give it a go! Be in charge of your life."*

As a result of this the Children in Care Council are arranged to hold 'U Chair' training to help children and young people in Herefordshire to understand their rights and get involved.

Finally, the hard work and commitment of all those involved with these children and young people is very clear from the feedback they have received;

We want the world to know that we are...listened to!!!!



You listen to us and make sure what we say makes a difference.....

*"Thank you to Foster Carers for getting back to us, thank you for giving us information and making changes."*

*"Thank you Michelle Baxter for letting us know the information we gave you will be part of your finance policy and you will give us more information soon. But thank you for also letting us know that there will be changes to the support 16+ give."*

*"Thank you to Gill for coming to introduce herself and asking what we think."*

*"Thank you for letting us have a say in who we employ - sometimes we find it hard when we really like someone who you don't think is good enough. But we understand that you want the best for Herefordshire."*

*"Thank you Hilary Jones for funding our new laptops - we finally have them and they are great. We have already drawn loads of picture on them."*

*"We met some Cllrs at bowling and they listened to how we are interested in politics and how we would like for them to come to some of our meetings."*

During 2016/17 the Corporate Parenting Strategy has been reviewed and the Board has taken part in the consultation process. In 2017/18 the Board will be conducting a case file audit of safeguarding arrangements for looked after children in Herefordshire, and using the findings of that to further enhance the safeguarding of this vulnerable group of children and young people.

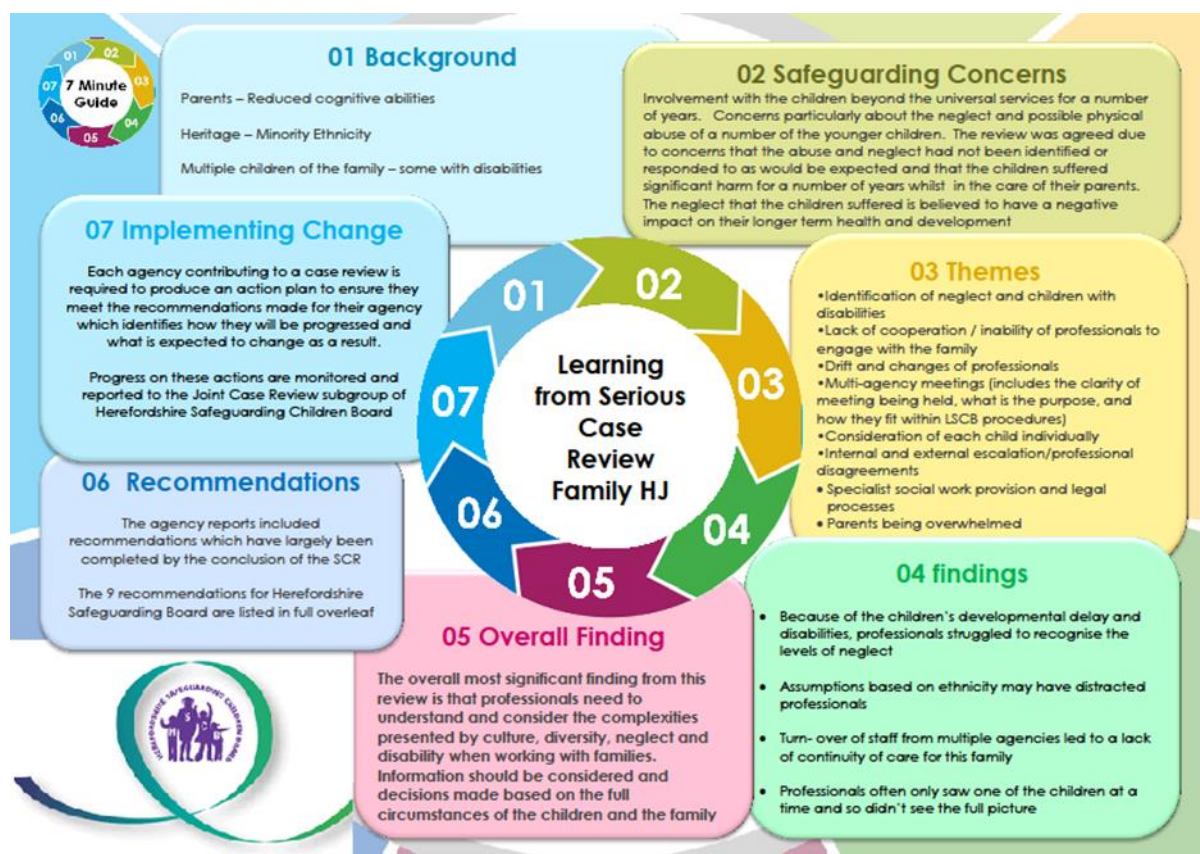
#### **e. Case reviews**

The Joint Case Review sub group provides oversight to the commissioning and ongoing management of Serious Case Reviews, and other types of multi-agency reviews. LSCB's are required to undertake reviews of serious cases to determine and communicate lessons to be learned in order to improve practice. It makes recommendations to the HSCB Independent

Chair on whether referred cases meet the criteria for a Serious Case Review or other type of review.

The HSCB published one Serious Case Review in 2016 (Family HJ), involving a minority ethnicity family with multiple children, some with significant disabilities. The review was agreed due to concerns that abuse and neglect had not been identified or responded to as would be expected and that the children suffered significant harm for a number of years whilst in the care of their parents. A number of recommendations were made focusing on culturally competent practice, dealing with more complex parenting circumstances and risk management. The most significant finding from this review was that professionals need to understand and consider the complexities presented by culture, diversity, neglect and disability when working with families. Information should be considered and decisions made based on the full circumstances of the children and the family. An action plan was developed and its progress is monitored regularly at the JCR sub group and reported to the Board.

Learning from the review has been delivered at multi-agency learning events and a practitioner forum in order to share the key lessons with practitioners. Further sessions will be held at the Designated Safeguarding Leads meetings. The HSCB also produced a “7 Minute Learning” guide, disseminated at the learning sessions and available on our website, which quickly identifies the key findings of the review. This type of learning guide is new to Herefordshire and was developed for use with this Serious Case Review, however as a tool to help promote learning it has received very positive feedback and the Board are keen to use it whenever appropriate in the future.



## Version 1 (Draft)

A Practice Learning Review (PLR) was also carried out in 2016/17. This is a new type of review for Herefordshire intended for cases that do not meet the criteria for a Serious Case Review, but where there is significant multi-agency learning to be gained.

This case considered a 'peer on peer' sexual assault, which was initially recorded as consensual. However, this was followed by a further allegation and conviction of a serious sexual assault of a much younger child whilst the young person was granted bail. The overriding theme from the PLR was that there was too much focus on the young person as a child with limited assessment of the risk that he posed as a sexual offender to other children. There were significant gaps in assessments and limited information sharing. Where information was shared, there was an assumption of action that was not clearly followed up to confirm it.

Discussions at the PLR evidenced that learning points had already been noted by participant agencies and that changes were being made to practice. An action plan was compiled and its progress is being regularly monitored by the JCR sub group.

The recommendations from this PLR included:

1. In cases where a child poses a risk to others, Children's Social Care to consider a process to assess Parent's/Guardian's ability to monitor and protect, as well as assess the risk a child presents, and any new information should trigger a re-assessment

Action: The child and family single assessment was introduced in the autumn 2016 and training provided to all social workers to complement its implementation.

2. Consideration needs to be given to how Police and Social Care can liaise to discuss the setting of bail conditions and the ongoing management of the individual to protect the public from further offending.

Action: Inter-agency communication in the MASH has developed since December 2016 and effective practice is embedded re discussions about the appropriate setting of bail conditions.

3. Examine the current process for monitoring and oversight of complex cases to ensure information sharing is co-ordinated and appropriate.

Action: The complex abuse procedure has been recently reviewed in light of a separate, current complex investigation and this is operating effectively.

4. Explore the possibility of providing a specialist resource for such cases.

Action: The Youth Offending Service has developed an in-house resource for direct work in youth justice cases.

JCR sub group has also considered the learning/themes from national serious case reviews and, as a consequence, HSCB held a case study session as part of a "Learning from Case Reviews" Practitioner Forum on Gloucestershire's SCR "Lucy".



## **Version 1 (Draft)**

A further 2 PLR's have recently been commissioned by the JCR sub group. These will commence shortly and be reported on in the 2017-18 Annual Report.

The first of these was put forward to the JCR as there were concerns around the likelihood of severe neglect of a child's developmental needs, which ended in the child being permanently removed from the parents care.

The second was put forward regarding concern that a child with disabilities experienced avoidable neglect and harm over a period of time that was unnecessarily long whilst remaining in the care of parents who were unable to meet the needs of the child.

Although neither of these cases met the threshold for a Serious Case Review, it was felt that there were learnings for agencies on how to effectively work together.

During 2016/17 HSCB worked with Herefordshire Safeguarding Adult Board to review the effectiveness of the Joint Case Review sub group which was considering both child and adult referrals. This review highlighted the separating of the chairing responsibilities in respect of the business agenda for children and adult JCR held advantages, the demand on a single chair and the need for a clear definition between the adult and child processes and decision making were apparent.

It was also recognised that it would be beneficial for the chair of the adult section of the meeting to be a current Safeguarding Adult Board member with a strong knowledge of adult safeguarding.

As a result of this review the HSCB once again has a separate Case Review sub group, albeit running consecutively with the Adult's Board equivalent.

### **f. The Child Death Overview Panel (CDOP)**

Chapter 5 of Working Together to Safeguard Children sets out the responsibilities of the Local Safeguarding Children Board "for ensuring that a review of each death of a child normally resident in the LSCB area is undertaken by a CDOP". The CDOP has a fixed core membership drawn from organisations represented on HSCB.

A total of 11 deaths occurred within the review period April 2016- March 2017, three of which are still awaiting completion of review.

There were 14 deaths signed off at the CDOP meetings within this review period, and these are the focus of the Annual Return to the Department of Education for Herefordshire. Of these 14 deaths, 9 of the reviews were completed in under 6 months, 3 in 6-7 months, with 2 taking between 8-9 months.

The issue of delayed submission of some of the statutory form B's needed from agencies to enable the CDOP to complete the review has improved this year, however this continues to be monitored by the Business Unit and the Child Death Review meetings which take place in between the formal quarterly meetings.

Of the 14 deaths, 3 were reported as having modifiable factors.

## **Version 1 (Draft)**

CDOP considered the learning and actions arising from these, which have included:

- If women have had recent tests prior to review, these should be accessed and seen by maternity and obstetric staff. A review of medical notes at any assessment to gain information related to patient. A 10 point plan for triage has been put in practice.

Learning has been disseminated across Obstetric Services through a safety brief and all Risk and Governance meetings, Perinatal and Morbidity and Mortality Meetings.

- Research into similar accidental deaths investigated within the regional CDOP's and by Police. Advice and guidance shared and discussed at CDOP.

- Recommendations for patients to refer to PAUSE. Pause works with women who have experienced, or are at risk of, repeat removals of children from their care. Through an intense programme of support, it aims to break this cycle and give women the opportunity to reflect, tackle destructive patterns of behaviour, and to develop new skills and responses that can help them create a more positive future.

There were no serious case review referrals made from CDOP during the year.

The Child Death Overview Panel provides an Annual Report to HSCB which contains more detailed information.

### **g. Communication**

The Board shares a Joint Communications sub group with the Safeguarding Adult Board and Community Safety Partnership. The purpose of this sub group is to ensure that all safeguarding communications across the partnerships are as coordinated and effective as possible. The sub group is aware of the Board's priority areas and looks to ensure these are captured in communications. Importantly the group also share what each agency is doing on communications about particular topics so we can be more informed and coordinated about messages given to partners and the community. To develop this co-ordination further, the sub group is now working closely with the One Herefordshire Strategic Communication and Engagement Group which is a forum led by the Herefordshire Clinical Commissioning Group.

During the year we have contacted parish magazines and requested that they include the following information within their publications. Whilst we cannot insist that they comply with this request we have had confirmation from most that it has been included.

## Herefordshire Safeguarding Boards

Everyone has a responsibility for safeguarding children, young people and adults at risk of harm. We can help you make sure you know what to do if you think that is happening.

It might be difficult to accept, but anyone can be hurt, put at risk of harm or abused, regardless of their age, gender, religion or ethnicity by either someone they know or a stranger.

If you are concerned about an adult ring 01432 260715 (weekdays 9-5) OR  
0330 123 9309 (at any other time)

If you are concerned about a child ring 01432 260800

If someone is injured or in immediate danger dial 999

If there is no emergency but you think a crime may have been committed ring West Mercia Police on 0300 333 3000 or 101

Abuse of any description is wrong and by reporting it you can help to bring it to an end

If, as a member of the public or an organisation, you want more information about the work that the Safeguarding Boards do to keep children and adults that live and work in Herefordshire safe than please contact us on 01432 260100

### **h. Allegations concerning persons who work with children**

HSCB has in place safeguarding procedures which include comprehensive procedures to manage allegations against adults who are employed to work with children or who work with children in a voluntary capacity. These procedures are in line with other key statutory documents including the Department of Education statutory guidance, *Keeping Children Safe in Education* (2016).

The Local Authority Designated Officer (LADO) is responsible for the management and oversight of all investigations in to allegations against those working with children within Herefordshire. The LADO produces an annual report which is scrutinised by HSCB.

The duties of the LADO in relation to managing allegations are to:

- Manage individual cases
- Provide advice and guidance
- Liaise with the police and other agencies
- Monitor the progress of cases for timeliness, thoroughness and fairness

## Version 1 (Draft)

For 2016/17, 140 allegations against professionals were managed by the LADO, compared to 117 in 2015/16. The average number for the seven year period is 137, with 140 - 159 being the usual range for Herefordshire. The increase in referrals meeting the criteria this year compared to a decline over the previous 3 years may not be statistically significant, but could partially be attributed to an increased awareness of LADO procedures in 2016/17 following the rollout of LADO awareness sessions and the promotion of LADO procedures through the LADO Quick Guide.

*Working Together 2015* sets the expectation that 80% of cases should be resolved within one month of referral, 90% within three months and all but the most exceptional cases within twelve months (measured as number of days from referral to case closure). It was recognised that in 2015/16 performance in relation to the timely progression and resolution of LADO referrals needed to improve, with only 25% of cases resolved within one month, 58% within three months and 42% of cases remaining open for more than three months during that year.

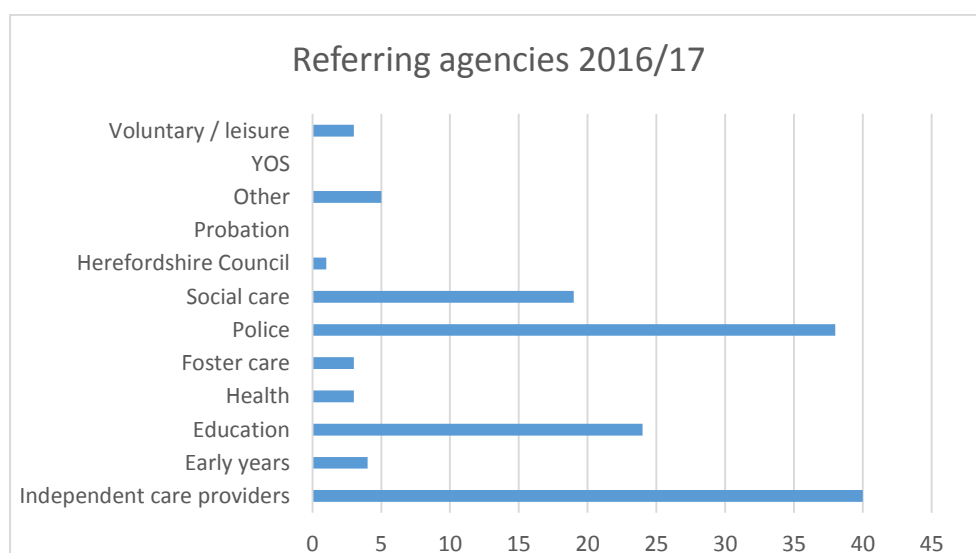
The data for 2016/17 shows that there has been significant improvement in performance:

73% of cases have been resolved within one month of referral

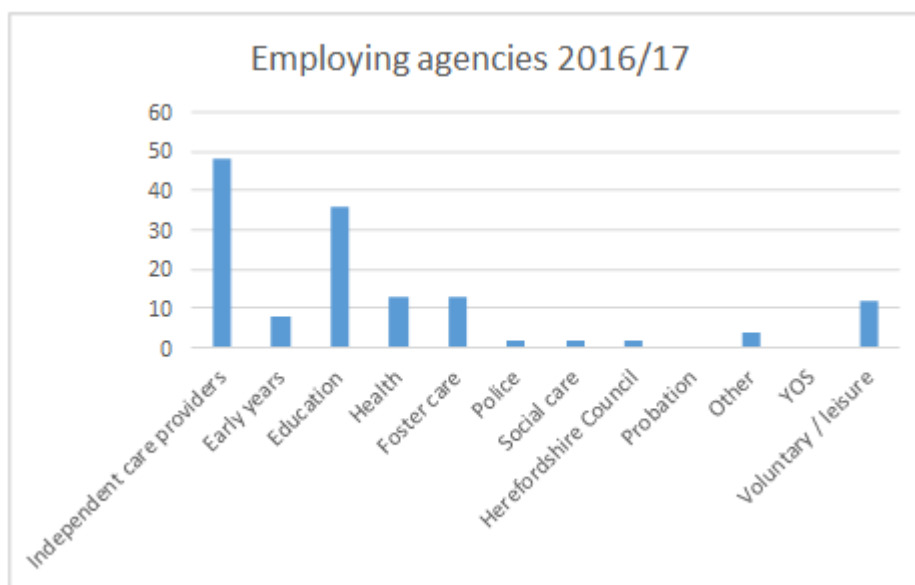
90% of cases have been resolved within three months of referral

As at 31st March 2016, 10 cases remained open awaiting the outcome of criminal proceedings or complex employee disciplinary proceedings.

### The graph below shows referring agencies to the LADO for 2016/17



The graph below shows the employing agency 2016/17



Education, Police, Childrens Social Care and Independent Care Providers continue make most LADO referrals. There has been an increase in LADO referrals from the police this year. This is a positive indication that the changes in police operational deployment have not had the potential negative impact on referrals that was referred to in last year's report.

Referrals from independent care providers have increased from last year. This increase is not due to inappropriate referrals. The outcome data shows that this sector has the highest proportion of substantiated allegations of any employment sector. LADO awareness training with this sector and the introduction of quarterly Residential Care Manager's forums have led to improved levels of communication and liaison with the LADO.

Childrens Social Care have not significantly changed in the number of referrals they have made over the past two years. The level of contact indicates a good understanding of procedures and a willingness to contact the LADO for discussion. Referral rates are still comparatively low however and continued awareness raising is required.

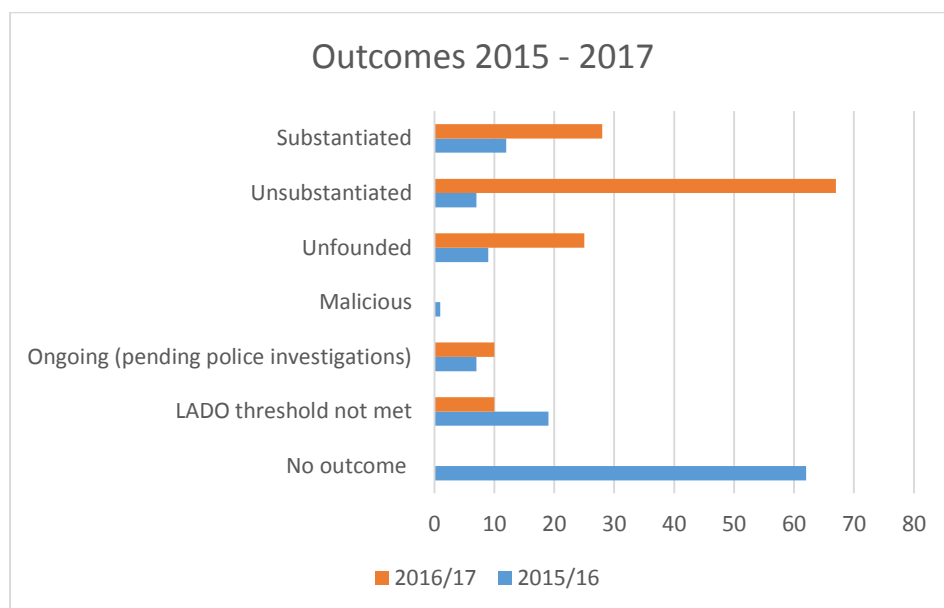
Youth offending services (YOS) were highlighted in last year's report for not having made any referrals or having an employee who is the subject of a referral. However, following the LADO delivering a session on LADO procedures to YOS staff, a referral was made, and there are also reported to have been referrals made to Worcestershire LADO from this service in recent years, due to the YOS cross-county working arrangements.

Referrals from Fostering have reduced by two thirds from 2015/16 to 2016/17. This has been explored with the service and is not due to a lack of LADO awareness among staff, evidenced by the referrals that have been made which demonstrate a good understanding of the procedures. This referral and consultation rate will continue to be monitored.

## Version 1 (Draft)

Health referrals have reduced this year and remain proportionately low given the size of the workforce. The Board will continue to monitor referral rates from this sector.

**The graph below shows comparative outcomes of referrals 2015/2017**



When the data is compared it highlights a disproportionate increase in the number of unsubstantiated allegations against professionals working for independent care providers. This is due to all allegations now having a recorded outcome. The percentage of cases that resulted in a substantiated allegation has not changed when the increase in referral numbers 2015/16-2017 is factored in.

### Review of LADO activity 2016/17

The LADO annual report 2015/16 proposed priorities and plans for the year as follows:

- Further develop internal recording processes and practice in relation to advice and consultation; recording of categories of harm and referral outcomes; and progression and timeliness of individual cases.

Internal recording processes now capture data on advice and consultation, overall referral rates including referrals that did meet the LADO criteria, outcomes and categories of harm.

- Improve the timeliness of referrals being progressed and resolved, in line with Working Together guidelines, through a more robust chasing of investigation outcomes with employers and a monitoring tracker.

The timeliness of referral outcomes is now in line with Working Together guidelines.

- LADO awareness raising through briefings to key teams in social care and partner agencies, including the independent care sector and the police, and other agencies where referral rates indicate that this is required.

## **Version 1 (Draft)**

Awareness of LADO procedures has been raised this year through a new LADO Quick Guide which provides key information on the LADO criteria and referral process, new LADO training material has been incorporated into the HSCB Initial Multi-Agency Safeguarding Course, and the LADO has delivered extensive training and awareness sessions across the partnership.

Priorities for 2017/18 include:

- Make further improvements to the electronic recording system.
- Develop an information and advice leaflet for professionals who have allegations made against them.
- Continue to raise awareness of the role of the LADO and the importance of referring concerns.
- Develop a risk assessment template to help with decision making when a professional has had an allegation made against them.
- Revise LADO procedures to include a clear criteria for when an allegations management meeting should be held.

Board members will be supporting these priorities by continuing to promote knowledge of the LADO role and processes within their organisations, and the need for timely progression of individual cases.

## **7. Effectiveness of agency safeguarding arrangements in Herefordshire**

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to safeguard and promote the welfare of children. LSCBs have a responsibility to monitor how effectively they do this.

HSCB monitors a range of performance information and carries out various quality assurance activities to establish the effectiveness of local services. This work is set out in the Board's Learning and Improvement Framework and is primarily coordinated through the Quality Assurance and Performance (QA) sub group. Case reviews in respect of both children and vulnerable adults are coordinated by the Joint Case Review (JCR) sub group, and details about this are given elsewhere in this report.

Quality Assurance activities include:

- Review of external inspections of Herefordshire services and oversight of the delivery and impact of action plans;
- Discussion and analysis of a multi-agency core data set quarterly;
- Produce thematic scorecards for each of the Board's priorities to inform and complement audit activity;
- Multi-agency case audits based on board priorities or emerging trends and themes as identified by the group;

## Version 1 (Draft)

- Discussion of emerging local issues and trends arising from the data and identification of areas of strategic importance, which are reported to the LSCB for direction or further work;
- Co-ordination and analysis of the statutory 'section 11' audit of single agency contributions to safeguarding children.

A learning log has been created to capture the learning from case audits and Serious Case Reviews and is used regularly to inform training and forward planning.

Practitioners and first line managers have been actively involved in the multi-agency case audits and this allows for a much richer discussion and exchange of views and understanding that leads to better learning.

In the coming year the group will work within the five board priorities, but with the ability to look at other themes and issues if deemed appropriate, an example of which was the recent paper on youth homelessness. There will be a quarterly balanced scorecard for each thematic audit.

### Section 11 audit

The HSCB conducted a full Section 11 audit with partners in 2015/16, and the next audit is due in 2017/18. As such there has been no full audit conducted this year, however a panel of members of the Herefordshire Safeguarding Children Board invited partners to present on how they had addressed areas for development identified within their own Section 11 audits.

The Board has during this period also been actively working with our local boards across the West Midlands Region to develop a standardised regional Section 11 audit tool, which will be trialled in Herefordshire in October 2017.

### Single Agency Assurance Reporting

Throughout the year the Board receive assurance reports from the various agencies that have safeguarding responsibilities within Herefordshire. This helps the Board to assure itself of the effectiveness of single agency arrangements, and also provides partners on the Board with an opportunity to identify emerging themes, and where appropriate challenge the work of that agency. Some of the highlights from these reports are set out below.

In July 2016 **West Mercia Police** increased both the number of specialist Child Abuse Investigators and the coverage they provide. Detectives trained in specialist child abuse investigation moved to seven day working, and with availability from 0800hrs to 2300hrs. This means that children and young people who report serious cases of abuse receive a response from an appropriately qualified investigator, so ensuring the child gets the best possible response at the earliest point.

Where children are involved in the life of an offender, The **National Probation Service (NPS)** make sure that any necessary actions required to keep the child safe are included in the offender's risk management plan. Child safeguarding issues are addressed directly with offenders in supervision sessions, and child safeguarding is also reinforced by programme facilitators where the offender is participating in domestic violence or sex offender group



## Version 1 (Draft)

work programmes. These measures place the child firmly at the centre of the planning done by the NPS to manage offenders' behaviour.

The Warwickshire and West Mercia Community Rehabilitation Company (WWM CRC) has undergone significant changes since the Transforming Rehabilitation Programme in June 2015. During these changes however, the WWM CRC has been able to retain its commitment to safeguarding children. All of its staff are appropriately trained in safeguarding children. The WWM CRC also actively audit cases to identify where safeguarding can be improved, this for example has highlighted that where a children's services check is returned that has different information to that in the previously completed risk assessment, a review should be completed by the offender manager. This ensures that the child involved is kept at the centre of the risk assessment process, and professionals are regularly considering their safety, so problems or concerns can be tackled sooner. Earlier intervention gives the best possible opportunity to prevent children and young people coming to significant harm.

Within the Health sector, all of the organisations involved have very strong safeguarding training programmes for their staff, which are closely monitored. This means that children and young people who have contact with health services in Herefordshire and are in need of safeguarding have the best possible chance of having their needs recognised and responded to in the correct manner. Within the Child and Adolescent Mental Health Service, safeguarding supervision is included as an agenda item for all team meetings and for individual operational/professional supervision. This is particularly reassuring as the work of the Board's CSE and Missing sub group has highlighted how vulnerable to exploitation children and young people with mental health problems are.

In June 2014 the **Wye Valley NHS Trust** (WVT) received a rating of 'inadequate' following a Care Quality Commission (CQC) inspection. Since this time significant improvements have been made, and in July 2016 a follow up inspection rated "Are Services Safe?" as 'good', so reflecting the hard work of all involved. The inspectors found that staff across the trust had an understanding of their roles and responsibilities and the types of concerns that may indicate that a child safeguarding referral was required. They understood the referral process and knew how to make referrals. The work of the Young Ambassador group was acknowledged as excellent, noting their input into service re-design and the current project of involvement in the making a film on transitional care for national distribution. The inspectors found that staff listened to and respected their opinions and that they saw the services provided "through the eyes of the children and young people". It is reassuring that within Herefordshire young people are getting the opportunity to influence so directly the development of services that are there for them.

Within Education, the tracking of children missing from education has been increasingly successful, meaning less children are at risk of being out of contact with agencies who can recognise when support or safeguarding is needed.

## 8. Development of HSCB and its effectiveness 2016-17

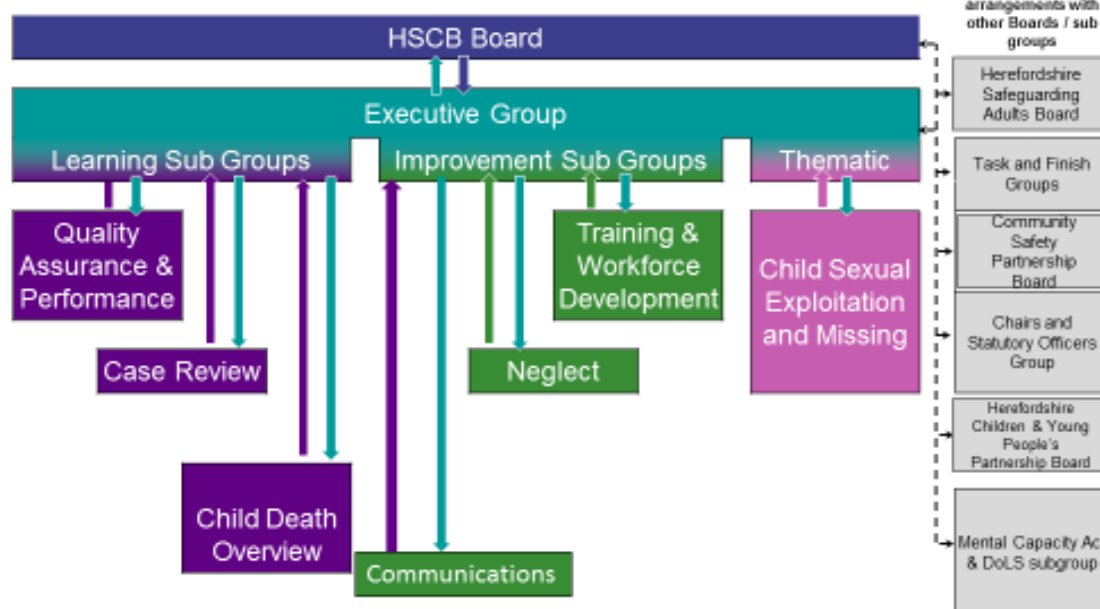
HSCB carries out its work primarily through its sub groups, supplemented by task and finish groups as required, and through scrutiny and challenge at Board meetings.

The Board also works with other multi-agency partnerships across Herefordshire to both scrutinise and challenge their activities and to pursue joint objectives. The forum that was established in 2015 to bring together the Chairs of the two safeguarding boards (adults and children), the Health and Well Being Board, the Children and Young Peoples Partnership and the Community Safety Partnership, has continued to develop and as the Safeguarding Chairs and Statutory Officer’s Group now meets quarterly to discuss cross cutting matters for the various partnership boards and importantly make joint decisions on such matters as ownership and responsibility for emerging safeguarding concerns within Herefordshire. A recent example of this is the use of this forum to discuss and decide where responsibility for addressing the risks of human trafficking and forced marriage should sit (Community Safety Partnership delivery groups), with safeguarding boards continuing to assure themselves of the effectiveness of that response.

The structure and governance arrangements for HSCB are set out below.

### HSCB Structure and Governance Chart

April 2017



## Version 1 (Draft)

The attendance of partners at the HSCB Board meeting is set out in **appendix 1**.

Overall engagement by partners in the work of the HSCB has continued to be positive throughout 2016-17. Member reviews with the Independent Chair have ensured that agency representatives understand their role and responsibilities as Board members. There have been occasions through this period when sub groups have not been quorate, however these have been reported to the HSCB Executive when they have occurred, and addressed within that group. There have been particular challenges within the Joint Communications sub group, primarily due to changes in partners' communications team arrangements and the wide demands on this relatively small group of practitioners. To address this, the HSCB has worked with the Safeguarding Adult Board and the One Herefordshire Strategic Communication and Engagement Group, which is a separate communications group within the county but with similar attendance and partnership coverage to align the work of the two sub groups to reduce the impact on partnership resources, whilst strengthening joint working and expanding the opportunity to share safeguarding information.

Towards the end of 2015/16 the Board also reviewed the effectiveness of its Executive Group arrangements, and as a result of this streamlined this group to consist primarily of the sub group chairs, with partners being invited to attend to address specific topic. The Board has continued to use this arrangement throughout 2016/17 and this has helped the Board to conduct its business more efficiently, and is now making best use of partners' valuable time.

HSCB has continued to benefit from a joint Business Unit arrangement, which is now in its second year. As well as supporting the HSCB, this unit also supports the Safeguarding Adults Board and the Community Safety Partnership. This is jointly funded by partners, and details of the budget, contributions and expenditure are included in **appendix 2**.

The Unit consists of:

- Business Unit Manager
- Learning and Development Officers X 3
- Business Support Coordinator X 3

Each of the Learning and Development officers takes lead responsibility for one of the partnership boards and for particular areas that allow for cross cutting themes and shared work streams.

The Business Unit is also supported by a commissioned training resource, but in order to make best use of the funding available, has now reduced that support by returning the administration of the on line training provision to the Business Support Coordinators.

Although one of our lay members decided to step down from the Board during the year, the Board has continued to receive excellent support from the remaining lay member, who regularly attends the meetings, has been involved in our work to develop a more effective approach to ensuring the Board's work is informed by children's views, and has also taken part in the reviews of the Section 11 audits and how agencies have developed the safeguarding arrangements as a result of those.

### Illustrations of HSCB challenge and impact

Throughout this annual report there are details of the work of all partners in safeguarding children, and the Board’s function in seeking assurance that partners are working effectively together. Examples of this activity are summarised below:

Challenge	Impact
Report of very low numbers of young people in ‘staying put’ placement at age 18+ in Herefordshire.	Reassurance report received from Director of Children’s Services clarifying the number of young people using such arrangements and demonstrating appropriate provision and take-up within the county, so ensuring young people have the opportunity to choose to ‘stay put’ should they wish to do so.
A number of agencies were written to by the Chair challenging their lack of regular attendance at Board meetings.	Regular attendance now secured from those agencies. This ensures the Board makes decisions with full information available, so ensuring those decisions are likely to have the best possible impact on safeguarding children and young people.
Continued difficulty in obtaining Form B responses to child deaths in a timely fashion from several agencies.	<p>The SUDIC pediatrician and the Chair of CDOP have written and spoken to professionals. The CDOP has considered the learning from this and have recommended the following:</p> <ul style="list-style-type: none"> <li>• Professionals are made aware of their role through the development of a pathway which is on the LSCB website.</li> <li>• A good practice guide and sample is posted on the web to assist with understanding.</li> <li>• The Director of Children Services, as the accountable officer has been alerted to take the appropriate action.</li> <li>• A communication item on the CDOP agenda to agree dissemination of learning, with responsibility for this to the HSCB Communications Sub Group.</li> </ul> <p>In securing more timely submission of information, opportunities to prevent SUDIC can be taken soonest, so improving the safeguarding of children.</p>
Challenge to Addaction on lack of provision and suitable premises for young people, and safeguarding of children/young people in care of service users.	Children and young people who are living with parents with drug or alcohol issues, or have such issues of their own, are correctly identified as being more likely to need early help as a result, and where necessary those

	children and young people are given access to that help at the correct level and by the most appropriate agencies.
Improving the response to victims of 'peer on peer' abuse.	HSCB has taken the lead for reviewing the regional 'Children who abuse others' procedure, ensuring the new procedure is developed with input from all relevant agencies. This will ensure children and young people who are victims of abuse by their peers are better protected through a more robust response by professionals.
In relation to CSE/Missing Children, members of the executive questioned the availability of guidance for Risk Management meetings. The executive also explored whether the Risk Management meetings are subject to quality assurance.	Children's Social Care now have a Risk Management Practice Guidance, along with Risk Management Meeting Guidance and Agenda, which now sit within the suite of CSE procedures. This ensures children and young people who may be at risk of CSE are correctly identified and interventions that will most effectively protect them are agreed by partners, and implemented.

## 9. Conclusion and future priorities

As a result of the work undertaken by the Board during 2016/17 we now have a much stronger understanding of the profile of CSE in Herefordshire. We have up to date tools and pathways to deal with reports of CSE, and have improved the quality of awareness and training to multi-agency partners on how to recognise and address the threat of CSE. In the coming year the Board will be focusing on assuring itself of the effectiveness of risk management planning in relation to individual children and young people at risk of CSE, and the support services available to victims of CSE. This will be achieved in a number of ways, including the delivery of the revised strategy and action plan, with audit activity to check that this has the impact intended on services. The Board also recognises that there is a relatively high rate of recording of sexual crimes against children in Herefordshire, and we need to understand why that is and how such offending can be better prevented. The Board will be supporting the Herefordshire Community Safety Partnership in achieving this.

Board members have made an active contribution to further developing the quality of child protection conferences in Herefordshire, and work will continue to ensure those developments are well embedded. Audit work has shown that within the child protection system there is high quality direct work taking place which clearly leads to improved outcomes for children and their families, including the child's voice being clearly evident, and the demonstration of good communication across agencies. There is strong evidence of statutory child protection meetings being well attended and resulting responses and actions

## Version 1 (Draft)

being timely. That said, the Board remains cognisant of the need to ensure continued focus on the quality of supervision of practitioners and continuity of staff within agencies as a vital part of effective safeguarding procedures.

Tackling childhood neglect will remain a key priority for the Board during the coming year. Although progress has been made during 2016/17, it is clear that real and sustainable change across the partnership in how neglect is identified and responded to must be achieved. As such the Board will be investing considerable resources in introducing new ways of working, and providing practitioners with the skills to take full advantage of those.

The Board has continued to work towards ensuring that the Levels of Need supports the development of early help within Herefordshire. The coming year will see the further development of those services, and it is important that the Board supports that work and the work of the Children and Young Person's Partnership in ensuring that the workforce is sufficiently prepared for the shift of emphasis towards early help.

Reflecting on the achievements of the Board through 2016-2017, and using a range of sources of information which have included inspections, self-assessments, learning from reviews and consultation with our partners in Herefordshire highlighting areas where development is required, the Board has set five priorities for 2017 – 2019. These are;

Priority 1: Neglect.

Priority 2: Child Sexual Abuse and Exploitation (including children who go missing).

Priority 3: Safeguarding Vulnerable Children.

Priority 4: Early Help.

Priority 5: Strong Leadership, strong partnership.

Priority five has been added as the Board recognises that as recent legislative changes create opportunities for a review of safeguarding structures, must continue to deliver strong leadership and retain strong partnership working to ensure the best possible arrangements remain in place to safeguard children and young people.

These priorities also reflect those of the Health and Wellbeing Board (Priority 3 addresses the importance of keeping children safe), and the Children and Young People's Partnership. Priority 4 of the Children and Young People's Plan is "Children and young people in need of safeguarding", and includes expectations in relation to effective early intervention, identifying children at risk of sexual exploitation, a reduction in the number of children subject of a child protection plan and looked after, and support for children with enduring needs particularly in relation to transition in to adult life. Early help is also a key priority within the Children and Young People's Plan. In addition Priority 2 supports the Herefordshire Community Safety Partnership priority of 'Reducing sexual crimes against children'.

The full [Children and Young Peoples Plan](#) can be found here.

## Version 1 (Draft)

It is the intention of the Board during the coming year to concentrate on these and other areas where we can make a real difference to the safety and development of children and young people in Herefordshire by promoting and ensuring efficient and effective practice.

The actions against each of the priorities in the plan below have been identified following a recent review of our progress during the past twelve months, and are designed to deliver the improvements as set out above. Further, all contribute to achieving our vision, and fulfilling our statutory responsibilities of the board to coordinate and ensure the effectiveness of safeguarding arrangements in Herefordshire.

Strategic Priority	Outcome	We will do this by;
1. Neglect.	<p>Early identification and response to childhood neglect, and it is prevented whenever possible.</p> <p>Appropriate, consistent and timely responses across all agencies working together.</p> <p>A clear focus on the impact of neglect on the child or young person.</p>	<p>1.1. Implementing the childhood neglect strategy and action plan.</p> <p>1.2. Delivering a launch event for the HSCB childhood neglect strategy and associated changes to business practice.</p> <p>1.3. Delivering high quality multi-agency neglect training, to include use of common assessment tool and shared understanding of Levels of Need in relation to childhood neglect.</p> <p>1.4. Evaluating the effectiveness of that training.</p> <p>1.5. Assessing the effectiveness of the use of the assessment tool, and the extent of the understanding of neglect between partner agencies against JTAI standards.</p> <p>1.6. Ensuring the learning from previous SCR's and PLR's is properly embedded.</p> <p>1.7. Ensuring a particular focus on the effectiveness of services to prevent the neglect of children with disabilities.</p>
2. Child Sexual Abuse/ Exploitation & children who go missing.	<p>Children who are vulnerable to sexual abuse and/or exploitation are effectively identified, safeguarded and supported.</p>	<p>2.1. Ensuring the delivery of the CSE and Missing strategy and action plan.</p> <p>2.2. Assessing the effectiveness of support services for victims of CSE in Herefordshire, and influencing commissioning of those services.</p> <p>2.3. Ensuring a coordinated response with Community Safety Partnership to reducing sexual abuse of children.</p> <p>2.4. Gaining assurance of the effectiveness of risk management planning in relation to individual children and young people at risk of CSE within risk management meetings.</p> <p>2.5. Gaining assurance on the arrangements for and frequency of missing children interviews.</p> <p>2.6. Supporting ongoing local and national CSE awareness campaigns and improving knowledge and</p>

		<p>understanding of CSE toolkit within agencies in Herefordshire.</p> <p>2.7. Reviewing the 'Children who abuse others' procedure and ensuring appropriate guidance is available to practitioners within Herefordshire.</p> <p>2.8. Checking the effectiveness of the response to previous CSE audit findings, the quality and availability of post abuse support to victims of CSE and the quality of intelligence relating to CSE, and the effectiveness of its sharing and use.</p>
3. Safeguarding vulnerable children.	Vulnerable children are identified and safeguarded, and their wellbeing promoted.	<p>3.1. Maintaining up to date LSCB procedures that align with regional arrangements and statutory guidance to inform the journey of the child through the child protection process.</p> <p>3.2. Developing the focus on 'hidden harm' and the increased risk to children with disabilities within multi-agency training.</p> <p>3.3. Using multi-agency performance data to ensure the effectiveness of local safeguarding practice, specifically the application of LSCB thresholds, and the quality of child protection plans.</p> <p>3.4. Ensuring learning from SCR's and PLR's is appropriately used to improve the journey of the child through the child protection process.</p> <p>3.5. Securing feedback from children and young people who are subject to a child protection plan or who are looked after, to understand the effectiveness of the local safeguarding system.</p>
4. Early Help	Children and their families receive effective help at the right time which promotes their wellbeing.	<p>4.1. Ensuring LSCB procedures address the impact 'hidden harm' has on children and young people, for example children living with substance misuse and domestic abuse within the family.</p> <p>4.2. Assessing the impact of threshold decisions on those children who are not stepped up to higher levels of intervention.</p> <p>4.3. Ensuring that the HSCB procedures support the early help strategy.</p> <p>4.4. Evaluating the availability and effectiveness of early help support, particularly in relation to children living with neglect and domestic abuse, and children with disabilities.</p> <p>4.5. Working with the Children and Young Person's Partnership to ensure LSCB training products promote understanding of the early help offer with practitioners, to include overhaul of working together</p>



		<p>training sessions, and use of evaluation process to monitor effectiveness.</p> <p>4.6. Assessing the quality, effectiveness and availability of early help support and interventions in relation to those families where childhood neglect is a risk or present.</p> <p>4.7. Securing feedback from children, young people and their parents/carers about their experience of accessing and receiving early help (including Families First).</p>
<p>5. Strong leadership, strong partnership.</p>	<p>HSCB leads the safeguarding agenda, challenges the safeguarding work of partner organisations, and commits to an approach that learns lessons and embeds good practice. The partnership has effective plans in place for maintaining the effectiveness of safeguarding in the future.</p>	<p>5.1. working with partners to deliver successfully against the Business Plan and associated work plans set for HSCB and its subgroups / working groups</p> <p>5.2. continuing to strengthen the governance interface between HSCB and other key strategic forums</p> <p>5.3. communicating and raising awareness about safeguarding to individuals, organisations and communities</p> <p>5.4. maintaining HSCB’s Learning &amp; Improvement Framework, facilitating, promoting and embedding learning from evidenced based practice, including SCRs and local learning reviews, and assessing impact of learning activity</p> <p>5.5. scrutinising and challenging the individual and collective performance of partner organisations in safeguarding and improving outcomes for children, particularly those who are most vulnerable</p> <p>5.6. engaging with children, young people and families to capture their views and experiences, influence the partnership’s work and evaluate the impact of partner activity on their outcomes</p> <p>5.7. engaging with practitioners to ensure they are supported to work effectively with children and their families.</p>

The HSCB will continue to seek assurance from partners of improving services and positive outcomes for children through audits, review and reporting.

The HSCB will have a reporting cycle that includes detailed reports on one of the priority areas each quarter, using a focused scorecard, with exception reporting on any issues identified through the Quality Assurance and Performance subgroup of the HSCB. Along with this reporting there will be findings from multi-agency case audits set around the priority areas, together with data and qualitative information from other areas including:

## Version 1 (Draft)

- Single agency audit activity, findings, analysis and actions
- Board members observations of Child Protection Case Conferences
- Board members visits to front line services
- Audit of agencies responses to identified actions to improve safeguarding practice through Sec 11 Children Act 2004, Sec 175/157 Education Act 2002 audits.

In addition, the HSCB will be seeking reports and assurances from partner agencies about other safeguarding children matters throughout the year. These will include:

<b>Safeguarding area</b>
Looked after children
Female genital mutilation (FGM)
Prevention of radicalization and extremism
Health Services assurance reporting
Public Protection assurance reporting
Education assurance reporting
Child Death Reviews
Serious Case Reviews and other case reviews that the Board have identified should take place
Private Fostering
Adult Factors that impact upon the safety and wellbeing of children

## Appendix 1

## Attendance of agencies at HSCB Board meetings 2016-17\*

Agency/ person	Board meeting 25/4/16	Board meeting 25/7/16	Board meeting 17/10/16	Board meeting 25/1/17
Independent Chair	✓	✓		✓
Lay Member 1	✓	✓	✓	✓
Lay Member 2	✓	✓		
HC Children's Wellbeing	✓	✓	✓	✓
HC Adult Safeguarding			✓	
2Gether NHS Trust	✓	✓	✓	✓
Wye Valley Trust (WVT)	✓	✓	✓	✓
Clinical commissioning Group (CCG)	✓	✓	✓	✓
National Probation Service	✓		✓	✓
Youth Offending Service / Youth Justice Service	✓	✓	✓	✓
Community Rehabilitation Company (CRC)			✓	✓
West Mercia Police	✓	✓	✓	✓
CAFCASS	✓			
Lead Member Children's Well Being	✓	✓		
Education representative	✓	✓	✓	✓
Voluntary and community representative	✓	✓		

## Version 1 (Draft)

\* In most instances agencies are represented by more than one person attending from an organisation. Herefordshire Council (HC) representation has included the Director and Assistant Director of Children's Well Being; Head of Additional Needs; Head of Quality and Review; Public Health; Health representation has included Head of Safeguarding CCG; Designated Doctor CCG; Deputy Director of Nursing 2Gether Trust; Director of Nursing and Quality WVT; Executive Nurse Quality and Safety CCG; Director of Nursing Taurus; Designated Nurse WVT. Education representatives have included representatives from the Early Years sector, Primary Schools, Secondary Schools, Special Schools and FE Colleges.

## Appendix 2

## Partnership Boards budget\*

AGREED BUDGET FOR 2016/17		
Children's Wellbeing		130,017
Adults Wellbeing		103,000
Other Council Dept		7,365
CCG		80,190
Police		53,510
Probation		6,136
CAFCASS		550
YOS		1,144
<b>TOTAL BUDGET</b>	<b>GROSS</b>	<b>374,547</b>

FINAL 2016-17 EXPENDITURE STATEMENT		
Category	Spend	Notes and comments
<b>Salary Costs</b>	<b>242,116</b>	
<b>Agency staff costs</b>	<b>37,195</b>	Costs of Serious Case Review chair included within this.
<b>Transport costs</b>	<b>673</b>	
<b>Independent chair costs</b>	<b>36,960</b>	
<b>Serious Case Review costs</b>	<b>1,111</b>	
<b>Training expenses</b>	<b>27,675</b>	
<b>Office expenses</b>	<b>58,474</b>	Includes end of year recharges for council back office services of £32,000
<b>Training income</b>	<b>-3,455</b>	
<b>Additional income</b>	<b>-33,700</b>	Funding from CCG for MCA training and tools + PCC income
<b>TOTAL</b>	<b>367,048</b>	

\*Note: this budget also covers the support of the Herefordshire Safeguarding Adults Board and the Community Safety Partnership

### Appendix 3

#### Children exposed to domestic abuse MARAC data

166

Number of unique children - quarterly totals	West Mercia Womens Aid	Q1 15-16 284	Q2 15-16 376	Q3 15-16 243	Q4 15-16 273	Q1 16-17 314	Q2 16-17 271	Q3 16-17 149	Q4 16-17 218	46%		
Number of children exposed to DA crimes and incidents	West Mercia Police	Q1 15-16 287	Q2 15-16 270	Q3 15-16 298	Q4 15-16 330	Q1 16-17 327	Q2 16-17 385	Q3 16-17 367	Q4 16-17 339	-8%		Smaller is better
Number of children exposed to DA three or more times	West Mercia Police	Q1 15-16 35	Q2 15-16 24	Q3 15-16 26	Q4 15-16 32	Q1 16-17 29	Q2 16-17 51	Q3 16-17 29	Q4 16-17 31	7%		Smaller is better
Number of children in the household in MARAC ('Safe Lives') data in last three months	West Mercia Police	Sep-16 104	Oct-16 88	Nov-16 94	Dec-16 86	Jan-17 102	Feb-17 73	Mar-17 96	Apr-17 63	-34%		Smaller is better
Number of children exposed to DA as recorded by: <b>Children's Social Care</b>	Herefordshire Council Children's Social Service	Q1 15-16 93	Q2 15-16 50	Q3 15-16 79	Q4 15-16 32	Q1 16-17 89	Q2 16-17 71	Q3 16-17 20	Q4 16-17 25	25%		

## Appendix 4

## Numbers of children and young people involved with Children's Independent Domestic Violence Adviser 2016-17

17. IDVA SERVICE USER CHILDREN DATA	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Total
No. of service user children recorded at the end of previous period	13	19	19	23	21	21	26	29	41	32	27	29	300
No. of new service user children recorded during the month	15	19	14	20	16	15	22	22	13	14	9	20	199
No. of service user children closed during the month	9	19	10	22	14	10	19	10	22	19	7	6	167
<b>TOTAL NO. OF CHILDREN ASSOCIATED WITH SERVICE USERS EACH MONTH</b>	<b>28</b>	<b>38</b>	<b>33</b>	<b>43</b>	<b>37</b>	<b>36</b>	<b>48</b>	<b>51</b>	<b>54</b>	<b>46</b>	<b>36</b>	<b>49</b>	<b>499</b>
<b>TOTAL NO. OF UNIQUE SERVICE USER CHILDREN RECORDED DURING THE YEAR</b>	<b>28</b>	<b>19</b>	<b>14</b>	<b>20</b>	<b>16</b>	<b>15</b>	<b>22</b>	<b>22</b>	<b>13</b>	<b>14</b>	<b>9</b>	<b>20</b>	<b>212</b>

Version 1 (Draft)

19. IDVA SERVICE USER CHILDREN AGE	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Total
<1	3	1	0	2	0	1	0	2	2	1	0	0	12
1 - 4	6	8	5	7	7	6	4	8	4	6	5	8	74
5 - 9	9	3	7	10	3	2	13	7	2	5	2	7	70
10 - 14	7	3	1	1	4	3	3	1	4	1	2	4	34
15 - 18	3	4	1	0	2	3	2	3	1	1	0	1	21
Unknown	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>TOTAL</b>	<b>28</b>	<b>19</b>	<b>14</b>	<b>20</b>	<b>16</b>	<b>15</b>	<b>22</b>	<b>22</b>	<b>13</b>	<b>14</b>	<b>9</b>	<b>20</b>	<b>212</b>



## Appendix 5

### Single agency assurance reporting

This section includes reports direct from each of the statutory agencies involved with the HSCB.

#### a. West Mercia Police.

In January 2016, the alliance launched 'Pathfinder' in Worcestershire as a new investigative model. This brought together CID, PVP and IOM (Integrated Offender Management) into a single investigative team with the most appropriate resources deployed to respond and investigate incidents and crimes. This is+ based on the threat, harm and risk inherent in that incident, rather than based primarily on category heading.

In line with our vision to protect the most vulnerable from harm, the revised investigative model has sought to enhance the quality of service to victims, witnesses and suspects.

The single team contains officers and staff with necessary specialism's (such as child abuse investigators, ABE interviewers, suspect interviewers etc) to respond effectively to incidents at the earliest opportunity. Detective officers are (when appropriate to do so) adopting the role of first responders to incidents, promoting a 'right first time' approach.

The investigative model now allows for detective resilience for addressing child protection investigations from 0800hrs to 2300hrs seven days a week. The investigators have access to first and second line management to ensure appropriate support, resilience and management scrutiny or the most complex of cases and appropriate engagement for interagency planning. Additional resources have been invested in Learning & Development to increase the number of specialist and appropriately qualified child abuse investigators within the model. This is further supported by the delivery of a programme of vulnerability training for all front line officers and staff. This will ensure those responding have the ability to recognise risk to our most vulnerable children and adults, and deal appropriately.

The new investigative model was extended to Warwickshire in June and Herefordshire in July 2016. It is acknowledged that a period of stability is required to embed the investigative model. The implementation across Telford and Shropshire is paused in order to take into account a review and learning from the existing areas. A key element of the revised investigative model is the transfer of ownership of resources from central to 'local' ownership.

An additional investment of 54 posts within investigation and Harm Assessment Unit teams are to be made permanent. A proportion of these resources are to be allocated to dedicated

## **Version 1 (Draft)**

CSE and on-line CSE teams. This is in recognition of the changing nature of demand and the need to safeguard children and young people against new and emerging threats.

The 'recognising and responding to vulnerability' change programme has been delivered to Warwickshire staff in late 2016 and rollout for West Mercia is planned later in 2017 following the independent evaluation by Worcester University. Supervisors will receive additional inputs early 2018.

The continued development of the Strategic Vulnerability team will allow for environmental scanning and dissemination of learning from SCRs and DHRs, driving activity in response to HMIC. The Major Crime Statutory Review Unit (MCSRU) has been aligned under the Superintendent Strategic Vulnerability role to further enhance the learning organisation culture.

Embedding these structural changes has impacted upon multi-agency working. There is an increased pool of experienced individuals within West Mercia Police available to engage at the appropriate level with partner agencies. HAU staff engage in MASH, developing DA and CSE / missing triage.

In relation to child safeguarding the main point of connectivity between the new investigative model and our partners are within the various MASH functions and within the child protection processes as set out in working together. In respect of MASH, consultation is being addressed via the various strategic governance groups within the LA areas, and in respect of child protection processes the Police are committed to continuing to fulfil their statutory responsibility to ensure attendance and appropriate contribution by a representative with the appropriate experience and knowledge of the case.

HMIC have published their PEEL report for both West Mercia Police and Warwickshire Police on 01.03.16. The learning identified will be used to further develop and enhance the policing response to vulnerability.

### **b. The National Probation Service (NPS)**

Hereford NPS continues to be committed to child safeguarding.

Child safeguarding checks are carried out via MASH at the beginning of each order.

Wherever children are involved in the life of an offender any necessary identified action regarding child safeguarding is included in the offender's risk management plan. Actions may include Home Visits or regular liaison with other agencies such as children's services or police.

## Version 1 (Draft)

MAPPA action points regarding additional child safeguarding are often identified during the course of a MAPPA 2/3 panel and the Probation OM will complete these where tasked to do so. Action points may include MARF completion or the need for some form of disclosure to protect children.

NPS staff are aware of identified CSE processes and refer in any identified cases via MASH. Identified CSE issues are also fully addressed in the NPS risk assessment and risk management processes.

NPS offender managers address child safeguarding issues directly with offenders in supervision sessions. Such topics may include the impact of DV on children or the child's perspective where that child has been sexually abused. Child safeguarding/protection is also reinforced by programme facilitators where the offender is participating in DV or sex offender group work programmes.

### **c. Warwickshire and West Mercia Community Rehabilitation Company (WWM CRC).**

On 1st June 2015 under the Transforming Rehabilitation (TR) Programme, the 35 Probation Trusts were reorganised into a National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). The TR reforms created a two-stream probation system, which comprises the public sector NPS, responsible for high-risk offenders, and 21 private CRCs, responsible for low- and medium risk offenders.

The split has resulted in organisational bifurcation and significant change in the status of workers across the new delivery structures. This has created challenges to safeguarding as it has added a further level of complexity onto the probation system, with additional handover points between the NPS and CRCs.

Unlike our counterparts in the NPS, staff working in the CRC as private sector employees no longer retain the historical status as officers of the court. The NPS is responsible for making initial decisions about the risk posed by offenders, allocation of cases to NPS or CRC and for providing information and advice to the courts with respect to all offenders including the preparation of reports and initial checks with children agencies.

The CRC is not involved in preparing reports for court and many of the new cases are assigned to offender managers who have no previous knowledge of the offender. CRCs are contracted to deliver probation services for the majority of those given community orders or suspended sentence orders by the courts and those who require supervision upon release from custody.

Good communication between the NPS and the CRC is crucial in ensuring the smooth allocation of cases, full transfer of information and to make sure that proper breach and escalation procedures are followed.

## Version 1 (Draft)

### WWMCRC Changes

The WWMCRC has undergone significant changes since the introduction of TR in June 2014. WWMCRC has developed the Support, Transforming, Education and Progress (STEP) Centres in Worcester and Telford. A 'One Roof' partnership model to offer wider services from a single location. A 'contact Centre' developed in Shrewsbury to see offenders who are unable to travel in to Telford due to employment or transport difficulties. All staff from Shrewsbury and Telford office, which we previously shared with the NPS, transferred to the STEP centre in Telford. The Hereford, Nuneaton and Leamington offices remain shared offices with staff from NPS.

The projected workloads calculated prior to TR had not come to fruition and this had an adverse impact upon WWMCRC income. This created great uncertainty within the business. Workloads were lower than anticipated and consequently a restructure of the business took place during June – September 2016 that led to reductions in staffing

Information sharing between the NPS and CRC has improved with monthly interface meetings arranged to address any challenges. There is evidence of problem solving and solution focus with the NPS over appropriate proposals for reports, case supervision and safeguarding of children.

All staff are appropriately trained in domestic violence and the safeguarding of children.

Phase 1 of the new information technology system was delivered and a new case management system – ENIGMA will be introduced in 2017/18.

Like all other CRCs WWMCRC are subject to monitoring against the contractual targets set by the National Offender Management Service (NOMS). At the end of March 2017 WWMCRC was performing well against the contractual requirements and those measures applied by NOMS to provide assurance.

As part of TR changes to reduce the stubborn high re-offending rates the Offender Rehabilitation Act 2014 introduced statutory post-release supervision for short sentence prisoners (less than 12 months' custody) at resettlement prisons. Through the Gate resettlement, services were introduced in May 2015 as part of the contract for CRCs. WWMCRC has a strong commitment to addressing high reoffending rates and deployed considerable resources in to the Through the Gate team lead by a senior manager at Featherstone and Hewell resettlement prisons.

### Quality Assurance.

WWM CRC has implemented a quality development plan to assure the NOMS contract management team that the CRC is regularly undertaking quality assurance on a monthly basis.

## Version 1 (Draft)

The quality development plan captures team, Local Delivery Unit (LDU) and area wide quality development actions and objectives. The quality development plan incorporates a response to findings of internal audits, NOMS operational assurance reviews, inspection reports and serious further offence reviews.

The majority of quality development objectives are derived from our internal audit programme and NOMS operational assurance reviews. Audit findings are circulated monthly with ratings for each team and LDU, which are then reviewed at LDU manager meetings. Practice and quality issues are addressed with individuals by senior probation officers in supervision. Team issues/themes are recorded and monitored against progress on the quality development template.

We have undertaken audits on enforcement and on cases that should have been seen at 5 days, 6 weeks and 3 monthly periods. Failure to see offenders or take effective enforcement action meant that responsible officers are not able to identify properly the risk of harm posed to others at the start or during the sentence or licence. This meant that offender managers could not prioritise protection of the public or potential victims.

We have undertaken an audit of our recording practice with regards to recorded professional judgements entries and offender assessment (OASys) reviews in response to significant events and/change of circumstances. (The offender manager decides whether the seriousness of the change requires an OASys or professional judgement needs to be completed. More information can be input into OASys than a professional judgement). Most cases had safeguarding issues recorded however; the audit highlighted some common themes:

1. Offender managers need to be evidencing that following a significant event or change in circumstance the case is reviewed.
2. The lack of consideration given to risk of harm and re-offending. From the audits the following examples have been raised with staff:
  - If the initial sentence plan assesses that, the offender's accommodation is linked to both harm and re-offending and information is received that they have moved. The case needs to be reviewed and risked assessed by completing the OASys document or providing a recorded professional judgement. Domestic violence and checks with children services are required to be completed.
  - When domestic abuse perpetrator starts a new relationship, the offender manager needs to be reviewing the case using either completing a full offender assessment document or a professional judgement to evidence what actions is being taken to manage the case.
  - If a domestic abuse or children's services check is returned that has different information than that in a previously completed OASys, offender managers need to be completing a review (either OASys or professional judgement) to evidence that it has been risk assessed and are managing the risk based on the new information

## Version 1 (Draft)

- Many of the critiques from audits is that offender managers record information but do not assess or analyse the information.

We have commenced an audit of our sentence plans. The audit is a peer audit with the aim to support the offender manager's awareness and understanding of sentence planning quality standards.

A sample of cases previously audited found the assessment of the risk of harm posed to others, and subsequent planning was not carried out well enough in a number of cases inspected. Assessments were not always up to date and had missing or incorrect information. Significant information was not always recognised as such and there was a lack of awareness of domestic abuse and child safeguarding issues. This problem was exacerbated where screenings or assessments from court did not include all relevant information.

Poor practice example:

In one case, the offender manager did not consider the risk of harm the offender posed to others. Instead, the offender manager took at face value that the offender embedded the learning from the Building Better Relationships programme (an accredited programme to address domestic violence) and Alcohol treatment from a counsellor and would not reoffend. There was no consideration to the fact that he had re-established contact with his partner. He had overnight contact with his daughter in his home who was potentially at risk from him. There was no contact with children's social services to assess or plan how to protect the daughter, despite her already being known to them as a child in need.

The risk management plan lacked any detail. It did not specify how children or the victims would be kept safe. There was a restraining order in place but no detail how this would be monitored or enforced. Overall, the quality of risk management in this case was poor.

Good practice example:

CR (the offender) committed an offence of breach of a non-molestation order against his ex-partner. He has a long history of substance misuse related offending covering a range of offences. CR was assessed as posing a medium risk of harm to others, mainly his ex-partner and her child (should the child witness any domestic abuse).

This risk had been appropriately managed with regular liaison with children services, substance misuse services and police domestic violence unit.

Overall

There has been improved communication and information sharing between the NPS and CRC. Prompt allocation of cases and good quality assurance processes has enabled offender managers to manage and have oversight of cases where children are at risk.

**d. West Mercia Youth Offending Service**

In 2016/17 the service was transferred to the Office of the Police and Crime Commissioner and underwent a restructure which was completed in November 2016. Also during the first 6 months of 2016/17 the service implemented a new case management system in order to support the concurrent implementation of a new assessment and planning framework. The new assessment framework includes and single integrated plan for the risk areas of re-offending, risk to others and safeguarding.

The work started in 2015/16 to improve the quality of assessments and plans continued into the first quarter of 2016/17, and monthly auditing demonstrated continuous improvement. The implementation of the new assessment and planning framework has necessitated developing a new quality assurance process for this area of work, and a baseline of current quality has been established. Further work is planned in order to fully embed the new assessment and planning framework in practice.

The service continued to undertake critical learning reviews during 2016/17 when young people under the supervision of the Youth Justice Service committed defined serious further offences or where they have died, attempted suicide or been a victim of serious offence, however in 2016/17 there were no Herefordshire cases requiring review. The findings of the reviews are reported to the LSCB through the annual assurance report.

**e. Herefordshire Clinical Commissioning Group**

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013, they are membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area. CCGs are responsible for commissioning most hospital and community healthcare services as well as primary care services

In July 2015 NHS England published a document Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework which sets out the responsibilities of each part of the NHS system. Herefordshire CCG conforms to all the requirements set out in this document.

All staff receive yearly safeguarding training and those who have patient contact receive regular safeguarding supervision.

## **Version 1 (Draft)**

As a commissioning organisation the CCG ensures that all its commissioned services have robust safeguarding processes and policies in place. We frequently assure ourselves that these processes are robustly adhered to by holding regular Contract Quality Review Forums with all our major contractors and also conducting quality assurance visits to provider's clinical areas.

The CCG has good working relationships with partner agencies and supports Herefordshire Safeguarding Boards both financially and by a commitment to the functioning of the Boards, including the chairing of several sub groups.

The CCG regularly reviews its safeguarding duties by reporting performance and safeguarding developments to the CCG's Quality and Patient Safety Committee (a sub group of the Governing Body) and the Governing Body.

The CCG Governing Body receive an annual NHS system wide safeguarding report which analyses safeguarding across all NHS services, and provides assurance that the NHS is delivering services which protect the residents of Herefordshire.

### **f. 2Gether NHS Foundation TRUST**

#### **Safeguarding Children Activity**

In Herefordshire 2g is commissioned to provide a range of mental health services including Child and Adolescent Mental Health Services (CAMHS -Tier 1-3), Adult Mental Health services, Older Adult and Community Learning Disability services.

All services have responsibilities for safeguarding children within a 'Think family' framework.

Staff in Herefordshire are actively encouraged to contact the 2g Trust Safeguarding team for consultation around all safeguarding issues. The team have been contacted on 28 occasions during the year 2016 -2017. Staff also contact the Local Authority directly for advice and are encouraged to do – this is emphasised in local training. If abuse or neglect is being experienced (or suspected) staff will directly contact the Local Authority via the Multi-Agency Safeguarding Hub (MASH).

The CAMHS team, including staff who work with children with disabilities, receive group Reflective Safeguarding Supervision on a monthly basis. All staff working with children attend a minimum of 3 sessions a year. This has been provided by the Named Doctor and Named Nurse for safeguarding. Safeguarding Supervision is also included as an agenda item for all team meetings and for individual operational/professional supervision (in line with 2g Supervision Policy).



## Version 1 (Draft)

Staff follow the West Midlands Safeguarding Policies and Procedures and access the relevant documents from the HSCB website. Any updates to policies and procedures are published on the 2g website to inform all staff, by the 2g Communications team. The 2g Safeguarding Children Policy includes links to the website.

Herefordshire Local Authority hold and monitor the Safeguarding data for the County. One challenge is that the local authority is unable to provide 2g with data E.g. how many referrals come from 2g, as all health agencies are classed as one under the banner of 'Health'. It is also unable to reflect on the number of contacts for advice, for the same reason.

Any issues around practice are identified when participating in Multi-Agency Audits under the Quality Assurance sub group of the Safeguarding Board and 2g single agency audits. These actions will be monitored through our internal monthly safeguarding subcommittee which reports to our governance committee. Herefordshire Clinical Commissioning Group (HCCG) is invited to attend this subcommittee for additional assurance.

2g is fully engaged in partnership working. The DDoN attended the Strategic Meetings including being an active member of both Safeguarding Boards.

The 2g safeguarding team participate in all subgroups of the Adult and Children Safeguarding Boards, where requested. These include:

HSAB Executive as a sub group chair, Joint Case Review, Performance, Audit and Quality, Training and Workforce development, MCA & DoLS, Policy and Procedure for adults and Child Sexual exploitation.

The 2g Safeguarding Lead has recently taken over chairing the Policy and Procedure sub group for Adults and deputises for the Quality Assurance for Children and Adults.

Frontline staff have participated in multi-agency audits for Quality Assurance when requested to. 2g also actively participates in 'practice runs' e.g. for the Joint Targeted Area Inspection (JTAI) to establish any gaps in practice.

Frontline staff and Team Managers have participated in Serious Case Reviews, Safeguarding Adult Reviews and other learning processes (including Domestic Homicide Reviews). The 2g Safeguarding Lead has chaired Practice Learning Review meetings and written independent reports for Learning Reviews for adults.

The 2g Trust Training Lead attends the Training and Workforce development sub group. The Safeguarding Team have offered to be part of the training pool and have presented at Practitioner Forums.

Operational Managers in 2g attend MAPPA, Prevent, and MARAC steering groups.

Updates from all Safeguarding meetings are relayed to Safeguarding champions who attend the 2g Trust monthly Safeguarding subcommittee meeting. This is held at Trust Headquarters

## **Version 1 (Draft)**

in Gloucester and quarterly in Herefordshire. A representative from Herefordshire Adult Mental Health and CAMHS attend monthly. Highlights from this meeting, along with a monthly topical Newsletter are sent out to all attendees, who disseminate to all team managers in the area.

Information is also taken to safeguarding supervision sessions, and adult teams for updates, including that relating to training requirements and available opportunities. This includes all alerts and information disseminated via the Local Safeguarding Boards.

### **Training**

Over the last year, the training requirements for staff have been reviewed. This is largely owing to the requirements set out in 'Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document.'<sup>3</sup>

Level one safeguarding Adults and Children training is provided in a 1 hour session to all staff at Corporate Induction. All staff receive this – there is a 100% compliance rate.

Level Two Safeguarding Adults and Children (Universal) training is delivered by Hoople and attended by the 2g Safeguarding Practitioner when possible. This is delivered as a 'Think Family' training day and as of March 31st 2017; compliance was at a rate of 79%.

3 Royal College of Paediatrics and Child Health (2014) Safeguarding children and young people: roles and competences for health care staff Intercollegiate Document. RCPCH

Level 3 Safeguarding Children (Targeted Working together to safeguard children) is delivered by Hoople as a Multi-agency training day. As of 31st March 2017, the compliance rate was captured as 73% across teams in Herefordshire.

The monthly internal safeguarding subcommittee monitors all areas of training compliance and has put in place plans to increase training and in addition plans to train all adult mental health workers to level 3 children safeguarding. This is a major task and involved large numbers of staff within the trust. This will also be monitored via the HCCG Clinical Quality and Performance Forum (CQRF)

### **Policies**

The Safeguarding Adult and Safeguarding Children policies in 2g reflect requirements for safeguarding from National and Local Legislation and guidance. Direction is given with links to the West Midlands Policy & procedures.

The policies include guidance for working with Domestic Abuse and Sexual Violence (including MARAC), Female Genital Mutilation (FGM), Prevent and MAPPA, rather than stand-alone policies and procedures for these specific issues.

## **Version 1 (Draft)**

Safeguarding is central to all work within the Trust and so is included in all areas of the policy framework e.g. Assessment and Care Management, Recruitment of staff, Serious Incident investigations, Supervision Policy, Children Visiting Psychiatric Hospitals, Under 18s admission into Adult wards.

Both the Adult and Children Safeguarding Policies have been reviewed (May 2017) to reflect the changes in training requirements for Safeguarding Children and Prevent.

### **2gether NHS Foundation Trust Safeguarding Objectives and actions 2015/16**

- 1 Shared learning from local Serious Case Reviews and other learning processes (Serious Incident Learning Processes (SILP), Herefordshire Evaluation Learning Process (HELP), SCIE, Root Cause Analysis (RCA) and Domestic Homicide Reviews (DHRs) to improve safeguarding for adults and children practice. Monitored at the 2g safeguarding subcommittee and is on-going.
- 2 Increased provision of formal group safeguarding supervision and safeguarding awareness/educative sessions to teams working with Children and Adults. Safeguarding Supervision for CAMHS is held monthly.
- 3 Promotion of a 'Think Family' approach to adult teams, alongside 'safeguarding adults' in view of the Care Act 2014 provisions and 'Making Safeguarding Personal'. Safeguarding Practitioner sits within mental health teams to promote all aspects of safeguarding practice.
- 4 Ensuring all staff receive the appropriate level of training according to their role, noting developments associated with The Care act 2014 and the Intercollegiate guidance 2014 for safeguarding children. Training needs have been reviewed and compliance rates have increased.
- 5 Improving partnership working with stakeholder agencies, prioritising on issues relating to: Domestic Abuse, Parental Mental Health, Substance Misuse, Child Sexual Exploitation, Female Genital Mutilation and PREVENT. This is evidenced in attendance at sub groups, participation in audits, inclusion in the Think Family training day (level 2) and discussions with staff/informal supervision.
- 6 Providing assurance to the Trust Board that safeguarding is a priority function of the Trust and is being delivered to expected standard – quarterly reporting to and challenge at the 2g Quality Clinical risk Governance committee.

**g. Wye Valley NHS Trust (WVT)**

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, which is based in the city of Hereford, along with a number of community services for Herefordshire and its borders. We also provide healthcare services at community hospitals in the market towns of Ross-on-Wye, Leominster and Bromyard. We work hard to deliver across traditional boundaries to provide integrated care in order to deliver a standard of care we would want for ourselves, our families and friends.

Safeguarding is central to quality of care and patient safety. The effectiveness of the safeguarding system is assured and regulated by a number of bodies and mechanisms. Wye Valley NHS Trust has an established safeguarding children quality framework which includes a safeguarding children performance dashboard and an annual audit plan. This assurance framework is monitored by the Trust's Safeguarding Committee, chaired by the Director of Nursing, the Executive Lead for Safeguarding children

The Trust works collaboratively to support the business of the HSCB in a number of ways, aligning safeguarding children priorities to those of the HSCB business plans and contributing to the work of the board and subgroups; for example during 2016-17 WVT supported the work of the board in the development of policy, chairing of the Policy and Practice sub group and the development and delivery of multi- agency training on behalf of the board.

In the previous HSCB annual report we highlighted that WVT had been in special measures since June 2014 following a Care Quality Commission (CQC) inspection rating of inadequate. Since this time a quality improvement programme has been in place and significant improvements have been made. A re-inspection of hospital services took in July 2016, (community services were not part of the inspection as the previous inspection had not identified any significant concerns). Following this inspection the Trust was taken out of special measures. The summary of findings report can be accessed at [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF7512.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF7512.pdf)

The inspectors found that there was a significant improvement in children and young people's services. The rating for "Are Services Safe?" had improved from inadequate to good. The inspectors found that staff across the trust had an understanding of their roles and responsibilities and the types of concerns that may indicate that a child safeguarding referral was required. They understood the referral process and knew how to make referrals. The work of the Young Ambassador group was acknowledged as excellent, noting their input into service re-design and the current project of involvement in the making a film on transitional care for national distribution. The inspectors found that staff listened to and respected their opinions and that they saw the services provided "through the eyes of the children and young people".

The Trust continues to work towards further improving services with actions to improve compliance with mandatory children's safeguarding children training; contribution to the

## **Version 1 (Draft)**

Herefordshire CCG group which is tasked to improve CAMHS services to children and young people requiring acute admission to Hereford hospital and to secure a new safeguarding children advisor post based in the hospital.

### **h. Education and Schools**

Schools remain critically important partners in our collective responsibilities towards safeguarding children. The increased diversity of school organisation - Local Authority maintained, academy, free school, coupled with increasing financial autonomy, presents a challenge to centralised safeguarding approaches. This has been exemplified, from April 2017, by the change in funding arrangements for the MASH education posts and the safeguarding services provided to schools by the learning and achievement service.

Since the inception of the MASH, the education officer funding had been top-sliced from schools with consent from Schools Forum. This established funding arrangement has changed at the insistence of the Department for Education. Consequently, Herefordshire introduced a service level agreement with schools to fund these services from April 2017. This has been a difficult process, with a sizeable minority of schools questioning the new arrangements (despite failing to raise objections during consultation) and requiring personal intervention to convince them of the revised arrangements. A small number of schools still refuse to pay, July 2017. Despite these difficulties, Herefordshire schools continue to fund 1.5 education officers in the Multi-Agency Safeguarding Hub. The education officers form an integral part of the MASH in the gathering and dissemination of information to and from education partners. In addition, the MASH education officers offer advice, support and training to schools to assist with the development of best practice and statutory compliance. They represent schools on the HSCB CSE operational group and workforce development group. In addition, they represent Herefordshire at meetings of the Midlands Association of Safeguarding in Education to further enhance best practice across the region

The academic year 2016/17 has seen further changes in schools as we continue to shape our work in response to new and challenging circumstances. This has included: the ongoing participation of professionals in Workshops to Raise Awareness of Prevent; the implementation of the CSE pre-checklist and toolkit; the completion of the audit process of policy and practice with regard to Keeping Children Safe in Education (KCSiE). Responses to the audit have been encouraging, with all but three educational establishments completing the audit. The audit tool has been redrafted to reflect KCSiE 2016 and, subject to additional input from Herefordshire School Improvement Partnership, will be ready for issue to schools during autumn term 2017. Importantly, the revised audit will be issued to all private education settings as the Local Authority must be satisfied with the safeguarding arrangements of these institutions too.

**The HSCB has been monitors the following key indicators in education:**

## **Version 1 (Draft)**

### **Children Missing from Education (CME)**

The tracking down of children referred as 'missing from education' has been increasingly successful over the past 4 years, with fewer children remaining as 'missing' from one quarter to the next. There has been a steady improvement in the tracking and location of CME year on year.

CME data during the period 01/09/2015 to 31/08/2016

68 New Referrals received

#### **Breakdown**

Autumn 2015: 37

Spring 2016: 14

Summer 2016: 17

Total New cases: 68

B/fwd. from 2014/15: 5

Closed 2015/16: 71

Carried/fwd. to 2016/17: 2

This performance is reflective of the dedication and tenacity of the CME officer, coupled with the heightened awareness of partner agencies of the critical importance of this work towards keeping children safe.

### **Elective Home Education (EHE)**

2016-17 saw a further increase, from 118 to 170, in the numbers of children known to the local authority who are educated at home. There were 85 children educated at home 2011-12. It is likely that the proportion of parents registering children as Electively Home Educated with the local authority is increasing, in addition to a growth in this parental choice. The EHE officer continues to offer guidance and to make robust monitoring visits about outcomes for children. The number of parents who choose to meet with our EHE service in order to receive advice and to discuss the suitability of their arrangements is a measure of the confidence that home educators have in our EHE officer. The feedback from parents who receive advice and guidance from the EHE officer remains overwhelmingly positive. It will be important to consider the current arrangements as the post holder is currently employed on 0.5 contract, but has seen a doubling of caseload over a five year period.

### **Reporting by schools of bullying and racist incidents**

Year	Bullying	Racist Incidents
2014/15	79	39
2015/16	48	48
2016/17	25	11

Reported incidents of bullying and racist incidents have reduced significantly, compared to the previous year. Whilst there has been an improvement in recent years of the number of schools complying with the request to submit a return, this has decreased 2015/16. In addition, further work is required on the number of schools providing nil returns, i.e. no reported incidents. There appear to be too many nil returns relative to the expected incidence of bullying. However, it is encouraging that there appears to be a significant reduction in racist incidents in schools, despite a national spike in hate-crime, post-Brexit.

#### **i. Herefordshire Council: Children's Wellbeing Services**

During this year, the Children's Wellbeing Directorate built on the improvements of the previous year by reviewing key elements of its safeguarding practice to ensure that was as effective as possible. An extensive review of our MASH led to HSCB agreeing revisions to the its purpose, emphasising its role in managing requests for a social work service and ensuring that children at risk received a prompt response. A MASH Governance Board was established and this has overseen the revision of guidance and the move from Bath St to Nelson House, planned for the spring of 2017.

Following an audit of child protection casework and conferences, the guidance to professionals attending child protection meetings was revised to ensure a focus on the evidence of harm and HSCB granted the Conference Chairs the power to veto decisions that are not supported by evidence. This approach also informed a review of child protection strategy meetings. The consequence of this work, considered in the round, has been a sustained reduction in the number of children subject to child protection plans in the county. This reduction has meant that professionals have more time to respond in depth to those children who are subject to a plan while other families are supported through the children in need process.

The Fieldwork Service reviewed its team structure during the year and introduced a specialist model which will support best practice and allow social workers to develop expertise. Child Protection and Court teams will take responsibility for the children at greatest risk while the Assessment Teams will dedicate time to support children in need and their families after assessment. The service has been renamed the Children in Need Service.

We welcomed a permanent Head of Looked After Children and Adoption who has initiated a major review of the county's corporate parenting strategy as well as negotiating our membership of a Regional Adoption Agency which will conclude during 2017.

HSCB adopted an Early Help Strategy in the spring of 2016 and its implementation is being led by the Head of Educational Development who chairs a multidisciplinary group. The Head of Additional Needs now manages an integrated 0-25 SEND Service which will give children and their families a more consistent and coherent service. The Head of Learning and Achievement has overseen the review of over half of Herefordshire's schools' safeguarding policies to ensure that they are fit for purpose and understood by staff.

Directorate staff convene regular commissioning network meetings with local service providers. These meetings have been utilised to develop a broader understanding of safeguarding across the county through specific presentations and discussion.

The Local Authority Designated Officer continues to advise employers on the management of concerns about staff behaviour towards children and also offers training and support to organisations in the county.

Our Quality Assurance Framework has been to incorporate advice from Ofsted about the scope and focus case file audits. The revised model has been introduced and is being evaluated. There is a clearer focus on the experience of the child and the improvement of their situation.

There has been a significant increase in the percentage of permanent Social Workers in the establishment. We have reduced our use of agency staff from 60 at the beginning of 2016 to 16 at the end. Currently we have 80% of our posts occupied by permanent staff, 11% by agency staff and 9% vacant. We continue to recruit to our establishment to reduce the number of vacancies further. The introduction of a revised senior social work role and a change to our management structure improve our career pathways for staff and should improve staff retention in the coming years.

#### **j. Hereford & Worcester Fire and Rescue Service**

Hereford IGNITE Scheme

Members of the Hereford & Worcester Fire and Rescue Service Community Risk team including Service Volunteers have undertaken a project at Brookfield School, Hereford entitled IGNITE.

The week long scheme delivered to Year 10 pupils focused on a number of elements including team work, leadership and effective communication. Throughout the week the young people were given a number of challenging tasks to complete which involved them working together in order for them to achieve the set tasks whilst demonstrating the new skills they had developed. As well as receiving input into a number of operational elements they also took part in a number of workshops involving fire and water safety, arson awareness, first aid and road safety during which they were able to observe an RTC



## Version 1 (Draft)

reconstruction. The students, all of whom are currently passengers in vehicles and many of whom will be looking to drive in the future took a great deal from the experience.

The week concluded with the students tackling a simulated car fire bringing together all the skills and knowledge they gained and all the students were presented with a certificate by the Service formally recording and recognising their achievements.

The school were also very pleased with how the pupils developed and worked together, with the Deputy Head teacher adding "I just wanted to catch up with you to say a big thank you for the course that you and your team presented for our students. I just wanted to re-emphasise how successful we as a school felt that the course was. All the students gained a tremendous amount from the activities and being together, learning those skills of teamwork, communication, leadership and responsibility in a fun and exciting way"

Based upon the success of the project it is envisaged that further schemes may be rolled out in the future.





# Herefordshire Safeguarding Children Board Business Plan 2017 – 2019

Updated July 2017

## **Our Vision**

Herefordshire Safeguarding Children Board's vision is to ensure that children and young people in Herefordshire grow up in an environment in which their well-being needs are met and they are safe from harm.

Beyond that however, the Board shares the ambition of the Herefordshire Children and Young People's Partnership in wanting all children and young people in Herefordshire to have the best start in life and grow up healthy, happy, and safe within supportive family environments.

As such, when fulfilling its functions, the Board will always strive to make sure that through strong and effective safeguarding processes children and young people enjoy the best possible health, education and opportunities to enable them to reach their full potential.

## **Our Mission**

To work together effectively, as organisations and with children and families, to ensure that local services and arrangements are effective in promoting the well-being of children and young people in Herefordshire and keeping them safe from harm.

## **Our Values**

- The impact on the well-being and safety of children and young people in Herefordshire will be at the centre of all HSCB activity.
- We will learn and be willing to develop, responding to evidence and best practice.
- We will work in an open and honest manner with children, young people, their families and with each other.
- We will address the well-being needs of children and young people at the earliest opportunity and prevent the need for later child protection intervention whenever possible.
- We will challenge each other and be ready to receive challenge as we work together in a spirit of mutual respect.

## **Our Priorities**

This document sets out the strategic priorities for Herefordshire Local Safeguarding Children Board for the next two years, the desired outcomes and the actions to be completed to deliver these outcomes. Subgroup work plans provide further detail of how the priorities will be achieved.

Our priorities for 2017 – 2019 are;

Priority 1: Neglect.

Priority 2: Child Sexual Abuse and Exploitation (including children who go missing).

Priority 3: Safeguarding Vulnerable Children.

Priority 4: Early Help.

Priority 5: Strong Leadership, strong partnership.

These priorities have been developed using a range of sources of information which have included inspections, self-assessments, learning from reviews and consultation with our partners in Herefordshire. We know from these sources and from other work carried out by the Board that areas remain where we can improve, and these priorities take account of those areas and reflect our commitment to achieve those improvements.

Specifically the Board recognises that we need to improve how childhood neglect is recognised and effective interventions are delivered at an early stage, particularly for children and young people with disabilities. The Board also recognises that there is a relatively high rate of recording of sexual crimes against children in Herefordshire, and we need to understand why that is and how such offending can be better prevented. The Board recognises that there are opportunities to improve the multi-agency response to children who abuse others, and we also recognise that we still have work to do before all practitioners understand our Levels of Need document, and use it in referring concerns. We need to be better at ensuring the voice of the child influences our work, and finally we recognise that as recent legislative changes create opportunities for a review of safeguarding structures, we need to continue to deliver strong leadership and retain strong partnership working to ensure the best possible safeguarding arrangements remain in place to protect children and young people.

It is the intention of the Board to concentrate on these areas and others in which we can make a real difference to the safety and development of children and young people in Herefordshire by promoting and ensuring efficient and effective practice.

The actions against each of the priorities have been identified following a recent review of our progress during the past twelve months, and are designed to deliver the improvements as set out above. Further, all contribute to achieving our vision, and fulfilling our statutory responsibilities of the board to coordinate and ensure the effectiveness of safeguarding arrangements in Herefordshire.

Strategic Priority	Outcome	We will do this by;
1. Neglect.	<p>Early identification and response to childhood neglect, and it is prevented whenever possible.</p> <p>Appropriate, consistent and timely responses across all agencies working together.</p> <p>A clear focus on the impact of neglect on the child or young person.</p>	<p>1.1. Implementing the childhood neglect strategy and action plan.</p> <p>1.2. Delivering a launch event for the HSCB childhood neglect strategy and associated changes to business practice.</p> <p>1.3. Delivering high quality multi-agency neglect training, to include use of common assessment tool and shared understanding of Levels of Need in relation to childhood neglect.</p> <p>1.4. Evaluating the effectiveness of that training.</p> <p>1.5. Assessing the effectiveness of the use of the assessment tool, and the extent of the understanding of neglect between partner agencies against JTAI standards.</p> <p>1.6. Ensuring the learning from previous SCR's and PLR's is properly embedded.</p>

		<p>1.7. Ensuring a particular focus on the effectiveness of services to prevent the neglect of children with disabilities.</p>
<p>2. Child Sexual Abuse/ Exploitation &amp; children who go missing.</p>	<p>Children who are vulnerable to sexual abuse and/or exploitation are effectively identified, safeguarded and supported.</p>	<p>2.1. Ensuring the delivery of the CSE and Missing strategy and action plan.</p> <p>2.2. Assessing the effectiveness of support services for victims of CSE in Herefordshire, and influencing commissioning of those services.</p> <p>2.3. Ensuring a co-ordinated response with Community Safety Partnership to reducing sexual abuse of children.</p> <p>2.4. Gaining assurance of the effectiveness of risk management planning in relation to individual children and young people at risk of CSE within risk management meetings.</p> <p>2.5. Gaining assurance on the arrangements for and frequency of missing children interviews.</p> <p>2.6. Supporting ongoing local and national CSE awareness campaigns and improving knowledge and understanding of CSE toolkit within agencies in Herefordshire.</p> <p>2.7. Reviewing the 'Children who abuse others' procedure and ensuring appropriate guidance is available to practitioners within Herefordshire.</p> <p>2.8. Checking the effectiveness of the response to previous CSE audit findings, the quality and availability of post abuse support to victims of CSE and the quality of intelligence relating to CSE, and the effectiveness of its sharing and use.</p>
<p>3. Safeguarding vulnerable children.</p>	<p>Vulnerable children are identified and safeguarded, and their wellbeing promoted.</p>	<p>3.1. Maintaining up to date LSCB procedures that align with regional arrangements and statutory guidance to inform the journey of the child through the child protection process.</p> <p>3.2. Developing the focus on 'hidden harm' and the increased risk to children with disabilities within multi agency training.</p> <p>3.3. Using multi-agency performance data to ensure the effectiveness of local safeguarding practice, specifically the application of LSCB thresholds, and the quality of child protection plans.</p>

		<p>3.4. Ensuring learning from SCR's and PLR's is appropriately used to improve the journey of the child through the child protection process.</p> <p>3.5. Securing feedback from children and young people who are subject to a child protection plan or who are looked after, to understand the effectiveness of the local safeguarding system.</p>
4. Early Help	Children and their families receive effective help at the right time which promotes their wellbeing.	<p>4.1. Ensuring LSCB procedures address the impact 'hidden harm' has on children and young people, for example children living with substance misuse and domestic abuse within the family.</p> <p>4.2. Assessing the impact of threshold decisions on those children who are not stepped up to higher levels of intervention.</p> <p>4.3. Ensuring that the HSCB procedures support the early help strategy.</p> <p>4.4. Evaluating the availability and effectiveness of early help support, particularly in relation to children living with neglect and domestic abuse, and children with disabilities.</p> <p>4.5. Working with the Children and Young Person's Partnership to ensure LSCB training products promote understanding of the early help offer with practitioners, to include overhaul of working together training sessions, and use of evaluation process to monitor effectiveness.</p> <p>4.6. Assessing the quality, effectiveness and availability of early help support and interventions in relation to those families where childhood neglect is a risk or present.</p> <p>4.7. Securing feedback from children, young people and their parents/carers about their experience of accessing and receiving early help (including Families First).</p>
5. Strong leadership, strong partnership.	HSCB leads the safeguarding agenda, challenges the safeguarding work of partner organisations, and commits to an approach that learns lessons and embeds good practice. The partnership has effective plans in	<p>5.1. working with partners to deliver successfully against the Business Plan and associated work plans set for HSCB and its subgroups / working groups</p> <p>5.2. continuing to strengthen the governance interface between HSCB and other key strategic forums</p> <p>5.3. communicating and raising awareness about safeguarding to individuals, organisations and communities</p> <p>5.4. maintaining HSCB's Learning &amp; Improvement Framework, facilitating, promoting and embedding learning from evidenced based practice, including</p>

	<p>place for maintaining the effectiveness of safeguarding in the future.</p>	<p>SCRs and local learning reviews, and assessing impact of learning activity</p> <p>5.5. scrutinising and challenging the individual and collective performance of partner organisations in safeguarding and improving outcomes for children, particularly those who are most vulnerable</p> <p>5.6. engaging with children, young people and families to capture their views and experiences, influence the partnership's work and evaluate the impact of partner activity on their outcomes</p> <p>5.7. engaging with practitioners to ensure they are supported to work effectively with children and their families.</p>
--	---	---





<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 2 October 2017</b>
<b>Title of report:</b>	<b>Outcome of peer review June 2017</b>
<b>Report by:</b>	<b>Director for children's wellbeing</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To consider and provide views on the outcomes and recommendations from the casework peer review, which took place between 13 and 15 June 2017, and to consider if the outcomes provide assurance to the committee that we are providing a robust environment in which good quality social work can take place.

## Recommendation(s)

That:

- (a) the outcome and recommendations from the Local Government Association (LGA) casework review are considered;
- (b) the committee determines any recommendations it wishes to make to secure further improvement and provide a robust environment in which good quality social work can take place; and
- (c) the committee determines whether, in light of the review, to make any additions to the future committee work plan.

## Alternative options

1. The committee could chose not to review the outcomes of this peer review and seek other alternative methods of obtaining the assurance that robust evidence based recording is happening across the council's children's wellbeing directorate. This is not recommended as this review has already been completed by the Local Government Association and has provided useful evidence upon which the scrutiny committee can assess the performance of the service.

## Key considerations

2. The casework peer review took place from 13 to 15 June 2017 and was carried out as part of a programme of improvement, which will also include a bespoke peer review which is scheduled to take place in the near future. It was viewed, in part, as piloting a different approach to mirror the changing inspection framework and emphasis on outcomes and the lived experience of the child. This would then enable other local councils to benefit from a revised LGA approach. Herefordshire Council asked the case file auditing team to take a broad cross-section of cases and to give particular attention to the experience of the child and whether the work had improved outcomes for them.
3. A random selection of 18 cases was made from case lists provided by Herefordshire Council. As agreed, they included child protection, child in need, looked after children, care leavers, early help and children with disabilities. Some children fell into more than one category or had done so over their involvement with the service.
4. It is important to note that none of those cases referred, presented immediate concerns to the auditors.
5. Auditors used the existing LGA case audit tool and have reflected that the tool could be revised to reflect changing national expectations and enable the full benefit of a case audit review to be realised.
6. The full detail of the work undertaken, our strengths and areas for consideration can be found in appendix a. These will form the basis for the bespoke peer review to take place in the future. Following on from this future peer review, actions to further improve and ensure good practice is recognised and shared, will be put in place and proposed, where appropriate, to Cabinet and partners. The children and young people scrutiny committee will have an opportunity to comment on the findings of the future peer review.
7. In relation to an immediate response to the casework peer review, the safeguarding improvement plan 2017/18 has been updated and is now being acted upon. This is included in a separate report for children's scrutiny at the meeting on 2 October 2017.

## Community impact

8. The committee has a statutory duty to scrutinise and support the continuous improvement work of the children's wellbeing directorate. The committee is key to ensure challenge, support and promotion of the improvement of these services within Herefordshire. The outcome of the casework report and the areas for improvement, identify areas that require sustained focus and improvement and work is underway to ensure that this continues.
9. As the areas of improvement are delivered this will have a positive impact on the delivery of services to children who are the subject to casework. There are further benefits to all children in the county and the wider community in strengthening processes to keep

children safe and give them the best start in life. Improvements to processes around children's casework, resulting from this review, will also contribute positively and tangibly to the responsibilities of the council as a corporate parent.

## **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. The peer review looked at a range of work undertaken to support some vulnerable children, including those with protected characteristics such as disabilities. Some good practice was identified, as well as actions for improvement which, when followed through, will enhance the support to children with protected characteristics that are open to social care.

## **Resource implications**

12. There are no resource implications arising from this report to the committee. Agreed actions to the recommendations will need to be costed and the impact of benefits assessed.

## **Legal implications**

To enable the scrutiny committee to fulfil its function, the report should be shared and any recommendations from the committee put forward to the council for consideration.

## **Risk management**

13. There are no risks associated with agreeing the contents of this report and the associated appendix, as the detail in the report from the LGA provides information and indicates what improvements can be made to take this work forward. Risks associated with the actual activity are managed through the children's wellbeing directorate risk register and where necessary would be escalated to the council's corporate risk register.

## **Consultees**

14. None

## **Appendices**

Appendix A – Outcome of children’s wellbeing casework peer review presentation

## **Background papers**

None identified

# Herefordshire Casework Review



# What we looked at

- Focus on the journey of the child
- Quality of child's assessment
- Quality of practice
- Progress and outcomes for the child
- Thresholds
- Does casework evidence improvement?

**Some areas for consideration will be subject to further work in September**

# Journey of the Child

## **Strengths:**

- Strategic vision
- Some improvements
- Early Help is apparent in some cases
- Voice of child evident in most cases

## **Areas for Consideration:**

- Seamless progression through child's journey not evident
- Too many processes and pathways (service design not child focussed)
- Lack of clarity on step-up and step-down

# Child's Assessment is of Good Quality?

## Strengths

- New C & F Template good – includes Assessment Plan
- Some good assessments
- LAC Review focus on child's needs
- Pathway Plan Assessments are positive

## Areas for Consideration

- Not seen a CAF – Review 'Early Help Assessment'
- Analysis not well developed (risk, resilience, capacity to change)
- Timeliness? - blank C & F's on system
- Clarity in use of C & F Assessment to inform decisions and reviews
- Child's visibility in assessments variable



# Quality of Practice

## Strengths

- Workers know the children and families and are passionate about improving outcomes
- Evidence of direct work with children/families
- Saw use of variety of tools
- Risk and resilience identified but not always easy to find in documents/assessments
- Examples of innovative practice
- Effective 16+ Service and good leaving care offer
- Renewal of LAC process/pathway
- Unannounced visits
- Historical drift being addressed
- Evidence of effective multi-agency working

# Quality of Practice

## Areas for Consideration:

- Lack of clarity Early Help offer and Lead Professional role
- Quality of practice not always evidenced in case files
- Not always able to see evidence of compliance e.g. plans on file, supervision and management oversight
- Chronologies not used to inform practice
- Diversity issues not always addressed

# Evidencing progress and improved outcomes for children

## Strengths

- Workers can verbalise child's outcomes and progress made against plans
- Good outcomes for children
- Some Core Groups/reviews evidence progress against the plan

## Areas for Consideration

- Assessments do not consistently inform plans
- Not clear from system/plans what outcome trying to achieve
- Plans have right actions but are not outcome focussed

# Understanding of thresholds

## Strengths:

- Multi-agency (EH) groups supporting partners to understand thresholds
- Clear threshold document
- MASH clearly record threshold level

## Areas for Consideration:

- Inconsistent application of thresholds
- Not understand where CIN sits and threshold

# Does casework evidence improvement?

- Addressing drift and delay
- Focus on reducing LAC
- Focus on permanency
- Some good examples of addressing neglect
- Workers say they are supported and managers know the case, but...
- Casefiles do not always evidence good practice
- No evidence of audits informing practice – small sample seen, actions not completed
- Diversity not consistently addressed

# Suggestions for improvement

- Outcome focussed plan – One Plan
- Impression of inequitable caseloads and spread of work
- Consistent format for reports – use C & F Assessment all the time
- Be clearer about what needs to be recorded on Mosaic and where – Map for Mosaic
- Use of Case Summary



<b>Meeting:</b>	<b>Children and young people scrutiny committee</b>
<b>Meeting date:</b>	<b>Monday 2 October 2017</b>
<b>Title of report:</b>	<b>Children's Wellbeing Self Assessment 2017</b>
<b>Report by:</b>	<b>Assistant director safeguarding and family support</b>

## Classification

Open

## Decision type

This is not an executive decision

## Wards affected

(All Wards);

## Purpose and summary

To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further.

The self-assessment is currently draft and input from the children's scrutiny committee will inform further development that will support our improvement journey.

## Recommendation(s)

That:

- (a) **The committee considers the draft self-assessment as attached in appendix 1;**
- (b) **the committee are asked to make any recommendations or further suggestions for the executive to consider in relation to how the assessment can be further developed; that will challenge and enable us to continue on our improvement journey.**

## Alternative options

1. The scrutiny committee could choose not to consider the self-assessment document however this would deny members the opportunity to comment upon and inform an important document which will, in due course, be shared widely.

## Key considerations

2. Within the West Midlands, there is an annual peer challenge event which takes place each autumn. Every council is asked to prepare a self-assessment of their Children's Directorate which is then challenged by peers. This event is regarded as a useful opportunity to test the evidence held within local authorities regarding their performance and areas for development.
3. In 2016 Herefordshire did not present a full self-assessment and instead presented a shorter document focussed on particular areas of development such as Early Help. On reflection this limited the benefit of the peer challenge event for Herefordshire. It was therefore agreed in early 2017 that a full self-assessment be prepared for the 2017 peer challenge
4. During 2017 Ofsted issued a draft framework for their new inspection regime which will begin in 2018. Included within this document is the expectation that every council completes an annual self-assessment of their Children's Directorate which then forms the basis of the subsequent inspection. In essence, the question asked will be: does the council know itself?
5. When Ofsted inspected Herefordshire's SEND offer recently, a self-assessment was prepared and it was agreed by all concerned that this not only assisted the work of inspectors but also acted as an important prompt for local professionals.
6. During 2017 heads of service across the children's wellbeing directorate have written the sections of the self-evaluation document relevant to their service area. During the summer of 2017 the regional Directors of Children's Service group agreed a draft template for self-assessments. This was designed to support the peer challenge event by ensuring that all reports contained the same range of information in the same order as well as enabling local authorities to prepare for the future Ofsted framework.
7. Officers will seek the views of key statutory stakeholders as part of this process.
8. Areas noted for development are included within the directorate's improvement plan.
9. Most recently, a new iteration of the Ofsted framework has removed the mandatory production of annual self-assessments however this does not diminish the benefit of annual reflection and challenge which will continue on a regional basis. It is also assumed that inspectors will ask for any self-assessment that does exist when they visit a local authority.
10. Once completed, the self-assessment document will be presented to the Cabinet Member for young people and children's wellbeing.

## Community impact

11. The council is committed to maintaining high standards of corporate governance in order to achieve the council's vision of "people, organisations and businesses working together



to bring sustainable prosperity and well-being for all, in the outstanding natural environment of Herefordshire.” A principle of the council’s code of corporate governance is to implement good practices in transparency, reporting, and audit to deliver effective accountability. To support effective accountability the council is committed to reporting on actions completed and outcomes achieved, and ensuring stakeholders are able to understand and respond as the council plans and carries out its activities in a transparent manner.

12. Ensuring that there are robust plans for improvement will support the council achieve its corporate plan and children and young people’s plan priority to keep children and young people safe and give them the best start in life.

## **Equality duty**

13. 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.
14. There is no equality impact arising from this report because there is no intention to reduce services for protected groups as a result of its approval.

## **Resource implications**

15. There is no financial impact arising from this report. The improvement actions are currently covered within the 2017/2018 children’s wellbeing budget plans.

## **Legal implications**

16. Sharing the self assessment with the committee will allow the document to be scrutinised and challenged and any recommendations put forward.

## **Risk management**

17. This document provides a context for the identification of risk within the directorate. There are no specific risks associated with this document. A decision not to produce a self-assessment could lead to the risk of either undue confidence or unsubstantiated pessimism.

## **Consultees**

18. None.

## **Appendices**

Appendix 1 Herefordshire self-assessment 2017

Appendix 2 Safeguarding and family support improvement plan 2017-18

## **Background papers**

None identified.



A self-assessment of Local Authority Children's Services

Our Story

Herefordshire Council last updated **22/09/2017**

**#TeamWestMidlands**

211

DRAFT

## Introduction

Herefordshire has high aspirations for all its children and young people and as a partnership and council we are committed to ensuring that the children and young people of Herefordshire have the best start in life and grow up healthy, happy and safe within supportive family environments.

We have been improving our delivery of effective safeguarding over a number of years and it continues to be a key priority for the council and for partners. We have seen significant improvement in a range of children's outcomes over the past three years, particularly in relation to a number of education measures.

Herefordshire is a rural, unitary authority with a population dispersed between the city, five market towns and a large number of villages. Children form 20% of the population, numbering 40,000, and in June 2017 303 were looked after, 117 subject to child protection plans and 605 benefitting from a common assessment.

There are 78 primary schools, 16 secondary schools, four special schools and one PRU with 33 academies including two free schools. There are nine children's centres, 86 Ofsted registered childminders and 123 early years settings.

Herefordshire Council was judged as requires improvement by Ofsted in 2014 and this following a judgement of inadequate in 2011. The local authority is committed to continuing its improvement journey and aspires to be good when next inspected. Since January 2016 the numbers of children subject to child protection plans and also those deemed to be children in need (s17) have been sustainably reduced to appropriate levels for our population. The number of looked after children continues to be higher than would be expected for our population, with 85 per 10,000 in contrast with our statistical neighbours' average of 50. During 2016 a 0-25 SEND Service was created and a subsequent Ofsted/CQC inspection reported positively on the outcomes for young people. 776 children had statements of SEN or Education, Health and Care Plans.

As part of its commitment to improvement, Herefordshire has commissioned two LGA peer reviews. A short case file review and a longer safeguarding review. The short review took place in June 2017 and the full review is going to be scheduled for the beginning of 2018. The finding of the June review is appended. In essence it found motivated staff who knew the children they worked with well and had clear outcomes in mind for their work however this was not consistently reflected in case recording. An explicit relationship between referral, chronology, assessment planning, review and outcome was not evidenced.

Elected members are closely involved in the directorate's improvement. Weekly meetings take place between the cabinet lead member and the director and monthly performance challenge sessions have been in place for several years. The monthly meetings involve all political group leaders, the chief executive of the council and the directorate's senior management team. During 2016 performance scorecards were developed for children's social care and these have assisted both the member challenge sessions and the dissemination of key performance information to social work teams. Further work is currently underway to develop monthly reports on key areas of work as well as team scorecards.

Alongside Hereford's Safeguarding Children Board there is a Children and Young People's Partnership Board which oversees the delivery of an improvement plan (appended) and is chaired by the Lead Member for Children's Wellbeing.

Children's Social Care is predominantly part of the Safeguarding and Family Support Division. It includes a MASH, two assessment teams that also hold s17 cases, two child protection and court teams, one looked after children team, one 16+ team, two fostering teams and an adoption team. Two teams of family support workers support these teams. The children with a disability team is part of the 0-25 SEND service which is managed by the Head of Additional Needs within the Education and Commissioning Division. Our early help offer is overseen by a head of service within the Education and Commissioning Directorate. Education and Commissioning is also responsible for fulfilling local authority duties regarding promoting safeguarding and the welfare of all children in early years settings, schools and colleges, school improvement including safeguarding, joint commission, early years sufficiency and children centre services, targeted early help services.

[Add structure charts as an appendix]

DRAFT

## 1. The Local Context

- 1.1 Herefordshire has a population of 189,300. 24% of the population are aged over 65 compared to 18% nationally. Between 2001 and 2016 the population grew by 8% per annum compared with 12% nationally. This was predominantly due to inward migration.
- 1.2 **Question:** The population aged over 65 is expected to grow by 3% per annum. Herefordshire's mortality rates on all indicators are above the England average. Dental health in children under five is below the England average.
- 1.3 **Question:** Life expectancy is 80 for males and 83 for females. This is above the England average.
- 1.4 **Question:** what is the local unemployment rate?? How does this compare with the wider West Midlands region?? What are the youth unemployment rates/issues??
- 1.5 The median annual income of residents is £?? How does this compare with the national average income??

## 2. Outcome from Former Ofsted Inspections

- 2.1. Inspection of Herefordshire safeguarding arrangements for the protection of children took place in April 2014. The local authority was judged to be 'requires improvement'.
- 2.2. **Private/Independent Children's Homes:** In addition to those operated by the local authority, there are xxx children's homes operated by private/independent providers in the locality. Overall effectiveness at the last full inspection (as shown in the Ofsted update for November 2016) was judged to be

Outstanding	Good	Requires Improvement	No Rating Specified	Adequate	Inadequate

- 2.3. Since the last Ofsted Inspection in 04/2017, x serious incident notifications have been submitted to Ofsted, 2 serious case reviews have been completed and a further 0 have been commissioned.
- 2.4. **SEND:** Herefordshire experienced a very positive SEND area inspection in 2016 with a significant number of strengths identified. Clear leadership, positive joint working leading to improved outcomes, timeliness (notably higher than the English average for EHC Plans), clear pathways and

processes including transition to adulthood, high quality specialist provision, CAMHS was highlighted as exemplary. Areas for development included developing and ensuring that the whole system owned the SEND agenda, that EHC Plans and processes fully reflected multi-disciplinary and multi agency involvement to improve outcomes, widening the understanding of need in older years and enabling access to a wider range of opportunities transitioning into adulthood. Herefordshire also needs to do more to listen to parental views, enable easy access to the local offer.

**Joint Targeted:** Please outline your preparedness for your inspection, or if applicable; the date and the outcomes of any inspection, including any areas for Local Authority improvement and progress being made? Please respond in a bullet-point format.

### 3. Management

3.1. How is the Children's Services organisation structured? What is the management approach?

Herefordshire places children at the heart of the council's approach and keeping children safe and giving them a great start in life is a corporate priority. Herefordshire has a director of children's wellbeing, supported by two assistant directors and staffing to deliver statutory responsibilities. Organisational structures are will be attached.

### 4. Children and Young People

- 4.1 A total of 40,000 children and young people under the age of 18 years live in Herefordshire. This is approximately 21% of the total population in the area.
- 4.2 Approximately 15 % of the local authority's children and young people (aged 0 – 17) are living in poverty<sup>i</sup>. This is lower than the national average.
- 4.3 The proportion of children entitled to free school meals:
- Primary schools (including reception) - xx% (the national average is xx%)
  - Secondary schools (including Academies) -xx% (the national average is xx%)
- 4.4 Children and young people from BME groups account for xx% of all children living in the area compared with xx% in England. Approximately xx% of children aged 5-17 are from a BME group compared with xx% in England. The largest BME group of children and young people in the area are of xxx ethnic group.
- 4.5 The proportion of children and young people with English as an additional language:
- Primary schools - xx% (the national average is xx%)
  - Secondary schools - xx% (the national average is xx%)

## 5. Health

- 5.1 The health and wellbeing of children in Herefordshire is generally worse/better than the England average.
- 5.2 **Question:** Infant mortality rates and comparison to national data?
- 5.3 **Question:** Any analysis of reasons for infant mortality rates and action/learning taken to improve those rates?
- 5.4 **Question:** Child mortality rates and comparison to national data?
- 5.5 **Question:** Any analysis of reasons for child mortality rates and action/learning taken to improve those rates?
- 5.5 **Question:** Child obesity rates and comparison to national data?
- 5.6 **Question:** Any analysis of child obesity rates and action/learning to improve those rates?
- 5.7 **Question:** Under 18 conception rates and comparison to national data?
- 5.8 **Question:** Any analysis of under 18 conception rates and action/learning to improve those rates?

## 6. Education (Early Years/Childcare/Post 16)

- 6.1 **The Direction of Travel (please provide an overview)**
- 6.2 **Areas where we are making most progress (Please answer in bullet-point format)**
- 6.3 **Areas for further development (Please answer in bullet-point format)**

Please include evidence/examples/case-studies if appropriate



6.4 The table below includes outcomes from inspection activity. ***The ambition is that by mm/yyyy, xx% of schools in the locality will be rated good or better when inspected.***

	Total number inspected	Outstanding		Good		Requires improvement		Inadequate		% Good or Better
		Schools	Total No. of Pupils	Schools	Total No. of Pupils	Schools	Total No. of Pupils	Schools	Total No. of Pupils	
Nursery										
Primary										
Secondary										
PRU										
Special Schools										

217

6.5 **Special Educational Needs (SEND)**

**6.6.1 The Direction of Travel**

Positive with a significant number of strengths, clear awareness of what needs to improve and externally verified by OfSTED/CQC inspection in 2016.

**Children with disabilities (additional needs service)**

The Additional Needs Service is a multi-disciplinary service that has a focus on enabling children and young people with impairments to achieve the best start in life and to stay safe.

The service consists of children with disabilities social care team (CWD Team), the SEN Team, an independent travel team, an educational psychology team, specialist teachers for physical and sensory impairment as well as commissioning provision for specialist education places and services for social, emotional and mental health needs.

The CWD Team works with children with impairments along with their families at levels 2, 3 and 4 of the HSCB Levels of Need. The team assesses the needs of the child and family to determine whether the family is eligible for a service which will mitigate the impact of the child's disability. For those families who are assessed as requiring the intervention of a social worker, the family will be encouraged to make changes which will lead to improved outcomes for the child(ren). This work might also include some direct work from one of the team's family support workers. Where families are unable to make the necessary changes, the team will work with the Council's legal team and the courts to ensure that the child's well-being is safeguarded.

HSCB Level 2	HSCB Level 3	HSCB Level 4
Single agency response	Multi-agency response	Immediate Intervention or specialist assessment required because there is the risk of significant harm or impairment without the provision of services
Service from targeted short break with CWD team determining exceptions	Assessed for a short break via Child and family Assessment by a social worker. Case held by Family Support worker	Assessed as requiring a social worker – Statutory CIN, CP or LAC Plan
Ongoing until 18 unless demonstrated that it is not required	Reviewed as part of Education, Health and Care Plan (EHCP) Annual Review organised by school	Reviewed via relevant statutory review at required interval

218

### 6.6.2 Areas where we are making most progress

#### Areas of strength

- What impact is your service having for the children and young people of Herefordshire?
  - The team know their cases well and this ensures that the risks are assessed and mitigated. Management oversight at team manager level is a strength.
  - Procedures and scheme of delegation are followed consistently, e.g. Use of PLO or requests for short breaks. This ensures that appropriate oversight of decision-making.
  - Providing continuity of worker to families which allows a more complete picture when assessing need.
  - Encouraging families through expectations of good parenting and timely support to mitigate the impact of the child's disability on family life.
  - Greater transparency for families as procedures and resource allocation is developed and published.
  - Work to shift in the delivery of short breaks from a smaller number of families getting significant (and sometimes disproportionately high) numbers of overnight short breaks to a situation of earlier intervention with higher numbers of families getting support at an earlier stage in order that difficulties are not allowed to

- Working alongside education statutory assessment team has enabled improved exchange of information.
- What outcomes is your service delivering for the children and young people of Herefordshire?
  - A number of children who have been experiencing chronic neglect over a number of years have had resolutions to their cases and either the family situation has improved or they have been taken into care.
  - Successful packages of support to families leading to a greater stability of family life.
  - More families are getting packages of support that are matched to the assessed needs of their family.
  - Improved sharing of information leading to greater accuracy of assessment which results in improved planning for the child
- What evidence do you have? (please describe or attach)
  - Reduction in staff turnover on individual cases (all staff except one on permanent contracts with permanent team manager- previous situation was only one permanent member of staff and 6 team managers in a 3 year period)
  - Changing pattern of short breaks offered and taken up. Until 2016 a number of families had over 75 overnight nights per year. Direct Payment packages offering families greater choice and control increased from 29 in 2013 to 52 in 2017. Overall number of families receiving a short break just over 100.
  - All case audits conducted by HOS demonstrate appropriate levels of manager oversight.
  - Low level of complaints (figures TBC)

219

### 6.6.3 Areas for further development

#### Areas of improvement

- What does your service need to improve for the children and young people of Herefordshire?

1. Timeliness of re-assessments and visits to children and completion of chronologies.

	Dec-16	Mar-17	Apr-17	May-17
Team caseload	177	170	175	171
Open assessments out of timescales	65%	31%	21%	24%
Review assessments out of timescales	47%	52%	53%	52%
Cases with no chronologies	49%	34%	33%	30%
No up-to-date chronology (within 6 mths)	81%	75%	74%	71%
Visits out of timescales	58%	34%	39%	36%
Meetings out of timescales	37%	23%	23%	18%
Supervision records out of timescales	58%	39%	42%	33%

The table above demonstrates progress in 6 of the 7 indicators over a 6 month period except for review assessments out of timescale.

2. Implementing changes to procedures to incorporate some children receiving a service under Section 2 of the Chronically Sick and Disabled Act (1970). This includes a change in referral route through a multi-agency panel rather than through the safeguarding hub (MASH), the publishing of the procedures, cases being worked by family support workers and reviewing annually through the EHC Plan review. The aim is to arrive at a proportionate response in relation to need which should result in a higher proportion of time being available to work with the families with the greatest needs.
3. SMARTer objectives in statutory plans.
4. Ensuring that the voice of the child is captured more fully in assessments
  - How will you know that you have achieved your identified improvements?
    1. Management reports will show the improvement in timeliness of assessments and visits
    2. Evidence of new procedures in place and being followed.
    3. and 4. Ongoing audit of cases

220

#### Areas of concern

- What areas of concern do you have in relation to your service?
  1. Recruitment of experienced social workers (including agency workers where necessary) has been problematic. New recruitment has been limited to 'grow your own' and variable quality of agency workers. This has an impact on caseloads within the team and on the few experienced workers within the team in particular and limits the recording of work on the system.
  2. Multi-agency working – There has been a lack of a shared understanding of risk and responsibility between the CWD Team and a number of other agencies. This has resulted in delay in gathering evidence and agreeing a coherent position when taking cases through the court route.
- How are you proposing to mitigate against these areas of concern?
  1. Continuing to use the recruitment team to fill the remaining vacancy and build up the experience of newly qualified staff in order that they gain confidence.
  2. Meeting with other agencies to develop greater shared understanding of different perspectives. This will include learning reviews of particular cases.

- How will this impact on your service delivery for the children and young people of Herefordshire?
1. If caseloads remain high, there is a risk that staff will not be able to meet statutory timescales for visits and reviews which will lead to a poorer service for children and their families. In a small number of cases, this could increase the risk to individual children. There is also a risk to the well-being of staff and a threat to the stability of the team, which in turn will result in more changes of social worker experienced by the family.
  2. There is a risk that coherent court proceedings will not be possible if the evidence provided is contradictory. This could result in children continuing to live in neglectful or abusive situations.

## 6.7 Education Outcomes

### 6.7.1 *Early Years Foundation Stage*

- In 2017, 75% of pupils at the end of reception year were assessed as reaching 'a good level of development; this was well above the national average. Over the past 3 years the percentage of pupils achieving a good level of development has steadily improved from below national in 2015 (65.1%) to top quartile in 2016.
- Data by pupil characteristics is not yet available from the DfE for 2017. Outcomes for disadvantaged (FSM) children in Herefordshire were ranked in the 3<sup>rd</sup> quartile of all local authorities in 2016; the percentage of boys achieving a good level of development was in the top quartile.

### 6.7.2 *Key Stage 1*

In 2017 outcomes at Key Stage 1 in reading, writing and mathematics all exceeded the provisional national figures and were an improvement on Herefordshire's performance in the first year of the new tests in 2016.

- Reading: 77.8% - 2017; 75.5% - 2016
- Writing: 72.2% - 2017, 67.8% - 2016
- Maths: 77.1% - 2017, 74.4% - 2016

The percentage of pupils working at or above the phonics screening threshold in 2017 at 83.6% was above the emerging national figure. This is a considerable improvement on Herefordshire's performance in phonics (below national average in 2015) following a significant school improvement initiative with a local teaching school and a neighbouring local authority.

Data by pupil characteristics is not yet available from the DfE for 2017. Outcomes for FSM pupils in phonics testing were very low in 2016 and ranked in the bottom quartile of all local authorities. Other vulnerable groups achieved better results: EAL pupils and pupils on SEN support all achieved top quartile results in phonics.

### 6.7.3 **Key Stage 2**

At Key Stage 2 outcomes in reading and writing were above the national average in 2017. Disappointingly, outcomes in mathematics were below national and mathematics remains a key focus. Overall, the percentage of pupils meeting the expected standard in reading, writing and mathematics was broadly in line with national average (60%), as it was in 2016 (52%). Nevertheless, the county's figure for progress in mathematics was positive (+0.1); pupils' progress in reading (+1) and writing (+1.2) was also positive.

In 2016 the percentage of boys achieving the expected standard in reading, writing and mathematics ranked in the second quartile of all local authorities. Girls in Herefordshire, by contrast, performed in the bottom quartile nationally. Disadvantaged and FSM pupils' achievement ranked in the 3<sup>rd</sup> quartile.

### 6.7.4 **Key Stage 4**

In 2017, the percentage of students at KS4 achieving a grade 4+ in both English and mathematics (65.4%) is comparing favourably with the emerging national figure. The numbers achieving a strong pass in both subjects (44.5%) is also likely to be in line with the national average. In other key performance indicators:

- 4+ En - 77.4%
- 5+ En - 62.7%
- 4+ ma - 70.8%
- 5+ ma - 49.9%
- Attainment 8 – 46
- Ebacc – 22.9%

Pupil characteristic data is not yet available from the DfE for 2017. In 2016, FSM pupils achieved results which ranked Herefordshire in the 2<sup>nd</sup> quartile for both attainment and progress 8. Herefordshire was ranked first for FSM attainment when compared with its statistical neighbours and second for FSM progress. The number of FSM students in Herefordshire achieving GCSEs in English and maths was in the top quartile nationally. Gaps between FSM and non FSM students at KS4 have improved over time and are now in line with national. EAL and SEN support students made very good rates of progress at KS4 in 2016; SEN support attainment 8 figure ranked in the second quartile of all local authorities.

### 6.7.5 **Key Strengths**

- Outcomes in EYFS, Y1 phonics, KS1 (re, wr, ma) and KS2 (re, wr) have all demonstrated steady improvement over the past 3 years and are now above national average.
- Students' performance at KS4 is typically in line with the national average at most key assessment points.
- Although gaps remain, at KS4 FSM students in Herefordshire are achieving top quartile results in English and mathematics when compared with the same group nationally.

### 6.7.7 **Areas for development**

- Below national outcomes in maths at KS2 has prevented the percentage of children achieving the expected standard in re, wr, ma to exceed the national average over the past two years.
- Students' achievement across the wider range of subjects has not been as strong at KS4 as in English and mathematics. The percentage achieving the EBacc was below the emerging national average in 2017. In 2016 students' outcomes in the 'open bucket' were an area for development.
- The gaps between the achievement of disadvantaged children and non disadvantaged children at most key assessment points are wider in Herefordshire than the same gaps nationally. FSM achievement at KS1 of particular concern.
- Disparities between the achievement of boys and girls fluctuate year on year and at different key assessment points.

## 6.8 **Educational Outcomes – Looked After Children See 25**

### 6.8.1 **Areas where we are making most progress (Please answer in bullet-point format)**

### 6.8.2 **Areas for further development (Please answer in bullet-point format)**

Please include evidence/examples/case-studies if appropriate

### 6.8.3 **Early Years Foundation Stage (EYFS)**

xx% of looked after children at Early Years Foundation Stage attained a 'good level of development' in reading, writing and number – **a xx% increase from yyyy. (NB: using most recent data available)**

#### 6.8.4 **Key Stage 1**

**(NB: using most recent data available)** At the end of Key Stage 1, the following % of eligible looked after children in The Local Authority schools achieved the age related expected level in teacher assessments:

- xx% in reading
- xx% in writing
- xx% in maths
- xx% in science
- xx% in reading, writing and maths
- xx% in the year 1 phonics check (xx% of all pupils achieved the expected level)

Pupils in schools outside The Local Authority achieved:

- xx% in reading
- xx% in writing
- xx% in maths
- xx% in science

#### 6.8.5 **Key Stage 2**

**(NB: using most recent data available)** The Local Authority schools only - % achieving the age-related expected level in teacher assessments:

- xx% in reading – xx% lower/higher than all pupils in The Local Authority
- xx% in writing – xx% lower/higher than all pupils in The Local Authority
- xx% in maths – xx% lower/higher than all pupils in The Local Authority
- xx% in reading, writing & maths – xx% lower/higher than all The Local Authority pupils and xx% lower/higher than the national figure for all pupils (science was xx% for The Local Authority looked after children)

#### 6.8.6 **Key Stage 4 (NB: using most recent data available)**

- xx% of eligible looked after children achieved 5+ GCSEs at grades A\*-C, including English & Maths

xx% represents a dip/increase compared with yyyy results (xx%) . xx% of in-Local Authority pupils achieved 5+ GCSEs at grades A\*-C including English and Maths. xx% of pupils educated outside The Local Authority achieved the same benchmark. Please explain any trends?

#### 6.9 **School Attendance (NB: using most recent data available)**

The overall absence rate for primary schools **reduced/increased from xx% in yyyy/yy to xx% in yyyy/yy**. The percentage of primary pupils classed as persistent absentees have **reduced/increased from xx% in yyyy/yy to xx% in yyyy/yy**. (NB: most recent data available)



The overall absence rate for secondary schools has *reduced/increased from xx% in yyy/yy to xx% in yyyy/yy* The percentage of secondary pupils classed as persistent absentees have *reduced/increased from xx% in yyy/yy to xx% in yyyy/yy..* (NB: most recent data available)

**6.9.1 Areas where we are making most progress (Please answer in bullet-point format)**

**6.9.2 Areas for further development (Please answer in bullet-point format)**

**6.10 School Exclusions**

**6.10.1 Areas where we are making most progress (Please answer in bullet-point format)**

**6.10.2 Areas for further development (Please answer in bullet-point format)**

Please include evidence/examples/case-studies if appropriate

**6.11 Post-16**

**6.11.1 Areas where we are making most progress (Please answer in bullet-point format)**

The percentage of Herefordshire resident young people in full time education and training is above the England average as of the December 2016 outturn:  
England 83.7%  
Herefordshire 83.8%

**6.11.2 Areas for further development (Please answer in bullet-point format)**

The percentage of Herefordshire resident young people in education and training (to include part time education/ apprenticeships and employment with training) is below the England average as of the December 2016 outturn:  
England 91.4%  
Herefordshire 89.6%

Please include evidence/examples/case-studies if appropriate

## 6.12 Improving Education, Employment and Training for Vulnerable Groups

### 6.12.1 Areas where we are making most progress (Please answer in bullet-point format)

- Monthly tracking meetings focussing on vulnerable groups are held, representatives from SEN/ LAC and GRT are invited. GRT regularly attend
- Numbers of young people post 16 in a vulnerable group who are not engaging are closely monitored and information about their NEET status is passed back to their lead professional (SEND/ LAC /GRT etc)
- Pre 16 ESF funded NEET programme works closely with vulnerable groups specific mentoring programme for LAC young people transitioning to post 16 has had positive results

DATA:

Post 16 with SEND (up to age 25) – Cohort total 180, 12% are NEET, 0% not known

Post 16 LAC (16 – 18) – Cohort total 23, 17% NEET, 0% Not Known

Post 16 Care leavers (16-18) – Cohort total 14, 14% NEET, 0% Not Known

226

### 6.12.2 Areas for further development (Please answer in bullet-point format)

- Limited resource for young people post 16 with specific needs who are NEET
- Vulnerable young people who are NEET tend to be NEET for longer periods of time ( 3 months plus)
- More join up with early help approach and troubled families will be beneficial to improve outcomes for vulnerable young people

Please include evidence/examples/case-studies if appropriate

## 6.13 Not in Education, Employment or Training (NEET)

### 6.13.1 Areas where we are making most progress (Please answer in bullet-point format)

Overall NEET cohort has decreased to 2.8% (53 young people) as of August 2017

Overall Not Known cohort has decreased to 0.5% (9 young people as of August 2017)

ESF Funded pre 16 NEET prevention programme; Live and Learn 2016/17 has seen 35 out of 37 young people on the provision progress to post 16

### 6.13.2 Areas for further development (Please answer in bullet-point format)

- 17.4% of the Looked after cohort are NEET
- 11.2% of those with an Education health care plan are NEET
- More work needs to be done with vulnerable groups to ensure they sustain a positive destination
- The data system for tracking young people requires further development and resourcing to ensure an accurate data set and allow staff the ability to analyse the Herefordshire picture in order to influence future commissioning.

#### Please include evidence/examples/case-studies if appropriate

- NEET re engagement programme Live and Learn Case Study

Young person X was referred to the live and learn NEET prevention programme because of his total lack of engagement with education, the Herefordshire council mentor worked with X and his family to encourage them all to engage with provision. This was a slow process with relationships building starting with the parents and then unpicking with the learner what they wanted to achieve.

The following is feedback from the referrer:

“I wanted to just drop you a line to say how much I have appreciated L’s tenacity in getting X to where he is now. This family have gone from being ‘closed and unresponsive’ to suggestions of ways forward for X, to him completing a Live and Learn Course at Holme Lacy and now enrolled on a Post 16 course. This would never have happened, and X’s future prospects would have severely diminished, if L had not been so vociferous in ensuring ‘best outcomes’ for him.”

## 7. Social Care – Performance

### Performance management

The team works with operational staff to ensure that a child’s journey can be recorded as accurately and efficiently as possible on Mosaic. This will involve updating the system to reflect changes in process, statute and also making improvements to existing workflows.

The performance staff are responsible for the production of accurate and timely information, crucial in ensuring that managers have the appropriate oversight of their teams, their performance and the timely adherence to processes. This helps to provide assurance that teams are achieving the right outcomes for the children of Herefordshire. The performance team is also responsible for the statutory annual returns, regional benchmarking and provision of information for FOI’s.

This is a shared function, providing similar support to the adults and wellbeing directorate.

### Areas of strength

- *What impact is your service having for the children and young people of Herefordshire?*
- *What outcomes is your service delivering for the children and young people of Herefordshire?*
- *What evidence do you have? (please describe or attach)*

Following the successful upgrade to the Mosaic case recording system in April 2016, a programme of system reviews is helping to improve professional processes and ensure staff can make effective use of Mosaic. In the last 6 months, the contact/referral process has been revised to ensure clarity regarding referrals and the single child and family assessment has been introduced. These changes support improved practice for social workers in their involvement with children because the assessment of children has been simplified and streamlined alongside the new referral process which supports transparent working with families. These improved assessment forms were recognised by a peer review in June.

Working with operational professionals, the team have been able to improve the standard and accuracy of weekly operational and quarterly reporting over the last year. These reports are assisting managers to monitor timely delivery within their teams and minimising the risk of cases drifting.

In addition to internal reporting, the team have improved the quality of the information provided in statutory reports. The team have redeveloped these reports and engaged with senior managers to provide the directorate with greater assurance over its statutory returns and a more accurate presentation of Herefordshire's performance.

28

The team are also developing a series of self-service reports, which allow operational managers access to a greater variety of data without having to be dependent on the performance team. There is a small number of these reports available presently and a plan is in place to develop the number of these available in line with the plans identified below.

### Areas of improvement

- *What does your service need to improve for the children and young people of Herefordshire?*
- *How will you know that you have achieved your identified improvements?*

There are three main areas of improvement required for the team; availability of reports and information within the directorate, data quality and ensuring that mosaic is as efficient as possible for practitioners.

Following the migration to Mosaic, a number of the previously available reports require redevelopment. The performance team are in the process of identifying the reporting requirements and prioritising their delivery. The plan is being developed in quarter 1, with some areas of delivery already having started, with a plan for final delivery by autumn/winter 2017 (dependent on Mosaic recording capabilities).

The introduction of this wider range of performance information will provide reassurance of effective social work, both in terms of process and outcomes which will help to identify areas of poor practice for improvement, in turn helping operational managers to improve the service provided to children of the county.

Data quality within Mosaic is a concern and the team is looking to develop a data quality audit tool to ensure that pockets of poor recording are identified and rectified. This planned for development and introduction in quarter 1 2017/18. A shared Data Quality Officer has also recently started and will link between the performance team and operational teams to support improved data recording.

In addition, there is an acknowledgement that there are a number of areas where recording in the system is currently weak. This has meant the adoption of separate spreadsheets across the business in order to capture data, such as fostering, adoption, care leavers and early help. This separate recording can increase the risk that social workers are not aware of the full, up-to-date context of the case.

Remedying this will require working with business areas to ensure that the Mosaic system is fit for purpose ensuring that staff understand the way that the system and its workflow operate and providing access to accurate reporting to remove the need for separate recording in a spreadsheet. The Looked After Child process is due to go live shortly, after which another round of prioritisation will identify the next areas of development on the Mosaic system. Several areas of poorer recording processes were also identified by the June Peer Review; such as Early Help, case chronologies and case summaries and a single template for planning, and will be included and prioritised as part of this round.

#### Areas of concern

- *What areas of concern do you have in relation to your service?*
- *How are you proposing to mitigate against these areas of concern?*
- *How will this impact on your service delivery for the children and young people of Herefordshire?*

The biggest challenge is the pace of change required with a short timescale. The nature of work for a performance team means that there are periods of the year where there is little capacity available to develop new reports due to statutory returns and quarter end. The team was created in 2016 merging two small teams that supported CWB and AWB directorates. The capacity of the team to deliver the changes required is under current review to ensure that the team has sufficient resource meet expectations.

The need for the improvement in monthly performance reporting, and the focus on the Annex A data requirements, are currently being planned but consideration will need to be given as to whether this delivery timeline is within acceptable timescales. This will be addressed within the review of team resource noted above.

There is also a requirement to improve the team's knowledge; in terms of the operational processes in order to ensure accurate reporting and also to improve their understanding of general performance management. The team are data focussed and need to understand the perspective of operational staff in their development and presentation of data. This will be an ongoing development of the staff, through supervision and by becoming more engaged in the business areas over the coming months

#### **Areas where we are making most progress**

- Assessment timeliness

- Placement stability
- Reduction in number of children subject to child protection plans.
- Children subject to Child Protection Plans for more than two years.
- Children subject to Child Protection Plans for a second time.

#### **Areas for further development**

- Number of looked after children.
- Percentage of referrals not accepted for assessment.

### **7.1 Numbers of children in need of specialist social care services**

#### **7.1.1 Areas where we are making most progress**

#### **Fieldwork**

The Fieldwork Service is made up of 1 x Multi-Agency Safeguarding Hub (MASH), 2 x Assessment teams, 2 x Child Protection/ Court teams and 1 x Family Support team.

#### **MASH**

All referrals are received into Multi –Agency Safeguarding Hub ( MASH ). The referrals are screened by qualified social workers and a recommendation is made as how the referral needs to progress. The knowledge and information from multiagency staff is used to inform recommendations and decisions. The referral is then sent to a Childrens Social Work manager for a decision on how to progress the referral. Urgent, significant concerns are acted upon immediately.

The team consists of partner agencies from Health, Education, Police and West Mercia Women’s Aid. Virtual partners include Probation and Youth Offending Service. MASH has 2 Senior Practitioners one who is dedicated to Child Sexual Exploitation (CSE) and Missing Children and one who is dedicated to Domestic Abuse which includes attending Multi-Agency Public Protection Arrangement (MAPPA) and Multi- Agency Risk assessment Conference (MARAC).

The MASH enables a timely response to referrals and this means that the child in need of a service receives this in a timely way.

## Assessment Teams

The assessment teams work begins following initial screening by the MASH who identify the level of need in line with the Herefordshire levels of need document. The teams undertake the Single Social Work Assessment. They also undertake investigations of suspected or possible abuse of children and young people under Child Protection Procedures and supports children and young people via Child in Need (CIN) plans. Where deemed appropriate following assessment of needs children and young people are then transferred to relevant teams i.e. Child Protection and Court team, LAC team, 16+ team, CWD or stepped down to early intervention services via a CAF.

The Single Social Work Assessment is a thorough timely assessment which ensure that the child receives the appropriate intervention.

## Child Protection/Court Teams

The team supports children and young people subject to a child protection (CP) plan and Within Public Law Outline (PLO) and Care Proceedings, taking cases either until there is a plan for long-term Looked after Status or until the child is adopted.

When the child is subject to CP Plan the social worker undertakes fortnightly visits, hold Core Group Meetings (4 weekly) and review the CP Plan, write reports for and attend CP Conferences. The social worker also updates the Child and Family Assessments in line with the procedure (minimum 12 monthly). This process ensures that progress is monitored and that the outcomes are the best for the child.

If care proceedings are to be issued, the social worker must prepare a care plan that meets the needs of the child, a statement and an up-to-date chronology. The team support children subject to supervision orders and support children subject to private fostering arrangements

## Family Support

The Family Support team offer support to families with children and young people 0-18 who are involved with social care, either in the assessment team, CP/court team or LAC team and who need an intensive, time limited piece of work to sustain change and prevent long term involvement from services.

The team complete PAMS parenting assessments for parents who have a learning disability.

They complete family group conferences for families to avoid further family breakdown and complete missing person return home interviews for all children living in Herefordshire

## Areas of strength

**What impact is your service having for the children and young people of Herefordshire?**

MASH provides a one point of contact with a professional who are able to give advice and act accordingly. There is good multi agency working and sharing of relevant information to make informed decisions on how to progress a referral. The high percentage of referrals dealt with within the 24 hour timescales have been consistent for the last eight months. Consistent use of the Herefordshire level of need pathway has reduced the number of inappropriate referrals received. This has also been achieved by the multiagency staff within the MASH supporting and advising professionals in the standard of the referrals and advising on the appropriate service a child needs without it needing to be accepted as a referral. Permanent staff provides a consistent approach to referrals whilst appropriate rotation of workers ensures that more social workers develop the skills to aid them in the journey of the child.

The strengths of the assessment team are that through clear leadership there is a focus via both team and personal objectives in ensuring assessments are completed in a timely manner, to avoid drift and delay for families receiving the services they require and children being appropriately safeguarded. Both assessment teams have a stable team with minimal use of agency staff thereby ensuring consistent allocated workers for families. CIN plans evidence that there is appropriate multiagency representation to ensure that robust support plans are agreed and case records demonstrate that where concerns arise this is escalated in a timely manner.

The strengths of the CP/Court teams are, caseloads per worker in the teams are stable ( 15- 19) and this is enabling social workers to spend quality time to understand the needs of the children they work with.

Morale within the teams are high and the workers are working together really well

The proportion of permanent social workers within the team is higher than it was 6 months ago which allows for consistency.

The strengths of the Family Support team are stability of staff, flexibility of the team. There are clear processes in place and a positive interface with other agencies. There are a wide range of skills and knowledge i.e. different parenting programmes, Family Group Conferences (FGCs), PAMS, Speakeasy, counselling. There is a shared sense of vision in the team which is to deliver a good quality service where families feel supported.

232

### **What outcomes is your service delivering for children and young people of Herefordshire?**

The referral rate progressing to assessment has decreased since November 2016. This is due to a more robust screening system which prevents unnecessary intervention, into family and children's lives, by social care. Targeted support via the Common Assessment Framework (CAF) is being offered and other services signposted to. The reduction of cases in need of an assessment means that caseloads are lower and the Social Workers focus on the children in need of protection.

Child and Family assessments (single social work assessment) were introduced in October 2016; with the first ones completed within November. To date, 84% of all assessments completed within 2016/17 have been completed within the 45 day timescale (81% in Q4 alone). To date there have been no review child and family assessments completed. In addition to the above due to improved screening by MASH and interagency working there has been a reduction in re-referrals. Worker's caseloads are more manageable therefore they are able to dedicate more quality time to children and families in identify their needs and ensuring that the right services are in place to meet these.

The CP / Court team ensure that throughout their work with families and children the voice of the child is heard, this is evidenced in CP plans and Care Plans. There are no children subject to CP Plans for more than 2 years and all court cases are concluding within the 26 week period.



## 7.1.2 Areas for further development

### What does your service need to improve for the children and young people of Herefordshire?

- Progression of Domestic Abuse Triage (DAT). This would enable all domestic abuse case to be triaged appropriately; appropriate referrals made and targeted service for victims. Targeted services for perpetrators also needs to be developed to stop the cycle of abuse. s.
- CSE has progressed significantly but further work needs to be completed with partner agencies.
- Further work needs to be completed with agencies in relation to understanding Herefordshire's level of need pathway, so that the child and family receive the most appropriate service.
- An Early help offer to be established so appropriate services can be provided to prevent unnecessary intervention.
- Improvement in MOSAIC performance date to ensure that children are seen with timescales and both CP and CIN plans are updated following core group and CIN
- Develop further the relationship between family support and social workers to enhance evidence based practice.
- Enhance capacity in the team to undertake more parenting assessments.
- Development of staff Training Plan.

### How will you know that you have achieved your identified improvements?

- Staff will undertake training as identified and evidenced in their personal development plans.
- Evidence of the use of resources included in assessments and meetings to ensure the 'voice of the child' runs throughout the work undertaken by social care.
- Staff will be provided ongoing support to access resources such as community care direct, reflective individual supervision and group supervision.
- Assessments will record the use of evidence based practice in analysis and recommendations made in the Child and family assessments.
- Consistent high quality assessments.
- The monthly audit feedback will be used to inform both staff and managers of the areas for improvement but also recognition of good practice.
- Children and families to be fully involved in decision-making and care planning
- Case transfer meetings between the teams
- Reduction of re referrals.
- Appropriate multi agency referrals being made.
- Reduction of Domestic Abuse referrals.
- Early identification of children at risk of possible CSE and targeted of managing perpetrators/rings.

### Areas of Concern

#### What areas of concern do you have in relation to your service?

- Police colleagues currently not within the MASH which is creating some delay in sharing information.
- Police not submitting Multi- Agency Referral Forms (MARFs) they submit Harm Assessment Unit (HAU) paperwork, which causes inappropriate contacts.
- A high percentage of Newly Qualified social Workers (NQSWs)
- Inability to recruit experienced staff
- Capacity within Family Support team
- Lack of standardised training for family support workers.

### **How are you proposing to mitigate against these areas of concern?**

- To continue discussions with police colleagues in relation to full time police staff being present in MASH.
- A more comprehensive and attractive recruitment campaign to attract more experienced social workers to the teams.
- Recruitment of effective Senior Practitioners to support NQSWs
- Consider training/ development for family support workers
- Transfer post from CP/Court team to Family support Team and advertise for qualified social worker to undertake court parenting assessments.

### **How will this impact on your service delivery for the children and young people of Herefordshire?**

- Provide interventions to families and children most in need.
- Ensure that families and children are signposted to the correct support/services to meet their needs.
- Highly trained staff.
- Permanent staff allowing consistent social workers working with families and children
- Reduced waiting list for parenting assessments

## **7.2 Looked After Children Placements**

### **7.2.1 Areas where we are making most progress**

#### **Looked after children and corporate parenting**

The service supports looked after children and care leavers. This includes ensuring appropriate decisions are made about children's admission to care, supporting families to make the changes required to achieve a plan for rehabilitation where possible, permanency planning for children who cannot safely return home and caring for children in long-term care enabling them to achieve their potential and move onto living as independent adults who are healthy, happy and financially secure.

The Fostering Service recruits and assesses prospective foster carers. Once approved the service provides training, support and supervision of foster carers. The Service supports general carers, kinship carers, overnight short breaks carers, HIPSS carers and Supported lodgings carers.

The Fostering Service is also responsible for jointly assessing prospective Special Guardianship (SGO) carers and providing support to SGO carers and for assessing Private Fostering arrangements.

The Adoption Service recruits and assesses prospective adopters, finds families for children with a plan for adoption and supports families until the adoption order is made. They assess and provide post-adoption support including the letterbox service. They provide birth counselling services for those affected by adoption. These services enable children to enjoy stable and secure lives with adopters who understand and can meet the needs of their children and adults affected by adoption to come to terms with their loss and to maintain indirect relationships with their birth children where this is agreed that are positive for the child.

### Areas of strength

Workers know their children and families and are passionate about improving outcomes (Casework peer review).

The introduction of a Threshold for Care panel and review of Legal Gateway panel have achieved a reduction in the number of children being admitted to care from 122 in 2015/16 to 103 in 2016/17. All children looked after under Section 20 have been reviewed and where appropriate proceedings issued to ensure that Section 20 is not being misused (see Section 20 review report).

The fostering service has grown by recruiting and retaining carers from 131 to 144 during 2016/17 enabling more children to be placed within Herefordshire close to their families, friends, school and professional support network. The fostering service has increased the number of supported lodgings placements from 18 to 22 during 2016/17 enabling vulnerable care leavers to move onto independence gradually and providing placements for unaccompanied asylum seeking children (see fostering service annual report). The fostering service has consistently achieved good levels of placement stability in comparison with national averages and has improved upon this during 2016/17 (see performance scorecard).

Herefordshire Intensive Placement Support Service (HIPSS) has successfully supported children to step-down from residential care to fostering during 2016/17 (HIPSS contract monitoring).

The Overnight Short Break (OSB) service has already been able to recruit carers and match 6 children providing 238 nights of care enabling children to have safe and enjoyable time whilst their families enjoy a break (Fostering annual report).

The Adoption team has successfully placed 18 children with adopters including sibling groups, older children and some with complex needs. There has been an increase in Placement Orders granted from 11 in 2015/16 to 24 in 2016/17 which will enable more children to enjoy the love and security of a forever family without the stigma of being a looked after child. Approximately £94,000 of funding has been awarded since April 2015 to enable adopters and special guardians to access specialist therapeutic support through the Adoption Support Fund.

The 16+ team is providing an effective service, producing good pathway plan assessments with a good leaving care offer (casework peer review).

A greater range of accommodation is now available to care leavers as result of an increase in supported lodgings provision and renegotiation with SHYPP enabling more young people to be supported in accommodation that meets their needs and is within Herefordshire (SHYPP contract variation).

Elected members and senior leaders demonstrate interest and willingness to support looked after children and care leavers (corporate parenting strategy).

## 7.2.2 Areas for further development

### Areas of improvement

The number of looked after children is too high in comparison with statistical neighbours and areas with similar levels of deprivation (national dataset).

Quality of practice for looked after children is too inconsistent. The substance of work recorded on Mosaic does not always reflect the actual work completed, chronologies are of an inconsistent standard and management oversight is also inconsistent (audit reports and case file peer audit).

The number of children ceasing to be in care has reduced in 2016/17 with fewer children being rehabilitated home and lower numbers being made subject to an SGO as compared to other local authorities.

The service does not yet have sufficient foster carers to meet the needs of our looked after children population – particularly for teenagers and those with challenging behaviour. Our aim is to have a maximum of 10% of children placed in IFA's.

Some children have experienced placement disruptions and too many children are placed in residential care. Our aim is to have a maximum of 5-6 children placed in residential care.

Children in care do not achieve as well in education as their peers and too many are not in employment, education or training (national dataset).

Development of a CPD programme for all staff within children's social care which supports them to meet the needs of children and families better and improves staff retention.

Understanding of elected members and senior officers regarding their Corporate parenting responsibilities is inconsistent.

### Areas of concern

The very high number of looked after children continues to place pressure on all aspects of Children's Social Care and services provided by partner agencies. Our intention is to reduce numbers of children in care by continued focus on reducing admissions and renewed focus on permanency planning. The workforce need to be supported to take appropriate risks.

We have insufficient placements to meet need and it is proving particularly difficult to recruit carers for HIPSS which is critical if we are to achieve a reduction in the numbers of children placed in residential care. A targeted recruitment drive is planned from June 2017.

Achieving stability in the workforce is key to delivering service improvements and is challenging in Herefordshire due to geographical location and road networks.

Meeting the needs of UASC's from a range of countries is challenging. We are addressing this through collaborative regional working and planning to develop services as our numbers increase.

Wider responsibilities for care leavers up until the age of 25 will require additional resources within the 16+ team.

Need to focus upon outcomes and the council delivering on things that can make a difference to looked after children and care leavers e.g. employment opportunities.

### 7.3 LAC Placement Stability

#### 7.3.1 Areas where we are making most progress

- Placement stability is good overall.

#### 7.3.2 Areas for further development

- Understanding disruption in challenging placements and devising strategies to support carers promptly.

## 8. Adoption See 29

### 8.1 The Direction of Travel (please provide an overview)

### 8.2 Areas where we are making most progress (Please answer in bullet-point format)

### 8.3 Areas for further development (Please answer in bullet-point format)

What is the Local Authority rating for the A1 and A2 indicators:

- **A1 Indicator** – xx days (decrease/increase of xx days from yyyy—yyyy) (NB: please provide information for the most recent three years information available) against a target of xx days (xx days over/below target)

*(A1: average time between a child entering care and moving in with its adoptive family, for children who have been adopted. The target for yyyy to yyyy average (as measured during the 3 years yyyy to yyyy) is xx months)*

- **A2 Indicator** – xx days (decrease/increase of xx days from yyyy-yyyy) (NB: please provide information for the most recent three years information available) against a target of xx days (xx days over/below target) *(A2: average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. The target for the yyyy to yyyy average (as measured during the 3 years yyyy to yyyy) is xx months)*

Initial, validated/unvalidated results for yyyy to yyyy: (NB: please provide information for the most recent three years information available)

- **A1 Indicator** - xx days (increase/decrease of xx days from yyyy-yyyy) against a target of xx days (xx days over/below target)
- **A2 Indicator** – xx days (increase/decrease of xx days from yyyy-yyyy) against a target of xx days (xx days over/below target)

Current, validated/unvalidated results for yyyy-yyyy (up to mm/yyyy) : (NB: please provide information for the most recent three years information available)

- **A1 Indicator** - xx days (increase/decrease of xx days from yyyy-yyyy) against a target of xx days (xx days over/below target)
- **A2 Indicator** – xx days (increase/decrease of xx days from yyyy-yyyy) against a target of xx days (xx days over/below target)

238

## 9. Complaints

Our learning from compliments and complaints

9.1 Each quarter, more compliments are recorded than complaints. Compliments are sent and received internally among colleagues, many directly from young people, and some from partner agencies. Children's Wellbeing is a forerunner in promoting and recording positive feedback in this way.

9.2 The majority of complaints (77%) are made by parents, with only 13% being made directly by children or young people. The vast majority (98%) are responded to within the maximum statutory timescale (20 working days), and just over half (54%) are responded to within best practice guidelines (10 working days). The introduction of a standardised letter template and good liaison between frontline managers and the complaints manager has improved the quality of stage 1 responses over the year. The vast majority of complaints (91%) are resolved at stage 1.

9.3 64% include complaints about poor communication, either relating to complainants feeling they aren't getting a timely response to messages and contacts they have made, or because visits and meetings have been postponed, cancelled or not kept. Only 9% are complaints relating to the attitude or behaviour of staff. The remaining 27% cover a broad range of issues.

9.4 In Q3 we introduced a 'learning from complaints' form for each complaint. We need to reflect on how we can most effectively use this process so that we can capture, learn from and act upon this information meaningfully.

## 10. Safeguarding and Performance and Quality

### 10.1 Areas where we are making most progress

#### Safeguarding and review

The safeguarding and review service is responsible for contributing to high quality and timely planning and intervention for children and young people, and for scrutinising and challenging multi-agency practice, to ensure that children and young people are appropriately safeguarded and improved outcomes are achieved in a timely way. These responsibilities are carried out through a range of functions:

- 6.8 FTE safeguarding and review managers chair child protection conferences and LAC (looked after children) reviews, providing constructive challenge and scrutiny to multi-agency practice in child protection and care planning. Their work helps to ensure that plans are child- and outcomes- focussed and are progressed in a timely way.
- 1 FTE QA (quality assurance) manager oversees the quality assurance framework, carries out thematic quality assurance work and analyses qualitative information to inform practice and workforce development.
- 0.6 LADO (local authority designated officer) and 0.4 complaints manager oversees the management of allegations against professionals working with children and children's representations and complaints.

#### Areas of strength

The service has a full establishment of permanent, experienced managers, which supports the continuity of oversight and constructive challenge. Children and young people are consistently consulted prior to LAC reviews. CP conferences and LAC reviews are timely<sup>1</sup>, which means that plans are agreed and reviewed at the appropriate time. Meetings are chaired well, centred around the views and experiences of children, young people, their families and carers, and focussed on improving outcomes<sup>2</sup>. Recommendations and plans are generally child-centred and focussed on improving outcomes and evidence how plans should progress in order to prevent drift<sup>3</sup>. Appropriate constructive challenge is made consistently and is tenaciously followed up where needed<sup>4</sup>.

---

<sup>1</sup> Child protection conference scorecard data (ICPCs) and IRO annual report 16/17

<sup>2</sup> Report on observations of child protection conferences by Board members and audit findings

<sup>3</sup> Audit findings and thematic quality assurance

<sup>4</sup> Case tracking spreadsheet

Tracking mechanisms help to highlight and monitor potential drift in case progression and children leaving care. Child protection thresholds are consistently applied and has resulted in a significant and sustained reduction in CP numbers<sup>5</sup>.

LADO is a robust and high quality service which offers significant safeguards to children and young people and awareness raising across the professional network<sup>6</sup>. The administration and oversight of complaints is equally effective and robust and ensures that complaints made by children and young people, or on their behalf, are responded to with respect and a genuine desire to provide a remedy and learning<sup>7</sup>.

The QA manager is a developing role, however there are considerable strides forward envisaged over the course of 17/18 in relation to the development of our quality assurance framework (QAF), which includes a new audit programme and a supportive monitoring role in relation to key practice areas that we know from last year's quality assurance work are key areas for improvement.

## 10.2 Areas for further development

### Areas of improvement

LAC review recommendations and child protection plans are not written in a consistent way in terms of length, detail and style. They are not always SMART or outcomes-focussed. We are planning to join with regional colleagues to undertake training in SMART planning during 17/18. We need to review the format of plans, develop practice standards for writing recommendations and plans and share completed work more across the team in order to develop a consistent, shared understanding of practice expectations.

Whilst children and young people are consistently consulted prior to LAC reviews, not all of this contact is in placement. We have had no way of recording this activity in a reportable way on Mosaic, however this has been addressed in the new LAC workflow with effect from June 2017. Consultation with children and young people is limited in terms of communication options. The development of MOMO will assist, however children and young people may benefit from the development of other technologies and forms of communication which suit individual's wishes and needs. The LAC review consultation forms are disliked by children and young people<sup>8</sup>. A small group of IROs are planning to meet with a range of children and young people in care to improve the forms together.

LAC reviews need to be more consistently child-centred. We are reflecting on the principles of child-centred practice in team development days, looking at research and models from other Local Authorities to develop our practice.

---

<sup>5</sup> Scorecard data and child protection reduction analysis report

<sup>6</sup> LADO annual report 16/17 and self assessment

<sup>7</sup> Quarterly complaints reports (Q4 16/17 in draft)

<sup>8</sup> Feedback via CICC



The completion rate of practice evaluations fell in late 16/17. In April 2017 we revised the tool to align with the revised audit tool and the completion rate has since increased significantly<sup>9</sup> and this needs to be sustained. During 16/17 capacity to monitor case progression in between LAC reviews was diminished. Since April 2017's full establishment this capacity has increased and needs to be sustained. Evidence of this oversight is not consistently recorded on children's case files and we need to see evidence through audit work of this increasing.

Our LAC population is too high compared to our statistical neighbours<sup>10</sup>. IROs need to work collaboratively with social workers in considering potential SGO and other permanency arrangements, including reunification.

The QAF needs refining to make it more accessible and provide a clearer sense of shared responsibilities and priorities. Service user engagement and consultation for children and families in the child protection arena is limited. The QA manager will be developing this area as part of the revised QAF.

### Areas of concern

As an established team of experienced managers and practitioners, the service has the opportunity to contribute significantly to delivering sustainable, positive outcomes for children and young people, through shaping and defining best practice. This not only involves being clear about expectations and doing this consistently, but also requires the service to be at the forefront of innovative, proactive social work practice. This requires a whole team cultural shift to explore, refine and adopt improved practice approaches and embrace a culture of self-reflection and continuous learning.

## **11. Quality Assurance**

### **11.1 Areas where we are making most progress**

- Development of case file audit template and process that focusses on outcomes.
- Regular reporting on QA findings to senior managers and senior members.

### **11.2 Areas for further development**

- Revision of overall Quality Assurance Framework.
- Evidence of learning leading to improvements.

## **12. Workforce**

### **12.1 Areas where we are making most progress**

- Recruitment of managers at all levels.
- Retention.

---

<sup>9</sup>Data will be available at end of Q1 17/18 – evidence being collated is held on shared team drive

<sup>10</sup>Scorecard data and LAC needs analysis for corporate parenting strategy 17/18

- Development of CPD programme.
- Support to ASYE staff.
- Sickness/absence rates low.

## 12.2 Areas for further development

- Recruitment of social workers who are not NQSWs.
- Implementation of CPD programme.
- Adoption of social work assessment model.
- Appointment of Principal Social Worker.

## 13. Partnership Working

### 13.1 Areas where we are making most progress (Please answer in bullet-point format)

### 13.2 Areas for further development (Please answer in bullet-point format)

Please include evidence/examples/case-studies if appropriate

## 14. Early Intervention

### 14.1 The Direction of Travel

#### Early help

Herefordshire's early help is about providing services at the right time to meet family's needs and to keep them in control of resolving their own issues and problems, to reinforce and develop the families' own skills to determine their future, reducing poor outcomes and inequalities. Our aim is to provide the right support at the right time to meet a family's needs.

Our early help approach is aimed at all families with a child / children aged 0 to 19 years old or up to 25 years old for those with special educational needs and disabilities (SEND) and is linked to the Herefordshire levels of need threshold and the Families First initiative.

Early help covers level 1 – 3 on the Herefordshire levels of need.

Level 1 is universal services for all families and information, advice, guidance and signposting. Herefordshire has the website WISH – Wellbeing, Information and signposting in Herefordshire.

Level 2 and 3 is for children, young people and their families with emerging issues or more complex needs. An assessment of the whole family's needs helps both the family and the services supporting them to work together more effectively.

A Common Assessment Framework (CAF) is completed by a professional of the family's choice and a package of support is agreed with them, such as additional help and support via early year's settings, children's centre services, school, health visitor, school nurse, counselling, family support, Vennture4Family or a Homestart volunteer.

Children Centre services have a request for support/intervention referral pathway for professionals and partner agencies to refer into for emerging needs of 0-5 years and their families. Intervention and support can be either in group sessions or 1:1 support for example structured "Let's Play" sessions, forest school/outdoor play, Elklan speech & language courses, baby massage, direct work in the home, young parent groups, adult learning & support with employment.

Families and partners can find out what help is available through the council website or ring the early help advice and support line 01432 260261.

Herefordshire currently has 604 active Common Assessment Framework's for children managed by the Information & Assessment Coordinator team. Early help is organised in eight locality areas. In each of these areas there are six multi-agency group meetings (MAG's) held every year to discuss cases which are 'stuck', support partners leading on the support plans for families and discuss any community concerns and put a plan of action in place. The MAG's are well supported by all our key partner agencies for example primary and secondary schools, early year's services and providers, family support, health services, housing associations, DWP, Police and voluntary organisations.

Herefordshire's approach is to work with the whole family addressing the underlying needs to the presenting problems and meet outcomes set out in the Herefordshire's Family Outcomes Framework. Early help support comes from our partners and for the most vulnerable families with the most complex issues there are more specialist services available. An internal family support team made up of experienced, qualified family support workers who use evidence based programmes such as Triple P parenting standard and teen, Solihull Parenting, basic Cognitive Behaviour Therapy and Solution Focused interviewing. There are also commissioned services provided by Vennture4families and Homestart. Vennture4families is an innovative service which uses a model based on a professional link worker and volunteer and Homestart is a befriending service based on volunteers.

The governments troubled families initiative is integrated into Herefordshire's early help approach with all CAF's assessments being linked to the eligibility criteria and outcomes to Herefordshire's Family Outcomes Framework. The internal team and the Vennture4families service is funded by money from the

troubled families programme. DWP have seconded a worker under the troubled families programme to support families with the journey back into work and with benefit queries.

The early year's strategy in Herefordshire is streamlined with the early help strategy and is cross cutting against all six priorities in the children and young people's plan. Children centre services deliver the core purpose and work with partners to deliver universal and targeted support to children under 5 years of age and their parents. Multi-agency groups (MAGs) are based around the children centre reach areas and the health visiting service is aligned to these areas. The early years support service works closely with health visitors and midwives to coordinate and contribute to targeted work improving health, school readiness and parenting. If families require a more specialised package of support then a request for service through Children Centre Services may be appropriate or a CAF where multi-agency involvement is required.

## 14.2 Areas where we are making most progress

### Areas of strength

The council early help family support team and the commissioned services of Vennture4families and Homestart are working very well with vulnerable families with complex needs to achieve sustainable change against the Herefordshire's Family Outcomes Framework. 124 families have achieved at least 6 months sustained change and been claimed for under the troubled families payment by results system. The troubled families programme has recently been audited by DCLG and received very positive feedback. The auditor was impressed with the innovative ways of working with families to achieve sustained change.

Clear understanding of outcomes for children aged 0-5 years in the annual early years data pack.

The managing, tracking and analysis of CAFs and understanding of the issues at the early help stage of families in Herefordshire.

In 2016 36% of closed cases had needs fully or partially met over the year, an increase on 2015 where 29% of closed cases fell into this bracket. Family disengagement in 2016 was at a similar level to 2015, with 17 cases (4%) closing in 2016 due to families or young people not wanting support via the CAF process.

No CAFs closed during 2016 due to a service not being available.

Very effective tracking arrangements of 16-18 year olds so very few are unknown and those who are not in education, training or employment with training can be signposted to services and monitored. (NCCIS data).

## 14.3 Areas for further development

### Areas for improvement

To revise the CAF into an easier to complete assessment linked to the Child and Family assessment used by social care and to rename it the early help assessment. This process has started and will be completed by the end of the year.

To improve capturing the journey of the child if a case moves from early help into social care or vice versa. The proposal is for the early help assessment to be fully integrated into the mosaic database.

To more fully integrate the early year's services into the early help offer so families have a seamless services if they require additional support as their children grow up.

School attendance, especially authorised absence together with CME, in year fair access and elected home education would benefit by being more joined up to reduce the possibility of children falling through the net.

### Areas of Concern

The Sentinel data hub implementation is progressing but the rate of progress needs to increase. When this is fully operational analysis of the unmet needs of families will be easier and more efficient, which in turn will provide better intelligence to identify and provide the most appropriate support to families.

The funding of knowledgeable, experienced professional support services for families with complex needs below threshold when the Troubled Families government funded programme ends.

245

### **Early Help case study**

Work carried out: 12/9/2016 – 16/12/2016

Level of Need: CAF level 3

Identified needs

- For mother to understand and implement appropriate strategies for managing L's challenging behaviour.
- For mother to be able to implement appropriate boundaries for L.
- For mother to ensure that any adult discussions and disagreements to be had away from L so that she is not aware of adult worries.

Family situation prior to the work starting

L was 'lashing out' and E was finding it challenging to manage L's behaviour.

L lost her father in 2015 and E had a new boyfriend T living in the family home who had a violent and aggressive past. T would try and parent L and this caused tension and upset. E did not want to discipline/set boundaries for L as she has had two children removed before and wanted to 'spoil' her. E was very low in mood at the start of the intervention and would easily become upset during sessions. There were concerns around whether E was suffering from

depression in the early stages of the intervention. L presented more as an annoyed child and commented on several occasions how much she hated T and felt that he was taking all of her mother's time. L was also slightly overweight.

#### Work completed and outcomes

- Work was completed with E around her mental health and supporting her to access her GP and receive treatment for depression.
- E was taught Triple P parenting strategies and now has a lot more confidence and understands that routines and boundaries give children comfort and structure.
- Work was completed with E around her relationship with T and 1-1 work was completed with L in school about her thoughts and feelings in relation to T neither were positive. E could see she was in a controlling relationship however needed support to end the relationship. E was signposted to Women's Aid and has completed The Freedom programme and had the confidence to end the relationship.
- L was signposted and supported to attend Phoenix bereavement counselling weekly and this has helped with L's anger around her dad passing away.
- L has spent some time 1:1 with family support throughout the intervention, L now states that her mother will protect her from negative people and she is confident to talk to professionals.
- L has been seen by the local school nursing team; her weight has been recorded and is being watched.
- Since T has left the family comment that L's behaviour has vastly improved and there are no difficulties.
- T has a detailed past in regards to Domestic Violence. Claire's Law was accessed by L to protect her from re-entering a relationship with him and to make her aware of the harassment he has caused in the past.
- E and L's property is known to the local policing team and is monitored.

## 15. Neglect

### 15.1 Areas where we are making most progress

- Peer review recently acknowledged that social work teams are consistent in understanding and approach to childhood neglect.

### 15.2 Areas for further development

- Implementation of Herefordshire Safeguarding Children Board strategy, including use of Graded Care Profile.
- Consistent application of HSCB approach evidenced in case file audits.

## 16. Other Specialist Support

## 16.1 Areas where we are making most progress

### Business support

Business Support provides a crucial support service to large complex safeguarding and family support service (S&FS) areas which is inclusive of a number of elements of finite support. The importance of the child's journey is always at the forefront of our service delivery.

We are the first point of contact into the service, this includes taking requests for a service from professionals and conversing with distressed callers who are in receipt of our service or wishing to raise concerns relating to child/ren at potential risk of significant harm. This activity frequently includes a dialogue disclosing sensitive and graphic information of concerns of a child and families composition of lived experience of safeguarding nature.

Business support demonstrate a very high standard of; attention to detail, compliance to meet deadlines, quality of minutes for families, statutory and court compliance and effective distribution within regulatory timescales.

Processing of key documents swiftly to ensure no delay in information being shared with the worker who's working with the children and families.

A cohort of staff skilled with the detailed knowledge to effectively navigate around our client database (Mosaic) and corporate information sharing site (Sharepoint).

### Areas of strength

#### **What impact is your service having for the children and young people of Herefordshire?**

We are committed to achieving excellence through continual improvement and the journey of the child is at the heart of everything we do. By providing an efficient service that is proportionate across all S&FS teams we are able to help shape the service children and young people receive.

#### **What outcomes is your service delivering for the children and young people of Herefordshire?**

Each team member has a key focus and understanding on how their role transforms as part of the child's journey through Childrens social care. Adhering to the work ethos to work fluidly within all areas of business support to meet the needs of fluctuating service demands.

We have a clearly defined contact centre where we receive and quickly process calls and emails from a range of different genres. We have implemented call centre software to reduce delays in calls being answered and a mechanism to leave a voicemail should a delay occur in times of high call volumes. The voicemails are responded to within a limited time period.

The production of accurate succinct minutes provides a crucial working document for all professionals and the family, with rapid turnaround for sending to the chair for approval and then through to distribution within statutory timescales.

We have a dedicated officer to receive children and families complaints in first instance, who provides preliminary meetings with complainants to fully understand the detail and seek resolution at the initial point of complaint. Co-ordinating the complaints process through each stage through to resolution.

Business support are committed to ensuring that all staff have a complete service overview complimented with a good understanding of the complex work required by business, with a true meaning of how this is beneficial to the children and families and the colleagues supported. This is conducted by a comprehensive initial training programme for all staff lasting for a period of 12 weeks, followed by subsequent refresher training carried out periodically.

The service has a solution based focus to the services supported– e.g. Mosaic, power users, SharePoint, letterbox, finance, accommodation, MASH SOP creation of tools and tracking systems for a self-serve methodology.

### **What evidence do you have?**

Detailed tracking mechanisms are used to evidence business support workflow and tasks undertaken for performance reporting. This also has a dual purpose for use within the wider service e.g. finance, legal, S&FS work activity especially around minutes and their distribution, highlighting any bottlenecks across the service. Overseeing and monitoring the budget spend for the division as a whole.

248

## **16.2 Areas for further development**

### Areas of improvement

#### **What does your service need to improve for the children and young people of Herefordshire?**

Further advancing a more detailed approach to recording training requirements and schedules for all business support staff. Providing a full competency checklist to set effective and attainable goals, and enable evidence based measuring of individual and team performance and development.

A fine-tuned suite of processes and procedures which are clear and concise related to each task or workflow undertaken.

#### **How will you know that you have achieved your identified improvements?**



Staff feeling less overwhelmed with the complexity of the many tasks undertaken by business support and the knowledge base required for this. Alleviate staff anxieties when asked to carry out varying tasks within the business support model.

A strong business support quality assurance framework to be implemented which will provide evidence on the quality of business support activities undertaken to ensure work is carried out to the highest standards within the context of all relevant legislation.

#### Areas of concern

#### **What areas of concern do you have in relation to your service?**

Retaining a conscientious approach to the prevention of Data breaches, this is one of the higher risk areas for the service which can have detrimental consequences to both families and monetary fines from the data commissioner. We need to ensure this area of work is resourced in balance with the fluctuating flow of work and staff attaining the skill sets and meticulous attention to detail for each set of documents being distributed.

#### **How are you proposing to mitigate against these areas of concern?**

Robust staff training particularly within data protection and clear sets of guidance and procedures to follow for each scenario across all supported service areas within Safeguarding & Family support. To be included in the business support audit framework and regular review of the business support procedures schedule.

#### **How will this impact on your service delivery for the children and young people of Herefordshire?**

The need to factor training and re-fresher training during periods where there would be minimal impact on capacity for the service to deliver daily essential workflow for all the teams and the families.

Our 2017-2018 business plan has been developed to ensure we can continue to not only to meet our purpose but build on existing strengths and exceed expectations throughout the year.

### **17. Missing from home or care**

#### **17.1 Areas where we are making most progress**

- Numbers of Herefordshire children going missing from home or care are low.
- All children going missing, including those placed in Herefordshire by other authorities, are offered a return interview.

- All return interviews are shared with the CSE coordinator to ensure patterns are identified.

#### **17.2 Areas for further development**

- Missing return interviews for LAC placed a long distance from Herefordshire are not always timely.
- Reciprocal arrangements for WRI within the region.

### **18. Domestic Violence and Female Genital Mutilation (FGM)**

#### **18.1 Areas where we are making most progress (Please answer in bullet-point format)**

#### **18.2 Areas for further development (Please answer in bullet-point format)**

### **19. Child Sexual Exploitation (CSE)**

#### **19.1 Areas where we are making most progress**

- Dedicated coordinator in post.
- All missing WRIs assessed by CSE coordinator.
- Risk assessment tool revised.
- CSE operational and strategic groups reviewed and revised to ensure effectiveness.

#### **19.2 Areas for further development**

- Greater understanding of potential victims placed in Herefordshire by other local authorities.

### **20. Supported Accommodation Services for Vulnerable Young People**

#### **20.1 Areas where we are making most progress**

- Corporate housing strategy for young adults developed with commissioners.
- Additional placements to meet needs of older UASCs and care leavers.

#### **20.2 Areas for further development**

- Sustainable supported housing provision.
- Implementation of new housing strategy.

### **21. Children in Need / Child Protection See 7.1**

**21.1 Areas where we are making most progress (Please answer in bullet-point format)**

**21.2 Areas for further development (Please answer in bullet-point format)**

**22. Children with Disabilities See 6.6**

**22.1 Areas where we are making most progress (Please answer in bullet-point format)**

**22.2 Areas for further development (Please answer in bullet-point format)**

**23. Looked After Children (LAC) See 7.2**

**23.1 Areas where we are making most progress (Please answer in bullet-point format)**

**23.2 Areas for further development (Please answer in bullet-point format)**

**24. Sufficiency Strategy See 32.**

**24.1 Areas where we are making most progress (Please answer in bullet-point format)**

**24.2 Areas for further development (Please answer in bullet-point format)**

**25. Education of looked after children**

**25.1 Areas where we are making most progress**

## Virtual school

The role of Herefordshire's Virtual School for Looked after Children (LAC) is to champion the needs of children and young people, ensuring that they benefit from the opportunity to gain a good education, wherever they may be placed.

The team liaise with multiple agencies to ensure that all the educational needs of LAC are met and appropriate support is in place.

Schools are offered support and advice to enable them to meet the often complex needs of these children and are provided with regular information updates at half-termly designated teacher network meetings.

The team ensure that all looked after children have an up-to-date Personal Education Plan (PEP) that is reviewed on a termly basis until they are no longer looked after.

Looked after young people and care leavers are provided with support to have their voice heard by the Participation and Mentoring Officer. This team member facilitates the Children in Care Council and supports them to express their wishes and feelings via a range of mechanisms.

### Areas of strength

The Virtual School makes an important contribution to improving outcomes for LAC by:

- ensuring that children placed out of authority receive the same level of support from the Virtual School as those children placed locally
- intervening early when a child is not accessing appropriate education (e.g. when a child becomes LAC, moves placement, has high needs) and providing advice and support to ensure they access education quickly. As a result Herefordshire LAC are in the top quartile for attendance and exclusions.
- supporting the Children in Care Council to hold monthly meetings, deliver training to professionals, attend corporate parenting panel and interview new staff
- fulfilling the local authority's statutory duty to ensure each LAC over the age of 3 has a PEP that is reviewed on a termly basis until the child is no longer looked after
- ensuring that schools and settings receive the latest advice, guidance and research findings through communications and half-termly termly briefings
- providing training to designated teachers, carers and whole schools to enable them to have a better understanding of the barriers to achievement and how they can be overcome
- guaranteeing all LAC can access support from an educational psychologist in a timely manner when the need arises
- Herefordshire LAC achieved above the national and West Midlands's average in 2016 KS4 GCSE results (5 GCSEs C+ including English and Maths) with 23.5% achieving this standard. A higher proportion of Herefordshire LAC were entered for EBacc subjects than LAC nationally and across the West Midlands

## 25.2 Areas for further development

### Areas of improvement

- Ensuring that all PEPs are of a consistently high quality with appropriately challenging targets.
- Ensuring that schools are held accountable for the use of Pupil Premium Plus
- Enabling children placed out of authority can access Children in Care Council meetings remotely
- Herefordshire's looked after children performed below average in 2016 at KS1 and 2

### Areas of concern

- Capacity is a concern with high caseloads for each team member meaning that direct support to children cannot be offered. It is hoped with the introduction of an electronic PEP system that officer time can be redirected away from writing the PEP documents to working with children, schools and carers.

## 26. Fostering

### 26.1 Areas where we are making most progress

- Recruitment of foster carers.
- Kinship carer assessments.

### 26.2 Areas for further development

- Increase understanding of special guardianship by foster carers.
- Enable experienced, older carers, to understand current expectations and the nature of children coming into care.

26.3 ***During 2015/16, xx SGOs were granted, xx of these were for looked after children. The target for 2016/17 is xx connected/SGO carers.***  
What is the action plan?

## 27. Corporate Parenting

### 27.1 Areas where we are making most progress

- Revised strategy adopted by elected members in summer 2017; including explicit targets within action plan.

- New Children's Scrutiny Committee keen to lead and challenge members on actions.

#### **27.2 Areas for further development**

- Corporate Parenting Board membership requires revision to ensure it is fit for purpose.
- The engagement of younger looked after young people in the work of the board.

### **28. Participation**

#### **28.1 Areas where we are making most progress**

- Established participation with clear sense of purpose.
- Active engagement with older young people.
- Participation of young people in staff interviews.
- Implementation of MOMO app to extend opportunity for young people to express their views.

#### **28.2 Areas for further development**

- Engagement with young people beyond social care service delivery.
- Engagement with younger children within social care service.
- Consolidation of MOMO across workforce including foster carers.

### **29. Adoption**

#### **29.1 Areas where we are making most progress**

- Recruitment of adopters and provision of post-adoption support.
- Matching of adopters to children.

#### **29.2 Areas for further development**

- Awaiting response to application to join a local Regional Adoption Agency

## 30. Care Leavers

### 30.1 Areas where we are making most progress

- Quality of pathway plans.
- Quality of assessments.
- Engagement with young people in their assessments and planning.

### 30.2 Areas for further development

- Understanding and supporting the needs of UASCs.
- Implementation of revised financial policy for team.
- Implementation of children and social work act expectations.

## 31. Youth Offending Team

### 31.1 Areas where we are making most progress (Please answer in bullet-point format)

### 31.2 Areas for further development (Please answer in bullet-point format)

Please include evidence/examples/case-studies if appropriate

## 32. Resources and Commissioning

### 32.1 Areas where we are making most progress

#### **Commissioning and contracting**

Strategic commissioning for children, young people and families, including support for looked after children, care leavers, children with disabilities and children community health services

Contract management across a range of services, including LAC & CNS placements, advocacy, independent visitors, social care out of hours, early help, short breaks for disabled children

#### Areas of strength

- What impact is your service having for the children and young people of Herefordshire?
  - Improving understanding of population-level needs and redesigning services to meet need while managing cost within available resources
  - Placement sufficiency strategy has helped to reduce reliance on residential placements and increase the availability of in-house foster carers
  - New family-based overnight short breaks scheme for disabled children established in 2016, now providing over 200 nights per year
  - 151 disabled children supported in 2016-2017 with DP, daytime and/or overnight breaks. Targeted daytime activities, without a social care assessment, were accessed by 69 children. Of those children with a social care assessment, 68 children received direct payments, 40 accessed specialist daytime activities and 20 accessed specialist overnight short break in family based or residential setting.
  - New targeted short breaks allowance scheme for disabled children from April 2017, targeting around 175 children with up to £350 per year to purchase short breaks activities of their choice. By mid-May, 50 applications had been approved at the maximum amount. Further applications are expected during the year ahead, and numbers are expected to grow in year two as the scheme becomes better known.
  - Fewer young people remaining in custody out of hours
  - Plans to provide clinical support for children with complex health needs in schools
  - Initial improvements to paediatric therapy waiting times
- What outcomes is your service delivering for the children and young people of Herefordshire?
  - Managing placement cost at a time of growing demand
  - More children placed in family settings and in-county
  - Improving range of short breaks options – 2/3 families happy/very happy with the short breaks (2016 survey)
- What evidence do you have?
  - Placement sufficiency analysis
  - HIPSS/TISS contract monitoring
  - EDT contract monitoring
  - Short breaks consultation and engagement 2016
  - Case studies

## 32.2 Areas for further development

### Areas of improvement

- What does your service need to improve for the children and young people of Herefordshire?
  - Allow sufficient time within the commissioning and decision-making cycle to involve more children and families in the improvement and redesign of services
  - Systematically gather feedback from intended service users about their outcomes and satisfaction



- Undertake contract compliance visits to ensure quality and value of externally provided services
- How will you know that you have achieved your identified improvements?
  - Decisions and equality impact assessments are routinely informed service user voices
  - Service specifications are developed in a co-productive approach
  - Contract management is informed directly by service user voices, rather than relying on feedback reported by the service provider
  - Contract compliance visits are undertaken and any issues are addressed or escalated as appropriate

#### Areas of concern

- What areas of concern do you have in relation to your service?
  - Very limited capacity to undertake placement and service contract compliance visits
  - Ensuring sufficient time for consultation, engagement and voice
  - Historic contract performance measures don't sufficiently demonstrate service impact
- How are you proposing to mitigate against these areas of concern?
  - Placement intelligence is shared between regional commissioning authorities, and any concern is escalated locally within social care to ensure that individual children in placement are appropriately safeguarded
  - Quarterly service contract management meetings are held with the involvement of technical experts, who bring operational intelligence about service performance and quality. Service providers submit quarterly performance reports. Intention that recently appointed contract monitoring support officer will resume site visits in 2017. Plans, subject to resources, to build-on work to contact service users directly for their personal feedback.
  - Improving the commissioning forward plan to ensure timely analysis of needs, co-production, and decision-making
  - Use of outcomes logic model in service specifications
  - Additional staffing would provide capacity to systematically gather feedback directly from service users and conduct appropriate contract compliance visits. Some resource is available within existing team budget, and the recruitment of planned short breaks broker, would release further capacity within the team
- How will this impact on your service delivery for the children and young people of Herefordshire?
  - Additional capacity would strengthen opportunities for co-production in commissioning and contract management work and increase capacity to undertake contract compliance visits to help assure service quality and performance
  - Outcome logic model will help to measure service impact

### **33. CAMHS**

#### **33.1 Areas where we are making most progress (Please answer in bullet-point format)**

- Managing the waiting list –
  - Referral to Initial Assessment - 100% of referrals to CAMHS are seen for initial assessment within 4 weeks
  - Referral to Treatment - over 90% of patients receive treatment within 18 weeks (national standard)
  - Eating Disorder referrals – 100% of urgent referrals seen within 1 week; 100% of routine appointments seen within 4 weeks
- Development of the duty pathway for children and young people with a mental health crisis
  - Introduction of extended hours (8-8) during weekdays and on call cover (9-5) at weekends to support WVT Childrens Ward in completing same day mental health assessments, support to WVT staff in managing patients on the ward, provision of advice, consultation and training
- Development of the Eating Disorder Pathway to meet new national standards – participation in new national training; development of a new pathway involving WVT staff to provide holistic assessments and treatment linking to Gloucestershire Eating Disorder Service
- Participation in national CYP IAPT Programme as a partnership with HCC, CCG, CLD Trust- focus on improving standards, access to services, training in evidence based practice, use of Routine Outcome Measures (ROMs), Developing Participation.
- Free training to multi agency partners across the county
- Improving relationships between social care colleagues and CAMHS to enhance referral discussions and collaborative care
- Membership of the Mental Health and Emotional Wellbeing steering group as part of the Children and Young People’s Partnership for Herefordshire – opportunities to collaborate and discuss key issues across the county, push to develop new or reconfigured services to match resources available, understanding how services fit together.

258 33.2 Areas for further development (Please answer in bullet-point format)

- Improving the physical environment for CAMHS – challenges for staff and patients due to inappropriate and overcrowded accommodation, poor decoration, carpets, access and a lack of a dedicated waiting room
- More assertive management of the Referral to Treatment timescales to reduce waiting times.
- Ongoing review of the Duty and Eating Disorder pathways as they develop to ensure they are bedding in, meet requirements and reflect cross agency collaborative working
- More creative ways to support recruitment due to national shortages of trained staff
- Development of Participation with children and young people which is currently limited due to the building, facilities and lack of dedicated staff time

Please include evidence/examples/case-studies if appropriate

### 34. Other Initiatives/Working Groups

#### Human resources and organisational development

The Human Resources and Organisational Development (HR and OD) service impacts children and young people in Herefordshire by:

- Ensuring that any staff who make contact with children are well trained, properly qualified, and motivated to do a good job
- Are fit to undertake the roles we have employed them to do in terms of their personal qualities, attitude, approach and background.
- Making sure we don't give jobs to people who are not suitable to work with children and young people or who might put them at risk
- Making sure we provide a working environment which gets the best out of our staff.
- Dealing fairly and swiftly with any situations in which our staff might not be acting in the best interests of children and young people.

#### Areas of strength

- The Disclosure and Barring (DBS) service proved by Hoople Ltd is consistently robust. The right post holders are being checked and there is a good re-checking procedure in place.
- We are able to meet health and safety legislative requirements and comply with employment law.
- The directorate has built a good foundation for getting stable workforce in place and reducing our reliance on agency staff.
- The HR team is motivated, willing and cares about doing a good job.

#### Areas of improvement

We need the following:

- To develop and implement a strategic resourcing plan for vacant posts (building on the work already underway in the directorate). If we have a more stable workforce, and rely less on agency staff, this will reduce the number of times children and their families have to deal with new workers who don't know them.
- A management development programme for new and existing managers. This will help make sure all our staff are well trained and able to do their jobs well.
- Develop the culture of the service which reflects organisational values.
- Better access to training in HR related topics such as managing performance and coaching skills.
- A workforce plan which focuses on talent management and succession planning ensuring a strong supply of staff leading to a more stable workforce.
- A staff engagement strategy and action plan to make sure we listen to our staff and take action to make work better where we can.
- A review of our remuneration package for key posts so we are able to attract and retain the best staff to work with children and families.

#### Areas of concern

- The HR&OD service has limited resources. The service is supported by just 1.0 wte part qualified HR Advisor who has access to business partner and Head of HR&OD for support, escalation and management.
- Interviews for an OD business partner are taking place on Wednesday 17 May. This post holder will focus on delivering the areas of improvement for Children's Wellbeing Directorate and the Council as a whole. There is a reasonable field of candidates and we are hopeful of making a good appointment.

Update – An offer has been made to a strong candidate. We are still awaiting a second reference before announcing the appointment to the organisation, but once this has happened we are expecting him to be able to start in July.

- Additional resources in terms of funding for training and development and short term project management will be needed. It is understood that a business case for this will be positively received.

## **35. The Local Authority Safeguarding Children’s Board**

### **35.1 Areas where we are making most progress (Please answer in bullet-point format)**

### **35.2 Areas for further development (Please answer in bullet-point format)**

#### **Priorities for this year:**

- a. Priority 1: Neglect.
- b. Priority 2: Child sexual abuse and exploitation (including children who go missing).
- c. Priority 3: Safeguarding vulnerable children.
- d. Priority 4: Early help.
- e. Priority 5: Strong leadership, strong partnership.

260

## **36. New OFSTED Framework Questions**

Please provide a judgement and an overview as to how you believe you are performing against the following questions being asked within the new Ofsted Framework, please respond in bullet-point format;

Practice:

Q1. What do you know about practice?

- A well-motivated, professional service whose members know their children well and have clear outcomes for them however this is not translated into consistent case recording or good quality assessments and plans.

Q2. How do you know?

- All managers undertake monthly case file audits.
- Performance reporting.
- Quality Assurance reports, capturing a range of information including the views of IROs, complaints, compliments and audits.
- Local Family Justice Board data and discussion.
- Peer review findings.

- LSCB audit findings.
- Serious Case Review and Professional Learning Review findings.

Q3. What are you doing to improve it?

- Single, comprehensive but succinct improvement plan.
- Sharing findings above with teams, encouraging discussion.
- Embedding key findings in CPD programme.

Q4. How well are Directors following Social Workers, talking to Social Workers, and knowing what they are saying and seeing for themselves; to ensure they are creating the right conditions for children to flourish and good social work to happen?

**37. Peer Challenge:**

What areas of your self-evaluation would you welcome the most peer challenge on at the Regional Peer Challenge Day on 22<sup>nd</sup> November 2017?

**38. Self Evaluation Approval Confirmation**

This Self-Assessment has been fully approved and signed-off by:

261

Director: ..... (Name)

Chief Executive: .....(Name)

Lead Member: .....(Name)

Submitted by: (Name)..... Tel No: .....

E-Mail: .....

Date: .....

262

DRAFT







## Children's wellbeing, safeguarding and family support

### Improvement plan 2017/18

During 2016/17 a number of improvements were delivered:

1. Implementation of Mosaic.
2. Reconfiguration of organisational and managerial structures.
3. Sustained reduction in children subject to child protection plans.
4. Reduction in number of agency staff employed.
5. Revision of MASH.
6. Consistent application of HSCB Threshold of Need Guidance.
7. Move of staff to Nelson House.
8. Implementation of Single Social Work assessment.
9. Move of CWB Team into 0-25 SEND Service.
10. Family Support Service teams aligned with Early Help offer.
11. QA Audit Programme revised.
12. Performance Scorecards developed and used regularly.
13. Review of allowances completed.
14. Increase in recruitment of foster carers.
15. Supervision guidance reviewed and revised.
16. Development of housing options with Housing Commissioner.
17. Implementation of Threshold of Care Panel.

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
Develop consistent child-centred, evidence-based social work practice to ensure that children and families receive prompt and effective interventions to reduce need.	Principal Social Worker appointed.	GC	Review of Social Work Academy planned for May-June 2017	September 2017	Coordinate SSW group to disseminate best practice and engage in regional improvement group. Consistent approaches across teams.  Coherent staff development programme in place, supported by PSw and ASYE lead AP.  Detailed picture of staff attitude and experience to inform planning.  Shared language and understanding of young people and their families leading to improved outcomes.  Staff understand roles of each team and how they support seamless service to child and family.
	Senior Social Work Practitioners support best practice.	PSw	Post re-designed and recruitment underway.	September 2017	
	Role and functions of the Social Work Academy reviewed.	GC	Consultation planned for May-June 2017	September 2017	
	Social Work Healthcheck run annually.	KP	Tool already in place.	December 2017	
	Nelson House supports single professional culture.	KP	Staff relocated to NH in spring 2017 from Moor House, Bath St and the Town Hall as phase 1. Phase 2 in planning: to include move of Safeguarding & Review staff and the 16+ Team. Hot desk facility available to CWD and 16+.	March 2018	

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
	Workforce Development Programme for social workers to be confirmed and implemented.	GC	Working group established to agree priorities	December 2017	Comprehensive plan agreed and implemented.
	Management training programme to be confirmed and implemented.	AS	AWB outline shared with CWB and Head of HR.	December 2017	Consistent approach by managers and increased effectiveness of service re performance, capability and budget oversight.
	Adoption of single assessment methodology, such as Signs of Safety or Restorative Approach.	PSw	Three principle tools identified. Pr SW to be appointed as part of SWA revision.	March 2018	Single child and family assessment tool implemented with full staff training programme.
	Sustainable, reasonable caseloads exist for social workers.	JH/GC	Reduction in CPP and CiN cases already achieved; plan to reduce LAC to demographically appropriate level. CWD to allocate to FSWs under s2 CSDP Act.	September 2017	Staff morale improved as reported in annual healthcheck and consistent quality of work improves.

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
	Establish clear practice standards for professional practice to support best outcomes for children.	AS	Draft document drafted August 2017	October 2017	<ol style="list-style-type: none"> <li>1. Assessments to include analysis and use of explicit tools.</li> <li>2. Children's plans have explicit outcomes with defined timescales for actions.</li> <li>3. Case recording is up to date and evidences interventions.</li> <li>4. Case chronologies are in place and comply with expectations.</li> <li>5. Diversity and ethnicity recorded and addressed in assessment.</li> <li>6. Management oversight explicitly recorded in case record.</li> <li>7. Management decision informed by chronology, assessment and diversity.</li> </ol>
	Mosaic to be revised to support best practice.	PH	List of proposed revisions drafted July 2017 and prioritised.		<p>Chronology hosted on Mosaic.  Case summary hosted on Mosaic and linked to supervision summary.  Case visits recorded.  Single format for casework plans explored and implemented if supported.  Mosaic user guide shared with staff.</p>

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
	Early Help Action Plan developed to support implementation of strategy and peer review findings.	NT	Plan written July 2017 and implementation initiated.	September 2017	<ul style="list-style-type: none"> <li>• Clarity of Early Help Offer for agencies and families – precis drafted and shared with providers.</li> <li>• Role of Lead Professional clarified.</li> <li>• Early help assessment format confirmed.</li> <li>• Step up-step down processes and guidance confirmed.</li> <li>• Internal staff aware of EH offer.</li> <li>• Pilot of EH triage completed and analysed.</li> <li>• EH telephone number circulated.</li> </ul>
Develop a robust performance management culture across the division to support the delivery of a high quality service to children and their families thus reducing harm and ensure children meet their potential.	Performance management information suite confirmed and reported regularly.	PH	Scorecards already developed and team level data evolving.	September 2017	Robust picture of activity levels across teams and services to inform service improvement.

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
	Regular performance discussions in service and team meetings to ensure that staff are well informed about the nature of our service to children and are able to challenge themselves appropriately.	JH/GC	Service performance meetings now in place.	July 2017	Performance Information is used to identify poor performance and assists Capability procedure. The information also used to improve performance
	Revised Quality Assurance Framework implemented.	CT	Existing QA case file audit framework reviewed and new framework being trialled.	December 2017	Improved understanding of quality of service and improvements over time. Audit outcomes and actions recorded on case file.
	Complaint findings to be included in team and service performance discussions with learning identified and monitored.	CT	Complaints report to SMT in place.	September 2017	Evidenced learning from complaints should ensure that complaints reduce and service is perceived to be more responsive.

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
Permanency planning	Increased use of permanence options including extended family and Special Guardianship Orders.	GC	Practice reviewed and staff acknowledge current deficits.	December 2017	Reduce number of LAC in stable long term foster placements while increasing permanence options.
	Ensure all looked after children require being accommodated by the local authority.	JH/GC	See above. Plus Threshold of Care Panel introduced.	December 2017	Children return to their families promptly and the overall number of LAC therefore reduces.
	Support CP/Court, LAC and CWD Teams to ensure terms of reference for legal gateway and placement panel understood and clarity exists as to pre-proceedings process.	JH/CT/AS	CP/Court teams now in place.	October 2017	Reduce drift in cases prior to court application and thus reduce criticism from the judiciary and awards against the local authority.
	Review tracking mechanisms and supporting processes for all children subject to legal gateway and legal proceedings	KP	Process agreed and tracking spreadsheet created during 2016. On Sharepoint with process map.	September 2017	Managers aware of all cases in the wider PLO process and ensure timely decision making in children's best interests.

Aim	Key Tasks	SMT Lead	Progress against key tasks.	Completion date	Evidence and impact
	<p>Ensure sufficient choice of placements that meet needs of children.</p> <p>Work with colleagues to create a high performing Regional Adoption Service</p>	<p>GC/RW</p> <p>GC</p>	<p>Review and revise care placement strategy to develop clearer targets for recruitment and retention of in-house carers and work with commissioning to ensure independent placements meet needs.</p> <p>Regional adoption agency approach approved in principle by DLT and Cabinet Member. Liaison with Adoption Central England and DfE underway with application lodged.</p>	<p>October 2017</p> <p>March 2018</p>	<p>More children's needs are met by in-house provision and children experience placement stability. Increase in housing options for UASC and older LAC as well as care leavers via Vulnerable Young Adult Housing Strategy.</p> <p>Children whose needs are best met by adoption are placed with well-matched and supported adopters in a timely way. Membership of RAA confirmed.</p>



## Children and Young People Scrutiny Committee

2 October 2017

### Work Programme 2017/18

Meeting date: 5 July 2017		Despatch: 27 June	
Item	Description	Report Author	Comments/Outcome
Corporate Parenting Strategy 2017 – 2020	To review the draft Corporate Parenting Strategy. Provide comments and recommendations to cabinet prior to key decision scheduled for 20 July.  Attached as appendices: Adoption Service and Fostering Service Annual Reports.	Gill Cox	Recommendations relating to the strategy provided to the Cabinet Member.  Comments provided to the cabinet member – request for full agenda item in future years.
<b>Briefing</b>	Children and Young People Plan update.		Documents relating to the current Pan circulated on 18 July.
Meeting date: 2 October 2017		Despatch: 22 September	
Commissioning intentions for universal and early help services for children, young people and families	To preview the draft decision report concerning the commissioning intentions for universal and early help services for children, young people and families before it is presented to the meeting of cabinet on 12 October. The committee's views on the proposals contained in the draft decision report are sought.	Lindsay MacHardy	
Outcomes of casework peer review	To consider the outcomes and recommendations emerging from the peer review of social work casework. To consider if the outcomes provide assurance and agree any comments and recommendations. To identify any areas which require further scrutiny or work.	Chris Baird	

Children's wellbeing self-assessment	To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further.	Adam Scott	
Herefordshire Children's Safeguarding board annual report	To consider the annual report and any recommendations contained within it. To assess if the report provides assurance and make comments and recommendations.	Sally Halls, Steve Ecclestone	
<b>Briefing paper</b>	Virtual School  Regional adoption agency		Briefing circulated 8 August
Meeting date: 4 December 2017		Despatch: 24 November	
Budget and Medium Term Financial Strategy (MTFS)	To seek the views of the committee on the draft medium term financial strategy (MTFS) 2017-21 and the budget proposals for 2017-18 relating to Children's Wellbeing.	Audrey Harris/Josie Rushgrove	
Children and young people Mental Health Partnership	To receive a presentation from the children and young people mental health partnership including feedback on the recommendations arising from the Mental Health Services for Children and Young People task and finish group.	Jade Brooks	
Outcomes of Safeguarding Peer Review	To consider the final outcomes and provide comments/recommendations to the cabinet member.	Chris Baird	
Outcome of regional peer challenge of Herefordshire self-assessment	To consider the outcomes of the regional peer challenge and provide comments/recommendations to the cabinet member.	Adam Scott	
<b>Training</b>	Children's Wellbeing Statutory responsibilities  LGA peer – talk regarding CYP scrutiny – <b>To be arranged mid-December</b>	CWB	

<b>Briefing paper</b>	Children's Bereavement Services Corporate Parenting Strategy implementation	Contract Gill Cox	
Meeting date: 22 January 2018		Despatch: 12 January	
School Examination Performance	To consider school performance of summer 2017 and make recommendations to cabinet on how the effectiveness of the school improvement framework and strategy could be enhanced.	Lisa Fraser	
Autism Strategy	To preview the draft decision report concerning the autism strategy before it is presented to the meeting of cabinet in February. The committee's views on the proposals contained in the draft decision report are sought.	John Gorman	
Children and Young People Plan	To consider the draft Children and Young People Plan.	Chris Baird	
<b>Briefing paper</b>	Children's dental health and services	Lyndsey McHardy	
Meeting date: 16 April 2018		Despatch: 6 April	
TBC	TBC		
<b>Training/Awareness Session</b>	Awareness session relating to children's mental health to include identification of autism, Asperger's syndrome, dyslexia and behavioural problems. Transitional arrangements.	CAMHS - CCG	

No background papers

