



Coventry Local Safeguarding Children Board Annual Report
September 2015 to September 2016

Foreword

This year has, once again, seen good partnership working across the Coventry Local Safeguarding Children Board (LSCB) to improve the safeguarding of children in Coventry.

Members have contributed resources, time, the use of their premises and their expertise and commitment to move things forward. The drive to enlist GPs more fully in the work of safeguarding has started to bear fruit, with improvements in their participation in processes and multi-agency meetings. Joint working with the police on child sexual exploitation, serious case reviews and domestic violence is now effective and well embedded. Across health, work continues to improve the effectiveness of multi-agency processes. Joint working between schools and Children and Families First (CFF), the council's early help service, is improving. There is more to be done to improve communication and collaboration between schools and children's social care and action is planned to address that.

Last year, safeguarding services were stabilised leading to a major reduction in both the number of children on child protection plans and the number of incidents leading to death or serious harm. Building on this, things have moved forward this year with a rigorous and determined drive to improve the quality of safeguarding practice. The development of a new quality assurance system in social care and its alignment with the Board's multi-agency system has resulted in sharper diagnosis overall of system problems, leading to action for improvement. Throughout the year, the Board has continued to raise issues with services and action has followed. This report details some of the action in question.

I am happy to be able to report that all the improvement work planned to fill gaps identified in the last Board self-evaluation has been successfully completed. In particular, the development of the Board's peer review panels has given Board members a much better understanding of the quality of safeguarding practice. This has enabled the Board to identify and feedback on good practice, system problems and other areas of weakness.



One area of particular concern for the Board has been children's mental health. The major Board conference on this has led to further work, particularly in schools, to improve matters. A key member of the small multi-agency planning group for this conference was designated doctor Annie Callaghan, who was an unfailing source of expertise, quiet humour and unassuming wisdom in all the Board groups on which she served. Her sudden death in the summer represents an irreplaceable loss for Coventry LSCB.

Thanks to the generosity of members in giving their time and expertise the Board has become steadily stronger and more effective over the last two years. It is currently in a good position to confidently carry out its assurance function to the full. I have now completed my tenure as chair of the Coventry board and I would like to offer my thanks to all the members for their continuing hard work and commitment over the last two years.

A handwritten signature in dark ink that reads "Janet Mokades".

Janet Mokades

Chair Coventry Safeguarding Children Board

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Introduction



Introduction

This report outlines the achievements and challenges of Coventry LSCB from September 2015 to September 2016. It evaluates the impact of Coventry's services on outcomes for children and shows how the work of the Board has contributed to improving outcomes. It details the Board's progress in implementing its current priorities.

The objectives of an LSCB are clearly set out within Section 14 of the Children Act 2004:

- a) To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- b) To ensure the effectiveness of what is done by each such person or body for those purposes.

In order to fulfil its statutory functions under Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 as a minimum an LSCB should:

- assess the effectiveness of the help being provided to children and families, including early help;
- assess whether LSCB partners are fulfilling their statutory obligations;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

LSCBs do not commission or deliver direct frontline services though they may provide training. While LSCBs do not have the power to direct other organisations and Board partners retain their own lines of accountability for safeguarding, safeguarding boards do have a role in making clear where improvement is needed.

This annual report provides an assessment of the performance and effectiveness of local services in improving outcomes for children. It details how Coventry LSCB has helped to create better outcomes for children through improving multi-agency processes and co-ordination, assessing the effectiveness of what is being done by agencies and feeding back to them, quality assuring practice and disseminating good practice, developing and providing multi-agency training and ensuring that agencies are fulfilling their statutory responsibilities. The Board challenges partners but also supports them to improve. It listens to the voices of children and directs its work accordingly.





Local background and context



Local background and context



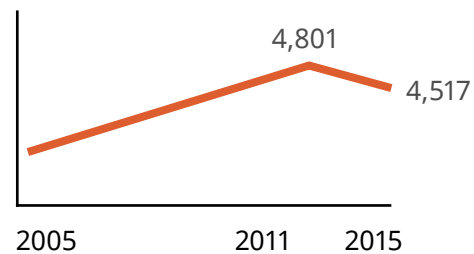
Coventry Children's Services and LSCB were inspected by Ofsted in January 2014 and judged to be inadequate. Since that time an Improvement Board has been established and the Department of Education has monitored progress. A new independent Chair of the LSCB took up post in September 2014 and completed her two year tenure in August 2016. She reported regularly to the Secretary of State and the Improvement Board on progress. Agencies working together to safeguard children in Coventry are working in a challenging context. There is a growing population, a diverse ethnic mix and higher than average levels of poverty.

Coventry population¹

75,100 children and young people in Coventry aged 0-17
22% of population
13,900 under 3



Coventry births



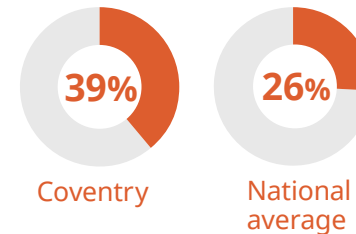
Migration

Net international **3,100** in 2005 to **6,600** in 2015.

If current population growth trends continue, then by **2026** the total population of Coventry will rise by **15%** with the total number of children projected to rise faster than the adult population.²

Minority ethnic groups³

% of children from minority ethnic backgrounds

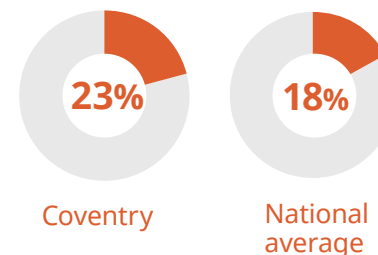


80 languages spoken
 In **8.7%** of households no one speaks English as their main language⁴

Deprivation

18.5% of Coventry residents live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England⁵

Children living in relative poverty



17,100 children living in Coventry from households that have an annual income **less than 60%** of the national average.⁶

Lone parents

Coventry also has a higher than average percentage of children living in lone parent households.

Free School Meals

The 2013 School Census indicates that there are higher than average numbers of children in primary schools who are known to be eligible for and are claiming free school meals.

Sources

1. 2015 mid-year population estimates, Office for National Statistics
2. 2014 Sub National Population Projections, Office for National Statistics
3. Mid 2011 Census based population estimates, Office for National Statistics
4. 2011 Census, Office for National Statistics
5. Index of Multiple Deprivation 2015, Department for Communities and Local Government
6. Children in low-income households, Department of Energy and Climate Change



Outcomes for Coventry children



Outcomes for Coventry children

Summary

Outcomes for children in Coventry over the last year show some important improvements. However, there is still much to be done to ensure all Coventry children are well safeguarded all the time. The good news is that more children are getting help and support earlier. As a result, the numbers requiring child protection have fallen. More needs to be done to ensure that all children get assessed and helped quickly. This is particularly the case for children in need, for whom planning needs to be timelier and more focused on outcomes. An improved system for referring children into social care is being developed and the Board has done some work to simplify information about thresholds and so ensure greater clarity. Where looked after children are concerned the picture is much as last year, but with some good improvements to their health care. Early years indicators are generally better than those in similarly deprived areas and show improvements in the level of school readiness at the end of reception. Across Coventry the picture on educational outcomes is a mixed one. There are some headline improvements, particularly on NEETS figures for both care leavers and other children. School absence has reduced. Educational outcomes for looked after children have fallen at key stages 1 and 2, but improved at GCSE. Where other children are concerned, results have improved at KS2, but gone down at GCSE. Over the last year children represented 12% of the victims of all recorded crime in Coventry. This is in line with the West Midlands average. Recording of children going missing has been significantly improved resulting in much higher figures. Work to analyse the causes and tackle them is on-going. Missing children and those at risk of sexual exploitation have been a focus for intensive work by services over the past year. Crime figures show an increase in first time offending this year but re-offending has decreased. The picture on health outcomes is mostly encouraging. Uptake of immunisations

is good and infant mortality has fallen. Road death and accident figures have reduced. There are however serious concerns about children's mental health and wellbeing given that the rate of hospital admissions as a result of self harm is significantly higher than the national average. The Board responded this year by organising a major conference on children's mental wellbeing with help from Public Health and the University of Warwick. With impetus from the Board, services have worked hard over the year to improve their joint working in all these areas and so improve outcomes for children.





Early Help

The number of families being supported through the common assessment framework (CAF) continues to rise, from 1,887 last year to 1,917 in August 2016. Schools, in particular, have increased their use of this type of early

Figure 1: Open CAFs by lead agency

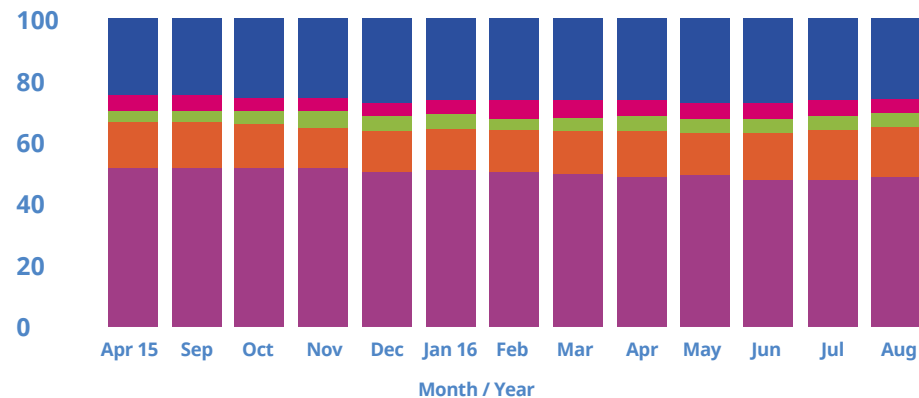
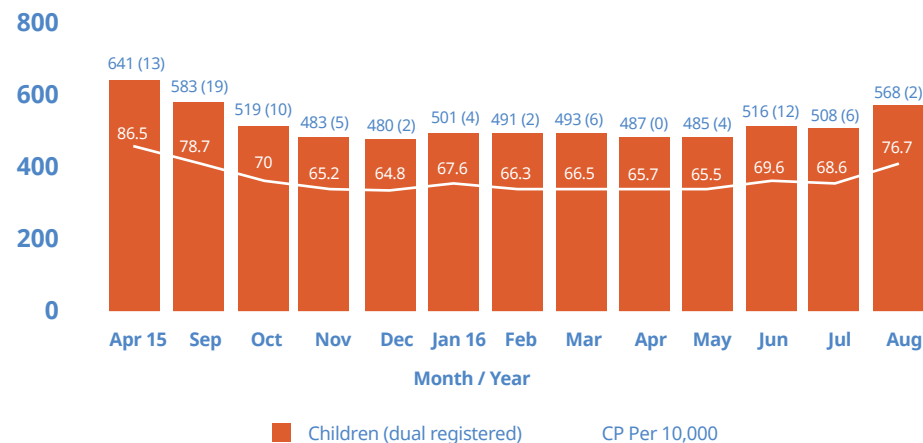


Figure 2: Numbers of children on a child protection plan



help. This is as a result of efforts made by the Council’s Early Help service to provide better support to schools. Further work is now planned to understand the barriers and challenges faced by partners to leading CAF work with families.

The outcome of CAF work is considered successful if it is completed with all actions completed. Over the year this figure has risen from 66.5% to 68.1%. However, this still does not clearly illustrate whether life has improved for the children involved. The Board is carrying out an audit to analyse the impact that early help, delivered through CAF, has on the wellbeing of children. In the last three months referrals into social care from Early Help have decreased. This means more children and their families are being offered support earlier, decreasing the need for a statutory service if one is not required.

Child Protection

The massive reduction in the number of children with child protection plans seen last year was unlikely to be sustainable and this year has levelled off. This year there are currently 566 children with a child protection plan. This is still higher than that in similar areas but shows that children have started to receive support in a less reactive way. Work has been started to ensure that children get help earlier, avoiding escalation, but there is still more that could be done.

Children are mostly still receiving the help they need in a timely way. Eighty eight percent of initial child protection conferences are held within fifteen days and 91.7% of children and family assessments are held within 45 days. This is not as strong a position as was reported last year and there are concerns that timeliness is under pressure because threshold standards are not consistently applied. Following the LSCB audit earlier this year threshold guidance has been



simplified and reissued across the partnership. Work is also underway to improve the way in which agencies can refer into social care and early help to ensure children and families receive the right help at the right time and in the right way. The number of repeat referrals and the number of children becoming subject to a child protection plan for a second or subsequent time has also increased. This means that children are being exposed to significant

Figure 3: Children on a child protection plan by age and category of abuse

Age Group	YTD	%	2015/16 %	2014/15 %	2013/14 %
Unborn	25	4.4	2.6	4.5	4.7
0 to 3	166	29.2	30.0	30.1	33.2
4 to 11	266	46.8	48.5	47.2	44.6
12 to 16	106	18.7	18.1	17.6	16.3
17+	5	0.9	0.8	0.7	1.2
Total	568	100	100	100	100

Plan category	YTD	%	2015/16 %	2014/15 %	2013/14 %
Emotional	297	52.3	51.5	56.5	51.4
Neglect	211	37.1	41.2	32.4	35.9
Physical	30	5.3	2.4	5.3	7.2
Sexual	30	5.3	4.9	5.8	5.5
Total	568	100	100	100	100

risk for a second or third time, which calls into question the effectiveness of the intervention already undertaken and also the effectiveness of the continuum of need and how families are escalated through it. Better and more consistent application of threshold standards, recently rolled out, should help to reverse this trend.

In Coventry the most prevalent category of abuse is emotional. For the last three years between 51 and 57% of children on child protection plans have been primarily described as suffering from emotional abuse. Neglect is the second most prevalent category, with around 32-41% of children on a plan being subject to neglect. Statistics published by the National Society for the Prevention of Cruelty to Children (NSPCC) show that over the last five years across the whole of England the most prevalent category of abuse is neglect, with an average of 42-45% of children on child protection plans as a result of abuse. Across England in 2015 only 34% of children on child protection plans were subject to emotional abuse. This illustrates a need for the Board to focus on how neglect is identified and dealt with in Coventry.





Children in need and domestic violence

There are currently 1,746 open children in need cases, with 62.5% open less than six months. 32.4% of these do not yet have a plan. This is potentially because they are still in the early stages of assessment. It is important to avoid drift and the Children's Social Care managers monitor these on an on-going basis to prevent case work drifting.

The number of domestic violence (DV) contacts continues to rise. There were 6620 in the last year. The number of contacts that result in no further action has also fallen from 61% to 41% although this remains very high. The DV reporting process is now being reviewed to ensure that families and children are protected and supported appropriately and that information sharing with other agencies is effective.



Looked After Children

Coventry is broadly stable in the number of children who are looked after and is higher than the all England average, reflecting levels of deprivation in the city, but slightly better than statistical neighbours.

Figure 4: Numbers and rate of looked after children

Year	2013/14	2014/15	2015/16	2016/17
Children looked after at year end				
Coventry13/14	629	587	580	579
All England	453	457	-	-
West Midlands	651	669	-	-
Statutory Neigh.	555	578	-	-
Per 10,000 population				
Coventry	85.9	79.2	78.3	78.1
All England	60.0	64.4	-	-
West Midlands	73.0	79.8	-	-
Statutory Neigh.	78.0	81.3	-	-
Best performing stat. neigh.	Sheffield		46.0	

The health care offered to looked after children continues to improve. 96% of looked after children have a completed health assessment, compared to 93% last year. The Clinical Commissioning Group (CCG) monitors the local performance in relation to initial and review health assessments through a contractual KPI. The CCG is responsible for commissioning Looked After



Children's statutory health assessments and leaving care health summaries. The local provider is commissioned to deliver this function to looked after children placed within 20 miles of Coventry. The service delivery is monitored via key performance indicator targets and the local Provider has demonstrated a consistently high performance 87%-95% completed within the statutory timescale, once requested by the local authority. For those placed out of this commissioned area, the CCG spot purchases health assessments from the local LAC Health Team where the child has been placed. This process often causes timescale delays and quality assurance issues. To address this, the CCG has recently re-drafted the LAC Health Service Specification, outlining its commissioning intentions are that one Provider will provide the statutory duties for all of Coventry City Council responsible looked after children, wherever they are placed in the country. This is currently with the Provider to agree an implementation plan. Leaving care health summaries are routinely undertaken for children placed within 20 miles, with an interim arrangement in place with the Designated Nurse in the CCG completing this function for out of area young people who were out of area and left care up to March 31 2016. Agreement is ongoing to spot purchase leaving care health summaries from the provider for out of area placed LAC leaving care after April 2016. The first quality audit was undertaken in July 2016 by internal and external Designated Health Professionals of all the LAC Health Assessments received by Coventry City Council in April 2016. The outcomes of the quality audit have been shared with the local Provider and an action plan is to be drawn up to improve the consistency of the statutory health assessments and care plans.

Progress in the education attainment of looked after children at key stage 2 has suffered a setback this year with fewer children achieving the required standard. There was also a slight dip in attainment for looked after children at key stage 1, showing Coventry looked after children performing below the national average. However there has been significant progress for the

attainment at GCSE, with 16% of our looked after children achieving 5 plus A-Cs, equal to the national average.

Coventry has a good success rate of care leavers attending university, however in many cases the young people take a few years out of education or extend their further education experience beyond Year 13. In September 2014, we had eleven care leavers at University, this increased to twenty in September 2015 and twenty six in September 2016. There is a continued upward trend in the number of care leavers who are in employment, education in training, from 36% in 1013/14 to 44% in 2015/16. Of those that are not in education, employment or training this may be because of illness or disability, pregnancy or parenting. It may also be because they are not available as a result of housing or because they are in custody. Care leavers, and looked after children, who are not in education, employment or training receive additional support from Prospects and a Next Steps mentor from the Virtual School to raise aspirations and explore what each individual wants to do in terms of education or work, before working with them to achieve that. Modelled on good practice from Somerset, an incentive scheme for care leavers and looked after children to stay in education or training has been introduced in the last year. Despite this good work and improvement, the headline figures for care leavers who are not in education or employment have remained too high at 48.3% in 2015/16.



Early Years

Across Coventry we continue to see an encouraging picture of improvement in the early years of children's lives.

Figure 5: Giving every child the best start in life

	vs West Midlands	vs England
% children achieving good level of development	Yellow	Red
% children achieving good level of development FSM	Yellow	Yellow
% mothers smoking status at delivery	Green	Red
Low birth weight babies	Yellow	Yellow
Breastfeeding initiation	Green	Green
Child poverty (under 16s)	Red	Red

As an indicator for school readiness, the proportion of children achieving a good level of development by the end of reception is used. In Coventry, as with the England average, there has been an increase in the proportion of children achieving a good level of development from 59.6% in 2013/14 to 63.9% in 2014/15, although there is still a large inequality within the city. For those eligible for free school meals, the proportion of children achieving good development is lower than the average for all children (53.2% for children eligible for free school meals vs. 63.9% for all). However, for children eligible for free school meals, the proportion achieving good development in Coventry remains higher than the England average.

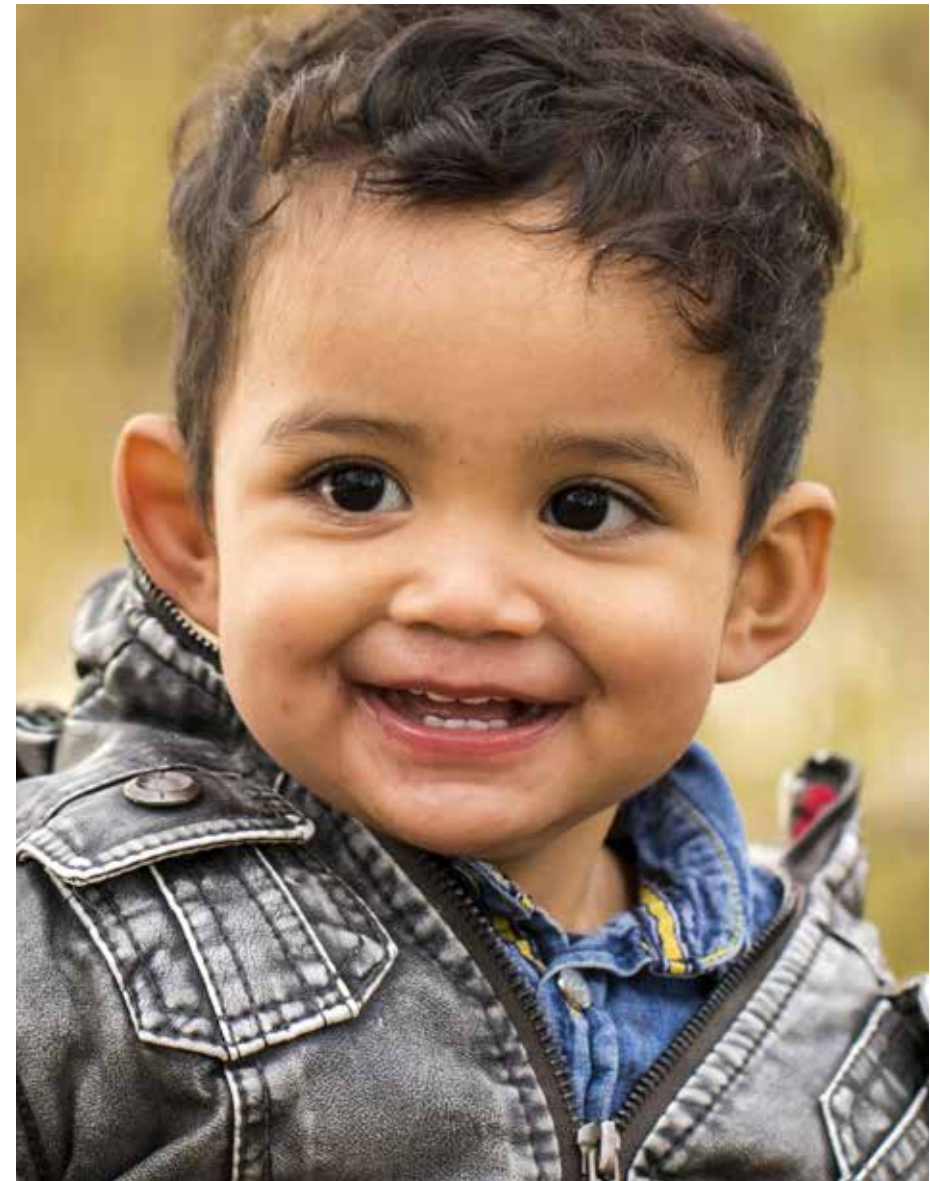
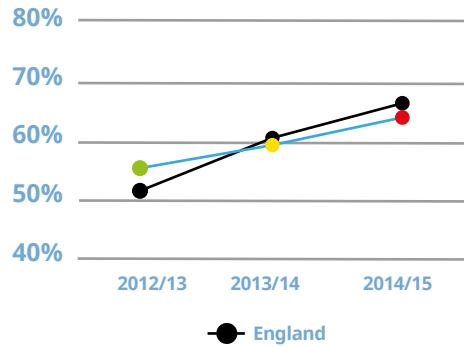


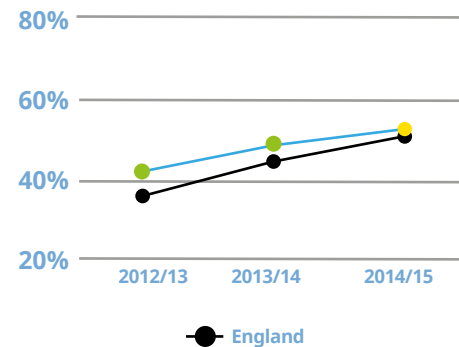


Figure 6: School readiness

CYP: School Readiness - the percentage of children achieving a good level of development at the end of reception (persons) Coventry



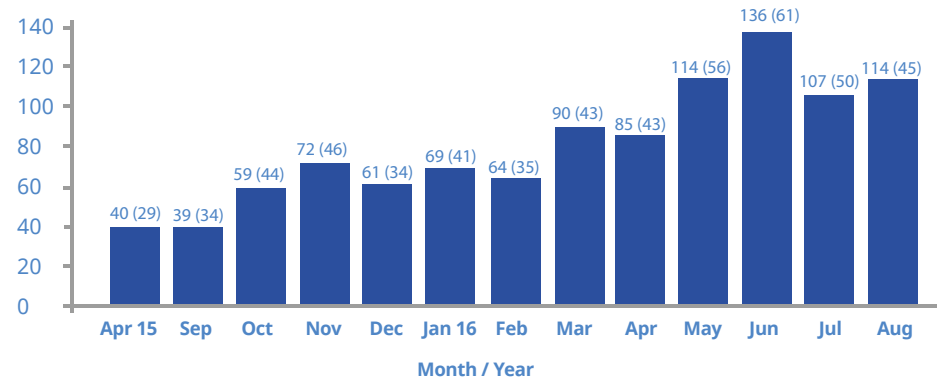
School Readiness: - the percentage of children with free school meal status achieving a good level of development at the end of reception (persons) - Coventry



Missing children

Missing children are concerning because being missing increases their vulnerability to abuse and exploitation. Numbers of missing episodes have increased throughout the year as a result of improved reporting and there is a high level of repeat missing episodes. Those children who go missing the most and are the most vulnerable are monitored by the Missing Operational Group (MOG). Return home interviews are conducted, the results of which are used to shape prevention work with missing children. There is still work to be done to ensure that return home interviews are completed in all cases and that information in them is effectively used. It is also important that work is done with lower risk missing children to prevent them from developing patterns of absence which develop into high risk.

Figure 7: Number of missing children and episodes



Child sexual exploitation (CSE)

Agencies across Coventry have continued to develop the support they are able to offer children who are at risk of or experiencing CSE. They have also completed significant pieces of prevention work with suspected perpetrators and with known locations. The CSE Subgroup regularly considers information on CSE across the city, including the numbers of children at risk and the numbers of children, who experience a reduction in their risk levels. Currently 245 children who are experiencing or at risk of sexual exploitation are being supported by services and are therefore likely to have significantly better outcomes.

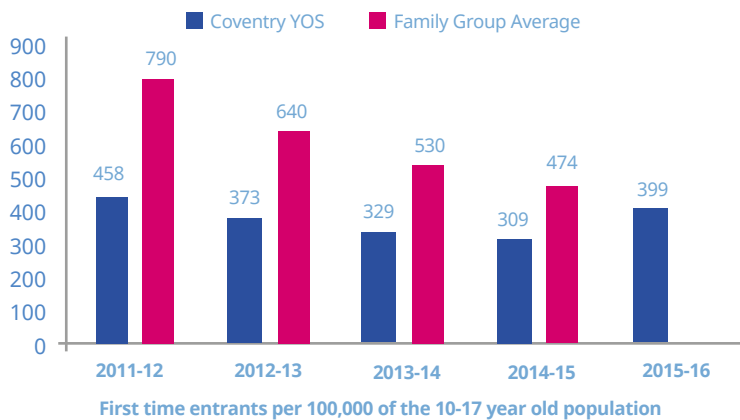
Crime and young people

Over the last year children represented 12% of the victims of all recorded crime in Coventry. The total of recorded crime where victims are children has risen, but this is in line with the force average within



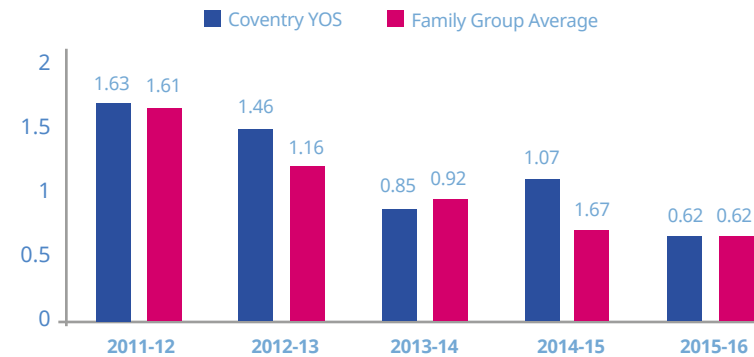
West Midlands. 26.3% of crimes against children were for wilful assault which would suggest the majority of offences are committed by a parent or someone in care and control of the child. Between April 2015 and March 2016 Coventry crimes investigated by the specialist Child Abuse Teams have risen by 100%. Despite this rise, 22.7% of crimes against children are recorded as having a positive outcome, which is in line with the force average. The police are now able to report on the number of police protections taken out in the city. The most common reason for police protection powers being used is neglect. Concerns about neglect have risen up the Board's agenda this year and it is planning more work on this.

Figure 8: First time entrants to the criminal justice system



In recent years there have been a downwards trend in first time offending, with rates consistently below the national average, however first time offending increased in the last year. There is a continued downward trend in terms of youth re-offending, illustrating the effectiveness of youth offending services across the city.

Figure 9: Proven re-offending rates



Custodial sentences as a rate per 1,000 of the 10-17 year old population, Coventry YOS

Educational attainment and attendance

There is a continued improving picture for reading, writing and maths at key stage 2, in 2015 78% of Coventry children achieved the required standard. This is in line with statistical neighbours and only two per cent below the England average. An average of 51% of children in Coventry achieved 5 A* to C grades at GCSE last year. This is lower than the previous three years and the national average but reflects the trend seen elsewhere. Unvalidated data currently available for 2016 suggests that attainment has increased to be more in line with our statistical neighbours.

In Coventry, 4.7% of 16 to 18 year olds are not in education, employment or training (NEET). This is a significant improvement on last year when the rate was 6.8% and is better than our statistical neighbours, and similar to the England average. Children who attend school regularly are generally at less



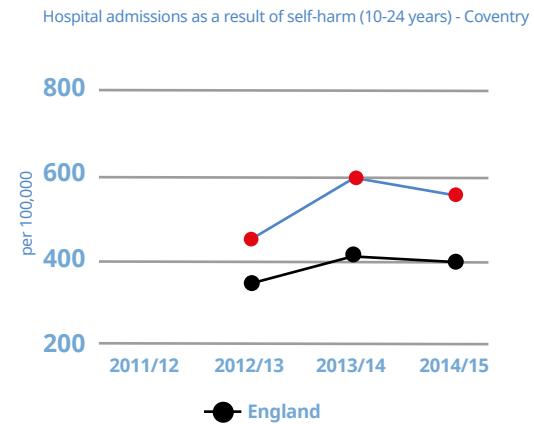
risk than those who do not. Over the last year absence figures have fallen significantly. For both primary and secondary schools absence is at a three year low: with 3.89% of half days missed in primary schools and 4.93% in secondary schools.

Health

Coventry children are at less risk of serious childhood diseases as a result of a good uptake of immunisations. All immunisation uptakes are at or above the national average. Infant mortality has seen a steady downward trend since 2007 and is now at the average for England. Teenage conception shows a significant downward trend, but remains stubbornly above the England average. The rate for children killed or seriously injured on our roads has significantly fallen in the period up to 2014 (latest available figures) and is now only slightly above the national average. The Board remain concerned about the mental wellbeing of children in Coventry. The rate of hospital admissions as a result of self harm is significantly higher than the national average and, although the rate is lower this year than last year it is still significantly higher than 2012/13. A recent report by the Children's Society (The Good Childhood Report 2016) concluded that children were experiencing increasing happiness with school and a decreasing happiness with friends and appearance.

It also concluded that girls were significantly less happy than boys in terms of appearance and life as a whole. These factors are a significant indicator of wellbeing, which when low can mean that a child is more likely to develop mental health issues, of which self harm may be a feature.

Figure 10: Hospital Admissions as a result of self harm (10-24 years)





Progress against priorities



Progress against priorities

The Board's current priorities were initially agreed in April 2015 and were reviewed in April 2016. It was agreed that the priorities needed to remain unchanged to allow the Board to demonstrate progress over a sustained period. The current priorities for the board are:

Current priorities:

To listen to and learn from the voice of the child and young person and to ensure that this learning shapes the way in which services safeguard young people in Coventry.

To ensure that the learning from Serious Case Reviews is used to improve outcomes for children and young people and that reviews are carried out efficiently and to timetable.

To evaluate the impact of Early Help arrangements on outcomes for children.

To ensure that missing young people and those at risk of sexual exploitation are protected by effective multi-agency arrangements.

To ensure that children and young people are protected from domestic violence by effective multi-agency arrangements.



The work that is undertaken by the Board is focused sharply on these priorities. Single agencies also contribute. Progress to date is outlined in the tables below.

To listen to and learn from the voice of the child and young person and to ensure that this learning shapes the way in which services safeguard young people in Coventry.

Listening to and learning from the voice of the child has continued to be a high priority for the Board. We have continued with our live testimony from children and young people at our meetings. We have listened to the direct testimony of young carers; heard from two Syrian children about their experience as refugees in Coventry; discovered how it feels to be a young user of our substance misuse services, found out how a group of primary school children keep themselves safe and disseminated their practice to other schools via the mental wellbeing conference. Following testimony from a group of disabled children a young people's advisory group has been set up. It has provided advice to University Hospital of Coventry and Warwickshire (UHCW) on improving their services and has given the Board advice on road safety for children with disabilities which we have passed on to the police. The group has also provided advice to trainers who deliver multi-agency safeguarding training, particularly on what messages might be included in training in relation to keeping safe and listening to children.

Services continue to strengthen their engagement with children and their families. The extensive work that agencies have undertaken to listen to the voice of children includes:

Amplifying the voice of the child has been a core priority for Coventry Children's Services. Children are seen alone during visits and assessments and their views are increasingly used to influence care planning. Over 200 staff have received Signs of Safety training, providing them with a wider range of tools to support the direct input of children into assessments and safety plans. The use of advocates to represent children in family group conferences has also been widely promoted. Members of the Voices of Care Council continue to meet with councillors and senior Children's Services staff to discuss the impact of being in care and suggest changes to policy and practice.

The acting early parent leadership programme for 0-5 years has recruited a small cohort of parents who work with professionals such as midwives, health visitors and children centre staff to shape the model which focuses on earlier intervention and prevention. This is fostering better relationships between parents and professionals allowing regular feedback about services to be inputted into the integrated model of care.

The children's play team at UHCW have improved the way in which they gather children's views of their hospital experience – using iPad games and a themed feedback wall. Every 24 hours the information is shared with staff for them to respond and make any necessary changes.

West Midlands Police have continued to use the voice of the child, as a victim, to shape their response to CSE. They have also started to use the views of children recorded in welfare return interviews to support trigger plans to support regular missing children. There have also been changes to the investigation logs completed by officers to ensure officers include the voice of the child as part of their routine incident recording.





To listen to and learn from the voice of the child and young person and to ensure that this learning shapes the way in which services safeguard young people in Coventry.

Care leavers and young people living in supported accommodation have provided their views on improvements that are required in residential provision across the city and this is being used to create new criteria when Coventry City Council commission services later in the year.

Within Coventry and Warwickshire Partnership Trust (CWPT) voice of the child training has been incorporated in all level two safeguarding training, in line with the 'think family' concept.

Through their work managing adult offenders the National Probation Service has trained all their staff to consider situations through the eyes of a child, ensuring that they assess adult behaviour as experienced by any children they may come into contact with.

The City Council has developed Travel Assistance Champions. These children and young people with a range of learning difficulties and disabilities have informed the development of the Home to School Transport Strategy.

The NSPCC continues to embed learning around the voice of the child. They carry out regular reviews with service users, augmenting with observations of parents and children, to ensure that children's voices are heard.

West Midlands Housing Group were finalists in the Outstanding Campaign of the Year category of the CIH Housing Awards 2016. This reflected the work done to raise staff awareness of abuse and neglect by training them to recognise the triggers of damage, dirty, distress, delay, drugs, doubt, dress and deception.

Children and young people have contributed to the developments of the Coventry Children and Young People's Plan. They have also formed a Shadow Board which will critically advise on progress to implement the plan.

Conclusion

There has been good progress on this priority. Board members have acted upon it within their own organisations, so improving their services and within the Board itself, the testimony from children and young people has shaped thinking. For example, the mental wellbeing conference was initially proposed following concerning input from primary aged children to the Board about their fears and anxieties. Action to heighten awareness of the difficulties of young carers and improve responses to them has been taken and is continuing following a Board session focused on young carers.



To ensure that the learning from Serious Case Reviews (SCRs) is used to improve outcomes for children and young people and that reviews are carried out efficiently and to timetable.

There has been much activity in the last year in relation to SCRs with 4 SCRs having been published and one due for publication shortly. Full reports of all of our SCR's can be found [here](#). Action plans for all of these have been completed or are being implemented.

There is now an efficient and effective process in place for ensuring SCRs are completed in a timely manner. This has been supported by the introduction of a toolkit and also the quality markers document produced by Social Care Institute for Excellence (SCIE) and National Society for the Prevention of Cruelty to Children (NSPCC). Where delays are experienced, for example where there is a parallel police investigation, this no longer delays the completion of the report or the implementation of the recommendations.

In relation to recommendations and actions linked to Serious Case Review findings the following has been done to improve outcomes for children.

Co-sleeping

The risk of co-sleeping was raised in relation to Child E and Child T, a review of processes and practices has taken place highlighting the following:

- Midwives and health visitors have a robust process in place providing an opportunity to reiterate messages to new parents about safe sleeping. An audit carried out in January 2016 highlighted 100% compliance where midwives had clearly recorded the receptacle the baby sleeps in and the location of the sleeping receptacle during day and night.
- A risk assessment tool has been embedded into the personal child health book (red book). This provides the basis for a comprehensive risk assessment initially carried out by a midwife and then taken forward by the health visitor.
- A prevention campaign is currently being launched to reinforce key messages and learning from the Child E review, including advice regarding smoking, drinking and taking drugs while caring for a child. Simple leaflets and a room thermometer will be given to new parents. The leaflets also include advice about what to do when a child is too hot, implementing learning from a current SCR the Board is carrying out.

The impact of activity around this issue is evident through the reduction in sudden infant deaths in Coventry.

Hard to engage

Coventry LSCB held 3 training sessions in 2015/16 covering recent case reviews with a particular focus on hard to engage families; this included an opportunity for practitioners to develop their skills and approach to parents while developing a positive working relationship. Over 140 professionals from a range of agencies attended these sessions, which were very well received.

The Safeguarding Board held a peer review on this subject matter and partners provided a test of assurance. This highlighted examples of good practice which are being shared across agencies. The learning from this review and the good practice examples are being included in the reviewed multi-agency training package.



To ensure that the learning from Serious Case Reviews (SCRs) is used to improve outcomes for children and young people and that reviews are carried out efficiently and to timetable.

Child Sexual Exploitation (CSE)

The key recommendations from our recent SCR demonstrated a need for long term support for those at risk of or experiencing CSE, with particular emphasis on the support available to children when they become adults. There also needs to be a greater emphasis on a relationship based support model, to build trust and confidence. It is also important for the Board to understand the impact of the CSE strategy on young people.

In response to the demand on services, the need to provide continuity of worker and the intensive support required the Horizon (CSE) team have increased capacity with an additional 5 new members of staff. Multi-agency responses have also been improved with a dedicated local Police CSE team working alongside the specialist multi-agency Horizon team. This has resulted in a swifter identification and response to those children at greater risk. The Board will now need to ensure that there is joint working with the Coventry Safeguarding Adult Board in order to develop effective support post eighteen. In addition it will be working regionally to develop effective relationship based support in the long term.

In health services there is still a need to focus on raising awareness of CSE and ensuring that professionals are able to identify potential signs. Across Coventry, changes have been made to the guidance for GPs regarding the approach to take when in consultation with sexually active children. The Local Medical Council has issued new guidance advising GPs to not only consider the appropriateness of prescribing contraception but also asking a number of questions to identify if a child is being exploited. There is some anecdotal evidence that GPs are identifying concerns and taking appropriate steps as per the guidance.

Vulnerable families meeting at GP practices

As a result of a number of recently published SCRs much emphasis has been put on information sharing with GP practices. GP practices now facilitate formal meetings between all health professionals involved in the delivery of care for the 0-5 age group. This provides a more structured opportunity for regular and on-going discussion about vulnerable families and enables a coordinated approach to the provision of health care and support, including signposting and referral, where appropriate. Funding has been secured for GP practices to implement this process. This was further emphasised at a recent learning event where over 300 GPs across Coventry were in attendance. Work continues to embed these processes across Coventry.



To ensure that the learning from Serious Case Reviews (SCRs) is used to improve outcomes for children and young people and that reviews are carried out efficiently and to timetable.

Agency Learning

Each agency involved in an SCR will identify their own learning in addition to that which affects all services. In the past year the Community Rehabilitation Company has made changes to licence conditions, regarding previous and current relationships to protect more children from being exposed to domestic violence. The City Council has also changed the way that Special Guardianship Orders are used. The role of fathers is more visible in assessments and plans, even when they are absent from a child's life. This ensures that there is a more rounded view of how the child can be best protected.

Conclusion

Good progress has been made on this priority. In particular, processes and expectations that reviews will be carried out to timetable and that focused plans to ensure learning from reviews will be swiftly implemented are now embedded in the system. As outlined above, there is evidence of significant changes to ways of working that can already be shown to have improved outcomes for children and young people.



To evaluate the impact of Early Help arrangements on outcomes for children.

Board Members have continued to develop their approach to Early Help and how they judge its impact on outcomes for children. A Board peer review panel on Early Help heard that there are many voluntary and community agencies in the city offering a range of Early Help but that they are not necessarily well linked into the work that is being done by the statutory agencies. A multi-agency audit of the impact of early help is due to be published before the end of 2016. This will provide the Board with a much clearer picture on how children's lives are better as a result of the work partners do to support them. The work undertaken by agencies, this year, to ensure early help services are improved includes:

An external evaluation was conducted for the Acting Early initiative which identified positive feedback and examples of integrated working in the early stages of rollout, with practitioners reporting they are making an impact to the outcomes of families such as improvement in breastfeeding rates. Acting Early has now been successfully rolled out across the city. There is positive feedback and evidence from the child case meetings of improvements in earlier intervention and appropriateness of referrals to social care. The programme brings midwives, health visitors and children centre staff together to work in locality specific integrated teams, focusing on early help for children aged 0-5 years. The programme ensures that information about 0 to 5 year olds is shared between agencies. Good communication and multi-agency working has been developed between health services, social care, children's centres and early years education.

The Acting Early programme is currently being extended and developed for secondary school children in the north east cluster of the city bringing together a range of services including police, school nursing, social care, youth service and primary mental health. Work is currently underway with four schools Lyng Hall, Cardinal Wiseman, Grace Academy and Foxford School to pilot the approach. Young people have been engaged in some of the new multi-agency activities that have been tested out with the schools to promote earlier intervention and safeguarding for children such as CSE workshops.

The Early Intervention Service, provided by Compass, and commissioned by Public Health, works with children and young people (aged 8-16) at risk of poor coercive relationships, risky sexual behaviours and substance misuse, and is evaluated on a 6 monthly basis by Coventry University. The service consistently demonstrates statistically significant improvements in attitudes/vulnerabilities displayed by children and young people who have been through the service.

A new Early Help Strategy for the city has been launched this year. It aims to develop a cohesive early help offer embedded within a whole family approach that builds protective factors and family resilience, and reduces expenditure of costly reactive services. Families, particularly those with multiple and complex needs will have access to co-ordinated early help in accordance with need as soon as difficulties are identified. The strategy encompasses the work of Acting Early, Strengthening Families (formerly Troubled Families), the common assessment framework (CAF) and the development of family and community hubs that integrate children's services from age 0-19. Progress will be overseen by the Early Help Board, which is accountable to the Children's and Young People Partnership Board, the Health and Wellbeing Board and the LSCB.



To evaluate the impact of Early Help arrangements on outcomes for children.

Work between City Council Early Help Services, the CCG and GP surgeries to notify GPs when families are in receipt of early help, through the common assessment framework (CAF) process. This has led to a greater participation of GPs in relevant cases.

Health visitors working for CWPT routinely use an assessment tool to assess the level of support families need for the Universal Healthy Child Programme. It is regularly reviewed with families so that appropriate support at the right level is always available.

West Midlands Police are part of an innovative early help project alongside the Coventry Law Centre, Ignite and other agencies. The project focuses on early help to vulnerable domestic abuse victims involving joint visits and co-ordinated work to improve their welfare. This approach means families get the right support which results in a positive impact on their lives.

UHCW have continued to develop their iBumps teenage pregnancy service. It is focused on early intervention to support families through the whole antenatal period with a personalised and coordinated support package. Service users provide direct testimony of the positive impact the service has on their confidence as parents.

The Council's Early Help Service has developed key measures to define the impact of early help on the lives of children in Coventry. Eg. Number of CAFs by different agencies and outcome measures such as school readiness, school attendance, Social Care referrals, numbers of child protection plans and looked after children. As can be seen in **Section 3** of this report there are some good outcomes for children that this work will have contributed to, but there is still much to do to improve the effectiveness of early help on wider outcomes for children. Within Children and Family First teams, impact assessment tools are beginning to be used to provide a qualitative assessment of the impact of early help work on specific families. On a case by case basis this allows staff to identify what works and how children are different at the end of an intervention, for example well cared for, regularly attending school and that extended family support is in place to ensure sustainability.

Conclusion

There has been progress on this priority. The bringing together of much of the early help work being done in the city under the umbrella of the council's new strategy is beginning to ensure greater coherence and a clearer overall picture of what is available and its impact. Some system problems still make effective communication between early help and social care much more difficult than it needs to be and these need to be resolved. Continuing work to ensure that all services involved in early help communicate well with each other should result in more children getting the help they need in a timely fashion.



To ensure that missing young people and those at risk of sexual exploitation are protected by effective multi-agency arrangements.

The CSE strategy and plan developed last year are now embedded across the partnership. There continues to be a strong focus on understanding the picture of CSE locally and identifying victims, perpetrators and locations. There is a better understanding of the local profile in relation to CSE risk, through developing intelligence, a young people at risk database and mapping techniques. CSE Champions in each social work area meet regularly with the Horizon Team to understand the intelligence picture around CSE and share relevant information with their teams.

A significant number of awareness events and a lot of training have been delivered across the year, spearheaded through the See Me Hear Me campaign. All taxi drivers receive CSE awareness training and this is a mandatory condition of a license. Awareness training has also been given to hotels, takeaways, school governors, head teachers, environmental health officers, licensing officers and park staff. In March we launched The Pledge. Individuals and organisations pledged to know the signs of CSE and to report them. Organisations who signed the pledge included Coventry City Football Club, The Blades ice hockey team, senior leaders from police, council and voluntary sector, and schools. The Pledge will be rolled out to communities and religious organisations over the next year.

Services have evolved and learned from experience, so that they are increasingly more effective in their response to CSE. Partners in Coventry have taken the lead in using civil orders in response to CSE. A Public Space Protection Order was taken out in the city, the first in the country to be used in relation to CSE. The community feel they have reclaimed their space to the extent that it was used by the local school for their sports day. Sexual Harm Orders have also been used to restrict the access of individual perpetrators to children and places children go. We have shared this learning with over 100 professionals at a Civil Orders and Powers Seminar. A CSE Toolkit has also been developed for practitioners to use with children, so that they have a better understanding of how to keep themselves safe from exploitation.

The multi-agency Horizon Team work across teams providing support to social workers and other staff working with children who are at risk of or experiencing CSE. The Horizon Team are now starting to case hold, particularly where there is a need to build an enduring and trusting relationship with a child or group of children. A health worker is now embedded in the Horizon team to develop quicker pathways for children to access relevant health services.

The acting early programme for secondary school children in the north east of the city hosts monthly multi-agency case meetings involving the schools, police, school nursing, social care, youth service and primary mental health. This facilitates the identification of those young people with an unmet need which may include risks such as sexual exploitation. The multi-agency meetings allow professionals to put in place support at an earlier stage, drawing down on advice from social care and reducing the need for escalation.





To ensure that missing young people and those at risk of sexual exploitation are protected by effective multi-agency arrangements.

A CSE Practitioners forum has been set up between the Horizon team and voluntary organisations. It identifies gaps in the provision of interventions and awareness raising across the city as well as pooling expertise to develop better resources. This group is now bidding for funding to develop work around boys and young men at risk or experiencing CSE.

We have supported the regional development of standardised tools for risk assessment and screening. These are now routinely used across the partnership, but more work is needed to completely embed these in everyday practice and ensure that there is consistency in the way the tools are applied.

Public Health have ensured that there are robust arrangements in place in our sexual health services (based at City of Coventry Health Centre) for identifying young people at risk of Child Sexual Exploitation (a risk assessment is carried out for all under 18 year olds, with a more detailed assessment for under 16s). The service has responded to the recommendations of the latest CQC inspection (regarding health of looked after children) regarding ensuring staff are prompted (and that they do) act on identifying a concern, and also of ensuring their data systems facilitate the audit of the care pathways of vulnerable service users.

Public Health also commission CRASAC to provide free and confidential support and information to anyone from the age of 5 years old who has been affected by sexual violence. In addition, Public Health have commissioned CRASAC (in partnership with Barnados) to provide a 12 month sexual violence prevention programme which delivers support to primary schools, secondary schools and youth groups to address attitudes to women, improve young people's self-esteem, educate about consent, identify what is appropriate and acceptable behaviour and keep children safe online. The programme will be evaluated this year to determine its effectiveness and how services can build in techniques to prevent sexual violence and exploitation.

A recently published serious case review into CSE in Coventry is detailed in the **previous section** and will shape the way in which we develop our work with children at risk from and experiencing CSE by improving our long term support.

The Board have completed a CSE Audit. It showed that although some good casework is being done, the recording of it is erratic and sometimes does not occur. Thus, communication between services is sometimes unreliable. Work has now been started to rectify this and will be revisited in further audits.



To ensure that missing young people and those at risk of sexual exploitation are protected by effective multi-agency arrangements.

The structure and governance for child sexual exploitation and missing groups has been redesigned. There are now separate meetings to consider children at risk of or experiencing CSE and those who are repeatedly going missing. This allows there to be a more specific focus on both risk groups.

Information on missing children is now regularly reported to the Board and the Council have developed more effective systems to manage and respond to missing children and agencies are now more able to deliver an effective cross agency response. More return home interviews are being completed but there are concerns around the timeliness of the completion. Although there is some evidence that information from these interviews is used to inform effective responses a recent multi-agency audit showed that there were several significant high risk cases where interviews were either not completed or not being used to shape creative responses that effectively engaged the young person.

The Board recently completed an audit in relation to missing children and return home interviews. The learning is detailed in **Section 7**. The missing policy and procedure has been revised and work is now underway to improve response across the city by focusing on using the information contained in return home interviews to more effectively shape intervention and prevention work with children.

Conclusion

Progress on this priority has been good. There is now a coherent strategy and response to CSE across the city. Services have learned a lot and are better at supporting victims as well as acting to find and stop would be perpetrators and perpetrators. Information sharing guidance has been produced and shared with practitioners. However, neither recording nor information sharing are yet as good as they need to be and continued action is needed to ensure that both the multi-agency audit findings and the CSE SCR findings are followed up rigorously. There has been great progress on missing but more work is still needed to understand the patterns and learn how to reduce repeat episodes in a child focused way especially among the most high risk young people.



To ensure that children and young people are protected from domestic violence by effective multi-agency arrangements.

We have continued to progress our work in this area, ensuring that the various agencies dealing with domestic violence work well together and the multi-agency arrangements are fit for purpose.

The Board continues to work with the Police & Crime Board to ensure that domestic violence training across the city is well co-ordinated. This helps protect children by ensuring that there is a common understanding across the city and clarity on when to act.

Our peer review showed that several schools have worked hard to increase awareness of domestic violence and abuse. They also provide opportunities for children, or their parents, to make a disclosure and support children living with domestic violence pastorally. Full details of the good practice shared through the peer review process and the subsequent work done by agencies can be found in [Section 6](#).

As a result of the peer review we held a lunchtime seminar with over seventy practitioners. This focused on key issues raised by research about the impact of domestic violence on women and children and arrangements for child contact and ensured that practitioners were better able to understand the impact of domestic violence on children and use this to inform their work. As a result of the positive feedback a further session is now planned to focus on working with the perpetrators of domestic violence.

The peer review also resulted in Children's Social Care taking action to restructure the way in which professionals can access advice and make referrals for both social care and early help support, further improving the confidence with which partners can respond to domestic violence. Some good practice around the use of risk assessment tools was demonstrated during the review and this has now been shared with front line professionals in agencies.

Single agency work relating to this priority includes:

Through the Acting Early programme, which has been rolled out across the city, issues such as domestic violence are now mostly being communicated and dealt with early on, thus preventing escalation.

The Community Rehabilitation Company carries out group work with perpetrators of domestic violence in Coventry. This works to address their offending behaviour and prevent reoffending.

Police, Council and Health partners have reviewed the domestic violence screening process and put into place more robust consent screening. This allows information sharing and action to be conducted more easily and will be incorporated into the new front door arrangements being introduced at the Council.



To ensure that children and young people are protected from domestic violence by effective multi-agency arrangements.

UHCW have completed two audits around the routine enquiry for domestic abuse in the antenatal period. There is a continued plan to monitor compliance with the minimum standards and ensure that it is improving. The hospital safeguarding team will also be running a trust-wide domestic violence campaign in November.

Domestic violence awareness has been embedded into single agency safeguarding training across the partnership.

Conclusion

There has been some progress on this priority with increased action to support victims but more still needs to be done to reduce the incidence of families affected by DV.



Statutory responsibilities



Statutory Responsibilities

Section 11 Audit

A biennial assessment of all LSCB member agencies and organisations, in relation to their duties under Section 11 Children Act 2004 is undertaken by the LSCB. This self-assessment reviews the effectiveness of the arrangements for safeguarding children at a strategic level. The Section 11 audit assesses each organisation against eight standards based on the requirements set down in the 'Statutory Guidance on Making Arrangements to Safeguard & Promote the Welfare of Children under Section 11 Children Act 2004' (pages 13-17). The key areas of strength and for development are summarised in the table below.

Areas of strength

It is a necessity for senior management within each organisation to have commitment to the importance of safeguarding and promoting children's welfare. This is a strength area for the LSCB with all agencies meeting this standard. There were a few agencies who are in the process of taking steps to improve their annual safeguarding monitoring processes to ensure that results are communicated to staff and action plans to address issues are implemented effectively.

Within all agencies there is a clear line of accountability within the organisation for work on safeguarding and promoting welfare. For example, organisations have a named person with ultimate accountability for safeguarding arrangements and clear lines available for staff. It is widespread practice that anyone who comes into contact with children or their families has their responsibility towards children's welfare explicitly stated in job description and staff are clear about their responsibility. Agencies reported that they had effective supervision and monitoring arrangements in place, although there were some agencies that, as part of their continuous improvement plans, were in the process of developing this area.

In the area of safer recruitment and managing allegations agencies largely reported that they met the standards. However, some agencies felt that they still had work to complete to ensure that policies were up to date. Some agencies also plan to carry out audits to ensure that recruitment and allegation management policies were consistently implemented.



Most agencies felt that there was effective multi-agency working to safeguard and promote the welfare of children. One agency felt that they did not effectively use early assessment tools to improve outcomes and have outlined how they will meet the requirement in future. The City Council also outlined their intention to work in a way that can better describe the impact that early help work has on children and families, through the Steps to Change impact assessment tool.

Information sharing was also an area of strength for the LSCB. Organisations have a clear policy on appropriate information sharing to ensure children are safeguarded and their welfare promoted and report that training addresses the need for effective information sharing. Evidence was also provided that demonstrates that staff know where to seek advice on information sharing and have confidence in their professional judgement.

Areas for development

Some development is required by several agencies around the safeguarding training. Two agencies felt that they only partially met the requirement for staff to receive appropriate safeguarding training and to have individual training plans and one only partially met the requirement to evidence the training provided to staff through the use of a database. However, agencies reporting these concerns are also implementing substantial action plans to ensure that they are able to meet the standards in future.

Few agencies fully met the standard to have child friendly complaints information, different methods of communication for children to express their views, or actively involve children and families in the design, development and delivery of services and policies.

Individual agency action plans are now being completed to respond to any self-assessed areas requiring further attention. These will be subject to on-going monitoring through the Effectiveness & Quality Subgroup and further compliance work is planned for 2017. The Board is currently considering the full Section 11 report and will outline specific actions that it agrees to take in the coming year.

S175 & S157 Schools Audit

The LSCB undertakes an annual assessment of all schools. This self-assessment reviews the effectiveness of the arrangements for safeguarding children, in relation to their duties under S157 and S175 Education Act 2002, Keeping Children Safe in Education 2015 and Working Together 2015. It provides a generic picture of safeguarding in schools across the city. The Education Safeguarding Compliance Officer, working within the City Council, keeps an intelligence log for



all schools. This includes information about training attendance, designated safeguarding leads (DSL) briefing attendance and audit compliance. It also includes alerts from the Local Authority Designated Officer (LADO), OFSTED and the Department for Education about the quality of safeguarding practice in individual schools. Regular meetings between the School Improvement Partners and the Education Safeguarding Compliance Officer, within the Local Authority, allow for a collective approach to be taken to support school improvement, where such a need is identified. The key areas of strength and for development are summarised in the table below.

Areas of strength

Across the city schools have effective safeguarding policies and procedures in place and ensure that relevant and appropriate training is available to staff.

Schools have developed good relationships with CAF Coordinators from the local authority and work effectively to ensure that appropriate support is provided for children and families that are receiving early help. Schools are increasingly opening and leading CAF work for children in their schools. Recent changes in the way in which CAF Coordinators work with schools further improve this working relationship.

Areas for development

There were not enough governors accessing appropriate training in relation to both safeguarding and safer recruitment training. In previous years this training has been offered by the local authority, as part of their support to schools and governing bodies. This training is no longer provided. It appears that schools have not been able to access alternative training provision.

It is clear from the answers given to the audit questions that DSLs do not always have sufficient time and resources available to them to complete their role effectively. Few DSLs have supervision as practised in social care and not all of them have effective support meaning that they are at risk from the negative effects of stress from the issues their role brings them into contact with. The current round of refresher training is beginning to address this problem and the Education Safeguarding Compliance Officer reinforces the need for effective supervision or support during school visits.

Where there are areas of development for specific schools, they are supported by the Education Compliance Officer, within the City Council, to improve. Assurance on progress is provided on a regular basis to the LSCB Effectiveness and Quality Subgroup.



Child Death Overview Panel (CDOP) Annual Report

CDOP enables the LSCB to carry out its statutory functions relating to child deaths. The headlines from their annual report include:

- The number of deaths notified year on year has remained fairly consistent over the last 4 years.
- Neonatal deaths (aged 0-27 days) form the highest category of deaths notified in 2015-2016 which is consistent with previous years and consistent with regional and national findings.
- With regards to deaths reviewed, 50% of the deaths reviewed during 2015-2016 had modifiable factors identified. This ratio is an increase from the previous year where modifiable factors were identified in 37% of deaths reviewed and is much higher than the national average for 2015-2016 which is 24%. It must be noted however that in over half of the cases where modifiable factors were identified the modifiable factors relate to lifestyle choices, i.e. smoking, a raised BMI and consanguinity.

In relation to the reviews conducted, Coventry CDOP has continued to review deaths where an unsafe sleeping environment has been a contributory factor in infant deaths and the implementation of the safe sleeping risk assessment tool now being used by Midwives and Health Visitors will be monitored and evaluated to see if this has an impact on choices made by parents.

The full CDOP Annual report for can be found [here](#).

Local Authority Designated Officer (LADO) Report

The LSCB has a statutory function to ensure policies and procedures are in place to deal with allegations against people who work with children. These procedures include a requirement for the Local Authority to appoint a designated officer (LADO) to be involved in the management and oversight of allegations against people that work with children, as defined in Working Together 2015.

The headlines from the LADO annual report include:

- 370 enquires have been received between November 2015 and September 2016. 168 were converted into referrals with 87 that have led to position of trust meetings.
- In the last 10 months the service has chaired more Position of Trust meetings, compared to the previous full year.
- More than 75% of allegations are resolved at the first meeting; with 15% requiring more than two meetings and less than 10% require three meetings or more. Meetings are well attended by all partners.
- The majority of enquiries relate to physical abuse but also included sexual abuse, online abuse (including indecent images) emotional abuse, mental health, and neglect.
- There has been an increased number of enquires in relation to historic abuse from the public.

The full LADO annual report for can be found [here](#).



Board development, learning and improvement



Board development, learning and improvement

Board development

The last annual report identified some specific areas where the Board needed to develop:

- Knowledge and understanding of particular groups of children
- Coherent multi-agency response to safeguard children from radicalisation
- Dissemination of knowledge and learning.

Knowledge and understanding of particular groups of children

The Board needed to strengthen its knowledge and understanding of the lives of particular groups of vulnerable children. This included children with disabilities, young carers and looked after children placed more than 20 miles from the city.

A Board meeting was held at Sherbourne Fields Special School, where a group of pupils with disabilities talked about their lives and their schooling. They now act as advisors to the board and have visited UHCW to advise the hospital on the accessibility of services. They contribute a regular column to the Board's newsletter and the Board training co-ordinator has met with them to seek their advice on the training programme.

Young carers were invited to speak to the Board by video about their experiences. A task force was then set up to respond to the issues they had

raised. A project is now in place to improve awareness of young carers and how they can be identified and supported. This has already resulted in UHCW being able to identify and offer support to more young carers who use their services. Awareness training has also been delivered to schools via the designated safeguarding leads network.

The July Board meeting considered a report about looked after children placed out of city and also children from other areas looked after in Coventry. There are currently 123 children placed more than 20 miles from the city and 115 children from elsewhere placed in Coventry. It was reassuring to learn that all these children received the same services regardless of whether they were from Coventry or not. The board will keep this item on the agenda to ensure that the key issues and concerns can be identified and responded to in relation to this particularly vulnerable group of children.

Coherent multi-agency response to safeguard children from radicalisation

Concerns from schools and other agencies about radicalisation led to an initial report to Board from the Prevent co-ordinator. The Board then organised a large multi-agency conference on radicalisation. This was very well attended by a wide range of agencies. Practitioners were given valuable advice about how to respond to signs of radicalisation.



Dissemination of knowledge and learning

Last year's report identified a need to improve the dissemination of learning across the partnership, considering what works as well as what requires improvement. It acknowledged that although it was clear that the quality of practice was inconsistent and not good enough, the Board knew too little about multi-agency practice in detail. It was decided to establish peer review panels so that all Board members could learn more about each other's practice. These panels have proved to be an invaluable source of learning and a means of unearthing both good practice and problem areas that require attention. As part of the drive to ensure wider learning from each other, the quality assurance questions posed at the panels are subsequently circulated for responses to all Board members and a composite report is then compiled covering the practice in all Coventry's agencies in relation to the topic in question. These composite reports this year cover CSE, Hard to Engage Families, Domestic Violence and Abuse and Neglect.

Child Sexual Exploitation

This peer review has been key to understanding current practice. Good practice examples were given by several schools carrying out regular attendance checks on pupils and adopting effective recording processes to monitor concerns about individual children. For example Lyng Hall School use the Child Protection Online Service (CPOMS) to highlight concerns about children's absence. Those with poor attendance are placed on a watch list and their attendance is checked at every lesson. Learning mentors at City College also undertake one to one work with children who are identified as being at risk from sexual exploitation. Treatment Foster Care also shared their experience of supporting a child at risk to disengage from a CSE network through an effective and intense team around the family approach. A young person's reference group has also been established to inform future policies and service developments. However it was clear from the review that more work needed to be done with people over the age of eighteen who have experienced CSE and to improve information sharing about risk and vulnerability between partners, especially schools. As a consequence of this review concerns over the sharing of safeguarding information when pupils transfer between schools was raised. Board Members worked with the school admissions team to include specific safeguarding questions on admission forms and now there is a much better transfer of safeguarding information when children move schools.



Hard to Engage Families

The issues of dealing with disguised compliance and non-engagement have featured in several serious case reviews, so the Board have prioritised taking action to improve in this area. There was evidence of creative and innovative approaches to building relationships with families and working across agencies to identify a trusted worker to begin to build relationships between a family and other professionals, but these were more prevalent in specialist teams. Schools, and in particular Aldermoor Farm, were successful in using informal opportunities, such as a toy library, cooking classes and social events, to engage parents who otherwise did not come to school. It was apparent to make this good practice 'business as usual'. Professionals need to be more skilled and confident in dealing with challenging families and agencies need to develop flexible and responsive services to meet the needs of families, for example meetings in evenings and at weekends. Professionals also need to work across agencies to cross reference information given to them by parents. To address these issues learning events have been held, drawing on the similar lessons learned from recent serious case reviews, with front line staff. The sessions gave professionals the opportunity to role play working with disguised or non-compliance in order to increase skills and confidence.

Domestic Violence and Abuse

Several schools across the city shared their good practice in relation to increasing awareness of domestic violence and abuse, providing opportunities for children, or their parents, to make a disclosure and to support children living with domestic violence. Broad Heath Primary School invites parents to coffee mornings and to help with tasks in school, building relationships and encouraging disclosures. Other schools, like Aldermoor Farm, use a protective behaviours package with all their children. This teaches them how to stay safe and gives them opportunities to say if they are worried about anything. At Lyng Hall School there are trained staff who provide financial and benefits advice to parents, to overcome perceived barriers to taking action or leaving home where they are suffering domestic violence. West Midlands Ambulance Service offer additional support to calls involving domestic violence by holding calls open to find out what is happening in the household until the crew arrives. However, it was clear that across all agencies there was a need for greater consistency in awareness training and more focus on the impact of domestic violence on children. Information sharing also needs to be improved, especially between social care and schools, so this is another area that the Board will continue to focus on in the coming year. As a result of the peer review a lunchtime seminar was held and well attended, improving the ability of professionals to focus on victims. A further seminar is also planned to focus on perpetrators. More detail on this seminar can be found in **Section 4**. Children's Social Care are also taking action to restructure the way in which professionals can access and advice and make referrals for both social care and early help support, further improving the confidence with which partners can respond to domestic violence. Some good practice around the use of risk assessment tools was demonstrated during the review and this has now been shared with front line professionals in agencies.



Neglect

The most recent peer review was in relation to neglect. All agencies recognised that nationally neglect is the main reason that children are referred to early help and social care services. There was some good practice, particularly from health providers, in training staff to recognise neglect and differentiate between neglect and emotional abuse, as well as encouraging staff to challenge and be persistent with hard to engage families where there are early warning signs of neglect. Agencies also had safeguarding policies in place that included the issue of neglect and demonstrated that they had systems in place to work with families where neglect was identified as a concern. The over-riding findings were that there were serious concerns about the levels of understanding about neglect across agencies, particularly social care. There is much scope to improve the way in which neglect is recognised and therefore responded to in Coventry, which would be supported by better sharing of chronologies – enabling professionals to better assess current functioning of families in the context of their history. Over the coming year there will be a much greater Board focus on neglect, the way in which agencies respond to it, and the effectiveness of current arrangements.

The Board has also improved the way it shares learning more generally. A newsletter is published regularly which has a wide readership at strategic and operational levels across the partnership. There has been a five-fold growth in readership from 269 recipients to 1426. The Board makes regular use of Twitter to promote its work and share information to its 384 followers. Use of the website has increased dramatically. In September last year it averaged around 700 visitors a month whereas now it averages over 1,700. In addition there is a standing 'Learning from Success' item at each Board meeting. At a deeper level the Board has also started to focus on key areas through peer review panels, followed up with quality assurance questionnaires completed by agencies. Additionally there has been a significant step forward in the sharing of learning from serious case reviews, with three training sessions held in the last year to share significant learning with front line professionals.





Learning events

As a Board we are committed to promoting our learning in a way that improves service delivery and outcomes for children. Over the year we have held a series of events in relation to radicalisation, domestic violence, child sexual exploitation, hard to engage families and mental health and wellbeing.

Safeguarding and radicalisation



In conjunction with the adult safeguarding board we held a highly successful conference looking at the issues of safeguarding and radicalisation. With over 100 people present there was good representation from across agencies involved in safeguarding. The conference which included contributions from Sara Khan from Inspire, and local agencies looked at:

- Knowledge and understanding of national best practice in tackling radicalisation
- Awareness of the local risk, priorities and links to safeguarding
- Clarity on what to do if they have concerns and who to report them to

Through group discussions, attendees then had the opportunity to discuss what more could be done to help improve local resilience to extremists. At the end of the event over 40 individual pledges were made by delegates. Examples of these pledges included:

- Delivering Prevent training and awareness raising within their own organisation.
- Securing new resources and materials that will assist colleagues
- Engaging students and parents in discussions around the risk and appropriate protective behaviours
- Reviewing the organisation safeguarding policy and referral pathway to ensure that Prevent is fully incorporated.
- The Voluntary and Community Sector will organise Prevent briefings and training events for the community sector.

Domestic violence

The board's lunchtime seminar on domestic violence was heavily over-subscribed by staff from a wide range of agencies, reinforcing the need for a more widespread programme of domestic violence training across the city. The seminar will be repeated to allow a greater number of professionals to attend and change their practice in a way that improves outcomes for children. More detail on this seminar can be found in [Section 4](#).



Achieving mental wellbeing for children and young people

This conference was organised in response to concerns surfacing through the voice of the child testimony at Board and the work of subgroups. Delegates from multiple agencies attended the event with the aim to hear from young people about their experiences and understand the reasons for the rise in mental ill health. Delegates learned how to promote resilience for young people. Professor Swaran Singh gave a fascinating keynote speech alongside presentations by colleagues from the University of Warwick, Public Health, Integrated Primary Mental Health Service and CAMHS. A young person's story was played to give the delegates an example of their experiences. There were also a number of engaging workshops throughout the day.

There will be follow up work in schools to improve children's mental wellbeing and outcomes. Evaluations indicate that most of those who attended will use the knowledge of services and strategies they gained from the conference to support children's mental wellbeing in their daily work.



CSE learning events

The Board has organised a series of CSE learning events at which a wide range of statutory and voluntary services and organisations learned about each other's work and services. Particular attention was paid to identifying support that is available for young people affected by CSE when they reach the age of transition at 18 and lose the right to statutory support. The information gathered at this event is now available on the Coventry LSCB website in the form of a directory. If this is used, it should help both to ensure that young people are not left without support when they reach the age of eighteen and that services and agencies work more closely together to combat CSE.

The Board also hosted a Civil Tools and Powers to Safeguard Young People and our Communities Seminar with over 100 colleagues from different agencies. This showcased the ground breaking work done in Coventry, to protect children from the risk of CSE by using civil powers such as Public Place Protection Orders and Sexual Harm Orders.

SCR learning and hard to engage families

We have held three training sessions in the last year, covering recent case reviews with a particular focus on hard to engage families; this included an opportunity for practitioners to develop their skills and approach to parents while developing a positive working relationship.



Learning and improvement framework

The successful learning events that the Board has held form a substantial part of our Learning and Improvement Framework. This outlines all the ways in which disseminate and embed learning across the partnership and can be found here. We are now developing a revised framework to reflect the more mature understanding of learning and improvement by Board Members.

The Board is keen to extend learning to young people themselves and is working with the Virtual College to develop an app which will enable young people to access safeguarding advice and support in a way that feels right for them. Coventry City Council have also supported Coventry University in their development of a webapp, 'Petals', for young people in relation to female genital mutilation (FGM). The app attracted between 3,000 and 4,000 users and received more than 7,000 visits in the first six months. Coventry University have now been commissioned to produce a new webapp, 'Petals for professionals' which includes information on the signs that someone may be at risk of FGM, how to have appropriate conversations, and more information about the mandatory reporting requirements.

Self-evaluation

In January, we undertook a self-evaluation to assess the Board against the Ofsted 'good' criteria. Building on what had already been done, we committed to a renewed drive forward both to get securely to "good" and to ensure that learning from the Board's work is understood, absorbed and shapes better practice across the workforce, so that outcomes for children get better. The work required has been absorbed into the work plan and has now been completed. The new chair will review the current priorities and work programme with the Board.





Quality assurance and policy development



Quality assurance and policy development

Quality assurance and audits

Last year's quality assurance work raised concerns about the quality of practice. This year's rolling programme of audits has included audits on the application of threshold standards, care planning and missing children and return home interviews. Key findings included the need to improve the:

- quality of information recorded and shared between partners, so that good quality decisions can be made in a timely way
- way chronologies are recorded and shared between partners to create a more holistic view of a child and families experience and need
- how the voice of the child is represented in written records, ensuring that work is explicitly focused on improving outcomes for children and that practitioners can articulate how outcomes have been achieved
- access to help and advice about the level of care and support that a child or family might need, including the revision of access points for social care and early help
- content and availability of clear guidance on thresholds or levels of need
- multi-agency referral process by implementation of a revised form
- missing children policies and procedures.

Revised missing policies and procedures were published over the summer. Threshold guidance has also been updated and presented in a much more accessible format and is now available on the LSCB website. In the following months further audits will be carried out in relation to child sexual exploitation, the impact of early help and the experience of care leavers.

The results of all audits are reported to Board and appropriate action plans agreed to implement any recommendations. The implementation of these is then monitored by the Effectiveness and Quality Subgroup. As a result of this work we now have a clearer understanding of how well we are safeguarding children in Coventry, but more work needs to be done to share the good practice and learning that emanates from our audit activity.

Policy development

It was clear from last year's annual report that many of our policies and procedures were difficult to understand. Work to revise them this year, co-ordinated by the Policy and Procedures Sub-group, has made them much clearer and more accessible. This includes a simplified and easily accessible version of advice on applying thresholds for accessing social care services.

Our policy and procedures can be found [here](#) and our advice on applying thresholds [here](#).



Safeguarding training



Safeguarding training

The LSCB quality assures single agency training, and delivers a programme of specialist multi-agency training and development. It has good information about agency participation in its multi-agency training and it regularly evaluates the impact of such training on practice. It does not yet have good enough information about levels of safeguarding training within the overall safeguarding workforce.

Evaluating impact

Our multi-agency training programme is regularly evaluated to ensure that the impact on practice is understood. The evaluation includes an analysis of end of course and post course feedback specifically linked to impact on practice and evidence of how training has resulted in better outcomes for children.

The courses we have evaluated during 2015-16 include:

- Level 1 Introduction to Safeguarding Children
- Level 3 Child Sexual Exploitation, Domestic Abuse and Safeguarding Children and Effective Use of Core Groups.

Courses we will evaluate during 2016-17 include:

- Level 2 Working Together to Safeguard Children
- Level 3 Emotional Abuse and Neglect and Safeguarding Disabled Children.

Level 1 Introduction to Safeguarding Children

All those who responded reported that the training had increased their confidence in identifying and responding to child safeguarding concerns.

Evidence of better outcomes for children included:

- Two workers identified concerns about a child and reported to their designated leads. One led to a referral to social care the other to monitoring the child and engaging with the parent.
- Workers reported an improvement in their practice, for example updating safeguarding policies, taking more notice of changes in children's behaviour, and ensuring record keeping was more complete and timely.

Level 3 Child Sexual Exploitation

All those responding had increased confidence around identifying and responding to sexual exploitation.

Evidence of better outcomes for children included:

- One worker had attended a multi-agency meeting in respect of concerns about a young person and felt more confident about sharing appropriate information from her agency. Her manager confirmed this.
- One worker in an agency where they deal with a lot of young people at risk increased her knowledge around who to share concerns with and had also worked directly with the Horizon Team.



- One worker had identified a concern and completed the CSE risk assessment tool and then referred to an appropriate agency.
- Workers improved their practice and the practice of others by gaining knowledge around what to listen out for in conversations with young people and cascading this to colleagues.

Domestic Abuse and Safeguarding Children

Those responding reported increased confidence in identifying and responding to concerns.

Evidence of better outcomes for children:

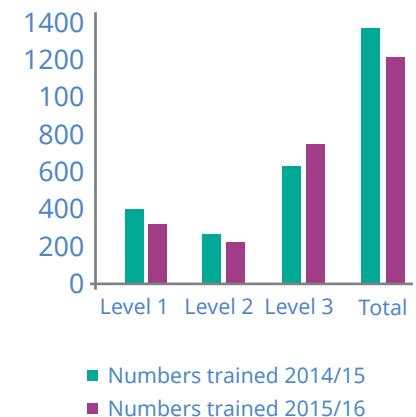
- One worker had used learning from the training to be more aware of non-verbal responses when talking to victims and to make sure that conversations take place in a secure environment. She had also helped a family to understand about the impact on children and to source support in a safe way. She had also made sure that she shared concerns with her manager.
- As a result of this one victim had shared that she now has more understanding of how all types of domestic abuse can impact on her children, not just witnessing physical attacks. This person has also engaged with support agencies and is more aware of the support available.
- One worker found that the training helped her recognise and spot warning signs in adults and children. She had worked with her designated lead to support a family and this had included monitoring the children. The training also increased her confidence in working with this family around the liaison with Social Care and outside agencies and supporting the victim through a court hearing.

Evaluation of course impact on practice continues to consistently show that participants become more effective by drawing on what they have been taught in the Board's multi-agency courses.

Multi-agency training participation

Agencies provide some in-house single and multi-agency training of their own. Agencies are responsible for advising staff, depending on job role, on which training they should attend. The training year runs from April to March. Two sets of training figures have therefore been provided (April 2015 to March 2016 and April 2016 to September 2016) to cover the Annual Report period. From April 2016 recording categories for training attendance have been changed, so it is difficult to make direct comparisons about individual agency participation. The tables and charts below show the overall take up of LSCB provided training. A full breakdown of training participation data can be found in [Appendix 1](#).

	Level 1	Level 2	Level 3	Total
Numbers trained 2014-15	364	227	591	1320
Numbers trained 2015-16	280	182	706	1170
Numbers trained 2016-17 (Apr-Sep)	105	39	166	565





In 2014/15 1320 professionals attended inter-agency training, in 2015/16 1170 attended training courses. Some of the factors which contributed to the decrease in figures this time are:

- In 2014/15 there were specific workshops for professionals around private fostering
- In 2014/15 there was a designated training event for faith organisations
- In 2014/15 foster carers attended inter-agency level 1 training, they now attend in-house training
- In 2014/15 professionals attended multi-agency signs of safety training. Changes in the use of signs of safety in Coventry have meant that training has been delivered as single agency training for social care staff. Multi-agency training for signs of safety has not been available for in the last year.

CAF training

The CAF training is delivered by colleagues within the CFF Service, which forms part of the City Council. There are three types of CAF training provided across the LSCB.

Lead professional CAF training

This is offered to professionals who will complete CAF assessments and take the role of Lead Professional/Keyworker. It is delivered by the team of Coventry CAF Coordinators who work within the CFF Service. The training is held every 6 weeks and is well attended. Since September 2015 there have been 126 people trained of which 28 were from CFF, and 98 from partner agencies.

CAF awareness training

This important training is offered to professionals who require an overview of the CAF process and the knowledge needed to attend the Team Around the Family meetings and contribute to the CAF plan. It is delivered by the team of Coventry CAF Coordinators who work within CFF. The training is offered every 6/8 weeks. Since September 2015, 59 people have been trained of which 3 were from CFF, and 56 from partner agencies.

eCAF training

eCAF is the electronic recording system for CAF. Training is offered to professionals who have completed Lead Professional or CAF awareness training. It is delivered by a small team of 3 people and lead by the Coventry eCAF Coordinator. The training is offered weekly. Attendees are given the skills and knowledge to use the system. Since September 2015, 141 people have been trained of which 16 were from CFF, and 125 from partner agencies. Drop in sessions for support and general queries are also run for eCAF. These are held on a weekly basis lead by the Coventry eCAF Coordinator and are well attended.

Agency training and development

All Coventry and Rugby Clinical Commissioning Group (CCG) staff are required to undertake mandatory safeguarding children training on induction, and on a three yearly basis thereafter. The Coventry and Rugby Clinical Commissioning Group Safeguarding platform, including a Training area, has been updated in July 2016. Level 1 and 2 training is delivered as an E-learning package, with a hyperlink included on the platform. The revised safeguarding training platform outlines the Level for each role as per Intercollegiate Competencies



(2015). The majority of the CCG staff require Level 1 safeguarding training, by virtue of their role. A small selection of CCG staff are required to undertake Level 2 Training. CCG staff requiring specialist safeguarding training (Level 3 multi-agency and higher levels) access this via external events. The CCG monitors safeguarding training figures to ensure that all staff are compliant with the required training.

UHCW NHS Trust has a mandatory training policy which incorporates each individual's responsibility in relation to safeguarding training. Compliance with this is overseen by two internal committees; the Mandatory Training Committee and the Safeguarding Children and Vulnerable Adults Committee. All new starters whether clinical or non-clinical receive level 2 child protection training during their induction period. To maintain compliance all staff are then required to complete an e-learning programme every 3 years. All multi-disciplinary clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning intervening and evaluation the needs of a child or young person and parenting capacity receive level 3 child protection training. These training sessions are currently offered monthly to staff at UHCW. Staff are also supported to access interagency level 2 and 3 training through the local authority and the Coventry Safeguarding Children Board.

All new staff in CWPT have to attend a corporate induction training programme. Included in this induction is level 1 safeguarding awareness training and prevent training. Any staff that require additional training due to the nature of their role are automatically booked onto the next available level 2 course, specialist knowledge is then acquired following discussion with the line manager. The same training is also part of the rolling three yearly mandatory training. All CWPT staff roles are matched against a skills and competency framework. This framework is available for them and their

management to view on the Electronic Staff Record (ESR). In addition to this all staff are required to undergo appraisal and personal development review in which skills and competency are evaluated.

West Midlands Police have invested heavily in a structured learning and development training plan for all areas of vulnerability; this programme continues to be delivered to operational staff and supervisors. All dedicated child abuse investigators are either experienced, trained detectives or are working towards detective status on the nationally accredited investigative training programme. All local policing officers and child abuse specialists have been given specific training on key areas of child abuse, including ensuring that; the voice of every child is captured and put at the heart of our decision making; children who are impacted on by domestic incidents are identified and referred for joint agency discussion and appropriate response; that appropriate processes used to capture evidence from children are utilised and specially trained officers deployed; and that indicators of CSE are identified and referrals made accordingly.

The National Probation Service (NPS) are committed to providing their staff with the resources, training packages and time to ensure that they can develop, refresh and improve their practice in relation to safeguarding. All NPS practitioners are required to undertake mandatory safeguarding child training, this is initially delivered as an e-learning package for level 1 and 100% staff have attended. On successful completion of the e-learning, all practitioners must attend a two day training event a commitment from the NPS that all staff will have completed this training by March 2017. Staff are encouraged to access level 2 and 3 training through the LSCB. The Community Rehabilitation Company requires all new employees to undertake a level three vocational qualification. This includes training on safeguarding. The induction that all staff undergo when they start includes safeguarding responsibilities.

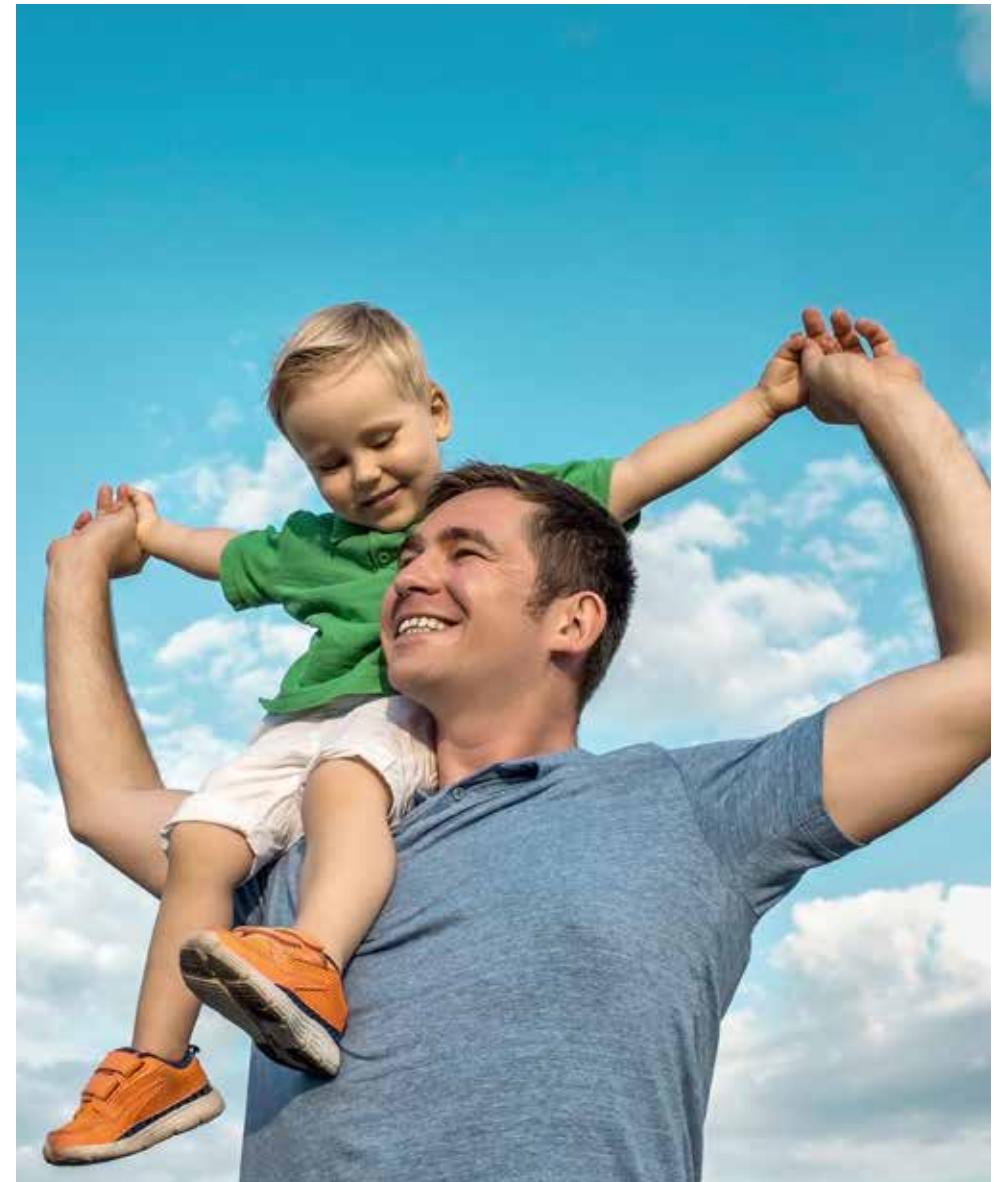


Staff have access to in-house, external and LSCB safeguarding training to facilitate any specialist training needs that are identified.

Whitefriars Housing (Part of the WM Housing Group) work in partnership with SAFE to deliver safeguarding tailored to staff roles. Across the group so far, approximately 683 staff have attended. The training itself has received positive feedback and has led to an increase in awareness and a greater understanding of roles and responsibilities in recognising, responding, reporting and recording safeguarding concerns. Staff were asked what they would do differently in their day to day roles as a result of this training; the number one response from staff was that they will now be more “aware alert, observant and vigilant.”

Over the last year 200 members of social care staff have received signs of safety training, to further professionalise the effectiveness of keeping children safe, even after social workers are involved with a family. 46% of current Council staff have had basic safeguarding training in the last two years, this is the same level of current staff as last year. Workforce Services have been delivering bespoke mandatory briefing sessions for children’s teams across the Council in order to improve the number of staff who have up to date training, but there is still some work to be done to ensure all staff receive awareness training.

All staff who work in schools, including school governors, have Level 1 safeguarding training annually. This includes all staff who have any contact with children. School staff who are in a Designated Safeguarding Lead, or deputy, role must attend the LSCB Level 2 Working Together to Safeguard Children training, and then undertake DSL refresher safeguarding training at least annually. Schools are supported in their safeguarding responsibilities through the Education Reference Group and the City Council’s Education Compliance Officer. The group has worked to improve information sharing in relation to safeguarding and a new format for doing this is now in place.





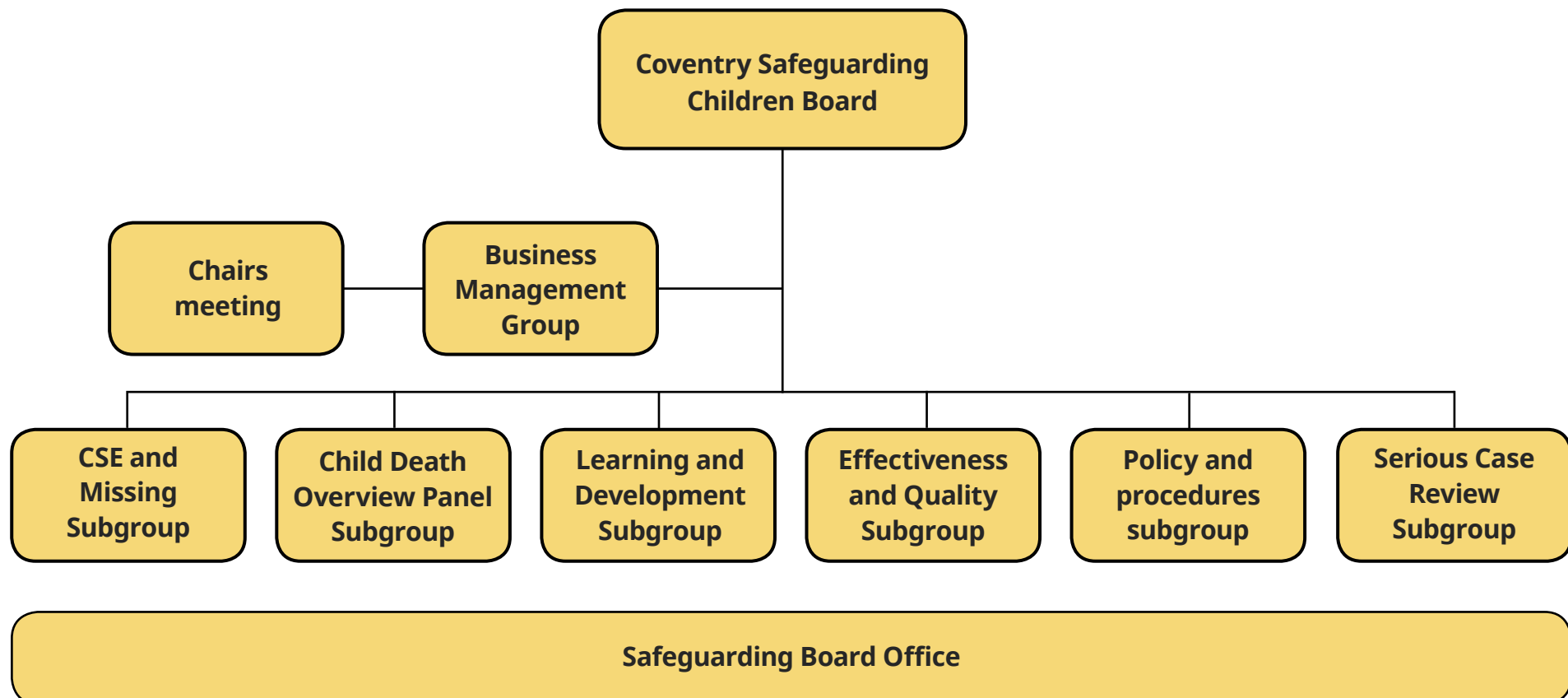
Governance and Accountability



Governance and Accountability

Board structure and membership

The requirements for LSCB membership are set out in Working Together 2015. The members of the Coventry Board and their attendance at Board are detailed in [Appendix 2](#). Attendance is good. The Board structure is detailed below.





The Coventry LSCB sub-groups and panels have work plans which support those of the main Board and will be maintained to operate under the direction of the Coventry LSCB Business Management Group. Each subgroup has a distinct purpose and terms of reference.

Effectiveness and quality

The effectiveness and quality subgroup is responsible for meeting the statutory function in monitoring and evaluating the effectiveness of single agency and inter agency safeguarding processes, assessing the quality of work undertaken and enabling learning to be shared with all relevant agencies.

Child Death Overview Panel (CDOP)

The panel investigates the deaths of children in the area and use the findings to take action to improve the health and safety of children and prevent other deaths.

Child Sexual Exploitation and Missing

This group ensures an effective response to children and young people who are missing from home or care; children and young people who are at risk of child sexual exploitation or those that are being abused via child sexual exploitation.

Policy and procedures

This group reviews and revises existing policies and procedures in the light of local and national priorities and changes; drafts new policies and procedures as required; and resolves issues arising in the day to day safeguarding processes.

Serious case review

This subgroup is responsible for ensuring the board meets the statutory functions, in relation to serious case reviews. This includes making recommendations to the Chair as to when a review should be carried out, carrying out reviews and ensuring the learning is shared across all partners, so that improved outcomes for children can be achieved.

Learning and development

The learning and development subgroup monitors the quality of multi and single agency safeguarding training and ensures that there is appropriate training available for, and accessed by, all staff who require it.

Over the last year the Board has developed its focus on external issues and the perception and awareness of safeguarding issues in Coventry through the work of its communications sub-group. This group meets regularly and includes partners from a wide range of organisation who share learning, agree joint approaches to campaigns and media issues and ensure information is cascaded effectively within partner organisations.

Coventry LSCB does not work in isolation in its aim to improve outcomes for children across the city. The work of other strategic boards also direct and influence the experience of children. There is a governance process between the LSCB, Coventry Safeguarding Adults Board (CSAB), the Police & Crime Board, the Health and Well-being Board, the Improvement Board and the Children and Young People Partnership Board to ensure effective working together. Lead officers for each board meet bi-monthly to support this. They review work plans, priorities and future plans to ensure synergy and manage overlaps, and agree a lead Board where overlaps do occur. This group will also review the effectiveness of the way in which the Boards are able to work together. The chairs of each strategic board meet quarterly to discuss challenges in areas of mutual interest and to review reciprocal

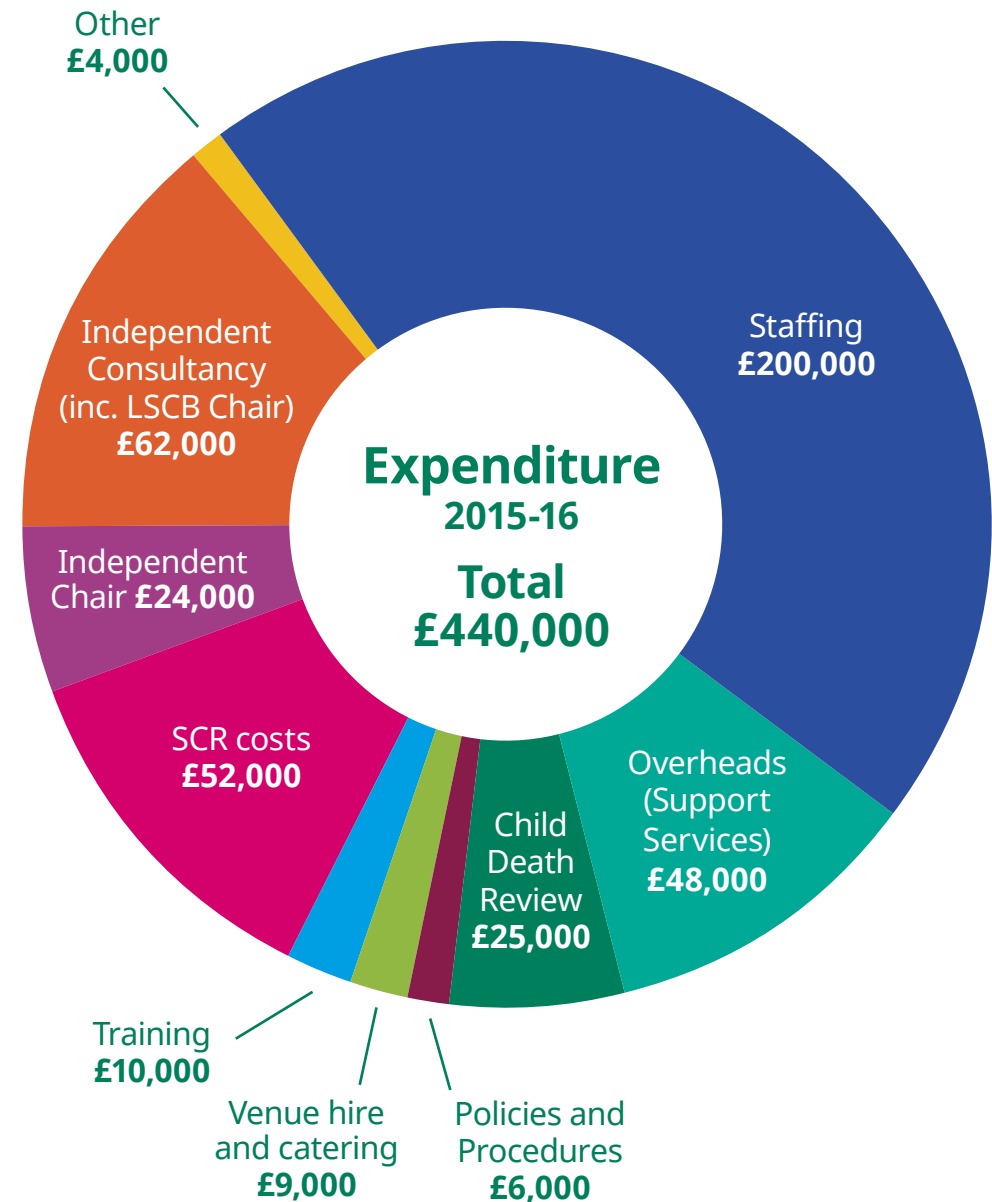


membership arrangements. This enables greater collaboration when there is a shared agenda. This has been particularly evident in the joint hosting of the safeguarding and radicalisation awareness event.

Budget

The Board operates a joint budget supporting the work of the Coventry Safeguarding Children's Board and the Coventry Safeguarding Adults Board. In financial year 2015/16 the gross expenditure budget was £418,000. The actual expenditure was £440,000. Consequently there was an overspend of £22,000. A breakdown of the expenditure can be seen in the table below.

Agencies have contributed to the operation of the Board. 73% of funding for the Board is provided by Coventry City Council, 18% by Coventry and Rugby Clinical Commissioning Group, 7% by West Midlands Police and 1% by probation services. There is also a small contribution from CAFCASS. The multi-agency training provided by the Board also generates a small income of £14,000 which is offset against the costs of training. All agencies contribute by hosting meetings, including organising tours of their buildings and facilities and hosting learning events.





Conclusion



Conclusion

This report outlines clearly some of the progress that has been made in improving safeguarding in Coventry. Board partners are now committed to a shared set of priorities. Both multi agency practice and individual partner audits are robust. But much still remains to be done to ensure that all multi-agency processes are good all the time.

Both recording and information sharing emerged as issues from the multi-agency audits and from the earlier board CSE audit. Chronologies and record keeping are also identified as concerns in a number of recent SCRs. Work will need to continue on improving all these.

More work is needed on neglect. Evidence to the recent Peer Review Panel on neglect suggests that practitioners are generally clear on recognising the signs of neglect and know what action should be taken, but that there are issues with referrals, no common approach to assessment and planning and too little focus on outcomes for the child. Maintaining momentum and avoiding drift is a challenge. As shown in previous peer reviews, the disjuncture between systems and processes in CFF and Social Care causes difficulties.

Following the children's mental health conference, evaluations indicated that most attendees would use the knowledge of services and strategies they gained from the conference to support children's mental wellbeing in their daily work. This is a good start but this will remain an area of safeguarding that requires attention.

So there is still much work to be done. But as this report makes clear, there has been very significant progress in keeping children safe in Coventry.





Appendices

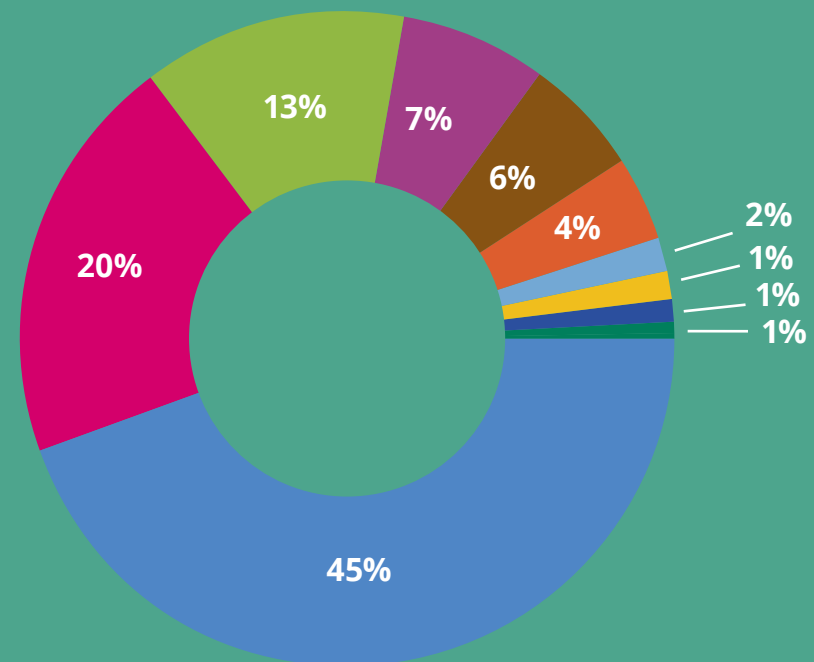


Appendix 1: Multi-agency training statistics

* Some Early Years organisations fall within the Local Authority but for these figures they are included in the separate category so that the whole range of Early Years organisations can be counted together. Those which are separate to Local Authority include private and voluntary nurseries, child-minders and crèches.

Total trained

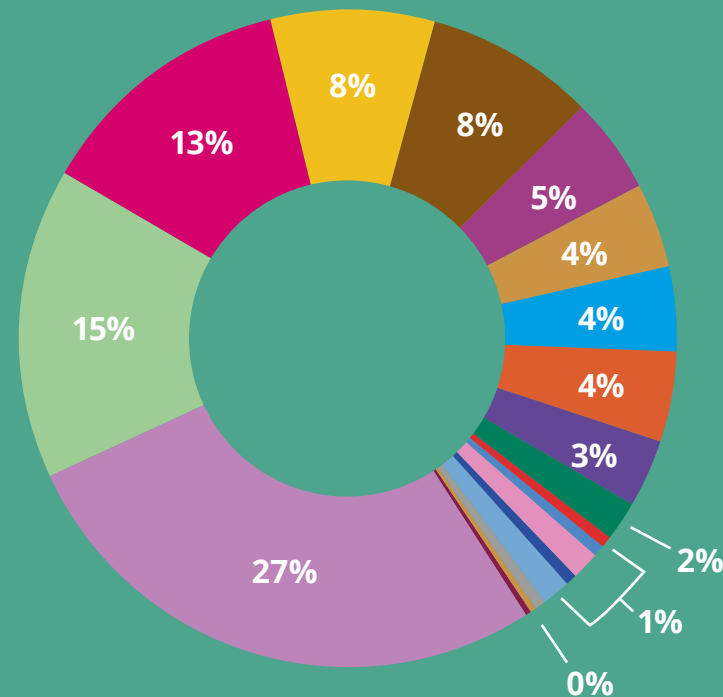
Category	Total trained in 2015/16	%
Health	523	45%
Early Years Providers*	235	20%
Education	154	13%
Other	84	7%
Vol/Ind/Private	69	6%
Local Authority (other)	47	4%
Police	21	2%
Social Care	16	1%
Probation	12	1%
Faith Groups	6	1%
CAFCASS	3	0%
Total	1170	100%





Total trained continued

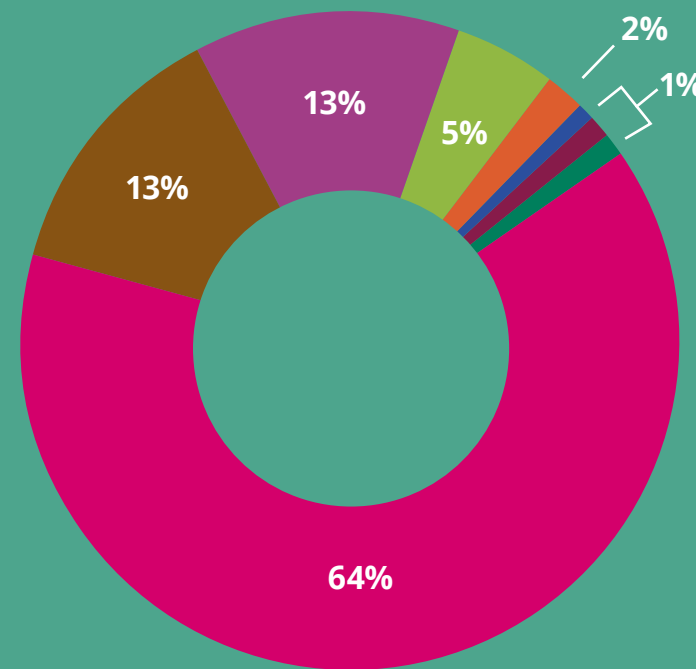
Category	Total trained in 2015/16 Apr-Sept	%
Primary Schools/ Secondary/Academies	155	27%
CWPT	86	15%
Early Years Providers*	72	13%
Social Care	46	8%
Vol/Ind/Private	46	8%
Other	28	5%
UHCW	23	4%
Children & Families First Team	23	4%
Local Authority (other)	25	4%
Children's Centres	19	3%
FE Colleges	11	2%
Coventry and Rugby CCG	3	1%
Public Health	4	1%
Youth Services/YOS	8	1%
CRC Probation	3	1%
Police	7	1%
Private Schools	3	1%
NHS England	0	0%
National Probation Service	2	0%
CAFCASS	1	0%
Faith Groups	0	0%
Total	565	100%





Level 1

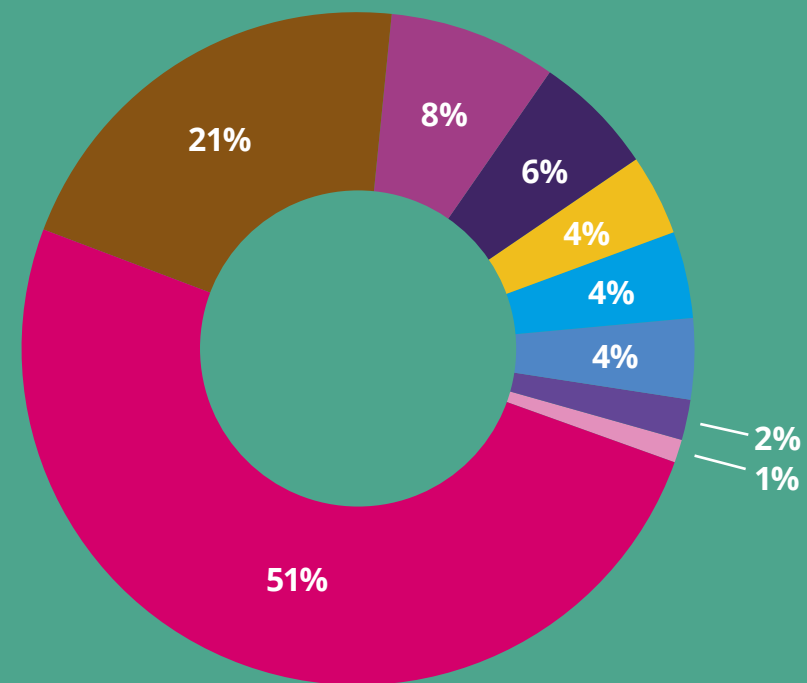
Category	Total trained in 2015/16	%
Early Years Providers	178	64%
Vol/Ind/Private	37	13%
Other	35	13%
Education	15	5%
Local Authority (other)	6	2%
Probation	3	1%
CAFCASS	2	1%
Faith Groups	3	1%
Health	0	0%
Social Care	1	0%
Police	0	0%
Total	280	100%





Level 1 continued

Category	Total trained in 2015/16 Apr - Sept	%
Early Years Providers	54	51%
Vol/Ind/Private	22	21%
Other	8	8%
FE Colleges	6	6%
Social Care	4	4%
Children & Families First Team	4	4%
Primary Schools/Secondary/Academies	4	4%
Children's Centres	2	2%
Youth Services/YOS	1	1%
CWPT	0	0%
UHCW	0	0%
Coventry and Rugby CCG	0	0%
West Midlands Ambulance Service	0	0%
NHS England	0	0%
Public Health	0	0%
Local Authority (other)	0	0%
National Probation Service	0	0%
CRC Probation	0	0%
CAFCASS	0	0%
Police	0	0%
Faith Groups	0	0%
Private Schools	0	0%
Total	105	100%

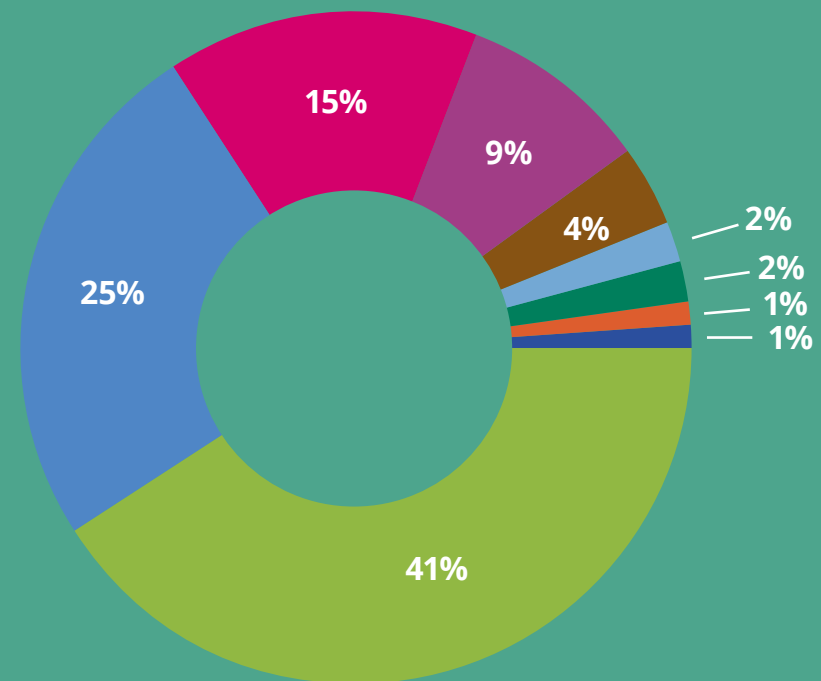


N.B. Some organisations deliver their own in-house training which is equivalent to Level 1 training.



Level 2

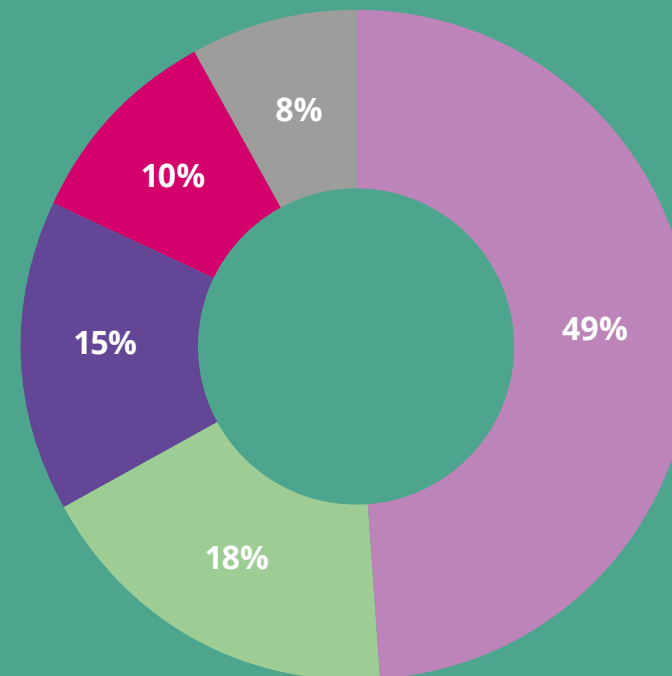
Category	Total trained in 2015/16	%
Education	75	41%
Health	46	25%
Early Years Providers	28	15%
Other	17	9%
Vol/Ind/Private	8	4%
Police	3	2%
Faith Groups	3	2%
Local Authority (other)	1	1%
Probation	1	1%
Social Care	0	0%
CAFCASS	0	0%
Total	182	100%





Level 2 continued

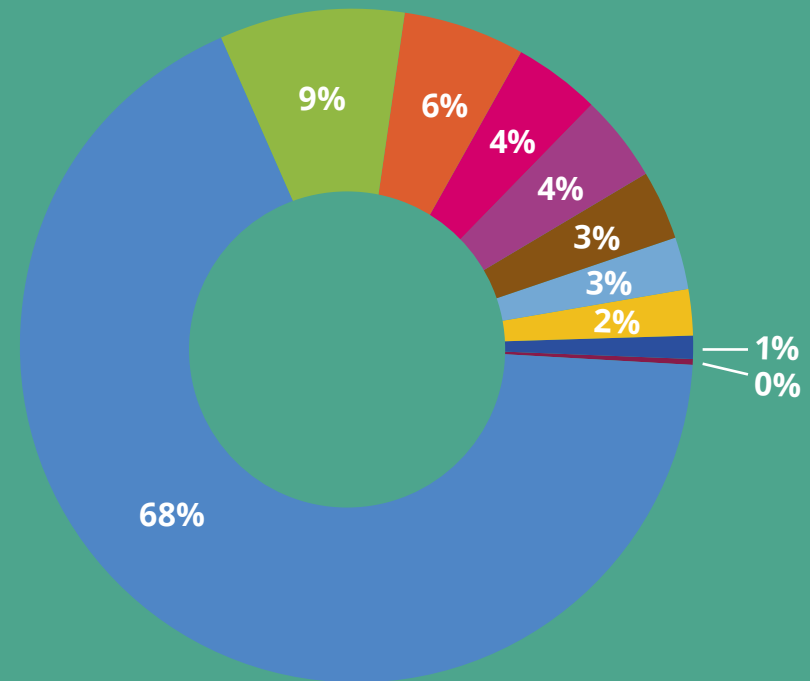
Category	Total trained in 2015/16 Apr - Sept	%
Primary Schools/Secondary/Academies	19	49%
CWPT	7	18%
Children's Centres	6	15%
Early Years Providers	4	10%
Private Schools	3	8%
UHCW	0	0%
Coventry and Rugby CCG	0	0%
West Midlands Ambulance Service	0	0%
NHS England	0	0%
Social Care	0	0%
Children & Families First Team	0	0%
Public Health	0	0%
Local Authority (other)	0	0%
Youth Services/YOS	0	0%
Vol/Ind/Private	0	0%
National Probation Service	0	0%
CRC Probation	0	0%
CAFCASS	0	0%
Police	0	0%
Faith Groups	0	0%
FE Colleges	0	0%
Other	0	0%
Total	39	100%





Level 3

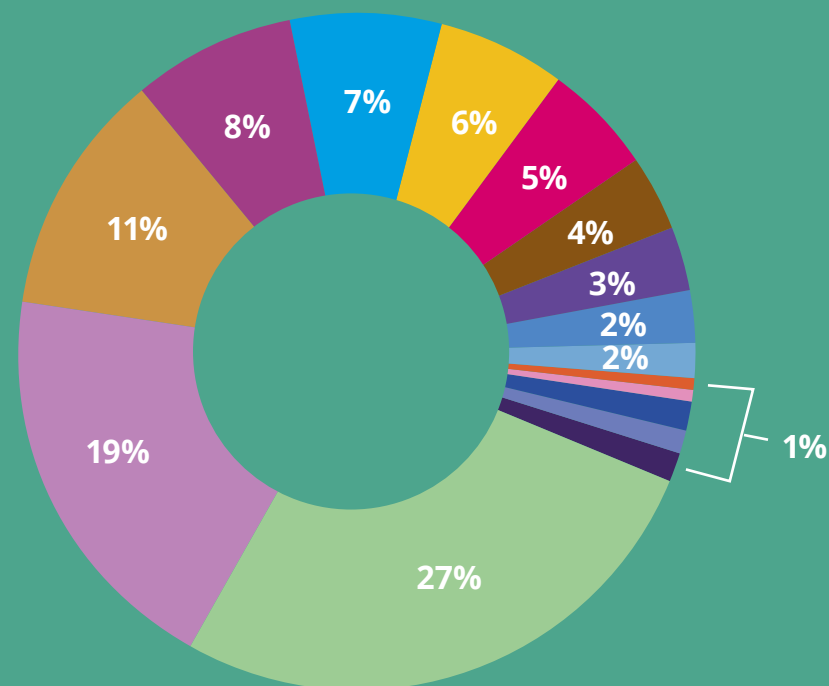
Category	Total trained in 2015/16	%
Health	477	68%
Education	64	9%
Local Authority (other)	40	6%
Early Years Providers	29	4%
Other	30	4%
Vol/Ind/Private	24	3%
Police	18	3%
Social Care	15	2%
Probation	8	1%
CAFCASS	1	0%
Faith Groups	0	0%
Total	706	100%





Level 3 continued

Category	Total trained in 2015/16 Apr - Sept	%
CWPT	45	27%
Primary Schools/Secondary/Academies	32	19%
UHCW	19	11%
Other	13	8%
Children & Families First Team	12	7%
Social Care	10	6%
Early Years Providers	9	5%
Vol/Ind/Private	6	4%
Children's Centres	5	3%
Public Health	4	2%
Police	3	2%
Local Authority (other)	1	1%
Youth Services/YOS	1	1%
National Probation Service	2	1%
CRC Probation	2	1%
FE Colleges	2	1%
Coventry and Rugby CCG	0	0%
West Midlands Ambulance Service	0	0%
NHS England	0	0%
CAFCASS	0	0%
Faith Groups	0	0%
Private Schools	0	0%
Total	166	100%





Appendix 2: Coventry LSCB board membership and attendance

The table below lists the current membership of the LSCB. Correct as of 27 September 2016.

Name	Title/Organisation
David Peplow	Independent Chair, Coventry Safeguarding Children Board
Glynis Washington	Interim Chief Nursing Officer- Coventry & Rugby CCG
Gail Quinton	Executive Director, People Directorate, CCC
Kirston Nelson	Director, Education
John Gregg	Director, Children's Services
Danny Long	Chief Superintendent, Policing, West Midlands Police
Alison Tennant	Acting Assistant Director, NHS England
Andy Wade	Chair of Policies & Procedures Subgroup, Head of Service, West Midlands, National Probation Service
Vacant	Head of Safeguarding, West Midlands Ambulance Service
Kam Sidhu	Head of Tenancy Support, Whitefriars Housing
Andrea Simmonds	Partnerships Officer, West Midlands Fire Service
Jamie Soden	Deputy Director of Nursing and Quality, CWPT
Paul Green	Headteacher, Lyng Hall Secondary School
Angela Harley	Service Manager, Children and Families First, Early Years and Parenting
Kobina Hall	Head of Coventry/Solihull, The Staffordshire & West Midlands Community Rehabilitation Company Limited
Dr James Burden	Safeguarding GP, NHS



Name	Title/Organisation
Cllr. Ed Ruane	Cabinet Member, Children & Young People, CCC
Dawn Seth	Community Lay Member
Cllr. John Blundell	Leader of the Opposition, Member Services
Carmel McCalmont	Associate Director of Nursing (Women & Children's/Safeguarding)/ Head of Midwifery, UHCW
Professor Jane Moore	Chair of CDOP Subgroup, Director of Public Health
Ann Stacey	Headteacher, Aldermoor Farm Primary School
Jayne Phelps	Chair of Learning & Development Subgroup Designated Nurse, CCG
Cathy Small	Service Manager, Coventry NSPCC
Julie Newman	Legal Advisor, CLYP & Adults Manager, Legal and Democratic Services
Iqbal Ghag	Interim Head of Safeguarding Children, People Directorate CCC
Vacant	Designated Doctor, Coventry & Rugby CCG
Debbie Wright	Principal, Further Education
Officers to the Board	
Elizabeth Edwards	Interim Business Manager, Safeguard Children & Adults Boards
Mo Ali	Business Support, Safeguarding Children Board (Admin Support)
Anne Pluska	Learning & Development Coordinator



Board attendance is summarised in the table below. There is an agreement in place for NHS England and West Midlands PPU to attend as required.

Organisation	08/10/15	26/11/15	26/01/16	22/03/16	24/05/16	26/07/16	Meetings attended	Meetings expected at	%
Independent Chair LSCB							6	6	100
Coventry & Rugby CCG							6	6	100
Coventry & Rugby CCG (Designated Doctor)							5	6	83
CWPT							6	6	100
UHCW							6	6	100
GPs							3	6	50
NHS England							2	6	33
Public Health							4	6	67
West Midlands Police - Policing							5	6	83
West Midlands Police - PPU							2	6	33
Local Authority (Executive Director)							5	6	83
Local Authority (Children Services)	N/A						5	5	100
Local Authority (Head of Safeguarding)							3	6	50
Local Authority (Education)							4	6	67
Primary Schools							6	6	100
Secondary Schools									
Further Education			N/A	N/A			2	4	50



Organisation	08/10/15	26/11/15	26/01/16	22/03/16	24/05/16	26/07/16	Meetings attended	Meetings expected at	%
Community Lay Member							4	6	67
Councillors (participant observers)							5	6	83
CRC Probation							3	6	50
National Probation Service							4	6	67
NSPCC							4	6	67
West Midlands Fire Service							3	6	50
WM Housing							4	6	67
West Midlands Ambulance Services	N/A	N/A	N/A	N/A	N/A	N/A	0	1	0
Legal Services							4	6	67
CAFCASS		N/A	N/A	N/A	N/A	N/A	1	1	100
Officers to the board									
Business Manager, LSCB							6	6	100
Training Coordinator							6	6	100
Administration							6	6	100