



## **Sunderland Safeguarding Children Board (SSCB)**

**Title of Report:** Interim Independent Chair's Report on Sunderland Safeguarding Children Board arrangements 2016-2017

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**Date of Report:** 21<sup>st</sup> December 2016

**Meeting Date:** 5<sup>th</sup> January 2017

### **Summary Points of Report:**

- The Sunderland Safeguarding Children Board (SSCB) was inspected by Ofsted and found to be inadequate at the same time as the Local Authority Inspection. An improvement plan was compiled and all actions have now been completed.
- An Interim Independent Chair was appointed, initially for 6 months, in May 2016, and plans are in place to appoint a permanent Chair by the end of March 2017
- The Board has been subject to considerable churn and change over 2016. An Annual Report is in final draft and will be published in the spring. Extracts from the Annual Report are set out in this report (Appendix 2)
- A diagnostic report was undertaken by the interim Chair and the report presented in September 2016. At the same time an independent review was completed after it was commissioned by the External Children's Commissioner. Both reports found a lot had been done and plans had been completed but a focus on process diverted attention from the more fundamental changes required in culture, partnership engagement and commitment, understanding and impact on practice. As a consequence insufficient progress had been made in achieving effective improvement. (Appendix 3)
- The Board priorities over the year were Neglect, the Toxic Trio (substance abuse, mental health and domestic abuse) and Risk Taking Behaviour
- The Board has published the learning from 6 Serious Case Reviews (SCRs) in the past year, 2016/17. There are 4 SCRs in the final stages of completion and these will be published by March 2017. No new reviews have been commissioned since July 2016.

- A major national review of the arrangements for multi-agency safeguarding was published by the Department for Education on 26<sup>th</sup> May 2016 (The Wood Review). The Government accepted the majority of recommendations.
- In the light of the diagnostic and the Wood Report, the SSCB consulted widely on major changes to the Board designed to radically change the arrangements, ensure a focus on the Board's key statutory objectives and generate the necessary changes. The proposals were broadly accepted by key partners and will be finalised at the Board meeting in February 2017
- A Transformation Programme is now underway with a view to the new arrangements being in place for April 2017.

## **1. Purpose of the Report and recommendations**

- 1.1 This report is designed to update the Scrutiny Committee on the work of Sunderland Safeguarding Children Board in 2016.
- 1.2 For a variety of reasons, not least the pressures on the very small Business Unit of undertaking a significant number of Serious Case Reviews the Annual Report is not yet completed. In order to facilitate the Scrutiny Committee's considerations an extract is provided of the Annual Report's key points and findings as part of this Report.(Appendix 2)
- 1.3 The Report also informs the Scrutiny Committee of the radical changes to the Board arrangements that have been agreed in principle and will be finalised by the SSCB Board at its meeting in February 2016. The Scrutiny Committee's views on this change will be taken into account when agreeing the final arrangements.
- 1.4 Members of the Scrutiny Committee are invited to interrogate this report and to make comments accordingly. The Report contains no recommendations but the Interim Independent Chair will consider any made by Scrutiny Committee when finalising the transformation programme and developing the 2017/18 Strategic Plan and Business Plan.

## **2. Context**

- 2.1 Sunderland Safeguarding Children Board (SSCB) is a statutory body established under Section 13 of the Children Act 2004<sup>1</sup>. As required by statute, it is independently chaired and membership consists of the chief executive, or equivalent, representatives of the key partner agencies working together to safeguard children and young people in Sunderland. The Board's values and principles are attached in Appendix 1
- 2.2 The LSCB statutory objectives as outlined in section 14 of the Children Act 2004 are:

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2004/31/contents>

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
  - To ensure the effectiveness of what is done by each such person or body for those purposes
- 2.3 It is important to note that the Board is not responsible for the design, development, commissioning or delivery of services to safeguard children or promote their welfare and has no operational responsibilities for practice in any partner agency although each member of the Board has direct responsibility and accountability for their own organisation or agency's practice. Board members when meeting as "The Board" are jointly, severally and collectively responsible for the effectiveness of the whole system and for holding each other to account, seeking assurance from each other, and ensuring poor practice is identified, challenged and improved.
- 2.4 The Board has met on a quarterly basis since April 2015 following a full review of the SSCB governance arrangements in 2014. The Statutory Guidance *"Working Together to Safeguard Children"* was amended in 2015, and significantly amended statutory guidance was issued to all education settings in 2015 as well – *Keeping Children Safe in Education 2015*.
- 2.5 In May 2016 a major review of statutory arrangements for safeguarding children was published. Known as the Woods Review it proposed a radical new approach to partnership arrangements, based on the principle of shared accountability and responsibility between the local authority, the police and the NHS, and mutual agreement as to the nature of the actual arrangements at a local, sub regional or regional level as decided locally. The principle of an independent element to the arrangements was retained, as was the focus of any arrangements on monitoring the effectiveness of what is done by partners to safeguard children and promote their welfare. The Review did not recommend any specific structural or organisational arrangements, but that each area or group of areas should design their own.
- 2.6 The Review recommended that Serious Case Reviews are coordinated at a national level, with certain high profile complex reviews being undertaken by a national body and the rest done as local reviews. It also recommended that the Child Death Overview Panel Arrangements are transferred to the NHS.
- 2.7 The impact of the review in effect is that:
- The local authority, police and health (sic) should become the 3 equal statutory agencies with responsibility for developing, agreeing,

implementing, funding and supporting safeguarding partnership activity in their area

- These arrangements can take any form agreed locally by those 3 statutory partners
- Each local area (not defined) should agree the arrangements that best suit their needs
- A strong degree of independence will still be required in terms of how those arrangements are supported or led (independent safeguarding leaders)
- The key objectives of an LSCB/or its equivalent need to be the key objectives of the arrangements made locally not set nationally
- A local area can be regional, sub regional, local, or any similar combination, and can take into account any other partnership arrangements in an area
- The arrangements made will govern how all the named “regulated agencies” work together to safeguard children and promote their welfare
- Responsibility for establishing and running CDOP arrangements will be jointly held by the NHS and the LA
- The responsibility for high profile significant SCR’s will transfer to the National Panel, and for local reviews will rest with the local safeguarding partnership arrangements in a local area
- There will be some form of notification of the agreed local arrangements to DfE required. DfE’ s role in commenting on them will be an advisory one

2.8 The Government has accepted the majority of the recommendations. Since the proposals required changes to primary legislation they will not be statutory until after the current Children and Social Work Bill has passed into legislation. The timetable for statutory changes is:

- Act passed Spring 2017
- Regulations made and laid and statutory guidance published early 2018
- Local Areas need to finalise and publish their plans for their new local arrangements late 2018/early 2019 (but do so earlier if they choose)
- All areas need to have moved to their new arrangements by 2020

2.9 Any local proposals for change agreed by the Board at this point in time need to be considered within the context of the statutory changes. However it is important to take the proposals into consideration from now and to base our developments and improvement trajectory on models that ensure we are fit for the future direction of travel.

- 2.10 Following the Ofsted Inspection in 2015 the Board began its improvement journey, with a highly detailed action plan, and major work to refresh a range of SSCB activities and programmes. The Board was already in the process of change as it had in 2014 agreed to work towards integration with the Sunderland Adult Safeguarding Board.
- 2.11 In May 2016 an interim Independent Chair took up post. She undertook a diagnostic of the progress made by the SSCB which reported in July 2016. A second review, commissioned by the Sunderland External Commissioner, was undertaken simultaneously by an Independent Chair of a successful board. Both reports drew the same conclusions. In short the changes made had not had the desired impact on outcomes for children, and on the effectiveness of the Board in improving safeguarding practice, although it had made progress.

### **3. The local safeguarding context**

- 3.1. Sunderland is a large city in the North-East of England with a population of approximately 281,000 people. Over the next 10 years this is expected to rise by at least 2,179 (0.8%). Approximately 54,500 children and young people under the age of 18 years live in Sunderland. This is 19% of the total population in the area. The child population is also expected to rise in the 10 – 14 year age group, remain stable in the 0 – 4 years and 5 – 9 years age groups and reduce in the 15 – 19 year age group as seen in the graph below.
- 3.2 Sunderland is the 41st most deprived Local Authority area in England and 26% of children and young people in Sunderland are defined as living in poverty<sup>2</sup> with the level of child poverty in Sunderland being worse than the England average.
- 3.3 The proportion of children entitled to free school meals:<sup>3</sup>
- In primary schools is 21% (the national average is 17%)
  - In secondary schools is 21% (the national average is 15%)
- 3.4 Approximately 13,000 of Sunderland's children and young people will need additional support from targeted and specialist children's services during their childhoods.
- 3.5 Children and young people from minority ethnic groups account for 6% of all children living in the area, compared with 22% in the country as a whole.<sup>4</sup>

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<sup>2</sup> A child is defined as being in poverty when living in a household with an income below 60% of the UK's average.

<sup>3</sup> Source: DfE Schools, pupils and their characteristics

The largest minority ethnic groups of children and young people in the area are Asian/Asian British and Mixed.<sup>5</sup> The proportion of children and young people with English as an additional language<sup>6</sup>:

- In primary schools is 5% (the national average is 19%)
- In secondary schools is 4% (the national average is 14%)

- 3.6 In the Academic year 2015-2016 there were 41,353 pupils in Sunderland on schools rolls. Sunderland has 9 nursery schools, 83 primary schools of which 19 are Academies and one is a Free School. There are 18 secondary schools of which 12 are Academies and one is a Free School. In addition there are seven schools for pupils with special educational needs of which five are Academies. There are also Pupil Referral Units at Nursery/Key Stage 1 Behaviour Team (ages 4-7yrs), Key Stage 2 and 3 (ages 7-14ys, and at Key Stage 4 (ages 11-16yrs). Sunderland also has two Private Schools.
- 3.7 Sunderland is characterised by low movement of people as families and communities are relatively stable and as such there are opportunities to harness the involvement of the wider family, including older people, to provide support and promote healthier choices and healthy lifestyles.

#### **4. Progress in 2015/16**

- 4.1 The draft Annual Report 2015/16 indicates that the Board made considerable progress despite multiple challenges over the 2015/16 year. The Ofsted Inspection recognised that the Board was aware of the issues and shortfalls in its effectiveness, and that the governance review and new arrangements were designed to address them but that it was too early to establish whether the changes were making the desired difference.
- 4.2 The Board's priorities during the year 2015/16 were set out in the SSCB Business Plan 2014-2018 and comprised three high level priorities, each with three objectives that the plan aims to achieve. These were:
- Neglect
    - SSCB will understand the prevalence and causation of neglect impacting on children and young people in Sunderland
    - SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are neglected are robust
    - SSCB will reduce the impact of neglect on children in Sunderland

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<sup>4</sup> Source: ONS 2011 census

<sup>5</sup> Source: ONS 2011 census

<sup>6</sup> Source: DfE Schools, pupils and their characteristics

- The toxic trio
  - SSCB will understand the prevalence and causation of the Toxic Trio impacting upon children and young people in Sunderland
  - SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are living with the toxic trio are robust
  - SSCB will reduce the impact of the toxic trio on children in Sunderland
- Risk Taking Behaviours
  - SSCB will understand the prevalence and causation of risk taking behaviour by children and young people in Sunderland
  - SSCB will understand and seek assurance that the multi-agency arrangements in place to support children who are engaging in risk taking behaviour are robust
  - SSCB will reduce the impact of risk taking behaviour on children in Sunderland

4.3 The Board also responded to a range of new Government requirements, policies and priorities over the year including

- Keeping Children Safe in Education 2015 and new Guidance on Children Missing Education (issuing new guidance)
- CSE and the need to regularly assess the quality and effectiveness of partner agency responses to CSE (resulting from the Casey Report 2015) (undertaking multi-agency self-assessment and implementing the learning arising from it)
- Responses to Female Genital Mutilation (FGM) and mandatory reporting (revisions to the SSCB guidance)
- Modern Slavery (assessing prevalence in Sunderland and developing guidance accordingly)
- Responses to PREVENT and the radicalisation agenda (auditing partner arrangements in respect of PREVENT)

4.4 The SSCB was inspected in May 2015 as part of the inspection of Children's Services in Sunderland. The review of the effectiveness of the SSCB concluded that it was inadequate because it was failing to meet its statutory duties and did not provide effective oversight of all areas concerned with children's safeguarding as required by statutory guidance. The Board agreed a strong and extremely detailed improvement plan to address the issues identified and recommendations made to the SSCB by Ofsted. The plan has been delivered with all actions assessed as completed or no longer relevant.

4.5 Issues and developments for partner agencies during 2015/16 as well as the activity of the Board in 2015/2016 are set out in Appendix 2 which comprises a significant extract from the draft 2015/16 Annual Report. This draft report concludes that *"A review of the information and intelligence considered by the SSCB throughout 2015-2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is*

*being made to realise partnership objectives and that change is being managed carefully and safely*". It is crucial to remember that the Report is now very "out of date" covering a very difficult year April 2015 to March 2016, and that more significant change and improvement has taken place in the last nine months (April 2016 to December 2016) as evidenced by the Board's assurance activity as well as by the External Improvement Board.

## **5. Progress to date in 2016/17**

5.1 The Board for the last nine months has focussed on

- Completing the improvement plan
- Delivering a performance framework
- Delivering multi-agency audits and other assurance activity
- Continuing to strengthen CSE arrangements and services
- Completing SCRs, addressing the learning from them and embedding it in practice
- Simplifying the plans in place,
- Stopping doing things that are not yet delivered, and not likely to make a significant difference
- Making meetings more effective, and not meeting unless it is necessary
- Identifying revised priorities
- Consulting on radical new arrangements designed to better deliver an effective Board and to initiate a direction of travel that fits with the Wood Review
- Increasing the degree of challenge to all partners
- Engaging with children and young people

5.2 In addition it has already agreed a new vision ***"High support and high challenge – working together to safeguard the children of Sunderland and improve their life chances"***

5.3 Work on the revised, simplified and fully multi-agency performance framework is nearly completed and three obsessions have been agreed:

- Children are supported as early as possible when they or their family needs help
- Every child in the City is happy, healthy, socially confident and prepared for adulthood
- Children are safe and protected from harm.

5.4 Our new operational priorities for action are that by the end of March we will have:

- A new performance data set and quality assurance plan which focusses on the two areas of greatest concern (threshold compliance and early help)
- A simple strategic plan 2017-2020 and a deliverable business plan for 2017/18



- New arrangements and a Board that is agile, fit for purpose, focussed and effective
- Stopped doing things that should more properly be done elsewhere (i.e. acting as a proxy for operational partnership working)
- Continue to focus on neglect, risk taking behaviours and the impact of living with domestic violence, mental ill health or substance abuse in the family

5.5 We have consulted young people and identified a range of concerns that they want us to focus on including:

- Safer outdoor spaces
- Better personal, health and social education
- Better support for LGBTB young people
- Better mental health provision

5.6 At our development day we agreed to change our strategic priorities. These were informed by the diagnostic, the JSNA, learning from CDOP and serious case reviews, multi-agency data, regulatory reports across the system and senior leader awareness of areas for improvement. Our new Strategic Plan (2017-2020) will focus on:

- **High Challenge** (developing our understanding of the effectiveness of safeguarding practice) and **High support** (using our understanding of practice to influence service development and develop our multi-agency workforce)
- **Key Practice priorities for improvement**
- **Engagement**, (communication, the priorities of young people, relationships and transparency)

5.7 The 2017/18 Business Plan will also focus on developing **Strong governance** (a robust assurance cycle, transparent simple systems, clear accountabilities and partnership relationships) and will take as its practice priorities for improvement

- Risk taking behaviours by young people (CSE, substance abuse, e-safety)
- Early Help, the thresholds of need framework and neglect
- Emotional health, wellbeing and mental health
- The child's journey through the system (referral, child protection and LAC practice)

## 6. Next steps – The Transformation Programme

6.1 However despite acting on all the recommendations made by Ofsted the independent review and the interim Chair's diagnostic in May 2016 both identified that more needs to be done. As a consequence of the diagnostic, and the review report a detailed consultation report was prepared, discussed

at the Board and circulated for consideration by all statutory partners. The consultation report set out 14 proposals for consideration. (Appendix 4).

- 6.2 Following consultation the Board Executive considered the responses and a report setting out final proposals for agreement in principle. A Transformation Steering Group has been established and a meeting with the Chief Executive of the Council, the Chief Constable (or their representative) and the Chief Executive of the Sunderland CCG arranged for the New Year to consider the proposals and negotiate any fine detail on budgets, establishment, accountabilities and the proposed new Board structure. These three senior leaders are the three that, under the new arrangements proposed by Alan Wood, hold shared responsibility and accountability for the arrangements, although currently the CEO of the Council holds ultimate accountability. The Statutory DCS retains an advisory role to the three accountable leaders, and as CEO of the new Company sits on the Board in the same way that the CEO's of the other Trusts do.
- 6.3 The Commissioner has also been consulted and indicated his agreement to the proposals.
- 6.4 The final negotiated proposals will go to the SSCB for agreement and sign off in February 2017.
- 6.5 Some action is being taken ahead of final agreement as the timescales for the Interim Independent Chair's contract mean that the permanent role needs advertise as soon as possible in the New Year. In addition the Business Unit currently has three vacancies which urgently need filled so the new posts agreed in principle are being evaluated ready for advertising.
- 6.6 The new Board is small, comprising 10 members (the key member agencies in relation to the Wood Report). The Board is responsible for strategic direction, governance, assurance and system oversight. Two programme Boards (Performance and Quality Assurance, and Learning and Workforce Development) support the Board and have far wider membership. The proposals for membership and responsibilities for the Board and the two programme boards are also included in appendix 4.
- 6.7 Members will know that the role of Scrutiny and the role of the SSCB can at times be similar. The SSCB is also subject to scrutiny in its own right by Scrutiny Committee, usually on receipt of the Annual Report. One proposal in the consultation is that at least once a year the Scrutiny Committee and SSCB undertake an in-depth scrutiny review of a key or priority area of practice or service provision together to ensure the whole system is subject to a rigorous examination. This has been positively received by the Board Executive and during the consultation. The Scrutiny Committee will of course also have a view.

- 6.8 Partner Agencies that work across the South Tyne system (police, probation, and the NHS Trusts) are clear that their ultimate preference would be a single sub-regional arrangement (similar to the current Child Death Overview Panel (CDOP) arrangements), but recognise that the three local areas are not yet in a position to move to that approach. Joint working is increasing already and the three areas share the same procedures. As resources diminish the more that can be done together once the better, but it remains important to recognise the importance of local areas, places, and communities and the need to maintain a balance between local and wider partnerships.
- 6.6 In conclusion the Transformation Process will ensure radical change, designed to position the SSCB to more effectively fulfil its current statutory objectives and to achieve its vision and ambition, whilst preparing for the inevitable changes as more sub regional safeguarding activity is undertaken. Whilst the exact and final details have not been agreed the consultation indicates there is broad agreement and the Executive are satisfied in principle with the final proposals. Scrutiny may want to review progress in September 2017 six months after the new arrangements begin.

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## Appendix 1 – The Vision and values of the Board 2015/17

### Our Vision *“Every child and young person in Sunderland feels safe and is safe”*

In order to do this the SSCB will work together and make keeping children and young people safe everyone’s business.

### Our Values SSCB Values are:

- *To be individually and collectively committed to putting children’s interests first*
- *Seek the views of Children and Young People, families and carers in all aspects of our work*
- *Respect everyone’s contribution to keeping children safe*
- *Operate openly and honestly in the public interest and sharing responsibility*
- *Challenge and support all involved to improve outcomes for Children and Young People*
- *Accept accountability for SSCB decisions and actions*

### Our Principles The SSCB Principles are:

- *To continue to develop a shared understanding across agencies of the concept of safeguarding to provide a clear focus of work with the most vulnerable children and their families*
- *To ensure that systems are in place to support effective multi agency working in individual cases*
- *To ensure that systems that are developed across agencies for information sharing and early identification of children who will require additional support to achieve good outcomes, are able to identify children who are at risk and/or neglected*
- *To continually improve the delivery and quality of services particularly for those children who are the most vulnerable*
- *To continue to monitor and evaluate the effectiveness of multi-agency working particularly in relation to the protection of children from harm*
- *To ensure that children, young people and their carers are heard and have opportunities to contribute to shaping service design and delivery*

## Appendix 2

### Summary of the Annual Report 2015-2016

#### The Children and Young People's Plan (CYPP)

The CYPP was the joint, strategic, overarching plan for all partners within the Sunderland Children's Trust and the services they provide for children and young people. It described how partners work together to improve outcomes for our children and young people, setting out the long term vision for improving their health and wellbeing. This plan was intended to establish the strategic priorities for the Children's Trust and support the development of integrated and effective services to secure the best possible outcomes for children and young people.

The Strategic Objectives of the Plan were:

- Improving the overall Health and Wellbeing of children, young people and families
- Reducing the number of families with children living in poverty in the city
- Improving educational outcomes and strengthening whole family learning
- Improving safeguarding outcomes for children, young people and families

One of the main aims of the Children's Trust Board, as was set out in the 15 year strategy, was that children and young people "feel, and are, safe and secure at home, at school and in their community." This links with the SSCB Vision that "Every Child and Young Person in Sunderland feels safe and is safe."

During the year there was no multi-agency strategic body in place in Sunderland to replace the Children's Trust which has resulted in a lack of progress with the CYPP. The Children's Strategic Partnership has now (2016) been established to replace the Children's Trust and the CYPP is subject to a full review with the draft expected to be available in spring 2017. The CYPP will be scrutinised and the impact of it on the lives of children and young people in Sunderland will be measured as part of the assurance activity of the SSCB in 2016 – 2017 and the following year.

#### Issues and Developments for Partner Agencies

Nationally the Public Sector continues to face the challenges of austerity measures and cuts to services at the same time that there is increasing demand for these services. The impact of these efficiencies and the impact of continuing austerity measures are identified as a risk in the SSCB Risk and Assurance Plan.

Partner agencies have identified challenges for the safeguarding system and how they intend to address these challenges. These challenges include:

- Continued budget pressures requiring further efficiencies to be made which is likely to involve further restructuring of services
- An unprecedented number of serious case reviews in progress
- Continual changes in external partnership arrangements
- The need to improve mental health and mental wellness

- To raise the expectation of being healthy for all and promote health-seeking behaviours

Good multi-agency working is essential to effectively respond to the needs of vulnerable children and young people and in improving outcomes for them. Shared areas of development and progress in 2016 - 2017 include:

- Development and implementation of a Sunderland Early Help Strategy and refreshed Threshold Guidance
- Implementation of the new SSCB Performance and Quality Assurance Framework
- Implementing the SSCB Audit Cycle to provide the SSCB with a clear understanding of the quality of multi-agency practice
- Progressing a number of SCRs during the year

### **Sunderland Local Authority Children's Social Care**

The inspection of services for children in need of help and protection, children looked after and care leavers in Sunderland started in May 2015 and the overall grading for the service was inadequate. As a consequence of the inspection a Children's Commissioner was appointed to Sunderland and a statutory Improvement Board was established which is chaired by the Children's Commissioner. The SSCB Chair and members of the SSCB are part of the Improvement Board. In addition, an Improvement Plan was established to address the key findings of the inspection. The Plan is overseen by the Improvement Board and regular reports on progress are presented to the SSCB.

The direction from the Department for Education (DfE) required social care services to come out of council control. The Council is working with the Children's Commissioner and the Department for Education (DfE) to contract Children's Services functions to a new company which will be the first of its kind offering the opportunity to deliver innovative children's services. The company will be in shadow form from September 2016 and will "go live" from April 2017.

The SSCB will have a clear role in holding the company to account for the effectiveness of its safeguarding services and how effectively it contributes to the safeguarding system as a whole.

### **Clinical Commissioning Groups**

There is 1 Clinical Commissioning Group (CCG) in Sunderland made up of 51 member practices. NHS Sunderland Clinical Commissioning Group (the CCG) is the statutory health body responsible for the planning and buying of NHS services to meet the needs of the local community. The 51 GP practices in Sunderland are organised into five localities, namely Coalfields, Sunderland North, Sunderland East, Sunderland West and Washington.

The CCG Annual Safeguarding Report 2015-2016 identifies the following issues for 2016 – 2017:

- New statutory arrangements agreed for safeguarding children following the national review by Alan Wood
- The delivery of an alternative delivery model for children's services.
- A considerable amount of learning and improvement activity during 2015/16

## **South Tyneside and Sunderland HealthCare Group**

CHS and South Tyneside NHS Foundation Trust have formed a strategic alliance to work together to protect the future sustainability of hospital and community health services across Sunderland and South Tyneside. This alliance is called the South Tyneside and Sunderland Healthcare Group.

City Hospitals Sunderland NHS Foundation Trust (CHS) consists of Sunderland Royal Hospital and Sunderland Eye Infirmary. Sunderland Royal Hospital provides medical, surgical, critical care, maternity, accident and emergency (A&E), outpatient services and children's and young people's services for people across the Tyne and Wear and Durham area. The hospital serves a population of around 350,000 and has 855 beds across two hospitals and employs around 4,923 staff.

South Tyneside NHS Foundation Trust provides a variety of hospital services in South Tyneside and community services in Gateshead, South Tyneside and Sunderland. This includes school nursing service, sexual health, children's community nursing teams and Community Child and Adolescent Mental Health Service (CAMHS).

Through the strategic alliance CHS will focus on leading and providing emergency surgical and complex acute services covering South of Tyne and South Tyneside NHS Foundation Trust will move away from complex acute care and lead on out-of-hospital services including rehabilitation, diagnostics and screening services with South Tyneside District Hospital continuing to provide a broad range of emergency and planned hospital services. The Trust will also be the lead provider of community services working closely with respective local authorities and primary care. These changes are planned to lead to greater integrated services which is essential to deliver improved healthcare to the communities they serve.

## **Northumberland, Tyne and Wear NHS Foundation Trust (NTW)**

NTW provides a wide range of mental health, learning disability and neurorehabilitation services to a population of 1.4 million people in the North East of England. It operates from over 60 sites and provides a range of comprehensive services including some regional and national services.

During 2015-16 the Trust successfully tendered for a number of new services and service Improvements, including:

- The implementation of evidenced based IAPT<sup>7</sup> interventions in Children and Young People's services in Northumberland and North Tyneside in partnership with Northumbria Healthcare NHS Foundation Trust
- Sunderland Integrated Substance Misuse and Harm Reduction Service in partnership with DISC and Changing Lives, to commence on the 1st July 2016.
- Inclusion on a framework to provide mental health inpatient services to Sussex Clinical Commissioning Groups (CCGs) out of area placements

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<sup>7</sup> Improving Access to Psychological Therapies Service is a national initiative

- Inclusion on a framework to provide Cognitive Behavioural Therapy for Psychosis training for Early Intervention in Psychosis

## Northumbria Police

Northumbria Police serves a population of 1.5 million people, covering an area of more than 2,000 square miles in the North East of England. It is one of the largest forces in the country having approximately 3,253 police officers, 1,430 police staff and 183 Police Community Support Officers (PCSOs), who work together to prevent, detect and reduce crime in the Northumbria area. (1st July 2016). Northumbria Police covers 6 Local Authorities and has 3 area commands, Northern Area, Central Area and the Southern area of which Sunderland is part. The Police and Crime Plan (2013-2018) has 5 objectives:

- Putting victims first
- Dealing with anti-social behaviour
- Domestic and sexual abuse
- Cutting crime
- Making people feel safe

## Police and Crime Commissioner for Northumbria

Schemes to safeguard victims and tackle perpetrators of domestic abuse have been developed after funding was secured by Northumbria Police and Crime Commissioner.

The PCC made 2 successful bids to the Police Innovation Fund which supported the development of 2 multi-agency programmes to address domestic abuse, namely, the Multi-Agency Tasking and Co-ordinating (MATAC) Process and BIG Domestic Abuse Perpetrator Project.

## Gentoo – Social Housing Provider

Gentoo is a social housing provider in Sunderland and is represented on the SSCB and a number of sub committees. The Gentoo Group's Community Safety Strategy has the ultimate aim to ensure that "everyone within our communities feels safe and secure".

The Community Safety and Safeguarding Service includes the following elements of service delivery:

- Tenancy enforcement
- Early intervention
- Victim Support – providing support for victims of ASB, domestic violence etc.
- Positive Engagement (support for perpetrators) - to tackle the causes of anti-social behaviour, for example, substance misuse (including alcohol)

Gentoo made 220 referrals to Children's Social Care in 2015-2016 which was an increase of 15% on the previous year. Of these referrals 51% of referrals were categorised by Gentoo as due to emotional abuse, 40% for neglect, 5% sexual abuse and 3% for physical abuse.



Gentoo Business Assurance Services conducted a review of the child safeguarding arrangements in the service with the purpose of providing assurance that the internal controls governing child safeguarding function effectively. This review concluded that the controls were basically sound and identified some areas for development to ensure that workers are able

### **Children and Family Court Advisory and Support Service (Cafcass)**

Cafcass is a non-departmental public body in England set up to promote the welfare of children and families involved in family court proceedings. The agency is independent of the courts, social services, education, health authorities and all similar agencies. Cafcass represents children in family court cases. A national inspection of Cafcass was undertaken in 2014 with the overall judgement of the service being rated as good.

Cafcass published its third Cafcass Quality Account setting out how it has driven up casework quality and shared best practice with the sector during 2015-16.

Through innovative practice, Cafcass have:

- Continued to improve the quality of practice, building on the Good with Outstanding Leadership rating of the 2014 Ofsted inspection
- Learnt more about the impact of their work for children by assessing the quality of case practice against four child-focused outcomes (the extent to which the child is safe, heard, better represented and enabled) introduced through the refreshed Quality Assurance and Impact Framework, and used this insight to drive improvements
- Equipped practitioners with the tools and knowledge to strengthen practice and improve analytical reporting, including embedding Evidence Informed Practice Tools and disseminating learning driven by focused strategies for areas such as child exploitation and equality and diversity, and which caters to what Cafcass practitioners report they need
- Supported practitioners to enhance their expertise and improve the quality of recommendations and management of risk through pilots, such the Clinical Psychologist pilot which provided access to 1:1 consultations with accredited clinical psychologists. This is now an embedded service
- Continued to support improved services in the wider family justice sector and help shape future sector reform through close working with the Ministry of Justice, DfE, sector agencies, membership of formal boards such as the Family Justice Board and contribution to government consultations

Cafcass is committed to building on this progress and over the coming year will continue to:

- Draw on findings around the contribution the service makes to outcomes for children
- Embed the new outcomes-focused Quality Assurance Impact Framework

### **Health and Wellbeing**

Health and Wellbeing Boards (HWBB) have responsibility to develop and monitor a Health and Wellbeing Strategy (HWBS). In Sunderland, the HWB strategy focusses on the city's health and social care system and how the system operates, as opposed to what it should be doing. Progress is being achieved through the adoption of an assets based approach and the embedding of design principles into ways of working, namely:

- Strengthening community assets
- Prevention
- Early Intervention
- Equity
- Promoting independence and self-care
- Joint Working
- Address the factors that have a wider impact on health e.g. education, housing

The HWBB has a statutory responsibility for producing a strategic level assessment of the health wellbeing needs of the population (the JSNA) and a high level health and wellbeing strategy. In Sunderland, the JSNA is separated into a number of profiles which include both adults and children's safeguarding

The Children's Safeguarding Joint Strategic Needs Assessment was updated in 2015 and endorsed by the Quality Assurance subcommittee and Executive Group following minor amendments being requested by the SSCB. The Headlines from the JSNA refresh were:

- Reducing 0 – 19 population
- 25.7% of children living in poverty
- 9 serious case reviews commenced during the period 2012 – 2014
- High levels of social and economic deprivation
- Increasing CiN, CP and LAC numbers compared with statistical neighbours and England
- 41<sup>st</sup> most deprived LA area
- 17 child deaths in 13/14
- High levels of teenage pregnancy
- Increasing referrals to:
  - MSET (missing, sexually exploited and trafficked)
  - Early Help
  - Social Care

Since the previous JSNA there had been two significant changes:

- Restructuring and service transformation - Children's Services had become part of the People's Services directorate with one Director of the service and is subsequently moving out to the New Trust
- Implementation of a Multi-Agency Safeguarding Hub (MASH) – This is a multi-agency arrangement with the co-location of Police, Social Workers and Health professionals at the first point of contact for new safeguarding concerns

## Education Establishments

As part of the LSCB review in 2015 the SSCB needed to ensure effective engagement with schools from April 2015. The Head of Educational Attainment and Lifelong Learning was commissioned by the Board to engage with schools to identify the best way to improve engagement. From the research undertaken it was clear that schools understand that they have an extremely valuable role to play in multi-agency working, in addition to their statutory responsibilities.

The proposal that the schools requested was to have a private Safeguarding Company to represent them on the SSCB Executive Group. All but 4 schools employed the company for their 'safeguarding needs'.

Discussion with SSCB Members concluded that it would be a huge loss to the SSCB to not have the richness of the representation and contribution from head teachers/teachers. It was therefore agreed that representation from primary and secondary schools would be achieved through direct membership of the SSCB Executive Group.

### **Effectiveness of Safeguarding Arrangements for Children and Young People in Sunderland**

A wide variety of resources are used to evaluate how effective safeguarding arrangements are and a structure of this section is set out as below:

#### **1. Engagement with and involvement of children and young people:**

- The views and experience of children and young people
- Listening to children and young people when working with them

#### **2. Monitoring and Reviewing:**

- Inspections and Reviews
- The incidence of the deaths of children and young people
- Lessons from Serious Case Reviews and Local Learning Lessons Reviews
- Allegations against professionals
- Private Fostering provision

#### **3. Performance Management and Quality Assurance of safeguarding services:**

- Partner compliance with required safeguarding arrangements
- The Child's journey through the safeguarding system and outcomes for priority vulnerable groups
- Quality Assurance and Audit

### **The Views of and Experience of Children and Young People**

The SSCB had limited direct contact with children and young people during 2015-2016. The SSCB Development and Training Officer is the dedicated participation and engagement lead for the SSCB and attends the participation and engagement champions meetings held by the council.

It has however engaged with the Children's Trust Advisory Network (CTAN) through the participation and engagement lead for children and young people in the council to look at how the SSCB can better engage with children and young people. The Board made an offer to young people as part of National Takeover day but this was not taken up.

The SSCB delivered a joint CSE conference in October 2015 in conjunction with the PCC and South Tyneside and Gateshead LSCBs. This conference had presentations from young people through the Police cadets and from young people who had been victims of CSE. This gave a unique perspective to the conference through educating professionals about how to engage more effectively with those at risk/being sexually exploited.

## The Incidence and Nature of Child Deaths in Sunderland

Since 1 April 2008, Local Safeguarding Children Boards (LSCBs) in England have had a statutory responsibility for child death review processes under The Children Act 2004, and applies to all young people under the age of 18 years. The processes to be followed when a child dies are outlined within Working Together to Safeguard Children 2015: Chapter 5 Child Death Review Processes. The process focuses on identifying 'modifiable factors'<sup>8</sup> in the child's death. The overall purpose of the child death review process is to understand how and why children die, to put in place interventions to protect other children, and to prevent future deaths.

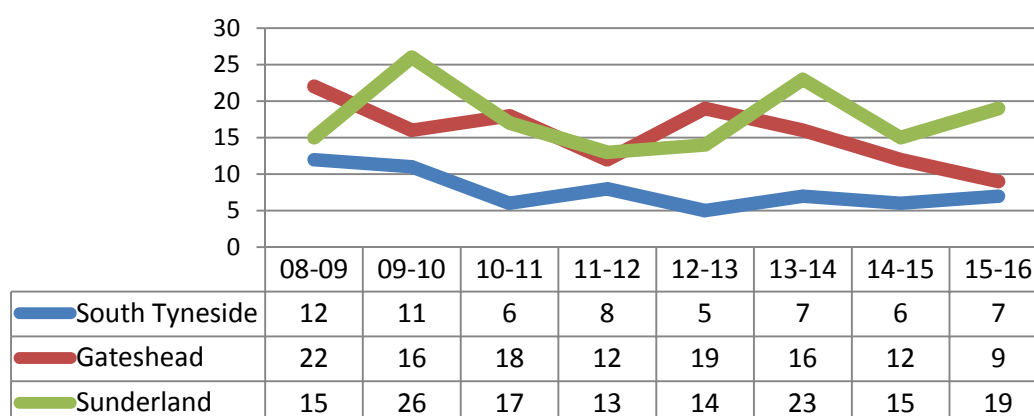
In the South of Tyne sub region the SSCB works with the Local Safeguarding Children Boards (LSCBs) for South Tyneside and Gateshead to form a single South of Tyne (SoT) Child Death Overview Panel (CDOP). Each locality has established a Local Child Death Review Group which reports directly into the CDOP and to the relevant LSCB. During 2015-16, the SoT CDOP was chaired by the Director of Public Health for Gateshead. The panel will be chaired by the Director of Public Health for South Tyneside in 2016-17.

There have been 18 child deaths in Sunderland between April 2015 and March 2016. This is a similar position to previous years. The deaths are categorised below:

- 8 Neonatal
- 4 Expected
- 6 Unexpected

1 additional case was notified to CDOP, but this was then re-classified as a still birth so does not fall within the CDR process.

The data is examined across the three local CDOP panels south of the Tyne.



Of the 3 areas Sunderland has had the highest level of deaths for the last 3 years. SOTW CDOP identified 'modifiable factors' in 17% of all completed cases. Modifiable factors are defined as 'one or more factors, in any domain, which may have contributed to the death of the

<sup>8</sup> Modifiable factors are defined as 'one or more factors, in any domain, which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths.'

child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths’.

The highest percentage of cases with modifiable factors present was within the Sudden Unexpected Deaths category with 59% of deaths having modifiable factors present. Deliberately inflicted injury, abuse or neglect is next highest at 50%, but there have been less than 5 deaths in this category during 2008-16. 5 of the deaths in 2013-2014 became serious case reviews and the final SCR reports for each of these deaths were presented to CDOP to ensure learning can be embedded.

Timeliness of the child death review process has improved significantly with the majority of cases since 2014-15 being completed within 6-12 months of the child’s death. Those that have taken over 12 months to complete have been delayed by other processes, i.e. availability of post mortems, inquests, hospital mortality reviews, criminal investigations or SCRs. The LCDRP and CDOP are continuing to monitor the impact of parallel processes on the time taken to complete reviews.

Overall the findings show that the pattern of child deaths seen locally reflects those identified in regional and national findings; the largest proportion of deaths are associated with premature birth and males account for the majority of all deaths. The majority of modifiable factors identified by CDOP are in relation to known risk factors for Sudden Infant Death Syndrome, as identified in previous years, and are subject to ongoing work by CDOP and local health agencies.

Actions undertaken/Learning shared following reviews include:

- Awareness raising around the known risk factors affecting infant mortality, Parental Smoking, bed sharing etc.
- Concerns around the limited availability of neonatal beds which has been raised with the regional neonatal network
- Partner agencies have been reminded of the importance of attending pre-birth strategy meetings and Child Protection Conferences
- Dangers of blind cords to children has been included in birth information packs
- Regional Units have been reminded that there should always be a planning meeting before the discharge of vulnerable infants. For very vulnerable families these should be carefully planned with prior notification of all community services known to be involved in caring for and supporting the family
- North East Ambulance Service requested to make paramedic crews available to attend Rapid Response/Case discussion meetings where ever possible
- SoT CDOP have reviewed their procedures around how parents are included in the process

### Serious Case Reviews (SCRs) and Local Learning Lessons Reviews (LLRs)

LSCBs are required to have a Learning and Improvement Framework and have a culture of continuous learning. In addition they are required to ensure that learning from the detail of serious child care incidents to improve practice and reduce the likelihood of these types of incidents happening again.

Between April 2015 and March 2016 there were five serious incident childcare notifications made to Ofsted that led to Serious Case Reviews in Sunderland. These cases related to two babies, two teenagers and one family of eight children. One of these cases was identified by Ofsted during the Inspection in May 2015. Of these one baby had died and the remaining children had been seriously harmed. In addition, the SSCB undertook two Learning Reviews into the circumstances of two other babies.

The SSCB published three SCRs in 2015 – 2016 which were all in respect of babies who had died or been seriously harmed. The learning from these SCRs includes:

- Safeguarding children and young people is dependent on effective communication between agencies
- The importance of timely, good quality, robust, assessments
- Professional challenge is everyone's responsibility
- Management oversight is central to supporting critical thinking, challenge and good assessment in multi-agency work

Parallel processes in relation to the death and/or injury of these children such as coronial processes and criminal proceedings caused delays in engaging with key family members and subsequently in publishing reports during 2015-2016. However work has been undertaken to embed the recommendations and the Learning and Improvement in Practice Sub Committee has scrutinised this process.

Despite these delays, the SSCB has monitored the implementation of the action plans from all of these reviews and provided challenge to agencies that have not robustly implemented their action plans. The SSCB has included impact statements in the SCR reports it has published in 2015 – 2016. There is some evidence of the learning improving practice:

- Reviewed and re-launching the Resolution of Professional Differences procedure
- Identifying multi-agency audits to be included in the SSCB Audit Cycle for 2015 – 2016
- Launched a procedure and prompt sheet to support staff to work effectively with parents who are resistant, hostile and uncooperative. Consultation with staff confirmed that the prompt sheets did have the required impact on staff
- The SSCB used the Section 11 audit process for agencies to self-assess their internal learning and improvement processes. This included assessment around if the agency used learning from all reviews/audits to develop service deliver. The SSCB is planning to undertake a staff survey in Autumn 2016 to triangulate the findings with the Section 11 audit findings in 2016-2017. This will give the Board a more accurate overview of the impact of the extensive improvement work across the safeguarding system as a whole
- The SSCB Unborn Baby procedures have been strengthened and a multi-agency audit of the instigation of pre-discharge meetings for babies (where appropriate) is to be undertaken in 2016-2017. This will measure the impact of the procedural changes focusing on both compliance and the quality of work undertaken
- The SSCB Threshold Guidance has been strengthened as part of the development of the SSCB Early Help Strategy. Analysis of performance information has identified

that these two frameworks have not significantly impacted to improve outcomes for children. The SSCB is therefore undertaking a further review of both documents, establishing a joint framework for dissemination of information as a mechanism to fully embed the changes in practice required. The impact this has will be measured through the planned multi-agency audits for 2016-2017 on referrals to Children's Social Care, the robustness of the Step Up/Step Down procedures and the quality of early help where domestic violence is a risk

There is still a significant amount of work to do to fully embed the learning and to be able to evidence the impact of this work. This is a priority area of work for 2016-2017.

### **Managing Allegations against Professionals**

The revised framework for the management of allegations of abuse is set out in Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2015) and in Keeping Children Safe in Education: statutory guidance for school and colleges on safeguarding children and safer recruitment (2015).

The Annual Report of the Local Authority Designated Officer (LADO) 2015-2016 was presented to the Board in July 2016. In 2015-2016 the LADO service received 185 referrals from 15 organisations<sup>9</sup>. This represented a marginal increase of 3 additional referrals from the previous year. Direct comparisons of referral numbers against other LA's is problematic given that there is no national statistics available on LADO enquiries to each authority.

School holidays continue to represent the months the LADO service receives its lowest amounts of referrals. This correlates with the collective education profession being the predominant referrer into the LADO service.

2015-2016 saw a rise in the referrals for secondary education from 31 to 44, and foster carers from 35 to 40 referrals for the second year in a row. However, it was the 'Other' reporting group which had the biggest increase from 27 to 45 and this category includes; sporting organisations, after school clubs, youth clubs, and GP's. Referrals involving primary schools, nursery schools and health professionals were all reduced in 2015-2016.

Allegations of physical abuse continues to be the main category of abuse for referrals into the LADO service accounting for half of the total number of referrals at 92 cases which is 50% of the total number of referrals in 2015-2016. This year has also seen a significant increase in the number of referrals for emotional abuse from 10 in 2014-2015 to 44 referrals in 2015-2016. This coincides with a rise in the cases categorised under emotional abuse within the Child protection arena. At the same time there has been a reduction of 17 referrals in relation to other forms of concern from 30 to 13. This could be as result of overall better identification of categories of abuse and subsequent naming of the category of concern by the referral population in Sunderland. A significant number of referrals led to no further action

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<sup>9</sup> The LADO Annual Report 2015-2016

## Private Fostering

It is the duty of the Local Authority to satisfy itself that the welfare of children who are, or will be privately fostered within their area are satisfactorily safeguarded and promoted. Working Together to Safeguard Children 2010 set out a policy and procedural function for the LSCB in relation to private fostering. The LSCB role includes monitoring and quality assurance and to ensure that public awareness is raised about private fostering.

This Ofsted inspection found that Private Fostering arrangements in Sunderland did not meet statutory requirements. The local authority accepted that insufficient work was being done to promote awareness of private fostering across Sunderland. A small number of young people had been appropriately identified as privately fostered but there were considerable delays in the completion of assessments of the circumstances. Assessments that were completed were of poor quality.

The Private Fostering Annual Report 2014 – 2015 was presented to the SSCB in July 2015. The report identified that there were only 3 private fostering arrangements notified to the local authority with another 2 ending recently as the young people had turned 16. This is quite a low number for an authority the size of Sunderland. The report did identify areas of improvement made in relation to private fostering by the Local Authority from April 2014 to March 2015m which included:

- A strengthened performance management process to ensure that those children who are privately fostered are visited and that their assessments are completed in a timely manner
- The council and SSCB websites were updated and all key partners' including health, school nurses, health visitors etc.
- A new leaflet and poster about private fostering was developed and shared with partners to display in schools, GP surgeries, hospital waiting areas etc.
- An advert was to be put in all of the Customer Service Centres, Gentoo housing offices and GP surgeries, mosques and other public venues
- The school admission service included a question about whether a child is privately fostered on their admission form and it was included in the governors handbook
- Sunderland Children's Safeguarding Service commissioned an advocacy service and children who are privately fostered are made aware that they are able to access this service

The report recognised this low number and also highlighted work that was required to improve the recognition and support offered to children and young people who are privately fostered. These areas for improvement were to be achieved by September 2015 and reported to the SSCB in 2016 are outlined below:

- Information leaflets about Private Fostering to be shared with partner agencies for public display (e.g. police, Schools, GP Surgeries, Children's Centres, churches, community hall, mosques and other public venues)
- All education settings are required to have a copy of the Private Fostering poster which should be displayed in their foyer



- Review the Private Fostering procedures
- Raise awareness training workshop with staff and partners
- Health staff to seek information from adults accompanying a child to Accident and Emergency attendances to establish who has parental responsibility for the child
- Access to Advocacy Service to be embedded
- Target audits to be put in place to monitor quality of practice as well as compliance with procedures
- To request the school admission service to include a question about whether a child is Privately Fostered on their admissions form
- Improving data collection focusing on the effectiveness of the Private Fostering Arrangement
- Consider adding to data collection a question about how notifications/referrals were first made and categorising the young person by reason for placement
- Identifying high and low risk groups
- Schools being required to clarify the number of children not living with their parents as part of the admissions process and annual returns
- Publishing annual reports on SSCB website
- Better targeting at 'raising awareness' work with emphasis on key contact points
- Make regular contact with language colleagues
- Capturing the views of the children and young people to inform service development by implementing a questionnaire for children and young people to complete.

Whilst the service recognised that the notifications about privately fostered children continue to remain low, the launch of the new leaflets and posters and workshops was anticipated to improve identification and notification of private fostering arrangements in Sunderland. Progress with and the impact of this improvement work will be scrutinised when the Board receives the Private Fostering Annual Report 2015-2016.

### Children and Young People who are Looked After

By May 2015 the number of children and young people looked after was 586 which was an increase of 20% or 96 children and young people since March 2014. This represented a rate of 107 per 10,000 children in the population, almost double the England average of 60 and above the average of 84 in similar councils. A high number of these children were looked after under voluntary arrangements and:

- Only a small number of 'connected persons' placements were previously approved as foster care arrangements which means some children remain in placements that may not be appropriate for their needs or may not even be safe
- Inspectors found a small number of cases where children have remained in family placements after a temporary approval has been ended due to the unsuitability of carers
- Some children have remained at home in harmful or potentially harmful situations for too long before becoming looked after
- Over half (52%) of looked after children are accommodated under Section 20 of the Children Act 1989, almost double the national average of 28%
- When children do become looked after, they are often unable to develop trusting relationships with their Social Worker because of frequent staff changes
- Children wait too long to be placed with permanent carers and to achieve legal security
- The Local Authority has lost the confidence of the family courts

- When children return home from care, the Local Authority does not always ensure these decisions are underpinned by assessments that demonstrate risks have been addressed, or provide sufficient on-going support and monitoring
- There is limited evidence that challenge by Independent Reviewing Officers (IROs) leads to sustainable improved outcomes for these children
- There is insufficient placement availability and choice
- Increasingly children are being placed outside the city and placement stability is deteriorating children looked after and care leavers receive prompt and effective services that reflect their identified need

The Local Authority began auditing these cases from February 2015 and initially progress was slow but by the end of Quarter 4 the number of Looked After Children had been safely reduced to 544 (97/1000). Following this review the percentage of Looked After children accommodated under voluntary arrangements had also been safely reduced to 38.1% by end of Quarter 4. These concerns were addressed by the Local Authority implementing new systems to improve practice in these areas. The monitoring visit from Ofsted IN 2016 noted significant progress.

Performance Reports to the SSCB in 2015/16 and early 2016/17 have identified the following:

- Improved performance to Looked After Children whose future was secured legally by either a care order or interim care order to
- Improved performance in statutory reviews being held in timescales
- Improved performance in Looked After Children having a Personal Education Plan (PEP)
- Best performance was achieved for the percentage of statutory visits which had improved to 96%

Unfortunately the following areas of performance did not improved:

- Percentage of children and young people living outside of Sunderland's boundary  
In addition, the data around health assessments of Looked After children remains challenging due to failures to record activity on the electronic system.

Reassuringly the Ofsted Monitoring visit into LAC in the summer of 2016 noted that there had been significant progress made.

### **Multi Agency Looked After Partnership (MALAP)**

In 2014, the MALAP ceased operating as Children's Services had brought in a 'Getting to Good' Panel for looked after children. This failed to embed into the partnership structure at this time and the MALAP was resurrected in 2015 but did not start to work. As a result of partner concerns around the lack of progress of the MALAP, the SSCB decided it would become a subcommittee of the SSCB. Ofsted were concerned about this step. Following these concerns highlighted by Ofsted, the SSCB decided that it was no longer appropriate to have MALAP within its structure however once re-established the SSCB would provide more robust scrutiny of the MALAP. The Chair of the MALAP reported into the SSCB on a six monthly basis in 2015 -2016.

### **Corporate Parenting Board**

Corporate Parenting is the term used to refer to the collective responsibility of the Council to provide the best possible care and protection for children who are looked after. The Council as a whole is the corporate parent and councillors have key role to play in ensuring that children are well looked after and that they achieve their full potential.

The Local Authority (Council) has a strategic responsibility for Looked After children as documented in legislation and national and local guidance. The Children Act 1989 places a duty on Health, Housing, Education and Social Care as a minimum, to work together to improve outcomes for Looked After Children. This was strengthened by the Children Act 2004, which places a statutory duty on local authorities to promote the educational achievement of looked after children.

The Corporate Parenting Board in Sunderland meets on a quarterly basis and it has a work plan with the focus of improving the outcomes for Looked After Children. The Corporate Parenting Board scrutinises performance reports which outlines performance on placements, reviews, adoption, care leavers and offending and where possible a regional and national comparator.

### **Missing, Sexually Exploited and Trafficked (MSET)**

With regard to the SSCB, the inspection found that the board's Missing; Sexually Exploited and Trafficked (MSET) subcommittee did not provide the strength of leadership or scrutiny necessary to support a robust and effective multi-agency response to missing children and those at risk of child sexual exploitation. The inspection also evaluated the findings of the review commissioned by the Council and concluded that the review "identified an approach to child sexual exploitation that is seriously underdeveloped and not currently capable of safeguarding young people".

The SSCB developed a CSE Delivery Plan for 2015 – 2016, which ran in parallel with the plan from the review undertaken in March 2015. A self-assessment undertaken in 2016 has identified good progress has been made in delivering the plan, and that services to prevent, disrupt, or intervene in situations where a child is at risk from or involved with CSE are significantly strengthened and improved although there is still a considerable amount to do. Learning from two recent SCR's has identified key issues that are now being addressed.

More than 500 delegates attended the North East's first Child Sexual Exploitation Conference, hosted by Northumbria Police and Crime Commissioner, Northumbria Police and Gateshead, Sunderland and South Tyneside Local Safeguarding Children Boards (LSCBs).

The conference formed part of Northumbria Police's Child Sexual Exploitation Week of Action, which covered issues including human trafficking, cyber-crime and the night-time economy.

### **Performance Management and Quality Assurance of Safeguarding Services in Sunderland**

The second objective of an LSCB is to ensure the effectiveness of multi-agency working to safeguard and promote the welfare of children and young people. The Inspection in 2015 found that performance management was a particular weakness of the board and Ofsted concluded that the board was not monitoring and evaluating the effectiveness of agencies in safeguarding and

promoting the welfare of children. Taken alongside the unreliable nature of much of the data and the lack of multi-agency audits, this lack of oversight means that often poor and uncoordinated safeguarding services are not receiving sufficient scrutiny and challenge of their quality and impact.

As part of the Board's improvement work in 2015, the SSCB approved its Quality Assurance and Performance Framework in July 2015. The Framework focuses on "outcomes" and the impact of services on the lives of children and young people in Sunderland. The purpose of the Framework is to enable the Board and agencies to:

- Have a planned approach in scrutinising and challenging the quality and effectiveness of their services through self-assessment
- Performance monitor safeguarding outcomes for children and young people
- Have single and multi-agency plans that are informed by need, identified by national and local safeguarding data and information
- Learn from reviews, audits and any other learning and improvement activity to continuously improve in accordance with LIP framework.

The Framework has elements which support performance being measured at 3 levels which are:

SSCB – How effective/efficient is our Board?

Individual agencies – How effective/ efficient are individual agencies in safeguarding children and young people

Children and young people – Outcomes/impact

Performance will then be measured by 3 types of performance:

Quantity - 'How much did we do'?

Quality – 'How well did we do it'?

Outcome/Impact – 'is anyone better off – so what'

Work to develop this framework was slow in 2015/16 but has rapidly improved more recently and an agreed framework will be in place by March 2017.

## **Section 11 Duty to Safeguard' Compliance**

Section 11 of the Children Act 2004 puts a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have the regard to the need to safeguard and promote the welfare of children. In addition, this section of the act requires LSCBs to ensure that organisations have safeguarding arrangements in place which are overseen and evaluated by senior managers etc. The Ofsted inspection of the SSCB in 2015 found that the SSCB had not done enough to evaluate how effectively agencies are keeping children safe or hold partners to account for their practice which included not undertaking a Section 11 Audit.

A self-assessment of statutory partners' compliance with Section 11 responsibilities was started in April/May 2015. A random sample of evidence of compliance was undertaken in respect of all Board agencies by members of the Quality Assurance Sub-Committee.

The findings of the Section 11 Audit as reported to the Board in January 2016 highlighted:

- All agencies had demonstrated an acceptable level of compliance
- Some agencies demonstrated a significant level of compliance with Section 11 of the Children Act 2004

Key improvement areas identified by partners resulting from the Section 11 audits included:

- Ensuring staff are fully trained to enable them to recognise safeguarding issues
- Having a robust allegation management policy in place
- External single agency safeguarding training to include children with disabilities
- Some cross boundary agencies such as Northumbria Police are required to complete a Section 11 Audit tool across more than one LSCB area. Further work needs to be undertaken by LSCBs who “share” agencies to minimise duplication of work - as a result of this finding Sunderland, Gateshead and South Tyneside LSCB’s are completing a sub-regional Section 11 Audit for 2016-2017 to minimise duplication and to streamline the process for agencies who cover more than one LSCB area
- Commissioned services working on behalf of Sunderland Council have to demonstrate compliance with Section 11 of the Children's Act 2004. This includes having a safeguarding children procedure/policy that meets the minimum standards set by the SSCB
- The Business Unit works with the council commissioning service to ensure the requirements of Section 11 are met by commissioned services
- Some schools and education services completed the Section 11 audit tool in 2015 – 2016 instead of a Section 175 Education Act 2002 audit tool. This is a key area of development for the SSCB in 2016 – 2017 where there will be a Section 11 audit for Board Members and a Section 175 audit tool for schools and education settings which will reflect the changes in the statutory guidance, Keeping Children Safe in Education (September 2016)

## Summary and Whole System Analysis

In order for the SSCB to demonstrate compliance in respect of evaluating the effectiveness of the safeguarding System in Sunderland, the following questions provide a clear framework:

1. Are we doing the right things?
2. Are we making sufficient progress?
3. Are we managing risk appropriately and safely?

### Are we doing the right things?

The SSCB was inspected in May 2015 as part of the inspection of Children’s Services in Sunderland. The review of the effectiveness of the SSCB concluded that it was inadequate because it was failing to meet its statutory duties and did not provide effective oversight of all areas concerned with children’s safeguarding as required by statutory guidance.

Ofsted concluded that the SSCB “has not done enough to evaluate how effectively agencies are keeping children safe or hold partners to account for their practice. It has not provided sufficient

leadership and coordination with regard to key priorities including children who may be at risk of sexual exploitation, those who go missing and those who live in homes where domestic abuse is a problem.”

The board had not undertaken a multi-agency practice audit for over a year. It had not therefore monitored the effectiveness of local arrangements to safeguard children as required under statutory guidance.

Ofsted acknowledged that an experienced independent chair, appointed in September 2014, had comprehensively reviewed the membership, structure and priorities of the Board which would come into effect in April 2015 and there was a commitment at senior leadership level to improving the effectiveness of the board. However, while accepting that there had been considerable development work undertaken the improvements had not so far shown a significant impact in ensuring that the LSCB was fulfilling its statutory functions.

Relationships with other statutory boards were not clear which meant that the SSCB had limited influence and impact on ensuring that children’s safeguarding issues were prioritised across other key partnerships such as the SSAB and HWBB. At this time the Children’s Trust had been repositioned to become a Children’s Trust Board and was sitting as a Sub-Group of the HWBB. Despite this, the Children’s Trust Board was not functioning effectively and the CYPP was not being progressed. Following the appointment of the Children’s Commissioner, Children’s Services was removed from the people Directorate and an Interim Director of Children’s Services was appointed. This Director began the process of establishing the Children’s Strategic Partnership.

As the SSCB had not established clear links between different planning documents it didn’t have clearly defined priorities or expectations about the quality of services for children in Sunderland against which it could hold agencies to account.

Ofsted found that the SSCB’s limited resources had been overwhelmed with the challenge of undertaking 10 serious case reviews (SCRs) in two years, which meant the Board did not have adequate capacity to undertake other activity. In addition, performance information reported to the SSCB was concluded to be insufficient to allow partners to scrutinise and challenge performance.

Representation by Children’s Services at sub-committees of the board had been inconsistent because of both poor attendance and staff turnover. Partners express exasperation at what they see as a lack of commitment and capability at middle management level within Children’s Services.

The SSCB implemented an SSCB Ofsted Improvement Plan following based on the recommendations from the inspection as outlined below:

1. Ensure full board approval of agreed priorities and action planning
2. Ensure that the board is able to effectively monitor the quality and impact of services for children across the partnership
3. Accelerate implementation of an early help strategy, ensuring that it is consistent with the ‘multi-agency threshold guidance’ document and then monitor its effectiveness

4. Review multi-agency training to ensure it supports and promotes front line practice and is able to respond to demand following the imminent publication of a high number of Serious Case Reviews (SCRs); then ensure lessons are learnt and improvements embedded
5. Agree with partner local authorities on Child Death Overview Panel (CDOP), a coordinated response to the high number of SCRs awaiting publication
6. Ensure that multi-agency arrangements for the oversight of children missing and at risk of sexual exploitation or trafficking are driven by effective information sharing, performance monitoring, and action planning and are strategically coordinated and monitored by the board
7. Review the resources available to undertake the governance of Multi-Agency Looked After Partnership (MALAP) to ensure a sufficient focus

### Are we managing risk appropriately and safely?

Assessing and managing risk is a key responsibility in safeguarding children and young people and the LSCB has been absolutely clear that this must be maintained appropriately and safely during the period of 'whole system change' and accompanying restructuring being undertaken by many partners. The LSCB has considered the following factors in assuring itself that practice and multi-agency working is appropriate and safe:

Findings from external inspections:

- Sunderland Local Authority was judged to be inadequate by Ofsted in July 2015
- The Care Quality Commission inspection of STFT in 2015 found that the overall rating for STFT services was 'requires improvement' for 'safe'
- Her Majesty's Inspectorate of Constabulary an inspection on the experiences, progress and outcomes for children who need help and protection, a number of areas for improvement were found and an action plan is being progressed
- The majority of schools, child minders and day care settings inspected by Ofsted in 2015-2016 were judged to be 'outstanding'

Partner compliance with statutory duties to ensure arrangements are in place to effectively safeguard and promote the welfare of children and young people:

- The Section 11 audit undertaken by partners represented on the Board indicated improved compliance since the previous audit in 2013

Findings from Audits

- The SSCB developed and implemented the SSCB audit process in 2015 -2016 but undertook limited multi agency audits in that year
- The neglect audit undertaken was completed at a time when the neglect category for child protection plans was at 80% and identified that the category of neglect was being used inappropriately when domestic violence was a factor in the case. This audit also

identified that multi agency professionals were not complying with the SSCB procedures in that they weren't making recommendations on the need for a child protection plan in their reports to initial child protection conferences

## Conclusions

A review of the information and intelligence considered by the SSCB throughout 2015-2016 and analysed through the annual review process suggests that overall the direction of travel is appropriate, and progress is being made to realise partnership objectives and that change is being managed carefully and safely.



## Appendix 3

### Key Findings of the Interim Chair's Diagnostic Report

#### Conclusions:

The Board has made progress in the last year and has some strengths to build on. Whilst it has changed and improved in many ways and in particular in terms of Child Sexual Exploitation (CSE) it lacks impact or effectiveness, is at times incoherent, unfocussed and is overburdened by process. Despite a lot of hard work and high levels of commitment from some key players the Board is still unable to effectively scrutinise safeguarding practice although it has made progress towards being able to do so. The Board needs focus direction, simplicity and drive, led by a strong chair.

#### Next steps:

1. A new vision should be agreed, as well as a set of “obsessions” against which to measure progress finalised.
2. Priorities for action are to:
  - a. Simplify our strategic and business plans and create focus, direction and drive, based on the Board's new obsessions and revised strategic priorities
  - b. Secure and implement a new refreshed performance data set, based on the three obsessions and outcomes, supported by a simplified quality assurance plan focussed on the two areas of greatest concern (threshold compliance and early help)
  - c. Revise the Board's governance arrangements, functions, systems, processes and structures to create a board that is agile, fit for purpose, focussed and effective
  - d. Appoint a new Chair with leadership skills, a strong knowledge of children's services, the ability to challenge others, the ability to make and maintain good relationships, to influence strategic partnerships and clear independence from all partner agencies
  - e. Engage with children, young people, families and communities, and frontline services and staff
3. The Board also needs to
  - a. Establish standards and clear expectations of member behaviour and values
  - b. Publish the delayed SCR's and complete those that are outstanding, and embed the learning
  - c. Review, revise and redevelop a multi-agency workforce development, learning and improvement strategy and work to embed practice improvement and change across all agencies
  - d. Work with the Improvement Board and senior system leaders to create a partnership landscape which is coherent and clear
  - e. Review and revise the threshold tools and referral requirements at the front door

- f. Contribute to the development of a coherent early help strategy and ensure its implementation makes a difference
- g. Initiate a new relationship with schools and establish clear expectations and neglect as well as review progress on the “toxic trio” priorities them as well as the support available to them
- h. Develop new ways to engage with frontline practitioners and community stakeholders
- i. Continue to work on the CSE and Vulnerable groups work streams, speed up work on vulnerable babies, and review progress on the toxic trio (mental illness, substance abuse and domestic violence) priorities

## Appendix 4

### **Proposals for Transformation of the Board** (*changes following consultation*)

#### **Rationale for change:**

- Being ambitious for Sunderland's children and young people
  - Recognition we are not making the difference we should or delivering our objectives or functions well enough
  - SIMPLE is best – we are currently not at all simple
  - Best use of limited resources
  - Ofsted Report of July 2015
  - Interim Chair diagnostic of July 2016
  - Woods Review of 2016
- 
- **Proposal 1:** The Board is designed to fulfil its two statutory objectives
    - Support the coordination of what is done to safeguard children and promote their welfare
    - Monitor the effectiveness of what is done to safeguard children and promote their welfare
    - *And is immediately de-coupled from joint arrangements with the adult safeguarding board*
  - **Proposal 2:** We adopt a simple model of practice and behaviour for all aspects of our work in every part of the Boards structures.

We are suggesting a very simple set of proposals designed to ensure we make sense of the complex systems we are part of, and can deliver what we need through a culture of behaving

- Responsively
- Simply
- Collaboratively
- Transparently
- Respectfully
- Responsibly
- Purposefully
- Effectively

#### **Board Functions**

- Strategic leadership and governance
- Prioritisation and Business Planning
- Annual report

- Challenge to agencies and each other
- Influence on agency and multi-agency strategic design, delivery and commissioning activity
- Assurance cycle oversight
- Risk management
- Compliance
- Budgetary oversight

#### **Learning and workforce development programme board functions**

- Participation and voice
- Application of learning from practice reviews, SCR's, CDOP, quality assurance activity and learning reviews
- Use of research and evidence based practice
- Engagement activity, communication, campaigns etc.
- Agency training curriculum standards and content oversight
- Specific multi-agency training offers
- Workforce development strategy and oversight of delivery
- Practice impact assessments and evaluation
- Board development and training
- Development of new work on specific vulnerable group priorities etc.
- Policies, procedures, practice models and tools

#### **Performance and quality assurance programme board functions**

- Performance management, evaluation and analysis
  - Trend analysis, bench marking, exception analysis
  - Quality assurance, auditing, and audit cycle
  - Assurance activity: S11/S175/DILO/Chair's Audits/Peer Challenge/Practice deep dives/surveys and questionnaires
  - Participation and engagement activity – practitioner challenge and engagement
  - Support to specific interest groups
  - Impact assessments
  - Oversight of reviews, peer reviews, challenge activities, SCR's etc.
  - System monitoring and system effectiveness
  - Action tracking and impact assessments
  - System mapping and needs assessments
- **Proposal 3:** The key strategic senior leaders sit on a small board of no more than 10
  - **Proposal 4:** The Board has two programme boards, responsible for delivering the two Statutory Objectives of the Board, with the relevant functions of the Board split between them – the Learning and Workforce Development

## Programme Board and the Performance and Quality Assurance Programme Board

### Which partners where?

- Board
  - Independent Chair
  - Northumberland Police x1(Borough Commander)
  - Sunderland City Council x 1 (CEO)
  - New company x1 (CEO/DCS)
  - CCG x1 (CEO)
  - NTW NHS FT x 1 (CEO or Exec Director)
  - STFT x 1 (CEO or Exec Director)
  - City Hospital x 1 (CEO or Exec Director)
  - Gentoo
  - Lead Member (participant observer)
- LWD and PQA Programme Boards
  - Police
  - LA
  - New company
  - YOT
  - Range of relevant NHS staff
  - National Probation Service and the Community Rehabilitation Company
  - CAFCASS
  - Designated Nurse and Dr
  - Public Health
  - Lay members
  - Young advisers (when recruited)
  - Voluntary sector representatives
  - Education representatives
  - Relevant agency advisers and professionals with PQA, engagement and performance analysis skills
- **Proposal 5: We adopt programme methodologies and do the majority of our work through task and finish groups and project groups, which are flexible, time limited, appropriately led and supported, focussed and timely**
- **Proposal 6: we engage with our stakeholder groups through a range of stakeholder forums – e.g. cluster forums for school DSL's supported by the learning and workforce development programme board**

We plan to engage with school leaders during the spring term to debate and discuss how and where best to involve schools and engage with them as a Board with a view to agreeing how and where in the new arrangements schools are represented within the new board arrangements as well as how best to develop local school safeguarding networks or forums

- **Proposal 7: The “new Board” reviews and redesigns its strategic partnership relationships, and formal protocols and structures during the transition period (January-March 2017) *through a Transformation Steering Group***
- **Proposal 8: The accountability for the Strategic CSE sub group programme of work transfers to the Children’s Strategic Partnership with assurance and challenge provided by SSCB *at a point to be agreed during 2017/18*. The accountability for the delivery of an Early Help programme of work rests with the CSP too, again with assurance and challenge provided by SSCB. Accountability for the local CDOP rests temporarily with SSCB until the formal date of transfer supported primarily by the CCG *unless regional partners agree to stop requiring local as well as regional CDOP arrangements***
- **Proposal 9: SSCB agrees a coordinated programme of scrutiny priorities and activities with the Council Scrutiny Chairs**
- **Proposal 10: the Police and CCG in discussions with the LA CEO, consider whether they would be open to hosting the Business Unit or whether in their view the Unit should be supported by the LA CEO’s directorate and reach agreement as soon as possible *agreement in principle to retain the hosting arrangements in the council but transfer the unit to the Chief Executive***
- **Proposal 11: The CEO of the LA with the Chief Constable, the CEO of the CCG and the DCS *meet to agree the proposals subject to final Board sign off and then through the transformation steering group*, negotiate and agree a new job description, number of hours and remuneration package with a view to going out to recruit in November *January 2017***
- **Proposal 12: The LA, CCG and police agree a formula for contributions which as a minimum matches the national average (60:30:10) *between January to March 2017 based on the same funding envelope but a new distribution of contributions***
- **Proposal 13: Finance officers for the three key partner agencies review and rebuild a new Board budget and recommend, depending on the outcome of proposal 10 which agency should act as the budget holder *the Local Authority***

- **Proposal 14: The LA, CCG and police agree a new staffing structure, job descriptions, and remuneration arrangements in line with the proposed structure *during December 2016/January 2017***

## **TIMESCALES**

- **Consultation: October – November 2016**
- **Chair's role agreed and advertised November 2016 *January 2017***
- **Final Proposals agreed *in principle* December 2016 *and signed off by the Board February 2017***
- **New hosting arrangements from December 2016 *April 2017***
- **HR and Finance consultations etc. January-February 2017**
- **Appointments to new posts February – March 2017**
- **Shadow governance structures in place January 2017**
- **New arrangements begin April 2017**