



**Wiltshire Safeguarding
Children Board**

Wiltshire Safeguarding Children Board Annual Report 2013 - 2014

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1. Foreword from Cliff Turner, Independent Chair, Wiltshire Safeguarding Children Board

Following changes to the Wiltshire Safeguarding Children Board (WSCB) that were introduced towards the end of the previous financial year, this Annual Report summarises the work of the Board during the financial year 2013/4 and sets out our priorities for the financial year 2014/5. The Report includes a section on finance and describes progress in terms of the actions required by our Business Plan. It summarises lessons learnt from inspections and reviews. Attendance at Board meetings and sub-groups has generally been good (and the debate sometimes lively). I welcome the Wiltshire Performance Web as an innovative tool for making sense of safeguarding data in a systematic way. Several new policies and procedures have been introduced and others refreshed and re-distributed. We

have re-designed our multi-agency training and set up a new sub group to concentrate on the risks of child sexual exploitation in its various forms. The theme of the annual conference was child sexual exploitation: feedback confirms that this was a high quality training event. WSCB members are expected to attend a development session after the business section of each meeting of the Board. After some delay, the Board has published two Serious Case Reviews and increased the pace with which cases are considered by the Child Death Overview Panel. Some sub-groups have unavoidably experienced a change of chair. This led to a reduction in pace which I expect to be temporary.

On March 6th 2013 , Edward Timpson MP (Parliamentary Under Secretary of State for Children and Families) wrote to the Wiltshire Council lifting the Improvement Notice that had been issued in September 2012. The final meeting of the Safeguarding Improvement Board was therefore held in April. The responsibility for ensuring that the system for safeguarding children in Wiltshire is properly co-ordinated and effective now clearly rests with the WSCB. It's our job. As the WSCB goes forward, therefore, it must be with the same hugely positive commitment that characterised the Safeguarding Improvement Board and open-handed access to the same detailed performance data.

This Annual Report doesn't just look back, it identifies some challenges ahead. We need to get better at hearing and responding to what children and young people are saying about their experiences of the safeguarding system. There are perceived gaps in the provision of early help that need to be plugged (especially in relation to young people experiencing mental health difficulties, for example). Our role in influencing commissioning must be more visible. WSCB still has work to do in terms of giving and receiving challenges in a well-evidenced manner: it's fundamental to our purpose and key to ensuring that children and young people are kept as safe as possible in Wiltshire.

2. The Role and Purpose of the WSCB

The role and purpose of a Local Safeguarding Children Board (LSCB) has been set out in legislation and guidance. Their impact has been evaluated both in research and as part of the ongoing inspection arrangements into the protection of children by Ofsted. The May 2011 Munro report *Review of Child Protection, A child-centred system* builds on the work of previous reports and on current good practice to strengthen the role of LSCBs. Munro sets out the important role that an LSCB can play in achieving early help for a child as embedded in Working Together to Safeguard Children 2013 and the new Ofsted review programme of LSCB's will have a particular focus on the effectiveness of LSCB's in coordinating effective early help provision.

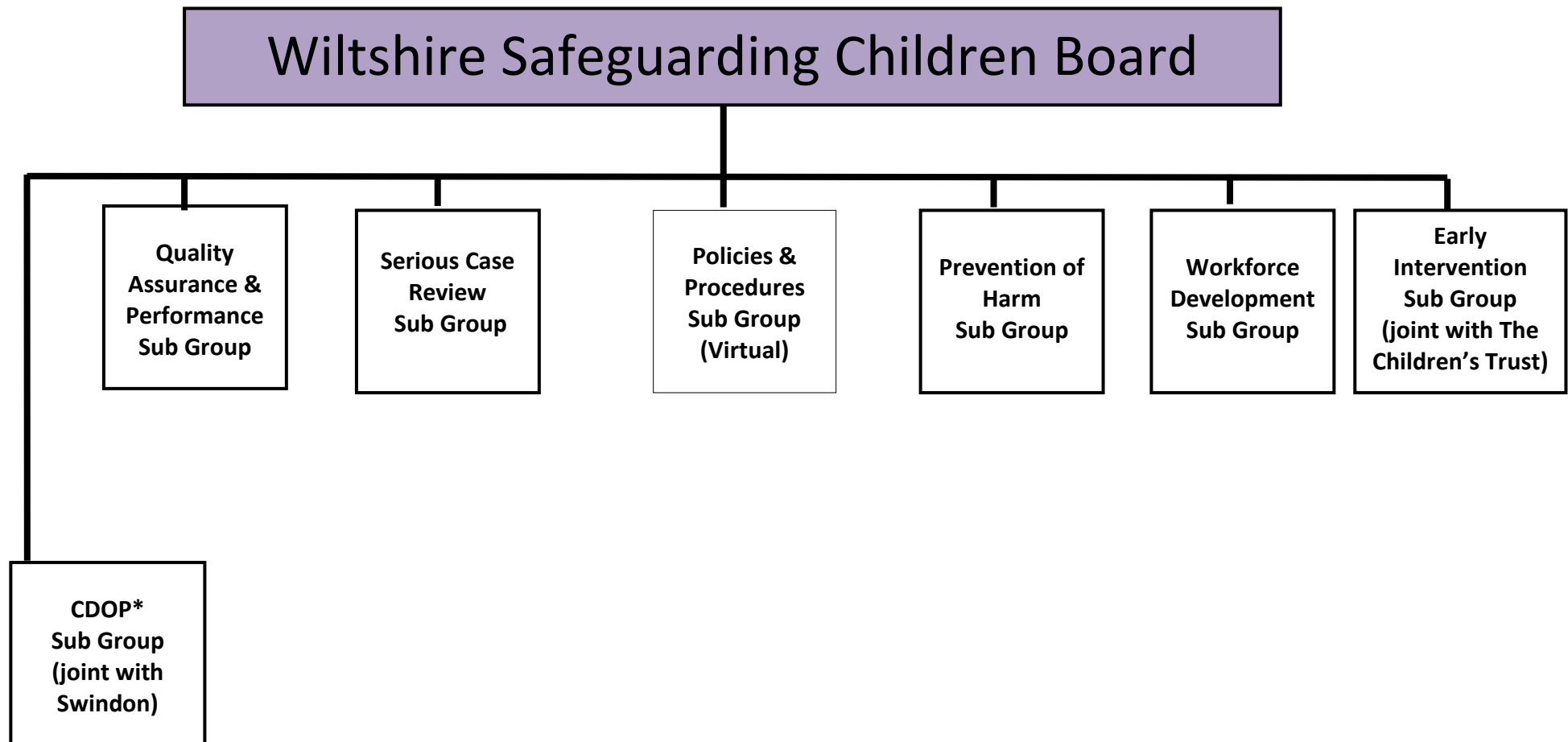
The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area cooperate to safeguard and promote the welfare of children. The purpose of the LSCB is to hold each agency to account through challenge and scrutiny; ensuring that safeguarding children remains high on the agenda across local partnerships. The core objectives of LSCBs as set out in statutory guidance are to:

- *Co-ordinate, monitor and support what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children in the area of the authority.*
- *Ensure the effectiveness of what is done by each such person or body for that purpose.*

In the last year Wiltshire Safeguarding Children Board and sub-groups have considerably strengthened their multi-agency scrutiny and challenge function via the introduction of new processes and by raising expectations of their members. The current position of the WSCB compared to when the last annual report was published is very different. This Annual report reflects progress with the work programme and a current view of safeguarding across partner agencies.

3. Wiltshire Safeguarding Children Board Governance and Structure

Wiltshire Safeguarding Children Board Structure Chart 2013



*Child Death Overview Panel

Agency	Role	Name
WSCB	Independent Chair	Cliff Turner
Wiltshire Council	Portfolio Holder Safeguarding	Clr Alan Macrae
South Western Ambulance Service NHS Foundation Trust	Safeguarding Named Professional for Avon, Gloucestershire and Wiltshire	Ali Mann
Public Health	Public Health Consultant	Amy Bird
Healthwatch Wiltshire	Director Children & Young Person Lead	Ann Merrills
Wiltshire College	Vice Principal Student Experience	Amanda Burnside
Primary Head's Forum	Chair (Head teacher, Luggershall and Castle Primary School)	Andy Bridewell
Youth Offending	Integrated Youth, Safeguarding and Offending Manager	Blair Keltie
Wiltshire Council	Director Children Services	Carolyn Godfrey
Voice and Influence Team, Wiltshire Council	Young Person Support	Christina Gregory
Wiltshire Association of Secondary School Head teachers	Member	Clark Harrell
Voluntary and Community Sector	Independent Chair of Wiltshire Children and Families Voluntary Sector Forum	David Bonner-Smith
CAFCASS	Service Manager	Deborah Murphy
Voice and Influence Team, Wiltshire Council	Young Person Representative	Emily Banks
Voice and Influence Team, Wiltshire Council	Young Person Representative	Emily Eason
Wiltshire Council	Service Director Adult Care and Housing	James Cawley
NHS Wiltshire	Designated Doctor	Fiona Finlay
NHS England	Assistant Director of Nursing – Patient Experience and Safeguarding	Gill Brook
GWH NHS Trust	Director of Nursing (Executive Lead Safeguarding Children)	Hilary Walker
Wiltshire Council	Associate Director, Commissioning, Performance and School Effectiveness	Julia Cramp
Avon and Wiltshire Partnership	Clinical Director	Julie Hankin
WSCB	Manager	Julie Upton
Wiltshire CCG	Associate Director Quality (Safeguarding Children and Adults), Designated Nurse	Karen Littlewood
Police	Detective Chief Superintendent. Head of Protective Services	Kier Pritchard
Wiltshire Council	Lead Member for Children's Services	Clr Laura Mayes
Probation Services	Chief Executive	Liz Rijnenberg
CAMHS - Swindon, Wiltshire, BANES	Head of Service	Michelle Maguire
Army	Army Welfare Service	John Mullender
Wiltshire Council	Head of Safeguarding, Quality and Assurance	Nicola Bennett
Oxford Health NHS Trust	Divisional Director Children & Families Division	Pauline Scully
Wiltshire Council and WSCB	Quality Assurance Manager	Sarvjt Gill
Lay Representative	Wiltshire Parent Carers Council	Stuart Hall
Lay Representative	Chair of Wiltshire Governor Association	Sue Jiggins

Wiltshire Council	Associate Director - Children's Social Care, IYS, Preventative Services and 0-25 SEND	Terence Herbert
Salisbury NHS Trust	Director of Nursing	Tracey Nutter

WSCB Membership 2013-2014

The WSCB has continued to develop and strengthen its governance arrangements. Since the Ofsted Inspection in 2012 the WSCB has been working with the Safeguarding Improvement Board to develop and improve governance arrangements and meet its statutory functions. There have been significant improvements in the oversight and management of the work of the Board and sustained commitment from partners to ensure delivery of the ambitious work programme.

Since the last annual report, Ofsted have undertaken an inspection of Wiltshire Council's Children Services and the WSCB. In December 2013 the WSCB commissioned a peer review to evaluate current effectiveness of the Board and to identify areas for further improvement. Whilst details of both of these are included below, feedback to the WSCB has been positive, evidencing effective governance arrangements and improved safeguarding practice across agencies. There are of course areas where the WSCB and partner agencies must improve. The Board is committed to continuing to develop to ensure a clearer picture of safeguarding and early help provision for the children and young people of Wiltshire.

To clarify expectations of WSCB members an Induction Pack was introduced in 2013. This sets out the role and purpose of the WSCB as well as the expectation of members in representing their agencies and as members of the Board in other contexts. The pack included the following:

- WSCB structure and governance
- Statutory Board partners and representation
- WSCB functions and member responsibilities that included:
 - WSCB Functions
 - Independent Chair responsibilities
 - Organisational responsibilities
 - WSCB Member responsibilities
 - Dispute resolution
- WSCB sub-groups
- WSCB members statement of responsibility (signatory sheet)
- Information sharing and confidentiality agreement for WSCB members (signatory sheet)
- WSCB meeting standards
- Annual Report and Business plan
- Allegations Management Policy
- S11 guidance as set out in WT2013
- Supervision and safer recruitment principles

- Links to relevant WSCB policies, protocols and procedures

A review of Board membership was undertaken early in 2014 to ensure that there is appropriate representation from partners. Members must be able to speak on behalf of, and influence, their organisation to ensure effective safeguarding arrangements. This has strengthened the WSCB's ability to hold agencies to account for attendance at, and contribution to, the WSCB and its work programme.

A review of membership of sub-groups was also undertaken recently by the Chair (with sub-group chairs) to ensure representation across the partnership at the appropriate level. Attendance and representation by key partner agencies at board meetings is reported in Appendix A. An induction pack for sub-group members is currently being developed.

4. Financial report (details in Appendix D)

In 2013 the WSCB reviewed the financial contribution of all partners to the WSCB work programme. Historically, financial oversight of the budget had been patchy. There was a range of contributions to the main programme from partners and separate contributions by some organisations towards the training programme.

In reviewing the budget it was felt appropriate to consolidate contributions to the main programme and training programme. Partners now contribute to the delivery of the work programme (which includes the training programme). Partner agencies were invoiced to ensure that the work programme could be delivered. All partners (except one) have contributed the agreed financial amount. The Independent Chair has been informed that the Ministry of Defence Safeguarding Board are not willing to contribute financially although they are keen for the Army to be represented on the Board and have offered access to training facilities.

The WSCB has balanced its budget this year and is in a position to carry forward a small amount due to the revenue raised from provision of training. Further details are contained in the full financial statement in Appendix D.

5. 2013-2014 Business Plan (see Appendix E)

The WSCB Business Plan was developed to reflect the priorities identified in the 2012 Ofsted Improvement Notice, and national and local developments. The action plan was updated by sub-group chairs and considered on a quarterly basis by the WSCB. Actions have been delivered by the sub-groups. This has ensured

that the work of the sub-groups has been focused and timely. Chairs of the sub-groups have worked together to ensure that where required actions have been coordinated to achieve the desired outcome. A few actions will be carried forward to the new business plan.

6. Early Help Strategy (see Appendix F)

In February 2014 the WSCB approved the Early Help Strategy that was developed with the Children's Trust. The Early Help Strategy is the vehicle by which early intervention services will be coordinated and delivered to children, young people and their families. The Early Help Strategy also includes service delivery within the Troubled Families agenda, giving the opportunity to consider early help services to 0-5's where their families may be receiving more targeted or specialist services. There are already some creative and flexible service delivery models for families in specialist and targeted and early help services that will be brought together within the Early Help Strategy to provide a 'whole family' approach to early help. Equally there is a need to focus on coordinated provision of early help services to young people.

The Common Assessment Framework (CAF) and Team around the Child (TAC) model has been strengthened within the Early Help Strategy to reinforce the multi-agency approach to identifying, assessing and providing support to children, young people and their families at the time when problems first emerge. The Early Help Strategy will be delivered and overseen by the Early Intervention Sub-group, which is a joint Sub-group with the Children's Trust, who will provide regular reporting to the WSCB on progress on implementation of the strategy.

7. WSCB Strategic Priorities for 2014-17

There has been much work undertaken and delivered by the WSCB and its sub-groups in the past year, driven by the Ofsted inspection 2012 and also the recognition that the WSCB was not ensuring that effective and robust arrangements were in place to safeguard children young people and ensure their families received appropriate, timely and effective support.

Clearly solid foundations have been laid, but it is important to keep building on good practice and to measure the impact of developments, services, policies and training on outcomes for children– the ‘so what?’ question. Several subgroups are engaging with this issue. The Quality Assurance and Performance sub-group continues to evaluate multi-agency frontline practice and service provision via the WSCB Performance Web.

The WSCB must ensure that it has a long term view of the improvements required and the priorities to be delivered over and above the annual cycle of the work programme. To this end, the WSCB has set out its priorities for the next three years, which will be reviewed via the annual work programme.

- Ensuring the effectiveness of the WSCB with regards to evaluating impact of the work programme
- Developing scrutiny of safeguarding arrangements to better understand the journey of the child
- The development and effective discharge of the Child Sexual Exploitation Strategy and action plan
- Prevention of abuse and neglect particularly though ‘hidden harm’
- Promotion and strengthening of the engagement with early help and early intervention services and processes
- Provision of a comprehensive multi-agency training programme to support front line staff in their work with children and young people who are vulnerable, at risk, and suffering significant harm.

8. Evidence of challenge

The financial year 2013-2014 has been one of significant development for the newly established WSCB and its sub-groups. There has been a period of reviewing, developing and embedding processes not previously in place. At times this has proved challenging for agencies and members, however there has been a clear commitment across the partnership to ensuring an effective, accountable WSCB. Challenges and developments in the following areas have been undertaken:

Financial contributions and budget management

As indicated above, in 2013 there was a review of the financial contributions to the WSCB work programme. In the past, there had been insufficient oversight regarding financial contributions from partners. Some agencies had not been contributing financially to the work programme but purchased places on training courses. Wiltshire Council contributed most of the budget and also financed the training programme. We reviewed contributions from partner agencies and consolidated the training programme into the WSCB work programme to improve oversight by the Board of its budget.

The WSCB budget now reflects the work programme as a whole, including training. A budget proposal was presented to the WSCB in 2013 which included recommended financial contributions from agencies to ensure the delivery of the work programme. For some agencies this was a new expectation and posed some challenges in terms of their understanding of their responsibilities to the Board. The Independent Chair has worked with partner agencies to ensure that all are aware of the rationale for the budget. All but one member agency has agreed and contributed to the WSCB work programme within the limits of their national and local budget allocations. The Independent Chair continues to discuss financial contributions with partners and the Board.

Representation and attendance

The Chair has undertaken reviews of attendance and representation at the WSCB and its sub-groups to ensure that the Board can continue to be effective and accountable. During the year various changes to representation have made it challenging for the WSCB and sub-groups to deliver their work streams. Membership of the Board and its subgroups has now been updated and presented to the WSCB and chairs of the sub-groups. Attendance is now reported to the Board and sub-group chairs on a quarterly basis (and in the annual report). Appendix A provides information on agency attendance at the board.

CDOP and child death processes

A review of the Child Death Overview Panel and the child death process was undertaken by the Independent Chair with key stakeholders in 2013 as it became apparent following a number of child deaths that there was confusion across agencies with regard to key responsibilities and functions. It was not clear to some professionals when a rapid response meeting or a strategy discussion was required; who chaired the discussion and who took minutes. This meant that there was a risk that some families had been subjected unnecessarily to the child protection process. The need to re-establish the process was identified, so that those agencies

involved (health, police and social care) are clear about their own and other agency roles within the child death process. As a result there has been an agreed 'holding' position with police and social care whilst the child death process and training is developed and delivered with relevant professionals across Wiltshire and Swindon.

The commissioning of paediatricians to lead the Rapid Response meetings and Local Case Reviews has not been sufficiently explicit and robust. These processes are shared with Swindon Safeguarding Children Board. So the WSCB Independent Chair, in liaison with the Independent Chair in Swindon, have taken forward discussions with the Wiltshire Clinical Commissioning Group regarding commissioning arrangements. The paediatric contract with Great Western Hospital in Swindon has been strengthened and discussions are continuing to ensure that when a child dies there is consistent involvement of paediatricians in the process.

The Independent Chair has also reviewed the CDOP, which is joint with Swindon Safeguarding Children Board, to consider and ensure appropriate representation from Swindon and Wiltshire at the meetings. As a result membership has been updated and chairing arrangements will transfer to Swindon Safeguarding Children Board. There has also been a significant improvement in the pace of work delivered by CDOP resulting in a reduction of backlog of cases and more timely dissemination of learning.

Quality Assurance and Performance sub-group – Audits and WSCB Performance Web reporting

The Quality Assurance (QA) Sub-group is charged with evaluation of safeguarding arrangements and practice across agencies. The development and introduction of the WSCB Performance Web (Appendix C) has been extremely helpful in considering evidence and focusing discussion and has also raised challenge to agencies regarding their assessment of frontline practice. This has at times led to challenging discussions within the WSCB meetings. Agencies have been asked to provide responses to the QA sub-reports. This is a necessary process to ensure that the WSCB is able to hold agencies to account and challenge practice in order to improve service delivery and outcomes for children. The Independent Chair has reinforced with members the role of the Q A sub-group in interrogating and evaluating front line practice on behalf of the WSCB.

9. What the Ofsted Inspection July 2013 told us

In July 2013 Ofsted undertook an inspection of Wiltshire Council's Children's Services. The inspection considered the effectiveness of multi-agency arrangements for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. Inspectors considered key aspects of a child's journey through the child protection system, focusing on the experiences of children and young people, and the effectiveness of the help and protection that they are offered.

Inspectors scrutinised case files, observed practice and discussed the help and protection given to children and young people with social workers, managers and other professionals (including members of the WSCB). They also talked to children, young people and their families. In addition, inspectors analysed performance data, reports and management information.

The inspection considered four areas –

- Overall effectiveness (of the arrangements to protect children)
- The effectiveness of the help and protection provided to children, young people, families and carers
- The quality of practice
- Leadership and governance

Ofsted concluded that in all four areas Wiltshire was adequate and that in many areas there were strengths.

Strengths

- Children and young people at risk of immediate harm are effectively identified by partners including schools, and referred appropriately to social care.
- The standard of child protection practice by social workers was felt to be improving, though inconsistent across teams, and the timeliness of response to referrals improved.
- Multi-agency understanding and contribution to safeguarding and child protection had improved and relationships are more positive.
- A comprehensive and county wide offer of early help is in place to prevent family difficulties from escalating to higher levels of provision. The 16 local Multi Agency Forums were felt to successfully focus on early intervention and prevention, which improved the timeliness of access to help for families. Good commitment by professionals facilitates the engagement of families in a wide range of services.

- Inspectors saw examples where strong multi-agency working through the CAF resulted in significant reduction in identified concerns about the family's functioning, with good levels of participation from parents and children in CAFs.
- Additional services to support families such as Wiltshire Families First, provide timely, practical, focused help which can meet a wide range of children's needs and are accessible across the county.
- Initial and review child protection conferences were found to be effectively chaired. Risks and strengths are appropriately identified and progress reviewed. Outcome-focused plans are agreed and parents are actively involved in shaping them. Child Protection Coordinators have a quality assurance and challenge role and this function has helped to improve the child focus of plans, leading to improved outcomes for children.

Areas for improvement

- Children in need did not always benefit from timely, good quality plans which resulted in unfocused interventions and unclear outcomes. There was evidence of drift and insufficient progress being made in meeting children's identified needs.
- Issues were also raised regarding concerns that do not reach the threshold of a child protection enquiry where cases were closed prematurely, without sufficient assessment or the offer of a service.
- Insufficient children benefit from a CAF because of the reluctance of some agencies to take on the role of Lead Professional. Sometimes this reluctance delayed or prevented de-escalation from a CiN plan, leading to drift or premature closure. The high number of re-referrals to statutory services indicates that the de-escalation to the CAF of children in need has been insufficiently effective in some cases.
- The voice of the child needed to be strengthened and evidenced within assessment and service delivery.
- Further work is required in relation to children who are privately fostered, to ensure timely identification of problems and appropriate referrals, as well as timely and quality assessments and service provision.

Leadership and Governance

- Leadership and governance within and across the Council and its partner agencies were found to be much stronger with clear lines of accountability and effective scrutiny arrangements.
- The Improvement Plan identified appropriate action to improve the safeguarding performance of the Council and its partners, including the WSCB. Full multi-agency sign-up to the Safeguarding Improvement Board (SIB) meant that the partnership was making steady progress in successfully implementing strategies to protect children and young people, including support through early help services.
- A comprehensive commissioning strategy was supporting the change across universal, targeted and specialist services.
- A clear set of accountabilities were firmly in place between, senior elected members, senior managers within the council including the Director of Children's Service (DCS), partner agencies, and the Independent Chairs of the Board.

Following the Ofsted inspection in 2012, where the Wiltshire LSCB had not demonstrated effective governance arrangements or leadership, the inspectors in 2013 found that:

‘The WSCB is now meeting its statutory duties and responsibilities following a commissioned review of its governance arrangements, which identified major deficits. An initial delay in implementing changes has been rectified by appointment of an independent chair, who has begun to accelerate the pace of improvement, supported by a streamlined and therefore more efficient board structure. Board membership now includes senior managers from key agencies and they have readily embraced a culture of challenge amongst partners. Scrutiny by inspectors of recent WSCB minutes provides evidence of open and rigorous interrogation of reports to the Board.

As part of its revised Business Plan, the WSCB is taking action as a priority to ensure that the views of children and young people are taken into account in the business of the Board. Consideration of equality and diversity is also not yet fully established within the work of the Board but is an integral part of its business.

This inspection evidenced the improving picture for children, young people and their families in Wiltshire due to more effective co-ordination and delivery of quality services across all agencies, and effective leadership and governance arrangements. However neither the Board nor the partner agencies are complacent and are committed to ensuring that children and young people are effectively safeguarded and receive the right support at the right time so that they have the opportunity to reach their potential.

The areas for improvement set out by Ofsted and the Safeguarding Improvement Board (SIB) have been progressed by the WSCB through its Business Plan and the activity of the Board and the subgroups, as outlined below.

10. What the WSCB Peer Review told us

A Peer Review of the WSCB was commissioned in December 2013. Overall the Peer Review Team was able to see that WSCB complies with its statutory responsibilities in accordance with the Children Act 2004 and the Local Safeguarding Children Board Regulations 2006. The Peer Review set out its findings in the areas below:

Leadership and Governance

- WSCB helps set priorities across strategic partnership e.g. further investment in child sexual exploitation.
- This includes considering the effectiveness of the Child Death Overview Panel (CDOP) and it has challenged the backlog in CDOP cases.
- The governance arrangements enable Board partners (including the Health and Well-Being Board and the Children's Trust) to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people. Some protocols are in place and there is evidence of impact on joint commissioning by WSCB.
- The WSCB is beginning to be an active and influential participant in informing and planning services and there is thread through all key documents relating to it.
- Agreement from the partnership that the Independent Chair has the appropriate vision and skills to achieve corporate buy in from across the partnership longer term.

Challenge

- Consensus that the WSCB has started to hold partners to account through regular challenge.
- Evident engagement in WSCB matters from senior level across the council, education and police
- Strong political engagement – including Council challenge of WSCB through the Select Committee and the establishment of a Safeguarding Panel of elected members.
- Section 11 Panel is an example of robust challenge of agency self assessments.

Evidence of Progress to tell the Wiltshire safeguarding story

- Better evidence base than year ago – though still on a journey
- Wiltshire Performance Web provides a sound performance framework
- Strong senior leadership of each WSCB sub group

Analysis demonstrated through WSCB Annual Report

- Rigorous and transparent assessment of child protection system evident through the Annual Report
- Children and young person's version was positively received
- Clear improvement priorities articulated in a delivery plan through the business plan 2013/14

Quality Assurance of front line practice

- Clear model through the Wiltshire Performance Web outlining monitoring and evaluation arrangements
- Establishment of an early offer sub group chaired by the Director of Children's Services has allowed for consideration of how to evaluate effectiveness of the early help offer
- Positive engagement with children and young people
- Good model in engaging Board members in the audit process

Overall impact of WSCB activity on practice

- Communication to the front line has improved through multi agency fora within the localities and through a new WSCB newsletter
- Good training brochure and very positive senior leadership in relation to workforce development
- Swift action was taken on the quality deficits in Individual Management Reviews and action plans arising from SCRs

The Peer Review Team set out areas for further development which the WSCB has incorporated in the work programme for 2014-15.

11. What the Section 11 Audit told us about safeguarding practice

The most recent Section 11 audit (carried out with Swindon Safeguarding Children Board) highlighted areas of continued sound safeguarding practice, knowledge and training for many agencies. Agencies completed the audit and scored themselves as 'emerging', 'developing' or 'consolidating' in each of the areas set out. A peer review team of members from both Swindon and Wiltshire Safeguarding Children Boards met with auditors who provided evidence to support their scoring. The peer review team considered the evidence and also rated individual agencies' self-evaluations. The process gave a measure of independent verification to the self-scoring. In most cases, the evaluations by the peer review team and those of the agency were similar or the same. Where this was not the case, the peer review team set out its reasons. In most cases this was due to a lack of evidence provided or because some agencies were based in other local authority areas and were not using the same audit tool.

A number of agency audits highlighted that the safeguarding practices and processes within their agencies required further development. The process also demonstrated that for some larger organisations there was not a 'whole organisation' view that is so essential to understand and evidence appropriate safeguarding arrangements. For four agencies there were issues regarding training, procedures, policies and/or a lack of clear oversight regarding these across the whole organisation.

As a result there has been work done with those agencies in need of support to develop their policies and practice. All WSCB members have been given clear expectations about what is required of them and their agency for the next S11 audit, which has been further refined to include additional areas of supervision and safer recruitment principles. For those agencies located in other areas, but providing service to children and families in Wiltshire, the Board will be writing to the relevant chair of the LSCB in those areas to seek assurance regarding the safeguarding arrangements.

12. Ofsted Review of Local Safeguarding Children Boards

In November 2013 the new Framework for Inspection of Children's Services was published alongside arrangements for Ofsted Reviews of LSCBs. The arrangements for review closely mirror the functions of LSCBs as set out in Working Together 2013. There is a clear onus of responsibility to make sure that safeguarding is a priority for all partners, to ensure that all partners are suitably represented on the Board and that they all contribute appropriately to the work of the Board. Not surprisingly, the role of the Board in collecting, analysing and interpreting data is seen as key. There is an emphasis on learning notably, but not exclusively, from Serious Case Reviews and to embed this learning in effective multi-agency training. Based on current performance, there are at least three clear challenges to the WSCB

- To better hear and respond to voices of users of the safeguarding system
- To demonstrate impact of front line practice on outcomes for children and young people
- To exercise a clear influence on the commissioning of services for children and young people.

13. Overview of safeguarding arrangements in Wiltshire

The WSCB was involved in both the Ofsted Inspection and Peer Review in 2013. In both, the WSCB evidenced it was meeting its statutory responsibilities and that partners were working effectively together. The WSCB continues to strengthen its governance arrangements to ensure that it can hold agencies to account and will continue to undertake appropriate enquiries, audits and receive reports to inform its view regarding safeguarding arrangements and front line practice.

The WSCB has built solid foundations in 2013-2014 and in the coming year will prioritise evidencing impact on practice, young people's voices and the journey of the child across the work programme.

Are children effectively safeguarded?

- The 2013 Ofsted Inspection found no child to be left at risk of harm but highlighted the number of children in need that did not make sufficient progress due to lack of clear plans and timely interventions. The Quality Assurance(QA) sub-group in considering this as part of their WSCB Performance Web review highlighted the number of children in need without a plan as potentially at risk. Assurance was sought and given by Wiltshire Council that all children requiring a plan subsequently had one in place, thereby reducing the concern regarding potential risk to these children. The Q A sub-group will undertake a multi-agency audit to consider how agencies are contributing to children in need plans to ensure appropriate and timely service provision, prevent drift and reduce risk of harm.

- The Quality Assurance sub-group has also undertaken an audit of strategy discussions and S47 enquiries. This has shown areas of good practice and reinforced Ofsted's view that children in Wiltshire are effectively safeguarded. There were areas of concern raised, however, regarding the identification and assessment of risk to meet the threshold for both strategy discussions and S47 enquiries across the three key agencies (Social Care, Health and Police). This has been reinforced by the WSCB data set that indicates there continue to be a high number of strategy discussions and S47 enquiries, although it is an improving picture. Alternatives to these processes need to be clarified and utilized appropriately to ensure resources are targeted appropriately and children are not needlessly subjected to the child protection system. The WSCB will continue to receive reports from the Multi-agency Safeguarding Hub (MASH) and Quality Assurance sub-group regarding strategy discussions and S47 enquiries and alternatives to inform our view.
- The Prevention of Harm Sub-group has had the lead role in developing the Child Sexual Exploitation (CSE) strategy and action plan. Development of these has been challenging for a number of reasons including staff changes and at times a lack of direction and joined-up approach. That said, there is now a strategy that reflects the wide range of CSE risks and a multi-agency action plan in place to identify and address CSE at various levels. CSE guidance has been developed by the Policy and Procedures sub-group and there is now a CSE sub-group of the WSCB to focus on this area of child abuse. Strategic leadership across Wiltshire has been identified and a strategic group which includes the Independent Chair is meeting regularly to ensure effective oversight of the strategy. The WSCB have commissioned Barnardo's to undertake a scoping exercise across Wiltshire to identify children who are vulnerable as well as those that agencies know to be at risk of CSE. This scoping exercise is being undertaken in conjunction with the CSE sub-group and will inform the strategy and action plan. CSE training has also been provided by the Workforce Development sub-group to support agencies in better understanding CSE and their role in safeguarding children and young people.

The current systems for supporting children who are at risk of CSE (and those who are being exploited) are felt to be working effectively. There is further work to do to raise awareness of vulnerable children and to equip professionals with the knowledge and skills they need to effectively safeguard young people. The CSE sub-group will provide the WSCB with update reports and undertake a review of the action plan and audits as necessary to evidence effective safeguarding of these children.

Are children being helped at an early stage?

The WSCB has a lead role in ensuring effective and timely intervention for children who are vulnerable or in need via its Early Help Strategy. The Early Intervention Sub Group, a joint sub-group with the Children's Trust, has had the lead in developing and strengthening the Common Assessment Framework and Team around the Child process across agencies, especially at the interface between universal, targeted and specialist services (i.e. social care).

- An audit has been undertaken by the Early Intervention sub-group to consider the support children were receiving when a referral does not meet the threshold for social care involvement and a CAF and TAC were recommended. The CAF coordinators have been key in following-up with professionals and supporting/signposting them through this process to ensure that a CAF and TAC happen and a lead professional is identified. The audit identified that there were areas of good practice but confidence with the role of lead professional has been a challenge in some quarters. Multi-Agency Forums' (MAFs) where children are discussed, are not all functioning effectively. The WSCB and Children's Trust have considered how additional support can be provided to MAFs and professionals to increase the number of CAF/TACs and effectively plan for supporting families.
- Further audits have been undertaken within a number of agencies, and have evidenced the increasing use of CAFs, TAC meetings (including appropriate attendance) and of improving quality of assessments and action plans. Some continue to require improvement.
- The 'Gateway Panel' is a multi-agency panel chaired by the Associate Director, Children's Services that includes representatives from CAMHS, Children's Centres, Wiltshire Families First, CAF Manager and Children's Social Care Services, and meets weekly to consider appropriate support and interventions for families where a CAF has been undertaken and targeted or intensive family intervention is required. This Panel is an effective forum for identifying the right level of help required for each child. Wiltshire Families First is a highly effective service based on the 'troubled families' model of support that is flexible, persistent and time limited. The Gateway Panel is key to effective early help provision.
- The WSCB training programme on Early Intervention has been reviewed to include an element of risk analysis to assist practitioners in identifying safeguarding concerns when undertaking a Common Assessment.
- The 'step down' process has been introduced with universal services where social work involvement is coming to an end. There is a TAC meeting where a CAF is completed and an action plan put in place to support a coordinated multi-agency plan for a child and their family. The identification of a lead professional to continue to hold review meetings is an important feature to ensure that families get coordinated support and reduce the need for re-referrals to social care. An audit of this process will be undertaken by the Early Intervention sub-group in 2014 to assess and evidence the effectiveness of this process.
- The CAF pathway for expectant young mothers has been developed to assist and reinforce the importance of early support for young women who are pregnant as well as the Pre-Birth Protocol to Safeguard Unborn Babies. Each of these protocols have been developed because agencies have recognised that there have not been clear pathways or clarity of agency roles in identifying needs and risk at an early stage and providing appropriate early help to children and parents when they need it, which often leads to the need for statutory intervention.

There is evidence that early assessment and support for children and young people is improving; understanding of the links between thresholds is increasing and there are protocols in place to clarify roles and responsibilities. Next year, the WSCB will evaluate its Early Help Strategy and undertake necessary audits to continue to evidence the impact to assess the extent to which children and young people are benefitting from effective, coordinated early help that addresses their needs at the right time and reduces the necessity for children to be supported by statutory services.

Challenges to the Children's Trust 2014/5

The Children's Trust is responsible for commissioning early help services. The WSCB has an obligation to ensure that these services are delivered effectively. Building on the successful dissemination of the Multi-agency Thresholds document, the challenge to the Trust is to ensure that early help services are

- visible
- understood
- accessible, and
- evaluated

As indicated elsewhere in this Annual Report, there are indications that the 'Gateway Panel' provides intervention for families whose children are close to the threshold of care. There is early help good practice delivered by some universal providers. However, in the view of some partners it is not always clear what help is available to children and young people whose needs fall between those that can be met by universal providers and those close to the threshold of care.

Challenges to the Health and Well-being Board 2014/5

One of the issues that partners are concerned about is the relative shortage of provision for children and young people in the early stages of exhibiting emotional health problems: Targeted Services and Tier 2 Primary Child and Adolescent Mental Health Services (PCAMHS). One consequence of this is that Tier 2 PCAMHS are reported to receive an inappropriately high number of referrals, most of which do not require escalation to Tier 3 Specialist CAMHS. Moreover, CAMHS are typically clinic based. This poses a systemic problem for families who are chaotic or simply have limited access to suitable transport. In addition to being visible, understood, accessible and evaluated, in future the Tier 2 provisions which include targeted services and PCAMHS needs:

- More capacity
- Clear criteria for referral (from universal providers and to specialist services when necessary)
- To be evidence based, and delivered within the community in a non-stigmatising manner.

14. Inspections, audits and reviews held in 2013-14

Care Quality Commission (CQC)

A review of health services for looked after children and safeguarding children arrangements was undertaken by the CQC in October 2013. The review focused on the experiences and outcomes for children within the geographical boundaries of the local authority area and reported on the performance of health providers serving the area including Clinical Commissioning Groups (CCGs) and NHS Area Teams (ATs). Cross-boundary arrangements were considered where children and families lived in local authority areas other than Wiltshire and arrangements for the health-related needs and risks for children placed out of area were also included. The review explored the effectiveness of health services for looked after children and the effectiveness of safeguarding arrangements within health for all children.

CQC reviewed:

- the role of healthcare providers and commissioners
- the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews
- the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services
- whether healthcare organisations were working in accordance with their responsibilities under Section 11 of the Children Act. This includes the statutory guidance, Working Together to Safeguard Children 2013

The inspection found progress had been achieved in respect of CQC recommendations arising from the CQC Joint Inspection with Ofsted in March 2012 these included, although were not limited to:

- evidence of the increasing use of the common assessment framework (CAF) in assessing and securing early intervention to meet the additional support needs of children.
- early help work led by health staff increasingly focused on safeguarding children and securing improvements in children's health and development.
- women with mental health needs can access perinatal mental health services at universal and specialist levels
- effective partnership work between health practitioners and the network of countywide children's centres to support families
- examples of effective teams around the child (TAC) and CAFs delivering good outcomes for children and parents

- feedback indicates that families feel more supported by effective multi-agency working
- risks to the health, safety, development and wellbeing of children are identified across health services and timely and appropriate follow up to ensure the child's health needs are met, particularly among health visitors and school nurses
- examples of effective communication and co-operative working between CAMHS, social care and schools resulting in good, early support to children showing early indications of need or heightened risk
- community health practitioners working with minority groups within military communities demonstrate a high level of understanding and sensitivity to issues of diversity
- sexual health safeguarding policy is well established and young people can readily access high quality and flexible sexual health services
- adult alcohol and substance misuse service offer a good range of responsive and readily accessible services around the county
- good recognition by most health professionals of safeguarding thresholds and their professional accountabilities for keeping children and young people safe. The escalation policy is being used effectively and staff are clear on when it should be invoked
- the voice of the child is reflected within the health reviews undertaken by the looked-after children's nurse and issues of diversity and family circumstances are recognised
- the looked-after children's nurse demonstrates significant commitment and effort and has worked hard in trying to deliver all aspects of the role in a service with a significant improvement agenda
- the Outreach Service for Children and Adolescents (OSCA) mental health service responds promptly to referrals regarding hard to engage young people who are looked after, retaining them on their caseload while continuing to encourage engagement until they reach adulthood
- there is effective support to care leavers from mental health where they are already engaged with the young person when they leave care
- partnership working is good. Partners describe an increasingly mature dialogue between organisations resulting in more effective and prompt resolution of issues
- the practice of the designated nurse and named GP in partnership with the NHS local area team undertaking joint visits to GP practices is a good governance and practice development model

While CQC found evidence to demonstrate a number of improvements they made a number of recommendations for the health providers and commissioners involved in the inspection.

Recommendations

1. NHS England and Wiltshire CCG should work with General Practitioners to ensure that they fulfil their responsibilities in safeguarding children and young people and for looked-after children by:-

- 1.1 Demonstrating prompt and effective risk assessment to children and young people within the practice and where risk is identified that prompt and appropriate referrals are made.
- 1.2 Contributing effectively to child protection conferences by either attending the conference and/or submitting a detailed report on the child and their family to support effective planning.
- 1.3 Demonstrating clear understanding about looked after children's policy and guidance, and their responsibilities in relation to looked-after children in their practice.
- 1.4 Developing the leadership role of designated doctor and named GP to best support the delivery of effective safeguarding across services.

2. Wiltshire CCG with Great Western NHS Hospitals Foundation Trust, Avon & Wiltshire NHS Partnership Trust and Oxford Health NHS Foundation Trust should;

- 2.1 Ensure that case recording is comprehensive, setting out the role of the practitioner in child protection plans and reflective of best 'Think Family' practices.

3. Wiltshire CCG with Great Western NHS Hospitals Foundation Trust and Avon & Wiltshire NHS Partnership Trust should;

- 3.1 Ensure that in making safeguarding referrals to social care, practitioners articulate clearly the assessed risks to the health and well-being of the child in order to facilitate decisions about what level of support is needed.

4. Wiltshire CCG with Avon & Wiltshire NHS Partnership Trust and Oxford Health NHS Foundation Trust should;

- 4.1 Review service provision for young people in transition from CAMHS with on-going emotional health needs who are unlikely to meet thresholds for adult services.

5. Wiltshire CCG with Avon & Wiltshire NHS Partnership Trust should;

- 5.1 Ensure that in cases where children are subject to child in need and child protection plans, adult mental health practitioners are fully engaged with relevant partner agencies.

6. Wiltshire CCG with Great Western NHS Hospitals Foundation Trust and Salisbury NHS Hospitals Foundation Trust should;

- 6.1 Review staffing capacity to ensure the workforce profile meets intercollegiate guidance and that staff are trained to appropriate levels of safeguarding competence and receive supervision in line with statutory guidance.

7. Wiltshire CCG with Salisbury NHS Hospitals Foundation Trust and Wiltshire Council should;

7.1 Ensure that an effective protocol is implemented to ensure early planning takes place in response to identified risk to protect unborn infants.

8. Wiltshire CCG with Great Western NHS Hospitals Foundation Trust, Avon & Wiltshire NHS Partnership Trust, Oxford Health NHS Foundation Trust and Salisbury NHS Hospitals Foundation Trust should;

8.1 Ensure that services are responsive, developed and commissioned to best address the feedback and wishes of children, young people and families.

8.2 Ensure that practitioners are knowledgeable and sensitive to issues of diversity and that the provision of health care for individuals is informed and appropriate.

8.3 Ensure that child or young person non-attendance at clinical appointments is duly followed up according to established protocols.

8.4 Continue to review health information systems to ensure information sharing is effective in protecting children and young people.

9. Wiltshire Public Health with Wiltshire CCG, Great Western NHS Hospitals Foundation Trust, Oxford Health NHS Foundation Trust and Sirona should;

9.1 Ensure the delivery of quality assured and effective health services to looked-after children and care leavers.

9.2 Developing the leadership role of the designated doctor and designated nurse to provide effective leadership and quality assurance of the health provision for looked-after children.

9.3 Review the provision of health services for asylum seekers in the care of the authority.

9.4 Ensure that practitioners are knowledgeable and sensitive to issues of diversity and that the provision of health care for individuals is duly appropriate.

9.5 Review the use of strengths and difficulties questionnaires or other evidence based tools to monitor the emotional and mental health of looked after young people, facilitating young people's participation whenever possible.

10. Wiltshire CCG and Wiltshire Council with Great Western NHS Hospitals Foundation Trust, Oxford Health NHS Foundation Trust and Salisbury NHS Hospitals Foundation Trust and Motiv8 should;

10.1 Ensure that children and young people's misuse of drugs and/or alcohol is consistently assessed and that young people with substance misuse issues presenting to acute health services are appropriately facilitated to access treatment and support.

11. Wiltshire CCG with Great Western NHS Hospitals Foundation Trust, Oxford Health NHS Foundation Trust and Sirona should;

11.1 Ensure that child or young person non-attendance at clinical appointments is duly followed up according to established protocols.

The NHS Wiltshire CCG has since assisted health providers to develop action plans in relation to the CQC recommendations; these have been submitted to CQC. The NHS Wiltshire CCG will manage the oversight of the provider action plans.

Wiltshire Police - Peer review

In April 2013 a Peer Review was undertaken of the Police Public Protection Department in Wiltshire. This review was a MIC style Inspection of Child Safeguarding and looked at both the Wiltshire and Swindon local authority areas. It is important to note that the review did not consider partnership records or partnership focus groups.

The strengths and weaknesses in general concentrated on internal Police structures, shift patterns, supervisory oversight and operational activity. All these areas were addressed through an operational group ahead of the HMIC inspection which took place on the 3rd of June 2013.

In relation to partnership working, the Wiltshire Multi-agency Threshold document was highlighted as good evidence of interpretation of thresholds in Wiltshire as was the operational day to day working of the Police and Local Authority that was in line with 'Working Together 2013'. However, there were some delays in strategy meetings and the apparent lack of a social worker at joint visits that was highlighted as an issue for review.

A recommendation was made that the WSCB should be subject to an independent review as to its effectiveness which would be of value not just to Wiltshire Police but also for the external improvement board and Ofsted although it was noted that partnership working and WSCB oversight of Safeguarding had vastly improved from previous inspections. There was also a recommendation that DCS Kier Pritchard should withdraw from membership of the WSCB in line with 'Working Together 2013' and be replaced by the Detective Superintendent who has strategic responsibility for safeguarding and promoting welfare within the organisation. This has now occurred. It was also evident that there is clearly a common vision amongst the partners that is being constantly strengthened through positive engagement and feedback.

Since the Peer review the Multi Agency Safeguarding Hub (MASH) has been established which further demonstrates effective partnership working.

In conclusion, the report indicated that Wiltshire Police, through its Public Protection Department and partnership engagement, is working hard to deliver good outcomes for children and activity was instigated to address the issues raised. Any outstanding activity from the Ofsted Inspection, and this peer review have now been incorporated into a Child Protection Improvement Plan, owned by Detective Inspector Jeremy Carter, and reviewed on a quarterly basis by the Head of the Public Protection Department.

Schools' Annual Safeguarding Audit

The audit form was sent to all schools electronically in January 2013, 99% audits were returned from LA schools and academies (N = 226 of possible 229). There was a much poorer return rate from the independent sector and other similar organisations (FE colleges, Free Schools). Of 35 organisations, only 10 submitted a return (28%).

This is another positive safeguarding audit demonstrating the continuing commitment within Wiltshire schools to effective implementation of safeguarding guidance by providing a safe environment for their pupils, and supporting their pupils in learning to make safe choices.

Areas considered:

- Management and leadership, roles and responsibilities
- Child protection policies and procedures; consistency and cross referencing
- Training of staff, including designated CP lead; governors; and head teacher
- Safeguarding and the curriculum
- Anti-bullying practice
- Safer recruitment
- Code of conduct for safer practice for staff and volunteers
- Managing allegations of abuse against members of staff
- Child welfare and child protection record keeping
- E-safety policy and teaching

Across all areas schools self assessments are at level 1 or 2, (good or outstanding), with very few at level 3 or 4 (poor or inadequate). These self-assessments are supported by Ofsted Inspections; alongside the local knowledge and involvement of the Schools' Safeguarding Advisor, who works with colleagues such as the Local Authority Designated Officer, School Effectiveness and schools themselves, enabling a robust assessment of safeguarding practice and process.

Ofsted Inspection Reports (Wiltshire schools)

The Local Authority assessment of schools' performance on safeguarding based on the audit returns and school visits is supported by analysis of the inspection reports received for Wiltshire schools inspected during 2012-13. Although this is no longer a stand-alone element of school inspections, it is a factor in two of the four separate judgments and the LA monitors the reports of all school inspections in Wiltshire (LA schools and academies). Of 54 schools inspected from September 2012 - May 2013, 91% were judged to be either good or outstanding for behaviour and safety (69% judged to be good) and 64% good or outstanding on leadership and management. Report narratives often commented favourably on safeguarding and child protection provision in schools, as well as on the

quality of support from the LA.

The Schools Advisor on Safeguarding in Education receives annual audits from schools (including Academies and independent schools) on safeguarding practice, policies and process in line with national guidance, as well as notification where schools have been assessed as 'inadequate' by OFSTED in aspects relating to safeguarding. In such cases the Schools Advisor will arrange to visit and advise on improvements to be made to address shortfalls in identified areas to improve the schools understanding and practice of safeguarding and related issues.

Overall safeguarding self-assessment

This is the second year schools have been asked to give an overall assessment of their safeguarding measures and practice. A comparison with safeguarding judgements made by Ofsted on inspections during the course of the year suggests that most schools are making accurate judgements about their safeguarding performance.

The validity of a school's self-assessment is tested during all school visits, when their self-assessment is compared with the LA assessment. Overall this confirms that most schools are accurate in their self-assessment, with occasional exceptions. Completed returns are also used as a trigger to offer school visits where overall schools are working at level 3 or 4, and these are generally welcomed by schools. In addition the LA visits some schools self-assessing at levels 1 or 2 to provide a further check.

Overall schools have self-assessed themselves as doing slightly better on safeguarding than they did in the previous year. This assessment is supported by both by Local Authority visits to schools and Ofsted inspections.

Having appropriate policies and procedures is only the starting point: schools must continue to work hard to ensure that those policies and procedures are firmly embedded in their everyday work with pupils and their families. In particular all schools must have a focus on identifying and facilitating early intervention, as an important contribution towards preventing difficult situations from escalating.

In the coming year there will be increased collaboration between local schools, the LA, and Wiltshire Safeguarding Children Board, supported by the new guidance for schools and FE colleges 'Keeping Children Safe in Education'.

Early Years Safeguarding Annual Audit

In the last financial year there were a number of significant changes to the responsibilities towards and oversight of early years providers as follows:

- In 2013 the Department for Education (DfE) set out that Ofsted would be the sole arbiter of quality with regard to Early Years Care and Childcare. This meant that only Ofsted could make a judgement about the quality of care and education which was provided in a setting.
- In addition, the government removed the Local Authority's responsibility to promote the development of quality of childcare providers.
- The Local Authority is no longer able to require childcare providers to receive specified training and childcare providers are no longer obliged to work with the Local Authority to develop their service.
- The Local Authorities can continue to offer training and support, but only at the request of individual childcare providers.

The impact of these changes on Wiltshire Council services was significant and as a result a number of services were no longer viable. This has led to changes to the way in which the Council offers and provides services to early years services, which is now targeted. The new strategy for officers and advisors is to offer support and advice to childcare providers who received an Ofsted grading that was less than "good". However, childcare providers are still not obliged to accept the local authority support.

Childcare providers are sent the Annual Safeguarding Audit, and in order to continue receiving government funding, providers must complete these audits. There are a number of child minders and some group childcare settings that do not offer government funded education. These providers may, but are not obliged to complete the safeguarding audit. Areas considered in the audit:

- Management and leadership, roles and responsibilities
- Child protection policies and procedures; anti-bullying;
- Training, including early intervention
- Involvement of children and parents
- Safer recruitment; code of conduct; allegations management and escalation policies
- Child welfare and child protection recording and referrals

Returns

Of the 342 Ofsted registered group childcare settings in Wiltshire, 284 settings (83%) responses were received. Of the 591 Ofsted registered child minders, 410 (69%) responses were received.

As with previous years, the audit indicates that preschools and nurseries have more robust policies and procedures in place than child minders or out-of-school clubs. This directly relates to the fact that, in order to receive government funding, nurseries and preschools are obliged to sign the Local Provider Agreement which details key requirements in terms of safeguarding processes. It is likely that, in future years, preschools will be less vigilant about their safeguarding processes as the Local provider Agreement has had to be altered to reflect the fact that the government requires that Local Authorities are less prescriptive in their expectations of nursery providers.

One of the key areas where there is likely to be a change in future is in attendance at training courses. The Local Authority is no longer able to require childcare providers to attend council-run training courses. In this audit, which covers the final year when the Local Authority was in a position to require such attendance, there has been an increase in providers attending safeguarding courses which have always been mandatory for childcare providers.

In the past 3 years there has been an increase in nursery Designated Safeguarding Officers receiving the WSCB 2 day Advanced Child Protection training. The percentage increased from 70% to 86%. The same period has seen an increase in the number of nurseries where someone has been trained in Safer Recruitment training, an increase from 26% to 79%. The reason for this increase is that Childcare Officers who have supported groups, have strongly emphasised the need to undertake safeguarding training and have, for the first time, highlighted that groups risk their Free Entitlement Funding if they do not comply.

Conversely, there has been a decrease in the percentage of child minders undertaking basic safeguarding training from 69% (3 years ago), to 53% in the past year. The reason for this is two-fold. Firstly, the majority of child minders do not receive Free Entitlement Funding, so the Local Authority has no lever to encourage attendance. Secondly it has not been possible to continue to deliver regular evening and Saturday child protection training to child minders, many of whom are not able to attend WSCB training as these sessions run on weekdays.

On a positive note in the period that this audit covered, there was a significant increase in the numbers of nursery providers reporting child protection concerns to social care or the LADO, reflecting an increased understanding of safeguarding issues.

The year 2013 -14 has been a period of heightened activity for the sub-groups. Each group has been active in delivering the actions and work as outlined in the Business Plan. For almost all sub-groups these actions have been delivered in an effective and timely way. Achievements and challenges for each sub-group are set out in the following pages.

Prevention of Harm – Chair Terence Herbert, Associate Director Children’s Social Care, Integrated Youth Services and 0-25 SEND

The Prevention of Harm sub-group (POH) has had a particular focus on Child Sexual Exploitation (CSE) over the year through its task and finish group. A strategy and action plan for CSE has been developed. A CSE handbook for practitioners has also been developed in conjunction with the Policies and Procedures sub-group. CSE was the focus of the annual WSCB conference in March 2014 which attracted over 100 delegates and included national and regional speakers. The conference was developed and delivered by the CSE Task and Finish group in conjunction with the Workforce Development sub-group.

The CSE Strategy and local Action plan will be taken forward by the new CSE sub-group of the WSCB from April 2014. The WSCB has commissioned Barnardo’s to undertake a scoping exercise of vulnerable children in Wiltshire which will inform the work of the CSE sub-group. The sub-group will decide how best

to launch the handbook to ensure that practitioners understand and use it to best effect to ensure early and effective intervention for children and young people vulnerable to, at risk of or being sexually exploited and abused.

The Prevention of Harm sub-group has also considered Army Families and the issues that they may experience. The Military Task and Finish group has met on four occasions. The terms of reference (TORs) have been updated and includes private fostering, promotion of services, issues assessment framework. Sessions have taken place on domestic abuse and cultural issues. The task and finish group is taking forward its work in relation to Army families into the next financial year.

Domestic Abuse and Hidden Harm have been key themes for discussion within the sub group and regular reports have provided updates on service provision and informed understanding of gaps and areas for development.

Achievements 2013-2014

- The sub group has led the work in developing a multi-agency Pre-Birth Protocol, which was agreed by the WSCB in February 2014. This protocol is now being disseminated across relevant partner agencies. There will be a review of its impact on practice and outcomes in 2014-2015.
- Bullying and e-safety has also been highlighted by the sub group
- Raised the profile of army re-basing issues and improved links between WSCB and the military

Focus going forward

The POH sub-group has also been reviewing its terms of reference in the light of the CSE sub-group and to ensure a clearer focus of activity for the coming year, which includes disabled

children; domestic violence and abuse and children missing from education.

Early Intervention Sub-Group
Chair - Carolyn Godfrey, Director of
Children’s Services, Wiltshire Council

The Early Intervention Sub-group, joint with the Children’s Trust has taken forward the early help agenda through the work of commissioned and voluntary services; locally-based CAF coordinators; embedding CAF¹ practice and supporting Multi-Agency Forums (MAFs).

2013/14 Self Evaluation

1. Through the development of the Early Help Strategy (endorsed by both the WSCB and Children’s Trust) the EI Sub-group has a clear understanding of its core deliverables.
2. More effective targeting of early intervention services is needed to ensure those most vulnerable are accessing the early support they need, when they need it and in a way that encourages their engagement.
3. CAF practice is becoming more consistent although its recognised we need to do more to equip our workforce with the skills,

¹ Common Assessment Framework (CAF)

knowledge and systems to recognise when early help is needed and be able to provide it at the earliest opportunity.

4. An analysis of step-downs to CAF from Social shows a low re-escalation rate indicating that the majority of step downs are appropriate.
5. Awareness of key services and routes of access to them has been improved through the embedding of the CAF and SARF² process – more needs to be done.
6. The EI Sub-group must continue to effectively drive the Troubled Families initiative.

Activity in 2013-2014

Developing an Early Help Strategy, Improvement Plan and Dataset:

- The Early Help Strategy 2014-2017 was endorsed by the WSCB and Children’s Trust in January and February 2014 respectively.
- The drafting of the Improvement Plan to

² Specific Agency Referral Form (SARF)

deliver the objectives in the Strategy was started shortly afterwards – including an Early Help Dataset to monitor the impact and effectiveness of early intervention

Revised Terms of Reference for the sub group will include coordinating the overall strategic direction and implementation of the Troubled Families A initiative from April 2014.

Practice Development:

- Multi-agency briefing sessions and seminars on safeguarding best practice, thresholds and engaging early help services have been held
- Improvements were made to the coordination and tracking of children referred to social care where a CAF is recommended.
- ‘Step Down’ review took place (‘Step Down’ is the process of closing a children’s social care case and moving to level 2 services) and the findings have been used to improve practice and process.
- The notification process for those families

at risk of benefit capping and known to have children with additional or complex needs (as defined by having a registered CAF or involvement with Children’s Social Care) was developed. In addition, it was agreed that Benefits staff complete relevant safeguarding and early intervention training courses.

- Targeted support for vulnerable children and young people continued to take place
- In consultation with partners, the Lead Professional Protocol was refined and the CAF Form was revised and strengthened

Audits and Reviews:

- Regular CAF Peer Reviews have taken place across the County, strengthening understanding and application of the CAF assessment process.
- The Integrated Youth Service and the Wiltshire Community Health Service undertook a review of the quality of completed CAFs. Both audits saw some exemplary practice although both saw variability in quality. Recommendations

and actions were identified – including the dissemination of learning, development of training, repeat audits and the production and use of exemplars.

- Impact Surveys for parents and Lead Professionals were introduced during 2013 – both groups found the CAF experience helpful or very helpful. With the Workforce Development Sub-group, the Early Intervention and Safeguarding course was developed and subsequently reviewed following its first run, to improve understanding, support early assessment and interventions and to reinforce the Wiltshire Safeguarding Thresholds document.

- Develop and implement a comprehensive Early Help Improvement Plan to ensure the delivery of the Early Help Strategy.
- Finalise the Early Help Dataset and regularly report to the EI Sub-Group, I WSCB and Children’s Trust. Ensure conversion rates between thresholds are indicating an effective journey for the child.
- Promote the consistent use of the CAF/TAC process (including escalation) across our partner agencies to ensure children and young people have a thorough assessment of their needs and the right support is provided at the right time. To include the identification of the potential for child sexual exploitation, neglect or abuse (including ‘hidden harm’).
- Working with the Workforce Development Sub-group, continually review and improve the Early Intervention & Safeguarding and the CAF training course content to ensure they remain effective, up to date with practice developments and fit for purpose.

In addition to the above, Wiltshire Council and Swindon Borough Council successfully placed a joint bid to the Early Intervention Foundation to become one of only 20 pioneer ‘Early Intervention Places’ in the UK. This will help us develop a prevention culture that looks to tackle the causes of poor outcomes rather than the symptoms after they arise.

Areas for continued focus in 2014/15

Quality Assurance and Performance Sub-group (QA) – Chair Nicola Bennett, Head of Safeguarding Quality Assurance, Wiltshire Council

The QA sub group has developed and utilized a ‘Wiltshire Performance Web’ to assist in understanding the quality of safeguarding practice across agencies. This performance web is included in Appendix D.

This Performance Web has allowed for intelligent interpretation of the WSCB data set, audit information, inspection reports, and multi-agency discussion regarding front line practice. Reports on findings have been produced for the WSCB, as well

as an action plan setting out where improvement or further evidence is required.

Three questions of the WSCB Web have been considered thus far by the QA sub group –

- Is safeguarding really everybody’s business?
- Do we know children are safe and the right children have protection plans and are they being fully implemented in a timely way?
- Are we satisfied with the quality of care for children not looked after by their parent?

To inform their conclusions, the QA sub group considered information from audits and reviews or inspections undertaken in different agencies, the WSCB data set, current service provision and developments being undertaken, current protocols and policies and review mechanisms for children and young people. The QA sub-group concluded that while there were areas of good and promising practice there were a number of areas across agencies that need to be strengthened and developed for the WSCB to be assured that agencies are serving all children in all circumstances well. An action plan for each question has been developed to monitor and oversee progress so that the WSCB can be assured that safeguarding arrangements and practice across agencies is appropriate. The findings and subsequent reports to the WSCB have allowed for robust debate and challenge within the WSCB and

within the QA sub-group itself regarding the questions and evidence to inform conclusions.

The QA sub-group has also undertaken an audit of strategy discussions and S47 enquiries against the protocol to evaluate improvements in practice across key agencies and identify areas for further development. The Strategy and S47 Protocol was written following the Ofsted 2012 inspection. Work has been undertaken within and across key agencies (police, social care, health providers) to improve practice, understanding and challenge. The introduction of the MASH (multi-agency safeguarding hub) has reportedly led to better communication, decision making and timely intervention.

The audit has evidenced an improving picture. There was evidence of good and timely risk assessments and intervention. Where the child and parents were seen, this often led to a clear picture of the child’s experience and balanced assessment of risk and need. However, it highlighted that there continues to be a high number of strategy discussions and S47 enquiries where the threshold for these has not been clearly evidenced, inconsistency regarding risk assessment and that the health representatives (named nurses) have not regularly been in attendance.

In 2012 a participation action plan was developed, again in the light of the Ofsted improvement notice, by the QA sub group in order to improve

multi-agency understanding and contribution to the child protection conference process.

Working with partners within the Conference and Reviewing Service and the Workforce Development sub-group, a process has been established that sets out clearly the expectations for agencies attending and contributing to conferences, writing and sharing reports and a multi-agency audit of attendance and participation.. A Conference and Core Group course is now delivered that reinforces expectations. A full evaluation will be completed in May 2014. Preliminary evidence available indicates significant improvements across agencies.

Policy and Procedures sub-group (virtual) – Chair Nicola Bennett, Head of Safeguarding Quality Assurance, Wiltshire Council

The Policies and Procedures virtual sub-group has produced a range of policies and protocols in the last year, to support effective safeguarding practice and reflect national and local priorities.

These include:

- **Consent and Information Sharing Policy** – this policy was developed following an SCR

undertaken by Wiltshire WSCB and another that the WSCB contributed to in a neighbouring local authority involving teenagers, to promote understanding across agencies of the need to consider issues of consent and confidentiality regarding young people and the principles of Frazer competence where they may be placing themselves at risk of significant harm due to their own behaviours.

- **Escalation Policy** – This policy was developed following the Ofsted Inspection in 2012 which found that agency professionals were not escalating concerns regarding decision making at the right time to the right level.
- **Strategy Discussion and S47 Protocol** – this protocol was also developed following the Ofsted Inspection in 2012 and sets out the process by which child protection procedures should be initiated and undertaken. It reflects Working Together 2013 as well as local practices.
- **Allegations Management Policy** and flow chart – this policy sets out and clarifies the roles and responsibilities of WSCB members, Senior Managers, Local Authority Designated Officer (LADO) and all professionals in relation to allegations against adults who work with or

volunteer with children. The accompanying flow chart sets out the process for considering and referring an allegation.

- **SE Guidance and Handbook** – the CSE Handbook has been designed to support practitioners in understanding CSE, linking them into existing processes according to the child’s circumstances (vulnerable, at risk of or being exploited or abused). It includes tools for identifying risk as well as clarifying sexual offences and types of grooming.
- **After recruitment principles and supervision principles** – these principles have been developed as part of the induction pack for WSCB members and are included in S11 audit 2014-2015.
- **Private Fostering leaflet** - this leaflet has been developed to raise awareness of private fostering and the roles and responsibilities of professionals, parents, carers and language schools in relation to private fostering arrangements. **A**
- **Safeguarding Cue Card** – this credit card sized information sheet was designed to raise awareness across all agencies of child abuse and what to do or who to speak to if they had concerns about a child.

Other protocols and policies that have been developed and produced by partner agencies in conjunction with the (virtual) Policies and Procedures sub-group include:

- AF pathway for expectant mothers under 18
- re-birth Protocol to safeguard unborn babies
- Wiltshire Council Single Assessment Protocol

The above policies and protocols have been developed as part of the learning from serious case reviews undertaken in Wiltshire or that the WSCB has contributed to as well as national requirements and local practice issues. These policies are all available on the WSCB website.

The WSCB also developed a 'guide to keeping your child safe' booklet. The booklet provides information to parents and professionals on issues such as CSE, internet safety, neglect, smacking, safety in the home, safety outside the home, self harm; safe sleeping, etc and sets out useful contacts and organisations that can provide practical support, information and guidance. Over 28,000 copies of the booklet have been distributed to families in Wiltshire via schools and early years settings.

**Serious Case Review (SCR) Sub-group – Chair
Karen Littlewood Associate Director CCG**

The SCR sub-group has developed the practice relating to the learning and improvement framework for undertaking different types of reviews, as set out in Working Together 2013. This has allowed for a flexible and creative response to some cases that have not met the threshold for an SCR, but nevertheless have highlighted issues regarding multi-agency response to cases of child abuse.

The sub-group has been involved in three Serious Case Reviews and three partnership reviews in 2013-2014.

The WSCB has contributed to 3 SCR's that were undertaken by neighbouring authorities in Hampshire, Bath and North East Somerset and Haringey. The SCR sub has finalised and published the Overview reports in relation to Child G, a young person that committed suicide in 2010 and the Child H, a baby that suffered a significant injury in 2011.

The learning from these SCRs have been disseminated across agencies, incorporated into the relevant WSCB training courses and reflected in WSCB policies and procedures.

The SCR sub-group has also completed two partnership reviews relating to the way in which agencies operated their own procedures and worked with other agencies in investigating child abuse allegations and supporting young people

throughout the process. The learning for individual agencies has been reviewed and multi-and single-agency recommendations have been made by the WSCB. These will be reviewed and taken forward by the SCR-sub group.

Achievements

- In 2013/14 the Serious Case Review (SCR) sub group has established clear processes for managing the work of the sub group. These include systems for notifying the WSCB of cases that require SCR consideration and obtaining and receiving information.
- The SCR sub group has developed an information sharing agreement that organisations represented on the board comply with to ensure appropriate governance of information relating to case reviews. These and other system changes have improved the security of information sharing; referrals receive prompt attention and ensure that actions are completed in a timely way.
- The SCR sub group has engaged professionals during the review process. This has facilitated a better understanding of events and improved learning outcomes. Professionals have evaluated this as a positive experience.

- In one case the young person, subject of the case review contributed to the terms of reference and to the actions taken to improve practice.
- Developed and delivered workshop events to disseminate the learning from case reviews.
- Provided additional scrutiny and challenge and held agencies to account for the evidence that they provided and ensured appropriate and timely actions arising from reviews.
- Sought additional information from agencies when assurance was not robust.

Objectives 2014/15

- Continue excellent practice established
- Finalise the learning and development framework document.
- Utilise different models for case review
- Commission and arrange SCIE training to be provided for the WSCB
- Assist the WSCB to develop more robust

processes for dissemination of learning from case reviews

- Develop and deliver a specific induction for SCR members.

D

P

Child Death Overview Panel – Chair Amy Bird, Public Health Consultant, Wiltshire Council

We are fortunate that a child death is a rare event in our society, however, each death represents a tragedy for the family and the purpose of the Child Death Review process (CDR) is to identify potentially modifiable factors which may prevent future deaths from occurring. The CDR process is also able to identify local and regional trends to ensure those children with life-limiting conditions were in receipt of the best possible care and had access to all appropriate services during their life. Where the CDR process identifies learning this is fed back to the relevant agencies via the Local U Safeguarding Children Boards (LSCBs) in Swindon and Wiltshire respectively.

C

A child's death is reviewed by CDOP after a range of standard information has been collected using statutory forms and the case has been discussed by professionals involved in the child's life at a

local case review (LCR) meeting. Following the LCR meeting a detailed compilation of data from the statutory forms (Form B's) and outcomes of the LCR meeting is produced and anonymised by the Child Death Enquiries Office for presentation to CDOP. CDOP reviews each case with the aim of identifying modifiable factors and highlights learning arising from each case. The CDOP panel is primarily concerned with prevention. It aims to identify those factors in the course of a child's life, and leading to the child's death, which might have been amenable to modification, and to make recommendations which will help to prevent similar deaths occurring in the future. However it may also make recommendations related to service improvement, where changes in practice could lead to improved experiences for children and young people at the end of life.

Achievements

The CDOP panel has made significant progress in the past year on increasing the number of cases reviewed. In 2012/13 the panel reviewed XX compared with in the preceding 12 months. The CDOP panel has identified a number of themes this year which have resulted in recommendations to partners on approaches to preventing future child deaths. This has included: Feeding recommendations into a review of substance misuse training
Confirming with providers that appropriate support is available through our health visiting

services for families who have previously experienced a Sudden Infant Death
A recommendation to the South West Neonatal Network on an audit of clinical attendance at premature births

More information on the achievements and outputs of CDOP can be found in the 2013/14 CDOP Annual Report.

Outstanding work

There are no outstanding actions from the CDOP sub group work plan from the 2012/13 business plan.

Focus going forward

Ensure focus on improving timeliness of review of child deaths is maintained, through ongoing work to maintain frequency of meetings and indentifying and addressing blockages to timely reviews.

Ensure CDOP annual report and mandatory Department or Education returns are completed within required timescales.

Report findings and recommendations of the CDOP panel to the WSCB, in line with agreed timescales.

Workforce Development sub-group – Chair Kier Pritchard, Detective Chief Superintendent, Wiltshire Police (until January 2014)

The Workforce Development (WD) Sub-group have continued to have oversight of the development of the multi-agency training programme.

In 2013 the WD sub-group has introduced a module-based approach to its courses which professionals progress through. This is to ensure that those that attend courses have the pre-requisite knowledge to gain maximum learning and ensure that safeguarding practice and processes are understood within a context and thresholds clear. This has proved very successful but has also been challenging at times. There have been at times 'bottle necks' in the system due to demand for courses and introduction of the

modular approach. The WD sub-group has put on additional courses where possible to meet demand but has reinforced the need to ensure learning in the appropriate context.

A charging structure was also introduced and approved by the WSCB for the training programme. This charging structure has ensured that all agencies and organisations have access to the Foundation Child Protection course and Early Intervention and Safeguarding course at no charge, reinforcing the principle that 'safeguarding is everybody's business' by making this training available to all, regardless of financial standing. Courses commissioned, developed and delivered in this financial year have been agreed and developed in collaboration with other sub-groups to reflect local need and issues as well as national developments:. The following courses are new and/or updated for 2013-2014.

- **SE online training course** – 1000 places – awareness raising
- **SE face-to-face 1 day course** – commissioned from 'Just Whistle', for professionals working directly with children and young people or have designated responsibilities – This course will be delivered by professionals within the partnership from April 2014
- **arly Intervention and Safeguarding** – updated and developed to strengthen professional

identification and assessment/analysis of risk as part of the Common Assessment process

- **CAF in Practice** – includes team around the child process and use of thresholds document
- **Conferences and Core Groups** – in collaboration with the QA sub-group this course was introduced to improve agency understanding of expectations and contribution to the child protection process.

The following courses have been reviewed and updated:

- **Child Protection Foundation Course** - the one day foundation course has been updated to include a session on private fostering to improve professionals' understanding of what constitutes private fostering and their responsibilities within this, learning from serious cases reviews (local and national), reinforcing the link between early intervention and safeguarding and use of the Wiltshire Thresholds document.
- **Child Protection Advanced course** – this course has been reviewed and updated to include the above and also consideration of the impact on the child through a session called 'a day in the life of a child'. This case-scenario based session powerfully re-focuses participants on the experiences of children living with

domestic violence, substance misuse and poor parenting.

- **Safer recruitment** – now part of the WSCB training programme to support multi-agency understanding of safer recruitment in addition to individual agency responsibilities, this course has been updated to reflect statutory guidance and multi-agency issues
- **Neglect** – a new course to assist professionals to understand and work with families where neglect is a feature

The WD sub-group have also signposted courses currently being provided by partners and in the future will be developed further to reflect WSCB safeguarding processes, including impact on the child:

- **Hidden Harm**
- **Domestic Violence**

A course on safeguarding Disabled Children will also be developed in 2014 to ensure that professionals understand the specific vulnerabilities of disabled children and safeguard effectively.

Going forward, the WD sub-group will develop a child protection module that all agencies can use setting out the minimum standards required for

single-agency child protection training. This is to ensure that all agencies have the appropriate knowledge to support their role in safeguarding children and to prepare them for the multi-agency training programme.

The WD sub-group has developed and introduced an evaluation system to capture the immediate learning of participants and the impact on practice, and is introducing a system for a follow-up evaluation to be completed with line managers. Evaluating the impact of training on practice in terms of improved outcomes for children will be the key priority for the WD sub-group.

H

D

(SCRs) and partnership reviews 2013-14

Although there were no serious case reviews conducted in 2013-14 the WSCB has contributed to three SCRs carried out in Hampshire, BANES and Haringey. Both the Hampshire and BANES overview reports have been published over the past 12 months and the Haringey review is ongoing. In addition two SCRs carried out by WSCB have been published this year:

WSCB Child G (2010): The publication of this report was delayed after parents registered their opposition to its publication. This was resolved enabling the publication of the report in March 2014. The recommendations from this review have been taken forward and have included the development of a WSCB Consent and Information Sharing Protocol and revision of the escalation policy.

Key lessons learnt included:

- To continue to respect the rights to confidentiality of a young person when safeguarding concerns are increasing, will likely mean that interventions are becoming increasingly ineffective and that different strategies are needed. It is appropriate for professionals to challenge the appropriateness of adhering to a principle of complete confidentiality when it may not be in the best interests of the young person.
- An essential role of line managers is for them to escalate matters when the successful management of a case is impeded by an impasse about referral discussions, when there is evidence of ineffective inter agency working, or when the agency is unable to manage the level of risk being presented by the service user.
- An additional risk factor for an adolescent, who is presenting with self harming or suicide ideation, is the suicide or attempted suicide by an adolescent peer.
- For self harming or the expression of suicidal intentions by a young person, not to be seen as a child protection issue, or as part of a Care Programme Approach, will likely mean that levels of risk will not be fully assessed or multi agency interventions effectively coordinated.
- The consistent and structured recording of incidents of concern, interventions, communications and decisions, provides the essential framework to aid effective assessments and gives direction to appropriate interventions.

WSCB Child H (2011): Published in November 2013, a comprehensive multi-agency action plan is in place and is monitored by the SCR sub group. Actions from the recommendations have included revision of the CAF Pathway for Mothers under 18. In addition three multi agency practitioner workshops were held to share lessons learnt from this review and other national SCR research findings. The review

Key lessons learnt included:

- It is potentially dangerous practice for professionals to make assumptions about the actions or decisions of other agencies or other practitioners, without checking out the accuracy of that assumption with the other agency involved.

- To take an optimistic stance in respect of parenting by a professional, and to not support this with objective evidence, or to not identify contra indicators, will inevitably compromise the assessment, and potentially retain a child in an at-risk situation.
- Being sensitive to a baby's needs should be reflected by practitioners seeing the infant as often as possible and recording and commenting on their presentation, behaviours and relationships and responses with carers. To not do so will mean that interventions are not child focussed and will leave practitioners unable to have any understanding of the child's lived experience.
- Initial and Core Assessments which fail to seek information from other agencies and practitioners known to have worked with the family, will lead to an incomplete analysis of parental strengths and weaknesses, and therefore compromise the validity of any findings.
- For any professional practice to be effective, first line management oversight and quality assurance processes need to be consistently applied. When this does not occur, any shortfalls in direct practice will not be picked up, with the likelihood that there will be a significant risk of safeguarding concerns going undetected.
- For practitioners not to take account of racial and cultural issues will not only undermine any assessment of need or risk, but giving the issue insufficient sensitivity and attention may adversely influence the quality of any professional relationship that can be developed with a parent or child.
- If escalation processes are not used by practitioners and managers to effectively challenge the professional practice or decisions of another agency, then poor or inappropriate practice will go unchallenged and potentially leave a child in an at-risk situation.
- If agreed threshold arrangements are not employed in respect of early intervention services such as CAF, then this will significantly impact on the types of services, or lack of them, which will follow.

Learning from Partnership Reviews

Two further reviews have been undertaken in 2013-14. Learning from the one completed is detailed below:

Partnership Review 1

This was an individual review following a complaint by a 15 year old, who had disclosed historic physical and sexual abuse, regarding how the case was dealt with by agencies. Lessons learnt have included:

- Importance of appropriate training and regular, reflective supervision for staff in all agencies who work with children and young people. Staff that have a role and responsibility to protect children must have a sound working knowledge of the legal framework, its application and work to agreed procedures and processes
- There is clear guidance and procedures in agencies to ensure the safety and wellbeing of children, however the application of these by individual professionals will impact on how effectively this is achieved
- Professionals must consider the needs and experience of the child, to inform planning and decision making

- Managerial and specialist oversight and timely review of cases is vital in ensuring appropriate decisions are made in a timely way to ensure the safety and wellbeing of the child
- The multi-agency communication and review is vital to ensure a joined up, and protective service for children and young people

Throughout the year regular information on reviews and lessons learnt has been disseminated through the WSCB newsletter and published SCRs are available on the WSCB website.

17. told us

What our ongoing monitoring of all child deaths has

The Child Death Overview Panel (CDOP) collates information on both deaths notified and deaths reviewed by the panel in each financial year. The panel produces an annual report each year for presentation to the Safeguarding Children Board to update them on the work of the panel and key recommendations and learning for the Board and its constituent agencies to take forward. This section presents summary data from the 2013/14 CDOP annual report as it relates to Wiltshire. However the lessons learnt and actions undertaken draw on the learning from all cases the panel has reviewed.

To improve the ability to generalise findings of the CDOP panel we have looked at 4 years worth of data. This is valuable because where only a small number of events occur it can be difficult to identify themes or possible trends. This amalgamation of data from a number of years allows us to further add to the learning of CDOP which also acts on learning from individual cases as and when cases are reviewed.

Analysis of child death notifications

Demographic information

During 2013/14 a total 33 child deaths were notified to the Child Death Overview Office, which based on the last four years data, is roughly in line with the annual average of 36.5 deaths per annum (146 deaths over 4 years).

Of the 146 deaths among Wiltshire resident children in the past 4 years the majority occurred within the first year of life, accounting for 62% of deaths. Of these deaths among children under one year most die within the neonatal period (first 28 days of life), accounting for 46% of all child deaths.

Data collected on children's ethnicity indicates that there are no trends to suggest that any ethnic groups are at greater risk of experiencing child deaths within Wiltshire with the percentage of child deaths among those from White British backgrounds roughly in line with the proportion of our childhood population from White British backgrounds (93%).

In line with national trends the proportion of child deaths occurring among boys in Wiltshire (63%) is slightly higher than for girls (37%).

Unexpected deaths

An unexpected death is defined as the death of a child, which was not anticipated as a significant possibility 24 hours before the death or, where there was a similarly unexpected collapse or incident leading to or precipitating the events that led to the death. Within Wiltshire over the past 4 years the majority of deaths (73%) have been classed as expected deaths. This equates to 39 unexpected deaths child deaths in Wiltshire between 1st April 2010 and 31st March 2014.

Location of death

The majority of childhood deaths (60%) in Wiltshire occurred in hospital. However these deaths are spread across a relatively wide range of locations due to the wide geographical area covered by Wiltshire and the number of counties in which Wiltshire residents receive healthcare services including Hampshire, Bristol, Swindon and BANES. This can present particular issues for Wiltshire for the timely and complete collation of information for the review of children's deaths due to the wide range of organisations that must be engaged. Twenty percent of child deaths occurred at home. This can include both expected deaths where a child has received palliative care support at home and unexpected deaths that happened within the home setting.

Analysis of Reviews of Child Deaths

The Swindon and Wiltshire CDOP has reviewed 189 cases between 1st April 2010 and 31st March 2014. Of these 137 were children resident in Wiltshire. During the 2013/14 financial year the Wiltshire and Swindon CDOP panel reviewed a total of 64 cases, 50 of which were Wiltshire resident children. This compares with a total of 36 cases reviewed in 2012/13 (23 Wiltshire).

Categorisation of Death

As part of the Child Death Review process each death reviewed by the panel is categorised by the most likely cause of death based on a set of pre-defined categories. Data from 2010/11 to 2013/14 shows that in Wiltshire the main cause of death for cases reviewed by CDOP was perinatal or neonatal event (36.2%) followed by chromosomal, genetic or congenital anomalies (23%). This is in line with the national picture.

In the remaining categories 22.5% of children died of acquired natural causes, which includes cancers, acute and chronic medical conditions and infections. A total of 13.8% of children died of external causes, which includes trauma from external factors or self inflicted harm and suicide. Only 4.3% of deaths were classed as sudden and unexplained.

Mode of death of cases reviewed by CDOP

The most common mode of death for Wiltshire children is withholding, withdrawing or limitation of life-sustaining treatment (45.7%). This decision is always made following careful consideration with the parents and carers. This is followed by planned palliative care (21%). A total of 15% of children were found dead over the last 4 years.

Modifiable factors

A primary focus of the Child Death Review process is to assess modifiable factors in each child's death. Modifiable factors are defined as "one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths". The identification of modifiable factors leads to the development of recommendations or actions from the CDOP panel to limit the risk of future child deaths. These actions often take the form of recommendations to commissioners or requests for assurance that specific actions have been carried out by service providers.

In 2013/14 20% of Wiltshire deaths reviewed were considered to have modifiable factors, this is in line with the latest available national figure, from 2012/13 which indicates 21% of deaths reviewed nationally had identified modifiable factors.

Family Follow Up

Active engagement with and support for bereaved parents is vital following a child's death. As part of the child death review process the panel consider whether follow up support was provided to families and what form this support took. In Wiltshire children the majority of follow-up is provided by paediatrics or other specialist services including cardiology, oncology, obstetrics and neonatology. In Wiltshire 23% of families have received follow-up from their GP surgery or other primary care provider (e.g. health visitor), this may be a reflection of the fact Wiltshire families access a wide range of acute providers in geographically dispersed locations, particularly where a child has accessed tertiary services. As a result accessing bereavement support from a primary care professional may be more convenient and appropriate to the family.

Lessons Learnt and Actions undertaken by CDOP in 2013/14

- The majority (46%) of child deaths occur in the perinatal or neonatal period and 62% occur within the first year of life.
- The majority of child deaths are expected deaths, accounting for 73% of child deaths in the past 4 years.
- The most common causes of death in Wiltshire were perinatal or neonatal event (36.2%) followed by chromosomal, genetic or congenital anomalies (23%). This is in line with the national picture.
- Deaths from external causes, which includes trauma from external factors or self inflicted harm and suicide are rare and accounted for 13.8% of deaths reviewed in the last 4 years (equivalent to 20 child deaths).
- In the majority of deaths reviewed no modifiable factors are identified. However modifiable factors were identified in 20% of Wiltshire cases reviewed by the panel in 2013/14. This is line with the national picture.

The CDOP panel has identified risky behaviours, such as alcohol and substance misuse including prescription drug misuse, as a theme in a number of deaths reviewed. CDOP has followed up with the Healthy Schools service and Substance Misuse Commissioners to ensure programmes are in place to support young people to make informed choices and that services are aware of and considering the impact of changing patterns of risky behaviours such as the use of legal highs.

The CDOP panel has continued to ensure work on raising awareness among families of safe sleeping environments takes place. This year the panel has sought assurance from local Health Visiting services that tailored support is available to support families caring for subsequent children where they have experienced a Sudden Unexpected Infant Death (SUDI) in the past. Sudden infant death remains an issue that requires continued focus, as although incidences are dropping it presents an ongoing inequalities issue.

The CDOP panel has requested that the South West Neonatal Network carry out an audit of the presence of senior medical staff at the delivery of premature neonates to ensure appropriate staff are present at premature births to ensure the best possible outcomes for these children.

The CDOP panel has also identified a number of examples of good practice over the past 12 months including a support resource for the parents of premature babies developed by a charitable organisation. The panel is due to review the content of this resource and will consider recommending use of the resource across hospitals within the SW neonatal network.

18.

Children's Services – Laura Mayes

Concluding comments from the Lead Member for

I would like to thank all the Members of the Board for their hard work this year. There has been considerable progress in the way we work with our Partners, and I am confident that our approach to safeguarding children is more joined up. However, there is no room for complacency and I look forward to working with the Board to continue our improvement journey.

19. Where to find further information about the work of the WSCB

- **Website** www.wiltshirescb.org

- **Wiltshire Safeguarding Children Board Independent Chair:**

Clifford Turner Phone via the WSCB Administrators or email Clifford.Turner@wiltshire.gov.uk

- **Wiltshire Safeguarding Children Board Manager:**

Julie Upson Phone 01225 718414 or email Julie.upson@wiltshire.gov.uk

- **Wiltshire Safeguarding Children Board Administrators:**

Karen Stokes Phone 01225 718093 or email Karen.Stokes@wiltshire.gov.uk

Becky Tucker Phone 01225 716604 or email Becky.Tucker@wiltshire.gov.uk

- **Safeguarding Advisor to the Independent Chair:**

Nicola Bennett Phone 01225 713946 or email Nicola.Bennett@wiltshire.gov.uk

How to contact us if you have a comment or question about the content of this report:

Please contact Karen Stokes or Becky Tucker in the first instance.



**Wiltshire Safeguarding
Children Board**

20. Appendices

Appendix A

WSCB agency representation and attendance by key partner agencies 2013-2014

Agency	Attendance and representation at WSCB 2013-2014 (7 meetings)			
	Overall representation	Representation by Member	Representation by Deputy	No representation
Wiltshire Council, Lead Member (Observer)	6	5	1	1
Children's Social Care, Integrated Youth Services and Youth Offending Wiltshire Council	7	7	-	-
Wiltshire Police	6	3	3	1
Young Person Representative, Voice and Influence, Wiltshire Council	6	6	-	1
Public Health	7	7	-	-
CAFCASS	3	3	-	4
Voluntary and Community Sector	4	4	-	3
Wiltshire Association of Secondary School Head teachers	4	4	-	3
Primary Head teachers' Forum	6	6	-	1
Director Children's Services, Wiltshire Council	7	6	1	-
NHS Wiltshire, Designated Doctor	7	7	-	-
NHS England	6	3	3	1
Great Western Hospital NHS Foundation Trust	7	3	4	-
NHS Wiltshire CCG	7	6	1	-
Adult Care and Housing, Wiltshire Council	7	5	2	-
Avon and Wiltshire Partnership	6	2	4	1
Probation	5	3	2	2
CAMHS – Swindon, Wiltshire and BANES	5	3	2	2
Army	4	4	-	3
Safeguarding Quality Assurance, Wiltshire Council	7	7	-	-
Oxford Health NHS Trust	5	2	3	2
Lay Representative	5	5	-	2
Salisbury NHS Foundation Trust	7	3	4	-
Representatives from the following agencies joined during the year: YOT, Healthwatch, Wiltshire College, Early Years and School Effectiveness, South West Ambulance Service				

Appendix B

WSCB sub-groups

1. Child Death Overview Panel sub-group

Purpose:

Collect and analyse information about each child death with a view to –

- identifying any death where, on evaluating the available information, the Panel considers there may be grounds to undertake further enquiries, investigations or a SCR and explore why this had not previously been recognised;
- identifying any matters of concern affecting the safety and welfare of children in the area of the authority; and any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area;
- implementing procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death;
- informing the Chair of the LSCB where specific new information should be passed to the coroner or other appropriate authorities;
- monitoring the support and assessment services offered to families of children who have died;
- advising and monitoring the LSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths;
- providing relevant information to those professionals involved with the child’s family so that they, in turn, can convey this information in a sensitive and timely manner to the family;
- identifying any public health issues and considering, with the Director(s) of Public Health, how best to address these and their implications for both the provision of services and for training; and
- cooperating with regional and national initiatives – for example, by the Centre for Maternal and Child Enquiries (CMACE) – to identify lessons on the prevention of child deaths.

Membership:

Name	Role and Organisation
Amy Bird	Consultant in Public Health, NHS Wiltshire (Chair)
Simon Lenton	Consultant Paediatrician & Named Doctor Child Deaths, Sirona
Paul O’Keeffe	Consultant Paediatrician, Great Western Hospital

Janet Janeway	Public Health Specialist, NHS Swindon
James Dunne	Public Health Nurse, Child Health & Designated Nurse for Looked After Children, NHS Wiltshire
Maggie Rae	Corporate Director, Wiltshire Council
Christina Rattigan	Head of Midwifery, Great Western Hospital
Fiona Coker	Head of Midwifery, Salisbury Foundation Trust
Helen Crystal	Designated Nurse, NHS Swindon
Lucy Young	Head of Safeguarding, Swindon Borough Council
Matt Stone	Wiltshire Police
Vicky Sleep	CDOP Manager, University of Bristol

2. Early Intervention sub-group

Purpose:

To safeguard children and young people in Wiltshire by overseeing the development and monitoring the effectiveness of Early Intervention services and systems. This includes:

- To ensure that all staff who work with children and young people, and adults who are parents, are aware of and use the Multi-agency Thresholds for Safeguarding Children Document.
- To monitor the use of the CAF and assess the impact on children and young people of Early Help.
- To oversee and review the Early Intervention strategy and the delivery of its implementation plan.
- To raise any issues which create barriers to the implementation of effective early intervention and to look at potential solutions.
- To set out Wiltshire's Early Help Offer in line with the Munro Report.
- To oversee the implementation of the Children's Trust Workforce Strategy which has a focus on promoting awareness and confidence in using the Safeguarding Thresholds Document.
- To ensure links with the development of the SEND service.
- To monitor outcomes for key vulnerable groups (as listed in 'Working Together to Safeguard Children March 2013').

Membership:

Name	Role and Organisation
Carolyn Godfrey (Chair)	Corporate Director, Director of Children's Services, Wiltshire Council
Sarvjit Gill	Manager, Safeguarding Quality Assurance Wiltshire Council and WSCB
Andy Bridewell	Chair, Primary Heads' Forum

Amanda Bennett	Lead Commissioner Family and Parenting, Wiltshire Council
Angela Everett	Early Years Inclusion , Wiltshire Council
Tamsin Stone	Lead Commissioner, Wiltshire Council
Mary O'Malley	Lead Commissioner, Early intervention, Wiltshire Council
Catherine Mercer	County Manager, 4 Children, Children's Centres (Voluntary Sector Forum rep/alternate)
Mal Munday	Head of Service: Early Intervention, Youth and Prevention
Sally Pullen	Youth and Communities Affairs Officer, Wiltshire Police
Val Scrase	Head of Children & Young People's Community Health Services (Wiltshire), GWH NHS Trust
Julie Upson	Manager, WSCB
Esther Schmidt	Wiltshire Families First, Action for Children
Emma Seria-Walker	Consultant for Public Health, Wiltshire Council
Karina Kulawik	Manager for Inclusion
Martin Cooper	Targeted Schools and Learner Support, Wiltshire Council
Nick Bolton	Personal Development Adviser (Drugs) Schools & Learning, Children's Services, Wiltshire Council
Mike Smart	Army
Terence Herbert	Service Director Children's Social Care and Integrated Youth Support, Wiltshire Council
Julia Cramp	Associate Director: Quality Assurance Commissioning and Performance, Schools and Early Years
Sue Jiggins	Chair, Wiltshire Governors' Association

3. Policy and Procedures sub-group

Purpose:

- Develop policies and procedures for the WSCB.
- Evaluate Wiltshire policies and procedures presented to the sub-group.
- Continued to contribute to the development and standardisation of regional procedures as a member of the South West Child Protection Procedures.
- Review all protocols of the WSCB and ensured they were relevant and up to date.
- Ensure regular liaison between this and the workforce development sub-group to inform the group of new procedures requiring training for workers or inclusion in the programme.

Membership:

The chair of this virtual group is Nicola Bennett, Head of Safeguarding Quality Assurance. Members will be identified depending on the policy/procedure being considered.

4. Prevention of Harm sub-group: Purpose:

- To ensure the ongoing development of good practice in respect of inter-agency work to safeguard children in Wiltshire.
- To identify groups of children and young people who are particularly vulnerable (children in need as per section 17 of the Children Act 1989 and those included Chapter 1 para. 5 of Working Together to Safeguard Children – March 2013) whose needs are not effectively being met and begin to identify ways of meeting these needs.

Membership:

Name	Role and Organisation
Terence Herbert (Chair)	Associate Director - Children's Social Care, Integrated Youth Services, Preventative
Nick Breakwell	Interim Head of Service for the 0-25 SEND Service, Wiltshire Council
Pippa McVeigh	Public Protection Manager, Wiltshire Council
Mal Munday	Head of Service: Integrated Youth and Family Support
Lauraine Jones	Lead Commissioner – substance misuse and hidden harm
Mike Selbie	Detective Inspector, Wiltshire Police
Julie Upson	Manager, WSCB
Laura Fairgrieve	Probation
Joanne Smith	Named Nurse for Safeguarding Children Great Western Hospital NHS Trust
Katie Currie	Teenage Pregnancy Coordinator, Public Health
Tony Jackson/John Mullender	Army
Jane Murray	Named Nurse for Safeguarding Children, Salisbury NHS Foundation Trust
Shirley Auburn	Head of Service Mental Health, Adult Services
Michelle Maguire	Head of CAMHS, Swindon, Wiltshire and BaNES
Jackie Charlton	Assistant Team Manager, Children's Social Care, Wiltshire Council
Amanda Bennett	Lead Commissioner Family and Parenting, Wiltshire Council

5. Quality Assurance and Performance sub-group

Purpose:

- Develop a Performance Management Framework for the monitoring of the effectiveness of the work undertaken by Wiltshire Safeguarding Children Board and partners in terms of impact on children's welfare.
- Develop quality assurance mechanisms for monitoring the effectiveness of the functioning of the WSCB in order to ensure continuous improvement.
- Utilise both quantitative and qualitative methodologies and analysis to provide an accurate position in relation to all aspects of safeguarding children. Undertake and quality assure, on behalf of the WSCB Children Act 2004 Section 11 audits, action plans and evidence completed by all member agencies under the nine areas. This will be a continual process of monitoring and improvement of quality.
- Consider single agency audits brought to the sub-group and consider multi-agency audits where themes emerge.
- Plan and develop themed audits in relation to relevant areas of interest or areas requiring further analysis as a result of performance information, inspection findings and/or serious case reviews.
- Utilise WSCB procedures, practice guidance and research as benchmarks to measure the effectiveness of multi-agency and single agency work by the WSCB and its partners.
- Liaise and work with other WSCB sub-groups to disseminate learning, developments in policies and practice and improve multi-agency responses to safeguarding.

Membership:

Name	Role and Organisation
Nicola Bennett (Chair)	Head of Safeguarding Quality Assurance, Wiltshire Council
Sarvjit Gill	Quality Assurance Manager, Wiltshire Council
Lynda Cox	Head of Performance Management and Information, Commissioning and Performance, Wiltshire Council
Karen Littlewood	Associate Director Quality (Safeguarding Children and Adults), NHS Wiltshire Clinical Commissioning Group
Fiona Finlay	Designated Doctor, NHS Wiltshire CCG
Mike Selbie	Detective Inspector, Wiltshire Police
Fiona Fitzpatrick	Interim Service Director Children's Social Care and Integrated Youth Support (replaced by Terence Herbert in
Blair Keltie	Integrated Youth Safeguarding & Offending Team Manager, Wiltshire Council
Pier Pritchard	Acting Head of Service, Safeguarding , Wiltshire Council
Jayne Hartnell	Interim Manager for Risk Assessing School Performance, Wiltshire Council
Ceri Burton	Conferencing and Reviewing Service Manager, Children's Services, Wiltshire Council

James Dunne	Designated Nurse for LAC, Public Health, Wiltshire Council
Yasmin Ellis	Young Persons' Development Manager, Lead for Safeguarding, Wiltshire Fire Services
Jo Naylor	Named Nurse for Safeguarding, GWH NHS Trust
Lisa Flynn	Probation
Julie Upson	Manager
Amy Bird	Public Health

6. Serious Case Review sub-group

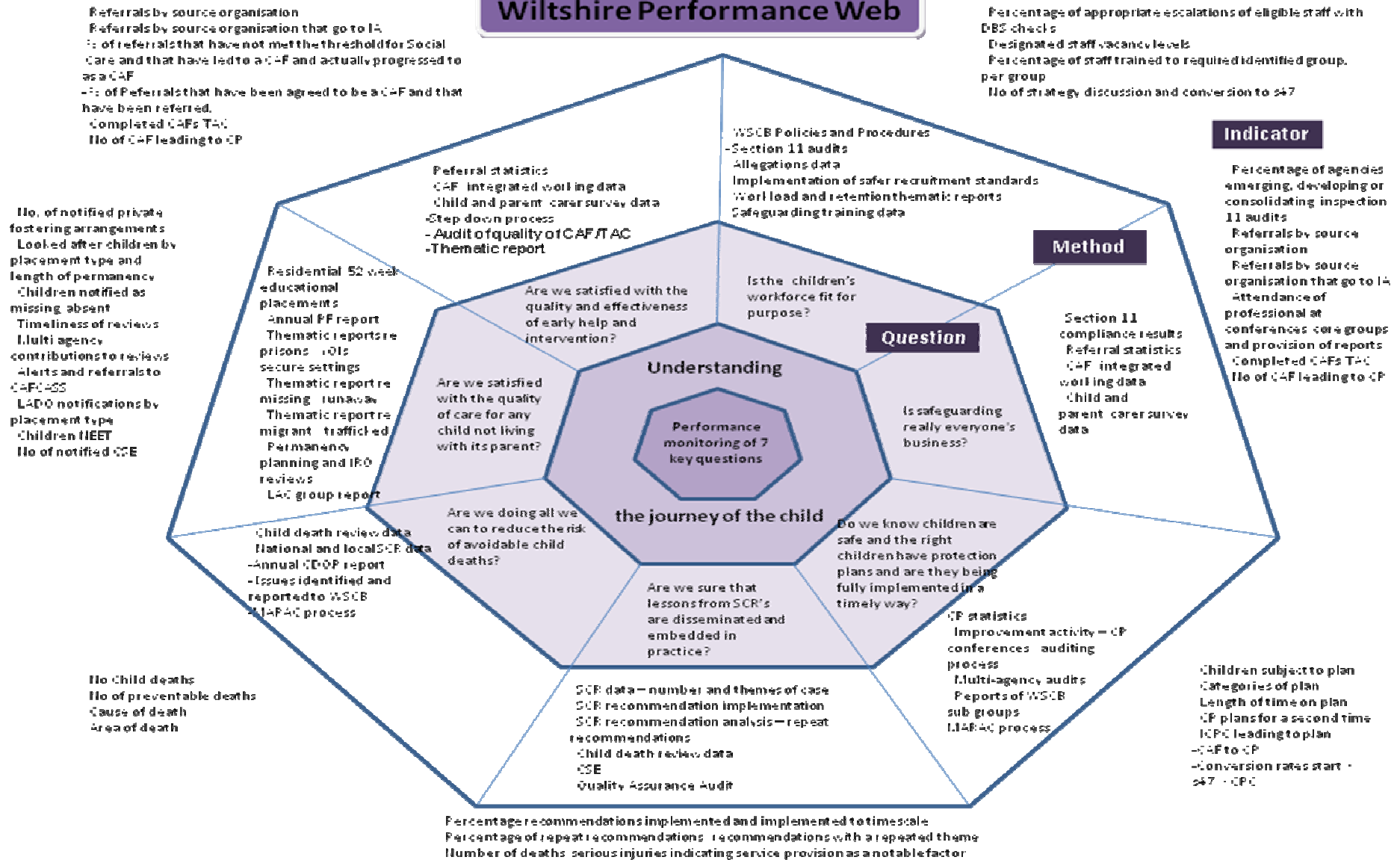
Purpose:

- To ensure cases where children or young people are involved in serious incidents are reviewed and any lessons learned are incorporated into organisations safeguarding arrangements to improve the safety and wellbeing of children.
- To undertake reviews of individual cases where the panel believe there are valuable lessons for multi- agency safeguarding practice.
- On behalf of the WSCB lead on any actions and/or learning arising from completed reviews; and to ensure that all contributing agency action plans are implemented and monitored effectively.
- To recommend to the WSCB Board any practice, policy or procedural changes.
- To convene a SCR Panel following the decision to undertake a serious case review.

Membership:

Name	Role and Organisation
Karen Littlewood (Chair)	Associate Director Quality (Safeguarding Children and Adults), NHS Wiltshire Clinical Commissioning Group [CCG]
Nicola Bennett (Vice Chair)	Head of Safeguarding Quality Assurance, Wiltshire Council
Fiona Finlay	Designated Doctor, NHS Wiltshire CCG
Pier Pritchard	Acting Head of Service, Safeguarding , Wiltshire Council
Liz Bannister	School Effectiveness Co-ordinator, Wiltshire Council
Mike Selbie	Detective Inspector, Wiltshire Police

Wiltshire Performance Web



Appendix D - Budget statement 2013-2014

	Planned 2013/14 £	Actual P10 2013/14 £	Forecast 2013/14 £	Forecast Variance 2013/14 £
Salaries inc. on costs	109,100	56,111	86,400	-22,700
Special Projects (A Cole/ D Lightfoot)	0	4,256	5,000	5,000
Training	103,000	41,259	58,000	-45,000
Independent Chair	18,400	18,095	26,500	8,100
Serious Case Reviews	21,000	12,620	25,000	4,000
SWCPP - annual fee to LSCBs	1,100		1,100	0
Bristol University Contract - CDRs	7,000	7,560	7,600	600
Web Downloads & Parenting Handbook		20,738	20,700	20,700
Barrardos Scoping Exercise			5,000	5,000
Supplies & Services	4,600	4,539	5,500	900
Annual Conference	5,000	349	5,000	0
Overheads paid to WC	2,200		2,200	0
Gross Expenditure	271,400	165,526	248,000	-23,400
Wiltshire Council Safeguarding	-125,000	-125,000	-125,000	0
Wiltshire Council Early Years	-25,000	-25,000	-25,000	0
Wiltshire Council WSCB Holding Account (ONE OFF)	-9,200		0	9,200
Cafcas	-2,000	-550	-550	1,450
Wiltshire CCG	-35,000	-35,000	-35,000	0
Wiltshire Constabulary	-20,000	-20,000	-20,000	0
National Probation Service	-8,000	-8,000	-8,000	0
Salisbury NHS Trust	-12,000	-12,000	-12,000	0
Army Primary Healthcare	-5,000		-5,000	0
Great Western Hospital NHS Foundation	-15,000	-15,000	-15,000	0
AWP	-8,000	-8,000	-8,000	0
CAMHS	-8,000	-8,000	-8,000	0
Safer Recruitment & Other Training Income	0	-2,050	-10,000	-10,000
Partner Contributions - Proposed NOT agreed	-272,200	-258,600	-271,550	650
TOTAL NET EXPENDITURE	-800	-93,074	-23,550	-22,750

Appendix E – WSCB Business Plan



Wiltshire Safeguarding
Children Board

WSCB Business Plan 2013/14

Approved August 2013

Version 1

Progress Updated: *(date)*

1. WSCB Purpose and vision

The WSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area cooperate to safeguard and promote the welfare of children in Wiltshire. The purpose of the WSCB is to hold each agency to account through challenge and scrutiny and ensure that safeguarding children remains high on the agenda across the partnership area. The core objectives of an LSCB as set out in statutory guidance are to:

- Co-ordinate, monitor and support what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children in the area of the authority
- Ensure the effectiveness of what is done by each such person or body for that purpose.

Its duties are to:

- Produce and disseminate safeguarding policy and procedures
- Raise safeguarding awareness
- Monitor and evaluate safeguarding work
- Contribute to planning and commissioning
- Make sense of safeguarding data
- Conduct serious case reviews

2. National and local context

Nationally, key themes high on the agenda have been around:

- Child Sexual Exploitation (CSE)
- E-safety
- Early help, intervention and prevention

Revised Working Together statutory safeguarding guidance was published in March 2013 which promotes less bureaucracy, more professional judgement and healthy challenge, early intervention and greater flexibility around service delivery (whilst ensuring that all services remain child-focused and responsive to the child's need in a timely way).

In Wiltshire, a full Ofsted inspection of safeguarding and looked after children services was held in March 2012 which resulted in an “inadequate” rating for the overall effectiveness of safeguarding services (but with an “adequate” rating for capacity to improve). The WSCB itself (or Wiltshire LSCB as it was known at the time) was criticised for failing to spot the inadequacies through good quality auditing, effective action tracking and rigorous challenge. In addition, a WSCB governance review during late 2012 identified operational issues which hindered the ability of the WSCB and its sub-groups to operate effectively and in a coordinated way.

These factors, coupled with an understanding of a) progress made over the past year [as described in the WSCB 2012/13 Annual Report] and of b) key learning from Child Death and Serious Case Reviews, inform the priorities and key actions the WSCB must complete and oversee during the next 12 months.

3. WSCB Business Plan - Priorities

The WSCB action plan for 2013-14 reflects the priorities set out above plus actions which have already been identified on their work plan during the course of the previous year. Each priority may have contributions and actions required from a number of sub-groups, as appropriate.

WSCB Action Plan 2013-2014

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
1.	To maintain the financial commitment of the Local Authority and Partner Agencies to the development of multi-agency children's services and enable them to move out of the Improvement Notice.	WSCB	Discussion at WSCB re future funding arrangements to ensure accountability and ability to deliver board work programme WSCB partners to make agreed appropriate financial contributions to Board business, including the training programme. Chair to write to all members setting out expectations re funding	June 2013 August 2013	Agreed funding arrangements in place to support effective delivery of Board Business The WSCB programme is sustainable, fully financially supported by all agencies	Completed Discussions with 2 partners regarding financial contributions being taken forward by the Chair
2.	Commitment from all partner agencies to support the work of WSCB.	WSCB	All members attend and contribute actively to the work of the Board	June 2013	Attendance at and contributions to Board and its subgroups	CCG attendance on board and all sub groups. Attendance and Representation on the Board and sub-groups to revisited by Chair and membership agreed March 2014
3.	To embed the WSCB and sub-groups to provide effective scrutiny and challenge to safeguarding and to hold all partner agencies and appropriate partnerships to account.	All Chairs	Regular feedback from all chairs at each Board meeting. Next meeting of all chairs scheduled	September 2013	Circulated papers and minutes of meetings	Sub-group chairs reports submitted to each board – verbally or in writing. Ongoing review of performance and effectiveness of sub-groups by Chair

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
4.	Develop a WSCB communication strategy and effective implementation plan.	WSCB - Manager	A communication strategy is in place Quarterly WSCB newsletter Up to date WSCB website	February 2013 July 2013 and quarterly August 2013	Board has approved and is on WSCB website Newsletter complete and disseminated Website contains relevant, up-to-date information	Completed Further the communication strategy being further developed. Newsletters have been produced, Website revised and regularly updated
5.	Ensure the changes being implemented through the Adoption Reform Programme are achieved, including introduction of the new Prospective Adopter Report.	WSCB	Report to be requested by the end of the year	December 2013	Report shows evidence of implementation	outstanding
6.	Take forward recommendations made by the Members Scrutiny Task Group.	WSCB	Minutes being shared with Scrutiny. WSCB Annual report to be discussed next month	August 2013	Scrutiny minutes will evidence discussion	completed
7.	Attendance at and membership of the WSCB needs to be stable and regular.	WSCB	To be monitored and reported in the annual report. Regular absences to be taken up by chair with agency involved, including in sub-groups. All members will undertake induction including signing up to WSCB	July 2013 and annual	Annual report includes this data All WSCB members have received induction and have signed up to WSCB principles and work programme	Commitment to the board and sub-groups has been good though there are resource pressures Membership and attendance has been reviewed in the light of changes to agency structures
8.	The development of the Board and	WSCB	A series of development sessions to be delivered on relevant subjects to	October 2013 and	WSCB and sub-group members understand their own and other	These are now happening

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
	sub-groups to be continued.		WSCB: CP processes, CSE, Allegations management	quarterly	agency issues and responsibilities in safeguarding; child protection and related matters	following each board meeting. Planned 1 hour sessions after each board meeting
9.	The WSCB to establish its authority and influence with the Local Authority and partner agencies and prepare for taking over the role of the Safeguarding Improvement Board.	WSCB	Ensure that appropriate governance arrangements and capacity is in place Initial training delivered in May to ensure that Board members are competent. Further training to be commissioned in the autumn on good practice in auditing	August 2013 May 2013 October 2013	Membership of Board and subgroups is secure Staffing is sufficient to fulfil required functions Quality of discussion as recorded at Board meetings	Peer review in Dec. 2013 advised WSCB now meeting expected standards and appropriate governance arrangements in place
10.	To disseminate lessons learnt from audits, quality assurance, Serious Case Review's and the Child Death Overview Process.	WSCB	Sub-groups established; TOR's in place; meetings happen regularly and actions agreed taken forward and reviewed. Annual report from CDOP received by WSCB and any issues/themes arising are flagged to WSCB SCR Panel identifies any lessons for practice and actions required as a result and co-ordinates action plans. SCR Panel provide annual report re activity to WSCB and cases considered including key themes and issues	April 2013 Standing item on Board agenda February 2014	Action trackers used; minutes reflect effective oversight and review of relevant issues – WSCB receives regular reports from sub-group re activity and any specific issues flagged Annual report available and considered by WSCB and as above Annual report on activity and above	Completed Completed Ongoing

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
		QA	Provide annual report on activity to WSCB; Establish multi-agency audit programme on key priorities/agreed themes.	February 2014 July 2013	As above	Completed Audit programme in place including review of specific question of WW and reporting to WSCB
11.	Ensure the revised quality audit framework is followed, risks are recorded and effects mitigated. In addition, ensure the findings from the S.11 audit are used to shape effective safeguarding practice, responsibilities and accountabilities across the WSCB partnership.	QA	Bi-monthly audits of identified themes S11 informs audits and areas for activity/development A model is developed for understanding the journey of the child and impact on the child of WSCB activity	Regular reports to WSCB on audits WSCB 'dashboard' to be reported and discussed at each board meeting Model to be discussed and approved	WSCB has triangulated evidence of impact of activity and that it has made a difference	QA framework and 'web' approved by WSCB August 2013. S11 audit completed; findings set out and report with actions to WSCB Oct.2013 WW question asked at each meeting. Report to WSCB on findings.
12.	Disseminate the revised S47 protocol and Escalation Policy and ensure practice is understood.	QA	Agreed focus on specific staff groups. Dissemination of protocol across agencies by agreed methods Audit of impact/difference	By September 2013	Reduction in number of strategy discussions on same children Reduction in differential between strategy – S47 – Agencies have same records of	QA review of action plan Sept. 2013 S47 audit January 2014. Audit of

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
				March 2014	strategy discussions	Escalation policy in 2014
		P&P	P&P – Strategy and S47 protocol to be written and disseminated to all agencies and available on WSCB website QA to undertake audit of practice to ascertain understanding of and improved practice in relation to Strategy/S47 QA to review and deliver S47 action plan	July 2013 March 2014 July 2013 and ongoing	Disseminated and available on WSCB website Audit evidences understanding of and improved practice of Strategy/S47 Actions completed	Completed QA sub audit in January 2014. Report to Board May 2014.
13	S.136 adherence.	PH	New agreements have been agreed. Report on implementation to be requested before financial year end	February 2013	Report shows that s136 use remains proportionate and that appropriate venues and services have been available	S136 arrangements now in place for appropriate accommodation. Detentions now significantly reduced. Data set and report to board in March 2014
14	To further work to raise awareness and embed the Multi-Agency Safeguarding Thresholds document.	WD	Training programme reflects and embeds understanding of links between early intervention; safeguarding and thresholds document	September 2013	Evaluations of training demonstrate increased understanding and confidence in using the thresholds document Decrease in number of inappropriate referrals to social care	The threshold document is encompassed in the Early Intervention and Safeguarding courses. Quality assurance measures will be put in place to consider the impact of training on practice. QA of specific courses will be prioritised. All face to face courses are now

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						evaluated with a online questionnaire. The questionnaire asks for a response in relation to the impact on their work practice. Response from the questionnaire including the impact statement from the following courses - Early Intervention; Foundation CP; Advanced CP; Conferences/Core Group; CAF; Safer recruitment; Safer Recruitment (refresher); will be collated and the results reported on in April 2014 to establish what the next steps will be.
		EI	<p>Visit to MAFs (including cross border arrangement with North Dorset) to talk about new Thresholds document by LC (Early Intervention).</p> <p>Attend Forums for Schools designated CP leads networking session</p> <p>Attendance at Adult services Mgmt team</p> <p>Attend any other groups as requested e.g. Parenting Support Advisors/ Children's centres</p>	<p>7 March – 2 July</p> <p>26 June & 17 July</p> <p>9th July</p>	<p>MAF minutes</p> <p>Session evaluations</p> <p>Appropriateness of referrals to R&A and Gateway.</p> <p>Increasing numbers of CYP are receiving timely and effective early help</p>	<p>Lead Commissioner (EI) has attended all 18 MAFs to present on the thresholds Document (last visit Wed 25 Sept), plus Sch CP lead Forum and Adult Services mgmt team. MATD on agenda for PSA Conference 9th Oct.</p> <p>Lead Commissioner co-delivers level 1 WSCB EI training. Departure of current LC means WSCB Manager delivering on her own until replacement identified.</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
15	To ensure conversion rates (CAF to higher levels of intervention and vice versa) are indicating an effective journey for all children in terms of right help at the right time.	EI	Analysis of data of child's journey CAF Team sampling 15% outcome of cases where 'CAF recommended' or 'step-down' to CAF by SWs to find out whether CAF instigated & whether process was effective as in 'outcomes met'	July (before end of school term)	Data and analysis is presented to EI sub-group and SIB issues identified and actioned Report outlining outcome of sampling and planned actions	Audit sampling evidence effective step down and CAF uptake where recommended
16	Partnership working and development: Involvement of Adults Services in safeguarding.	PH	Include adult specialist as sub-group members	In place but now needs embedding	Wide discussion and ownership of issues	Public Health, Public Protection, Adult Safeguarding, Housing, Mental Health Services for Adults (AWP) are all now represented on the sub group
17	Partnership working and development: Provide a multi-agency training programme and funding for this to meet safeguarding needs.	WD	Training Strategy developed Training programme in place that reflects local and national priorities WSCB approve and fund budget for training programme	June 2013 July 2013 June 2013	Agreed and approved at WSCB Training programme is in place, available and managed effectively Training programme fully funded	The training programme and training strategy are now in place and courses commenced in September. The training programme is available via Wiltshire Pathways and there has already been a good uptake on the courses. The programme has been written with local and national priorities in mind – CSE; neglect; safer recruitment; early

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						<p>intervention; conference and core group.</p> <p>WSCB have approved and are fully funding training as part of work programme</p> <p>Full implementation and embedding of the new training programme is now in place. The training brochure for 2014/15 will be available for April 2014.</p>
18.	Partnership working and development: Ensure the workforce is trained in revised Working Together 2013 guidance and able to apply its principles in practice.	P&P	<p>Policies and Procedures sub-group to develop protocols and policies that reflect WT2013 and update policies as appropriate (i.e. allegations management)</p> <p>Allegations management policy to be developed , approved and disseminated</p>	<p>May 2013 and ongoing-</p> <p>September 2013</p>	<p>Policies and procedures are in place and disseminated that reflect WT2013 – WSCB members are clear on roles and responsibilities</p> <p>Policy developed, disseminated and on WSCB website</p>	completed
		WD	<p>Training programme to reflect national and local priorities</p> <p>WSCB members to attend development session on allegations management to include roles and responsibilities</p>	<p>July 2013 onwards</p> <p>October 2013</p>	<p>Training programme is in place and delivered; evaluations demonstrate learning</p> <p>WSCB members clear on allegations management process;</p> <p>S11 audit evidences policy in place and practiced</p>	<p>The training programme reflects the local priorities of safer recruitment; early intervention & safeguarding; conference & core group. The national priorities are reflected with CSE (e-learning package now available and one day course in development) and neglect (early 2014).</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						Development sessions with WSCB members are now happening regularly in all relevant and topical matters. Attendance has been variable.
		QA	QA sub to undertake audits to evidence improvements/understanding of WT	March 2014	Audits evidence professionals understanding of issues/agencies have appropriate policies in place	ongoing
19	Ensure the workforce is trained in revised Working Together 2013 guidance and able to apply its principles in practice.	QA	Undertake multi-agency audit of allegations managements processes/practice in agencies	January 2014	Audits evidence understanding and appropriate application of allegations management processes	Allegations management audit in QA sub-audit programme. 2014/2015
		WD	Training courses reflect revisions and changes in WT	August 2013	Training course content reflect revisions on WT2013	All courses have been developed to reflect the revisions on WT2013.
20	Ensure multi-agency training needs are regularly assessed and met – including ensuring adult services are equipped to identify issues of hidden harm and know when and how to use a CAF.	WD	Training programme to reflect and evaluation confirm this Develop links with adults services and agree joint training needs	September 2013 onwards January 2014	Number of adult service staff attending WSCB training courses Joint training needs assessment in place/courses as appropriate	All staff employed within adult services can access all of the training programme as appropriate. Poor take up of courses by some adult services. Joint training needs assessment/access to WSCB training programme to be taken forward
		PH	In depth discussion/presentations around themes e.g. DA; CSE; missing	Bi-monthly meetings	Specific action plans to address	Topics covered include disabled children, CSE (task and Finish

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
			children; military families	have commenced	deficits Advice to other sub-groups about the way forward	Group in place), pre birth assessments including use of CAF with teenage parents. Action plans in place or in development to address practice issues. CSE is now a sub-group of WSCB
		EI	Level 2 & 3 training in EI has been piloted & will be available to book on Pathways from Autumn 2013 as part of mandatory safeguarding training open to all CT workforce.	29 April, June 5, Jul 4	Training evaluations Quality of CAF process leading to more with 'outcomes met'	All pilot training completed and good response; feedback on level 3 has led to delivery of a 2 part session in future 1. Caf in practice & 2 focus on LP role and TAC. Agreement in principle for Hidden Harm representative to regularly attend CAF Team Meetings to build working relationships. Note HH service currently suspended as there is no-one in post. Proposal is to move Hidden Harm to Public Protection.
21.	To develop and disseminate policies and procedures as relevant to WSCB local and national priorities	P&P	Consent and information sharing policy to be developed, approved and disseminated Escalation policy to be developed as above	July 2013 July 2013	Disseminated and on WSCB website As above	Allegations management policy written. CSE guidance in progress. Escalation policy written, approved and disseminated

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						<p>Pre-birth protocol completed and presented to board.</p> <p>Social networking policy to be developed.</p> <p>CAF pathway for teenagers presented to board Dec 2013</p> <p>Safer recruitment policy and supervision principles developed and have been presented to board.</p>
22	Develop and disseminate policies and protocols arising from lessons/issues identified from SCR's and practice issues	P&P	As identified			<p>S47; consent and confidentiality policy written and disseminated.</p> <p>See above</p>
23	To support appropriate referral to targeted and statutory tier 4 Children's Services.	PH	Raising awareness and evidenced based approaches	In place	Action plans and monitoring. Advice and workforce development	<p>Feedback to gateway from services providing preventative services.</p> <p>Findings have been presented and panel review to inform whether referral process is fit for purposes</p>
		WD	Early intervention and risk assessment course included and developed for WSCB training programme	To be delivered from September 2013	No. And range of professionals attendance Improvement in evidence of risk assessment in CAF's Improvement in appropriate	Now included as part of training programme; CAF form revised to include assessment of risk.

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
					referrals to CSC	
24.	To further develop Early Help, Early Intervention, Prevention and the CAF process to support use of early help processes by Tier 2 and Tier 3 services.	EI	<p>See 27</p> <p>Reviewing CAF form and supporting tools to better align with the single assessment and support child centred approach together with analysis of risk.</p> <p>CAF Team monitor step-down process led by Social care</p>	<p>August to launch in September</p> <p>Ongoing since protocol re-launched in March 2013</p>	<p>Feedback from CYP and families</p> <p>Feedback from MAFS</p> <p>QA of revised pro forma and impact</p> <p>Seamless & ongoing early hep provided by level 2 services in approx 40% of cases where step down works properly</p>	<p>Working group with reps from across Children's Trust have run workshop with Lps to test reviewed form .</p> <p>Evaluation forms for C & Yp have been revised to make more user friendly working with schools & Voice & Influence team. Currently being piloted.</p> <p>Revised evaluation forms for C&YP to complete are now on the Pathways website</p> <p>Pilot for revised CAF Form completed</p> <p>CAfcos attend every step down Where protocol followed it works well; but in 60% of cases, there are issues. Usually because protocol has not been followed. Lead Commissioner (EI) working with Manager safeguarding teams to look at how process and communication can be improved. Sessions planned with each</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						<p>safeguarding team</p> <p>exploring options for providing coordination assistance for MAFs.</p> <p>This continues.</p>
25.	Early help and prevention: Finalise the joint WSCB and Children's Trust Early Intervention Strategy.	EI	Draft goes to members of the Children's Trust and WSCB	July 2013	Available for final consultation on Pathways over the Summer	completed
26.	Early help and prevention: Further development of Early Help, Early Intervention and Prevention services.	EI	Final draft contains proposals for the development of an Early Help offer in line with the expectations of national Working Together Guidance (April 2013)	July 2013	Development informed by strategy starts in Autumn 2013 after final consultation period completed.	See above.
27.	Early help and prevention: To embed the use of the Common Assessment and the CAF process.	EI	CAfCo service review in summer 2012 led to expanded and area focused CAF Coordinator team whose purpose is to support Lead professionals and CAF/TAC processes; providing quality assurance via advice and challenge delivered via a number of core duties	Ongoing since new team started September 2012	<p>No. of CAFs have increased since appt of new team</p> <p>Majority positive response in CAF impact surveys</p> <p>TAC meetings happening with regular reviews</p>	<p>Currently 1700 CAFs open... ongoing increase in CAFs opened. Area focus of CAfco role much appreciated by LPs.</p> <p>Ongoing increase - although note a data cleanse is underway with CAFco's reviewing long term open CAFs in their area in consultation with LP's.</p> <p>CAFcos carrying out impact surveys on 10% of open CAFs ;process underway since Easter and majority positive response from LPs (see comments CAF</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						report –EI mtg) Examples of Impact Surveys are presented at each EI Sub-group meeting.
		WD	Early intervention and risk assessment course and other WSCB courses to include reference to CAF processes to promote effective early identification of safeguarding issues	September 2013 and ongoing	No. And range of professionals attendance Improvement in evidence of risk assessment in CAF's Improvement in appropriate referrals to CSC	Early Intervention & safeguarding courses part of training programme evaluating impact will be an ongoing process. Attendance by agency will be analysed. Course is well attended
28	Early help and prevention: To increase the appropriate use of the Common Assessment by professionals.	EI	Focus on improving the quality of assessment using CAF and subsequent plans/actions	Ongoing since new team started September 2012	See above. Reduction in number of inappropriate referrals to Children's Social Care Reduction in number of children to CSC with a CAF/TAC in preceding 12 months Evidence of effective safeguarding/support via CAF process	Revised form is designed to improve analysis of need and to strengthen the voice of the child. Early Help dataset to be finalised in may 2014.
		WD	Early intervention and risk assessment course and other WSCB courses to include reference to CAF processes to promote effective early identification	September 2013 and ongoing	No. And range of professionals attendance Improvement in evidence of risk	Early Intervention & safeguarding courses in place

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
			of safeguarding issues		assessment in CAF's Improvement in appropriate referrals to CSC	
29	Early help and prevention: To reduce the number of referrals inappropriately referred to Children's Services.	EI	See 27,28,29		See 27, 28, 29 & 31	See 28
		WD	Training programme to reinforce processes for seeking advice; CAF and risk assessment; TAC etc	September 2013 onwards	Reduction in number of inappropriate referrals to social care	Early Intervention & safeguarding courses in place
30	Early help and prevention: Ensure training is provided to support multi-agency professionals in providing early help services.	EI	Level 2 & 3 training in EI has been piloted & will be available to book on Pathways from Autumn 2013 as part of mandatory safeguarding training open to all CT workforce. Note CAFcos provide bespoke training & briefing as required e.g. for new pastoral teams at a school	29 April, June 5, Jul 4	Training evaluations Quality of CAF process leading to more with 'outcomes met'	See 20
		WD	Training programme to reinforce processes for seeking advice; CAF and risk assessment; TAC etc Specific course on early intervention and risk assessment	September 2013	Decrease in number of children who have received early help moving to specialist (i.e. social care) services	Early Intervention & safeguarding courses in place

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
31.	Early help and prevention: To support Adults Services be aware of, and to use the CAF.	EI	<p>Briefing scheduled to adult services on MATD & CAF.</p> <p>Consider how role of HH link workers could contribute to effective Early Help using the CAF</p> <p>Open training on Pathways to adult services</p>	<p>9th July</p> <p>Autumn 2013</p>		<p>See 14. Briefing took place 16th Sept</p> <p>HH Link Workers are currently under review and the service has been suspended. This is due to the fact that 1 HHLW is currently on long term sick and is unlikely to return and 1 is due to go on sick leave shortly. In addition, the HHLWs roles need to be altered to fit a new model – shift from operational case management to strategic advocacy and liaison role</p> <p>Agreement has been reached that they should work much more closely with the CAF and mechanism will be set up to ensure this happens.</p> <p>Agreement in principle for Hidden Harm representative to regularly attend CAF Team Meetings to build working relationships. Note service currently suspended as there is no-one in post. Proposal is to move Hidden Harm to Public Protection.</p> <p>Training is open to adult services and staff have already booked</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
32	Early help and prevention: gather data to evidence impact and quality of early help services	EI	Development of the EI data set	September 2013		CAFcos carrying out impact surveys (as in outcomes met') on 10% of open CAFs ;process underway since Easter and majority positive response (see comments CAF report –EI mtg) Ongoing.
33	Early help and prevention: CAF - improve child focus and analysis of risk	EI	Undertake regular audit – sample of quality of CAF and action plans and agree improvement plan from findings Improve QA support within MAFs and increase QA function of CAF co-ordinator	June 2013 and ongoing	Quality of CAF and action plans known Area for improvement identified Action plan agreed to take forward necessary improvements	Peer reviews are organised via local MAFs supported by local CAFc ; targeting 7 localities before Xmas. These are structured opportunities for reflective learning with a multi-agency group reviewing a number of local CAFs (Caf + TAC mins) and agreeing key learning/action points; plus managers are encouraged to conduct their own in service review of CAFs relevant to their service area e.g. IYS review. 3 more Peer Reviews to be completed by Easter in targeted areas (Tidworth, Devizes and Durrington).
34	Early help and prevention: improve identification of gaps in early help services	EI	Attendance at Gateway panel to identify themes/gaps and feed into EI discussion	August and ongoing	Identification of gaps Improved planning of services to	Caf referrals to Gateway have surfaced the gap in support in the home for families with young

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
					support early help services	<p>people who have complex needs on the autistic spectrum. This has led to the commissioning of The Brandon Trust to provide in the home support for parenting strategies.</p> <p>Complete/ongoing. Note there is now a CAFco with a specific role supporting the Gateway Panel.</p>
35.	CSE: Ensure multi-agency training needs are regularly assessed and met – including ensuring children’s services fully understands child sexual exploitation and how to respond.	WD	CSE training courses in WSCB training programme	September 2013	<p>Take up of CSE training</p> <p>Numbers of CSE cases being identified and addressed at different levels (vulnerable/at risk)</p> <p>Evaluations demonstrate better understanding of issues and action required</p>	<p>An e-learning package is now available for staff and there is a one day face to face course now being delivered.It should be noted that Children’s Social Care has also provided a specific course for their staff.</p> <p>There has been some concern in relation to the CSE online course and the low take up rate across all agencies. There will now be a focus on raising the awareness and targeting particular groups such as GPs and schools.</p> <p>1 day training course is in development for 2014-2015</p>

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
		PH	Initial consideration has taken place; CSE strategy being developed by task and finish group which includes gap analysis	July 2013	Planned way forward including action plan Task and finish group established	CSE sub group established – strategy approved – Action plan being finalised. Scoping exercise commissioned. CSE strategic Review Group established
36.	CSE: In view of the broadening of the CSE Strategy remit to include additional groups of vulnerable young people, review the appropriateness of the CSE Strategy and resulting action plan and identify areas for further focus and development.	P H	Presentation/gap analysis Peer challenge and review	July 2013		Scoping exercise to inform action plan. CSE sub group established – strategy approved – Action plan being finalised. CSE sub group will have oversight of gaps and drive forward improvements in service delivery
37.	CSE: There has been a change to the definition of ‘missing person’ used by Wiltshire Police. This will have an impact on the way in which the police and other agencies respond to children who go missing. This will need to be carefully considered and reflected in the development of the CSE Strategy as well as in individual cases. The WSCB will challenge Wiltshire Police where or if the change to the definition is found to be having a negative impact on the ability to identify and safeguard children and young people.	PH	As above WEMA in place			Missing protocol to be finalised and presented to WSCB in 2014 – 2015 This work now sits within newly formed CSE sub group.

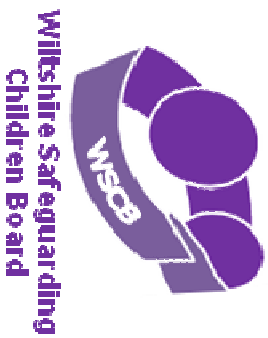
	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
		QA	Requested and agreed presentation to WSCB by Chief Constable on changes to definition	August 2013	WSCB aware of potential issues resulting in changes to definition in terms of service provision/identification of vulnerable children	Completed August 2013
38	E-Safety: Lead on the development of an effective multi-agency E-Safety policy.	PH	To be discussed at future meeting			Schools issues including bullying and e-safety to be discussed at November meeting. Anti bullying and e-safety presentation to sub group in March 2014.
		WD	E-safety course in WSCB training programme	September 2013	Take up of e-safety course	A on line module is available as part of the training programme. There is a new online safety policy which is now on the WSCB website.
		P&P	P&P - update and disseminate e-safety and social networking policy and strategy	December 2013	E-safety and social networking policies in place; disseminated and available on WSCB website	E-safety policy disseminated to schools. Presentation to WSCB Oct. 2013. WSCB policy to be developed. Social networking policy being developed. Will be ready in draft end Jan. 2014

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
39	E-Safety: Develop communications to raise awareness, educate and support practitioners in identifying and dealing with e-safety issues.	WD	E-safety course E-safety messages across WSCB agencies; schools; early years	December 2013	E-safety policies in place; disseminated; WSCB newsletter included ongoing e-safety developments/messages; no. of e-safety related notifications to LADO.	A on line module is now available as part of the training programme. Further progress is required to achieve outcomes.
		P&P	Development and dissemination of e-safety and social networking policy	December 2013	E-safety and social networking policies in place; disseminated and available on WSCB website	E-safety policy disseminated to schools. Presentation to WSCB Oct. 2013. WSCB policy to be developed
40	Radicalisation: Understand the risk and implications of radicalisation for Wiltshire and develop an effective range of support tools for practitioners to help them identify young people at risk of radicalisation and offer effective support.	PH	To be discussed at future meeting			
41	Children and Domestic Abuse	PH	Review and needs analysis has taken place DARG engagement and additional commissioning of services for children who live in households where there is DA	May 2013		Practice to be further developed via MASH arrangements.
		WD	Course on DA included in WSCB training programme Course to be developed and delivered	June 2013	No. of staff across agencies attending course Evaluations demonstrate	DV course has been annexed by WSCB training programme but requires further development to

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
			as part of the programme	From March 2014	understanding of DA issues and appropriate actions/referrals	reflect impact on children
42.	Children in Military families	PH	Presentation planned to consider SSAFA, children's centres and schools input	August 2013		Military Task and Finish group are proposing a WSCB event day in Tidworth with the aim of promoting support services in order to safeguard children and create an awareness of how to access support and to target Military families in Wiltshire. A fully costed proposal is being developed.
43.	Disabled Children	PH	Presentation and audit work has taken place	May 2013	Action plan to follow up actions including training for front line staff	This is a key part of the revised Terms of Reference for the sub group going forward.
		WD	Training course on disabled children and CP included in training programme	June 2013, to be delivered from January 2014	No. of staff across agencies attending course Evaluations demonstrate understanding of specific issues for safeguarding of disabled children and appropriate actions/referrals	A specific course on disabled children is currently under development. However, it should be noted that all the courses within the training programme will highlight the vulnerability of disabled children.
44.	Hidden Harm	PH	Presentation planned to consider substance misuse and impact on children and young people	August 2013		Hidden Harm now sits within the ToR of the Early intervention Sub group. The PoH sub group will consider parental mental health specifically within their ToRs for

	Priority	WSCB/ sub-group Lead	Planned activities and progress	Timescale (incl. scheduled report back to WSCB)	Outcome/Evidence	Position 31 st March 2014
						2014-15
		WD	Training course on 'toxic trio' included in WSCB training programme	From March 2014	No. of staff across agencies attending course Evaluations demonstrate understanding of impact on children of 'toxic trio' on children and appropriate actions/referrals	There is hidden Harm training available but this has been developed separately from Workforce Development Group so there will be a need to link this in. WD have not had any involvement up to now.

Appendix F – Early Help Strategy



WILTSHIRE CHILDREN AND YOUNG PEOPLE'S TRUST AND WILTSHIRE SAFEGUARDING CHILDREN BOARD

Early Help Strategy 2014-2017

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Appendix 1: An illustration of the Wiltshire Early Help offer

EXECUTIVE SUMMARY

The Wiltshire Children and Young People's Trust and Wiltshire Safeguarding Children Board's Early Help Strategy sets out Wiltshire's early help offer. The strategy includes plans for the national Troubled Families initiative. We want to achieve the best possible outcomes for children and young people by providing the right help as soon as it is needed.

The Early Help Strategy sets the improved outcomes we want to see for children and young people and our priority objectives to achieve this:

- **Objective 1: Ensure the best start in life**
- **Objective 2: Gaining the skills required to begin school**
- **Objective 3: Being ready for adult life**
- **Objective 4: Develop a family-based approach to early help**
- **Objective 5: Develop effective structures and processes to access early help**

Intervening early is a priority within Wiltshire's Children's Trust's Children and Young People's Plan (2012 – 2015) and is key to improving outcomes for children, young people and their families.

Providing help early can assist with managing risk and prevent children and young people from harm. This can prevent problems from escalating to a level where they require statutory and specialist support.

"Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so co-ordinating their work is important to reduce inefficiencies and omissions."

The Munro Review of Child Protection: Final Report, *A child-centred system*, Professor Eileen Munro, May 2011

The early help approach is supported by a wide body of evidence which proves that providing support during the early years produces the best outcomes for vulnerable children. It is much better to identify and address problems early on rather than wait and respond once difficulties have become more serious. Providing help at a later stage when a crisis point has been reached is often less effective, more costly and negatively impact on outcomes and life chances. Early help includes a focus on the foundation years but problems can emerge at any point throughout a child's journey to adulthood.

SECTION ONE: AMBITION AND CONTEXT

1. Introduction

1.1. Content of the strategy

The Wiltshire Children’s Trust and Wiltshire Safeguarding Children Board (WSCB) Early Help Strategy for 2014 to 2017 sets out the vision and strategic intent for early help for children and young people in Wiltshire. A detailed Early Help Improvement Plan which will set out how the strategy will be implemented is being developed. An Equality Impact Assessment is being completed on the strategy and improvement plan.

1.2 Consultation

The final strategy has been informed by the consultation which took place from September to the end of December 2013. Discussion on the draft and on priorities for the future took place at various planning meetings including the joint WSCB & Children’s Trust Early Intervention Sub-group.

1.3 What do we mean by early help?

In Wiltshire, we have decided to use the approach to early help set out in the latest version of ‘Working Together to Safeguard Children’.

“Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child’s life, from the foundation years through to the teenage years.”

Effective early help relies upon local agencies working together to:

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

Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, March 2013.

During the consultation on the draft strategy young people were asked how they define early help. Their comments are in line with the definition from ‘Working Together to Safeguard Children’. Young people commented on the need to:

- Intervene before problems arise.
- Catch any potential issues early.
- Prevent bullying and domestic issues.
- Pick up on things fast.
- Identify small problems before they become big.

2. Ambition and Commitments

2.1 Our vision

Wiltshire's Children and Young people's Plan 2012-2015 sets out our vision for children and young people in Wiltshire:

'To improve outcomes for children and young people in Wiltshire; ensure good safeguarding practice; reduce, prevent and mitigate the effects of child poverty; and enable resilient individuals, families and communities'.

In realising our vision we will listen and respond to the voice of children, young people, parents and carers.

Early intervention is one of the three key themes of the Children and Young People's Plan and is woven through the high level outcomes that we want to achieve:

- All children and young people make the best possible start in life.
- All children and young people are safeguarded from harm.
- More children and young people are able to remain with their families when safe to do so.
- More vulnerable children and young people are able to achieve outcomes and progress in line with their peers.
- More children and young people live above the poverty line.
- More children and young people benefit from a healthy lifestyle.
- All children and young people are equipped with skills, knowledge, opportunities and attitudes to make a successful transition to adulthood.

The Wiltshire Safeguarding Children Board (WSCB) also has a focus on the development of an 'early help' offer in line with the Munro Review on improving safeguarding practice. The WSCB is the key statutory mechanism for agreeing how relevant organisations in Wiltshire cooperate to safeguard and promote the welfare of children. The priorities of the Wiltshire Safeguarding Children Board Business Plan are shaped around key themes, one of which is early help.

2.2 Our commitments

We are committed to the following:

- **Ensuring ease of access** - children, young people and families should be able to access a range of appropriate services at the time they need them and in places that make sense to them.
- **Targeting services** by clearly identified need.
- **Working with and empowering** children, young people and their families by ensuring they are at the heart of service design and delivery and by supporting them to develop the capabilities and resilience they need to help themselves, be self-sufficient and to take control of their own lives.
- **Addressing needs in the context of the whole family** - working in a holistic way, addressing wider problems and tackling causes rather than symptoms.
- **Being outcome-focused and evidenced based** to ensure that services focus on making a difference to the lives of children, young people, and families.

3. National Policy

Since the Children Act 2004, early help has been at the heart of national policy for children. Current government initiatives supporting the development of effective early help include:

- The Troubled Families initiative – This is a national payment by results scheme focusing on “turning around” families who meet agreed national criteria including poor school attendance and involvement in crime and anti-social behaviour. The initial 3 year programme is being extended for a further 5 years.
- Investment in childcare funding for disadvantaged 2 year olds to enable them to access 15 hours per week of good quality childcare provision.
- A continued focus on the importance of Children’s Centres as a local resource for families with young children but undertaking more targeted work. New statutory guidance was produced in May 2013.
- An increase in the number of Health Visitors, in response to a pledge made by the Prime Minister in 2010, and the implementation of the National Healthy Child Programme with a focus on more intensive Health Visitor support for vulnerable families. This is known as Universal Partnership Plus.
- Launch of the national Early Intervention Foundation which is supporting the further development of the evidence base on the effectiveness of early intervention and advocating nationally and locally for an increase in early intervention activity including working on a joint Wiltshire and Swindon project.
- A new Ofsted framework for the inspection of children’s services was launched in autumn 2013. This covers early help as well as safeguarding and services for looked after children.
- The Children and Families Bill which focuses mainly on a new approach to SEN and Disability, supports a move towards early identification and early help and a focus on holistic assessment and provision.

4. Why early help is important

Research consistently demonstrates that providing early help is more effective in promoting the welfare of children than reacting later. Children and families also prefer this approach.

4.1 Local evidence

Findings from interviews which took place in autumn 2013 with 45 children and young people in receipt of social care support highlighted the importance of early help. Of the 18 young people who said Children's Services didn't start working with them at the right time 12 (67%) said it was 'too late' and things should have been picked up earlier as illustrated by the following quote:

“They should have got involved much sooner; I have been living with my parents arguing most of my life”.

Case tracking work has taken place as part of Wiltshire's response to the Troubled Families initiative. Parents spoken to as part of this work also stressed the importance of getting help as soon as they need it and of the importance of having one worker who can co-ordinate when different professionals and services are involved.

The local evidence base on the need for effective early help will be developed through further case tracking and case audit.

4.2 National evidence

Government sponsored reports from Professor Eileen Munro and MPs Frank Field and Graham Allen have all stressed the importance of intervening earlier. Professor Eileen Munro in her review of child protection writes of the need to develop an “*all-encompassing and pervasive early intervention culture*” and notes “*Preventative services can do more to reduce abuse and neglect than reactive services. Many services and professions help children and families so coordinating their work is important to reduce inefficiencies and omissions.*”

Providing early help can:

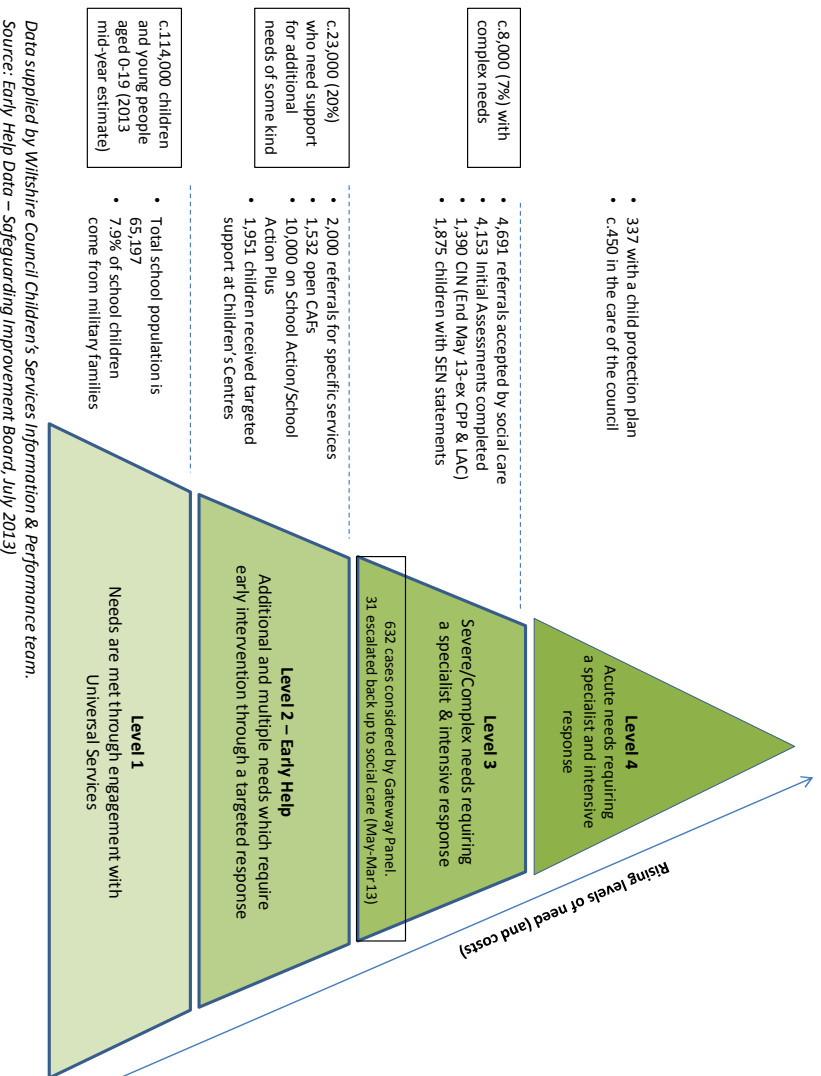
- Narrow the gap for children who are at risk of poorer outcomes (*Waldman, 2008, Karoly, Kilburn, & Cannon, 2005; Statham and Biehal, 2005*)
- Improve practice, outputs and outcomes by attending to risk and protective factors at an early stage, focusing on causes of problems not symptoms. The *2010 Marmot Review*, ‘*Fair Society, Health Lives*’ was clear that “later interventions are considerably less effective if children have not had good foundations”
- Increase user-involvement and staff satisfaction due to a greater focus on reaching out to families and working proactively to engage children and families with different needs before crisis intervention is required (*Darlington Social Research Unit, 2005*)

The Waves Trust has published a number of evidence based reports which demonstrate the importance of effective early help for young children.

5. Local Context

5.1 Thresholds and Early Help 2012/13

In Wiltshire according to the 2013 mid-year estimate there are 114,130 children and young people aged 0–19. The majority of these have their needs met through engagement with universal services. Some who require additional help and support. The diagram below provides an overview of the population of children and young people aged 0-19 in Wiltshire during 2012/3 using activity information available at that time. The information is set out according to different thresholds of need. It should be noted that since March 2013 the number of children with a child protection plan has increased to 400 in January 2014. In January 2014 there were also 419 children looked after.



5.2 Early help indicators of need

The Joint Strategic Needs Assessment includes a detailed analysis of the needs of children and young people. Some key facts are highlighted below.

The Department for Communities and Local Government has set Wiltshire a target of 510 **Troubled Families** who require support to achieve outcomes such as improved school attendance, a reduction in offending and anti-social behaviour and a return to paid work.

An October 2010 survey of **Health Visitors’** caseloads in Wiltshire identified 11.6% of families with young children had complex needs.

Wiltshire has 6.3% young people (794) who are **NEET** (Not in Education, Employment or Training). This is slightly higher than the national figure of 6.2%. Many of these young people are vulnerable with unmet needs.

There are 1,875 children with a **statement of SEN** in Wiltshire (2.4% of the population), and approximately a further 10,000 on **school action/school action plus**. The most recent full year figures (2012) show a significant rise in the number of early years statements and statements at primary level.

In 2011 the under 18 **teenage conception** rate per 1,000 girls aged 15 to 17 was 22.9% which is below the national average of 30.9%.

3,700 children are known to have been present at a domestic abuse incident reported to the police. However, it is estimated that only 1 in 5 domestic abuse incidents are reported to the Police.

The **Hidden Harm** strategy focuses on children and young people affected by their parents drug or alcohol misuse. Key information on hidden harm includes:

- The Wiltshire 2012/3 Joint Strategic Needs Assessment for Health and Wellbeing, identifies 209 children, 1,028 parents and 562 families where Hidden Harm is likely to be an issue.
- In Wiltshire, around 17,621 parents (9%) feel that they have engaged in alcohol or drug use that they believe has had a negative impact on them or their children. A negative impact is categorised as an impact on the ability to parent, a financial impact, an emotional impact, or other impact.
- It is estimated that in 2010 30,019 children living in Wiltshire were affected by their parents use of drugs and/or alcohol with only 0.69% (209) being actively identified and supported.
- Wiltshire's health visiting teams are supporting a large number of vulnerable families. The key Hidden Harm factors present were parental smoking and parental mental illness. There were 251 reports of alcohol abuse and 179 reports of drug abuse, which suggests that health visitors are in an excellent position to identify Hidden Harm.

Poverty and deprivation indicators are lower in Wiltshire than the national average but there are significant pockets of deprivation:

- In 2010, there were 12% or around 11,000 0-16 year olds living in poverty. This is well below the national average of 21%. 72% of these children live in lone parent families.
- In 2013, around 5,400 or 8.4% of children were eligible for free school meals, compared to the national average of 18%. The areas of greatest deprivation are located in parts of Trowbridge, Salisbury, Chippenham, Westbury, Calne and Melksham.
- Salisbury St Martin – Central is in the 10% most deprived Lower Super Output Areas with regards to health deprivation and disability in England.
- There are 1,200 children eligible for 2 year old funding; this figure is based on an assessment of eligibility related to take up of benefits.

5.3 The case for early help – demand on statutory services

In common with many other areas of the country during 2012/13, Wiltshire had a growing number of referrals to Children's Social Care, an increase in children with child protection plans and an increase in the number of children in care.

Research in spring 2013 indicated that there was still a high level of inappropriate phone-calls to social care. Over 70% of all contacts and referrals were not related to significant safeguarding concerns. During the same period there was an increase in the number of CAFs being registered.

Local Authorities and partner agencies across the country are responding to this challenge by re-designing services, ensuring that there is no duplication, pooling spending and shifting the focus of services onto tackling the root causes of problems. Many are using an early help approach to address the source of problems by providing support as soon as issues arise.

5.4 Funding for early help

The table on the following page sets out an approximate level of funding on early help services by the Council's Children's Services, Public Health and the NHS. If the funding for disadvantaged 2 year olds to have 15 hours per week free child care is added to spend on services that have a role in early help, then Wiltshire spends around £19 million on early help (note that some services also have a universal or open access element).

In 2013/14, Wiltshire Council also committed approximately £900,000 for the Short Breaks Scheme. Designed in consultation with parents and carers, the scheme aims to meet the individual needs and interests of children and young people who have special educational needs and/or disability and who require additional support to access leisure activities or 'short breaks'.

In addition to Council and NHS spend, central government has recently announced that for 2014/5 there will be estimated £13 million of pupil premium funding held within Wiltshire's schools.

Service	Approximate funding in 2013/14
Children's Centres (incl. District Specialist Centres)	4,182,100
Early Intervention Team (Early Years)	1,151,900
Youth Development Centres	1,352,900
Targeted NEET workers (excluding SEND 0-25 Service)	460,500
Motiv8/Young Person's Substance Misuse Services	348,600
Youth Offending Prevention Service	241,500
Behaviour Support	911,570
Educational Psychology	866,480
Education Welfare Service	406,700
Ethnic Minority Achievement Service (EMAS)	397,750
Travellers Education Service	192,700
Family Information Service	120,000
Young Carers	42,674
Counselling	30,000
Primary Mental Health Services	538,800
Wiltshire Families First (Action for Children)	760,000
CAF Coordinators	159,100
Health Visitors and School Nurses	5,000,000
TOTAL	£17,163,274
2 year old free entitlement funding in nurseries/at child-minders (includes "trajectory funding")	2,058,700
3 and 4 year old free entitlement funding	14,926,100
TOTAL	16,984,800

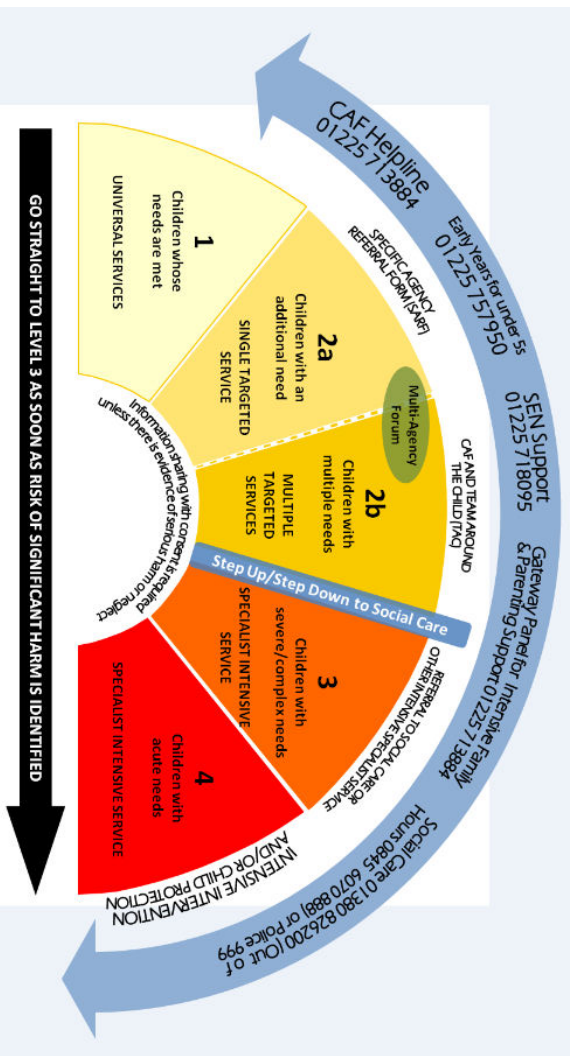
As part of implementing the Early Help Strategy, we will analyse funding and expenditure on early help in more detail including:

- Getting a better understanding of costs of interventions and how cost links to improved outcomes for children and young people.
- Using cost calculators, eg the one produced by the Local Government Information Unit with Camden Council to calculate spend on early intervention services.
- Exploring the use of social investments to fund new and innovative approaches in early help. Social impact bonds are one form of social investment.

SECTION TWO: WILTSHIRE'S APPROACH TO EARLY HELP

6. Accessing Early Help Services

The Thresholds for Safeguarding Document produced by the WSCB and the Children's Trust sets out the framework for early help:



The key elements within Wiltshire's current model of access to early help are:

- Early support within universal settings.
- Recommendation by the local Multi-Agency Forum (MAF) on whether a child or young person's difficulty can be resolved through a single agency or whether a CAF should be completed. MAFs exist in community areas to promote and deliver early intervention for vulnerable children and young people aged 0-19 in their communities through regularly bringing together children's services practitioners to address concerns about individual children or groups of children in their area.
- Completion of a CAF and bringing together a Team Around the Child (TAC) to provide support. CAF Coordinators provide support to Lead Professionals and with CAF processes.
- A Gateway Panel provides access to family and parenting support services when a CAF has been completed and early help through a Team Around the Child process has not led to change for the child/family.
- A protocol covering the interface between Social Care and CAF processes to ensure that there is effective step-up/step-down between specialist and targeted services to avoid the 'baton being dropped', particularly if a case is being passed down from level 3 to level 2, either because Social Care have finished their intervention but a level of support is still required, or because it is a referral that does not meet the social care threshold.

7. WILTSHIRE'S EARLY HELP OFFER

7.1 Developing an early help offer

Wiltshire plans to develop an early help offer which includes a universal community offer, a universal plus offer and a targeted offer. Appendix 1 includes an illustration of what the early help offer might look like. The early help offer will be developed by the joint WSCB and Children's Trust Early Intervention sub-group.

7.2 Early help objectives

This section outlines the key early help priorities according to the 5 early help objectives.

- **Objective 1: Ensuring the best start in life**
- **Objective 2: Gaining the skills required to begin school**
- **Objective 3: Being ready for adult life**
- **Objective 4: Developing a family-based approach to early help**
- **Objective 5: Developing effective structures and processes to access early help**

Objective 1: Ensuring the best start in life

Priorities

- Continue to deliver evidence based parenting programmes through Children's Centres, schools and partners.
- Promote 15 hours free childcare for disadvantaged 2 year olds and ensure that appropriate provision is available across the County.
- Set up an intensive service to support young parents. This will work on the Family Nurse Partnership model, led by Health Visitors, with a focus on good early childhood development and ensuring secure attachments between parents and babies.
- Ensure that the role of Health Visitors in picking up difficulties early and linking with other professionals is clearly set out as part of the re-commissioning of children's community health services.
- Involve Children's Centres in working with parents to promote and establish early communication skills, for example, collaboration with the National Literacy Trust through the 2 year Department for Education funded project to work with 10 Children's Centres in areas of highest need.

Objective 2: Gaining the skills required to begin school

Priorities

- Develop clearer pathways for effective early help for pre-school children, involving Midwives, Health Visitors, GPs, Children's Centres and the Council's early years staff.
- Continue to deliver the collaborative model within the Speech and Language Therapy Service which includes training for all settings and schools.
- Develop language for life through the continuation and development of Reading Recovery, Better Reading Partners and the Reader Leader Project.
- Improve support for children, young people and families experiencing difficulties with school attendance and advice to schools regarding children missing from education.
- Encourage and support schools and settings to adopt the Achievement for All approach (a whole school improvement framework which raises aspirations, access and achievement of vulnerable and disadvantaged pupils, including those with SEND, EAL, looked-after children and free school meals, as supported through funding via the pupil premium).
- Provide better support at transition for vulnerable groups of children between primary and secondary school.

Objective 3: Being ready for adult life

Priorities

- Work with all universal services and settings to promote confidence, positive self-esteem and resilience, especially within the context of child sexual exploitation
- Improve support for older teenagers including access to mentoring and professional counselling.
- Develop programmes that provide practical support to keep young people engaged in positive activities and remain in education, employment or training.
- Provide young people leaving home with good quality accommodation and support that promotes independent living.
- Set up a pilot project with CAMHS on continuing support from the Outreach Services within CAMHS for those aged between 18 and 25 where a young adult is particularly vulnerable.

Objective 4: Developing a family-based approach to early help

Priorities

- Ensure Family Learning is targeted at families who require additional or more targeted support and is linked into CAF/TAC processes.
- Create more effective links between services working with children and services supporting adults with difficulties e.g. adult mental health services, substance misuse services, disability services and support where there is domestic violence or offending.
- Work more closely with schools as part of the Troubled Families initiative
- Review Wiltshire Families First and the social care Intensive Family Support Service. This will include considering family intervention models which have been successful in other areas.
- Work with Public Health to improve understanding in Children's Services of support available around domestic abuse.
- Ensure appropriate universal services are available to families to support the effective early identification of children and families that would benefit from the early help offer.

Objective 5: Developing effective structures and processes to access early help

Priorities

- Finalise the revised early help assessment form – the CAF – to ensure links with the Single Assessment process and that the CAF is more child-centred
- Review the role and functions of the CAF Co-ordinators including management arrangements.
- Develop the role of the Team around the Child (TAC) and the role of the Lead Professional.
- Consider a single point of access to targeted services across all agencies, including the Primary Mental Health Service.
- Explore options for the continued sustainability of the Multi-Agency Forums (MAFs)
- Review the effectiveness of the Gateway Panel.
- Develop multi-agency service pathways across Council, Community Health Services and the voluntary and community sector in order to provide the right help at the right time.
- Ensure effective step-down following intervention from children's social care.
- Development of locality-based Early Help Hubs covering children and young people aged 0 – 19. Local Authority staff working within these hubs would link with their local Children's Centres, Health Visiting and School Nursing Team, the Primary Mental Health Service and Voluntary Sector services.

SECTION THREE: MAKING IT HAPPEN

8. Governance

The joint Children's Trust and WSCB Early Intervention Sub-Group will be responsible for the development and implementation of the Strategy. This will involve monitoring and reporting progress regularly to the Children's Trust Commissioning Executive and the Wiltshire Safeguarding Children Board. The Early Intervention Sub-Group will also be taking on responsibility for the Troubled Families Initiative. The terms of reference for the sub-group will be amended to reflect this and membership will be reviewed.

The terms of reference for the WSCB Prevention of Harm Sub-group are also being reviewed.

Each partner organisation will be responsible for ensuring that their own staff implement the strategy as described. The WSCB and the Children's Trust will regularly assess the effectiveness of the Early Help strategy and progress with implementation.

Regular reports will be provided to the Health and Wellbeing Board and the Public Services Board linked to reporting on children's safeguarding.

9. The Early Help Improvement Plan

The first draft of the Improvement plan will be available at the end of February 2014. The improvement plan will be SMART – actions will be **S**pecific and **M**easurable, key measures for assessing **A**chievement will be noted, plans will be resourced to ensure they are **R**ealistic and each action will have clear **T**imescales. In addition each item will include information on how children, young people and families will be involved. The plan will be RAG rated on action and impact.

There are a number of specific strategies and other work taking place which links to the Early Help Strategy. These are:

- Child Sexual Exploitation Strategy
- Emotional Wellbeing and Mental Health Commissioning Strategy
- The Hidden Harm strategy which focuses on children and young people affected by their parents drug or alcohol misuse
- Narrowing the Gap – Attainment of vulnerable children and young people
- Teenage pregnancy
- Domestic Abuse Strategy
- Drug and Alcohol Strategy relating to young people
- Education, employment and skills work raising participation/reducing NEET and tracking destinations
- Work with military families
- Reducing youth offending

The WSCB/Children's Trust Early Intervention sub-group will be considering the best way to ensure there is co-ordination between the early help actions included within these strategies. There is a need to align activity and spend so that outcomes for children and young people can be improved.

10. Developing the children's workforce

We need to consider how to develop the workforce supporting children and families to provide staff with the confidence to undertake effective early intervention with families. We will continue to offer training on early help through the WSCB training programme, including undertaking an early help assessment, being a Lead Worker, leading a Team Around the Child meeting, and early help case management.

11. Triangulating evidence

The Early Help Improvement Plan will include information on the evidence sources which will be used to monitor implementation of the strategy. Evidence from a number of sources will be “triangulated” to ensure there is an accurate understanding of whether our actions are making a difference for children and families.

Information will be triangulated from the following sources:

- The early help data set – see below for more information on the data set
- Findings from audits of early help case work
- Feedback from children, young people and families
- Feedback from front-line staff

12. Developing an early help data set

An early help data set is being produced and this follows the model used in the Council's Children's Services to monitor the effectiveness of services (Outcomes Based Accountability). This will be grouped around the headings noted in the table below. The indicators noted are illustrative of the type which will be included in the Early Help data set.

<p style="text-align: center;">HOW MUCH DO YOU DO?</p> <p style="text-align: center;">Activity information</p> <p>For example:</p> <ul style="list-style-type: none"> • The number of CAFs • Number of step-downs • Number of MAF meetings • Number of contacts made to children’s social care • Numbers of young people engaging in positive activities • Number of and rate of children in need under Section 17 of the Children Act • Number and rate of children with a child protection plan • Number of rate of children looked after 	<p style="text-align: center;">HOW WELL DO YOU DO IT?</p> <p style="text-align: center;">Quality</p> <p>For example:</p> <ul style="list-style-type: none"> • Feedback from children, young people and parents on the quality of services • Waiting lists for services • Length of time from CAF to service provision – for targeted services • % families who receive family support services at level 2b who are later referred to social care • % children and young people who receive support before being looked after • % who become LAC as an emergency placement
<p style="text-align: center;">IS ANYONE BETTER OFF?</p> <p style="text-align: center;">Outcomes</p> <p>For example:</p> <ul style="list-style-type: none"> • Reducing number of low birth weight babies • Improving foundation stage profile results for vulnerable and disadvantaged groups • Improving literacy and numeracy attainment at ages 11, 16 and 19 • Closing the gap in educational attainment between children and young people from different socio-economic backgrounds • Reduction in the number of children and young people missing school • Reduction in the rate of teenage pregnancies • Increased numbers of children and young people self-reporting a high level of wellbeing • Increased numbers of 16-18 year olds participating in education, employment and training 	<p style="text-align: center;">IS IT COST EFFECTIVE?</p> <p style="text-align: center;">Cost and expenditure</p> <p>For example:</p> <ul style="list-style-type: none"> • Percentage of all Children’s Services expenditure on early help services • Percentage of all Children’s Services expenditure on looked after children • Unit cost information

An illustration of the Wiltshire Early Help Offer

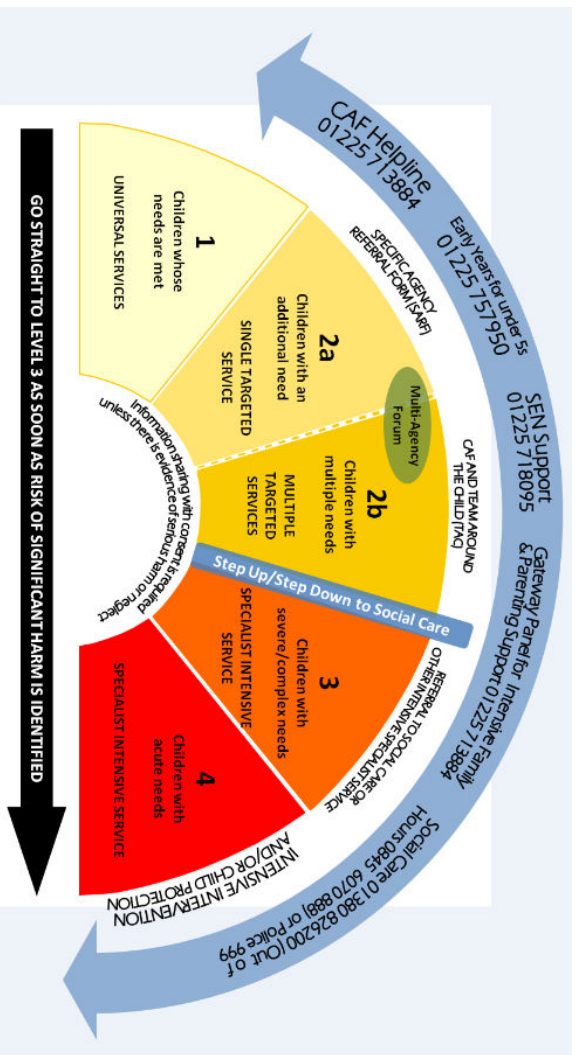
The vision for early help is to make sure children and young people get easy access to the right help as soon as it is needed. This happens through the early identification of needs by universal services, effective child centred assessment of need and prompt access to evidence based early intervention services which will lead to improved outcomes for children and young people and reduced demand on social care services.

A Wiltshire Early Help Offer is illustrated below. This links to the thresholds for safeguarding and comprises 3 different elements:

- A universal offer
- A universal plus offer
- A targeted offer

The WSCB/Children’s Trust Early Intervention sub-group will lead on developing the early help offer.

The Thresholds for Safeguarding Document produced by the WSCB and the Children’s Trust sets out the framework for early help. The “windscreen” which assists professional to identify different levels of need is noted below.



The table below uses the different levels of need outlined in the windscreen and links these to different types of early help services that will be part of Wiltshire’s early help offer, including the important role of universal provision in identifying problems early. As was noted above early help can be provided for children and young people at any age and at different levels of need. The intention is to ensure that children, young people and families get easy and prompt access to the different type of help they need.

Level 1	Level 2a	Level 2b	Level 3	Level 4
Universal offer	Universal plus	Targeted services	Specialist intensive services	

<p><i>Open access services available to all.</i></p>	<p>offer</p> <p><i>Open access services which provide short term support to address problems which are straightforward or seek support from a single targeted service.</i></p>	<p>offer</p> <p><i>Services which work with children, young people and their families when problems are more complex and longer term support is needed. Includes the Wiltshire response to the Troubled Families initiative.</i></p>	<p>Not covered in the early help strategy</p> <p>See WSCB Business plan, LAC Commissioning Strategy and LAC Improvement Plan and the Safeguarding Improvement Plans of the Council, CCG and Wiltshire Police</p>
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The next three pages provide an overview of the how Wiltshire’s universal offer and early help offer (universal plus and targeted offer) could be set out. The quotes used are illustrative of the vision. Further work on developing the Early Help Offer will be overseen by the Early Intervention sub group of the Children’s Trust and the WSCB.

Universal Offer

Open access services available to all

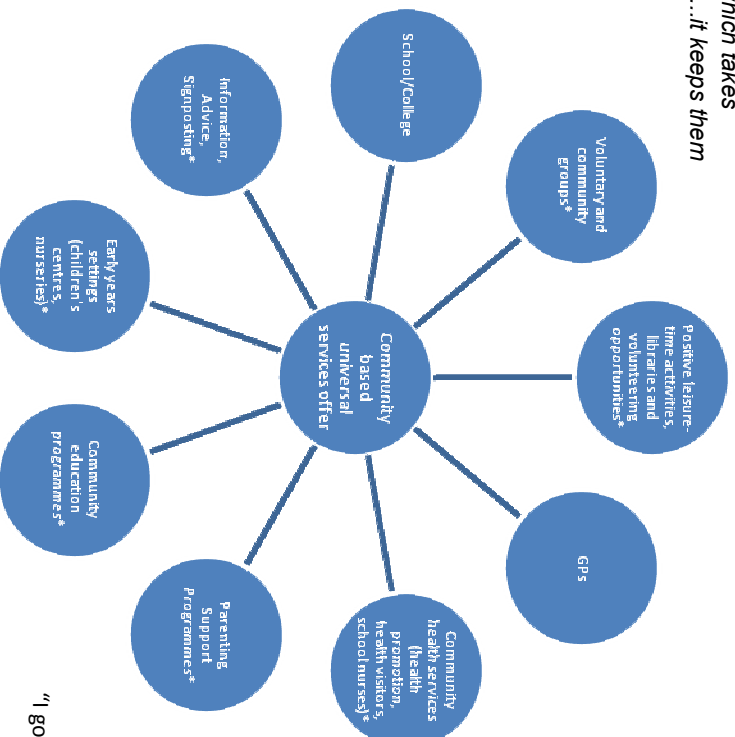
- Open access community based services, available to all children and parents regardless of need both in and out of school time.
- Communities are empowered to develop their own approaches to designing and delivering services, involving schools and GPs.
- A strong network of voluntary and community based groups exists.
- The council and its partners provide support for communities to help themselves.
- Good quality information is available across a range of settings.
- Universal services are the first port of call for children and families when they need help.
- Focus includes preventing problems from arising and promoting improved health and wellbeing.

What will this look like in practice?

"My two teenage boys are members of the local football team which takes place every Friday night...it keeps them out of trouble"

"The summer play scheme set up last year by other parents has helped improve my personal finances as I've been able to take on extra hours at work"

"I'm a volunteer supporting young parents at the Children's Centre"



"I'm taking part in the National Citizen Service during the school holidays to help me get ready for sixth form"

"Swimming has helped me lose weight, make new friends and feel more confident. My husband and kids say I'm not so stressed out"

"I got my Duke of Edinburgh Silver Award last week"

"I call into the community campus or my child's school when I need information or advice"

*Some services are likely to be accessible from community campuses which seek to provide all the services a community needs in one easy to access location.

N.B. Quotes are illustrative of the vision.

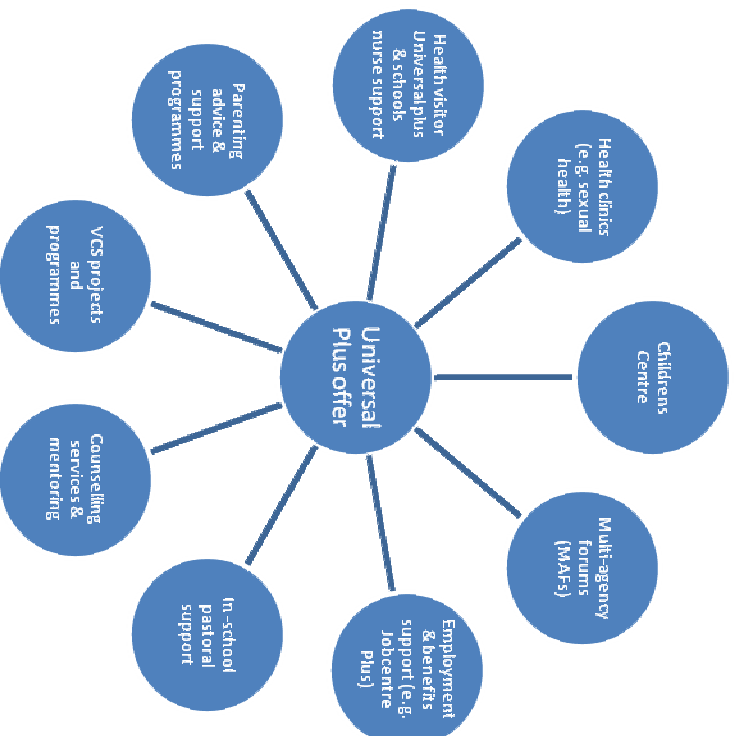
Universal plus offer

Open access services provide short term support to address problems which are straightforward or early support from a single targeted service

- Universal services provide some additional support if required. Other local services such as Children's Centres and youth activities which also assist.
- Advice, guidance and help is available from other professionals supporting universal services.
- An individual service provides a swift response to address specific problems or need.
- Children and families can access extra help through community based services.
- Voluntary and community sector organisations have a significant role in providing early help, enabled by the council and its partners.
- Strong partnerships exists between services.

What will this look like in practice?

"I don't feel so alone, I have someone to talk to"



"I was really anxious about visiting the clinic but the nurse put my nerves at ease and it was a positive experience"

"I don't feel so alone now that I can talk to the outreach worker from the Children's Centre"

"The health visitor has helped me to manage my child's behaviour at home"

"I got some great advice about other services which can offer support to the young person I'm working with"

N.B. Quotes are illustrative of the vision.

Targeted Offer

Services which work with children, young people and their families when problems are more complex and longer term support is needed. Includes the Wiltshire response to the Troubled Families initiative.

- A rapid multi-disciplinary response is provided, bringing together a range of professional skills and expertise through use of CAF and TAC and coordinated by a lead worker.
- Children and young people have a positive relationship with a trusted lead worker who can engage them and their family fully, and coordinate the support needed from other agencies.
- Co-located services empower families and help them develop the capacity to resolve their own problems, take control and manage their own lives independently.
- Services are intensive and focus on the root causes of problems.
- There are skilled professionals with different skills available - including skilled family support workers and workers who are skilled at working with teenagers
- A variety of evidence based approaches are used depending on needs.
- Services are proactive and target interventions at groups and individuals who are at most risk of escalating needs. There is good tracking following interventions to make sure change is embedded and the same problems do not arise again. If they do services act promptly.
- Strong partnerships are in place with the voluntary and community sector and statutory services.
- There will be services available which focus on ensuring that there is support available which enables children and young people to remain living at home

What does this look like in practice?

N.B. Quotes are illustrative of the vision.

