

3.5 Safeguarding our most Vulnerable Children and Families

For Walsall to address child safety and safeguarding a range of issues are addressed within the services the Council provides, including bullying, anti-social behaviour, domestic violence, abuse and neglect, accidental injury and death and ensuring a safe home environment.

Department for Education Research would indicate that 29% of children experience some form of bullying during their time in school. The 'Tellus' Survey and the Beat Bullying Alliance have estimated this figure is closer to 50%. A conservative estimate would be 1300 children in Walsall schools have been exposed to some form of bullying. Our YOW Survey 2014 indicates that 55% of respondents were bullied and a majority of these incidents go unreported.

NSPCC national research estimates 10% of children experience severe neglect at some point during their childhood. Recognizing the impact of poverty on parenting capacity, this number is probably higher. It does need to be noted that the severity of neglect can vary, and that many families are helped to improve their situation at an early stage without requiring legal or statutory intervention.

The Walsall Safeguarding Children Board coordinates and seeks assurance on the effectiveness of what member organisations do, either individually or together, to best safeguard children.

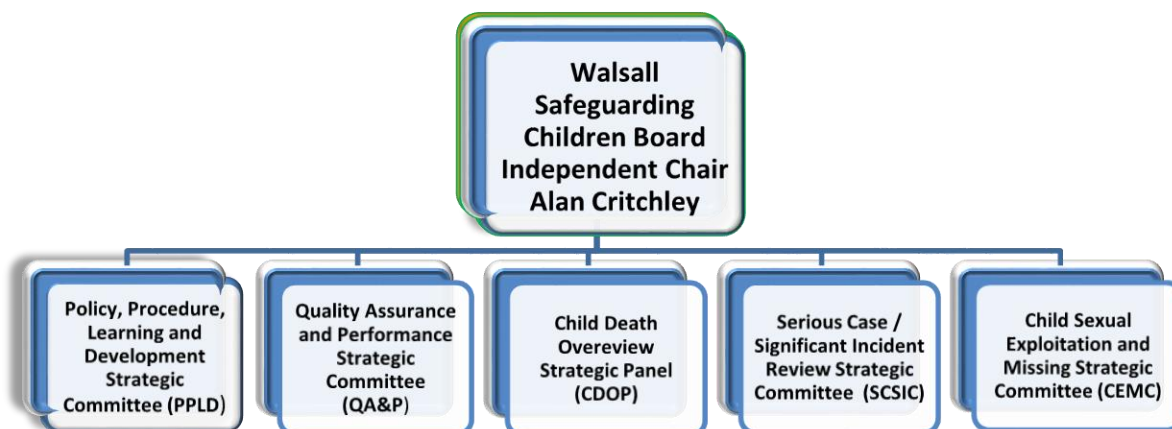


Figure 1 Walsall Safeguarding Children Board Structure

Research by the Home Office has previously highlighted how the impact of witnessing domestic violence can affect the development of children.

In 2015/2016, in Walsall there were around 2,800 incidents of domestic violence reported to police and more than 3,000 children were identified as experiencing this in their home.

The Child in Need (CiN) Census captures 2,665 children in need who have been referred to Children's Social Care and been assessed to be in need of social care services in 2016/17.

The 2016/2017, Walsall had worked with approximately 5,000 children through the provision of services and assessments, of which 2,790 (59%) of 4,765 referrals were made for domestic

violence and abuse and neglect where children were present at the time or there were children known to be part of the household.

Numbers of children subject to a child protection plan vary during the course of a year but has significantly increased to 408 in 2015/16. The numbers of children in care have also increased over the past year from 495 in 2011/12 to 647 in 2016/2017. However, the number of children who were the subject of a *child protection plan* had decreased by 7% from 358 in 2015/16 to 333 in 2016/17.

Emerging areas of concern in Walsall have been identified as:

- ***the rise in the number of children in care***
- ***the rise in CPPs listed as a result of neglect***
- ***children who go missing from home, school or care***
- ***young people at risk of sexual exploitation***
- ***young people who are self-harming or have attempted suicide***
- ***homeless young people coming into care***

In 2016/2017, Walsall has 2,518 requests for Early Help were made concerning domestic violence and abuse & neglect. The LAC net admission under 5 year olds had decreased from 53% in 2015/16 to 48% in 2016/17 indicating we continue to assess and provide early prevention support.

The number of looked-after children (LAC) and those with Child Protection Plans across Walsall have a strong correlation with deprivation (Income Deprivation Affecting Children Index (IDACI) (2015) score 0.284). According to HRMC 2016 local measure, 29.9% (around 18,500) children under 16 live in low-income families in Walsall. Figure 2 shows the LAC and CPP rates by 20 Wards in Walsall (pending to be updated to 2016/2017 when data is available).

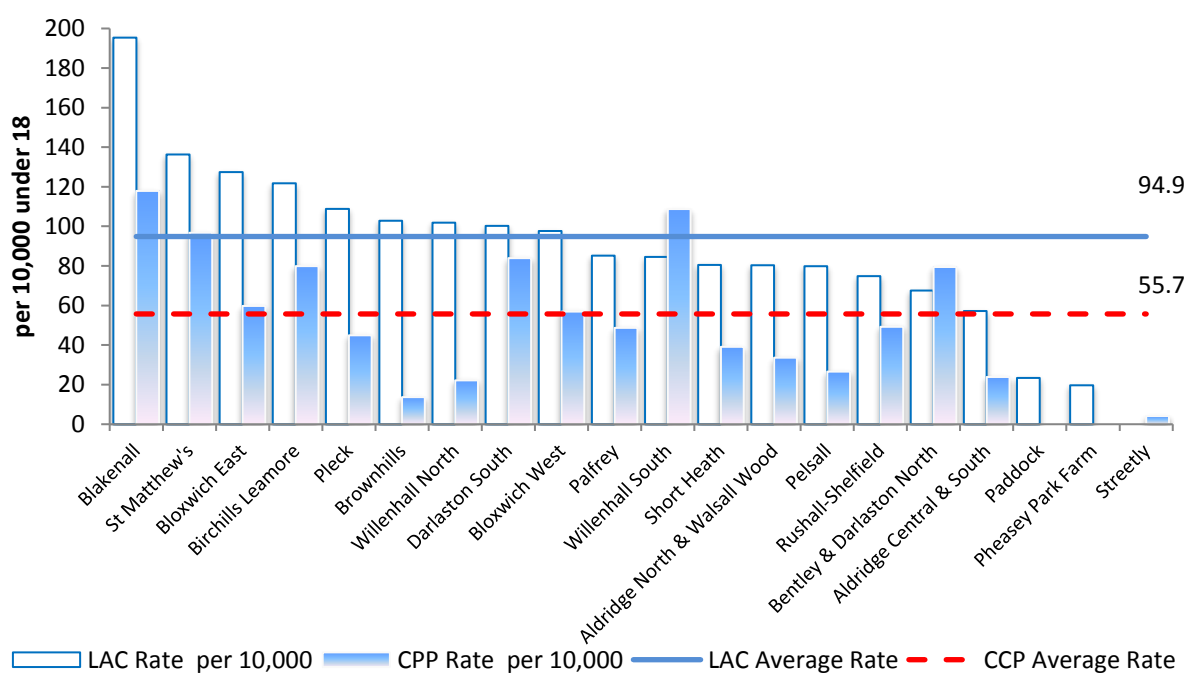


Figure 2 Ward Rates of Looked After Children (LAC) and Children with Protection Plans (CPP), Walsall 2015/16

The context of work with children and young people is rapidly changing as the 2015 Working Together guidance sets how organisations and individuals work together to safeguard and promote the welfare of children and how practitioners conduct the assessment of children.

The coordination of safeguarding also includes the Health and Well-Being Boards, Faith, Independent and Academy schools and the increasing role of Adult Safeguarding.

3.5.1 Protecting Vulnerable Children in Walsall

Protecting children from harm is a priority for all agencies in Walsall. Our protocols clarify roles and accountability that have been agreed between:

- Children's and Young People's Partnership Board,
- Health and Well-being Board
- Local Safeguarding Children Board
- Adult Safeguarding Board (same chair as LSCB)

Each Board ensures the prioritisation of safeguarding children and young people and holds each alternate Board to account in demonstrating / evidencing that that they **do** make a difference. This is done by each board reporting to each other during the year evidencing-

- Their plans for the upcoming year and what they will do to improve safeguarding
- Their progress and evidence on delivering their plans

This provides the opportunity for each Board to consider and influence the performance and plans of the 3 Boards and to identify data that is the key to best evidence safeguarding successes.

Further work is underway to include further boards in the protocol;

- Safer Walsall Local Policing and Crime Board
- Youth Justice Management Board

Managing 6 boards reporting to each other can be complex and to better achieve this there is an annual 'Walsall Safeguarding summit' to allow Board members to challenge and support each other's progress and coordinate efforts to improving safeguarding.

- 1.) Each Board Chair will present their annual report on progress
- 2.) Challenge discussions
- 3.) User 'Voice' – what people in need of protection say
- 4.) Agree areas for
 - a. Individual boards to priorities
 - b. Collaborative priorities
 - c. Priorities how children and young people's views can lead to improved services

Priority Actions for Safeguarding:

The Walsall Safeguarding Children Board (WSCB) has responsibility for monitoring the multi-agency effectiveness of services to safeguard children. Learning gained from case reviews and

audit will be disseminated across the partnership Strategic priorities of the WSCB for 2016/17 includes:

- *Improve the effectiveness of WSCB*
- *Improve the effectiveness of safeguarding across the partnership*
- *Assessing the effectiveness of the Early Help offer across the partnership*
- *Developing a multi-agency response to the effects of the Toxic Trio on children and young people.*
- *Ensure the views of children and young people are heard*
- *Contribute to the development and implementation of a clear Child Sexual Exploitation strategy across the West Midlands*

There are many factors which can lead to a child being identified as vulnerable, either due to actual or potential harm they may be subjected to.

The Children Act 1989 describes as 'children in need as those identified as vulnerable are unlikely to reach or maintain a satisfactory level of health and / or development, or is being significantly impaired without the provision of services, or they are disabled.

The Children (Leaving Care) Act 2000 specifically states that Local Authorities must support care leavers until aged 21 yrs old by continuing to provide assistance with education, employment and training as this former LAC are regarded as a similar vulnerable group.

In Walsall, a vulnerable child is one where there is, as described in The Children Act 1989 Section 47, reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm.

The following are related to the parent / carer's circumstances which can reduce their ability to deliver a warm, caring environment due to:

- Having a parent(s) with drug/alcohol misuse
- Domestic Violence
- Mental Health concerns
- Having a parent in prison

Vulnerable children in need of additional support, who cannot be managed within Universal services, rely on professionals and members of the community to initiate a demand (referral) for a further service. In Walsall, all such requests are responded by the MASH team who assess the situation and will

- a. Refer into Children's Social Care Services
- b. Signpost to a single agency to provide the additional support
- c. Provide Information, Advice and Guidance
- d. Make a request for an Early Help Assessment.

Walsall Multi Agency Safeguarding Hub (MASH) currently has five social workers, one Practice Manager, one Team Manager, one police sergeant and one police constable, one education representative, one Early Help representative and one probation officer co-located in a secure office. All staff have been police vetted in addition to having Enhanced Disclosure checks given the sensitivity of information exchanged within the setting. There are plans in place for Women's Aid and Health Services representatives to be located in this hub in the near future.

By co-locating professionals from other agencies in the same office, responses to concerns about children’s safeguarding issues raised by professionals and public alike can be screened, and information shared in a timely manner in order to ensure that a well informed outcome can be achieved to ensure the protection of vulnerable children in the borough.

The demand for specialist statutory interventions has remained steady over the past year: approximately 2,665 cases were open to Children’s Social Care Services by the end of March 2017; 1685 had a Child in Need plan, 333 were subject to a Child Protection Plan, decreasing by 18.4% from 408 in 2015/16; 647 Looked After Children, up by 3.2% comparing to 627 in 2015/16.

The number of young people committing offences has reduced by 63% (409 offences, 2011/150 offenses, 2015).

Figure 3 illustrates the triangle of delivery and level of need as defined in our multi-agency threshold document. In Dec 2013, there were approximately 490 children allocated to the Early Help Service. This Service engages and delivers a range of early intervention support to minimize need that children, young people and their families experience (Levels 2 and 3). In 2014/15, numbers increased to 1,507 children receiving various Early Help interventions.

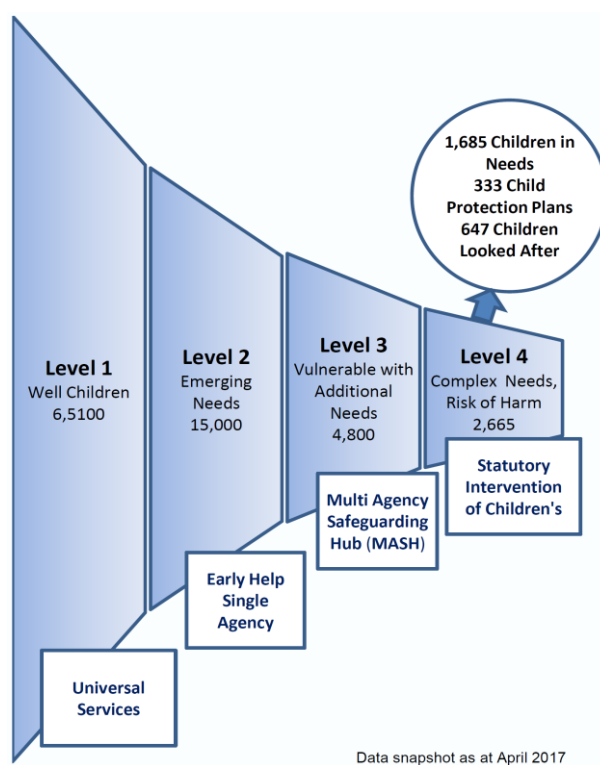


Figure 3: Spectrum of Children’s Needs

Indicators we use to evidence good support:

- *The increase of a range of professionals taking on the Lead Professional role.*
- *Timescale and quality of completed Early Help assessments are monitored and achieved.*
- *Increase the number of children receiving early help in a timely way.*
- *Increase the number of Step-down from statutory children’s social care to Early Help, wherever appropriate.*
- *Successful implementation of the Troubled Family Programme*

- Decrease the number of re-referrals into MASH and Early Help Hub following an Early Help intervention.
- Monitor the % of Early Help cases closed with closure reason being: Needs met.

Priority actions for Early Help:

- Greater support of the most vulnerable families to provide the best start in life for children (see Appendix 3, CYP Plan Priority 1)
- Better communication between frontline staff in all agencies that support children and families (see Appendix 3, CYP Plan Priority 7)
- Progress the five priorities of the refreshed Early Help Strategy 2015 in children's services and with partners.
- To further embed 0-19 Family Support model and integrated locality partnership model

3.5.2 Looked-After Children (LAC)

All local authorities have a statutory duty to protect children and young people from harm. Following a comprehensive assessment, if the child or young person is considered to be unsafe in their home environment or following a court decision (or voluntary arrangement with parents) Local Authorities must assume a corporate parenting role and place or arrange for the child to live in a suitable safe placement (this could be foster or residential care or under the care of an alternative family, friend or significant other).

Indicators of Need:

There has been a steady increase in children looked after over a four year period in Walsall from 97 per to 99 per 10,000 (647) aged under 18 in 2016/17. LAC admissions due to domestic violence / abuse or neglect were 67% (124 out of 186).

The Walsall LAC Sufficiency Strategy continues to ensure a sufficient supply of suitably skilled foster care placements so most children can be cared for in a family setting. This indicates Walsall remains higher than the CIPFA average and similar councils (See Table 1).

	Foster Placements	Placed for Adoption	Placement with Parents	Other Placement in the Community	Secure units, Children's Homes and Hostels	Other Residential Settings	Residential Schools
Walsall 2016/17	74	7	8	1	8	1	x
Walsall 2015/16	77	5	9	1	6	1	x
Walsall 2014/15	82	4	6	x	6	0.5	0.5
SN 2015/16	74	5	8	2	9	1	1
West Midlands 15/16	73	5	7	3	11	1	x
England 2015/16	75	4	7	4	11	1	1

Table 1: Placement Status % of Children Looked After on 31st March

Source: DFE, Children looked after by local authorities in England (including adoption) 2015/16

Priority action for Looked-After Children:

- *Improvement of outcomes by maintaining LAC numbers, despite increased child poverty, offering early prevention and help to return more quickly to family life.*
- *Reduction of LAC admissions safely through the re-focus of resources into the Edge of Care Team.*
- *Promoting permanency by increasing the use of the range of options available to secure permanence.*
- *Ensuring that young people are prepared for, and supported in, their transition to adulthood and leaving care*
- *Supporting the child or young person to participate in the wider network of peer, school and community activities to help build resilience and a sense of belonging*
- *Development of services that address health and wellbeing and promote high quality care delivered through integrated professional working*
- *Maintain placement stability and increase direct work with LAC children.*

3.5.3 Children in Need

The rate for Children in Need as a starting episode per 10,000 under 18 had significantly reduced by 61% from 789 in 2014/15 to 309 in 2015/16 (Figure 4), lower than the national average 344. Our Children in Need population 409 is higher than our statistical neighbours average 397. 2016/2017 saw the rate for Children in Need as a starting episode increased to 557.

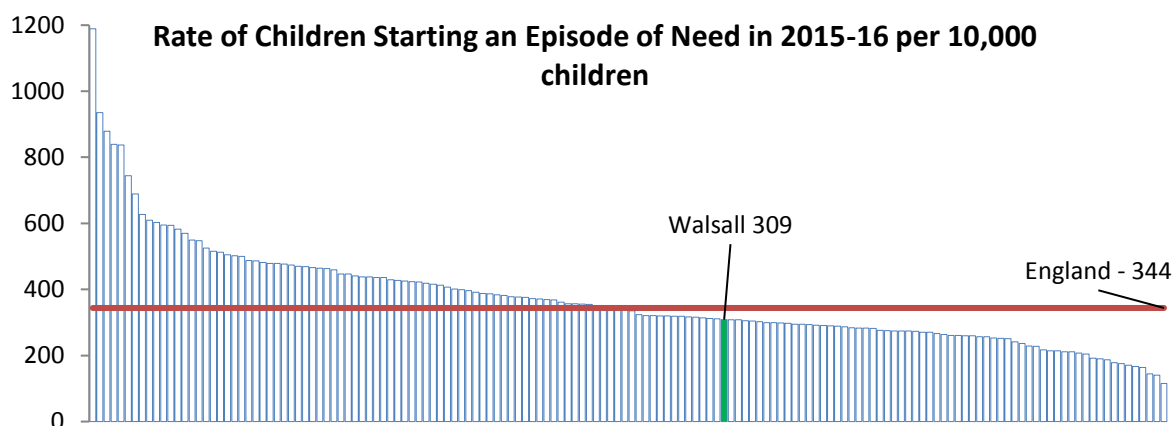


Figure 4: Rate of Children Starting an Episode of Need in 2014-15 per 10,000 Children (Source: DfE, March 2017)

- The rate of CIN per 10,000 aged under 18 has slightly increased 1% from 408.9 in 2015/16 to 409.4 in 2016/17 (See Figure 5).
- Walsall has shown a substantial decrease in the duration of open cases of children in need reducing from 24 months in 2011/12 to 18.8 months in 2016/17.
- 68.4% of CIN (1,824 out of 2,665) were due to domestic violence/abuse or neglect in 2016/17.

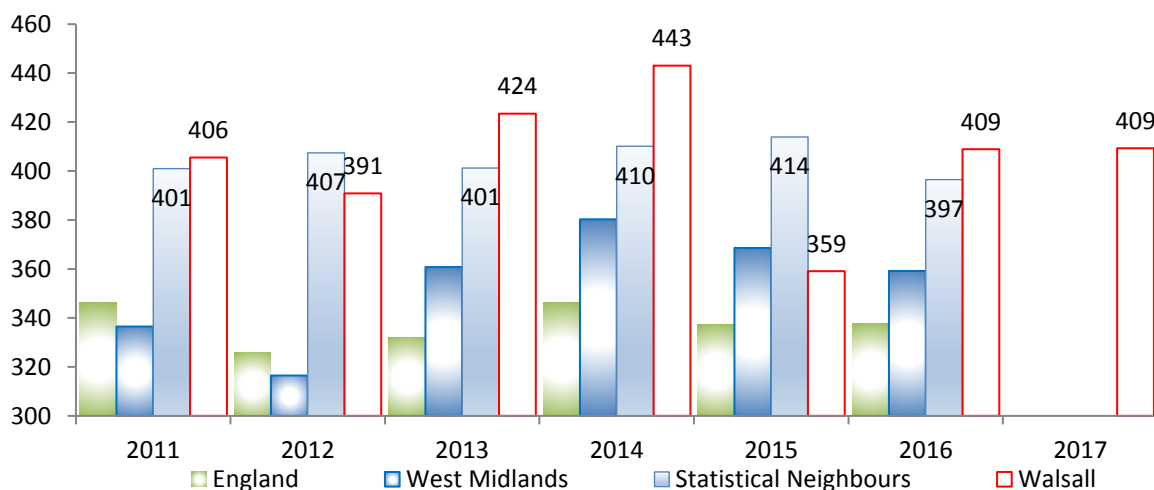


Figure 5: Walsall Children in Need per 10,000 population aged under 18 as at 31st March

Source: DfE, March 2017

Priority action for Child in Need:

- *Timely and outcome –focused CIN Plans*
- *CIN Plans that utilise statutory and community / voluntary sector resources*
- *CIN Plans shaped by the voice of the child*
- *Appropriate application of thresholds into Child Protection and Early Help services.*
- *Develop and publish a ‘Local Offer’ of the range of services to meet need.*

3.5.4 Children and Young People with Special Educational Needs or Disability

The DfE suggests children and young people who are identified as having special educational needs (SEN) can struggle to get the support they need to do well and succeed. It can often be a long time before assessment indicates to families what extra help is needed for their child.

The system of support available to children and young people with SEN has historically been very complex, with teachers, health workers and social care workers often working separately and not united to meet the particular needs of a child or young person.

The Children and Families Act 2014 provides clear statutory accountability and regulation for identifying, assessing and supporting children with SEN needs. This new legislation now fully replaces Statements of Education (SEN) with Education and there transfer to Health and Care (EHC) Plans is underway.

For several years the percentage of pupils in Walsall with SEN with and without a statement has consistently been below the national and SN averages, illustrated in Figure 6a and 6b.

This may reflect a difference in SEN policy, criteria, eligibility and assessment practice / processes across the country.

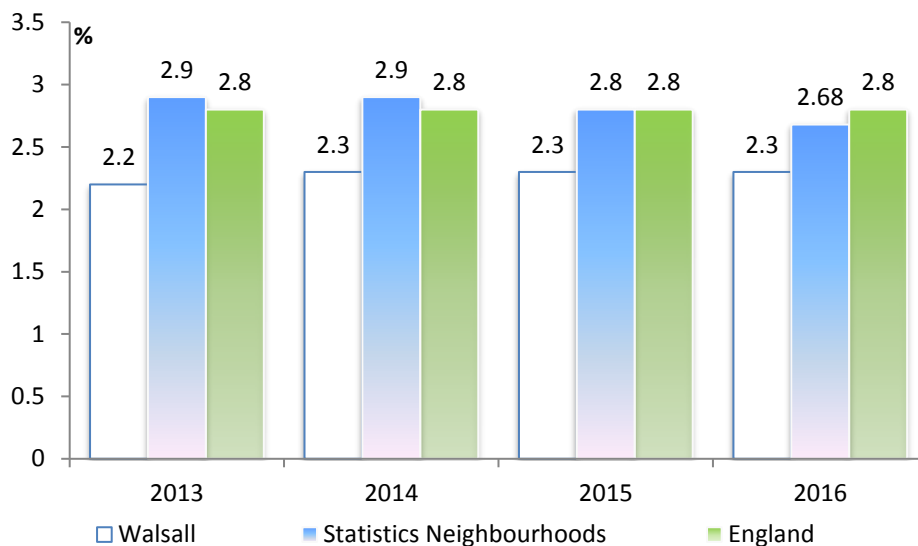


Figure 6a: % of Pupils with a Statement of Special Education Needs 2013-2016
Source: DfE, July 2016

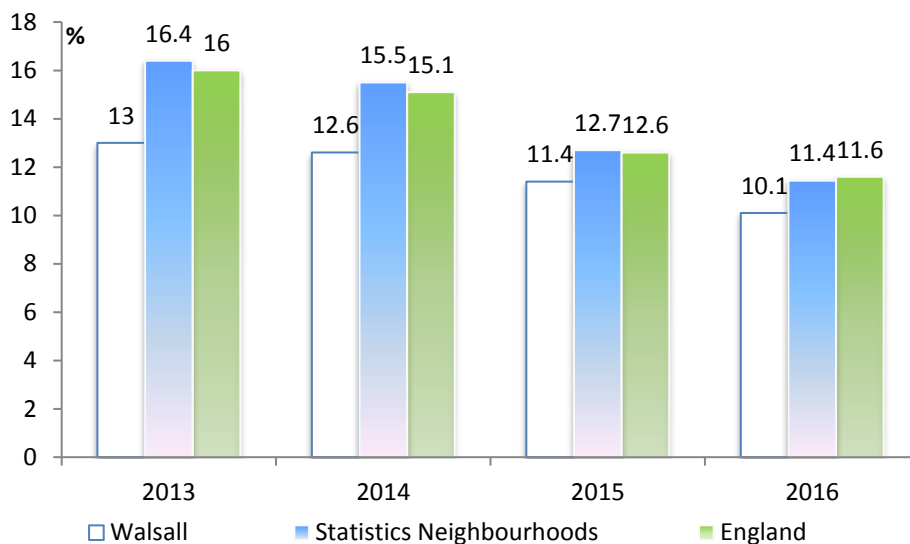


Figure 6b: % of Pupils with SEN, without a Statement 2013-2016
Source: DfE, July 2016

Nationally 40% of disabled children live in poverty (the Children’s Society, 2011) in England, once the additional costs of their disability are accounted for. This means that 320,000 disabled children are living in low income families, lacking the resources they need to engage in the kinds of normal social activities that other children take for granted.

The Papworth Trust report (2013) stated that in England:

- **At the age of 18, disabled young people are more likely than their non-disabled peers to not be in any form of education, employment or training (NEET) (22% compared to 15%) in 2013.**

- **60% of children and young people with both learning disabilities and mental ill health live in poverty.**
- **The rate of material deprivation among children living with at least 1 disabled adult is 45.1%, twice as high as those living without disabled adults (22.4%)**
- **Only 1 in 13 disabled children receive a regular support service of any sort from their local authority.**

According to the Office for Disability Issue (DfWP, 2014), the number of disabled children in UK is estimated 800,000, and the mean percentage of disabled children in English local authorities was likewise estimated around 6%. When these estimates are applied to Walsall, this would equate to between 3,850 and 4,500 children experiencing some form of disability, which includes children with very mild forms of disability. According to the Department of Education 2016, around 10% of pupils in school with special educational needs. Walsall has shown a substantial increase in the number of pupils with special educational need, up to 6,300 in 2016 (See Table 2).

The Department for Education database indicates around 4,000 pupils with identified SEN or Disability needs. Pupils access provision to meet this need either through school-based 'special educational need support (formerly School Action and School Action Plus) or, at a higher and more specific level, through an Education, Health and Care Plan (EHC).

School Pupils with SEN and/or a Disability	2013	2014	2015	2016
Autistic Spectrum Disorder (ASD)	420	284	358	412
Social, Emotional and Mental Health (SEMH)	529	415	512	673
Hearing Impairment (HI)	78	64	57	92
Moderate Learning Difficulties (MLD)	1,230	1,013	1,764	2,679
Multi-Sensory Impairment (MSI)	18	8	11	11
Other	112	59	96	140
Physical Disability (PD)	141	84	97	136
Profound and Multiple Learning Difficulties (PLMD)	64	84	65	88
Speech, Language and Communication Needs (SLCN)	478	369	615	1,019
Severe Learning Difficulties (SLD)	213	197	201	229
Specific Learning Difficulties (SpLD)	236	210	332	476
Visual Impairment (VI)	121	75	82	98
SEN without an assessment of type of need			167	213
Totals	3,640	2,845	4,387	6,266

Table 2: National Statistics on Special Educational Needs in Walsall, Source: DfE, July 2016

The Walsall Healthcare NHS Trust Disability Database holds data regarding children who have been allocated disability-related health services. In June 2009, there were 1,566 children in the NHS database. Since 2009 there has been a 15% increase to 1,709 in September 2015. This increase can account for either an increased efficiency in the NHS ability to better identify children for health services or that there is now an increasing incidence of need.

Figure 7 below illustrates the most prevalent disability types of children and young people in Walsall referred to healthcare services in the past three years:

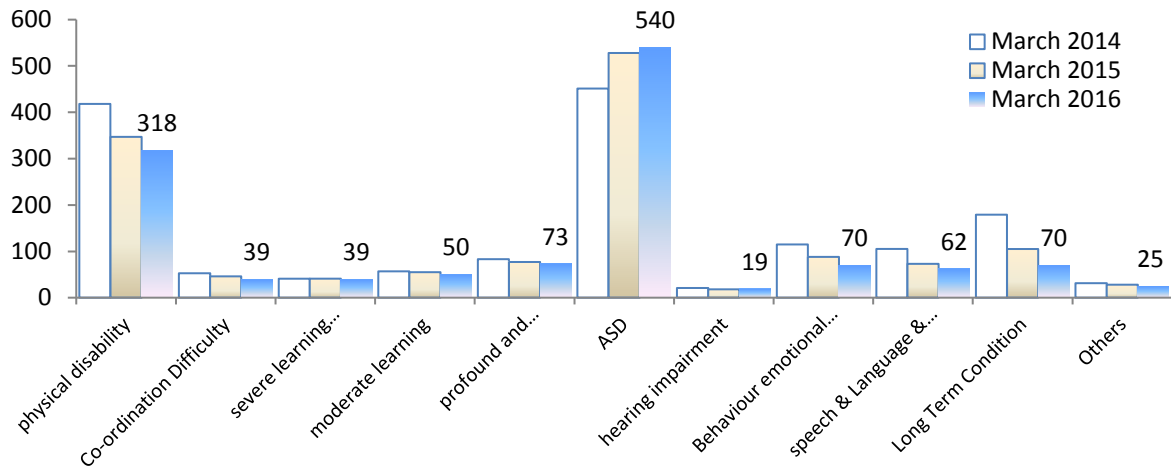


Figure 7: Number of Diagnosed Needs in Walsall

Source: WHNHS Trust Disability Database, 2016

Figure 8 illustrates how some types of diagnosed needs in Health may be over-represented in children of certain ethnic backgrounds when compared against ethnic mix of under-18s from the 2011 Census.

Although it is 2013 Health data, ASD appears to be over-represented in children of White ethnicity, and physical disability is over-represented in children of Asian ethnicity. Figure 9 shows that the prevalence rate of children with disability in the West of Walsall was higher than that of in the East of Walsall.

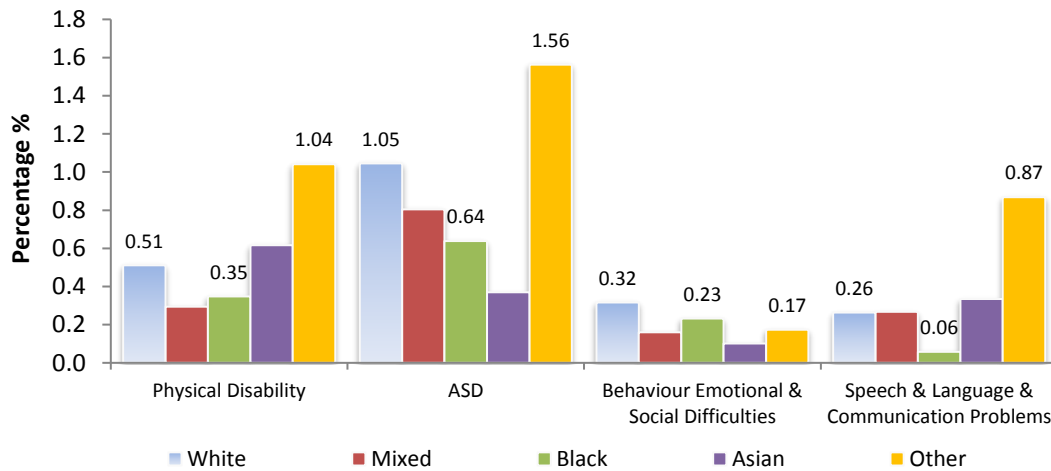


Figure 8: Over and Under-Representation of Needs across Ethnic Groups (under-18's)

Source: Walsall Healthcare NHS Trust Disability Database, June 2016

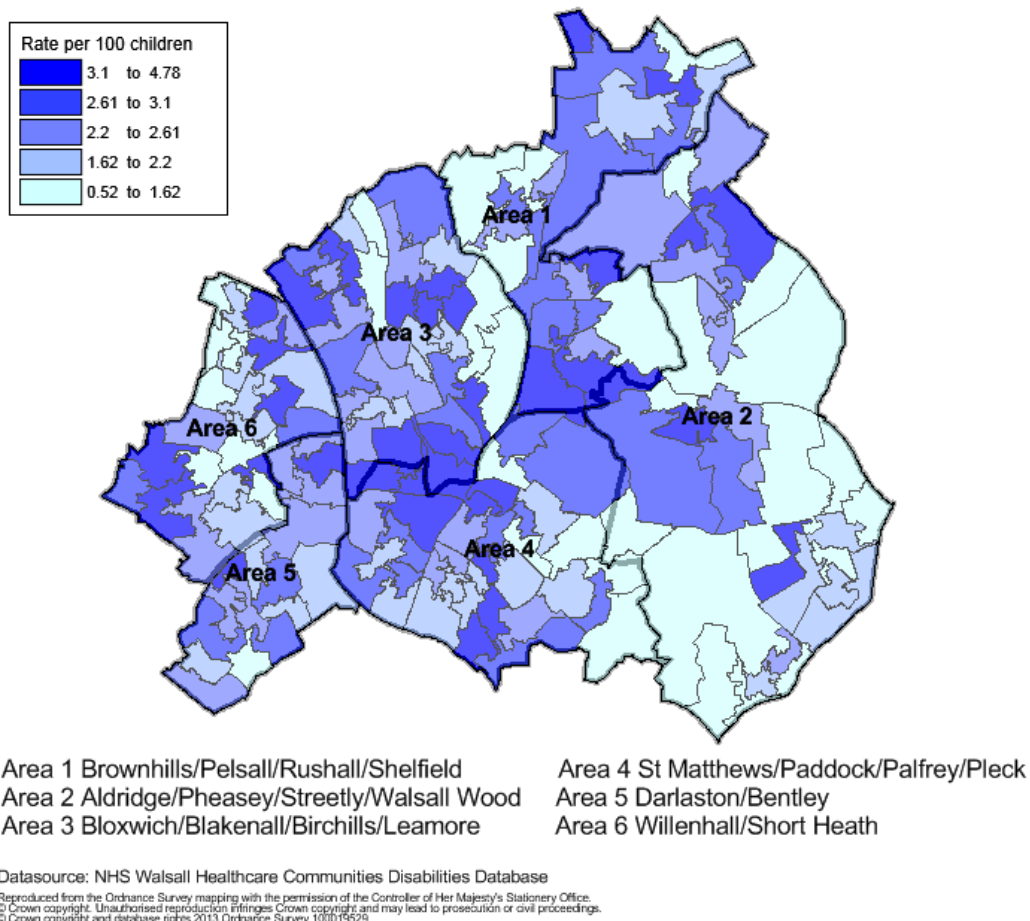


Figure 9: Over and under-representation of needs across Areas (under-18's)
 (Source: Walsall Healthcare NHS Trust Disability Database)

Priority actions for Children with Disabilities (inclusive of CIN priorities):

- *Embed and effectively utilize the EHC planning process.*
- *Increase choice, control and engagement of CYP in whole systems service development through the provision of Personal Budgets made from combinations of Education, Health and Social Care support.*
- *Develop an All-Age Disability Service.*
- *Review and Publish our 'Local Offer'.*

3.5.5 Youth Offending

While the rate of offending in Walsall has been declining and remains low compared to other local authorities, the rate of custodial sentences is very high, having decreased from 0.76 per 1,000 10-17 year olds in 2013 to 0.55 for 2015 (See Figure 10). The number of sentences has increased to 0.73 in 2016, creating a decrease in the proportion of sentences amongst 10-17 year olds resulting in custody, higher than the national rate 0.41, the West Midlands rate 0.51 and SN rate of 0.57. Thus Walsall is now down 24 places to 119th in quartile band D nationally.

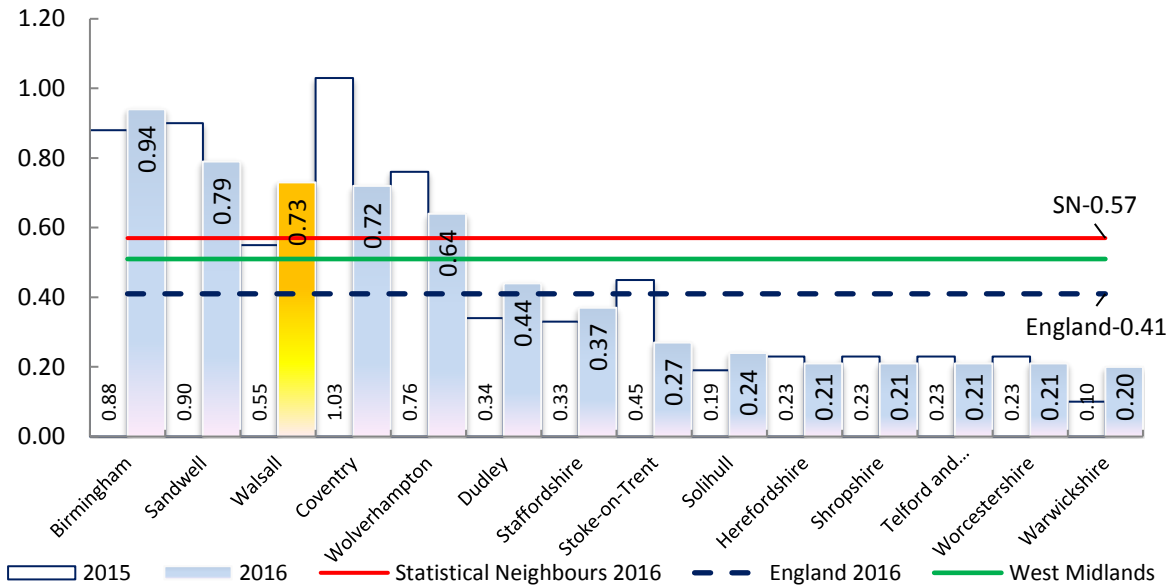


Figure 10: Rate of Young People in YJS Receiving a Conviction in Court who are Sentenced to Custody per 1,000 aged 10-17

Source: Ministry Justice and Youth Justice Board for England and Wales, 2017

Both the number of offences and the number of young people committing those offences has reduced. In 2016, Figure 11 shows that the rate of first time entrants to the Youth Justice System per 100,000 was 280 compared to 548 in 2014, a reduction of 268 (49%). Walsall was lower than the national rate of 357 and West Midland’s rate of 405.

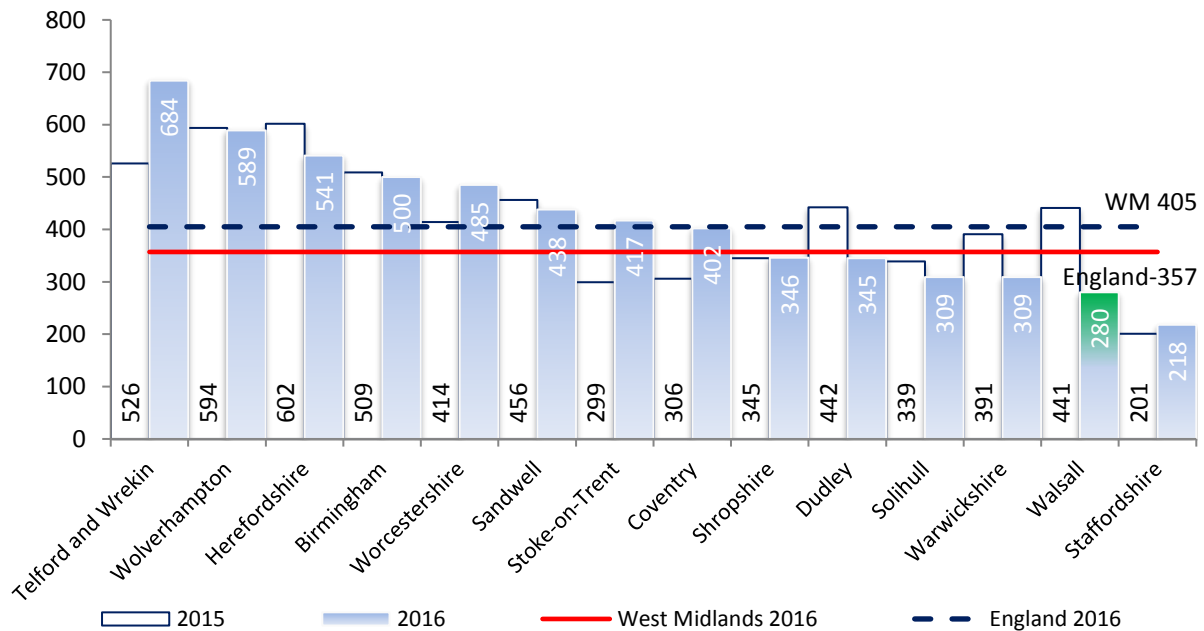


Figure 11: First Time entrants to the Youth Justice System per 100,000 aged 10-17

Source: Ministry of Justice and Youth Justice Board for England and Wales, 2017

Priority Actions for Youth Justice:

- Maintain our excellent performance in reducing first time entrants to the criminal justice system and further develop our preventative strategies with our partners
- Understand and address why our reoffending rates have increased and ensure remedial actions appropriately address young people’s criminogenic needs and vulnerabilities.
- Engage in the Public Sector Reform initiatives in exploring (and later implementing) the devolution of youth justice, and consider our response to the Governments review of Youth Justice (Charlie Taylor review expected July 2016)

3.5.6 Teenage Pregnancy

The under 18 conception rate in 2015 was 21.0 conceptions per thousand women aged 15 to 17; this is the lowest rate recorded since comparable statistics were first produced in 1969).

Compared to our statistical neighbours (26.1 per 1000 women aged 15-17), Walsall had the 16th national highest conception rate in 2015 (31.5) which nationally ranks 137th band D quartile (See Table 3).

Rank 2015	LA Name	2010	2011	2012	2013	2014	2015
1	Blackpool	50.10	58.10	42.90	41.70	37.30	43.80
2	Kingston Upon Hull, City of	56.20	50.40	39.30	35.90	39.30	38.40
3	North East Lincolnshire	60.20	41.10	41.50	43.30	40.80	37.60
4	Halton	58.50	41.50	40.40	33.30	31.50	36.60
5	Hartlepool	52.20	37.70	36.30	33.00	28.90	35.80
6	Sunderland	52.30	42.90	43.10	35.30	34.90	34.60
7	Barnsley	54.50	44.10	41.30	40.90	36.30	33.70
8	Middlesbrough	63.70	48.90	52.00	40.50	35.50	33.70
9	Redcar and Cleveland	45.50	47.00	35.40	33.20	31.00	33.70
10	Liverpool	38.20	39.60	35.70	34.10	32.50	32.10
16	Walsall	49.10	48.50	46.90	36.80	37.50	31.50

Table 3: The Worst Local Authorities with the Highest Conception Rate for Women aged under 18 England and Wales

Source: ONS, March 2017

Priority Actions for Teenage Pregnancy:

- Targeted focus on LAC and Care Leavers to minimise risk of pregnancy and potential removal of child into LAC.