Wolverhampton Safeguarding Together Independent Scrutiny Report

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1.0   SUMMARY

1.1   The Covid-19 pandemic presented challenge on a pace and scale not previously seen. Following the outbreak and the imposition of a national lockdown in March 2020, the Executive Group of Wolverhampton Safeguarding Together (WST) made the decision to temporarily pause its partnership workstreams and instead establish a Covid-19 Response Group, whose aim was to ensure that essential safeguarding services continued to be delivered through the adoption of temporary, operating models across the partnership.

1.2   Membership was made up of statutory and non-statutory partners from several agencies, the vast majority of whom held leadership roles. Governance was through the WST safeguarding Scrutiny and Assurance Coordination Group who in turn were accountable to the WST Executive Group.

1.3   Terms of Reference were agreed (Appendix 1) and initially the partnership met weekly. All members were asked to complete a Temporary Operating Model document (Appendix 2) which enabled any changes in statutory functions to be identified and responded to collectively. An action plan was put in place and Key Performance Indicators (Appendix 3) set and agreed upon. A communication plan was approved, and a Covid-19 Risk Register created to manage any risks specific to the pandemic. Review of the minutes of the Response Group in April 2020 indicate that whilst a risk register had been completed in children's services, it wasn't until the end of April 2020 that adults at risk were incorporated. The action plan and risk register were reviewed regularly and updated accordingly.

1.4   The Covid-19 Response Group became the forum where safeguarding issues, risks and emerging themes were discussed and actioned. The group continued to meet virtually during lockdown, detailed minutes were recorded, and lead officers allocated to each action. In July 2020 following the easing of restrictions, the decision was made by WST to move towards a recovery transition plan. The Response Group became the Recovery Group under new Terms of Reference (Appendix 4) to oversee and provide assurance that statutory responsibilities were being responded to effectively, and emerging areas of risk were identified in a timely way.

1.5   During the response period and following the end of the first lockdown in June 2020, WST and the Executive were concerned that an increase in face-to-face contact would lead to a surge in safeguarding referrals, placing additional pressure on agencies who were already heavily impacted by the pandemic. It was decided to endorse a task and finish group to seek assurance from all partners that organisations had plans in place, to ensure that the welfare of children and adults at risk was prioritised and not negatively affected. A document containing six key questions was sent to partners and disseminated widely to include Black Country Services (Appendix 5).

1.6   The overall findings were that partners had taken the necessary steps to increase support where needed and safeguarding services were available to those that needed it.

1.7   In January 2022, following the outbreak of the Omicron variant the Department for Education (DfE) wrote to each partnership board to seek assurance that their existing Covid-19 plans, and safeguarding arrangements reflected the level of risk and harm being faced by children and young people in each local area. As WST is an integrated partnership, assurance was also sought that plans were in place for adults at risk too. The Covid-19 Response Group was re-convened, and a programme of assurance work undertaken with partners and non-partners across the city.

1.8   The outcome of this work, (set out in a report to the WST Executive on 17 February 22), did not identify an increase in referrals for children or adults across the localities or highlight any significant concerns.

1.9   In addition to the assurance activity undertaken by partners, Wolverhampton Safeguarding Together made the decision to commission independent scrutiny to undertake an assessment of the Covid-19 Response and Recovery Groups, to provide assurance about the overall effectiveness of the multi-agency safeguarding arrangements throughout the pandemic. (Appendix 6)

2.0   METHODOLOGY

2.1   Semi-structured interviews were undertaken with a total of seventeen leads, the majority but not all of whom were partners within Wolverhampton Safeguarding Together. A further ten operational front-line staff formed part of a separate focus group. Those who were invited but not able to attend for interview, were asked to contribute via e-mail to a set of structured questions (Appendix 7). All Response and Recovery Group minutes were reviewed, along with two Assurance reports and a Response Group closure report which had been commissioned by the Executive Group. Action plans were reviewed as were the Key Performance Indicators reported on during the pandemic. Two focus groups with operational and frontline staff were convened, but only one group was attended. There was no direct conversation with those with lived experience, nor were all agencies represented during discussions with front-line staff. The evidence reviewed however did consider a broad scope of views across several areas of practice and was able to reflect on how WST Safeguarding arrangements were likely to impact on children and adults at risk.

3.0   WOLVERHAMPTON SAFEGUARDING TOGETHER

3.1   Wolverhampton Safeguarding Together is an integrated partnership, arrangement of statutory safeguarding partners and organisations who work with children and adults at risk, to keep them safe. The partnership is an established one and has in place governance and scrutiny arrangements that include regular audits, performance, and quality data and engagement pathways, that ensure the voices and lived experience of children and adults at risk are heard.

3.2   It is this partnership which proved key to supporting the arrangements that were adopted during the pandemic, which allowed colleagues and agencies to come together to collaborate at a pace not previously seen. Through the production of revised operating models and action plans, robust processes were created that were able to provide assurance that organisations and their workforces were doing everything they could, within the limits imposed to keep children and adults at risk safe.

3.3   The collective approach to managing risk within the partnership facilitated honest and open conversations about the challenges that partners were facing and mitigated any sense of isolation. The production of real time data for example, from the Multi-Agency-Safeguarding-Hub, meant that any potential surges in referrals or concerns could be quickly responded to and resources identified

4.0   RESPONSE AND RECOVERY GROUPS
FINDINGS

4.1   The operating models detailed those service areas where it was considered there may be a safeguarding risk. These translated into a Covid-19 action plan that was monitored on a weekly basis, along with a risk register that was regularly reviewed and updated. The aim was to try and ensure in so much as possible that services were able to continue as 'business as usual'. The partnership was proactive and sought to gather data and intelligence that would enable them to respond to any spikes or surges, for example in safeguarding referrals or around community tensions once the pandemic had ended.

4.2   In addition, the partnership was aware of the importance of each agency understanding where risk may be present, the importance of recognising signs, how these may be reported and what resources were available to manage harmful situations, or events. A mapping exercise was undertaken of commissioned services to expose where there may be gaps, these were rag-rated, and steps were taken to address these. For example, an online text service for those experiencing domestic abuse was introduced and multi-agency safeguarding training was commissioned and cascaded across the voluntary and statutory sectors, to ensure that staff were upskilled.

4.3   In the early stages, several immediate concerns were raised through the partnership. This included the lack of visibility of those who may be at greatest risk, due to the reduction in universal services such as schools, GP surgeries and early help. The liklihood of Increased exposure to domestic abuse for children and adults, the very real risk of reduced social support for those in greatest need and the ability to maintain a stable workforce amidst the threat of redeployment of key staff.

4.4   Everyone spoken to within the partnership described a shared sense of responsibility and ownership of risk from each organisation. The collective approach and creative actions that came from WST and the Covid-19 action plan were key in preventing partners from operating in silos. There have been numerous examples of adaptive ways of working that have provided continuity and helped to fill in the gaps such as 'making every contact count' (Appendix 7) and from the very early days, there were selected campaigns led by WST that targeted some of those areas where risk was emerging.

4.5   These included a campaign around the risk of accidental injuries to children in the home because of a lack of supervision, the risk of fraud and financial abuse. A campaign around domestic abuse provided information and support at key touchpoints, such as supermarkets and vaccination centres. Staff within these centres received training facilitated by Public Health to identify and offer initial support to those who may be at risk of abuse within the home.

4.6   A combined campaign with the City Council, led to the creation of the '*stay safe be kind'* helpline, which was designed to target adults and families who may not normally require support, but who had found themselves isolated or in difficulty. A

proactive approach was taken with known adults at risk who were written to directly, and staff who were delivering food parcels were encouraged to have doorstep conversations to make people aware that help and support was available through a variety of different pathways. Trades staff within housing were encouraged to '*see it report it'* when entering homes and across the network, partners were creatively engaged in exploring methods of communication to extend their reach.

4.7   Whilst WST would normally produce yearly campaigns, the volume and speed at which these targeted campaigns were produced was different to previous years. The combined efforts of the partnership and the relationships within it extended the reach of organisations and critically opened a new narrative with community partners, strengthening relationships within community groups.

4.8   An example of this was through the #Yes, Youth Engagement Strategy, which saw the provision of a range of virtual activities provided to a large cohort of children and families across Wolverhampton City during lockdown. Several providers were commissioned to deliver a range of online activities such as arts and crafts, music sessions and fitness sessions which were enthusiastically received.

4.9   The long-term outcome of this is that funding streams post pandemic are to include a range of hybrid activities and online pursuits, as these have allowed whole families to participate together, have been well received and have shown to be effective.

4.10   As part of the Youth Engagement Strategy, a pilot that commissioned detached youth workers with lived experience was also successful, as staff were flexibly located in areas where there were known to be heightened tensions. This was a proactive approach taken to mitigate any conflict and protect those most at risk and this remains ongoing.

4.11   Within the Response Group partners regularly reviewed risk and triangulated information where possible, ensuring regular communication with schools and facilitating the return of school nurses and health visitors who had been re-deployed early on so that face to face contact could be reinstated to the most vulnerable and in need. For the most part, front-line social care staff were not re-deployed from the partnerships but continued to work with individuals and groups that were considered at highest risk.

4.12   Children subject to Child Protection plans and Children in need continued to receive face to face visits and were supported to attend school throughout lockdown. Cases were monitored and there was cross-referencing of school attendance as well as frequent reviews of risk assessments.

4.13   Regular bulletins were issued across the city that set out key safeguarding arrangements, partners felt that this was helpful in highlighting where there were additional vulnerabilities and where there needed to be a co-ordinated response. By sharing essential information amongst one another, all partners had real time information about appropriate sources of support and referral pathways.

4.14   For older people, referrals continued to be assessed case by case and no blanket approaches were taken. Partners describe thinking creatively about how to facilitate contact and by whom. There were excellent examples of partnership working between operational services and collective responses to managing

challenging situations. For example, where social workers were unable to make home visits, district nurses were able to step in and undertake face to face visits.

4.15   Care Act Easements were kept under review throughout the height of the pandemic. WST went out to public consultation and made the decision to continue with essential visits and not put in place any reduced measures.

4.16   Overwhelmingly, partners referenced the use of digital technology and the creative ways in which individuals and organisations engaged with those most at risk during the pandemic. A blended approach was adopted towards child protection conferences and looked after reviews, meaning young people were able to choose either a virtual or face to face meeting, or a combination of the two.

4.17   Parents were supported by named professionals of their choice during key meetings, and within Wolverhampton, advocacy provision is available for both children and adults who may require additional support. Risk assessments are in place to ensure that individual and face to face help is in place, where risk is heightened. Some adults and young people reported being better able to engage remotely and there has been a greater emphasis on building relationships through digital means, such as regular texting, zoom and the use of Microsoft Teams.

4.18   One area that benefitted significantly from the use of digital working was the increased participation of looked after children in their health assessments. The hybrid approach adopted during the pandemic boosted engagement and participation rates and evidenced that this method of working was for some, the preferred one.

4.19   The use of digital recording has enabled services to work smarter and there is better participation from a range of professionals including G.P's, through virtual attendance at meetings and conferences. There is a child and person-centred approach evident from the creative response too, looking at the context in which people are living and their individual needs, rather than trying to apply standard process. The traditional approach to professional relationships has been critically evaluated and new ways of working that encourage greater collaboration between those who deliver and those who use services have been introduced.

4.20   A good example of this was the approach taken by West Midlands Police, to supporting children and young people who may have been sexually harmed. The traditional method of attending the Sexual Assault Referral Centre (SARC), which saw them taken out of there comfort zone was reviewed and adapted, so that children could be supported in their own homes or place of safety. This significantly reduced the trauma that inevitably comes from spending hours in police vehicles and centres that are far from home.

4.21   A further good example was within Wolverhampton Homes, who adapted their domestic abuse service. Through discussions with partners within WST, they were better able to understand the needs of the customer and quickly respond to that. Support throughout the pandemic became more accessible and the outcome from their own audits has led to these changes becoming permanent. The freedom to explore innovative changes enabled a 'push forward' and a 'breaking down of barriers', that would not have been possible had it not been for Covid. From a service perspective, they described a learning exercise which

demonstrated an agility and newfound bravery to try 'new things' and to be less restricted.

4.22　Supporting those who were homeless and rough sleepers was a major challenge during the pandemic, which Wolverhampton Homes (WH) responded to through the creation of a multi-agency hub situated directly within the accommodation that had been commandeered through the City Council. The Hub brought together partners within WST from housing, public health, voluntary providers, recovery services, benefits, and police. The outcome of this has been to enhance the homeless strategy, to encompass all those elements and social issues that impact on individuals and is an excellent example of partnership working. A further outcome was the blueprint for permanent housing provision for couples and people, with complex needs.

4.23　Critically during the pandemic, it was less about process and more about meeting the needs of children and adults at risk as creatively as possible, within the confines of the restrictions imposed. Within the voluntary sector (VSC), key areas for face-to-face contact were identified and where possible virtual arrangements were put in place, to mitigate where there were gaps. Equipment and skills training was provided within the first three months of the pandemic by VSC, which enabled staff and service users to continue to deliver and benefit from recovery programmes, social prescribing and supporting young adults with additional needs

4.24　A significant shift led by WST was in extending the partnership reach. For example, commissioned services like the Haven and Base 25 were more actively engaged in working collaboratively and sharing their expertise. Relationships were strengthened with voluntary services too and there was a breaking down of barriers, coupled with a better understanding of the some of the provision, which was accessible and visible in a way that statutory services were not able to be. The domestic abuse service notably engaged on an almost daily basis with WST leads and there was a collaborative approach to working regionally, to share new ways of working and develop expertise.

4.25　In the area of elderly care, weekly meetings were held virtually with the quality nurse advisor's team. Meetings with care providers are also now post pandemic held virtually which has led to increased participation and collaboration, removing some of the traditional barriers that existed within the commissioner relationship and a better understanding of the challenges that each other face.

4.26　From the outset of the pandemic, WST were mindful of the need to ensure that training was delivered to support staff who were facing different challenges. In addition to the upskilling of safeguarding across the partnership, staff within social care undertook training in 'managing unseen risk' and different platforms were used such as digital learning, to ensure that staff had the information they needed to perform their tasks. For example, having conversations differently, building child protection plans that are collaborative and inclusive, use of advocacy, and creating connections through digital technology.

4.27　Communication was key throughout the pandemic and there were many good examples of how WST maintained a line of sight and how managers and operational staff were able to access information and receive regular updates. Weekly meetings were held with teams, senior leaders attended and were visible, practice weeks continued to be held and there was continuous engagement of staff on every level. Single agency audits, to look at data referrals and quality

trends were undertaken on a regular basis, scrutinised, and fed back to the partnership. Within the partnership, the capacity to manage any potential spikes was kept under review and where re-deployment did occur this was monitored, and business continuity plans put in place.

4.30   It has not been possible to list all the good examples of best practice as these were comprehensive and multi layered across the partnership. The findings however suggest that through the response and recovery groups, WST were able to maintain stability through continuous engagement with partners and with the workforce and within the limits imposed, meet their statutory duties to safeguard children and adults at risk.

5.0   RECOMMENDATIONS

5.1   The pandemic placed huge pressure on services to provide safe care within rapidly changing situations. Managing response and recovery within ever changing landscapes meant that inevitably some areas of challenge were better dealt with than others. The following observations and recommendations may be useful when reflecting on the needs of children and adults during lockdown and the adaptations to practice by WST during this period.

5.2   In all circumstances, it is important to ensure that adults at risk are not marginalised and occupy the same platform as children's services and a pivotal position in policy and practice. Whilst there was evidence throughout that adults were considered within WST, there was some initial delay in producing a comprehensive risk register on parity with children's services.

5.3   In addition, it was not always clear how those vulnerable children and adults who did not meet the threshold for social care remained on the radar of services during lockdown. There was a gap in the focus on early intervention for children and no, clearly set out approach during the recovery cycle, of how children and adults at risk could be identified and supported. An early intervention and prevention model would be helpful in enabling the partnership to respond to this.

5.4   Clearly identified support services that can meet the mental health needs of children and adults and clearly defined pathways outside of the traditional services which are over prescribed, would have been extremely helpful at the recovery stage.

5.5   A review of mental health waiting lists now would enable the partnership to gain a clearer picture of the risks that currently exist and develop a more cohesive strategy to mitigate this.

5.6   A strengthened multi-agency partnership with Educational Psychology Services, who are currently engaged in developing a pathway of support for children who are struggling with the return to mainstream school would be highly beneficial. The long- term impact of the pandemic on school age children is not yet fully known, early reports indicate that large numbers of children may be impacted, this is an important area of development.

5.7   Wolverhampton Safeguarding Together should also continue to develop a triage model that enables the identification of those concerns, that sit within the S42 framework for adults to prevent the service from being overwhelmed and unable to manage the volume of referrals. Currently, there is a heightened risk of concerns being missed because of confusion around the application of the

statutory criteria. This would help to manage the demand and ensure a correctly targeted response to those at greatest risk.

5.8   At times, there was an absence of a community voice within WST and meetings were professionally dominated by the statutory agencies, which meant that the developing challenges may not always have been fully understood. Professionals were sometimes speaking for people when they were not qualified to do so. The presence of commissioned services at the meetings would lessen the risk of reduced visibility of some providers and ensure that areas of risk were identified and properly responded to.

5.9   A strong police presence from the lead within the PPU was consistent throughout, however there was no representation from local and community policing which meant there was the potential for some risks to be missed. It is recommended that WST expand their membership to include local policing within the partnership, to ensure they have the right knowledge and intelligence to inform their decision making.

5.10   There have been some excellent examples of hybrid approaches to delivering services. This has been seen in the Youth Engagement Strategies, in the adapted IRO and looked after children service and in the digital development of Best Interest Meetings amongst others. It is recommended that these form part of 'business as usual' and that partners continue to adopt those individual communication styles, that best meet the needs of children and adults.

5.11   Activities and Interventions that have been delivered in an adapted form have been successful, as they have proved accessible and have enabled whole families to engage with each other meaningfully. It is recommended that these continue and where possible are maximised as well as monitored for their effectiveness.

5.12   WST should continue to evolve and increase choice and participation for those who are more comfortable engaging through digital means. This is likely to boost engagement and help to overcome some of the barriers and challenges that exist within statutory and community services, care should be taken however, not to disadvantage those without the necessary technology. Interventions and services should be delivered in a range of different formats, to ensure that people are not digitally excluded

5.13   The pandemic has forced services to consider how to respond differently and creatively and Wolverhampton Safeguarding Together gave space to much needed conversations, that were unlikely to have happened pre-Covid. WST sought to maximise the opportunities for learning by bringing people together and as a result, were able to continue to respond to their statutory responsibilities to safeguard children and adults at risk.

6.0   CONCLUSION

6.1   It will be some time before the evidence becomes available that will allow services to determine how the prevalence of abuse has been impacted on by the pandemic. Lockdown meant fewer contacts with institutions and community services, which ultimately meant a weakening of those systems that help to prevent and respond to the abuse and neglect of children and adults. Wolverhampton Safeguarding Together however, identified areas and strategies for counteracting and mitigating risks during key periods, which continued as they

moved into the Recovery Group. Throughout the pandemic, partners considered what barriers and operational challenges they needed to overcome and were mindful of the need to be agile and proactive to keep services running. Overwhelmingly, partners spoke of the way in which colleagues engaged with each other, their willingness to learn from others, mutual respect and the degree of trust that was present within WST that translated to relationships with commissioners and other community partners. The appetite to come together to face challenges was unprecedented and the platform that WST created enabled them to respond to the safeguarding needs of children and adults, within the confines of the pandemic.

6.2   Finally of those staff spoken to all described a positive leadership culture where staff received regular updates felt they were well informed and received regular advice and guidance. There was a focus throughout the pandemic on the core needs of staff and their well-being and evidence that at all levels people were supported to apply their professional judgement when assessing impact and risk.

6.3   One of the biggest challenges for WST moving forward is to avoid reverting to some of the original practices that were process driven and bureaucratic. The willingness to overcome operational challenges and barriers collectively has led to a big shift in culture which is more child and person centred. Partners have been willing to consider different ways of working and were quick to adapt, the outcome is that in some areas of practice engagement has been boosted, professionals have engaged more frequently, and the reach has been extended.

6.4   It has not been possible to complete a dip sample as originally mandated it is however recommended that this is undertaken to better understand the impact on those who were directly affected through the pandemic and to gather the views of those with lived experience of safeguarding. It is also important that operational frontline staff from all areas of the partnership be able to contribute to ensure a broad scope of views in areas of practice, experience, and geographies as not all partners were fully represented.

APPENDIX 1

Wolverhampton Safeguarding Together
Covid-19 Response Group Terms of Reference

1. Summary

To respond to the current Covid-19 outbreak and to ensure that our multi-agency safeguarding duties are maintained to protect vulnerable children and adults.

2. Overall aims

This group is a multi-agency group which will, in the short-term, be responsible for:

- Reassuring WST Executive Group that multi-agency safeguarding practice will continue as normal or under modified operating models during the Covid-19 outbreak.
- Ensuring WST continues to respond to statutory responsibilities for safeguarding children and adults.
- Ensuring that appropriate communication is disseminated to relevant stakeholders reminding them of safeguarding responsibilities and what to do if someone has a safeguarding concern.
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3. Membership

Member	Job Title	Organisation
Alison Hinds	Deputy Director, Social Care	CWC
Amy Dunn-Donachy	WST Administrator	WST
Andrew Wolverson	Head of Improvement	CWC
Angela Barnes	Assistant Director, W Homes	W'Homes
Annette Lawrence	Designated Safeguarding Lead - Adults	CCG
Brenda Wile	Deputy Director, Education	CWC
Darren Martindale	Virtual Head	CWC
Fiona Pickford	Head of Safeguarding	RWT
Hannah Pawley	SWP	CWC
Leah Arnold	Service Manager	CWC
Leanne Barnett	Deputy Head of Probation	Probation
Lucy Kirwan	West Midlands Police	WMP
Natalie Solomon	Associate Director for Safeguarding	BCPFT
Rachael Murphy	MASH - Adults	CWC
Rachel Stone	Designated Safeguarding Lead - Children's	CCG
Sandra Ashton Jones	Head of Adults	CWC
Sonia Mahay	Safeguarding Service Manager	CWC
Steven Dodd	YOW Coordinator	VCS
Sujata Banger	Project Manager	CWC
Vicky Bowles	Partnership Manager	CWC

See Attachment 1 – WST Covid-19 Org Structure

APPENDIX 1

Wolverhampton Safeguarding Together
Covid-19 Response Group Terms of Reference

4. Attendance

The attendance and contribution of members will be required virtually and for all actions to be followed up in between meetings.

5. Frequency of Meetings

Meetings will be weekly to be reviewed after three meetings.

6. Responsibilities of members

As members, each individual is required to represent their professional background and the view of their agency and this will support decisions made by the group.

The work of this group will be steered by the action plan agreed by the Executive Group and the Head of Improvement as first point of contact for WST.

Members of the group are required to:

1. Read all relevant agenda and documentation.
2. Engage with colleagues and networks as required
3. Be accountable for ensuring actions assigned are completed and fully reported upon
4. Escalate relevant items

7. Disagreements

Where members of the partnership find themselves to be in disagreement these are to be escalated to the Executive Group.

8. Risk Management

Identified risks need to be escalated to the Head of Improvement and the Programme Manager in the first instance for inclusion on the WST Risk Register and where mitigation will be discussed. Anything that cannot be resolved locally will be escalated to the Executive Group for a decision.

9. Agenda Items

Agendas will be focussed on the following standing items:

Wolverhampton Safeguarding Together
Covid-19 Response Group Terms of Reference

1. Action plan update
2. Decisions
3. Exceptions/escalations

10. Recording of the meeting

Meetings will be hosted through Microsoft teams and audio recorded so that actions and notes can be typed up and distributed during and or after the meeting. This will be done by WST Business Support within 2 working days.

11. Conflict of Interest

All members of the group must declare any conflict of interest to ensure that they are appropriately managed. If any member becomes aware of a conflict of interest which has, is likely to have or could be perceived to have an adverse effect on any decision, this shall be declared, and the Chair will determine whether the member concerned should withdraw from the meeting whilst the relevant discussion or decision related to the agenda item is in progress. All declarations and conflicts of interest and the action to manage the interest shall be minuted.

12. Confidentiality

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

13. Data Protection Act 2018

Executive members will give due regard to their responsibilities to comply with Data Protection Act 2018 and General Data Protection Regulation Principles (GDPR)

APPENDIX 1

Wolverhampton Safeguarding Together
Covid-19 Response Group Terms of Reference

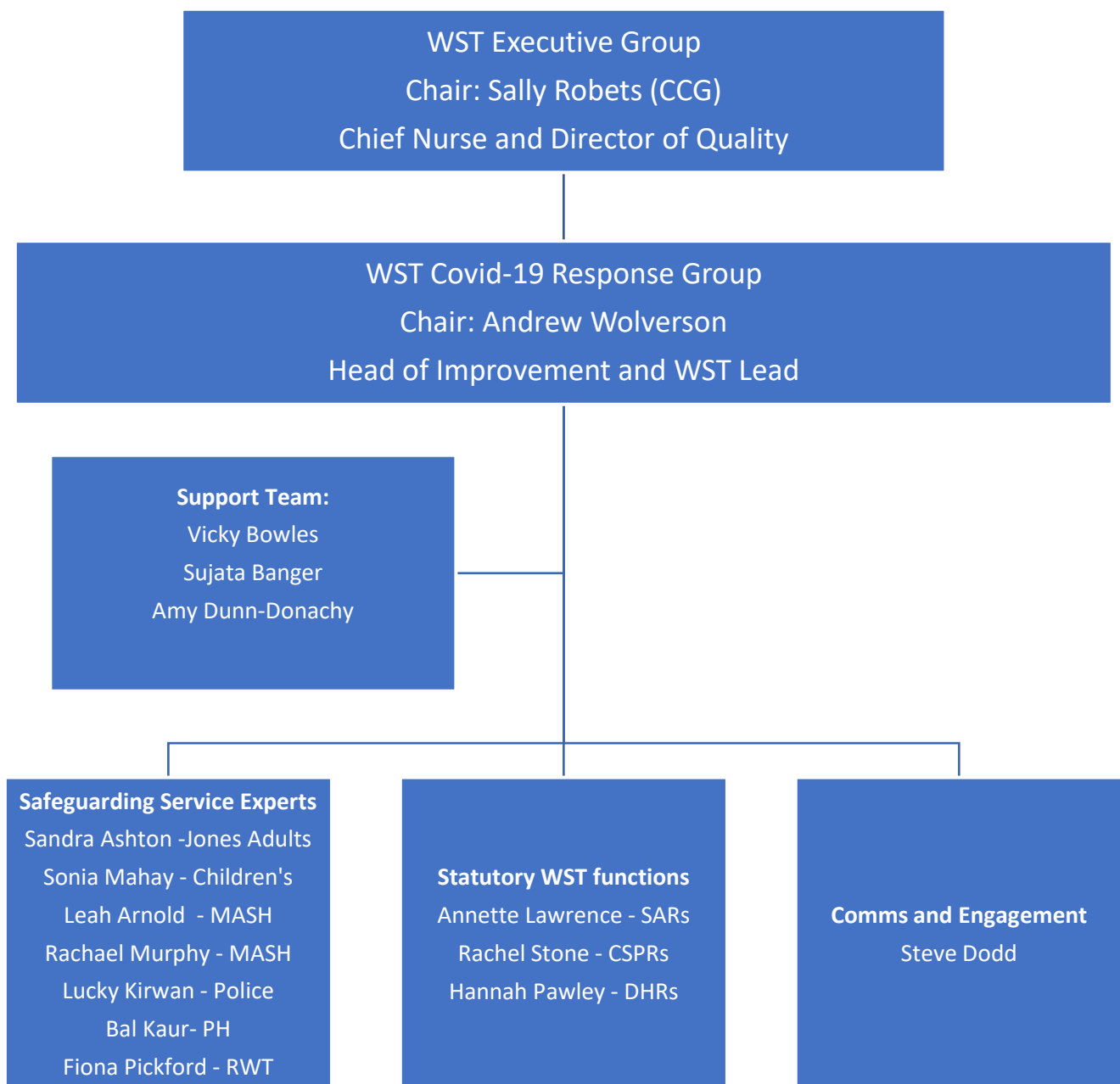**14. Freedom of Information Act 2000**

All papers are subject to the Freedom of Information (FOI) Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the executive Group membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

APPENDIX 1

Wolverhampton Safeguarding Together
Covid-19 Response Group Terms of Reference

Attachment 1 – Covid-19 Org Structure

WST Executive Group
Chair: Sally Robets (CCG)
Chief Nurse and Director of Quality

WST Covid-19 Response Group
Chair: Andrew Wolverson
Head of Improvement and WST Lead

Support Team:
Vicky Bowles
Sujata Banger
Amy Dunn-Donachy

Safeguarding Service Experts
Sandra Ashton -Jones Adults
Sonia Mahay - Children's
Leah Arnold - MASH
Rachael Murphy - MASH
Lucky Kirwan - Police
Bal Kaur- PH
Fiona Pickford - RWT

Statutory WST functions
Annette Lawrence - SARs
Rachel Stone - CSPRs
Hannah Pawley - DHRs

Comms and Engagement
Steve Dodd

APPENDIX 2

WOLVERHAMPTON SAFEGUARDING TOGETHER - COVID-19 RESPONSE GROUP

KEY PERFORMANCE INDICATORS

The following recommendations were agreed at the WST Covid-19 Response Group:

- Report against the green indicators weekly (where possible)
- Agree to gather the data on the amber indicators as soon as can be available and report accordingly
- Report against red indicators only if partners can provide data at an agreed frequency (currently no red indicators)

KPI ref	KPI	Children's / Adults	What will it tell us?	Data owner	I&P Comments	RAG
1	Total number of MASH Contacts Children and adults	Both	Increase/decrease in overall number of referrals and whether or not there is increased risk to people becoming victims of safeguarding incidents	CWC	Children's – Reported in weekly dashboard	GREEN
2	Number of MASH contacts by Initial RAG Rating	Both	Priority safeguarding referrals	CWC	Children's – Reported in weekly dashboard	GREEN
3	Outcome of MASH contacts	Both	If the outcome of a MASH contacts during Covid-19 is changing	CWC	Children's – Reported in weekly dashboard	GREEN
4	Type of MASH contacts	Both	If the nature of a MASH contacts during Covid-19 is changing	CWC	Children's – Not reported	AMBER
5	Number (%) of MASH referrals resulting	Children's	If our early help offer is still effective during Covid-19 and if we can still prevent safeguarding escalations	CWC	Covered by the MASH outcomes	GREEN

WOLVERHAMPTON SAFEGUARDING TOGETHER - COVID-19 RESPONSE GROUP

KEY PERFORMANCE INDICATORS

	in/supported by in an Early Help Assessment				in the weekly dashboard	
6	Number (%) of LAC placement changes due to safeguarding issues	Children's	If there is increased risk to Children and Young People in care whilst following government guidance on isolation and social distancing	CWC	Not reported	AMBER
7	Number of children open to CAMHS	Children's	As above – dependent on the CAMHS operating model though	BCHP	Not reported, helpline only operational for a week	AMBER
8	Number and type of contacts via the 24/7 helpline	Both	Volume of demand, type of demand and where resources or mitigation may to be applied	BCHP	Not reported, helpline only operational for a week	AMBER
9	Number of S47s initiated	Children's	If there is an increase/decrease to statutory enquiries	CWC	In weekly dashboard	GREEN
10	Number of adults in receipt of services with no recourse to public funds	Adults	If there is increased risk to vulnerable adults who already have limited resources with potentially even less support during Covid-19	CWC	Report has been setup to monitor NRPF, but doesn't routinely appear in any dashboard	AMBER

APPENDIX 2

WOLVERHAMPTON SAFEGUARDING TOGETHER - COVID-19 RESPONSE GROUP

KEY PERFORMANCE INDICATORS

11	Number of cases taken to MARAC	Adults	If there is increased risk to vulnerable adults who might be under more control of perpetrators whilst following government guidance on isolation and social distancing	CWC through Helen Patten	Not held by I&P	GREEN
12	Number of safeguarding concerns raised by West Midlands Ambulance Service in relation to care homes	Adults	If there is increased risk to vulnerable adults as care services outside of hospital come under more pressure	CWC	Safeguarding concerns by referring agency is reported, however the second part relating to care homes would need to be built in	AMBER
13	Number of S42s initiated	Adults	If there is an increase/decrease to statutory enquiries	CWC	Reported in multiple dashboards	GREEN
14	Number of ICPC requests (conversion from s.47s)	Children's	Are they up/down on usual figures?	CWC	TBC	TBC
15	Measuring outcomes of CP	Children's	Are there more CP Plans starting/ending than usual?	CWC	TBC	TBC
16	New children in care	Children's	Has this increased due to risk not being managed at home during Covid 19	CWC	TBC	TBC

APPENDIX 2

WOLVERHAMPTON SAFEGUARDING TOGETHER - COVID-19 RESPONSE GROUP

KEY PERFORMANCE INDICATORS

17	Number of Domestic Abuse reports (separated by high risk domestic abuse reports)	Adults	Are they up/down on usual figures?	Police	Reported internally	GREEN
18	Number of child abuse crimes and non-crimes	Children's	Are they up/down on usual figures?	Police	TBC	GREEN
19	Number of missing episodes (separated by children and hours missing)	Children's	Are they up/down on usual figures?	Police	TBC	GREEN
20	Number of MH Act assessments	Both	Are they up/down on usual figures?	CWC	TBC	TBC

To be reported as available:

- The Haven – headline data
- Kooth – number/type of contacts, website traffic and counselling hours accessed

APPENDIX 3
Wolverhampton Safeguarding Together
Covid-19 Recovery Group Terms of Reference

1. **Summary**

   To plan and delivery effective recovery from the current Covid-19 outbreak and to ensure that our multi-agency safeguarding duties are maintained to protect vulnerable children and adults. This may include the transfer of response and or recover actions to business as usual.

2. **Overall aims**

   This group is a multi-agency group which will, in the medium-term, be responsible for:

   - Reassuring WST Executive Group that multi-agency safeguarding practice has responded to the pandemic and will now work collaboratively to ensure recovery transition under modified or recovery operating models whilst Covid-19 remains a risk to public health
   - Ongoing and effective monitoring of single agency exception reports where there are multi-agency implications and action accordingly. This includes risk management and escalation.
   - Ensuring that as a multi-agency, WST is learning from lessons during Covid-19 and that safeguarding practices are influenced and improved as a result
   - Linking all partnership work, either through leadership and governance, priority workstreams or T&F efforts to avoid duplication.
   - Responding to statutory responsibilities for safeguarding children and adults.
   - Re-establishing the safeguarding response function in the case of a further peak of coronavirus cases/deaths should it be required.

3. **Membership**

Member	Job Title	Organisation
Andrew Wolverson (Chair)	Head of Improvement – Children's	CWC
Emma Cleary	Programme Manager	CWC
Amy Dunn-Donachy	WST Administrator	WST
Helen Patten (Vice Chair)	MASH – Children's	CWC
Rachael Murphy	MASH – Adults	CWC
Annette Lawrence	Designated Safeguarding Lead - Adults	CCG
Rachel Stone	Deputy Designated Safeguarding Lead - Children's	CCG
Steven Dodd	YOW Coordinator	VCS

APPENDIX 3
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Lynsey Kelly	SWP Manager	CWC
Rebecca Barnsley/Dez Lambert	Chief Inspector/Detective Chief Inspector (Children's)	Police
Neeraj Malhotra	Public Health Consultant	CWC

See Attachment 2 – WST Covid-19 Org Structure

4. Attendance

The attendance and contribution of members will be required virtually and for all actions to be followed up in between meetings.

5. Frequency of Meetings

Meetings will be fortnightly to be reviewed monthly.

6. Responsibilities of members

As members, everyone is required to represent their professional background and the view of their agency and this will support decisions made by the group.

The work of this group will be steered by the action plan. The group will be accountable to the Executive Group and will report updates into Scrutiny and Assurance Coordination Group to ensure all work is linked and to avoid duplication of effort across the partnership. The first point of contact will be the Head of Improvement as Chair of the Group.

Members of the group are required to:

5. Read all relevant agenda and documentation.
6. Engage with colleagues and networks as required
7. Be accountable for ensuring actions assigned are completed and fully reported upon
8. Escalate relevant items

7. Disagreements

Where members of the partnership find themselves to disagree, these are to be escalated to the Executive Group.

8. Risk Management

Identified risks need to be escalated to the Head of Improvement and the Programme Manager in the first instance for inclusion on the WST Risk

Wolverhampton Safeguarding Together
Covid-19 Recovery Group Terms of Reference

Register and where mitigation will be discussed. Anything that cannot be resolved locally will be escalated to the Executive Group for a decision.

9. Agenda Items

Agendas will be focussed on the following standing items:

4. Action plan update
5. Exceptions/escalations
6. Lessons learned

10. Recording of the meeting

Meetings will be hosted through Microsoft teams and audio recorded so that actions and notes can be typed up and distributed during and or after the meeting. This will be done by WST Business Support within 2 working days.

11. Conflict of Interest

All members of the group must declare any conflict of interest to ensure that they are appropriately managed. If any member becomes aware of a conflict of interest which has, is likely to have or could be perceived to have an adverse effect on any decision, this shall be declared, and the Chair will determine whether the member concerned should withdraw from the meeting whilst the relevant discussion or decision related to the agenda item is in progress. All declarations and conflicts of interest and the action to manage the interest shall be minuted.

12. Confidentiality

Papers that are marked 'in confidence, not for publication or dissemination' shall remain confidential to the members of the committee unless the Chair indicates otherwise. Members, representative or any persons in attendance shall not reveal or disclose the contents of these papers without express permission of the Chair. This prohibition shall apply equally to the content of any discussion during the meeting which may take place on such papers.

Wolverhampton Safeguarding Together
Covid-19 Recovery Group Terms of Reference

13. Data Protection Act 2018

Executive members will give due regard to their responsibilities to comply with Data Protection Act 2018 and General Data Protection Regulation Principles (GDPR)

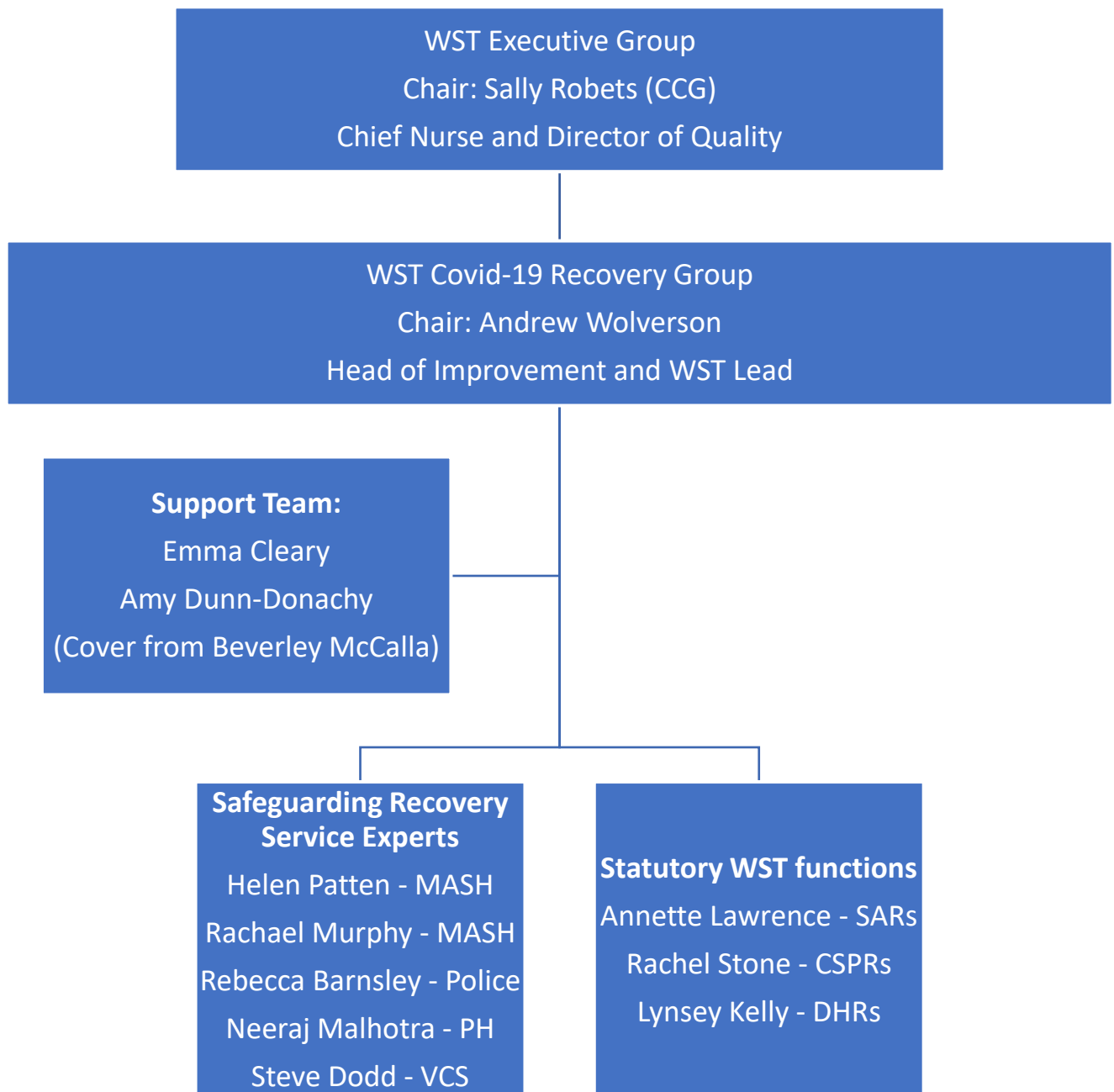### 14. Freedom of Information Act 2000

All papers are subject to the Freedom of Information (FOI) Act. All papers that are exempt from public release under the FOI Act must be clearly marked 'in confidence, not for publication'. These papers may not be copied or distributed outside of the executive Group membership without the expressed permission of the Chair. FOI exemption 41 (duty of confidence) applies.

APPENDIX 3
Wolverhampton Safeguarding Together
Covid-19 Recovery Group Terms of Reference

Attachment 2 – Covid-19 Org Structure

WST Executive Group

Chair: Sally Robets (CCG)

Chief Nurse and Director of Quality

WST Covid-19 Recovery Group

Chair: Andrew Wolverson

Head of Improvement and WST Lead

Support Team:

Emma Cleary

Amy Dunn-Donachy

(Cover from Beverley McCalla)

Safeguarding Recovery Service Experts

Helen Patten - MASH

Rachael Murphy - MASH

Rebecca Barnsley - Police

Neeraj Malhotra - PH

Steve Dodd - VCS

Statutory WST functions

Annette Lawrence - SARs

Rachel Stone - CSPRs

Lynsey Kelly - DHRs

APPENDIX 4

Key Assurance Questions

Date	
Your name	
Your Job Title	
Your organisation	
Summary of services offered	

1. Who are your service users? Specifically, age groups and or any protected characteristics

2. What is your current or planned approach to carrying out and increasing face to face contact with service users in line with national guidance?

3. When will face to face contact start to increase?

4. If there are no plans to move to increased face to face contact, what measures are in place to ensure contact is not lost?

5. What preventative measures is your organisation taking to protect the welfare of children, adults and families and de-escalate safeguarding concern?

6. Is your organisation putting in place any measures to cope with a potential increase in safeguarding referrals? If yes, what are they?

Please provide your written response to this letter by 5pm on Sunday the 12th July 2020 to wst@wolverhampton.gov.uk

APPENDIX 5

WOLVERHAMPTON SAFEGUARDING TOGETHER
Mandate

To independently assess the overall effectiveness of the Covid-19 groups and evaluate how well they worked to safeguard children and adults at risk the scrutineer was mandated to do the following:

- Meet the Chair and members of the group for the purpose of interview
- Facilitate focus groups with operational staff members
- Read and review all relevant minutes of the Response and Recovery Covid-19 Groups along with action plans and the Terms of Reference
- Have sight of Scrutiny and Assurance Co-ordination group minutes and any decision making from the Executive Group which impacted on the activity of the groups.
- Undertake a dip sample of referrals into the MASH during the pandemic-specifically during lockdown periods. A total of 20 cases equally divided between children and adult services are to be reviewed
- Access relevant performance data from all three statutory partners.

This report will comment on the effectiveness of the safeguarding arrangements during the pandemic, identify and highlight areas of best practice as well as areas for improvement. Wolverhampton Safeguarding Together have requested that the Scrutineer comment on the likely impact of the arrangements on children and adult safeguarding services and whether partners were fulfilling their statutory duties and able to achieve the identified outcomes of the Response and Recovery groups. The report will highlight areas of innovation and where new ways of working have become 'business as usual'.

APPENDIX 6
Scrutiny Questions

The pandemic presented challenges unlike anything that previously seen, all statutory and non-statutory partners were required to come together to develop a response and then subsequently a recovery plan which addressed and safely responded to emerging safeguarding risks and themes. The overall aims of the response group were in the short-term to:

- Reassure the Wolverhampton Safeguarding Together (WST) Executive Group that multi-agency safeguarding practice would continue as normal or under modified operation models during the Covid-19 outbreak.
- Ensure that WST continued to respond to statutory duties for children and adults
- Ensure that appropriate communication was disseminated to stakeholders to remind them of their safeguarding responsibilities including what to do if concerns were present

A key aim of the Recovery Group was to:

- Evidence that the response model adopted ensured that within the city of Wolverhampton children and adults at risk were safeguarded during and beyond the pandemic

Within this context it would be helpful if you could consider and respond to the following:

1. How did the initial plan and the temporary operating model impact on you and your service area directly?
2. How did it enable you to identify the priorities for yourself and your team if applicable?
3. How were these enabled and implemented?
4. Were there any risks that were magnified through the operating model either by yourself or the Senior Leadership Team?
5. How were these communicated to you?
6. How were you able to communicate these to WST?
7. Were leads responsive to the concerns raised?
8. If not were you aware of the escalation process?
9. Did you have an idea of how you would measure the success of the plan?
10. Did the temporary operation model in your view help or hinder operational front-line practice?

These questions are not designed to be exhaustive please do add any information which you consider might better enable me to fully understand the impact of the decision making and the related outcomes during the response and recovery period.

Sally Wernick

April 2022