

Local Safeguarding Children Board

(LSCB)

Annual report 2011 - 2012



The Local Safeguarding
Children Board

Working to Keep West Cheshire's
Children and Young People Safe



Version 7
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Foreword by LSCB Independent Chair

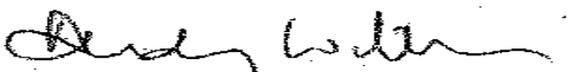
I am very pleased to present to you Cheshire West and Chester Local Safeguarding Children Board Annual Report 2011/2012. Our report describes the work of agencies which provide services to safeguard the most vulnerable children in Cheshire West and Chester. I hope you find our report informative and that it gives a picture of how we work together in this important service.

We have faced significant challenges this year. Responding to the requirements of the spending review all organisations, including the council, the police and the voluntary and faith sector have experienced a decrease in resources and consequent reorganisation and restructure. In addition health services have gone through major changes in the light of the Health and Social Care Bill and will continue to do so over the coming year. In this context it is heartening to be able to write that, without exception, all of our agencies within the Board have continued to prioritise safeguarding and have protected the resources required to meet the needs of our most vulnerable children.

The clear need to improve children's services following the OFSTED inspection in 2010 has been well documented. For us this means a strong focus on providing leadership across our agencies to support front line staff in their work. We provide close scrutiny of the work of all agencies in the delivery of services and constructive challenge in everyone's drive to improve. Collectively we have worked hard to meet these challenges and our Board has grown in confidence during the last 12 months in our ability and capacity to fulfil our role in contributing to the improvements which we can all see in children's services.

Our Board has recognised and developed strategies to meet our growing understanding of potential risks to children and young people; for example our improving response to child sexual exploitation. We have also established our priorities for next year. We are committed to continue to focus on our core business; ensuring that the most vulnerable children receive the protection and services that they need.

Finally on behalf of our Board I would like to thank all the staff who work together to provide services for children and their families. I have been continually impressed by the staff that I have met; they are committed and willing to go the extra mile to try to make sure that children are safe in Cheshire West and Chester.



Audrey Williamson

Independent Chair
Cheshire West and Chester Safeguarding Children Board

Purpose and Membership of the LSCB

The Children Act 2004 requires every Local Authority to establish a Local Safeguarding Children Board (LSCB) in order to safeguard and promote the welfare of children through effective coordination and partnership working. As set out in Working Together (WT), the LSCB is the key statutory mechanism for agreeing how organisations in Cheshire West and Chester will cooperate to safeguard children and ensure the effectiveness of what we do. Safeguarding and promoting the welfare of children is defined in WT as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development; and
- Ensuring children are growing up in circumstances consistent with the provision of safe and effective care.

The LSCB is comprised of a range of agencies that are involved in protecting or providing services to children and young people. This includes the Local Authority, Schools, Health (Health Trusts and GPs), the Police and the Voluntary, Community and Faith sector. Full details of all LSCB members and the LSCB structure can be found on our new website at: <http://www.cheshirewestlscb.org.uk/>

Scope and Recipients of LSCB Annual Report

The Apprenticeships, Skills, Children and Learning Act 2009 requires the LSCB to produce and publish an annual report on the effectiveness of safeguarding in the local area to:

- Assess the effectiveness of local arrangements to safeguard and promote the welfare of children;
- Analyse the local area safeguarding context; and
- Assess that the functions of the LSCB are being effectively discharged.

It should recognise achievements and progress by the LSCB and partners and the challenges that still remain for the LSCB and partners. The report must include reviews of:

- Lessons learnt about the prevention of future **Child Deaths**
- Progress made in completing **Serious Case Reviews** and implementing actions and lessons
- **Safe Employment** of frontline staff and **Training** on safeguarding and promoting the welfare of children

The Government has directed that from 2011 the LSCB must send a copy of the annual report to the Leader and Chief Executive of the Local Authority in addition to the Children's Trust Board.

"Two recommendations in 'Munro'¹ will specifically affect all of you. The first will require each LSCB's annual report to be submitted to the Chief Executive and Leader of the Council. Subject to the passage of legislation, it will also be submitted to the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board. This change will strengthen the role and impact of LSCBs. We hope that this amendment will highlight that accountability for the safety and welfare of children is one of the highest priorities for senior local leaders, and receiving an annual report from the LSCB about the effectiveness of local early support and protective services will be an important part of that accountability." (Minister of State, Tim Loughton, 2011)

The Annual Report should also continue to provide 'robust challenge' to the work of the Children's Trust in driving improvements in the safeguarding of children. In preparing the Children and Young People's Plan, the Children's Trust is expected to draw on the advice from the LSCB annual report, and show how they intend to respond to the issues raised. To facilitate this the LSCB is bringing forward the Annual Report within a timeframe compatible with the commissioning framework of the Children's Trust.

¹ <http://www.cheshirewestlscb.org.uk/wp-content/uploads/2011/09/SummaryMunroReviewChild-Protection.pdf>

Local Safeguarding Context

Safeguarding in Cheshire West and Chester has been driven by the outcomes of the Ofsted and Care Quality Commission inspections in Autumn 2010 and the subsequent need to progress a number of key actions. Following the inspections, the Local Authority and partners drew up and implemented improvement plans to address weaknesses that were identified during the inspections.

The Improvement Board (IB) has tracked and monitored progress of the plan and has provided challenge to the Local Authority and partners. The chair of the LSCB sits on the IB alongside other members of the LSCB such as the Director of Children's Services (DCS) and the Executive Director of Nursing, Performance and Quality. Regular reports and updates on LSCB activities are provided to the IB. The IB has noted the improved scrutiny role that the LSCB has developed.

The LSCB meeting on 10 February 2012 considered a report on the sustainability of the improvement of Children's Services. It was agreed that the LSCB would continue to shadow the Improvement Board over 2012 and prepare for taking over the functions of scrutiny, challenge and driving continuous improvement. This will involve a review of the role of the Performance Management and Quality Assurance group.

The Joint Strategic Needs Analysis² (JSNA), School Census 2011 and other local data highlight that:

- There has been an approximate **52% increase** in child protection plans in CWAC over 2011.
- Key age groups are emerging as **0-2 and 15+**.
- Most child protection plans in 2011-12 have been for **neglect or emotional abuse**
- Over 35% of children on child protection plans have **domestic abuse** as a primary cause
- Of 'repeat' child protection plans during the first 3 quarters of 2011: **37% related to domestic abuse**; 30% related to parental learning difficulty, and **50% were related to neglect**.
- Vulnerable Localities Index data mapping by the Safer Stronger Partnership has demonstrated links between domestic incidents and social housing.
- MOSAIC CAVA data for CWAC indicates that **domestic abuse in teenage families is disproportionately high** (about 6-7 times greater than expected). *National research on disadvantaged teenagers shows that more than 50% of girls had experienced sexual or physical violence in a relationship³. Permanently excluded pupils, young offenders and teenage mothers were at particular risk. Disadvantaged teenagers were twice as likely as their peers to suffer violence in a relationship.*
- Children from child poverty hotspots in CWAC are more likely to be known to social care, suffer developmental delays, do less well at school, or be exposed to domestic violence as a child.
- A snapshot of Council Tax Benefit/Housing Benefit (CTB/HB) claims on 20 January 2011 showed that there were 13,115 children in CWAC under 16 years old who live in households claiming CTB/HB.
- On 31 December 2011 there were 40 children living in temporary accommodation in CWAC. 17 were 5 years or younger, 12 were aged between 6 and 11 and 11 were aged 11 to 18. In June 2009 there were 35 children in temporary accommodation (17 households).
- The number of children in care and the time they spend in care is increasing
- 57% of children enter our care system due to abuse or neglect; 30% as a result of family dysfunction
- **15-18 year olds** represent the largest age group in care
- We have high numbers of children in care with SEN – 44% compared to 28% nationally for England
- Educational attainment of children in our care is poor, but attendance at school is improving (95%)
- Care leavers are less likely to be in education, employment or training than their peers
- 50% of girls leaving care *nationally* become teenage mothers within the first year (*local data unknown*)

Further contextual safeguarding and child protection performance data is presented within this report against the key priorities of the LSCB in relation to child protection and welfare.

² http://www.wcheshirepct.nhs.uk/default.asp?page=Joint_Strategic_Needs_Assessment/Syn_Looked_after_Children.asp

³ http://www.nspcc.org.uk/Inform/research/findings/standing_own_two_feet_wda84543.html

Equality and Diversity

- Approximately 3.6% of children in our care are from a BME background.
- Approximately 92% of children on child protection plans are from a White background.
- 44.1% of children who had been looked after continuously for at least twelve months had a statement of Special Educational Needs (SEN) at 31 March 2011 (compared with 28% nationally)
- The majority of children in care and on protection plans are White, but from poorer areas.

The Local Authority has a number of Equality and Diversity objectives 2012-14 relevant to Safeguarding:

- Address educational poor outcomes for white boys particularly those eligible for free school meals.
- Ensure that the diverse needs of all communities including Gypsies and Travellers and those with special education needs and disabilities (SEND), are addressed.
- Ensure that ethnicity reporting is established as a mandatory field on Local Authority Electronic Social Care Record (ESCR)
- Promote an understanding of the educational and developmental needs of children in care.
- Reduce the number of children in care and care leavers Not in Employment Education or Training.

It is important to recognise the potential impact on children of having a parent or parents with a disability or learning disability (not just the child) as this can restrict a child's access to activities that their peers enjoy

Voice of Young People

The Section 11 audit for 2010-11 identified that across the safeguarding partnership our lowest average score was in relation to Standard 7: Listening to Children and Young People. Since then, actions have been identified to improve performance. Further information from the Section 11 audit follows later in this report.

The LSCB has sponsored child centred working and procedures over 2011 to improve how we listen to children in need of protection:

- **Outcome Evaluation Questionnaires** have been developed to elicit the views of children and parents on their experience of the child protection process, and whether they feel it has made a difference.
- The Children's Society conducts **return to home interviews** for children who go missing.
- We work with the Children in Care Council (CICC) regularly and involve them in events and policy development.
 - Two young people from the CICC took part in the recruitment and interviewing for advocate posts.
 - Young people contributed their ideas and feedback to the Children in Care Strategy.
 - The Pledge to children in care was launched in August 2011.
 - The LSCB is working with the (CICC) on a piece of research interviewing young people about experiences of running away.

The Children's Trust organised a Participation workshop for young people (80), jointly hosted by the Cheshire Youth Parliament and the Children in Care Council. Comments from young people included:

"If services are for children then we are the best placed people to design them"

"People who live longest with the consequences of decisions should have input into those decisions"

Review of LSCB Strategic Priorities

Progress against the LSCB's two overarching strategic priorities, and a selection of the key indicators that relate to each of them, is set out below. The data below is taken from ESCR Liquid Logic (Protocol) as it stood on 17/1/2012 and Safeguarding Unit reports at the end of Quarter 3 (31 December 2011).

Strategic Priority 1. Reduce risk and meet the needs of children subject to child protection plans through effective planning so that children and young people who are subject to Child Protection plans are safe and risks are reduced through effective planning and intervention.

Children on Child Protection Plans	Qtr 4	Qtr 1	Qtr 2	Qtr 3
No. of children with a child protection plan	155 (March 2011)	212 (June)	215 (September)	235 (December)
No. of families (approx)	72	100	105	111

On 31 March 2011 there were 155 children on Child Protection Plans (72 families). As of 31 December 2011 there were **235** children on child protection plans (111 families). This means there has been an approximate **52% increase** in child protection plans over the first three quarters of 2011-12. There has been an average of **220** children on plans for each quarter of 2011-12 compared to a quarterly average of **160** in 2010-11.

The steady rise in numbers of children on child protection plans may be explained by a combination of lower level of risk being accepted in light of the local safeguarding context; the re-launch of the Continuum of Need delivering a more consistent approach to applying thresholds; and our historically below national average baseline for the number of children on child protection plans (*numbers of children on plans per 10,000 CWAC population below the age of 18 has been consistently below national average and statistical neighbours*).

Child Protection Plans by Reason	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Emotional abuse	70	86	76	96
Neglect	55	79	87	89
Physical abuse	22	30	38	36
Sexual abuse	8	17	14	14

Neglect and emotional abuse are the main reasons for child protection plans in CWAC. Increases have been seen against each of these reasons (in-line with the overall rise in numbers of children on plans) but neglect has seen the greatest rise over 2011. Sexual abuse is the lowest category of reason for a child protection plan. The LSCB will be investigating this further in 2012.

Children on Plans by Locality	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Ellesmere Port	74	91	81	88
Winsford / Northwich	39	60	70	86
Chester	42	48	57	61
Address outside CW&C	0	9	6	0

Winsford and Northwich locality saw a steep increase (67%) of children on plans in Q1 (Apr-June) 2011. Chester and Ellesmere Port also saw significant increases but less than Winsford / Northwich. (38% and 19%). Winsford and Chester saw further increases in Q2, while Ellesmere Port reduced. The general trajectory upward, however, has continued for all localities and for all reasons over Q3. The number of families with a child/children on plans has become more equal and consistent between localities over 2011. This may be an indication that the application of the Continuum of Need across the Borough has become more consistent and that the steep rises in Winsford / Northwich were due to thresholds being too high in that locality prior to 2011. The LSCB will continue to work with social care and partners to promote the use of the Continuum of Need and to further evaluate its use and effectiveness in identifying children in need.

Numbers of children on plans per 10,000 of the CWAC population below the age of 18 years

Using 2010 mid-year population figure of 67,400 under 18 year olds:

- 31 December 2011 $(235/67400)*10000 = 34.9$
- 31 March 2011: $(150/67400)*10000 = 22.2$
- 31 March 2010: $(160/67400)*10000 = 23.7$

The England average rate is 38.7. Our statistical neighbour average rate is 31.6. The rise in child protection plans has brought us closer to the national average for the number of children on plans per 10,000 under 18 year olds and we now have a higher rate than our statistical neighbours.

Child Protection Plans Lasting 2 Years or More

At 25 January 2012 there were three children, from one family in CWAC who had been on a child protection plan for more than two years. The case is now in Care Proceedings.

Ending of Child Protection Plans

Reason for Ending Child Protection Plans	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Total plans closed	51	24	53	55
Risk reduced – move to CIN plan	41	11	23	29
Care Orders (incl interim orders)	8	8	30	25
Family moved to other LA	2	5	0	0
Child death	0	0	0	1 (unborn)

Repeat Child Protection Plans

Repeat Child Protection Plans	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Children	0	10	10	17
Families	0	4	3	8

37 children from 15 families became subject to a repeat child protection plan since March 2011. While it is proper that children in need of protection should be made subject to a plan, the number of repeat child protection plans *can* indicate: that previous risks had not been fully addressed; that risk factors relating to the family or child have changed; or an inability to sustain parenting improvement. The LSCB receives more detailed analysis of these cases to better understand the reasons behind repeat child protection plans. Whilst there were changes of family circumstances in a number of cases, further examination indicated that neglect (50%); domestic abuse (37%); parental learning difficulties (30%) were features in repeat plans.

Age of Children on Plans

P1-002 Age of Child	Qtr 4	Qtr 1	Qtr 2	Qtr 3
0-5	73 (47%)	81 (40%)	93 (43%)	107 (46%)
6-10	51 (32%)	71 (34%)	70 (33%)	69 (29%)
11+	31 (20%)	56 (26%)	51 (24%)	59 (25%)

Since 31 March 2011 (Q4) the distribution of child protection plans by age of the child has remained broadly the same with roughly half of all child protection plans relating to children under 5. While children aged 11+ are the smallest age group, they have doubled in number and grown by 5% as a percentage during 2011.

Given the well researched developmental risks to young children from neglect and abuse in their early years, while it is a concern to see this group of children so highly represented within the child protection system, it is wholly appropriate that young children at risk should be especially protected and subject to a threshold of risk that takes account of their additional vulnerability and developmental needs and that *should* provide a platform for parenting support and intervention to address parenting and developmental issues early in the child's life.

The LSCB will be considering further evaluation of this cohort of children taking in to account:

- Links to parental factors and child protection for very young children;
- Early support and support and whether children 0-5 had been in receipt of early assessment and support
- The nature and levels of assessment pre birth and pre child protection conference of the children age 0-5 who become subject of child protection plans.
- Any links between child poverty/ areas of deprivation and child protection for very young children.

On an ongoing basis the implementation of the Family Nurse Partnership should have a positive impact on the quality of early years parenting by first time teenage parents. However, the LSCB will also wish to continue to monitor links between other parental factors (see Strategic Priority 2) and child protection plans for under 5's.

Child Protection Conferences

Child protection plans need to be considered and reviewed regularly to be effective and take account of changes in risk and family circumstances. The data below relates to Initial Child Protection Conferences, Core Groups, and Review Conferences and highlights key issues arising from Conferences.

Numbers and Timeliness of Conferences

Child Protection Conferences	Qtr4	Qtr 1	Qtr 2	Qtr 3
Initial Conferences (<i>No. of children</i>)	22 (47)	44 (89)	42 (85)	35 (78)
% of Initial Conferences held on time	100%	100%	98%	89%
Core after Initial Conference – No of families	<i>n/a</i>	<i>n/a</i>	28	13
% of Core Groups (after Initial) on time	<i>n/a</i>	<i>n/a</i>	96%	85%
6 week Core Groups - No. of children	<i>n/a</i>	<i>n/a</i>	448	397
% of 6 week Core Groups held on time	<i>n/a</i>	<i>n/a</i>	95%	92%
Review Conferences (<i>No. of children</i>)	52 (117)	44 (103)	69 (150)	61 (128)
% of Review Conferences held on time	100%	100%	99%	98%
Total number of children considered	164	192	235	206

There has been some reduction in timeliness of Initial Conferences and a slight reduction in Review Conferences. This is likely to be an impact of the significant (50%) increase in the number of child protection plans in 2011. Distribution of recommendations arising from conferences is improving. The target is 100% distributed within 24 hours of the conference: Q1 65% / Q2 89% / Q3 94%.

Performance and Participation at Child Protection Conferences

During 2011 the LSCB ensured that a system was in place for reporting any poor performance issues relating to the child protection conference process. A number of matters have been reported and actions put in place to address them, for example:

1. GP non-attendance at and failure to submit reports to child protection conferences. Child protection standards for GPs have been drawn up and the named GP along with other health colleagues have implemented a significant training programme and information process. Reporting to conference has

improved and the LSCB will continue to monitor this. It should be noted that GP non-attendance at child protection conferences is a recognised *national* issue.

2. Quality and timeliness of agency reports to conference. A standard pro-forma report to conference has been developed, with a focus on outcomes, and multi agency practice standards reviewed.
3. Engagement of children in the process. A participation protocol was launched. (*This is improving with 96%, 98% and 93% engagement over Q1, 2 and 3.*)
4. Adequacy and availability of child protection conference facilities that better enable and support the involvement of parents and children. Resources have been identified for all localities, but better and more dedicated facilities continue to be explored.
5. Punctuality of professionals attending conference.
6. Timing of core groups. The LSCB have established a set of standards for timeliness of core groups and monitor this.
7. Ensuring effective involvement of Social Care Team Managers in preparation for child protection conferences and attending.
8. Parental attendance at conferences is increasing (*approx 90%*).
9. The outline child protection plan has a greater emphasis on the specific outcomes to be achieved for individual children; this focus continues in the core group.

Parental Factors Identified at Child Protection Conferences

Conference Chairs and the Safeguarding and Quality Assurance Unit monitor parental factors at child protection conferences for the most significant factors. The data collection methodology is under review in order to develop a system that collects better data for the LSCB about the key parental factors behind child protection decisions, and to help evaluate the effective partnership working in child protection plans to address parental factors.

From the conference data collected in 2011 it is clear that **Domestic Abuse** is the most significant parental factor reported at conferences (particularly in physical abuse and emotional abuse cases), followed by **alcohol, drugs** and **mental health** issues. Mental health factors predominantly relate to females, and adults who pose a risk to a child are predominantly males.

Parental Factors at Conferences	Qtr4	Qtr 1	Qtr 2	Qtr 3
Domestic Abuse	35%	35%	35%	32%
Drugs	20%	19%	16%	16%
Alcohol	16%	17%	23%	22%
Mental Health	21%	18%	18%	20%
Adult poses a risk to child	6%	7%	3%	5%
Disability (parental)	2%	4%	5%	6%

Strategic Priority 2. Improve safeguarding and welfare of children through improved parenting and reducing the impact of negative parental factors so that children and young people are safe as parental factors that impact on safeguarding are effectively addressed by a range of service provision.

Parental substance misuse, learning disability, mental health and domestic abuse were highlighted as key parental factors in the 2010-11 LSCB Business Plan.

Domestic Abuse

Children living with domestic abuse is a matter for significant concern for the Government and local children's services agencies.

- In about 30-60% of domestic abuse cases there is also child physical and sexual abuse involving the same abusive partner⁴.
- Domestic abuse is the key parental factor in 30-50% of CWAC child protection conference reports and child protection plans - (*varying from 50% in January to 15% in March*).
- A Safeguarding and Quality Assurance Unit spot check of all 96 child protection plans relating to Emotional Abuse on 31 Dec 2011 (check conducted via Liquid Logic on 25 January 2012) showed that **62% of Emotional Abuse plans have domestic violence as a primary or significant factor.**

While these risk factors often come in complex groups, the serious impact of domestic abuse is clearly a factor behind the majority of emotional abuse plans, as well as physical abuse plans, and is present in many neglect cases also.

The LSCB and Child Protection Conference Chairs have concerns about the range of local service provision available, for example an absence of local (voluntary) perpetrator programmes to support adult perpetrators to change their behaviour; and a very limited range of programmes for child witnesses who are impacted by living in households with domestic abuse problems.

The Domestic Abuse Partnership has produced guidance on working with children affected by domestic abuse and the MARAC works to promote the safety of (primarily) adult victims in high risk cases. However, while there are some local support programmes for adult victims, these lack co-ordination and there are recognised gaps in provision relating to perpetrators as well as for children who are negatively impacted. For a percentage of families a combination of negative parental factors present very complex challenges. Provision of children's programmes locally is generally limited to children accessing refuges and DA outreach, or some children's centres where they have the skills and family support capacity, but with questions about overall co-ordination.

Following the 'Our Place' domestic abuse review in 2011 a Domestic Abuse Steering Group was set up. The LSCB wishes to ensure that the Steering Group is fully aware of the links between child protection and domestic abuse as set out in child protection plans and in this annual report. There is also a need to assess the effectiveness of the MARAC process where children are involved and the links between MARAC and child protection planning.

An obstacle to improving the range of provision of DA services may be finding additional funding. Nonetheless, it is clear that DA is a high priority issue if child protection risks to children (and costs of care to the Local Authority) are to be reduced in Cheshire West and Chester. **Clarity is therefore required across the Safeguarding Boards (Children's and Adults), Children's Trust and Safer Stronger Partnership about the priorities and funding of domestic abuse commissioning, and what range of intervention programmes we need locally to work effectively with perpetrators (adults or children) to reduce the root cause, as well as providing access to whole family victim and witness programmes.**

⁴ http://www.nspcc.org.uk/inform/resourcesforprofessionals/underones/under_ones_scr_analysis_wda86352.html

Mental Health

Mental health covers many conditions. What is clear from interrogation of CP plans is that maternal mental health is a predominant factor – often related directly or indirectly to domestic abuse or substance misuse.

Substance Misuse (alcohol and drugs)

The LSCB commissioned a review of the Drug and Alcohol Service provided by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) which highlighted some areas for improvement including the need for better joint working and understanding between Health (CWP) and Social Care. A small task and finish group is being set up to develop an action plan by April 2012. Parental alcohol misuse continues to be a concern in Cheshire West and Chester. The LSCB is monitoring child protection conference data for evidence of the number of children on plans who have a parent with a substance misuse problem (roughly 20%), and that a Think Family approach is being adopted to assessment processes and intervention programmes by agencies who work with parents, families or children.

Learning Disability (and difficulties)

Parents with learning difficulties/disabilities are more likely to struggle to ensure the welfare of their children unless their parenting support needs are adequately assessed and met. It is estimated⁵ nationally that up to 50% of parents with a 'learning disability' will have their children taken into care. The LSCB is researching national best practice in this area and will work with Adults' Social Care and Health in 2012. Child protection conference data will be monitored for evidence of the number of children on plans who have a parent with a learning difficulty or disability. A potential issue is variation between social care (adults' and children's) and health thresholds for support for parents with learning difficulties.

Understanding Parental Factors

- *Understanding of parental factors would be improved (quantitatively) if practitioners made use of the 'parental factors' field on ESCR Protocol.*
- *Understanding of domestic abuse would be better if conference data was clearer about victims and perpetrators, and if qualitative data was available on intervention availability, gaps and outcomes*
- *It would be more useful in future if learning difficulty and disability were collected separately.*
- *Mental health data needs breaking down to enable detection of most prevalent conditions and reasons.*

Other LSCB Priorities

The LSCB has a 2011-12 Business Plan with a range of specific actions. Each LSCB sub-group also has an action plan which is monitored at sub-group and LSCB level. This report does not report fully against every priority in the business plan, but adopts an exceptions basis to reporting key indicators above and achievements and challenges under each LSCB sub-group or specific agency report further below.

⁵ <http://www.bristol.ac.uk/norahfry/research/completed-projects/rightsupport.pdf>

Children in Care

The LSCB receives regular reports about children in care through the quarterly reports from the Children's Safeguarding and Quality Assurance Unit. The authority has seen an increase in the number of Children in Care since 31 March 2011, but by less than the rise in numbers of children on child protection plans.

Looked After Children	Q4	Q1	Q2	Q3
Number of Children in Care	345	360	391	400

Placement Stability for Children in Care (CIC)	Q1	Q2	Q3
Total children in care	360	391	400
Total 3 moves or more in last year	42	50	41
% children in care with 3 moves or more	11.7%	12.8%	9.9%

***A lower % would usually be taken as indicative of 'good' performance - on the basis that a right placement will be a stable one.*

Statutory Reviews for CIC	Q4	Q1	Q2	Q3
% Statutory reviews held within timescale	97%	98%	99%	97%

Key Challenges for Children in our Care:

- The performance relating to having up to date **health and personal education plans** is increasing but not significantly. This improvement needs to be accelerated and sustained.
- We need to get better at **capturing children's views** within the review process.
- We need to understand their **educational and developmental needs** and increase their **attainment and aspirations** and access to **employment opportunities** (i.e. apprenticeships).
- Doing more **'life-story' work** with our children – and increase/prioritise family support resources to do this.

Private Fostering

In June 2011 the LSCB received a comprehensive annual report on private fostering for 2010/11.

- More referrals are being received from sources other than social care which is encouraging.
- Potential dangers resulting from informal arrangements are also being highlighted.
- Timescales for the completion of assessments relating to Private Fostering need to improve.

Following receipt of the report the LSCB has received information on private fostering on a quarterly basis. Four referrals were received between July and September 2011, all of which are open cases as private fostering arrangements.

Promotion of private fostering within social care and partner agencies, and in the public arena, has been taken forward by a number of actions:

- Private Fostering was featured in local press in Private Fostering week.
- Leaflets and posters have been distributed to children's centres & leisure centres to raise awareness of Private Fostering (including information for children privately fostered and for their carers).
- Private Fostering is featured on the CWAC website, with PDFs of all publicity materials available.
- Multi agency training was arranged within LSCB training programme, and messages about private fostering features in the delivery of all LSCB basic awareness courses.
- Training for key staff has been arranged as part of the review of children's safeguarding workforce development programme

Review of LSCB Sub-Groups

The LSCB has met seven times since 31 March 2011. The majority of sub-groups, and the Board, met on a bi monthly basis, given the need to drive improvements. Attendance has been generally good. However, given the current financial scenario and the need for organisations to restructure there are always challenges in maintaining full engagement. The LSCB and all partners need to be vigilant that involvement of all agencies remains effective. When concerns have been identified these have been quickly addressed by the LSCB chair and resolved. Some organisations, such as CAF/CASS, struggle more than others when they span a number of local authorities. The LSCB works with these organisations to identify how best they can engage.

Member involvement and scrutiny is also important and actions to achieve this include training for elected members, the LSCB chair meeting with the Lead Member for Children, Leader and CEO on a regular basis, and identifying deputy cover for the Lead Member for Children in attending Board meetings. In this way the LSCB and elected Members will be able to evidence a meaningful regime of scrutiny.

- The LSCB has agreed a new **Protocol** with the Children's Trust to clarify how we will work together. A new LSCB website was launched on 1 December 2011 and 6 LSCB Bulletins were issued during the year to disseminate key learning and messages to all local authority staff, the multi-agency workforce and to all local authority elected Members.
- A particular achievement in 2011 has been the joint work between the LSCB, Children's Trust, Local Safeguarding Adults Board (LSAB), Police and Health to commission Sexual Assault services from St Mary's **Sexual Assault Referral Centre (SARC)**. This has been achieved by pooling funds and working with other local authorities and PCTs to commission the service. The LSCB has noted issues with the children's pathway and low numbers of referrals (across the Cheshire footprint) and as a result social workers and safeguarding professionals (including the police) who work with children are undertaking familiarisation visits to the SARC. The commissioned service not only provides forensic evidence for criminal justice purposes relating to sexual assault, abuse or exploitation, but also addresses health and well-being needs/outcomes following a sexual assault or abuse. It is very important for local authority commissioners to establish sustainable long term funding for this important service. For health, the new NHS National Commissioning Board will take over their element of SARC funding and commissioning from April 2013, subject to legislation.
- A new **Missing from Home Protocol** has been agreed and a new sub group of the LSCB (addressing missing from home and child sexual exploitation) has been set up, the key task for which in 2012-14 will be to assess Child Sexual Exploitation risks and issues in CWAC. Sexual abuse will be a key priority for the LSCB over 2012-14 in relation to workforce training, recognition of signs, e-safety, abuse by young people, as well as the sexual exploitation agenda. The LSCB is also mindful of potential links between some teenage relationships involving vulnerable groups and sexual/domestic violence.
- The LSCB is working pro-actively with Local Authority Elected Members to ensure that there is a good regime of **scrutiny and challenge** in place within the local authority. A training and awareness raising process with all Members is established including sessions for all members in February/ March 2012, and specific training is provided for Members who carry out Regulation 33 visits. The Lead Member chairs the Corporate Parenting Board.
- The LSCB is also working pro-actively with its two **Lay Members** to provide suitable training and induction and engage them more in the work of the Board and sub-groups. Over 2012-13 we will involve our Lay Members more in scrutiny and challenge, in service development (such as specific elements of Section 11) and in helping to forge links with community groups and with Lay Members on other LSCBs.

The LSCB has a range of sub-groups to focus on delivery of specific areas of work. Key achievements and challenges for each group in 2011 are set out in the following sections.

Safe Employment

LSCBs are responsible for ensuring effective inter-agency procedures are in place for dealing with allegations against people who work with children and for monitoring and evaluating the effectiveness of those procedures. Working Together 2010 states that local authorities should have a designated officer with overall responsibility for the oversight of the procedures, dealing with allegations, resolving any interagency issues, providing advice to employers and liaison with the Board. Cheshire West and Chester has had a Local Authority Designated Officer (LADO) role since January 2010. The LADO reports quarterly to the LSCB.

Key Achievements for 2011-12

- Provision of training on the Management of Allegations to Agencies and Senior Managers
- Completion of Statistical Returns to Agencies/Organisations
- Multi-agency development of messages from allegation investigations into clear pathways for training
- Collaboration with Safeguarding Children in Education Team & Schools to lessen the incidents of allegations
- Collaboration with Social Care to ensure children in care are afforded appropriate support to make allegations if necessary, with robust feedback mechanisms.

Key Challenges for 2012-14

- A full report on Safe Employment for the financial year 2011-12 will be produced in May 2012
- Work with Children and Families Services to develop safe recruitment training for social care (Section 11 improvement action) and share this with other safeguarding partners.
- Work with Cheshire and Wirral Partnership to train Drug and Alcohol Service managers (CWP) in the role of the LADO and dealing with allegations of professional abuse.

Performance and Quality Assurance

This sub group leads on the scrutiny function of the LSCB and has developed a performance framework that looks at quantitative and qualitative data, and is also developing an outcome evaluation process.

Key Achievements for 2011-12

- Performance Information Framework developed with quantitative and qualitative factors
- Quarterly multi agency Case Audits have taken place with actions identified and taken forward
- The 2010-11 Section 11 Audit process has been completed
- A review of Permanent Exclusions (PEX) has taken place to see which other agencies are also working with PEX children.

Key Challenges for 2012-14

- Piloting and embedding Outcome Evaluation as part of the performance process through use of feedback questionnaires for when children attend a Child Protection Conference have a 6 month plan Review, or when a Child Protection Plan ends.
- Revising the Performance Framework in light of LSCB 2012-14 business plan priorities and aligning with the Government's new National Safeguarding Indicator set for children's services.
- Develop and refine the Case Audit process, working with partners to ensure the quality, efficiency and effectiveness of the process and extract clear lessons to be learned.

Serious Case Reviews (SCRs)

A SCR Panel has been convened on four occasions with one further meeting planned. While no SCRs have been undertaken so far, two Practice Learning Reviews (PLRs) were agreed (the LSCB has developed a model for carrying out case reviews which aims to engage with front line practice to maximise the learning) One PLR is completed. The most recent and 5th meeting of the SCR Panel recommended a multi-agency review of a specific element of a case, but not an SCR or PLR.

SCR Panels	No. of SCRs	No. of PLRs	Internal reviews	No further action
5	0	2	1 (Social Care)	1

The SCR sub-group monitors the completion of actions identified in reviews (including some actions identified in reviews in other authorities for agencies in CW&C). The Performance Management and Quality Assurance sub-group identifies (from SCR action plans) practice issues to investigate in the quarterly multi agency audit programme as a means of monitoring when changes in practice at the frontline are being sustained.

The Key Recommendations emerging from the completed **Practice Learning Review** were:

- Multi-agency training on sexual abuse to be commissioned by the LSCB.
- Family support services access to 'liquid logic'.
- Case Closure Policy needed so agencies don't close cases without reference to other agencies.
- Escalation Policy needed for partner agencies to follow if there are concerns about case management or decision making in social care.
- The importance of ensuring that agencies compile effective chronologies
- Issue guidance to all schools on what constitutes a school record and what transfers with the child.
- SEN assessments should be holistic in nature and take account of information and findings from other assessments/ services
- Add to practice standards four key factors in good assessment and care planning:

This was the 1st practice review undertaken on behalf of the LSCB, and as well as identifying learning for practice, feedback on the review process was also noted with a view to improving the model. learned lessons.

Key Achievements for 2011-12

- Development of effective chronologies for SCRs and PLRs with assistance from the police.
- Turning Practice Learning review into improvement actions
- Learning points incorporated into multi agency training and disseminated to the partnership workforce
- Training and involvement of GP's in safeguarding children
- Actions on the part of Cheshire and Wirral Partnership Trust to increase awareness and understanding in relation to adults who are parents and who present potential risks to children.
- Multi agency pre birth assessment policy and practice guidance drafted and now being used
- Major review of assessment and care planning practice and structure of teams
- Review of children placed at home subject to care orders
- Review of supervision arrangements in Children's Services and monthly tracking that it is taking place
- Improvements in health settings in routine enquiries relating to the possibility of domestic abuse, and guidance to support staff in asking about this.

Key Challenges for 2012-14

- Responding to Munro, Working Together and Ofsted recommendations on SCRs
- Developing the PLR methodology, identifying improvements and implementing changes
- Evaluating if improvement have been embedded in practice (through case audits and Section 11 audit)

Child Death Overview Panel (CDOP)

Since 1 April 2008 all local safeguarding children boards (LSCBs) are required to review the deaths of all children in their area, as outlined in *Working Together to Safeguard Children, 2010* (Chapter 7). The overall principle of the child-death review process is to learn lessons, identify 'modifiable factors', and reduce the incidence of 'preventable' child deaths.

Key Achievements for 2011-12

Since April 2011 CDOP has reviewed 37 child deaths. CDOP will make a full report for 2011-12 as part of its duty to report to DfE on 31 May 2012 on child death reviews completed during 2011-12. Emerging lessons learnt and recommendations about the prevention of future child deaths in CWAC are:

- Health promotion work with GPs, parents and carers about early identification of **meningitis**.
- Health promotion work with parents, midwives, health visitors, GPs and children's centre workers to reinforce **safe sleeping** positions for children under two years of age.

Key Challenges for 2012-14

Future work programme and priorities:

- Developing a Pan-Cheshire CDOP process with Halton, Warrington and Cheshire East
- Review SUDIC (Sudden Unexpected Death In Childhood) Protocol and Rapid Response Function
- Review bereavement services offered to families

Learning and Development Group

This group has developed a comprehensive training strategy to meet the needs of the children's workforce, and respond to findings from reviews and audits. This includes endorsement of single agency training.

Key Achievements for 2011-12

- An effective and well evaluated multi-agency CP training programme in place
- Liaison between LSCB and Police and Dentists to put in place/deliver robust single agency training for police and dentists in CWAC and ensure that single agency training is endorsed by the LSCB
- Preparation for the launch of the on-line basic awareness training module in early 2012
- New LSCB courses and workshops developed in relation to service review and improvement findings (neglect, effective core groups, care and assessment planning)
- Running three multi-agency practitioner events (see below)

Key Challenges for 2012-14

- Developing sexual abuse training
- Ensuring CP and safeguarding training reaches into the Adults Services workforce
- Ensuring training reaches widely across the children's workforce
- New courses to be piloted: Compromised Parenting; Effective Chronologies
- Workforce survey and analysis of training and skills
- Delivery of training needs in response to Munro, SCRs, PLRs and Practitioner feedback
- Developing systems to evaluate the impact of training on practice and practitioners

Summary of LSCB Training Activity

27 courses were planned and delivered by the LSCB and partners over 2011-12. Courses included Basic Awareness Child Protection, Intermediate Child Protection, Neglect, and Working with Parental Challenges. Across these 27 sessions 653 practitioners were trained. Additionally a pilot workshop on effective Chronologies was delivered to 37 learners in February 2012. Bespoke programmes of Basic Awareness were delivered to Cheshire West and Chester Outdoor Education Centres, Foster Carers and Museum staff. The LSCB supported the development of single-agency training programmes for Dental Practices in NHS Western Cheshire, and Cheshire Police (Western Command) area - both organisations successfully completed the process and are now delivering their programmes to staff.

We have begun a longitudinal study of the impact of training on staff practice which will begin to yield results from next year onwards. We have also undertaken a widespread training needs analysis across the children's workforce to identify levels of need. Similar to our longitudinal study results are due to be analysed and published during 2012. Our Case Audit and Section 11 processes seek evidence that training is leading to embedded improvement in frontline practice.

Agency	BA	INT	DA 2	CG & CP	EC & DM	Attendance
Social Care	7	2	7	2	5	23
I & E	8	11	2	1	1	23
Children's Services	70	41	16	0	0	127
Connexions	5	14	0	0	0	19
Education	14	132	5	0	7	158
iMAP	51	3	0	0	0	54
Education/Other	3	0	1	0	0	4
Probation	0	0	3	2	0	5
YOS	3	0	1	0	0	4
Health	4	6	13	3	20	46
Police	0	0	1	0	1	2
Safeguarding	2	0	2	0	1	5
Housing	3	0	3	0	0	6
Other (Various inc Voluntary)	58	48	11	1	1	119
Conway Centre	58	0	0	0	0	58
Total Training Attendance	286	257	65	9	36	653

The LSCB hosted three multi-agency practitioner events in December 2011 that were attended by 300 frontline staff. Practitioners discussed four questions (on multi-agency tables) and put forward three suggestions per table. A full report will be developed with the Learning and Development Group. The top suggestions that emerged in relation to 'What Works Well' and 'What Needs to Get Better' were:

<i>What Works Well?</i>	<i>What Needs to Get Better?</i>
Multi-Agency (Joint) Working	Communications
Multi Agency Training	CAF / TAF
Contact and Referral Team	Workforce stability and communication of structures
Communications	Early support
	Child focus / Participation
	Multi-Agency Working (<i>with housing, vol sector and CAMHS</i>)
	Continuum of Need (<i>Use of and understanding</i>)

Policies and Procedures Group

As well as ensuring that procedures and guidance are in place to support the workforce, this group are also examining the use and usefulness of the guidance, ensuring accessibility and monitoring compliance.

Key Achievements for 2011-12

- Development of on-line LSCB policies and procedures – now available to download for smart-phones
- Information Sharing guidance
- Escalation Policy
- Pre-Birth Assessment Guidance
- Missing from Home / Child Sexual Exploitation Protocol
- LSCB Practice Standards
- Section 47 Protocol between Police and Social Care
- Practitioner event for 100 people to launch the Section 47 Protocol

Key Challenges for 2012-14

- Review sexual abuse policies, procedures and protocols
- Promote awareness and compliance, and evidence the impact of policy and procedures on practice
- Review and publicise the Continuum of Need and Response model
- Respond to Munro review and Working Together changes
- Publish guidance on chronologies, case closure policy, and pre-birth assessment procedures
- Review supervision standards and policies across the safeguarding partnership
- Review SUDIC Protocol (with CDOP)
- Review, with Children's Trust, policies and models for early support
- Placing the child at the centre, and ensuring policies and procedures reflect their input
- Agree use of multi-agency assessment tools across partnership to promote common language and understanding of the needs of and risks to children, and to help identify appropriate interventions

Engaging Partners and Community Group

During 2011 the group has:

- Developed (with PMQA group) Outcome Evaluation questionnaires;
- LSCB information leaflets and posters developed for Child Death reviews, SCRs, and Conferences;
- Advert for the pro-vision screen at A&E (CoCH).

Our key challenge is to work with the Children's Trust to develop a coordinated approach to communicating and engaging with all children and young people, with special attention to the vulnerable.

Safeguarding Operational Managers Group

During 2011 the group has:

- Workshop exploring how to increase the pace of improvement;
- Advised on new procedures: escalation policy; case chronology guidance; bruising on pre-mobile babies; fabricated and induced illness;
- Review of child protection standards: core group process; reporting to core and review conferences;
- Piloting of new reporting and recording arrangements for core groups and review conferences.

Our key challenge is to continue to progress developments and solutions to operational difficulties in multi-agency working and report progress and obstacles (though the minutes) to LSCB Executive.

Review of Agencies' Achievements and Challenges

The LSCB is a partnership of organisations. The following section of this report focuses on the key specific achievements and challenges of the major organisations that make up the LSCB.

Local Authority Children's Services

Achievements and Progress for 2011-12

The Ofsted improvement Notice set out 6 key targets, of which the 5 below have been achieved:

- Train significant numbers of staff in partner agencies in the completion of the Common Assessment Framework (Common Assessment Framework) and monitor the take up of training by partner agencies and the use of and impact of CAF by partner agencies;
- Review the membership, structure and operation of Cheshire West and Chester's LSCB;
- Ensure that the percentage of referrals to children's social care which result in initial assessment being undertaken increase from the 2009-10 baseline of 50.8% to 65%;
- Implementation of the Electronic Social Care Records Systems replacement (Liquid Logic)
- Produce and publish an annual report of the findings of investigations into complaints against Children's Social Services
- Local Authority Elected Member involvement in scrutiny and challenge is improving.

In addition the local authority has delivered:

- A remodelled Contact and Referral Team (CART)
- A new Children and Young People's Directorate structure
- Systematic auditing of practice
- 100% of child protection cases reviewed in timescale (2010/11)

In year reviews by the DfE and by a Peer Review team both recognised key achievements over the last year:

- Improved workforce confidence and morale
- Stronger strategic partnerships
- High level of partnership commitment to children looked after
- Political and managerial commitment to improvement

Key Challenges for 2012-14

One key Ofsted improvement target remains to be achieved: ***Ensure that case loads for an individual are appropriate and manageable: it is suggested that an average figure of between 16-18 cases are held per Social Worker by April 2012***

The DfE and Peer Reviews also identified areas where further work is required to develop strategies for:

- Placements of Children in Care
- Early Intervention and Prevention / Early support
- Recruitment and Retention
- Better Communication
- More effective use of political capacity, leadership and scrutiny

Police

Achievements for 2011-12

- Police basic safeguarding training delivered
- Chronologies developed for SCRs and Practice Learning Reviews
- Section 11 actions mostly completed
- 12 Case audits completed
- New Missing from Home / Child Sexual Exploitation group set up (Chaired by Cheshire Police)

A key challenge for the Police in 2012 will be to progress, with partners and LSCB sub-groups, the Missing From Home and Child Sexual Exploitation agenda by assessing our local issues and developing a response

Health Services

Health Services within West Cheshire are commissioned and provided by:

- NHS Western Cheshire PCT / West Cheshire Clinical Commissioning Group (CCG)
- Central and Eastern Cheshire PCT / Vale Royal CCG
- Countess of Chester NHS Foundation Trust (COCH)
- Mid Cheshire Hospitals NHS Foundation Trust (MCHT)
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- East Cheshire Trust (Community Business Unit)

Achievements and Progress for 2011-12

- Named GP for Safeguarding Children is a Member of Local Safeguarding Children Board
- Lead for Safeguarding in each GP Practice
- Regular information and briefings to all independent contractors via clinical governance updates
- Training needs analysis and training strategy in place
- Central and Eastern PCT - Nurse Specialist commissioned to provide safeguarding training to GPs
- Dentists registered with Care Quality Commission 2011 / GPs expected 2013
- Level 2 safeguarding children package produced by a dentist and LSCB endorsed
- Child sexual abuse examination facilities (contracted with St Mary's Hospital, Manchester)
- Common Assessment Framework Champions appointed and in-house CAF training provided
- Continuum of need included in Level 2 training - 50 staff attended briefing in Vale Royal
- CWP and Countess of Chester Hospital on Early Intervention Steering Group
- Level 3 training for GPs delivered by the named GP, designated nurse and doctor for safeguarding
- Good Quality Health Assessments for Children in Care, including:
 - Training for Community Paediatrician in place every 6 months
 - Improved information sharing about out of area placements
 - Access to Liquid Logic for health staff is underway
 - Increase in Children in Care Nursing Team
 - Pathway developed for priority access to child and adolescent mental health services
 - Training on health assessments for Health Visitors and School Nursing

Key Challenges for 2012-14

- Demonstrating improved outcomes for children and young people
- Working more closely with partners at all levels of the organisation – 'Team around the Family'
- Delivery of Family Nurse Partnership and Health Visiting service remodelling
- Working with GPs to enable and ensure better attendance at initial child protection conferences and submission of a report for initial and review child protection conferences whether they attend or not.

Youth Offending Service

Achievements and Progress for 2011-12

- Safeguarding Training delivered via whole service away day, Internal Inductions and external providers.
- Audits recently completed regarding training needs for staff.
- Full review of YOS Safeguarding Policy completed.
- Effective reflective case review process implemented for YJB Serious Incidents.
- Full safeguarding audit of cases planned for February 2012.

Key Challenges for 2012-14

- Learn from Safeguarding Audits regarding deficiencies in practice and subsequent action plans.
- Re-establish links with Children's Social Care to further improve joint working and understanding.
- Establish shadowing opportunities for Specialist Safeguarding YOS Officers with Social Care.
- Specialist Safeguarding Social Workers to review the "Good Practice Guidance for LAC".
- Continue to monitor those young people who are parents themselves and offer support and guidance.
- Make specific links with relevant people/specialist within the secure estate, continue to attend the Safeguarding Procedures Briefings which share practice and discuss improvements.
- Discuss the findings and recommendations within serious incident reports "post reflection" meetings with staff to encourage analysis and reflection about the case, and provide vital learning for the future cases.
- Review joint protocol with CSC in relation to working with young people who sexually harm
- Review of Change Planning procedures to ensure more effective multi-agency working around the child and better exit strategies for young people at the end of YOS Supervision.

Voluntary Community and Faith Sector

Achievements and Progress for 2011-12

- Consultation regarding Service Standards designed to enable professionals to work better with care planning
- Involvement in work between Children's Trust and LSCB re roles and responsibilities
- Improved attendance and information available from Social Care at MARAC.
- Improved training via LSCB – really is very good! Staff trained to a high standard
- Inclusion of domestic abuse within LSCB training.
- Involvement at CAF and persistence with agencies who are reluctant to engage
- Outcome monitoring of children affected by domestic abuse - result of having directed funding.
- Support to children and young people in the community, in addition to those in the Refuge.
- Delivery of specific programmes to parents, including Gateway and Triple P.

Key Challenges for 2012-14

- Effective use of resources: are we all using what money we have effectively? Domestic abuse affects many families supported by Social Care, but there are few specialist workers supporting the children.
- Delivering specific programmes (Time Out, Triple P, Gateway and Jigsaw) without additional resources
- Better partnership working is always a challenge – need a stronger directive about working with VCFS.
- VCFS capacity to attend multi-agency and networking meetings
- Increase opportunities for training
- Being effectively involved with new initiatives (i.e. 'TAF', 'Complex and Troubled Families', 'FNP')
- Making sure we measure outcomes that make a positive difference to lives of vulnerable children
- More support for children with emotional health needs.
- Community budgets - need early clarity about how this will impact
- Hearing the voice of young people. Need to be more effective at using the information to develop services.

Assessment of the Effectiveness of Local Arrangements to Safeguard Children

Section 11 Audit

Section 11 of the Children Act 2004 places a duty on LSCBs to audit partner agencies to ensure that they are fulfilling their statutory obligations in safeguarding and promoting the welfare of children. The 2010-11 Section 11 audit process was completed during 2011-12 with the collation of evidence from Children's Services. A full Section 11 report is available from the LSCB.

Listening to Young People shows the overall lowest score and is the only Standard scoring less than 3. In summary the moderated scores across the seven Standards were:

Standard	Moderated Score
1 : Leadership and Accountability	3.44
2 : Policies and Procedures	3.40
3 : Recruitment and Selection	3.50
4 : Training and Development	3.21
5 : Complaints and Allegations	3.37
6 : Information Sharing	3.32
7 : Listening to Children and Young People	2.73

***The higher the score the better the performance. 4 = High performance; 0 = no evidence submitted*

Lowest Single Elements within each Standard	Moderated Score
1.8 Service plans consider how the delivery of services will take account of the need to safeguard and promote the welfare of children.	3.17
2.6 The policy and procedures help staff to recognise the additional vulnerability of some children against the categories defined in Working Together.	2.92
3.7 Employees involved in the recruitment of staff to work with children have received training as part of the 'safer recruitment training' programme.	2.83
4.4 Outcomes and findings from reviews & inspections are disseminated to appropriate staff and volunteers.	2.92
5.3 The organisation has effective allegation policies & systems in place for professionals and service users, which is compatible with LSCB Guidance.	2.92
6.3 Staff understand the threshold for making a referral to Children's Services or raising a Common Assessment Framework (CAF).	3.00
7.6 As a minimum the organisation evaluates outcomes from the perspective of the child or young person.	2.42

An improvement action plan is in place at partnership level with specific actions for partner agencies where their individual moderated scores have highlighted areas to improve. Most agencies have progressed many of their actions. YOS, Connexions and CAF/CASS have completed all their actions. Children and Families (Social Care) need to make greater progress with their identified areas.

Qualitative Agency Reports

The Performance Management and Quality Assurance (PMQA) Group considers regular Qualitative Agency Performance Report reports from agencies in addition to the Section 11 Auditing process. During 2011-12 reports have been submitted by the Youth Offending Service, Countess of Chester Hospital NHS Foundation Trust and NHS Western Cheshire and NHS Central and East Cheshire (combined PCT report). Other agencies will be submitting reports over the course of 2012-13.

Case Audits

Three multi agency case audits have been carried out so far in 2011/12 and the audit for the fourth quarter is in progress. There is further work needed to embed this process but the LSCB has recognised the value of the qualitative information the audits provide and will be monitoring agencies' engagement and impact on practice in the next 12 months.

Developments following on from case auditing:

- Effective case chronologies. The LSCB consulted on guidance for case chronologies and published this on our website. An LSCB pilot multi agency workshop on effective chronologies ran in February 2012.
- Agencies have been looking at supervision processes, including Children's Services; Leighton Hospital; Countess of Chester Hospital; Western Cheshire NHS.
- More detailed core group activity monitoring has been established in terms of meetings taking place in a timely manner, invitations, attendance, recording and circulating minutes on time to all the right people.
- Additional practice standards for multi-agency involvement in the child protection process have been developed, and new reporting arrangements are being explored for conferences and core groups.
- A participation policy for the children and young people in the child protection process has been produced.
- Issues from case audits incorporated in to LSCB multi agency training and single agency training.
- LSCB bulletin has highlighted issues raised in the audits.
- Issue of "hidden males" scheduled as a key topic at LSCB Annual Conference in May 2012.

The Safeguarding Peer Review identified a range of case auditing taking place, and suggested consideration should be given to rationalising this. However the Ofsted inspection in 2010 identified that LSCB multi-agency auditing was weak. On this basis it has been recommended that the quarterly LSCB multi agency case audit process continues. The LSCB will review if this is the correct volume of auditing.

For the audit process to develop and have greater validity the LSCB recognises that:

- All agencies need to ensure that audits are fully completed and returned within timescale
- Practitioners and managers should be engaged in the auditing
- Auditors and practitioners should commit to attending the multi agency meeting scheduled to consider the findings, actions and learning.
- Auditors need to consider the "factors" identified as relevant in each case when doing the audits
- The audits need to be completed fully with the qualitative commentary and scoring of each section.

Complaints and Compliments

The PMQA takes summary reports on Complaints and Compliments made in relation to agencies' services (the complaints themselves are processed through agency internal mechanisms). While a number of individual complaints have been upheld against some agencies, these have been dealt with appropriately and there are no significant or systemic issues to report back on.

Assessment of the Effectiveness of Early Support

This is the first year that LSCBs have been tasked with assessing early support effectiveness. The LSCB has used external and internal performance management information, as well as discussions with staff and service users to identify achievements as well as areas for improvement and other issues that need to be addressed.

Early Support and Early Years

West Cheshire has 20 Children's Centres. No Children Centres have been closed in spite of reductions in public funding. This underlines the local commitment to prevention and is seen as a positive by the LSCB. There is a clear strategic purpose being developed by the Children Trust for Children Centres as set out in the Vision for Early Support Centres'. Five children's centres have been inspected by Ofsted since 2010. One is rated 'excellent' (Stanlaw Abbey), three 'good' (Woodlands, Neston, Leftwich) and one satisfactory (Portside) due to a limiting judgement in relation to EYFS data. Children's Centres have also been subject to a local authority delivered 'Annual Conversation' process as part of the performance management process. The annual conversation process identified evidence of good practice and good performance, and some capacity issues in relation to family/parenting support, early years, health visiting and speech and language services. These issues are being addressed by the Children Trust as part of a review of Early Support and will be further developed as part of the Children and Young People Priorities 2012-15.

The remodelling of health visiting in England is driven by the Dept of Health national plan – local health visiting plans are being aligned to the development of early support services as part of the development of the Team around the Family approach. This work is being led by the Children Trust through a multi-agency the Early Support Steering Group. There have been concerns in a few child protection reviews about safeguarding issues not being detected and referred to social care soon enough by some agencies. The LSCB provides training on neglect and works with all partners through case audits to monitor and improve practice. Early years identification of neglect and welfare issues is recognised as a particularly critical role for early years health practitioners as they are often the only agency involved with families in the first 2 years of a child's life.

Early Support for Teenagers

The increasing numbers of teenagers in care in CWAC (15+ is our largest group in care) and on the edge of care (11+ is an expanding age group for child protection) is a concern given the pressures on youth services and the susceptibility of teenagers to risky behaviours and negative outcomes such as unemployment, teenage pregnancy, substance misuse and youth offending⁶. It will be important for LSCB partners to ensure that services retain a focus on targeted early support and support for potentially higher risk teenagers. The Children Trust and the Public Services Board (All Together Better programme) have recognised these issues and will be redesigning youth provision across West Cheshire in 2012-13. This includes a review of the Youth Offending Services in partnership with other local authorities in the Cheshire Constabulary area.

A Family Nurse Partnership (FNP) has been established across West Cheshire and became operational in February 2012. This is greatly welcomed as FNP is a recognised safeguarding and early intervention programme for first-time teenage mothers. It will be important, given the prominence of domestic abuse in Cheshire West and Chester, and the disproportionate likelihood of teenage families being affected, that capability for domestic abuse interventions is built into the FNP at the outset in collaboration with the Domestic Abuse Family Safety Unit (DAFSU). However, it will be as important to evidence that teenage parents *who do not sign up to the FNP* are engaged with universal health visiting services instead - especially those teenage parents who are identified with vulnerabilities. There is local evidence that many of the most vulnerable

⁶ **'Care, a Stepping Stone to Custody'** Prison Reform Trust: "while children in care account for less than 1% of the total child population, up to 50% of children in Young Offender Institutions are Looked After".

teenage mothers have a familial background of witnessing or suffering domestic abuse and a tendency to make what might be considered risky choices of partner.

The new Multi-Systemic Therapy service (MST) is also welcomed as an early support preventative programme aimed at 11-17 year olds with *severe* behavioural problems, who are at risk of being placed out of home; in care or in custody. MST works intensely with the individual, family and all the systems in a young person's life, such as peers, school and community. It blends a range of clinical treatments and has been shown to keep young people in their home; reducing out-of-home placements up to 50 percent and to keep young people in school, out of trouble and reduce re-arrest rates up to 70 percent. A detailed needs analysis and baseline of activity has been completed to evidence the impact and positive outcomes this new service will have.

Early support provision for teenagers and young adults with learning difficulties also needs to consider the need for effective education and sexual health services for them on relationships, sexual health and family planning as a number of recent serious and repeat cases relating to learning difficulties were in families where the size of the family had apparently exceeded the parental capacity to cope. The LSCB review of learning disability parenting will consider this matter further as part of its 2012-14 business plan.

Early Support for Parents, Carers and Families

2011 has seen significant changes in family support services. The Council has carried out a fundamental review of family support services. This review has realigned family support workers into specific teams working at different levels on the continuum of need. Three new teams will be created from April 2012. These teams will provide edge of care support, family group conferences and specific evidence based interventions targeted at families stepping down from level 4 services and up from level 3 services. The Early Support Service in Children Centres will be resourced to provide support to families at level 2 and 3 on the continuum of support with an emphasis on early years and on children and young people at risk of poor outcomes. These are positive developments and represent an investment in prevention. Further work is needed to review the 3rd sector provision of family support and the LSCB understands this work will be completed by the Children Trust in the next 6 months.

The use of the Common Assessment Framework (CAF) has been reviewed by the Children Trust during 2012. Improvements in the assessment processes have been identified and have been piloted in Chester, Ellesmere Port and Winsford and Northwich. These improvements include a revised quality assurance process, proposals to develop an electronic system to help achieve a single view of the child and to improve information sharing arrangements. Improvements in agency performance and training have been achieved during the year but more work is still needed to ensure that these improvements become embedded and that more children are able to receive support as a result of CAF.

Under the new parenting support commissioning model targeted family support teams will deliver a range of evidence based parenting programmes, in conjunction with key partners, to address identified needs. The family support review identified a need to establish a clear review and accreditation process for these programmes. From a child protection perspective the need is to ensure that there is sufficient capability and capacity to provide effective interventions to reduce the reasons for child protection plans by addressing the specific parental factors that are repeatedly highlighted at child protection conferences (i.e. domestic abuse).

Early Support and Child Protection

There are clear and known gaps in provision relating to perpetrators and for children (i.e. programmes for witness recovery & for abusive behaviour from children). Provision of children's programmes locally is generally limited to refuges, DA outreach, and a few children's centres. Provision for perpetrators is limited to the Court mandated Probation Service 'Community Domestic Violence Programme' (CDVP) for adult offenders. While previous reviews of DA have indicated gaps in provision, progress with developing the range of service provision seems to have been held back due to a lack of additional funding.

Summary of Early Support Challenges:

- Implementing Team Around the Family and aligning with CAF
- Implementing the Vision for Early Support Centres
- Integrating the CAF database with Liquid Logic
- Establishing an integrated performance management framework for children's centres and early support
- Developing an early support offer that meets all needs and demands in relation to parental factors, especially Domestic Abuse programmes for perpetrators, whole families and child witnesses.
- Developing an early support youth offer for vulnerable teenagers with risky behaviours

The Children's Trust

The Children's Trust agreed five strategic priorities for 2011-12 as follows:

- Prevention, early support and family support including 'Better Start, Better Health'
- Children in care and care leavers
- Children and young people with disabilities and special educational needs (SEND)
- Commissioning and supporting Level 4 work jointly
- Workforce development

With regard to early identification of needs and concerns in relation to children, the Trust has commissioned a fundamental review of prevention and early identification services focusing on two key areas:

- Prevention practice
- Review of prevention services

Key Achievements for 2011-12

- Agreed a new Joint Protocol with the LSCB
- Reviewed prevention practice and piloted new approaches to prevention across West Cheshire
- Had a bid for a Multi Systemic Therapy project approved – which is being implemented
- SEN Review completed
- Developed and implemented Children in Care Strategy
- Approved a new Commissioning Framework and CYPP 2011-12
- Designed a new Trust logo with young people

Key Challenges for 2012-15

The Trust is currently developing a Children and Young People Plan based on the JSNA and on the All Together Better Programme. Those priorities are likely to include:

- Implementing 'Starting Well and 'Troubled Families' programmes
- Developing an effective early support and preventative services for vulnerable children and young people
- Remodelling including Children's Centres and Youth Support services.
- Joint Commissioning arrangements with GPs, health, Schools and adults services
- Developing effective working arrangements with the Voluntary Sector
- Remodelling family support services and redistributing resources to greatest needs