

Introduction

The Staying Safe outcome area within the Children and Young People's Plan aims to improve children's safety and to narrow the gap in outcomes experienced by our most disadvantaged children through the following five priority areas:

- More children grow up in secure, stable families where they belong, either through receiving timely, earlier intervention and support within their communities, or through belonging to permanent substitute families
- The incidence of anti social behaviour, risk taking and harmful behaviour experienced by children and young people is reduced
- More children are safe at home, at school and in the community, including reducing road traffic accidents and bullying
- Children in care are safe and supported
- The Government's action plan in response to Lord Laming's review of the protection of children in England is implemented.

The Staying Safe Strategy Group is chaired by the Head of Branch Children's Social Care, the vice chair is the Strategic Service Manager (Safeguarding & Review). The Group meets on a six weekly basis and has broad multiagency representation across the Children's Trust, with all required agencies attending, each demonstrating great commitment to delivering the plan. Meetings are well attended, with approximately 25 people at each meeting.

One of the main functions of the Staying Safe Strategy Group is to monitor and report on the Staying Safe element of the Children and Young People's Plan including issues regarding the respective National Indicators, LAA targets, allocated task groups and any other locally based targets agreed by the partnership. At each meeting key specified target areas are reported, with a focus on demonstrating the impact on improved outcomes for children and families, and where applicable evidenced through an improvement in local or national indicators. At each meeting members share information from their host agency in the pursuit of improved joined up activity, to achieve intended outcomes and reduce gaps and overlaps in delivery.

The Strategy Group receives information, and where appropriate, reports from the following groups:

- Parenting Steering Group
- Common Assessment Quality Assurance Group
- Kooth.com Steering Group
- Fostering Task Group
- Adoption Task Group
- Anti bullying steering group
- Road Safety Strategy Group
- Multiagency Risk Assessment Committee (MARAC)
- Aiming High for Disabled Children Executive Group
- Operation Stay Safe
- Youth Justice Board

The Staying Safe Strategy Group also reports to the Local Children's Safeguarding Board, to discharge it's broader responsibility to safeguard children who are at risk, and for whom measures are required to increase their likelihood of achieving good outcomes.

A major challenge for the partnership is to safely reduce the numbers of children in care; this is a Council priority, and a target within the Local Area Agreement. In recognition of the fact that a number of major strands of activity affect the improved capacity to support children and young people with their families, in their communities, a new Board has been established to give increased focus to four specific strands of work, this is the Integrated Preventative Services Board. The Board, comprising senior NHS Wirral representation, the Chairs of the LINK Forum (voluntary, community and faith sector), and the three operational Heads of Branch from the Children and Young People's Department has been established and will meet monthly to develop strategies to deliver joined up preventative services on the ground through the delivery of the following projects: Integrated Youth Support, Co-located Area Teams, Children's Centres, and the Parenting Strategy. The Board will both report into the Staying Safe Strategy Group and the Children's Trust Executive.

In addition the Staying Strategy Group is aligned to and informed by the development of the Children in Care Council and the Corporate Parenting Group (which will be in place 2010/11, developing from the former Virtual School Governing Body).

At the last two meetings of the Staying Safe Strategy Group in April and May 2010, there has been a specific focus on evidencing the impact of implementing strategies and policies to intervene in an appropriate way with vulnerable children and families. A recommendation from a recent Serious Case Review has been to undertake a multiagency audit of vulnerable children to determine whether they are receiving appropriate multiagency intervention through the Team Around the Child approach, and whether these children receive appropriate Children's Social Care intervention should their needs escalate. A number of key strategic actions are emerging which will inform future work of the Strategy Group.

The terms of reference determined by the Local Safeguarding Children's Board are to:

- Promote the availability of services on Wirral in relation to safeguarding and promoting the welfare of children;
- Ensure all agencies understand their own accountability in relation to safeguarding;
- Raise public awareness of the broader safeguarding issues such as bullying smoking, alcohol and drug misuse;
- Promote a wider preventative programme to reduce environmental harm, such as reducing road traffic accidents, infant mortality and improve safer play areas;
- Report to the Board via the Chair on aspects of promoting child welfare.

Relevant Performance Indicators

The following National Indicators (NI's) are monitored through the Staying Safe Strategy Group:

- NI 59 Initial assessments for children's social care carried out within 7 working days of a referral.
- NI 60 Core assessments for children's social care carried out within 35 days of their commencement
- NI 61 Stability of looked after children adopted following an agency decision that the child should be placed for adoption
- NI 63 Stability of placements for looked after children: length of placements
- NI 68 Referrals to Children's Social Care going on to an initial assessment
- NI 32 Repeat incidents of domestic violence
- NI 43 Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody
- NI 19 Rate of re-offending by young offenders
- NI 111 First time entrants to the Youth Justice System age 10-17 (reported through Positive Contribution)
- NI 64 Child Protection Plans lasting 2 years or more

- NI 65 Children becoming the subject of a Child Protection Plan for a second or subsequent time.
- NI 67 Child protection cases which are reviewed within the required timescales.
- NI 70 Hospital injuries caused by unintentional and deliberate injuries to children and young people.
- NI 71 Children who have run away from home / care overnight (measured from 2009 onwards)
- NI 48 Children killed or seriously injured in road traffic accidents
- NI 69 Children who have experienced bullying
- NI 66 Looked after children's cases which are reviewed within the required timescales
- NI 58 Emotional and behavioural health of children in care (reported through Being Healthy)

Overview of progress May 2010

<p>Key recent achievements</p>	<p>More children grow up in secure, stable placements where they belong, either through receiving timelier, early intervention and support within their communities, or through belonging to permanent substitute families.</p> <ul style="list-style-type: none"> • Monthly data reports produced to monitor the completion of Common Assessments (CAF) for the full year 2009/10 and ongoing (684 recorded during 2009/10), monthly quality audit meetings are held to monitor the quality of CAF's (improvement in those rated good or excellent from 34% June 2009, to 44% in February 2010). A revised Integrated Working Guide has been published. • National Co-location fund secured to co-locate all Area Teams, following successful implementation of CWDC Remodelling social work delivery pilot (ongoing), Area Team structure permanently established with 7.5 Area Team Leaders and 7.5 Information Sharing Co-ordinators now in post. • Youth Rehabilitation Order (YRO) implemented, alongside the Scaled Approach, to increase flexible proportionate responses to young people who offend. • Multi – Systemic Therapy implemented to support children on the edge of care or custody. • Family Nurse Partnership has attached Health Visitors in Area Teams with new health screening to allow for early alert to health, speech and language difficulties. • 21 out of 24 children adopted were placed within 12 months of the decision being made, 87.5%. Overall 48 children have achieved permanence through Adoption or Special Guardianship. • Parenting and Early Intervention Programme Co-ordinator in post since January 2010, providing training to deliver a coherent approach to supporting parents. • The “front door” into Children’s Social Care has been strengthened through the appointment of a dedicated Manager, increased social work capacity, improved systems and processes for receiving referrals and feeding back. <p>Reduce the incidence of anti social, risk taking and harmful behaviour experienced by children and young people.</p> <ul style="list-style-type: none"> • MARAC repeat cases reduced to 12% (NI 32) – nationally 23% (December 2009). Improved information sharing between the Family Safety Unit and the Central Advice and Duty Team.
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- The Risk Taking Behaviour pathway is in place in Arrowe Park Hospital Accident and Emergency Department. Between April > December 2009 80 young people under the age of 16 attended following the ingestion of alcohol, 36 took up the offer of an appointment with Response, 13 engaged with the services, the take up is informing future developmental plans.
- 12 Stay Safe Operations took place between June > November 2009. 3,264 engaged with a variety of agencies. 12 young people were moved to a place of safety, none required the use of legislative powers.
- Merseyside protocol for children missing from home reviewed, endorsed by the LSCB and issued following national guidance. Safer Futures project re-commissioned and awarded to the current provider (Barnardos) – this is a service for children missing from home / care, sexual exploitation and sexually harmful behaviour).
- Safe sleeping guidelines ratified across the partnership and delivered to midwifery and Health visiting staff. Awareness raising event in local shopping centre in October 2009, promotional leaflets given to local residents.

More children are safe at home, at school and in the community including reducing road traffic accidents and bullying.

- 16 workshops delivered for parents and carers on cyber bullying during Wirral anti bullying week. Draft Policy Statement is undergoing stakeholder consultation with a launch scheduled for September 2010.
- 244 children and young people consulted on what would make them feel safe when playing out. Information used to develop training programmes for play staff to promote protective behaviours, road safety and promoting positive behaviour. Opportunities are built into the Youth Voice Conference and Youth Parliament for young people to tell us where they are concerned about safety. Feedback is used to inform programmes in youth clubs and commissioned services. Termly Healthy Schools Pupil Panels are a forum for expressing concerns and contribute to consultation to policy and practice.
- Child Safety Scheme with additional capacity has been delivered from April 2010.
- Road safety strategy continues to be implemented.

Children in care are safe and supported

- Aiming High for Disabled Children short break programme continues to be implemented, which is low risk rated by external regulator due to it's impact and progress being made. A strong parent forum, good governance structure and workstreams are in place. New services have been commissioned with full parental engagement, and services are being delivered to a wider service user base.
- Practice review has been completed at two "adequate" rated residential homes (for children with a disability) by a team external to the homes; improvement plan in progress.
- Adoption Team has increased capacity to deliver permanence through adoption / Special Guardianship, the Team is now the Adoption and Permanence Team. Fostering Service retained "good" ofsted rating, and mainstream children's home continues to be rated "good"
- Independent Placement Panel monitors the use of high cost independent sector residential placements, numbers have reduced from 52 in April 2009 to 47 in April 2010.

	<ul style="list-style-type: none"> • Co-located Transition Team with the Department of Adult Social Services in place from January 2010. At the time of inception 49 young people aged 16 plus allocated to the Team, 116 young people aged 14 plus to receive joint planning from the Team. <p>Implement the government action plan in response to Lord Laming’s review of the protection of children in England.</p> <ul style="list-style-type: none"> • LSCB has reviewed capacity to deliver local and national requirements: Independent Chair recruited; LSCB Business Manager post established, recruitment underway; independent Chair of Serious Case Review Panel commissioned on a case by case basis, new CAF / QA Manager recruited to replace previous post holder, Lead member now a “participating observer”, Adult Social Services senior representative recruited to the LSCB. • Review of Children’s Trust and LSCB relationship following national Working Together consultation carried out in January 2010. NHS Wirral and WUTH reviewed safeguarding capacity against national guidance (NICE) and capacity increased. • Wirral LSCB taking part in Social Care Institute for Excellence (SCIE) pilot for improving Serious Case Review framework.
Key issues	<ul style="list-style-type: none"> • Delivering excellent short break services for Children with a disability within the Aiming High for Disabled Children framework; review the directly provided in house services, within value for money framework. • Fully implement and embed the lessons from Serious Case Reviews to continuously improve safe systems for responding to vulnerable Wirral children. • Develop a robust operating framework for the joint Transitions Team, with a simplified referral pathway to support accessibility and information sharing with young people and their families. • Review and revise the local procedures for responding to Children in Need (Section 17 Children Act 1989) • Continuously focus on what works, incorporating children and young people’s views into each development plan. • Implement the Corporate Parenting Group to oversee the development of improved services to children in care. • Responding to increasing levels of vulnerable children who require services to achieve their full potential. • Delivering coherent locally based multiagency services which reduce the need for children, young people and families to repeat telling their story; strengthening the role of the lead professional, making sure that intervention and services provided are focused and effective in directly responding to needs, in partnership with others.
Key challenges ahead	<ul style="list-style-type: none"> • Safely reducing the number of children in care, through timely progression of children’s plans, so that they achieve permanence at home, through adoption or Special Guardianship, or for a small number of older adolescents secure long term fostering placements. • Availability of qualified and skilled practitioners to deliver services, especially qualified social workers. • Recruitment to all new management posts within the new Social Care structure. • Embed the Area Team Model alongside other locally delivered services in geographical localities such as Children’s Centres and Extended Services.

	<ul style="list-style-type: none"> • Meeting the increased demand for intervention and support to respond to children and families with complex needs. • Improve information sharing and continue to reduce “silo” working across all agencies to meet the needs of children and families. • Continuously review thresholds for intervention to ensure children and families are receiving the right level of intervention proportionate to their needs. • Continuously strive to deliver safe and effective services which are driven by children’s needs and which are fully compliant with local policies and procedures; national legislation and regulation. • Service redesign within existing resources to meet aspirations for effective and efficient services.
Risks to outcome delivery and proposed actions	<ul style="list-style-type: none"> • Inability to recruit to key posts to deliver action plan and shortage of staff in key outcome areas e.g. social workers. Service redesign through implementation of remodelling pilot to increase the time social workers spend with children, by clarifying and confirming the role of Social workers, Team Support Officers, Family Support Workers and Area Team members. • Sustainability and commitment of available funding/resources within core business to drive forward key actions.
Areas requiring further partnership involvement	<ul style="list-style-type: none"> • Joint commissioning and service design of provision for children with a disability, which are value for money and support children to achieve good outcomes. • Joint planning and resourcing to meet the needs of the most vulnerable children who are in care. • Development of the Corporate Parenting Plan to respond to the needs of children in care; and joint commitment to delivering the Children in Care Pledge. • Joint commitment to deliver joined up preventative services to respond to children and families when they first experience difficulties. • Increased clarity about roles and responsibilities in responding to vulnerable children’s needs. • Sustaining and further developing a culture of learning, open, transparent and critical challenge, so that we all strive for the very best outcomes for each and every child.
Equalities impact assessment areas for development and progress made	<p>Areas for development</p> <ul style="list-style-type: none"> • Focus on safeguarding of disabled children • Improve the knowledge and awareness of staff working in children’s social care on equality and diversity issues • Review promotional material to ensure they reflect the diversity of communities in Wirral and especially make disabled children more visible • Children’s wishes and feelings to be included in service planning • Ensure the needs of fathers are included in service delivery • Develop the skills of foster carers to meet the needs of unaccompanied asylum seeking children <p>Progress made</p> <ul style="list-style-type: none"> • Multi-agency sub group of LSCB to be set up that will focus on the needs of disabled children • Increased engagement of fathers through groups targeting their involvement and generally creating more male friendly environments • Children in Care Council set up which includes representation of

	<p>disabled, black and racial minorities and gay/lesbian young people</p> <ul style="list-style-type: none"> • Children in care have contributed to the development of the children and young peoples plan
Areas for promotion /publicity / communication / engagement	<ul style="list-style-type: none"> • Public engagement in the safeguarding agenda, raising awareness about what to do if you are worried about a child. • Recruitment of foster carers and adoptive parents from diverse backgrounds • Continued engagement with young people about what they feel will increase their safety.

Areas for Reporting Focus

1. NI 68 Percentage of referrals to children's social care going on to initial assessment

It is important that local authorities respond to and address concerns in a timely and efficient way and ensure that all referrals to Children's Social Care are followed up where appropriate. This indicator is a proxy for several issues: the appropriateness of referrals coming into Children's Social Care, which can show whether local agencies are working well together; and the thresholds which are being applied in Children's Social Care at a local level.

The calculation is the percentage of the number of children referred into Children's Social Care during the year. Provisional performance at the end of Quarter 4 is 71.7% (an increase from 60.4% at the end of Quarter 2). Performance shows in year improvement. This is attributable to:

- Recruiting a dedicated Manager to provide managerial oversight at the Central Advice and Duty Team; this Team, receives all incoming referrals. Prior to July 2009 managerial oversight was provided by a rota of Assessment Team Managers. Following review, the dedicated Team Manager post was established since there was concern about the Assessment Team Manager's capacity to sustain this work away from their substantive posts managing locality Assessment Teams, where social workers require on site support, managerial direction and supervision. Also, when the Assessment Team's are pressurised and busy, this may increase the potential for more referrals not to be accepted for an Initial Assessment based on capacity, as opposed to decisions being made based on a clear determination of children's needs against the threshold criteria.
- Recruiting additional social workers, and maintaining, wherever possible, a full complement of social workers in each Assessment Team, through a monthly rolling recruitment programme and providing a safe service by covering maternity leave, and temporary vacancies where required. Providing additional training and supervision for Newly Qualified Social Workers, as part of the Children's Workforce Development Council programme, and closely monitoring caseloads; taking remedial action if caseloads are becoming too high.
- Scrutinising incoming work through a weekly meeting, chaired by the Strategic Service Manager, to determine whether thresholds for accepting work have been applied consistently to all new children referred.
- Re-clarifying guidance about when a contact with Children's Social Care should be determined to be a referral, as opposed to a request for simple information or signposting to a more appropriate service.
- Focusing on continuously improving practice through a fortnightly Contact, Referral and Assessment Meeting, where each Team's action plan is reviewed.

Additional actions to accelerate the pace of change include:

- Continuing to implement the revised Children's Social Care management structure, this includes 4 Principal Team Managers commencing work in their new posts from 1 April 2010, and completing further recruitment activity to fill the remaining 4 posts.
- Implementing increased Area Team Leader capacity from 1 February 2010 (increased from 5.5 fte to 7.5 fte) and rolling out the co-location of Area Teams from 1 September 2010.

This is to increase the support in each Area to deliver early preventative services to children and families who need multi-agency support, (but not at a level requiring Children's Social Care intervention) through CAF and Team Around the Child (TAC). Raising the profile and visible presence of Area Teams in the community and with professionals in each locality.

- Launching the revised Integrated Working Guide across the partnership to ensure consistent understanding of thresholds, and when it is appropriate to refer a child to Children's Social Care.
- Embedding improved casefile auditing processes and in addition, auditing children's cases who are receiving support through Team Around the Child (TAC) and those children receiving support from Children's Social Care, with multi-agency partners. This is to further determine whether thresholds are consistently being applied and that children can re-access Social Care in a timely way should their situation.
- Implementing the revised project plan to strengthen integrated preventative services provision across Wirral; improving clarity about who does what, how services can be accessed and using data to determine how new services are commissioned to respond to identified gaps in service provision.
- Completing the revision of domestic violence protocols, ensuring referrals to Children's Social Care make specific reference to the impact of the adult's behaviour upon the children, further clarifying which referrals can be appropriately dealt with through Area Teams.
- Steering the full implementation of the Integrated Children's System (ICS) through the re-launched ICS Project Board, so that the system supports best social work practice, and assessment activity is recorded in a timelier manner. This will be supported by the additional capacity provided by 4 new Data Officers, working with the ICS Project Manager.

In 2009/10 clear improvements have been made in this area and there are 3 key strands of activity which will support the delivery of this LAA National Indicator target, and which will improve overall safeguarding activity. They are:

1. Ensuring that all agencies working with vulnerable children are completing Common Assessments and using the Team Around the Child Model to respond to children's additional needs. Making sure that Area Teams are leading and driving early preventative work with children.
2. Scrutiny and intervention by the Local Safeguarding Children's Board to ensure that all agencies are clear about thresholds, clear about how to make appropriate referrals and how to escalate concerns, so that children receive the right level of support.
3. Improving training, expertise and support to manage referrals where there are child welfare concerns and in particular concerns about children's safety. Focusing on the importance of high quality, experienced social workers undertaking key management and supervisory roles in intake/duty teams. This includes system support through the development of ICS.

2. Remodelling Social Work Delivery Project

The Children and Young Peoples Department is keen to trail blaze a programme of change which will improve outcomes for children and families, ensure we comply with the Children's Act 2004 in developing and delivering integrated service provision and will review the way we use our Human Resources to ensure the best possible levels of service. The Remodelling Social Work Delivery Pilot funded by the Children's Workforce Development Council provided an opportunity to build on work that had already been underway in developing preventative multi-disciplinary Area Teams. The pilot objectives are:

- Explore processes that will support improved multi agency, evidenced – based social work practice that allows staff to use their expertise more widely and in new ways

- Freeing social worker time to enable more direct work with vulnerable children, young people and their families as well as more effective assessment and planning, leading to improved outcomes for service users.
- Provide effective administrative support for social work staff to enable the above.

The project has brought together the Multi Agency Preventative Area Team, consisting of an Area Team Leader, Area Family Support Workers, Area Social Workers, Education Social Workers, Youth Workers and Connexions Workers which had previously been a virtual team and the Childrens Social Care Assessment Team. This has resulted in the role of the Social Worker in the Area Team developing alongside the other roles in the Area Teams. Social Workers have supported other agencies in delivering co-ordinated services, family support workers have been involved in early intervention direct service delivery. Education Social Worker, Youth Worker and the Connexions personal advisor have all contributed to the delivery of the preventative services.

The change model has involved detailed analysis of the role and function of Team members, workshops and experiential learning by Team members, and whole Team visits to other pilot authorities to view and discuss different practice models. The Team members have piloted different methods of recording information, through for example, digital pens and 3g cards.

Benefits

- The Common Assessment Framework, Lead Professional Working and improved information sharing; the philosophy of the 'Team around the Child' is better supported and more established, particularly in schools.
- Improved delivery of joined up co-ordinated responses to children & families. Key element of this was the ease with which staff and managers could communicate as a result of co-location.
- Children & families needs met as early as possible. Managers are able to jointly decide the response to those children and families who move between having additional and complex needs.
- Improved links with the local neighbourhood and more effective engagement with the community and partner agencies. Particularly an increased understanding and appreciation of roles across agencies. The sustained development of an effective District Board and Thematic Group, which have significant role in overseeing and providing governance for the Area Teams role in meeting the targeted needs of local children and families.

The project is now focusing on other areas of Children's Social Care and building on the learning from the first stage. It is hope that we will be able to evidence the impact in terms of the nature of the work being undertaken by Social Workers - they should be meeting the most complex needs but fewer children should have complex needs, by virtue of their emerging additional needs being responded to effectively by the Area Team.

Brief SWOT Analysis of the Outcome Area

Strengths	Weaknesses:
<ol style="list-style-type: none"> 1. Active committed members with clear areas of responsibility and accountability 2. Five clear priority areas with majority of outcomes achieved or in progress. 3. Sharing good practice and ideas 4. Improved outcomes for children and young people 5. Children's views informing the agenda (Kooth.com; Children in Care Council; Youth Parliament etc.) 	<ol style="list-style-type: none"> 1. Plethora of different project / steering groups, constant challenge to ensure effective co-ordination of activity, with clear accountability for action. 2. Overload of priorities impacting on capacity to deliver 3. Significant numbers of children receiving statutory services; in some areas still need to achieve greater cultural shift to intervene earlier and demonstrate the impact of earlier intervention upon outcomes.
Opportunities:	Threats:

<ol style="list-style-type: none"> 1. Multi agency working to deliver cross cutting outcomes 2. Potential for alignment of budgets/resources to achieve outcomes 3. Partnership commitment to the agenda 4. Multiagency training and job shadowing opportunities. 	<ol style="list-style-type: none"> 1. Availability of skilled and experienced staff to deliver services eg. social workers 2. Budget constraints and potential impact on early intervention and preventative services. 3. Increased identification of vulnerable children (which is good) leading to capacity issues in some areas of work, resulting in slower progression of plans.
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Summary

Across the Staying Safe outcome area we have made good progress in delivering this element of the Children and Young People’s Plan and in meeting the relevant national indicators relating to this outcome area.

Recommendations:

That Wirral Children’s Trust Board endorse the report.

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