

6<sup>th</sup> October 2014**Notice of Special Meeting:****Children and Young People Select Committee****Tuesday 14<sup>th</sup> October 2014 at 2.00pm  
The Council Chamber, County Hall, The Rhadyr, Usk NP15 1GA****AGENDA**

- \* There will be a pre meeting for Committee Members in the Council Chamber at 1.30pm

*The Council welcomes contributions from members of the public through the medium of Welsh or English. We respectfully ask that you provide us with adequate notice to accommodate your needs.*

Item No	Item
1.	Apologies for absence.
2.	Declarations of Interest.
3.	WAO Report on Safeguarding Children <ul style="list-style-type: none"><li>• Non Jenkins (WAO) to present and take questions</li></ul>
4.	Performance on Safeguarding Children Summary Report - Jane Rodgers (MCC) to present and take questions <ul style="list-style-type: none"><li>• Strategic Overview</li><li>• Performance Scorecard</li><li>• Service Improvement Plan</li></ul>

<p>5.</p>	<p>Children's Services Development Plan for LAC Inspection</p> <ul style="list-style-type: none"><li>• Pam Clutton (CSSIW) to present and take questions</li><li>• Tracy Jelfs (MCC) to present and take questions</li></ul>
<p>6.</p>	<p>CSSIW Report on Fostering Service</p> <ul style="list-style-type: none"><li>• Margaret Rooney to present and take questions</li><li>• Gill Cox (MCC) to take questions</li></ul>

**Paul Matthews,  
Chief Executive**

# Children and Young People Select Committee

## County Councillors:

D. Blakebrough  
P.R. Clarke  
P.S. Farley  
L. Guppy  
R.G. Harris  
D.W. H. Jones  
P. Jones (Chairman)  
M. Powell  
A.E. Webb

## Added Members

### Voting on Education Issues Only

Rev. Dr. S. James (Church in Wales)  
Vacancy (Catholic Church)  
Mrs. A. Lewis (Parent Governor Representative)  
Mrs. S. Ingle-Gillis (Parent Governor Representative)

## Added Members

### Non-Voting

Mr. G. Murphy (NAHT)  
Vacancy (ASCL)  
Vacancy (NUT)  
Vacancy (Free Church Federal Council)  
Vacancy (NASUWT)  
Mr. K. Plow (Association of School Governors)

# Aims and Values of Monmouthshire County Council

## Sustainable and Resilient Communities

### Outcomes we are working towards

#### **Nobody Is Left Behind**

- Older people are able to live their good life
- People have access to appropriate and affordable housing
- People have good access and mobility

#### **People Are Confident, Capable and Involved**

- People's lives are not affected by alcohol and drug misuse
- Families are supported
- People feel safe

#### **Our County Thrives**

- Business and enterprise
- People have access to practical and flexible learning
- People protect and enhance the environment

### Our priorities

- Schools
- Protection of vulnerable people
- Supporting Business and Job Creation

### Our Values

- **Openness:** we aspire to be open and honest to develop trusting relationships.
- **Fairness:** we aspire to provide fair choice, opportunities and experiences and become an organisation built on mutual respect.
- **Flexibility:** we aspire to be flexible in our thinking and action to become an effective and efficient organisation.
- **Teamwork:** we aspire to work together to share our successes and failures by building on our strengths and supporting one another to achieve our goal



# Local Authority Arrangements to Support Safeguarding of Children

## **Monmouthshire County Council**

**Audit year:** 2014-15

**Issued:** August 2014

**Document reference:** 339A2014

## Status of report

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The person who delivered the work was Steve Blundell.

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# Summary report

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## Background

1. The safeguarding of children is everyone's responsibility. Local authorities have a statutory duty to have in place safeguarding arrangements which include strategic planning, support and guidance for all providers of relevant services in its area, and the direct provision of some services itself. In particular, local authorities have a duty to work in partnership with others to secure the safeguarding and wellbeing of children in their area, including the Local Safeguarding Children Board (LSCB).
2. Employees and volunteers who work with children have specific safeguarding duties and responsibilities. Local authorities and schools must ensure through their Human Resources (HR) and personnel arrangements that adequate checks are in place to ensure that employees and volunteers are of good character and that their working practices are managed and monitored. Local authorities must also ensure that there are processes in place to investigate and record safeguarding allegations made against staff, teachers and support staff, and volunteers.
3. Members, Chief Executives and senior managers need to ensure that they have proper oversight of the safeguarding arrangements that are in place across the authority. They should actively seek and gain assurance that arrangements are operating effectively, as without this they will be unable to demonstrate that they have discharged their statutory obligation in respect of safeguarding.
4. During the period March to May 2014, the Wales Audit Office completed a review of the assurance and accountability arrangements of Monmouthshire County Council (the Council) for ensuring that safeguarding policies and procedures are in place and are being adhered to. The study examined what the Council itself has done to seek assurance that its arrangements to support safeguarding are effective by reviewing how the Council is discharging its safeguarding responsibilities at all levels: cabinet, senior management team, scrutiny and individual officers.
5. The study focussed on answering the following: **Does the Council's governance and management arrangements provide assurance that children are safeguarded?**  
The main questions that the review sought to answer were:
  - Are there clear governance, accountability and management arrangements for overseeing whether the Council is meeting its safeguarding responsibilities to children?
  - Is the Council monitoring and evaluating appropriate information, which provides assurance that it is meeting its safeguarding responsibilities to children?
  - Are assurance systems operating effectively?



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## Review findings and conclusions

6. We examined policies relevant to safeguarding; reports to Council, Cabinet and Scrutiny; and set out below our conclusions based on the extent to which the Council has put in place, and is operating, effective management and assurance processes and controls for safeguarding. As part of this study we made available an online survey for elected members, senior managers, education, schools and leisure staff to test the Council's arrangements for safeguarding. Surveying is valuable because it provides an insight into the Council from the perspective of the people who make decisions and do the work. It also allows us to determine the relative strengths or weaknesses of local safeguarding arrangements and identify where councils can make improvements. The detailed survey findings for the Council are set out in [Appendix 1](#), although we include headline conclusions where relevant in each of the following sections. Finally, we also provide a short summary of our review of whistleblowing arrangements.

### The governance, accountability and management arrangements for overseeing whether the Council is meeting its safeguarding responsibilities to children have some weaknesses which the Council must address

7. The Council is a member of the South East Wales Safeguarding Children Board (SEWSCB) which covers the five Gwent councils and was set up in April 2013. The SEWSCB is a multi-agency partnership comprising representatives from Gwent Police, Social Services and Education Directorates from the five councils, the Voluntary Sector, Youth Offending Services, the All Wales Probation Trust, CAF/CASS Cymru, Housing, Public Health Wales and Aneurin Bevan Health Board. The purpose of SEWSCB is to ensure safeguarding children remains high on the agenda across the region.
8. The Council uses the SEWSCB allegations policy which provides a comprehensive approach to managing allegations of abuse. However, the SEWSCB allegations policy makes clear that member agencies are expected to have in place their own internal procedures for the investigation of such allegations. At the time of our review the Council had not yet developed a specific local policy.
9. Senior officers recognise that the Council is responding to recent external audit and inspection findings and is in the process of addressing a range of recommendations. We found that the Council has undertaken much recent work to improve its policies, procedures and plans on safeguarding. There is now an overarching Monmouthshire Safeguarding and Child Protection Policy in place that provides guidance for safeguarding and child protection. However, our review of the Safeguarding and Child Protection Policy found that it is predominantly based on the Safeguarding Children in Education policy and has only limited reference to other areas of Council operation. Our survey found that a greater proportion of respondents strongly agreed or

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agreed that safeguarding and protecting children and young people is a high priority for the Council than the survey average, 98 per cent compared with an all-Wales average of 96 per cent.

10. The Council has also recently established a Safeguarding and Quality Assurance Unit, which is designed to oversee safeguarding practice in schools, Council departments, services and partner agencies. This new service is managed by the Council's Safeguarding Service Manager and includes a Lead Officer for Safeguarding in Education (LOSIE). Through the Safeguarding and Quality Assurance Unit the Child Protection Co-ordinator has responsibility for making sure that the Council's safeguarding policies and procedures are working and being adhered to. Senior officers we interviewed acknowledged the significant benefits of the unit whilst recognising that it is relatively new and not yet fully embedded. The Council will need to assure itself therefore that these arrangements are working effectively once the unit has been in operation for a period of time.
11. Our survey found that more respondents in Monmouthshire stated they knew who the Council's Designated Officer for child protection is than our all-Wales survey average, 76 per cent compared with 67 per cent. Likewise, 52 per cent of respondents stated that they know who the Council's lead councillor for child protection is, again higher than the all-Wales survey average of 44 per cent.
12. The Council has a risk management approach to support how it meets its safeguarding children responsibilities. The Council has a corporate risk register that captures risk for children and young people and has introduced a protocol to cover the whole Council and has a number of processes to monitor progress against risk. This is linked to the annual Council reporting arrangements and is part of the business planning process. Managers use this to develop their service plans and populate a risk log to identify risks for the coming two years within services. However, social services do not have a risk register but plan to identify and manage risk through the work of the new safeguarding and quality assurance unit.

### The Council's arrangements for monitoring and evaluating its safeguarding responsibilities to children have some weaknesses which the Council must address

13. The Council has taken steps to identify its information needs but it is not in a position to report comprehensively on all aspects of its safeguarding service at this time. Information and performance are being monitored and evaluated. The Council mainly judges the effectiveness of its children's safeguarding arrangements through the performance team. The Council compares its performance against similar Council's and the Wales average in performance reports to Select Committees. There are monthly reports to team managers and the Director of Social Services is developing a proposal on how the Council can use qualitative and quantitative information.

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14. Senior officers acknowledged that further work is required to improve the quality and coverage of performance data. For example, showing where improvement is needed and where to target resources. At the time of our review, however, the system was not in place and further work was planned. Once established and working, these changes should provide the Council with better information to judge service performance and assure itself that its arrangements are working effectively.
  15. The Council undertakes equalities impact assessments on all reports to Cabinet, although this is not extended to Select Committee reports or policies that are not subject to Cabinet approval. In addition, a slightly lower proportion than the survey average strongly agreed or agreed that the Council informs all parents on how their children are safeguarded and protected when using Council services and schools, 53 per cent compared with the all-Wales survey average of 55 per cent.
  16. The Council has assured itself that it has appropriate systems for the safe recruitment of staff and volunteers. The Safeguarding and Quality Assurance Unit undertakes audits, produces a monthly Disclosure and Barring Service (DBS) exception report and keeps records of who has undertaken safeguarding training. The Council plans to develop a DBS protocol, although this was not in place at the time of our review. In relation to safe recruitment, staff and volunteers are treated the same, so that references, DBS checks, etc, are required for all staff and volunteers who will have contact with children.
  17. Notwithstanding, our survey found that 97 per cent of respondents in Monmouthshire are clear how their job contributes to safeguarding and protecting children and young people than the Welsh average of 95 per cent. Likewise 74 per cent stated that their responsibilities for safeguarding and protecting children and young people were explained to them when they started in their current role in the Council/school, compared with the Welsh survey average of 75 per cent.
  18. The Council has assured itself that staff and volunteers are appropriately trained in safeguarding, but there are only limited arrangements for ensuring that elected members receive safeguarding training. Safeguarding training is being rolled out across the Council. The Council checks that all appropriate staff and volunteers have been trained in children's safeguarding and this is co-ordinated through the Safeguarding and Quality Assurance Unit, which monitors who has undertaken training, when the training was undertaken, and when it needs to be updated via the safeguarding audit process.
  19. Senior officers stated that there is an elected member training programme but we were unable to confirm that elected members have been trained in safeguarding. The Council is above the survey average for the number of people who have received training on safeguarding in the last six months – 49 per cent compared with 32 per cent – but has marginally more people who have never received safeguarding training, 11 per cent compared with our all-Wales survey average of 10 per cent.

## The Council's approach to identifying and acting on improvements in its safeguarding arrangements has some weaknesses which the Council is addressing

20. The Council has assured itself that it complies with all necessary data protection requirements in relation to children. The Council has a data protection lead, and there is mandatory training on data protection. The Council also operates secure systems for the management of confidential and personal information. For example, Education does not have access to Social Services systems; Social Services do not use fax machines; and confidential information is sent by recorded delivery or hand-delivered.
21. The Council's safeguarding arrangements are audited by internal audit and the quality assurance team undertakes safeguarding audits. There is evidence that the Council has learned from recent external regulation judgements and is improving how it uses its internal systems to identify areas for improvement. For example, in a recent 'near miss' the Council commissioned work from an independent specialist and the subsequent report helped managers to understand what had gone wrong and take steps to improve systems. Our survey found that marginally more respondents strongly agreed or agreed that they felt the Council deals effectively with specific incidents concerning safeguarding and protecting children and young people, 84 per cent compared with a Welsh average of 82 per cent.

## Overall whistleblowing arrangements are generally sound, but there are some weaknesses in policy, process and training that need to be addressed

22. The Council's Whistleblowing Policy is concise and supportive, but in some places is contradictory and would benefit from greater clarity and additional detail. The Policy demonstrates the Council's commitment to whistleblowing, but the policy and procedure have not been subjected to challenge and scrutiny by elected members. Training on whistleblowing is available but its rollout could be strengthened to ensure it is made available to all staff. The Council has made the Whistleblowing Policy available on the intranet and publicised it through other means but has not checked staff awareness and understanding.

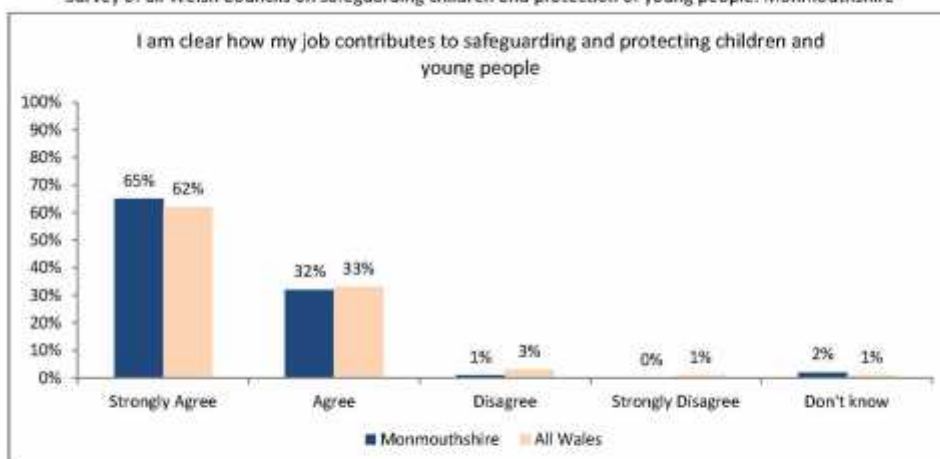
## Proposals for improvement

P1	Review the Safeguarding and Child Protection Policy to ensure it adequately covers all Council services.
P2	Ensure development of the Safeguarding and Quality Assurance Unit enables it to deliver its planned objectives.
P3	Improve the range, quality and coverage of safeguarding performance reporting to provide adequate assurance that systems are working effectively.

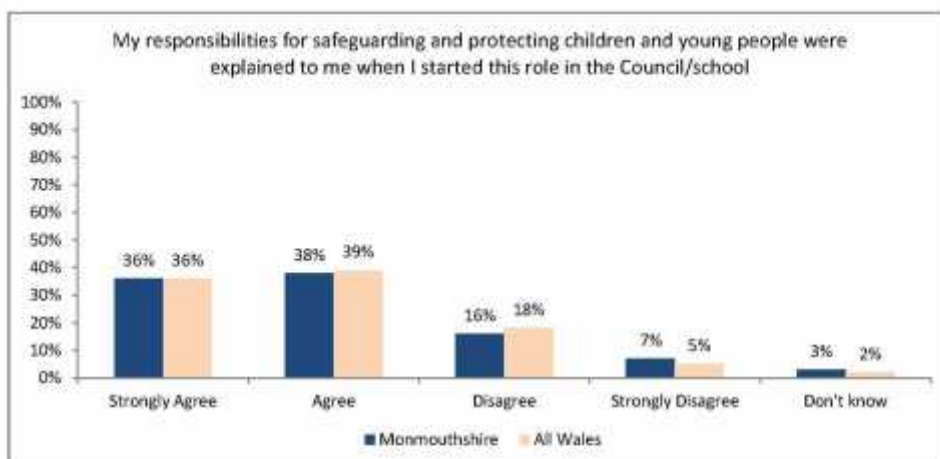
# Appendix 1

## Summary of survey findings

Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



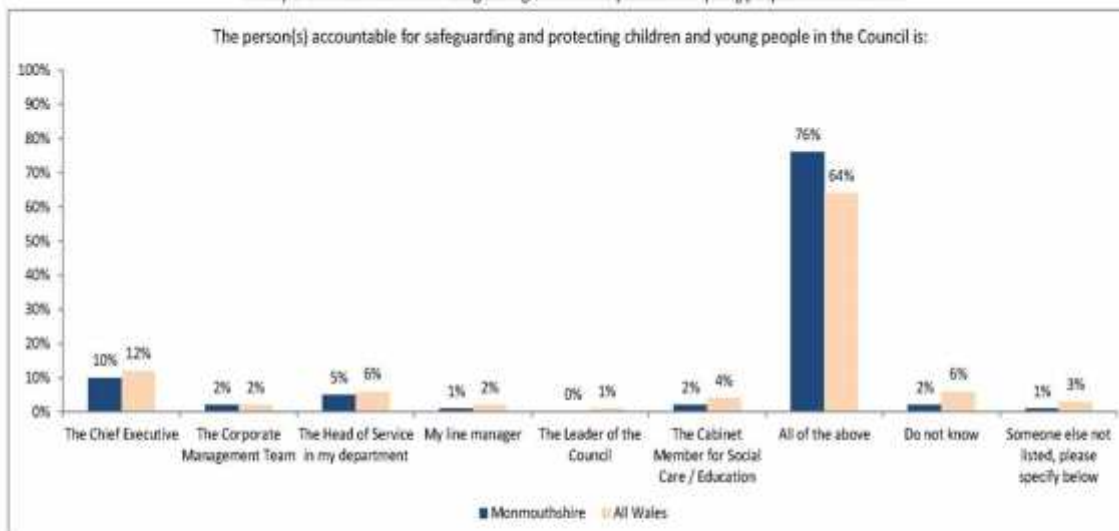
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	57	28	1	-	2
				65%	32%	1%		2%
All Wales Expressed opinion *	1996	-	6	1235	664	53	12	26
				62%	33%	3%	1%	1%



	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	32	33	14	6	3
				36%	38%	16%	7%	3%
All Wales Expressed opinion *	1996	-	10	716	773	358	104	35
				36%	39%	18%	5%	2%

\* To make the report easier to read, percentages are shown to nearest whole percentage point. It is therefore possible for the individual figures not to total exactly to 100%.

Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire

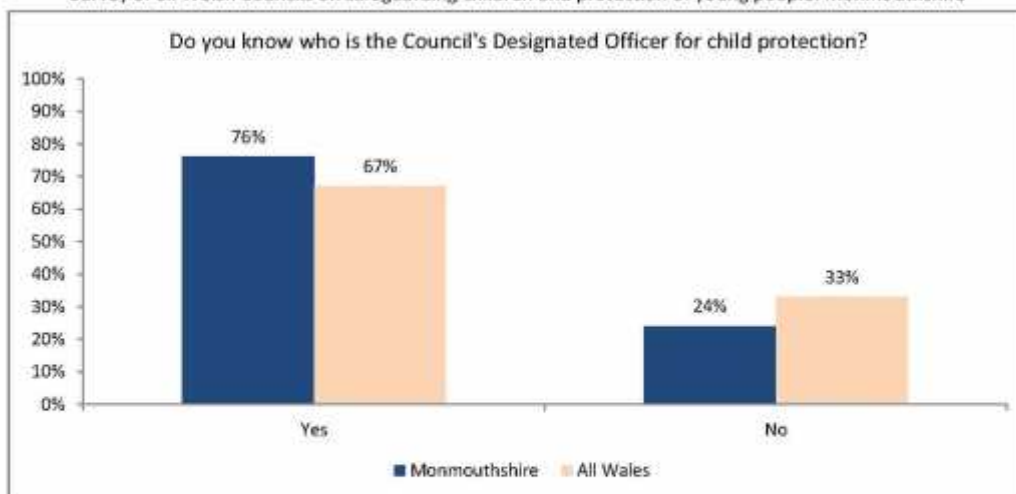


Total	Not asked	No reply	The Chief Executive	The Corporate Management Team	The Head of Service in my department	My line manager	The Leader of the Council	The Cabinet Member for Social Care / Education	All of the above	Do not know	Someone else not listed, please specify below
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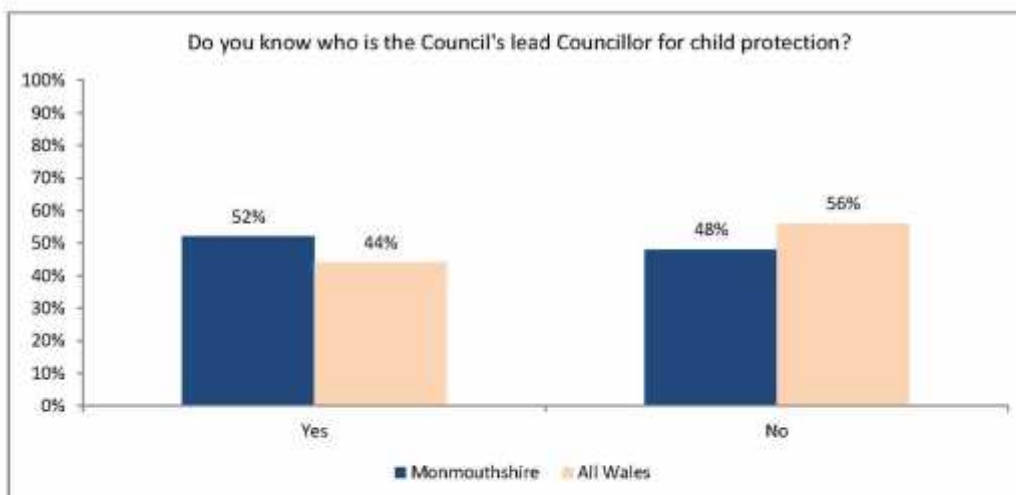
Monmouthshire Expressed opinion *	88	-	5	8	2	4	1	-	2	63	2	1
				10%	2%	5%	1%		2%	76%	2%	1%
All Wales Expressed opinion *	1996	-	68	223	34	124	47	19	69	1231	115	66
				12%	2%	6%	2%	1%	4%	64%	6%	3%

\* To make the report easier to read, percentages are shown to nearest whole percentage point. It is therefore possible for the individual figures not to total exactly to 100%.

Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



	Total	Not asked	No reply	Yes	No
Monmouthshire	88	-	1	66	21
Expressed opinion *				76%	24%
All Wales	1996	-	13	1337	646
Expressed opinion *				67%	33%



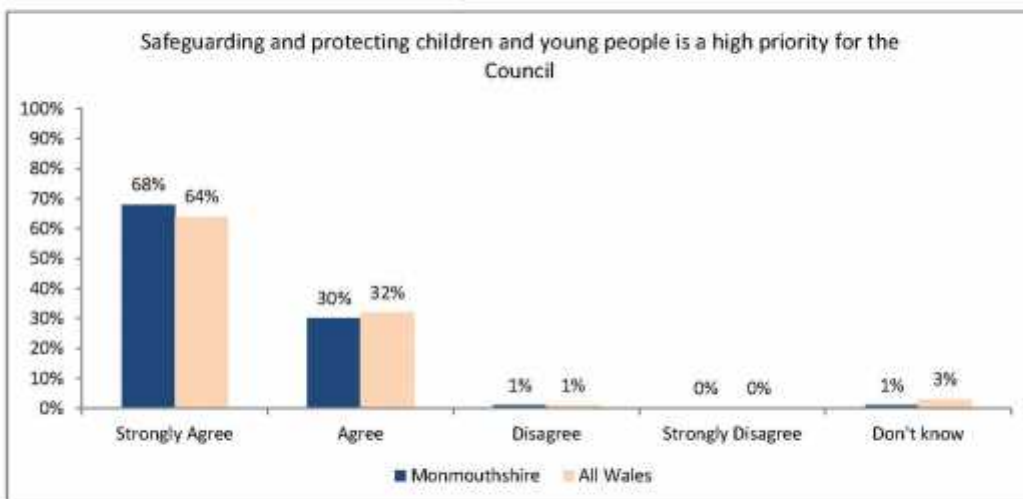
	Total	Not asked	No reply	Yes	No
Monmouthshire	88	-	1	45	42
Expressed opinion *				52%	48%
All Wales	1996	-	13	881	1102
Expressed opinion *				44%	56%

\* To make the report easier to read, percentages are shown to nearest whole percentage point. It is therefore possible for the individual figures not to total exactly to 100%.

Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



	Total	Not asked	No reply	0-6 months ago	7-12 months ago	1-2 years ago	More than 2 years ago	I cannot remember	I have never received training
Monmouthshire Expressed opinion *	88	-	1	43 49%	20 23%	9 10%	2 2%	3 3%	10 11%
All Wales Expressed opinion *	1996	-	4	644 32%	462 23%	374 19%	199 10%	121 6%	192 10%

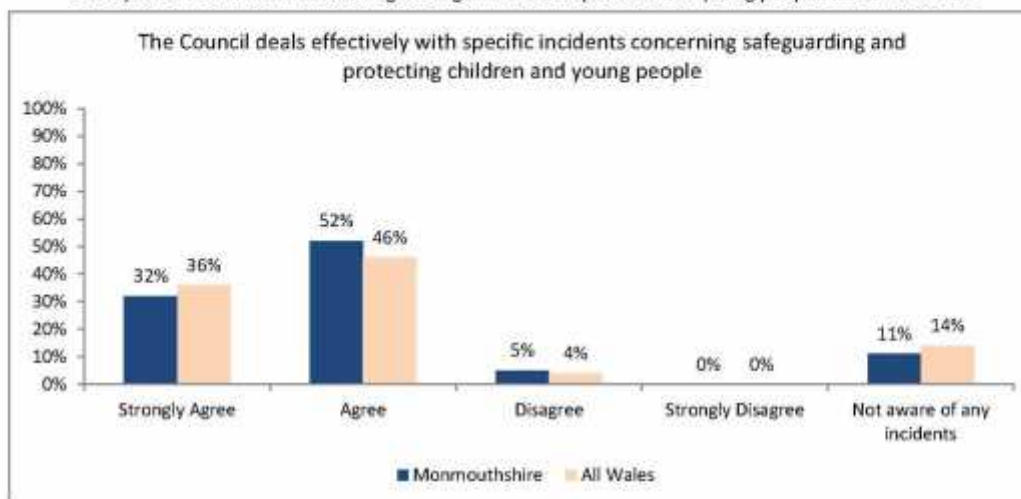


	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	60 68%	25 30%	1 1%	-	1 1%
All Wales Expressed opinion *	1996	-	10	1266 64%	628 32%	27 1%	4 0%	61 3%

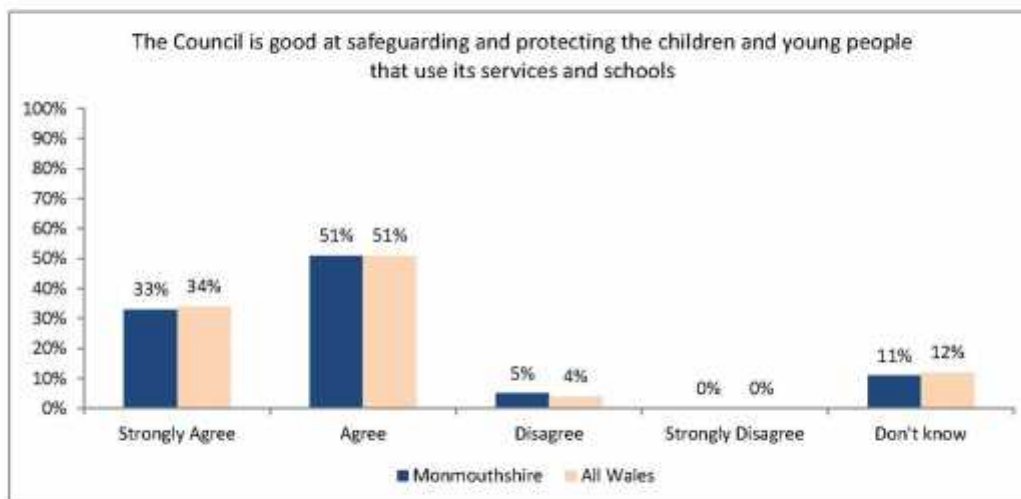
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Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



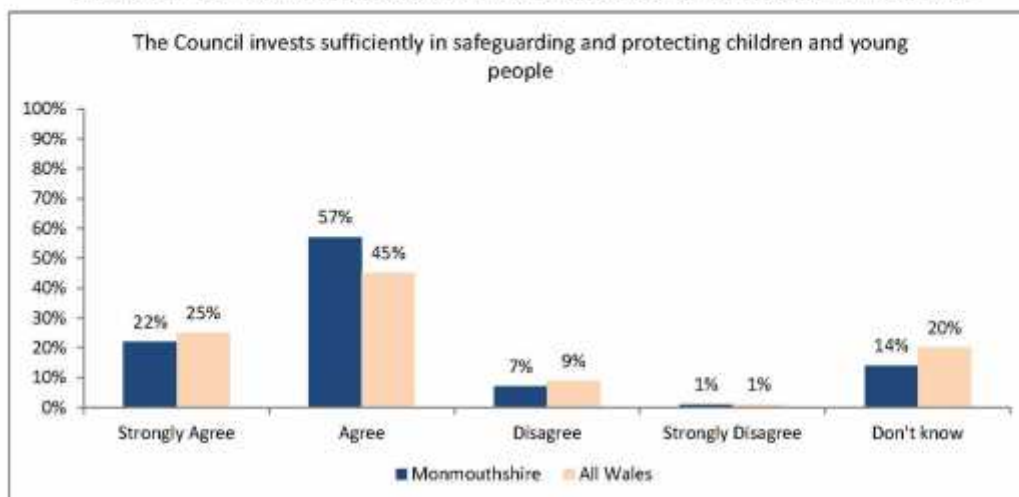
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Not aware of any incidents
Monmouthshire Expressed opinion *	88	-	1	28	45	4	-	10
All Wales Expressed opinion *	1996	-	11	722	911	76	5	271



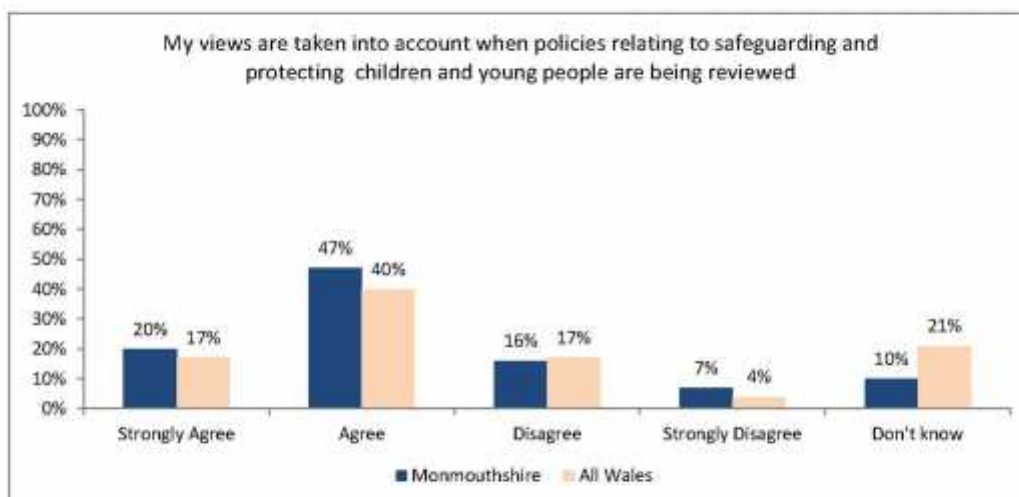
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	29	45	4	-	10
All Wales Expressed opinion *	1996	-	20	665	1000	74	3	234

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Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



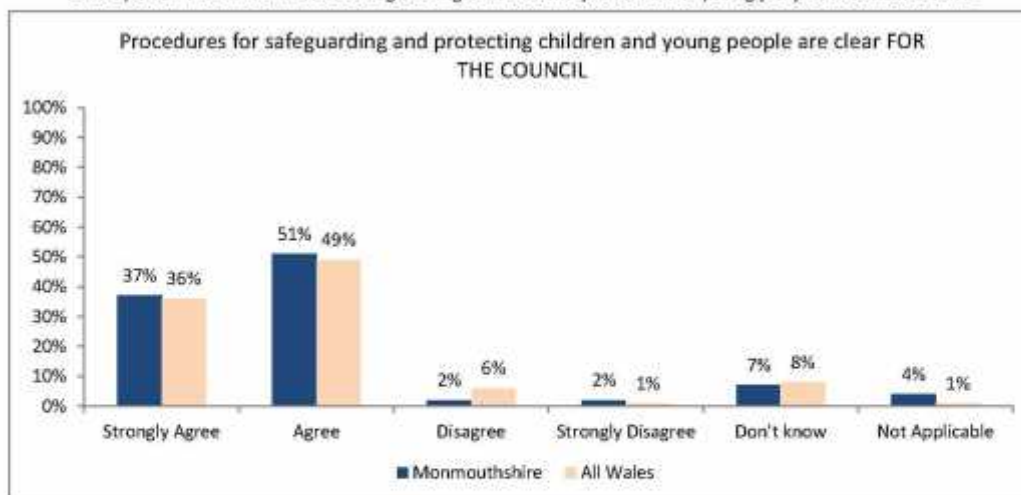
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	19	50	6	1	12
				22%	57%	7%	1%	14%
All Wales Expressed opinion *	1996	-	17	491	895	182	19	392
				25%	45%	9%	1%	20%



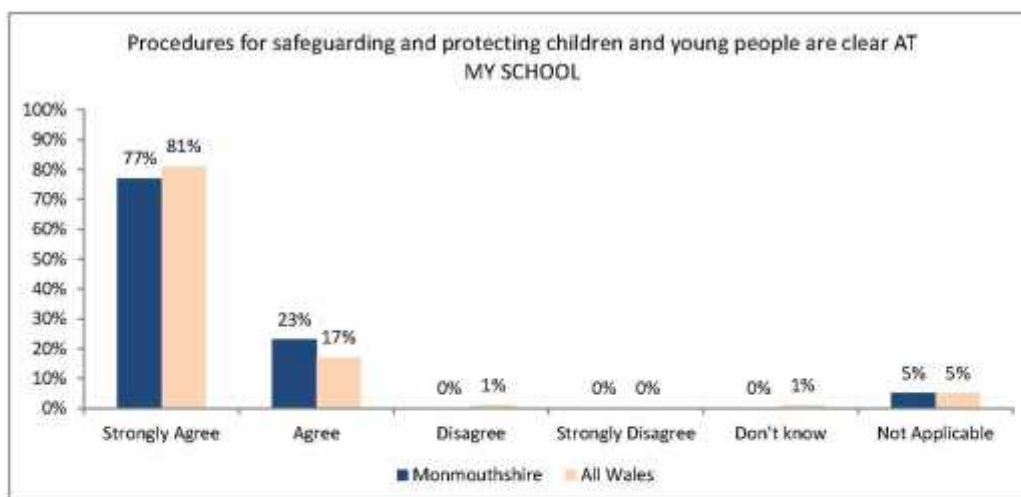
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	-	18	41	14	6	9
				20%	47%	16%	7%	10%
All Wales Expressed opinion *	1996	-	20	344	794	339	79	420
				17%	40%	17%	4%	21%

\* To make the report easier to read, percentages are shown to nearest whole percentage point. It is therefore possible for the individual figures not to total exactly to 100%.

Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



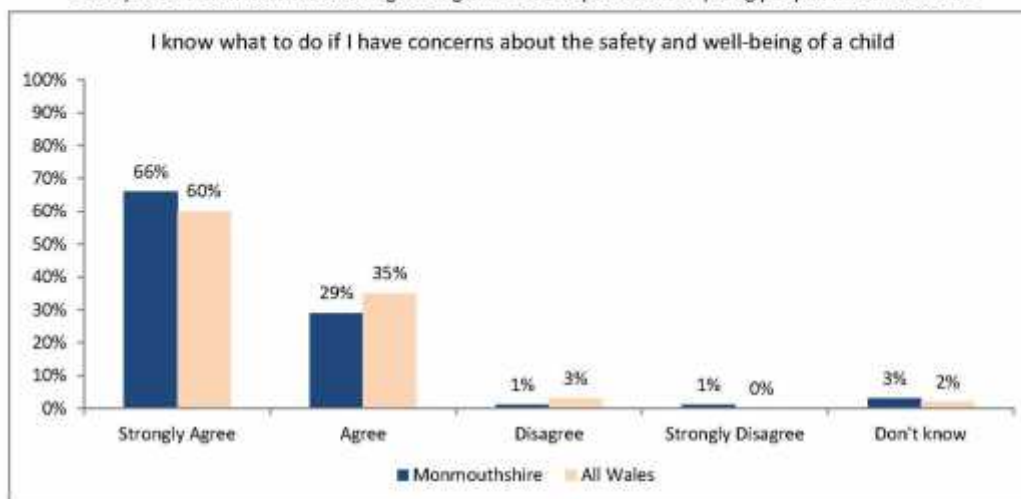
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Not Applicable
Monmouthshire Expressed opinion *	88	-	1	31	43	2	2	6	3
				37%	51%	2%	2%	7%	4%
All Wales Expressed opinion *	1996	-	39	701	942	114	14	160	26
				36%	49%	6%	1%	8%	1%



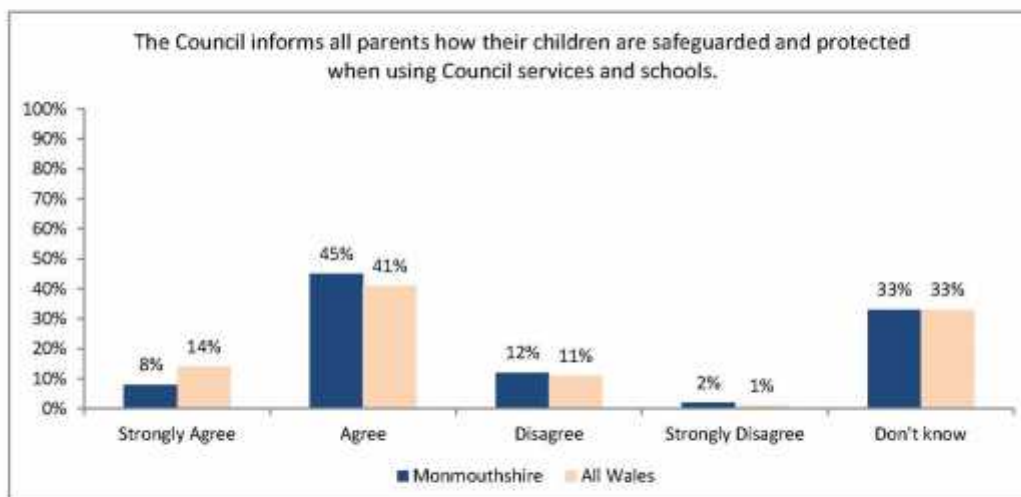
	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	Not Applicable
Monmouthshire Expressed opinion *	88	64	1	17	5	-	-	-	1
				77%	23%				5%
All Wales Expressed opinion *	1996	1399	34	435	92	3	-	5	28
				81%	17%	1%		1%	5%

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Survey of all Welsh Councils on safeguarding children and protection of young people: Monmouthshire



	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	1	57	25	1	1	3
All Wales Expressed opinion *	1996	-	29	1174	683	64	8	38



	Total	Not asked	No reply	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Monmouthshire Expressed opinion *	88	-	2	7	39	10	2	28
All Wales Expressed opinion *	1996	-	27	269	816	213	29	642

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**SUBJECT: Safeguarding Reports**

**MEETING: Special CYP Select**

**DATE: 14<sup>th</sup> October 2014**

**DIVISION/WARDS AFFECTED: All**

**1. PURPOSE:**

To ensure effective scrutiny of three safeguarding reports: - i) Strategic Overview Report ii) Safeguarding Report Card and Performance Information iii) Service Improvement Plan (Q2 review).

**2. RECOMMENDATIONS:**

That Select receive the reports and use these as the basis for scrutiny of the service area.

**3. KEY ISSUES:**

3.1 In November 2012 Estyn carried out an inspection of the Local Authority and found that the arrangements for safeguarding were unsatisfactory.

3.2 A monitoring visit in February 2014 found that whilst the Local Authority had made some good initial progress the shortcomings identified in the strategic management of safeguarding had not been addressed well enough. This judgement was echoed by a Welsh Audit Office inspection in March 2014.

3.3 This trio of reports is now developed to provide leaders with information about safeguarding at a number of levels. The strength of this approach is that leaders have a high level analysis and overview in the strategic report, whilst also being able to drill down to evidence via the safeguarding report card and operational detail via the service improvement plan.

**4. REASONS:**

4.1 Safeguarding and child protection concerns some of the most vulnerable children in Monmouthshire. This is an important opportunity for the scrutiny committee to receive and debate information about the current arrangements for safeguarding and scrutinise the authority's response to the challenges raised through our external regulators.

**5. RESOURCE IMPLICATIONS:** None directly from this report

**6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**

If there actions that then require decision, then EQIA's will be undertaken at the stage.

7. **CONSULTEES:** None, report for Select Committee
8. **BACKGROUND PAPERS:** Estyn Inspection report and monitoring visit, WAO report
9. **AUTHOR:** Jane Rodgers, Safeguarding and Quality Assurance Manager
10. **CONTACT DETAILS:**

E-mail: [janerodgers@monmouthshire.gov.uk](mailto:janerodgers@monmouthshire.gov.uk)



## Monmouthshire County Council

### Strategic Report for Safeguarding September 2014

#### Summary Information

**Leaders can be assured that children and young people in Monmouthshire are protected from harm and abuse because:**

- There is increased [cross directorate and political involvement](#) with safeguarding supported by strong leadership.
- There is an overarching [Monmouthshire Safeguarding and Child Protection Policy](#) in place that gives clear guidance for all settings detailing roles and responsibilities in safeguarding and child protection.
- There is an [audit programme in place](#) to ensure that individual settings adhere to the requirements of the policy and provide information regarding how they meet their child protection and safeguarding responsibilities in practice.
- There is a system in place whereby the Local Authority maintains [central oversight of safe recruitment and undertaking DBS checks on staff and volunteers](#). Recent policy change has allowed us to re-focus priority and resources on safe recruitment and work force practice.
- There is a [robust system in place within the authority to respond to any concerns arising from professional allegations or organised abuse](#). This ensures that children and young people are protected from any professional who is deemed to pose a risk.)
- [Staff within Monmouthshire are informed regarding their individual responsibilities to report any concerns and are trained in how to recognise basic signs and symptoms of abuse](#).
- There is a [system in place to monitor child protection and safeguarding practice](#) through case-audit, performance information and practitioner / user feedback. This is reviewed and analysed across agencies and service areas.
- Our safeguarding survey (2013) undertaken with young people tells us that [the majority of children feel safe most of the time](#) but that bullying and staying safe on-line concerns them.

**The key areas requiring development over 2014 – 15 within the county to further ensure the safety and well-being of children and young people are:**

- Achieve sign-off to the revised Monmouthshire Safeguarding and Child Protection Policy and continue to review this document to ensure it is in keeping with any developments in legislation or practice. [\(Revised policy signed off\)](#)
- Further development of the safeguarding audit programme so that it extends to grant funded, commissioned and third sector organisations and is better embedded within the overall monitoring, review and appraisal processes for schools and other settings. [\(In progress\)](#)
- Maintain and further development the child protection training programme. [\(In progress\)](#)
- Re-align resources in the best way to support safe recruitment and HR practices including the possibility of reducing the number of DBS re-checks undertaken. [\(Revised policy in place and in progress\)](#)
- Continue to strengthen and develop the reporting framework for safeguarding. [\(In progress\)](#)
- Work to address young people’s concerns regarding bullying. [\(Draft plan to be further developed – early stages\)](#)
- Continue to prioritise key areas of safeguarding work particularly domestic abuse, child neglect and young people with complex risk taking behaviours. [\(In progress\)](#)

**The evidence base and further information regarding the above statements are located within:**

Report	Purpose
The current Strategic Safeguarding Report (September 2014)	To provide higher level overview and evaluation of key areas
The Safeguarding Report card and Performance Information (September 2014)	Analysis of evidence and data
The Service Improvement Plan for Safeguarding (2014/15 reviewed September 2015)	To set out the delivery of actions at an operational level

**Introduction and Background Information**

This report discusses the key areas of activity that have been undertaken in respect of safeguarding over the last eighteen months following the Estyn inspection in Autumn 2012. It is the second such overview report and represents a ‘mid-point’ check for the current year (2014 /15).

Our starting position in November 2012 was clearly articulated by Estyn:

1. The Authority did not have an appropriate safeguarding policy;
2. Our processes to check schools’ monitoring of update checks was not rigorous enough;
3. There is no formal mechanism to ensure that partners who work with young people have appropriate safeguarding policies and procedures;
4. Safeguarding training is not always commensurate with the level of staff receiving the training.

In February 2014 an Estyn monitoring visit recognised that we had appropriately prioritised safeguarding and ‘set the foundations well for recovery’ particularly at service and practitioner. However, the authority still did not have ‘effective enough management information systems and processes to enable it to receive appropriate and evaluative management information about safeguarding’. This criticism was echoed by a subsequent Welsh Audit Office review of safeguarding in March 2014. In respect of practice, in April 2014, a CSSIW inspection into Looked After Children found significant room for improvement in respect of child abuse inquiry processes (section 47s) and risk management.

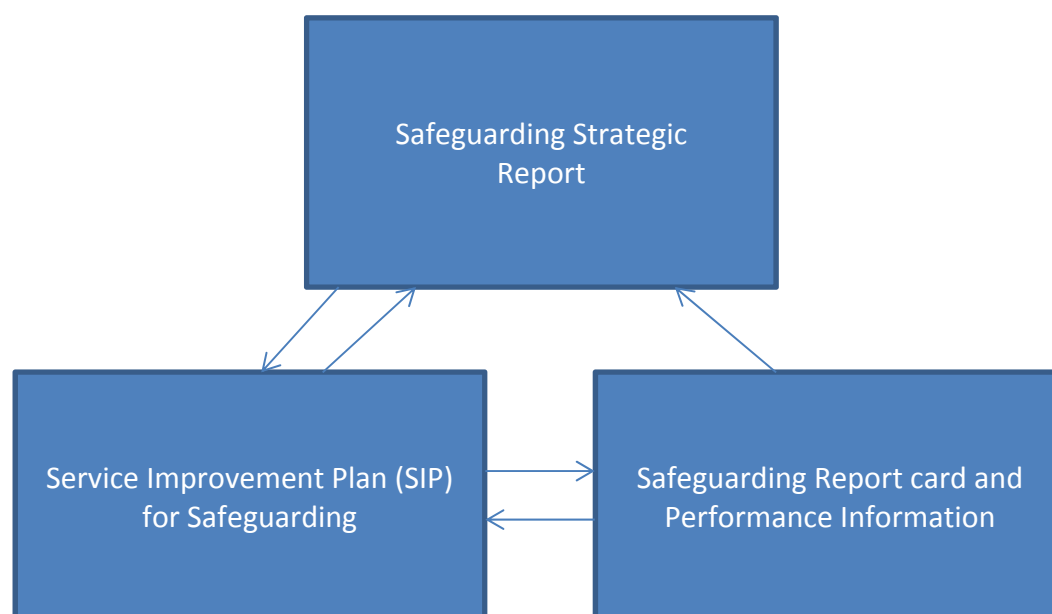
This second strategic report pays heed to these areas of challenge as well as providing an update on how we continue to pursue our central, over-riding goal - that children and young people in Monmouthshire are as safe as they can be. Within safeguarding areas of activity interlink to create an overall system of safety that ensures all children and young people, as fully as possible, are protected from harm and abuse. The foundation of this is a clear policy with clear lines of accountability, good systems for support, advice and consultation and effective operational procedures. Alongside of this workers must be suitable, trained and confident in their safeguarding roles with a good understanding of the importance of inter-agency working. Within this broader framework we must be assured that where individual children are at risk the system reacts appropriately to refer, investigate and respond to concerns as they arise. For this, analysing performance information, reviewing individual cases and listening to children are central.

This last six months, in particular, has seen a shift in safeguarding. Building on our strengthened operational processes we have begun to nurture a whole authority connection to safeguarding at a hearts and minds level, and to have more confidence in our ability to self-evaluate and set direction. Strong leadership at a political level, and through the auspices of the CEO, have been a cornerstone of this clearly setting the expectation that safeguarding is ‘everyone’s responsibility’.

In the context of the report I have used the term safeguarding to refer to the wider framework that creates safe environments and systems and child protection in respect to individual cases of concern.

**Purpose of the Strategic Report**

The purpose of these 6 monthly strategic overview reports is to inform leaders within Monmouthshire County Council of the bigger picture of safeguarding and the overall impact of safeguarding and child protection activities across the authority. The report should enable leaders to consider the implications of these at a strategic level including being able to set / confirm direction of travel, consider and manage risk and allocate / confirm resources. This 6-monthly safeguarding report is the top tier of wider reporting framework as illustrated below. The next step actions arising from the Safeguarding Report will be detailed within the annual Service Improvement Plan and monitored through the quarterly reviews. The 6 monthly Safeguarding Report card will contribute to the evidence base from which both reports will draw on to further inform our analysis and discussion of performance information. The strength of this approach is that leaders have clear high level oversight whilst also being able to challenge evidence or further detail as required.



### Summary of the Key Areas of activity and Score Table

Key Priority Area	Evaluation at April 2014	Evaluation at Sept 2014
1. Safeguarding children and young people is understood as 'everyone's responsibility'	N/A	4
2. Monmouthshire's Safeguarding and Child Protection Policy is embedded across all settings and services	4	4
3. Through our Audit Framework we are assured that all settings and services meet their roles and responsibilities in safeguarding /child protection	3-4	4
4. Safe recruitment and safe work force practices are operating effectively and embedded across the authority.	2	3
5. All workers and volunteers in contact with children and families are trained at the appropriate level	5	5
6. There is a system in place that identifies and addresses any professional allegations or concerns about individuals who may pose a risk.	4	5
7. We are well-informed about the issues that compromise the safety and welfare of children and potentially expose them to harm through abuse and neglect and operate best safeguarding practice	3	3
8. Engagement with children and young people is at the heart of our safeguarding and child protection activity.	3	3

### The Corporate Evaluation Framework

The evaluation score from 1-6	The evaluative context
Level 6 Excellent	Excellent or outstanding
Level 5 Very	Good Major strengths
Level 4 Good	Important strengths with some areas for improvement
Level 3 Adequate	Strengths just outweigh weaknesses
Level 2 Weak	Important weaknesses
Level 1 Unsatisfactory	Major weakness

## Case Studies

I have described some aspects of safeguarding below which demonstrate the direct impact of activity on children and young people. I have sought to convey some of the ways in which areas of activity overlap and develop over time illustrating safeguarding as an on-going process of both vigilance and practice development.

### 1. The impact of the role of the Lead Officer for Safeguarding in Education (LOSIE) in providing professional guidance and advice regarding individual children

One of the 'softer' outcomes of the extensive training and audit work that has taken place across the authority is the opportunity to strengthen inter-agency working and the provision of an 'open door' for discussion and advice around matters affecting the welfare of individual children. Two examples include contact from a primary school around a child with a chronic health condition and concerns regarding mother's possible over-anxiety and the impact of this on the child's emotional and social development. Following discussions and inter-agency liaison regular meetings are now in place between the specialist health service, school and the mother so that there is opportunity to talk openly about the best way of supporting the child and helping mother with her anxiety. Similarly an example from an early years setting concerned a child being brought up by grandparents with some concerns around potential neglect. Again we were able to listen and advise and ensure that appropriate links were made with the health visitor. This resulted in the child's mother taking a much more active role in his upbringing and reducing the concerns about his welfare. The profile of the safeguarding unit within the authority offers this continuous opportunity to support agencies to work preventatively with families and vulnerable children whilst increasing understanding of situations that would require a child protection referral. This will remain an on-going focus of our work.

### 2. The impact of multi-agency working in risk at cross directorate level

Management of risk for vulnerable children has been an area of development for the authority particularly over the last 6 months. In one situation a group of 7 young people were highlighted by youth workers and were referred to safeguarding because of concerns regarding substance misuse, offending, homelessness, neglect of basic needs and family breakdown. A multi-agency group including youth workers, housing, community safety and social services was brought together with a joint plan devised for how to engage these young people. As a result concerns have considerably reduced including supporting these young people to find accommodation; return to education; build relationships with their families; stop injecting and better manage the risks around their substance misuse.

From another perspective working across schools, youth and social care has highlighted positive ways forward in terms of developing risk management models for young people presenting with, in particular, sexually harmful behaviour and self-harming behaviours. The impact on individual children to date has been considerable with three children being enabled to maintain a main-stream school placement. Work is now in progress to capitalise on these examples of good practice to establish a whole authority and multi-agency involvement in the 'risk and vulnerability policy' developed by children's services.

### 3. The impact of audit and on-going developmental work with individual settings and service areas

Extending the audit framework well beyond CYP has had significant impact on our safeguarding network. This is demonstrated in the extension and varying designations of individuals trained at level 1 (basic awareness) and in helping us to support partner agencies particularly in their work with community and voluntary groups. One particular area has been the engagement of the passenger transport unit and the subsequent development of a training programme aimed at addressing some of the specific safeguarding issues faced by this service. This includes the vulnerability of children and young people using transport particularly around risks associated with child sexual exploitation and missing children and covers issues around professional boundaries and appropriate 'safe' responses to real-life case scenarios.

### 4. The impact of monitoring professional allegations and addressing issues within individual settings

There are numerous examples of how our system for managing professional concerns and allegations through to conclusion has allowed us to ensure that any risks posed by individuals are managed appropriately within individual employing agencies. For example, we now have a clear expectation that employers report back through a line of accountability in respect of any actions that fall to them following the conclusion of statutory processes. This has meant that we have had sight of and influence over disciplinary investigations and outcomes and been able to ensure that where required, referral is made to external regulatory bodies (e.g. DBS and CSSIW). This has included both employers internal and external to the authority. In terms of addressing themes and issues arising from incidents of professional concerns these have included – the misuse of social media for a newly qualified teacher and how to address this; raising questions about 'work culture' regarding professional boundaries; development of risk assessment processes within foster placements; strengthening awareness and knowledge of policy within organisations and so forth. This means that allegations management not only addresses immediate risks to children but seeks to support and challenge organisations to consider the matter from a wider preventative perspective.

**OUR OVER-RIDING GOAL - Children and young people in Monmouthshire are as safe as can be and are protected from harm and abuse**

Operationally this will be achieved through:

- Creating and maintenance safe practices, systems and networks across all learning, leisure & play services and settings across the authority
- Ensuring that any safeguarding risks to children and young people are recognised and addressed;
- Ensuring that concerns about possible abuse or neglect are recognised and responded to appropriately and in accordance with procedures;
- Ensuring that risks and needs for vulnerable children, including those at risk of significant harm, are reduced through multi-agency plans and interventions.

This is an on-going objective which is continually assessed to identify where improvements are required

**NOTES:**

Areas of key development are highlighted in GREEN.

Future actions identified in column 6 correlate with operational activity set out in the Service Improvement Plan

What is our final destination / Where do we want to be & by when?	What have we done so far to get there / is this where we expected to be?	What difference have our actions made so far? (impact - evaluative judgement)	How do we know? (Data and Information-Evidence)	What difference should our activities make in the long term	What next / Future actions? (Consequence of evaluation)	What are the barriers / risks?	Our score between 1-6) (Impact judgement)
<p>1. In Monmouthshire we want to ensure that safeguarding children and young people is understood as 'everyone's responsibility' across all directorates and at a political level. We want this to be culturally embedded within the authority at a 'hearts and minds' level.</p>	<p>Secured agreement with Select Chair's Group to give agenda time to Safeguarding and Corporate Parenting led by lead member for safeguarding.</p> <p>Cross directorate safeguarding leadership group established (led by CEO).</p> <p>Chief officer briefings are in place monthly</p> <p>Framework for strategic reporting, with trio of reports, provides information about safeguarding at a number of levels to enable shared analysis and planning with cross directorate involvement.</p>	<p>Evidence of connections with safeguarding being made (top down and bottom up) include active engagement with:</p> <ul style="list-style-type: none"> <li>- Passenger Transport</li> <li>- Leisure services</li> <li>- Commissioning</li> <li>- Partnership services</li> <li>- Employee Services</li> </ul> <p>Member training is organised to increase basic knowledge and awareness and enable further critical challenge.</p>	<p>Returned safeguarding audits and action plans.</p> <p>Safe Recruitment work through ES.</p> <p>Take up of level 1 and 2 training from outside education and social care.</p> <p>Evidence from WAO: when questioned 76% individuals understood that safeguarding was 'everyone's responsibility' 12% higher than the Welsh average response.</p>	<p>Safeguarding is about creating networks of caring, responsible adults that are child-focussed and who fully accept their moral responsibility to respond to the needs of children, whatever their particular role.</p> <p>This widening of safeguarding, together with the opportunity for internal challenge and accountability permeating out from strong leadership, will keep children in Monmouthshire safer.</p>	<p>Work will be required to support the development of the two new safeguarding fora and to ensure that the information available to these groups (through the strategic reporting) is fit for purpose.</p> <p>Safeguarding SIP for 2014/15 can be strengthened to reflect linked activity across all directorates.</p> <p>Safeguarding action plans for individual directorates to be considered.</p> <p>Mechanisms are required to continually evaluate the impact of level 1 training for individuals working outside of social care / education.</p>	<p>Competing agendas and differing priorities can affect how much time is given to child protection and safeguarding at a strategic level.</p>	<p>4</p>

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<p>2. We want <a href="#">Monmouthshire's Safeguarding and Child Protection Policy to be embedded across all settings and services</a> operating within Monmouthshire or providing services to Monmouthshire children.</p> <p>We want the policy to be reviewed on a regular basis to ensure that it is up to date with any changes in legislation and/ or any developments in safeguarding practice.</p>	<p>Following the 2012 Estyn inspection an over-arching safeguarding policy was implemented for all settings and services.</p> <p>At April 2014 all schools, early years, leisure, community and youth services within Monmouthshire had adopted the policy.</p> <p>We undertook a first review of the policy to broaden its scope and make it more applicable across all areas of the authority.</p> <p>WAO review has recommended that reference to other areas of council operation could be strengthened.</p>	<p>Having this policy in place helps us keep children safe by:</p> <ul style="list-style-type: none"> <li>- Being clear about everyone's roles and responsibilities to listen to children and how to report concerns;</li> <li>- Ensuring that all settings have the appropriate safeguarding policies and operational procedures in place;</li> <li>- Ensuring all staff and settings are accountable for their safeguarding practices;</li> <li>- Providing a benchmark for good practice in individual settings and for governing bodies.</li> </ul>	<p>Information about policy implementation is collated within the safeguarding unit and is addressed as part of the audits.</p> <p>The safeguarding unit maintains a central record of when the policy has been adopted by services in the local authority and by relevant governing bodies.</p>	<p>Having a high-profile over-arching safeguarding policy establishes standards and expectations across all learning, leisure, play, housing and social care services within Monmouthshire.</p>	<p>We will disseminate the revised policy and ensure that it is formally adopted across all relevant settings.</p> <p>We will continue to work in partnership with services and regulators to review the policy on a bi-annual basis and ensure that it remains fit for purpose.</p> <p>We will continue to raise awareness of the Monmouthshire policy through the audit work and through level 1 training.</p>		4
<p>3. Through <a href="#">a robust audit framework we aim to have a process that assures us that all settings and services meet their roles and responsibilities in safeguarding /child protection, and holds settings to account</a> where there are any failings.</p> <p>Prior to the Estyn inspection the LA had little detailed knowledge or understanding of how</p>	<p>There is a safeguarding audit in place and a 2 year implementation plan from March 2013 – March 2015.</p> <p>This is progressing to target (see score card) although it has required a different approach for the second phase and progress has been slower over the second year as a result.</p>	<p>The information gathered from the audit provided us with base-line information about the strengths and weaknesses within individual settings.</p> <p>We have used this information as a starting point for strengthening practice for example by:</p> <ul style="list-style-type: none"> <li>- Increasing training and learning</li> </ul>	<p>The safeguarding unit holds records of individual audits and improvement plans.</p> <p>Overview reports for services areas are produced within the safeguarding unit.</p> <p>Records in the safeguarding unit demonstrate that there is an increase in advice and professional support being provided regarding individual children and</p>	<p>This activity aims to ensure that all settings and services continually develop their child protection practices to ensure that we are all working together to keep children safe. This is now in place but has the potential to get more detailed and focused over time.</p> <p>It identifies potential areas where development work is required to strengthen safeguarding arrangements, and creates a pathway for open</p>	<p>We will continue to work in partnership with others to implement the audit programme through grant funded, commissioned and third sector organisations.</p> <p><b>We will implement the revised the audit framework for the second round commencing in 2015. This to incorporate better evidence of practice 'on the ground' and more outcome –focussed (e.g. numbers / quality / outcomes of referrals).</b></p> <p>The second round of implementation</p>	<p>For the process of on-going improvement to be as effective as possible there needs to 'buy-in' throughout settings (governors / leaders / staff etc) which could be difficult to achieve.</p> <p>Accountability and audit process is less clear cut for third sector.</p>	4

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<p>individual settings and services met their child protection and safeguarding responsibilities in practice.</p>	<p>All the returned information is reviewed and analysed, and from this we have been able to target certain areas for improvement.</p> <p><i>We have begun to revise the audit in preparation for 2015 including looking at how the audit outcomes can be better connected to the overall management structure of individual settings.</i></p>	<p>opportunities;</p> <ul style="list-style-type: none"> <li>- Developing improvement plans;</li> <li>- Providing advice / consultation to individual services where required regarding individual child protection situations and potential referrals.</li> </ul>	<p>potential referrals.</p>	<p>communication about individual children of concern. We know from nation and local serious case reviews that open challenge and the sharing of information - 'putting the pieces of the jigsaw together' – is a vital component in keeping children safe and ensuring that 'no child slips through the net'.</p>	<p>will involve follow up to the original action plans.</p> <p>We will develop the audit process so that it is better embedded within the overall monitoring, review and appraisal processes for schools and other settings beginning by using school secure.</p> <p>We will continue to analyse outcomes from audits for any overall themes and issues arising that require a response.</p>		
<p>4. We want to ensure <i>that safe recruitment and safe HR practices are operating effectively and embedded across the authority.</i></p> <p>We want to ensure that in Monmouthshire staff and volunteers working with children are suitable, child-focused and clear about their responsibilities to report concerns and keep children safe.</p> <p>Previously there was insufficient central oversight or accountability to the LA regarding safe recruitment and work-force practices.</p>	<p>In 2012 / 13 a lot of staff time and resources were expended on implementing 3 yearly re-checks of DBS certificates across all eligible post.</p> <p>Questions were posed as to whether this use of resources was the most effective in terms safeguarding children.</p> <p><i>In September 2014 the authority implemented a change of policy with a consequent re-focus onto safe recruitment rather than re-checks.</i></p> <p>Other related activities have been undertaken such as issuing regional safe recruitment guidance, developing a training programme and conducting Employee Services led safe recruitment checks.</p>	<p>We now have better information systems for monitoring safe recruitment and HR practices.</p> <p>People management leads are able to follow up / address issues in a more targeted way.</p>	<p>The revised DSB policy issued Sept 2014.</p> <p>ES audit reports.</p>	<p>Our aim is to ensure that HR practices are such that all staff members and volunteers are suitable and do not pose a risk to children.</p> <p>DBS checking at the pre-employment stage will remain central to this.</p>	<p>We will continue to refine and development a central monitoring and reporting system for DBS checks, references and professional registration.</p> <p>We will re-focus attention onto developing and auditing safe HR practices within settings and across all directorates.</p> <p>We will implement training in safer recruitment across all directorates.</p> <p>We will maintain close links between safeguarding unit and ES in respect of any conduct issues that potentially cross into safeguarding.</p>	<p>We need to ensure that safe processes are maintained throughout any transition process and that line-managers remain clear regarding their roles and responsibilities.</p>	<p>3</p>

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<p>5. We aim to ensure that in Monmouthshire <b>all workers and volunteers in contact with children and families are trained at the appropriate level and confident in understanding their roles and responsibilities in respect of safeguarding</b> including a good understanding of the importance of information sharing and inter-agency working.</p> <p>The first year of our audit programme highlighted that not all staff were trained at the appropriate level for their role, and that there was inconsistency in respect of the training being accessed.</p>	<p>We have significantly increased opportunities in child protection and safeguarding training and learning for workers in Monmouthshire.</p> <p>Figures are most notable at level 1 (over 100 trained to date) particularly given that the majority of designated officers within schools are now trained to deliver their own level 1.</p> <p>Links with SEWSCB regional training are well established and the LOSIE role has been instrumental in promoting level 2 &amp; 3 training opportunities.</p> <p>Additional resources have been utilised to respond to additional training needs where these have been identified.</p> <p>More work is need to get accurate reporting of training and a better understanding of training needs so that future resources can be planned.</p>	<p>More staff, governors and volunteers are trained to recognise the signs and symptoms of abuse and know what to do if they have a concern (level 1).</p> <p>More designated officers have been trained in their decision making and inter-agency roles (level 2).</p> <p>We have worked within individual settings to offer training / learning opportunities relevant to their needs (e.g. passenger transport unit, individual schools, private residential establishments).</p>	<p>Local and regional training records.</p> <p>Learning objectives from training material.</p> <p>Composite evaluation reports that consistently report learning outcomes being achieved. Evidence of training courses directly influencing Safeguarding and Child Protection practice.</p>	<p>Continuing to develop, monitor and deliver training across the LA will ensure that all workers recognise and respond to concerns, feel confident in their CP roles at whatever level, and further develop multi-agency understanding and cooperation.</p>	<p>We will work more closely with settings regarding accurate record keeping. This will help us plan, allocate resources and get a better understanding of on-going training needs. We will use the audit process to help with this.</p> <p>We will continue to develop ways of evaluating training from an outcomes perspective (i.e. what difference does the training make?). This is to ensure that courses continue to improve worker knowledge and skills in practice.</p> <p>We will continue to work with the SEWSCB to respond to the need for voluntary sector to access level 1 training opportunities on-line.</p>	<p>Currently training places a heavy demand on a small number of key individuals.</p> <p>There are no specifically identified administrative resources to support CP training at a local level within CYP.</p>	<p>5</p>
<p>6. Our aim for Monmouthshire is to maintain <b>a robust multi-agency system that identifies and addresses any professional allegations or concerns about individuals who may pose a risk.</b> We want to ensure</p>	<p>In 2013 we implemented the regional practice guidance within Monmouthshire.</p> <p>This has strengthened processes for the management of professional allegations</p>	<p>Our activity in this area has ensured that we have responded to allegations effectively so that children and young people are protected from individuals who may pose a risk.</p>	<p>Our compliance with regional guidance for allegation management.</p> <p>Minutes of liaison meetings between employee services and safeguarding.</p> <p>Minutes / recordings of PSM</p>	<p>A robust system for managing professional allegations is an essential aspect of keeping children safe. This system needs to be monitored and reviewed in the longer term.</p>	<p>We will continue to analyse performance information about PSMs and ensure that wider themes and issues are addressed.</p> <p>We will report this within the wider authority so that information regarding professional issues inform the overall monitoring, review and</p>	<p>Any failure within the system for recognising and responding to professional issues will pose a risk both within Monmouthshire and in a wider sense.</p>	<p>5</p>



What is our final destination / Where do we want to be & by when?	What have we done so far to get there / <b>is this where we expected to be?</b>	What difference have our actions made so far? (impact - evaluative judgement)	How do we know? ( <i>Data and Information-Evidence</i> )	What difference should our activities make in the long term	What next / Future actions? (Consequence of evaluation)	What are the barriers / risks?	Our score between 1-6) (Impact judgement)
<p>that any themes, trends or issues that might compromise the safety of children at an organisational level are recognised and responded to.</p> <p>WAO recommended that a local protocol is developed to support the regional implementation at a regional level.</p>	<p>and the system for tracking cases through to conclusion (see report card).</p> <p>In 2014 we have continued to raise awareness of the role of the Safeguarding Unit in respect of providing advice and support regarding any conduct issues where there is an element of safeguarding even if this does not reach the statutory threshold.</p>	<p>We monitor professional concerns and allegations so that any broader safeguarding / child protection themes or issues can be recognised and resolved within individual settings.</p> <p>A standing multi-agency training programme would further help to increase awareness of roles and responsibilities in this area of practice.</p>	<p>meetings and discussions.</p> <p>Case tracking information within SGU.</p> <p>Performance information including nature, numbers and outcomes of PSMs undertaken.</p>		<p>appraisal processes for schools and other settings. This will form part of the audit framework for 2015.</p> <p>We will continue to ensure Monmouthshire has a lead role in the SEWSCB's work regarding PSMs, and develop a protocol that supports local implementation.</p> <p>We will increase our multi-agency training and learning opportunities for all practitioners / managers / governors involved in handling cases of professional allegations.</p>		
<p>7. In Monmouthshire we want to be <b>well-informed about the issues that compromise the safety and welfare of children</b> and potentially expose them to harm through abuse and neglect.</p> <p>Our aim is to <b>develop best practice across all children's services</b> so that i) all concerns about possible abuse or neglect are recognised and responded to appropriately and ii) multi-agency plans and interventions reduce risks and needs for all vulnerable children, including those at risk of significant harm.</p>	<p>We have strengthened our collation and analysis of key performance information regarding safeguarding and child protection (see report card).</p> <p>We have started to use this information more intelligently to agree actions and allocate resources.</p> <p>Through the authority's Learning and Review group we undertake inter-agency audits and reviews of individual cases either on particular themes of interest or if cases have raised particular practice concerns.</p> <p>Learning from actual</p>	<p>The way in which analysis of information together with case review is impacting on safeguarding practice includes:</p> <ul style="list-style-type: none"> <li>• Additional monitoring and oversight of children registered for over 15 months (resulting in initial improvement)</li> <li>• Changing working arrangements to support inter-agency involvement in strategy discussions; (little evidence of joint planning / risk assessment during inquiries)</li> <li>• Work to address the possible 'gap' between</li> </ul>	<p>Review reports and recommendations</p> <p>Joint learning events</p> <p>Minutes from Monmouthshire Learning and Review Group</p> <p>Key performance information from children's services.</p> <p>Performance management reports.</p> <p>6 monthly reports from the Child Protection Coordinator (Safeguarding).</p>	<p>Both currently and in the longer-term we want ensure that those children who need to be referred within a child protection framework are referred; and that once referred the subsequent response effectively protects children and reduces risk.</p>	<p>We will hold practitioner briefings to communicate the outcomes of the recent review of neglect cases (first date set 23<sup>rd</sup> Oct).</p> <p>We will continue to implement multi-agency training in child protection planning and neglect (resources allocated and dates set Jan and March 2015)</p> <p>We will implement multi-agency consultation for complex cases.</p> <p>We will undertake further exploration in respect of the proportion of contacts that do not progress to referrals within children's services.</p> <p>We will ensure that necessary resources are allocated across the LA to continue the local and regional partnership work in preventative and response services for children at risk of harm because of domestic</p>	<p>It will take time for the outcomes from individual case reviews and audits to impact multi-agency practice.</p>	<p>3</p>

What is our final destination / Where do we want to be & by when?	What have we done so far to get there / <b>is this where we expected to be?</b>	What difference have our actions made so far? (impact - evaluative judgement)	How do we know? ( <i>Data and Information-Evidence</i> )	What difference should our activities make in the long term	What next / Future actions? (Consequence of evaluation)	What are the barriers / risks?	Our score between 1-6) (Impact judgement)
	<p>cases has helped us evaluate strengths and weaknesses in child protection practice in Monmouthshire. We have used this information as a basis for on-going learning and practice improvement.</p> <p>Reviews / audits to date have included: children on the register for neglect; inter-agency practice in section 47 inquiries; inter-agency working for serious self-harm.</p> <p>Our inter-agency audit / review work is indicating that child sexual exploitation and supporting young people with complex risky behaviours is an emerging theme requiring cross directorate attention.</p>	<p>preventative (JAFF) and statutory services; (base-line evidence within CIN audit work)</p> <ul style="list-style-type: none"> <li>• Development work to increase the quality of and response to referrals for cases that do not progress (threshold review)</li> <li>• Drive to increase reporting of neglect and the elimination of drift in neglect cases (neglected children remain on the CP register for the longest time period and are those most likely to be re-registered.)</li> <li>• Increase in preventative work regarding domestic abuse including increased training and case review around impact of services and good outcomes for children (domestic abuse commonest issue affecting parental capacity).</li> </ul>			<p>abuse.</p> <p>We will continue to report and analyse performance information at different levels within the organisation so that it builds our shared understanding of how effectively child protection systems are operating in Monmouthshire, and where we can continue to improve.</p> <p>We will undertake further case review work in respect of working with vulnerable adolescents. This in response to the emerging issues around child sexual exploitation and young people with complex risky behaviours.</p>		
<p>8. In Monmouthshire we want <b>engagement with children and young people</b> to be at the heart of our safeguarding and child protection activity.</p>	<p>We have listened to what children and young people are saying about their perceptions of safety and well-being.</p> <p>A young people's safeguarding survey is</p>	<p>Young people told us that they were concerned about keeping safe on line, bullying and feeling safe on the streets.</p> <p>The survey confirmed</p>	<p>The safeguarding survey report.</p> <p>Records of activities within Monmouthshire Youth Service.</p>	<p>We want to continue to listen and engage with young people in respect of safeguarding to ensure that what we do is in keeping with what young people think and feel, and is relevant to the issues they face.</p>	<p>We will continue to liaise with the Safer Monmouthshire Group regarding young people's perceptions of street safety.</p> <p>We will further develop the work of the anti-bullying group in Monmouthshire.</p>	<p>Asking for the views of YP can become tokenistic. Monmouthshire needs to build on the survey work to increase opportunities in participation. This takes time and a pooling of resources across service areas that can be difficult to</p>	<p>3</p>

What is our final destination / Where do we want to be & by when?	What have we done so far to get there / <i>is this where we expected to be?</i>	What difference have our actions made so far? (impact - evaluative judgement)	How do we know? ( <i>Data and Information-Evidence</i> )	What difference should our activities make in the long term	What next / Future actions? (Consequence of evaluation)	What are the barriers / risks?	Our score between 1-6) (Impact judgement)
	<p>something that Monmouthshire set out to undertake every 18 months to 2 years. The 2013 survey is the third such endeavour, and involved capturing the views of approximately 1,500 children including children who are 'looked after'.</p>	<p>that the numbers of YP citing bullying as an issue for them does not correspond with reported figures.</p> <p>So far we have been able to increase YP's access to learning opportunities for keeping safe on-line (accessed by over 600 YP).</p>			<p>We will increase foster carer training to support them in keeping Looked After Children safe on-line.</p> <p>In partnership with the SEWSCB we will continue to increase young people's participation in safeguarding.</p> <p>We will re-implement the safeguarding survey in 2015.</p>	<p>achieve.</p>	

## Safeguarding Report Card and Performance Information April 1<sup>st</sup> - September 2014

### 1. Purpose

- To present information about our safeguarding activities in a way that provides a line of sight between our activities and the outcomes and priorities that we are committed to within the authority.
- To provide and analyse quantitative and qualitative information in a way that will enable us to evaluate the progress we are making against some of the key areas of activity.
- To use a comprehensive range of performance information from a broad base of safeguarding activity to more specific information regarding child protection case work to help us evaluate the central questions:
  - Are all children and young people in Monmouthshire as safe as they can be?*
  - Are vulnerable children in Monmouthshire protected from harm and abuse?*

### 2. Background Information

The report should be read in conjunction with the Service Plan for Safeguarding 2014/15 (reviewed September 2014) and the Strategic Report for Safeguarding September 2014. It is **not** a report card on the performance and impact of Children's Services; its purpose is to offer a much broader 'whole authority' perspective into how we meet our responsibilities for keeping children safe. However, where relevant I have referred to key performance indicators, which are highlighted in green.

### 3. Priority Areas and Performance Information


#### i) Safeguarding Audits

**Why we focus on this:** All settings and services operating within Monmouthshire are asked to self-assess against safeguarding standards and to make improvements where these are required. The impact of this is that it **ensures that safe systems and practices are in place across the authority and that all services are operating in ways which promote the welfare and safety of children.**

During 2013 / 2014 our target was to work with services that fall directly under the Local Authority.

For 2014/15 our target was to extend the audit so that we incorporated grant-funded, commissioned and third sector organisations. This required a different approach and considerable scoping work and relationship building.

**Current Performance Information / Narrative:**

<b>2 year plan April 2013</b>	<b>Service Area / Organisation</b>	<b>Numbers of audits expected and returned</b>	<b>Comments</b>
	Primary Schools	31/31	
	Secondary Schools	6/6	includes PRS and MHS
	Maintained Early Years	29/29	
	Leisure Centres	4/4	
	Youth Service	1/1	covered all sites
	Family Learning Centres and Adult Ed	2/2	
	Flying Start	1/1	
	Coleg Gwent	4/4	
	Families First	4/7	commence Jan 2015
	Supporting People	1/8	7 to commence
	Passenger Transport	1/1	
	Action for Children 2 projects	0/2	Awaiting returns
	Waimon	1/1	
	Independent Children's Homes	0/6	Audits discussed but not returned
	After school Clubs	To be scoped	Commence Jan 2015
	<b>GAVO = 141 organisations screened and will be implemented by GAVO</b>		

<b>What the Audits Have Told Us So Far</b>	<b>What We have Done</b>
<ul style="list-style-type: none"> <li>• There is insufficient level 1 (basic awareness) and level 2 training (referrals to case conference)</li> <li>• Workers are not accessing courses through the South East Wales Safeguarding Children Board</li> <li>• The role of the designated officers is not always clearly understood</li> <li>• Designated officers can feel isolated dealing with complex issues</li> <li>• Regional guidance for professional allegations is not always followed</li> <li>• Job descriptions not sufficiently clear around safeguarding responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Trained over 1000 individuals in basic awareness training some of which is tailored individual</li> <li>• trained designated officers to deliver training within their own settings</li> <li>• Provide group supervision for designated officers</li> <li>• Supported organisations to improve their multi-agency working</li> <li>• Provided additional links and access to SEWSCB information and training courses</li> <li>• Attend early years cluster groups</li> <li>• Provide additional support for settings dealing with complex safeguarding concerns</li> <li>• Provided information regarding legislation and guidance</li> <li>• Given guidance to help organisations develop their child protection operational procedures</li> <li>• Given guidance in the inclusion of safeguarding statements for job descriptions.</li> </ul>

**Outcome / analysis:**

The first year of the audit shows 100% compliance with MCC Safeguarding and Child Protection Policy.

The audit process exposes potential gaps so that these can be addressed. The conversations that happen as a result create pathways for open communication about individual children of concern.

The extension of the audit work during the second year of delivery demonstrates the local authority's reach in respect of developing a network of safety for all children within Monmouthshire.

Progress within this second year has been made in terms of scoping and developing relationships with organisations that do not fall directly under the auspices of the authority.

**ii) Child Protection and Safeguarding Training**

**Why we focus on this:** We aim to ensure that in Monmouthshire all workers and volunteers in contact with children and families are trained and confident in understanding their roles and responsibilities in respect of safeguarding including a good understanding of the importance of information sharing and inter-agency working.

**Current Performance Information / Narrative:**

**Level 1** training provides information about basic recognition of signs and symptoms with an emphasis on the importance of reporting concerns, sharing information and being aware of designated officers and operational policies within individual service areas.

In 2013/14 **818** individuals were trained at level 1 predominantly staff based within schools and / or staff within the Children and Young People's (CYP) directorate.

In 2014/15 **307** individuals are trained to date with more than half of these non-school based staff.

A comprehensive time-table of level 1 training is in place.

**Outcome / analysis:**

Taking into account the summer period current figures are on track to maintain the numbers of individuals trained directly through the safeguarding unit this year.

There has been a change of delivery pattern during this second year demonstrating that a wider range of job roles are accessing basic awareness training. Training has included commissioned services, adult social care workers, direct carers and workers within private settings. This is in keeping with MCC and the current aims of our audit work.

There are a number of designated officers now trained to deliver level 1. More accurate information is required about this, in terms of those trained and the 'cascade effect' of their training.

In essence this means that level 1 numbers reported through the safeguarding unit alone are not representative of the level 1 events taking place across the authority.

Evidence from the WAO survey found that 95% of individuals responded positively to the question: ‘I know what to do if I have concerns about the safety and well-being of a child’.

### iii) Professional Allegations and Concerns

**Why we focus on this:** Ensuring that staff and volunteers are suitable and child focussed is one of the cornerstones of safeguarding. We need to be assured that any professional allegation or concern is referred, investigated and responded to effectively on a multi-agency basis. This ensures that children and young people accessing services are protected from any individuals who may pose a risk. Similarly it ensures that any themes, trends or issues that might compromise the safety of children at an organisational level are recognised and responded to.

#### Performance Information / Narrative:

From 1<sup>st</sup> April 2014 to date there have been 13 incidents of professional allegations involving 16 individual workers. This compares with 27 incidents from the previous year indicating that the referral rate for professional allegations has remained stable.

During this period 11 cases have concluded including 2 cases from the previous period. Of these 11 cases 5 identified were substantiated: 2 individuals were prosecuted, 1 is subject to sex offender registration, 1 individual is referred to the DBS and 2 cases resulted in internal investigations within the employing agencies.

4 cases currently remain open for further inquiries to be made.

Of the 13 new cases 5 of the concerns were referred because of incidents within the workplace and 8 cases were referred because of child protection concerns arising within the family context.

An addition 4 cases referred into safeguarding were deemed not to meet the statutory threshold and were managed as a conduct issue with joint working between the employers, employee services and safeguarding.

#### Breakdown of worker designation and allegation reason

Designation	Number
Teacher / LSA	3
Vol sport's coach	2
School Support Staff	1
Residential care workers	2
Care worker (Vul. Adults)	1
Health Practitioners	4
Foster Carer	1
Youth Worker	1
Creche Worker	1
	<b>16</b>

Allegation Reason (Work Place)	Number
Physical Assault	2
Emotional Abuse	1
Sexualised Behaviour	1
Neglect	1
Allegation Reason (Family)	
Physical Assault	2
Emotional Abuse	4
Sexual Abuse	2
	<b>13</b>

**Outcome / analysis:**

The pattern of referral for professional issues demonstrates a wide breadth of referral sources and reason indicating that the statutory process is widely understood and implemented. Equally the link between professional / personal conduct and the need to share information of this nature within a wider safeguarding context is being recognised.

The professional allegation process identified 5 risky individuals and ensured that the risks they posed were minimised using appropriate inter-agency working.

The development of the role of the LOSIE is demonstrated with evidence of conduct issues being referred (where there is an element of safeguarding). This provides the opportunity both to 'test' threshold and ensure that a safeguarding perspective can be brought to bear on any internal disciplinary process / investigation.

**iv) Patterns of referrals and child protection registrations**

**Why we focus on this:** Within a 'safe system' we need to be assured that **where individual children are at risk the system reacts appropriately to refer, investigate and respond to concerns as they arise.** We also need to be able to use referral information as a springboard for analysis and further inquiry as part of our on-going planning and development work.

**Performance Information / Narrative**

During the first 6 months of this year, Children's Services have received 1870 contacts of which we made a decision that 215 of these would become referrals, that is they require further action rather than being noted or resulting in information or advice. The contact was reviewed by a manager and a decision made within 1 working day on how to proceed (SCC/006) for 98.6% of all contacts into children's services.

14.9% of the referrals were re-referrals within 1 year of the original (SCC/010) which is an appropriate level comparatively with other authorities.

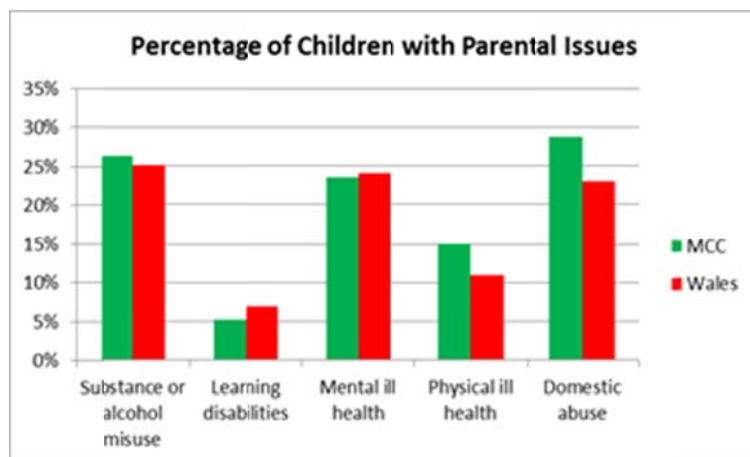




So far this year the majority of referrals have been received from police (21%), education workers (15%) and health (14%).

Domestic abuse is the most commonly observed issue affecting parenting capacity within Monmouthshire, present in 29% of cases. The second most common parenting issue within Monmouthshire is substance or alcohol misuse.

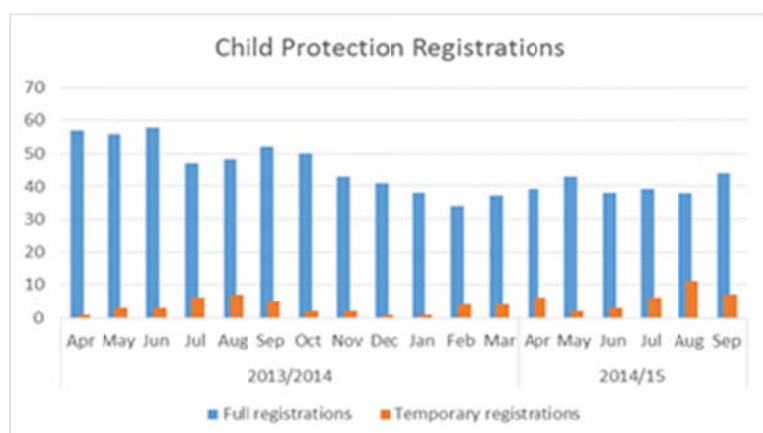
**Chart 1** shows parenting issues within Monmouthshire (in comparison with Wales).



From the 215 referrals generated, 95 of these referrals led to strategy discussions being held and initial child protection conferences were convened for 35 children. The decision in 33 cases was to register the child. 100% of children on the register have an allocated social worker (SCC/013a). The percentage of initial child protection conference held within 15 days of the strategy discussion was 74.4% (SCC/014).

At the quarter end 53 children are registered on the Child Protection Register with 3 under temporary registration. This is the highest figure for almost a year (**Chart 2**). This slight upward trend is reflected in the fact that over this period registrations have exceeded de-registrations for the first time since the peak in 2011-12 (**Chart 3**).

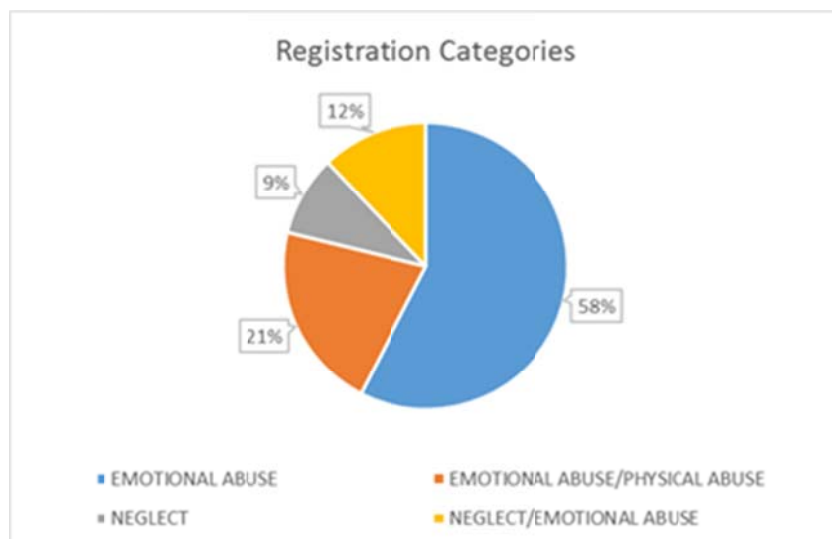
**Chart 2 Numbers of Children on the Register**



**Chart 3 Pattern of Registration and De-registrations**



**Chart 4 Breakdown of Registration Category**



**Outcome / analysis:**

Contacts / referrals into children’s services come from a variety of sources which is a good indication that the messages about safeguarding and child protection are being disseminated.

The gap between contact and referral (215 / 1870) has been subject to some further inquiry. An initial scoping of this work undertaken in the first quarter has us alerted some potential areas for development regarding: -the quality of referrals; the quality of response to contacts that are not progressed through formal protective services (children’s services); the understanding of the threshold between early intervention and statutory services.

The information confirms that domestic abuse is the most common issue affecting parental capacity. This corresponds to domestic abuse being the highest category for registration.

Registration patterns for neglect continue to appear comparatively low in relation to reported parenting issues of substance misuse and mental ill-health. This together with the pattern of neglect cases being those most often subject to re-registration and remaining on the register for longest indicates that referral rates for neglect should probably be higher.

#### v) Patterns of interventions and outcomes

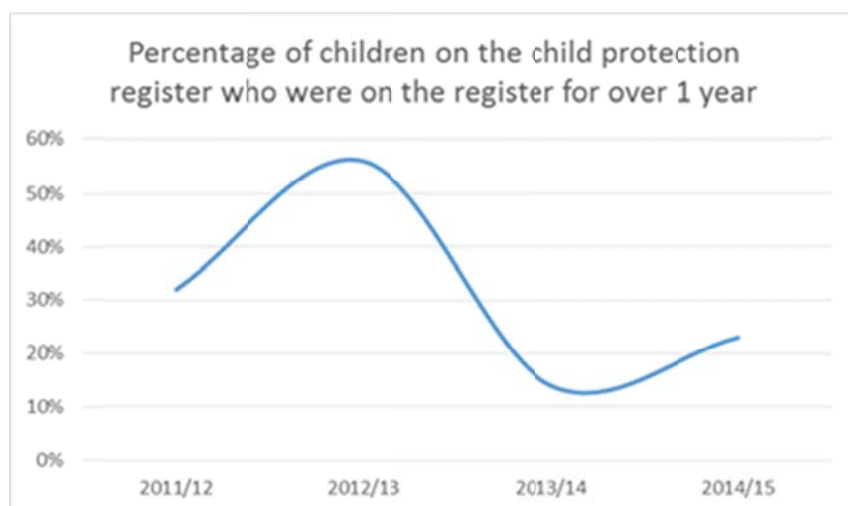
**Why we focus on this:** Want to ensure that our child protection activity and interventions promote positive outcomes for the most vulnerable children (i.e. those who are deemed to be at risk of significant harm through abuse or neglect).

#### Performance Information / Narrative

Of the children added to the register between April and September 9% had been previously registered. During the first 6 months of the year our re-registration rate is 9.1%, lower than the recorded Welsh average of 15% during 2012-13 (the latest all Wales data available). Never-the-less these case will be under review through the child protection co-ordinator.

The children on the register at the end of the period have been registered for an average of 8.4 months, slightly longer than the 7.7 months at the end of the year 2013-14 (see chart 5). From early 2013, children who have been on the child protection register for over 15 months are reviewed. This resulted in a drastic reduction in the percentage of children who have been on the register for one year or more (see **Chart 5**) from 56% in 2012-13 to 14% in 2013-14. This has again increased to 23% / 10 children this year (3 for neglect, 3 emotional abuse / neglect and 4 emotional abuse linked to DA). The plans for all these children are reviewed via the child protection coordinator: 5 of these children are now progressing towards de-registration, 1 into a looked after arrangement and 4 likely to enter a legal process.

#### Chart 5 Registration for over 1 year



Children are removed from the register when they are no longer at risk of significant harm or when they become looked after. 7% (2 children) being removed from the register subsequently entered care during the period compared to 29% last year. This means that 25 children were de-registered

because the family had successfully engaged with the child protection process and effected change so that the risks of them abusing or neglecting their children were sufficiently reduced.

Child protection plans are managed through a 'core group' of multi-agency professionals and the parents. 100% of initial core groups were held on time within 10 working days after registration (SCC/015). Positive outcomes in 25 cases correlates with the improvements within core group working evidenced through case reviews and statutory audits of case work. Improving core group working has been a focus of inter-agency development work within Monmouthshire and the wider Gwent region over the last year.

**Outcome / analysis:**

Over the last 18 months a more critical appraisal of performance information, coupled with individual case reviews, has led to a steady reduction in the numbers of children on the register and a significant decrease in the average length of time spent registered. However, with numbers this half year having slightly increased this needs on-going monitoring. This current increase appears partly to do with the older age profile of 3 of the children concerned and for 2 others a consequence of an outcome from a court process (leaving the children at home).

The successful outcomes for 25 children demonstrate evidence of effective multi-agency planning and engagement with families to support sustained change and reduce risk.

**vi) Thematics / Case Reviews - CSE**

**Why we focus on this:** One of the issues that we have been interested in over the last 6 months is work around vulnerable adolescents and risk management. One of the indicators of this is the numbers of children going missing and the numbers of children referred for concern over child sexual exploitation.

**Performance Information**

Numbers of Multi-agency meetings regarding Child Sexual Exploitation

	2014	2013	2012
<b>Total Number of Children</b>	<b>10</b>	<b>4</b>	<b>3</b>

There is information emerging from the missing person unit that child sexual exploitation remains under-reported.

**Outcome / analysis:**

Although slight, there has been an increase in numbers of children referred over the last three years. This could be attributable to increased prevalence, but equally might be explained by increased awareness and / or a better adherence to national practice guidance.

#### **4. Recommendations for future work**

- Share report in safeguarding group for further discussion and development of wider actions
- Complete summative reports on audit work and areas for development in voluntary sector and services commissioned via supporting people;
- Collation of training figures and full training report for year end to include levels 2 and 3
- Further development of level 1 evaluation / impact method;
- Develop data to better inform us about the needs of young people at risk in Monmouthshire.



## Service Plan 2014/15

### Q2 Review September 2014

<b>Service:</b>	<b>Safeguarding</b>
<b>Service Manager:</b>	Jane Rodgers
<b>Directorate:</b>	Social Care and Health
<b>Head of service</b>	Tracy Jelfs
<b>MCC Priority:</b> <i>Please choose as appropriate</i>	Protecting Vulnerable People
<b>MCC Outcome:</b> <i>Please choose as appropriate</i>	Live safely and be protected from harm
<b>Single Integrated Plan (SIP) Outcome:</b> <i>Please choose as appropriate</i>	Families are supported

#### Our Purpose

*Complete this from the end users' perspective (Customers may be internal or external / Citizens)*

Our purpose in Safeguarding is to ensure that children in Monmouthshire are as safe as they can be and are protected from harm and abuse. In 2014 – 15 we aim to achieve this through further development of the joint (CYP and Children's Services) Safeguarding Unit particularly through the role of the Lead Officer for Safeguarding in Education (LOSIE). Our priority is to ensure that all children within Monmouthshire live free from harm and abuse through the implementation and review of safe systems, processes and practices for safeguarding and child protection across all settings and service areas. The foundation of this is a comprehensive safeguarding and child protection policy with clear lines of accountability, good systems for support, advice and consultation and effective operational procedures. Alongside of this, our purpose is to ensure that workers are suitable, trained and confident in undertaking their safeguarding responsibilities including a good understanding of the importance of inter-agency working. Within this broader framework, our purpose is to ensure that where individual children are at risk the system reacts appropriately to refer, investigate and respond to concerns as they arise. We want to ensure that the child's experience remains central to this and that our safeguarding and child protection activity and interventions promote positive outcomes for children.

#### Evaluate your Successes, challenges and weaknesses in 2013/14

*Take this into account in planning for the future and in showing how you can demonstrate a return on investment (potentially 5 – 10 Bullet points)*

The Estyn inspection in November 2012, identified that Safeguarding arrangements within Monmouthshire were not satisfactory. The Safeguarding Unit, which had been established operationally just prior to the inspection, was therefore ideally placed to address some of the challenges set out within the inspection report.

During 2013 -14 priority was given to establishing safe operational systems for safeguarding and child protection, and whilst there is a recognition that significant ground still needs to be covered, the following successes have been achieved:

- All settings and services within Monmouthshire are now expected to adhere to the standards and expectations set out within the Safeguarding and Child Protection Policy. There is an audit framework in place to ensure that the requirements of the policy are fully implemented within service areas including child protection (operational) policies; safe recruitment practices, training records, designated officers and so forth. This has significantly raised the profile of safeguarding within the authority and is helping to achieve consistency across the authority in respect of establishing good practice.
- The role of the LOSIE has been established and increasingly provides a source of professional advice and support to aid and promote cross directorate working. This has included supporting settings to develop and implement improvements in child protection practices.
- Over the last year we have significantly increased training and learning opportunities in safeguarding and child protection for all local authority staff.
- Through individual case review and analysis of management information we have appropriately reduced the numbers of children on the child protection register and have reduced the average length of time that children remain on the register. We have learned more about child protection issues in Monmouthshire and have identified areas where further actions need to be taken to improve our understanding and promote best practice in keeping children safe. This includes work around legal planning, neglect, domestic abuse and self-harm.
- We sought the views of children and young people in Monmouthshire and from this we know that young people remain concerned about bullying and about staying safe when using technology. We have provided additional learning opportunities to help address this but need to extend these this year.
- We strengthened joint processes in providing oversight to all professional allegations.

Despite the progress that has been made during the year there is still a great deal of work to be done and are our challenges for the next year is as follows:

- Using our enhanced knowledge of child protection and safeguarding issues within the authority to develop practices and services to further reduce risk and need for vulnerable children and young people.
- Further development of the audit framework so that it accurately reflects child protection practices within settings from a 'strength's and 'needs' perspective.
- Extending the audit framework to commissioned, grant-funded and third sector services.
- Continuing to deliver to our current training programme as well as developing further areas of learning where needs have been identified.
- Continuing to monitor and develop HR practices across all service areas to ensure that children's safety and well-being is not compromised. This includes addressing some of the challenges that have been encountered in implementing 3-yearly re-checks of DBS disclosure certificates.



We have critically reviewed the service over the last year and whilst we have identified our successes we have also identified our areas of weakness which are as follows:

- The Estyn re-inspection of safeguarding in February 2013 found that whilst some good initial progress had been made at service and practitioner level there remained significant shortcomings in the strategic management of safeguarding. Estyn stated that 'The local authority still does not have effective enough management information systems and processes to enable it to receive appropriate and evaluative management information about safeguarding. It is not able to routinely identify how well the actions taken impact on the safeguarding of all children and young people in Monmouthshire or to prioritise actions for improvement well enough.'
- More recently CSSIW inspection of services for Looked After Children also identified weaknesses within the authority's child protection and risk management arrangements.

DRAFT



Action Plan: The most important activities your team/s will be working on – ensure any existing actions are included.										
Action	Expected impact of this action	Strategic Plan it aligns to (If directly applicable)	Outcome it contributes to (If directly applicable)	Timescale	Funding	Officer responsible	Q1 Performance appraisal (narrative required)	Q2 Performance appraisal (narrative required)	Q3 Performance appraisal (narrative required)	Q4 Performance appraisal (narrative required)
<b>Review the Safeguarding and Child Protection Policy for Monmouthshire and continue to raise awareness of the Monmouthshire policy across the authority.</b>  <b>Reviewed Action: Audit trail of disseminated document and dates to be compiled.</b>	The policy is up to date with any changes in legislation and / or any developments in safeguarding practice. There is clear guidance in place across the authority regarding safeguarding and child protection practices, roles and responsibilities.	Single Integrated Plan	Families are supported and People Feel Safe	By Jan 2015	Core Funding	LOSIE – Heather Heaney	The reviewed policy received Cabinet approval in June 2014.	Dissemination of the reviewed policy was delayed so that subsequent changes to the DBS policy could be accurately reflected (effective from 1 <sup>st</sup> September)		
							On Target	Behind Target	Select Progress	Select Progress
<b>Continue to develop the safeguarding audit programme in the following ways:</b> i) incorporate grant funded, commissioned and third sector organisations using a risk assessment approach; ii) revise the audit framework to ensure that it remains fit for purpose and is increasingly evidence / practice based. iii) implement the 2 year follow up to the first audit and re-develop improvement plans. We will continue to analyse outcomes from audits for any overall themes and issues arising that require a response; (Feb / March 2015) iv) develop the audit process so that it is better embedded within the overall monitoring, review and appraisal processes for schools and other settings.	Further information of how individual settings and service meet their child protection and safeguarding responsibilities in practice.  Developmental and continuous approach to improving children protection practice and ensure that all agencies are all working together to keep children safe.	Single Integrated Plan	Families are supported and People Feel Safe	On-going rolling prog.  Revised framework in place by Jan 2015	Core Funding	LOSIE - Heather Heaney / Safeguarding Manager – Jane Rodgers	Audit work SCOPED and COMMENCED with grant-funded, commissioned and third sector organisations.	Draft revision to self-assessment framework is on track to go out for brief consultation.		
							On Target	On Target	Select Progress	Select Progress
<b>Provide clear direction regarding safe recruitment and HR practices across the authority including DBS checks and safer recruitment through:</b> i) Reviewing and revising MCC	All staff members and volunteers are suitable and do not pose a risk to children or young people.	Single Integrated Plan	Families are supported and People Feel Safe	End June 2014 then on-going	Core Funding	CEO Chief Officers HR and	Revised policy drafted for consultation which changes the requirement for 3-	Revised DBS policy effective from 1 <sup>st</sup> September.  Training date in		

<p>policy</p> <p>ii) Delivering training across cluster areas</p> <p>iii) Ensuring that audits of safer recruitment practices are in place.</p> <p><b>Reviewed Action: Need to consider HR practices audit and safer recruitment training to roll out across LA.</b></p>						Safeguarding	<p>yearly re-checks on DBS certificates.</p> <p>First Joint safer recruitment training delivered in North Cluster area 11<sup>th</sup> June.</p> <p>ES undertook detailed audit of safe recruitment / employee practices within all schools.</p>	<p>place (7<sup>th</sup> Oct) for joint safer recruitment training in South Cluster area.</p>		
<p>Continue to deliver and develop safeguarding and child protection learning and training opportunities across the authority and to increase the numbers of MCC staff accessing level 2 &amp; 3 regional training.</p> <p>Continue to develop ways of evaluating the impact of training events on practitioner skills and knowledge by developing a 'spot-check' follow up to learning for level 1 candidates.</p>	<p>Children will be safeguarded because workers are trained to recognise and respond to concerns and feel confident in their CP roles at whatever level.</p>	<p>Single Integrated Plan</p> <p>SEWSCB Strategic Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>On-going according to training time-table</p>	<p>Core Funding / SEWSCB Resource</p>	<p>LOSIE</p> <p>Safeguarding Manager</p>	<p>Access to training opportunities in safeguarding have been maintained</p>	<p>Access to training opportunities in safeguarding have been maintained</p> <p>'Spot-checking' process being considered in conjunction with audit framework</p>		
<p>Continue to analyse and report on performance information regarding professional allegations.</p> <p>We will continue to develop practice in this area with our partners on the SEWSCB.</p> <p><b>Reviewed Action: Development of training programme and roll out across the LA.</b></p>	<p>Professional allegations are responded to effectively so that children and young people are protected from individuals who may pose a risk.</p>	<p>Single Integrated Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>On-going with 6 monthly reporting</p>	<p>Core Funding</p>	<p>LOSIE</p> <p>Child Protection Coordinator – Kelly Turner</p> <p>Safeguarding Manager</p>	<p>Professional concerns continue to be managed, reported on and analysed.</p> <p>The link to the regional group is maintained.</p>	<p>No Change</p>		
<p>Ensure that there is active, focussed planning for any child in Monmouthshire who is at risk of harm because of neglect by:</p> <p>i) Communicating outcomes from the regional review of neglect cases to practitioners (Sept 14)</p> <p>ii) Continue to implement multi-agency 'neglect' and 'child</p>	<p>Concerns about neglect are recognised and responded to appropriately and in accordance with good practice guidelines.</p>	<p>Single Integrated Plan</p> <p>SEWSCB strategic plan 2013 - 2016</p>	<p>Families are supported and People Feel Safe</p>	<p>By end of July 2015 then on-going</p>	<p>Core Funding / SEWSCB Resource</p>	<p>Safeguarding Manager</p> <p>HoS – Tracy Jelfs</p>	<p>Overview report compiled</p>	<p>Learning event set 23 October and follow-up written briefing to be produced (i)</p> <p>2 further training dates secured Jan and March 2015 (ii)</p>		

<p>protection planning' training</p> <p>iii) Implement multi-agency consultation for complex cases. <b>Reviewed Action: TARGET 2 CASES</b></p> <p>iv) Continue to track referral patterns and outcomes for neglect cases.</p> <p>v) Re-audit for qualitative information (Jan 2015)</p>								<p>Regional model agreed for multi-agency consultation at 15 months registration (iii)</p>		
<p>Work in partnership with the SEWSCB to promote good practice in supporting young people with complex risk taking behaviours with a particular emphasis on young people with self-harming behaviours by:</p> <p><b>Reviewed action: complete audit work and report on learning / practice development</b></p> <p>i) Implementing multi-agency risk management approaches <b>Reviewed action: Delivery of multi-agency training</b> <b>Reviewed action: consider whether children's services model / policy is fit for purpose for other directorates</b> <b>Reviewed action: implement panels</b></p> <p>ii) Identifying service gaps</p> <p>iii) Increasing the number of strategy meetings held under the Child Sexual Exploitation Strategy</p>	<p>Young people with complex risk taking behaviours are supported and protected through effective multi-agency practice.</p>	<p>Single Integrated Plan</p> <p>SEWSCB strategic plan 2013 - 2016</p>	<p>Families are supported and People Feel Safe</p>	<p>By March 2015</p>	<p>Core Funding</p>	<p>Safeguarding Manager</p> <p>HoS</p>	<p>Risk and Vulnerability Protocol for children's services implemented and training commenced.</p> <p>Training need for schools in managing sexually harmful addressed.</p>	<p>Risk and Vulnerability model being considered by wider directorates.</p> <p>Numbers of CSE strategy meetings increased.</p> <p>Audit programme commenced.</p>		
<p>Continue to contribute to the Monmouthshire Local Domestic Abuse Forum to ensure that partnership work is in place to protect children at risk of harm through domestic abuse.</p> <p><b>Review target: Implement practice development project</b></p>	<p>Risks to children caused through domestic abuse are reduced.</p>	<p>Single Integrated Plan</p> <p>Monmouthshire DA&amp;SV Local Action Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>On-going</p>	<p>Core Funding</p>	<p>Safeguarding Manager</p> <p>Mon DA coordinator – Rachel Allen</p>	<p><i>Practice development</i> project to consider/ impact and outcomes for children at risk included in DA &amp; SV plan.</p>	<p>Project not commenced</p>		
<p>Achieve a better understanding of patterns of referrals by analysing contact numbers, sources and outcomes.</p>	<p>Thresholds are better understood between agencies and Children in need of preventative and early interventions are safeguarded.</p>	<p>Single Integrated Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>By end June 2015</p>	<p>Core Funding</p>	<p>Safeguarding Manager</p>	<p>On Target Achieved and on-going</p>	<p>On Target Achieved and on-going</p>		

<p><b>We will continue to promote and enhance multi-agency working within Section 47 processes (initial child abuse investigations) by:</b></p> <ul style="list-style-type: none"> <li>Increasing the involvement of partner agencies in S47 discussions</li> <li>Issuing regional good practice guidance and training</li> </ul>	<p>Children at risk of significant harm are protected and risks are reduced.</p>	<p>Single Integrated Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>By end of June 2015 then on-going</p>	<p>Core Funding</p>	<p>Safeguarding Manager HoS</p>	<p>Multi-agency task group established (regionally)  Mon practice reviewed confirms some areas for improvement</p>	<p>Mechanism for conferencing calls being trialled – (BG led) but logistical difficulties still high.</p>		
<p><b>Provide additional help for young people (and their carers) to stay safe on-line through training, provision of information and targeting interventions for young people at risk of Sexual Exploitation.</b></p> <p><b>Reviewed action: development of level 2 training for foster carers and other professionals (regional work)</b></p>	<p>The risks of children and young people being abused through on-line behaviours are reduced.</p>	<p>Single Integrated Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>On-going</p>	<p>Core Funding</p>	<p>LOSIE</p>	<p>Interventions targeted at young people in place (via MYS)  Thistle training material re-launched in schools</p>	<p>Evidence of increased awareness through increase in numbers of CSE referrals and link with Missing Person unit.  Schools trained to access MIRAF</p>	<p>Behind Target</p>	<p>Select Progress</p>
<p><b>Further support and develop the work of the anti-bullying group in Monmouthshire (see SIP for Inclusion Services)</b></p> <p><b>Reviewed action: establish membership and governance of anti-bullying action plan under SMG</b></p>	<p>Risks to children and young people caused through bullying are reduced.</p>	<p>Single Integrated Plan</p>	<p>Families are supported and People Feel Safe</p>	<p>On-going</p>	<p>Core Funding</p>	<p>LOSIE Inclusions Manager (CYP) – Richard Austin</p>	<p>Initial anti-bullying group met to develop draft action plan.  Two schools identified for ‘good practice’ pilot.</p>	<p>This to go to safer Monmouthshire group for comment and consideration of governance and wider ownership.</p>	<p>On Target</p>	<p>Select Progress</p>
<p><b>In partnership with the SEWSCB continue to increase opportunities for:</b></p> <ul style="list-style-type: none"> <li>Young people’s participation in safeguarding</li> <li>Listening to the views and opinions of all children and YP in respect of safeguarding (Implement FEB 2015)</li> <li>Listening to the views and opinions of children and young people with additional needs and vulnerabilities including children subject to child protection services</li> </ul>	<p>That practices and services are developed in keeping with what young people think is relevant / important to them.</p>	<p>Single Integrated Plan  Monmouthshire Participation Strategy  Corporate Parenting Strategy</p>	<p>Families are supported and People Feel Safe</p>	<p>Follow up survey Jan / Feb 2015</p>	<p>Core Funding / SEWSCB Resource</p>	<p>Safeguarding Manager LOSIE</p>	<p>Note – individual safeguarding survey implemented in one school  Young people’s (regional) safeguarding award implemented in Monmouthshire.</p>	<p>Behind Target</p>	<p>Select Progress</p>	<p>Select Progress</p>

<p>and children who are Looked After. <b>(Implement FEB 2015)</b></p>							Not Started	Not Started	Select Progress	Select Progress
<p><b>Continue to develop a comprehensive reporting framework for safeguarding that provides relevant information at different levels within the authority.</b></p>	<p>Leaders and managers at all levels within the authority make good use of performance data to analyse performance and inform the strategic direction of safeguarding and child protection services.</p> <p>Information provided to elected members is reported in a simplified / more easily understood format giving clear individual officer accountabilities to support effective decision making and scrutiny of safeguarding within the authority.</p> <p>The authority can use readily available data on safeguarding and child protection to enable timely and effective interventions where necessary to address emerging issues or trends.</p>	Single Integrated Plan	Families are supported and People Feel Safe	On-going according to reporting framework	Core Funding	Safeguarding Manager  Director SCH – Simon Burch	Achieved and on-going	Achieved and on-going		
							On Target	On Target	Select Progress	Select Progress

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**A balanced scorecard to measure service performance / impact** (Some standard measures of performance on staff, finance and customers have been included that all services must report)

Staff (Key infrastructure)											
Indicator	Actual 2011/12	Actual 2012/13	Actual 2013/14	Wales Av 2013/14	International /industry Av	Target 2014/15	Actual 2014/15 Q1	Actual 2014/15 Q2	Actual 2014/15 Q3	Actual 2014/15 Q4	Context/ Comment
The percentage of open cases of Children on the Child Protection Register who have an allocated social worker (SCC/013ia)	100%	100%	100%	99.7%		100%					All averages are for 2012-13
Days lost to sickness absence											
Average days lost to sickness absence per FTE employee											
Short term sickness - absence in a single period lasting less than 20 FTE working days											
Long term sickness - absence in a single period lasting 20 or more FTE working days											
Percentage of employees who leave the department											

Budget (Key infrastructure)											
Indicator	Actual 2011/12	Actual 2012/13	Actual 2013/14	Wales Av 2013/14	International /industry Av	Target 2014/15	Actual 2014/15 Q1	Actual 2014/15 Q2	Actual 2014/15 Q3	Actual 2014/15 Q4	Context/ Comment
Forecast overspend or underspend on budget											

Processes (How Much and How Well?)											
Indicator	Actual 2011/12	Actual 2012/13	Actual 2013/14	Wales Av 2013/14	International /industry Av	Target 2014/15	Actual 2014/15 Q1	Actual 2014/15 Q2	Actual 2014/15 Q3	Actual 2014/15 Q4	Context/ Comment
Number of referrals created as % of contacts received into children's services			463 (11.64%)			N/A		215 / 1870			
Number of Section 47 investigations undertaken as % of referrals			N/A			N/A		95/215 (strats not investigations)			
Number of children on the child protection register at end of period	79	55	37			N/A		44			
Number (%) of children on the child protection register for 1 year or more at the end of the period	32% (25/79)	56% (31/55)	14% (5/37)			N/A		10 (23%)			
Percentage of initial child protection conferences within timescales (SCC/014)	92.4%	84.8%	93.4%	87.4%		100%		26/35 (74.3%)			
Percentage of initial Core Groups held on time (SCC/015)	88.9%	34.0%	96.2%	88.4%		100%		27/27 (100%)			
Numbers of review child protection conferences on time(SCC/034)	99.1%	90.5%	93.9%	91.1%		100%		31/33			
Number of Professional Strategy Meetings held			27			N/A		13 (initials)			

Numbers of Monmouthshire workers trained at level 1			818 (CYP)				292 (via SGU)			
Numbers of Monmouthshire workers trained at level 2			84 (excluding regional)				N/k			
Numbers of Monmouthshire workers trained at level 3			N/A				N/K			
Number of YP surveyed in 2015			1545				N/A			

### Customers (Outcome / Is anyone better off?)

Indicator	Actual 2011/12	Actual 2012/13	Actual 2013/14	Wales Av 2013/14	International /industry Av	Target 2014/15	Actual 2014/15 Q1	Actual 2014/15 Q2	Actual 2014/15 Q3	Actual 2014/15 Q4	Context/ Comment
Number of de-registrations from the child protection register during the period	73	87	78			N/A		27			
Number of de-registrations entering the looked after system during the period	20	29	22			N/A		2			
Number (%) of children added to the register during the period who had been previously registered	20% (18/90)	12.7% (8/63)	18.8% (9/48)			N/A		3			
The % or referrals that are re-referrals within 12 months	20.2% (147/728)	16.2% (69/425)	14.8% (41/277)			<27%		32 / 215 (14.9%)			
Number (%) of PSMs where concerns are substantiated and addressed			N/A			N/A		5			
Number (%) staff trained whose learning aims are achieved			N/A			100%		N/K			
Average length of time (months) that children spend on the register	7.3	11.8	6.4	n/a	n/a	n/a		8.4			

**Risk Register 2014-17**

Risk	Strategic Operational	Reason why identified (evidence)	Risk Level (High, Medium or Low) Based on a score assessing both probability & impact		Respon - sible Officer	Actions proposed to mitigate the risk	Progress & impact of actions 2014/15 Q1	Progress & impact of actions 2014/15 Q2	Progress & impact of actions 2014/15 Q3	Progress & impact of actions 2014/15 Q4
			Year	Level						
<p><b>There is an on-going risk that an individual child or individual children will be significantly harmed through abuse and / or neglect.</b></p>	Operational	<ul style="list-style-type: none"> <li>In 2013 – 2014 there were 3977 child protection referrals generated.</li> <li>Evidence from national reviews and research indicates that not all children who are at risk of significant harm are recognised or responded to appropriately</li> </ul>	2014/15	H	Tracy Jelfs	All of the actions identified in the Safeguarding Service Improvement Plan are aimed at reducing the risk of children and young people being harmed through abuse or neglect.				
			2015/16	H						
			2016/17	H						
			2014/15							
			2015/16							
			2016/17							



**Quarterly Performance Reviews**

Quarter 1 Performance Review				
Completed by:		Completed on:		
Service plan activity	A: Satisfactory Assessment B: Action(s) proposed to address issue	If B: Timescale	If B: Responsibility holder	Assessment of Progress and impact on performance (Updated at least Quarterly)

Quarter 2 Performance Review				
Completed by:		Completed on:		
Service plan activity	A: Satisfactory Assessment B: Action(s) proposed to address issue	If B: Timescale	If B: Responsibility holder	Assessment of Progress and impact on performance (Updated at least Quarterly)

Quarter 3 Performance Review				
Completed by:		Completed on:		
Service plan activity	A: Satisfactory Assessment B: Action(s) proposed to address issue	If B: Timescale	If B: Responsibility holder	Assessment of Progress and impact on performance (Updated at least Quarterly)

Quarter 4 Performance Review				
Completed by:		Completed on:		
Service plan activity	A: Satisfactory Assessment B: Action(s) proposed to address issue	If B: Timescale	If B: Responsibility holder	Assessment of Progress and impact on performance (Updated at least Quarterly)

Performance Clinic Review

Completed by:		Completed on:		
Service Performance issue identified	Action/s proposed to address issue	Timescale	Responsibility	Assessment of Progress and impact on performance (Updated at least Quarterly until the clinic is satisfied that the concern can continue to be monitored via systemaic performance reviews )

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Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# National Inspection Safeguarding and Care Planning of looked after children and care leavers, who exhibit vulnerable or risky behaviours

## Inspection of Monmouthshire County Council



## 1.0. INTRODUCTION

- 1.1. This report provides an overview of inspection findings in respect of:  
Safeguarding and care planning of looked after children and care leavers who exhibit vulnerable or risky behaviour, within Monmouthshire County Council.
- 1.2. The inspection was carried out as part of Care and Social Services Inspectorate Wales (CSSIW) national thematic inspection programme. The methodology for the review included three and a half days fieldwork in each local authority across Wales, between January and May 2014.
- 1.3. The aim of the national inspection was to assess the quality of care planning across Wales and whether it effectively:
  - Supports and protects looked after children and care leavers;
  - Identifies and manages the vulnerabilities and risky behaviour of looked after children and care leavers;
  - Promotes rights based practice and the voice of the child;
  - Promotes improved outcomes for looked after children and care leavers;
  - Promotes compliance with policy and guidance
- 1.4. Findings from the individual local authority inspections will inform a CSSIW national overview report to be published later this year.

## 2. THE INSPECTION

- 2.1 The inspection focused on the work undertaken with looked after children over eleven years of age and care leavers who were identified as being vulnerable and/or involved in risky behaviours, against defined criteria.
- 2.2 It is important to recognise that given this focus the case sample reviewed in each local authority encompassed some of the most challenging and complex case management issues and represented only a small cohort of each authority's wider looked after children and care leaving population.
- 2.3 As well as inspecting cases in respect of the assessment, care planning and review systems the inspection also considered the extent to which the corporate parenting, management and partnership arrangements acted to promote improved outcomes for looked after children and care leavers. Also how organisational structures including, workforce, resources, advocacy and quality assurance mechanisms impacted on the quality of care planning.

The inspection considered these areas against the following five questions.

A summary of our findings is presented below

#### QUESTION 1

Did the authority effectively discharge its corporate parenting roles and responsibilities promoting the stability, welfare and safety of looked after children and care leavers?

#### POSITIVES

- The authority had a corporate vision that the council would work as one organisation to achieve its priorities which included vulnerable people and promoting educational achievement. A recently adopted corporate parenting strategy outlined its priorities for looked after children and young people. Elected members supported improvements in services for looked after young people and had approved plans to improve opportunities for care leavers to maximise their economic independence.
- Senior officers were well informed about individual young people's vulnerability and risky behaviours and could direct resources where they were most needed.
- The authority had arrangements in place to ensure that looked after children had access to education and primary health services.
- The authority had developed a placement strategy in 2011, which included a profile of need for the looked after population at that time. A number of key actions to improve outcomes including increasing the range and stability of placements had been identified.
- The Director of Monmouthshire Social Services is the chair of the regional South East Wales Safeguarding Children's Board (SCB) which had been in place since April 2013. A comprehensive strategic plan had been developed and priorities had been agreed. 'Adolescents who exhibit harmful behaviours' has been planned as a focus for 2014/15, this development included significant key actions which could be expanded to include risky behaviours in addition to those of child exploitation and missing young people.

#### AREAS FOR IMPROVEMENT

- The authority had identified that corporate parenting was not embedded across the council, and arrangements were still at an early stage of development. Elected members were committed to supporting better educational outcomes but did not appear to have a good understanding of the level of needs of vulnerable and at risk looked after young people. There appeared to be little corporate influence to help ensure that the housing needs of looked after young people and their families and care leavers were prioritised when considering how they could be supported to achieve and sustain independence in the

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community. There were no mechanisms in place for senior officers and elected members to communicate directly with looked after young people to assure themselves that corporate parenting was making a difference to the quality of their lives.

- The progress of the implementation of the placement strategy had been reviewed once since it was agreed but the profile of the looked after population had not been updated. This was a barrier to forward planning and to sharing information with partner agencies and for joint planning.
- The terms of reference for the complex needs panel should be re-visited to ensure membership is at an appropriate level to support timely decision making and avoid delays in providing necessary therapeutic services and placements. There did not appear to be arrangements in place to meet the requirement of 'Stable Lives Brighter Future' guidance or to report 'out of county placements' to the lead member for children's services.
- The authority was aware of the need to take action to stabilise the workforce which had experienced a degree of disruption particularly in respect of the head of service post. The most recent appointment had been made in April 2014, and corporate officers were committed to providing stability for this crucial role. The workforce had been re-structured in April 2013 and workers reported the transition arrangements had a negative impact on their confidence and morale which was still evident at the time of the inspection. The changes had also resulted in looked after children and young people experiencing a loss of continuity and inconsistency in relation to social work support they received. Issues were raised about some lack of management oversight at this time which had adversely impacted on the continuity of care planning.
- Despite good working arrangements the resilience of the authority's relationship with health services remained overly dependent on children's social services providing funding and resources to assess and meet the therapeutic needs of looked after children and care leavers. A joint social services and health commissioning board across the Gwent authorities had not been established long enough at the time of the inspection to evidence any improvements in the provision of therapeutic services.

## QUESTION 2

Were care and pathway plans informed by relevant assessments, including explicit risk assessments, which supported a comprehensive response to the needs and experiences of children and young people?

## POSITIVES

- Information sharing arrangements were effective between workers and with the Youth Offending Service. There was a clear shared understanding and commitment from staff to safeguard young people and improve their outcomes.

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- Care leavers were positive about the support they received especially from their personal advisors, and social workers. Some young people had good experiences of foster care and support for further education. The authority had plans in place to support care leavers by developing initiatives such as work experience placements, apprenticeships and a post to support a 'Children in Care Council'.
- The education support service for looked after children and young people was making good progress in improving educational outcomes. There were effective arrangements with schools in the authority to support looked after young people which were focussed on their well being in addition to education.
- There was evidence that young people were being empowered to have an effective voice and engage meaningfully in the decisions that affect their lives.

#### AREAS FOR IMPROVEMENT

- The quality of assessments seen was inconsistent, they were not updated and did not reflect the current needs of looked after young people.
- Risk assessments seen were underdeveloped and staff had not received the appropriate training to support the development of the skills needed in this area. It was not evident in cases reviewed that young people had been engaged in their assessment or that they were aware that it had been completed. There was some inconsistency in the arrangements with partner agencies in agreement around levels of risk. Staff reported that working with partner agencies to manage risk could be a challenge. Some young people had more than one assessment in place but it was not evident how these were shared between agencies and carers.
- Care planning was not well recorded and it was difficult to determine what services were being accessed. Health assessments seen lacked detailed information to support good planning. Where services were identified as needed these were not always provided in a timely way. There was significant delay in accessing specialist mental health services, especially for those young people who were displaying sexually harmful behaviour.
- The range of in house placements available was not sufficient to provide for young people with challenging behaviour and additional needs. The authority had developed a psychological service to support carers and social workers but this was yet to impact on placement stability. Young people reported some very negative experiences around moving placements. While they were able to recognise that in some cases the circumstances were difficult to manage they expressed disappointment that social workers had not acted to better support them. Carers and social workers would benefit from joint training in this area of practice.

### QUESTION 3

Were operational systems and procedures in place that ensured responsive coordinated action was taken to mitigate risk and achieve safe continuity of care?

#### POSITIVES

- The authority had worked to stabilise the workforce, increase capacity and had recognised the need to invest in staff training and development. The culture of the management team was supportive and they were confident they could make the positive change needed in the workforce to improve consistency of practice.
- The regional SCB had a plan to develop and deliver training to support practitioners to work with adolescents with complex needs, which could be extended to include the assessment and management of risk.
- The missing children's service which included the five Gwent authorities has significant potential to improve the outcomes for vulnerable looked after children. The service was undergoing evaluation at the time of the inspection having been in place since April 2013.

#### AREAS FOR IMPROVEMENT

- Social workers reported there was a lack of consistent guidance especially for managing risk for this group of young people. They were uncertain 'what matters' when following up on concerns. Although recognising safeguarding as a priority social workers were not confident in their child protection responsibilities and described a lack of consistent management and direction. From the evidence seen, the outcome of Section 47 investigations was not clearly recorded and in some instances it was difficult to determine whether action had been taken to mitigate risk. The authority were in the process of addressing recognised shortfalls in child protection training and was aware of the need to ensure that the child protection process can be clearly identified on files and that decision making and outcomes are recorded and timescales for review agreed.
- Staff working with looked after children and young people reported that they were often unsure of their responsibilities. They did not have a clear understanding of the relationship between care planning and risk management mechanisms.
- Despite positive operational relationships between partner agencies some partners had concerns that risk management was not effective and that child protection processes were not clearly defined for looked after young people.

- Workforce arrangements had not afforded opportunities for young people to form good working relationships with social services professionals. The arrangements were much more positive for those young people being supported by personal advisors or support staff who had not been affected by the re-structure of the workforce. Senior officers were aware of the need to continue to work on continuity and consistency for service users.
- There was little evidence of the recording of decisions made in supervision on case files seen. Arrangements for formal supervision had been inconsistent having been effected by the churn in the workforce. There was good access to informal consultation and support from managers. Inspectors did not see any evidence with regard to monitoring and reporting on the frequency and quality of staff supervision.
- The authority had a plan in place aimed at improving worker's agility, decreasing bureaucracy and improving the electronic document system. However the revised integrated format for assessments and care plans did not facilitate the effective organisation and recording of information especially for looked after children. This was exacerbated by the lack of procedures and guidance for staff especially those who were newly qualified.

#### QUESTION 4

Did Independent Reviews and quality assurance arrangements promote safe care and best outcomes for young people?

#### POSITIVES

- The authority's independent reviewing arrangements were compliant with guidance. Reviews seen were timely and ensured that care plans were updated. The independent reviewing officer (IRO) was well informed and committed to ensuring that young people were involved in their reviews and had an opportunity to have their say.
- Review reports were thorough and included consideration of the effectiveness of the plan. All young people seen were very positive about their involvement in their reviews. They regarded the IRO as playing a significant role in their lives and felt that their voice was heard. There was also good attendance from partner agencies and the education support services. Partner agencies were also generally positive about the effectiveness of the reviewing system. The resilience of the service could be vulnerable as it is dependent on one IRO post.
- There is a performance management system in place with monthly reporting to senior officers and quarterly reporting to members.

#### AREAS FOR IMPROVEMENT

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- The I.R.O. felt confident to challenge arrangements for young people and social workers and managers confirmed this was the case. However this was difficult to evidence, and inspectors saw examples of situations which had not been resolved despite the issues being raised especially around the lack of timely therapeutic services. Consideration should be given to how challenges brought by the service could be evidenced and how outcomes are influenced. Arrangements to capture unresolved issues should include corporate reporting.
- Pathway plans were not formally reviewed.
- There was a lack of quality assurance of the service overall. Issues were raised as they occurred rather than being used systematically to drive improvement and disseminate learning.

#### QUESTION 5

Did care and pathway planning effectively capture and promote the rights and voice of the child?

#### POSITIVES

- Some looked after young people were supported with direct work or therapy to help them understand their lives. Good effort had been made to enable young people to participate in community and leisure activities.
- The advocacy arrangements were well developed and monitored. There was evidence that the service was discussed at each LAC review. All looked after young people were routinely contacted before their reviews to see if they wanted to have an advocate to support them. All service users seen during the inspection were aware of the service and those who had used it were positive about the outcomes.
- A number of surveys had been conducted which included looked after young people to look at safeguarding and access to community services.
- There were examples of how respite services were used positively to promote continuity and permanence for looked after young people.

#### AREAS FOR IMPROVEMENT

- Although the authority's placement strategy had identified the need to promote permanency it was not clear how this was being monitored apart from when children were to be placed for adoption. The authority needs to develop arrangements which will enable senior officers to be assured that planning for permanence for all looked after children is proactive and effective.
- There was no participation strategy in place for looked after children, young people and care leavers. Although young people had been supported to have a voice in their individual planning it was difficult to evidence what impact their views had on service development.

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**SUBJECT: CSSIW Inspection report and Children's Services response**

**MEETING: Special CYP Select**

**DATE: 14<sup>th</sup> October 2014**

**DIVISION/WARDS AFFECTED: All**

**1. PURPOSE:**

To ensure effective scrutiny of the CSSIW inspection report into the "safeguarding and planning of looked after children and care leavers who exhibit vulnerable or risky behaviours".

**2. RECOMMENDATIONS:**

That Select receive the presentation from CSSIW and the excerpt from the working draft of the Children's Services Development Plan and use these as the basis for scrutiny of the service area.

**3. KEY ISSUES:**

3.1 In April 2014 CSSIW carried out the above inspection in Monmouthshire as part of a national inspection programme around looked after children. This is the formal opportunity for Select to hear from the lead inspector on her findings.

3.2 As is clear in the report CSSIW identified a number of areas requiring improvement. This information was shared verbally with senior managers at the end of the inspection and an initial action plan was developed. Some urgent issues relating to a particular case were dealt with immediately and action commenced on a number of other issues arising from the report. Once the draft written report was received from CSSIW we were then able to formalise the action plan to capture all the issues raised.

3.3 As these issues relate to the wider improvement agenda for Children's services the actions were incorporated into the overarching Children's Services Action Plan. For the purposes of this item I have extracted those actions with direct linkages to the inspection and present these in Appendix A.

**4. REASONS:**

4.1 This report and action plan relate to some of the most vulnerable children in Monmouthshire. This is an important opportunity for the scrutiny committee to receive and debate the judgment from the regulators and scrutinise the response from the service.

**5. RESOURCE IMPLICATIONS: None directly from this report**

**6. SUSTAINABLE DEVELOPMENT AND EQUALITY IMPLICATIONS:**

If there are actions that then require decision, then EQIA's will be undertaken at the stage.

**7. CONSULTEES:** None, report for Select Committee

**8. BACKGROUND PAPERS:** CSSIW report

**9. AUTHOR:** Simon Burch, Chief Officer Social Care and Health

**10. CONTACT DETAILS:**

**E-mail:** [simonburch@monmouthshire.gov.uk](mailto:simonburch@monmouthshire.gov.uk)

## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

### Current Tasks

NO	WHO	WHEN	LINKED TO	WHAT	DATE COMPLETED AND COMMENTS
7.	Gill Cox Jacalyn Richards	Team Managers June/July Social Workers July/August	LAC Inspection Q2 Vulnerability and risk – training will be booked for all team managers and social workers to attend. LAC Inspection – Risk (41)	Risk and vulnerability management policy agreed.  Staff to attend training on implementation of policy.  Policy to be implemented across service.	3 training sessions completed  Review and audit planned for November 2014
11.	All Children's Services Staff Steve Beard	April 2015	LAC Inspection	New/replacement ICS system	Staff engaged in developing system. Full implementation on target for April 2015
17 A.	Tracy Jelfs Training	November 2014	LAC Inspection Q2 SIP	<b>Practice</b> Case files maintained to a good enough standard to meet the requirements of inspection and children wanting to access their files in the future  To do this: <ul style="list-style-type: none"> <li>• Implement peer case file auditing</li> <li>• Case recording training</li> </ul>	Case recording training planned for Dec 2014 with follow up in 2015
34.	Geoff Burrows Tracy Jelfs Members		Q1 LAC Inspection Elected members did not appear to have a good understanding of the levels of needs of vulnerable and at	<ul style="list-style-type: none"> <li>• Corporate Parenting report to Select and cabinet regularly</li> </ul>	Annual Report taken to Council.  Cabinet Member now

## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

			risk looked after young people	<ul style="list-style-type: none"> <li>Safeguarding Select to be established</li> </ul>	briefs Select Chairs group on safeguarding and corporate parenting issues
35.	Gill Palser Ian Bakewell		Q1 LAC Inspection Appeared to be a lack of corporate influence to help ensure that the housing needs of looked after young people and their families and care leavers were prioritised when considering how they could be supported to achieve and sustain independence in the community.	<ul style="list-style-type: none"> <li>Improve engagement between CS, Supporting People planning group and housing colleagues</li> </ul>	CS staff attended SP away day. Business cases in development re point projects e.g. supported lodgings and intensive home support.
36.	Tracy Jelfs Gill Cox Geoff Burrows		Q1 LAC Inspection No Mechanism in place for senior officers and elected members to communicate directly with LAC to assure themselves that corporate parenting is making a difference	<ul style="list-style-type: none"> <li>Children in Care council to be established</li> <li>Representative from Children in Care council to sit on the corporate parenting panel</li> <li>Consider any suitable invitations for elected members to attend LAC events</li> </ul>	Post of Children in Care Engagement Officer agreed and being recruited. This person will initially sit on the CP panel and develop further representation
37.	Gill Cox		Q1 LAC Inspection Progress of the placement strategy has been reviewed once. Profile of LAC population has not been updated. Barrier to forward planning and to sharing information with partner agencies and joint planning	<ul style="list-style-type: none"> <li>Placement strategy to be reviewed as at end of 2013/14</li> <li>Decide whether this approach needs to be continued or is aligned with the corporate parenting strategy</li> </ul>	Placement strategy has been reviewed and in future will be aligned within Corporate Parenting Strategy. Needs Assessment to be completed
38.	Gill Cox Debbie Davies		Q1 LAC Inspection Terms of reference for complex needs panel should be revisited to ensure	<ul style="list-style-type: none"> <li>Complex needs panel terms of reference to be reviewed</li> </ul>	On agenda for October panel



## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

			membership is at an appropriate level to support timely decision making		
39.	Tracy Jelfs Geoff Burrows	August 2014	Q1 LAC Inspection No system to meet the requirements of Stable Lives Brighter Future guidance to report out of county placements to the Lead Member for CS	<ul style="list-style-type: none"> <li>From September a report advising out of county placement will be discussed with TJ and GB at monthly 1:1 session</li> </ul>	In place from the 10 <sup>th</sup> September 2014
40.	Tracy Jelfs Geoff Burrows Simon Burch		Q1 LAC Inspection A joint social services and health commissioning board across Gwent has been established CS are funding and providing resources to access therapeutic services instead of the relevant health service. It is unclear whether the joint board will resolve the issue.	<ul style="list-style-type: none"> <li>HOS to liaise with Gwent HOS to establish a joint response to ABHB to facilitate a way forward</li> <li>If lack of progression to be escalated to directors</li> </ul>	Mtg with GHOCs September 2014. Letter to all directors from the chair of this group
41.	Debbie Davies Gill Cox Rachel Palser Tracy Welch Carol Buck		Q2 LAC Inspection Assessment quality inconsistent not updated and did not reflect current needs.	<ul style="list-style-type: none"> <li>Training to be provided to staff to facilitate use of the new IT system</li> <li>Training to be provided in relation to assessment and analysis including review assessments</li> <li>System in place through teams to increase assessment quality via supervision etc.</li> </ul>	Ongoing as system develops December risk training covers case recording.
42.	Debbie Davies Gill Cox Rachel Palser Tracy Welch		Q2 LAC Inspection Care planning not well recorded, unclear on what services were accessed, service not always	<ul style="list-style-type: none"> <li>As above in addition to the training this will include care planning development</li> </ul>	New LAC process makes standards and expectations clear

## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

	Carol Buck		delivered in a timely way		
43.	Debbie Davies Gill Cox		Q2 LAC Inspection Range of in- house placements available were not sufficient for children with challenging behaviour and additional needs.	<ul style="list-style-type: none"> <li>• HOS to contact Pam Clutton to establish background to this statement</li> <li>• Outcome of above will inform progression</li> </ul>	Clarified issue with Pam, issues are picked up in the Corporate Parenting Strategy and business case being prepared
44.	CSLT		Q3 LAC Inspection Social Workers reported there was a lack of consistent guidance especially for managing risk for this group of young people.	<ul style="list-style-type: none"> <li>• Establishment of children services website in place</li> <li>• All policy and procedures under review and placed on website</li> <li>• Training needs identified by staff and inspection to be provided</li> </ul>	Completed  In place  Ongoing
45.	Debbie Davies Gill Cox Jane Rodgers		Q3 LAC Inspection Outcomes of S47 were not clearly recorded	<ul style="list-style-type: none"> <li>• Standalone section 47 document in place to be reviewed October 2014</li> <li>• Section 47 training to take place October 2014</li> </ul>	Document in place and being used
46.	Jane Rodgers		Q3 LAC Inspection Recognised shortfall in child protection training	<ul style="list-style-type: none"> <li>• Level 1,2 &amp; 3 Safeguarding training in place</li> </ul>	There is a training programme for all levels in place for the current year (2014/15). This is set on an annual basis. Training courses are provided via the SEWSCB and through the Safeguarding unit.
47.	CSLT/Staff		Q3 LAC Inspection Staff working with LAC reported that they were often unsure of their	<ul style="list-style-type: none"> <li>• As per 16, 44 &amp; 45</li> </ul>	SW practitioner dev. group established Admin dev. group and

## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

			responsibilities		support workers (personal advisors/ contact staff) dev. group in place
48.	CSLT/Staff		Q3 LAC Inspection Staff have no clear understanding of the relationship between care planning and risk management	<ul style="list-style-type: none"> <li>As per 43, 44 &amp; 45</li> </ul>	Risk and vulnerability policy in place and training provided
49.	Debbie Davies Jane Rodgers Gill Cox		Q3 LAC Inspection Some concerns with partner agencies about risk management, CP processes not clearly defined for LAC	<ul style="list-style-type: none"> <li>Establish a peer multi-agency panel to discuss and progress complex cases</li> <li>Liaison by SM with relevant agencies to develop better communication and working practices</li> </ul>	Commenced October  Taken forward via the SEWSCB local learning and reviewing group
50.	Whole Service		Q3 LAC Inspection Workforce arrangements had not afforded opportunities for young people to form good relationships with the social workers.	<ul style="list-style-type: none"> <li>Reduce numbers of agency staff</li> <li>Increase recruitment to fill vacant posts with permanent staff</li> <li>Complete training e.g. play therapy to upskill work force in relation to interaction with children &amp; young people</li> </ul>	Recent success with recruitment is leading to a decrease in agency staff  Training ongoing and development through core training and CPEL
51.	All Managers		Q3 LAC Inspection Little evidence of decisions made in supervision on case files seen	<ul style="list-style-type: none"> <li>Establish consistent process across service to ensure that supervision decisions are on children's files</li> <li>Recording training to be provided late 2014</li> </ul>	Clear expectations re recording reiterated through supervision  Training planned for December

## Appendix A; Children's Services Development Plan; Items related to the CSSIW LAC inspection

52.	All Managers		Q3 LAC Inspection Quality and frequency of staff supervision	<ul style="list-style-type: none"> <li>Review supervision processes to establish training needs and develop priorities</li> </ul>	Ongoing. New corporate Check in/ check out policy supports this
53.	Simon Burch Tracy Jelfs All Children's Services Staff	October 2014	Q3 LAC Inspection IT system did not support effective working	<ul style="list-style-type: none"> <li>New IT system under development</li> <li>Due for implementation October 2014</li> </ul>	See 11
54.	Jane Rodgers Leanne Parker	September 2014	Q4 LAC Inspection Lack of evidence of challenge from the IRO being followed up. Consideration of how challenges brought by the service could be evidenced and how outcomes could be influenced. Arrangements to capture unresolved issues should be included in corporate reporting	<ul style="list-style-type: none"> <li>Establish an escalation process to address issues raised by IRO</li> <li>Unresolved issues to be reported monthly to HOS</li> <li>Develop unresolved issues reporting corporately</li> </ul>	Escalation process document with flow chart to be developed Dec 2014. 6 monthly formal IRO report to HOS/ Service Managers provides update on all LAC cases. This will form basis of report for Members
55.	Jane Rodgers Leanne Parker		Q5 LAC Inspection Unclear how the plan for permanency is being monitored apart from children placed for adoption. LA needs to develop arrangements to enable senior officers to be assured that planning for permanence for all LAC is proactive and affective	<ul style="list-style-type: none"> <li>Include within IRO reports</li> </ul>	6 monthly formal IRO report to HOS/ Service Managers provides update on all LAC cases and picks up permanency issues.
56.	Gill Cox Rachel Palser Leanne Parker		Q5 LAC Inspection No participation strategy in place for LAC. Individual voice is heard but difficult to evidence the impact on	<ul style="list-style-type: none"> <li>Establishment of children in care council to assist and inform service development</li> <li>This includes specific service</li> </ul>	See 36

## Appendix A; Children’s Services Development Plan; Items related to the CSSIW LAC inspection

			service development	changes, recruitment and training	
57.	Gill Cox Rachel Palser Eric Small	November 2014	Pathway Plans are not reviewed	<ul style="list-style-type: none"> <li>• All Pathway Plans to be reviewed</li> <li>• System in place to ensure all reviews take place on time in future</li> </ul>	Now reporting 100% of plans reviewed (SCC/041a)



## **Care and Social Services Inspectorate Wales**

### **Care Standards Act 2000**

#### **Inspection Report**

#### **Monmouthshire County Council Fostering Services**

Welsh Street  
Chepstow  
NP16 5LL

**Type of Inspection – Focussed**  
**Date of inspection – 9 December 2013**  
**Date of publication – 22 February 2014**

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## Summary

### About the service

Monmouth County Council Fostering service recruits and supports foster carers for children within the authority's boundaries. The service is based in Chepstow and the manager is Angela McErlane.

### What type of inspection was carried out?

A focussed inspection on the quality of care provided for children using the service. Information for this inspection was gathered from:

- Self assessment
- Conversation with the manager and staff
- Conversation with foster carer
- Questionnaires completed by foster carers and children.

### What does the service do well?

Provides foster carers for children within their own communities.  
Minimises placement breakdown through additional support for foster carers.  
Provides a range of support services to prevent placement breakdown.

### What has improved since the last inspection?

Increased training opportunities for foster carers  
Initial assessments are now more analytical.  
Increase in young people's involvement in training for foster carers.

### What needs to be done to improve the service?

Service complaint.

## Quality of life

Quality of life was the primary focus of this inspection.

Overall foster carers receive consistent support from trained staff. Foster carers receive a wide range of training opportunities that enables them to fulfil their role. The service is committed to placing children with foster carers that have the skills to meet their needs. This and the provision of additional professional assistance and support contribute to stable placements. The service is committed to on-going improvements and to this end has been reviewing and making changes to its practice, policies and procedures with foster carers taking an active role in this.

We (CSSIW) believe that that the service ensures that children and young people are able to access opportunities to learn, follow interests and develop skills. Foster carers and children in questionnaires indicated that the children cared for were in regular attendance at school. The children listed several activities they were involved in, including caring for pets, table tennis, dance and ice-skating. A foster carer said that social workers and support workers were interested in children's educational progress. Foster carers routinely attend school meetings and events.

We feel children and young people are listened to and believe their views are valued. Children indicated that they could talk to their foster carers and social workers. Support workers also asked their opinions on the care they received. They were aware of how to make a complaint although none said they had done so. The manager stated that the service was in the process of ensuring that all children and young people had the opportunity to comment on the quality of support they received from their foster carers. Currently the information is included in the support workers report. Young people's involvement in panel meetings is proposed.

The service is committed to ensuring that children and young people feel safe. Safe caring is a key element of foster carers training. All complaints are treated seriously and investigated thoroughly. All foster carers are now reviewed by an Independent Reviewing Officer and carers have been de-registered if their caring practices are unsafe. One foster carer said that first consideration at the annual review is safe care. The carer also said that the service was totally child-focussed and child centred.

We believe children and young people are supported with difficult feelings and are helped to develop coping strategies. Foster carers receive training in attachment issues with the trainer being available to foster carers to discuss issues of concern to them. A foster carer said that they had support from a child psychologist who came to their home to provide support and guidance.



## Quality of staffing

The agency is now fully staffed with additional posts being filled to undertake work in respect of respite care that the service now manages. Foster carers were positive about the support they received: they were described as responsive and prompt in their actions. Quality of life was the primary focus of this inspection. As there were no issues of concern this issue was not considered in detail at this inspection. However this theme will be considered at a future inspection.

## Quality of leadership and management

The manager is well-experienced. There have been redevelopments within Monmouthshire children's services. The fostering service is now delivered by the placement and support team that also has responsibility for children's contact with their families and significant others. There are now closer links with the children's services team that has contributed to improved communication between all workers and foster carers. The manager stated that they were working on improving practices, reviewing policies and procedures, completing assessments and reviews within agreed time limits. The increase in kinship care and compliance with court time limits places extra demands upon staff.

Quality of life was the primary focus of this inspection. There were no issues of concern regarding the leadership and management of the service therefore this theme was not considered in detail on this occasion. However this theme will be considered during a future inspection.

## Quality of Foster Carers

Foster Carers indicated that they received regular training and support from workers and colleagues. Foster carers indicated that pre-placement information was variable but most said they had adequate information. They stated that there were frequent training opportunities and one was positive about the training in relation to attachment and the associated support they received from the trainer. Foster carer assessments were seen to be detailed and analytical: this was also the case for kinship carers. Annual reviews are now completed on time and undertaken by an Independent Reviewing Officer. This has led to a more detailed consideration of care practices.

Quality of life was the primary focus of this inspection. As there were no concerns raised about this theme, it was not considered in detail on this occasion. However full consideration of this theme will take place during a future inspection.

**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.